

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

## **Medical Records Transmittal**

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Date: 11/24/2020  
Request Number: 38814203  
Page Count: 40

**Your requested medical records are attached.**

Patient Name: MATTHEW AMBROSE  
Medical Facility: Yale New Haven Hospital Encounters  
Requester: Nickola J. Cunha, Esq.  
Organization: Nickola J. Cunha, 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](mailto: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](mailto:releaseofinfo-hosp@ynhh.org)  
Via Fax: 203-688-4645

**RE: My Client/Patient: Matthew C. Ambrose  
Date of Birth: 02/20/2007  
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/ejd  
Enclosure

Yale Medicine

YaleNewHavenHealth

Authorization for Access/Release of Information

Legal Name: Matthew Ambrose Matthew C (Last) (First) M.I. Preferred Name (Maiden/Other Name)

Date of Birth: 2/20/2007 Phone: 475-201-1275 Email: K.RJordan127@gmail.com

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): 203-507-7498 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 Psych

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 Boardman Date: 11/13/2020

  
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)

Mr. Sean Kurbuse  
Printed Name of Minor (when applicable)

[Signature] 11/13/2020  
Signature of Minor (when applicable) Date



## CC Payment Receipt

Transaction Status:	<b>Approved</b>
Transaction Date and Time:	<b>11/24/2020 1:41:45 PM</b>
Transaction Reference No.:	<b>2535275</b>
Approval Code:	<b>0002421195</b>
Order Number:	<b>38814203</b>
Charge Amount:	<b>\$22.98</b>
Credit Card Number:	<b>XXXXXXXXXXXX4778</b>
Credit Card Holder:	<b>Luis M Cunha</b>

PREPAYMENT REQUIRED

**MRO**  
1000 Madison Avenue, Suite 100  
Norristown, PA 19403

**Invoice**  
38814203  
November 18, 2020



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

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

On 11/13/2020 the following healthcare provider received your request for copies of medical records:

**Yale New Haven Hospital Encounters**  
20 York Street  
New Haven, CT 06510

You requested records for: **MATTHEW AMBROSE**

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

Your Reference ID:

MRO Request ID: 38814203  
MRO Online Tracking Number: YALELG7B757TR

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:	35
Tier 1:	\$22.75
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:	\$0.23
<b>TOTAL:</b>	<b>\$22.98</b>
Paid at Facility:	( \$0.00)
Paid to MRO:	( \$0.00)
<b>BALANCE DUE:</b>	<b>\$22.98</b>

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.

**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:**  
**Yale New Haven Hospital Encounters.**

789 Howard Avenue  
New Haven, CT 06519

CHRIS AMBROSE  
381 HORSE POND ROAD  
MADISON, CT 06443

**Hospital Acct:** 521945077  
**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:** MATTHEW AMBROSE

**Hospital Account:** 521945077

**Visit Coverages:**

Anthem Blue Cross Blue Shield (BCBS) - Century Preferred

**Insurance ID:**

WRXA11775773

**This is an itemization of your hospital services for:**

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

**Hospital Account:** 521945077      **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
<b>Total charges:</b>					<b>1,902.41</b>

**Payments and Adjustments**

Date	Description	Amount
09/22/20	Anthem Blue Cross Blue Shield (BCBS) BLUE CROSS SPA PAYMENTS	-1,852.41
<b>Total payments and adjustments:</b>		<b>-1,852.41</b>



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

## ED Provider Note

## ED Provider Notes by Beiner, Joshua Matthew, MD at 9/3/2020 4:03 PM

Author: Beiner, Joshua Matthew, MD  
Filed: 9/8/2020 10:05 PM  
Status: Addendum

Service: Emergency Medicine  
Date of Service: 9/3/2020 4:03 PM  
Editor: Beiner, Joshua Matthew, MD (Physician)

Author Type: Physician  
Creation Time: 9/3/2020 4:03 PM

## History

## Chief Complaint

Patient presents with

- Alleged Child Abuse

*on peer: police arrived after sister sent text to mom who called her lawyer to have police sent to house, pt denies s/h at this time, on peer reports he states to advocate that he wished he was dead, children were home alone and police came and dad was not there, ? exposure to sexual abuse*

- 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 (!) 126/74 | Pulse 70 | Temp 36.1 °C (97 °F) (Temporal) | Resp 18 | Wt 53.3 kg | SpO2 100%

DDx/MDM: 13 y.o. male, Hx of adhd Brought in by police with younger brother and 13 yo sister bc of concerns of sexual abuse by dad of the little brother.

See further notes From interview w older sister Mia, MRN: MR3774703 and younger brother Sawyer, MRN: MR4551982

*Matthew denies ever being touched inappropriately, but verbalizes that he has heard complaints of inappropriate touch from younger brother and sister on several occasions previously.* He denies any pain or discomfort

*-Complex social situation. Custody battle. Mom in Guilford, previous DCF investigations that were closed? Allegations that mom is "unstable" per police officer who brought them in/was called in to investigate previous c/o inappropriate behavior from dad*

*Denies self harm/SI*

Matthew denies any s/s or recent illness.

Denies any pain or discomfort at this time.

Medically cleared for psych/SWS.

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

Medications - No data to display

Jennifer Tsai

PGY-1

(203) 928-7456

**Past Medical History:**

Diagnosis

Date

- ADHD (attention deficit hyperactivity disorder)
- Anxiety

No past surgical history on file.

**09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)****ED Provider Note (continued)****Family History**

Adopted: Yes

**Social History****Socioeconomic History**

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

**Tobacco Use**

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

**Substance and Sexual Activity**

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

**Social History Narrative**

*Adopted from Guatemala as a baby. He lives with adoptive parents and two younger adoptive siblings (not biologically related) in Westport. Regular education and in 5th grade.*

**ED Other Social History**

- E-cigarette status: Never User
- E-Cigarette Use: Never User
- Alcohol Risk Screen Positive if  $\geq 0$ : negative

**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 and rectal pain.

Genitourinary: Negative for difficulty urinating, dysuria and hematuria.

Musculoskeletal: Negative for arthralgias, back pain, gait problem and myalgias.

Skin: Negative for color change, pallor and rash.

Neurological: Negative for tremors, seizures, syncope, facial asymmetry, speech difficulty, weakness and headaches.

Psychiatric/Behavioral: Negative for agitation, behavioral problems, self-injury and suicidal ideas.

All other systems reviewed and are negative.

**Physical Exam**

ED Triage Vitals [09/03/20 1437]

BP: 118/69

Pulse: 76

Pulse from O2 sat: n/a

Resp: 20

Temp: 36.7 °C (98.1 °F)

Temp src: Temporal

SpO2: 99 %

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

BP (!) 126/74 | Pulse 70 | Temp 36.1 °C (97 °F) (Temporal) | Resp 18 | Wt 53.3 kg | SpO2 100%

**Physical Exam**

Vitals signs and nursing note reviewed.

**Constitutional:**

General: He is not in acute distress.

Appearance: Normal appearance. He is well-developed. He is not ill-appearing or diaphoretic.

**HENT:**

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat:

Mouth: Mucous membranes are moist.

**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. No neck rigidity or muscular tenderness.

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: Normal breath sounds. No stridor. No wheezing or rales.

**Abdominal:**

General: There is no distension.

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

**Musculoskeletal:** Normal range of motion.

General: No swelling, tenderness, deformity or signs of injury.

**Skin:**

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

**Neurological:**

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

Cranial Nerves: No cranial nerve deficit.

Coordination: Coordination normal.

**Psychiatric:**

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Procedures

Procedures

ED Course

**Clinical Impressions** as of Sep 08 2205

Psychosocial stressors

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

ED Disposition  
Discharge

Tsai, Jennifer Weicha, MD  
Resident  
09/03/20 1607

I saw and evaluated the patient, Matthew Ambrose. I agree with the findings and the plan of care as documented in the Resident note. Of note 13 y.o. male here for medical clearance as **10 year old brother made statements suggestive of sexual abuse.** Patient has no complaints, is awake alert and has no cutaneous injury. **Based on the brother's statements we filed a 136 with DCF.** Signed out to Dr. Hommel at 1600 pending disposition.  
Kirsten A Bechtel, MD

Bechtel, Kirsten A, MD  
09/03/20 1637

Bechtel, Kirsten A, MD  
09/03/20 1642

**PEM ATTENDING REASSESSMENT NOTE:**

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

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

Joshua Beiner, MD

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  
Filed: 9/3/2020 2:54 PM  
Status: Signed

Service: —  
Date of Service: 9/3/2020 2:54 PM  
Editor: Johnson, Misty, RN (Registered Nurse)

Author Type: Registered Nurse  
Creation Time: 9/3/2020 2:54 PM

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

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

**ED Notes (continued)**

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

**ED Notes by Martucci, Anna, LCSW at 9/3/2020 6:03 PM**

Author: **Martucci, Anna, LCSW**  
Filed: 9/3/2020 6:05 PM  
Status: Signed

Service: Child Psychiatry  
Date of Service: 9/3/2020 6:03 PM  
Editor: Martucci, Anna, LCSW (Social Worker)

Author Type: Social Worker  
Creation Time: 9/3/2020 6:03 PM

**SOCIAL WORK ASSESSMENT**

**Patient Name: Matthew Ambrose**

**Medical Record Number: MR5803792**

**Date of Birth: 2/20/2007**

**Social Work Assessment Pediatric**

	Most Recent Value
<u>Admission Information</u>	
Document Type	Clinical Assessment
Reason for Encounter	Psycho-Social Distress
Visitor Restriction in Place	Yes
Intervention	Distress Assessment & Resolution
Distress Assessment & Resolution	Clarifying & Identifying, Empathy, Validation
Source of Information	Patient, Family/Caregiver
Family/Caregiver Comment	father out in waiting room
Record Reviewed	Yes
Level of Care	Emergency Department
Language needed	None, Patient Speaks English
<u>Current Providers</u>	
Current Providers M-Z	Psychiatrist, Primary Care Physician, Outpatient Behavioral Health
How many times have you received care in the Emergency Room (ER) over the last 12 months?	3-6
<u>Legal</u>	
Permission Granted to Share Information	No
<u>Patients Legal Contacts</u>	
Legal Custody Status	Parent
Past/Current Department of Children & Families Involvement	Yes - Past
Legal Admission Status	None
Legal/Judicial Status	None
Currently on Probation / Parole?	No
Legal Contact(s)	father
Probate Court Granted	No
Conservatorship	
Conservator Notified of Admission	No
<u>Abuse Screen</u>	
Able to respond to abuse questions	Yes
Feels Unsafe at Home or School/Work	no
Feels Threatened by Someone	no

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

**ED Notes (continued)**

	Most Recent Value
Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?	no
Do you feel that you are treated poorly by your Partner/Spouse/Family Member/Caregiver/Employer/Teacher/Provider?	no
<u>Mandated Referral</u>	
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
Mandated referral comment	DCF 136 filed after sibling, who is present in ED as well, made sexual abuse allegation
<u>Education - Pediatric</u>	
Educational/Developmental Concerns	No
<u>Employment/Income/Finance/Insurance</u>	
Military Experience	No
Financial Concerns Identified	No
Financial Barriers to accessing medical care	None
Employment Status	Deferred
<u>Housing / Transportation/ Environment</u>	
Living Arrangements for the past 2 months	Single-Family House
Housing-Related Financial Concerns	None
Able to Return to Prior Arrangements	deferred
Able to Receive Visiting Nurse at Prior Living Arrangement	Yes
Housing-Related Environmental Concerns	No concerns
Has utility company threatened to shut off services?	No
Food Availability	No Concerns
Are you dependent upon healthcare-related transportation?	No
Do you have any transportation related concerns that impact your ability to take care of yourself?	No
<u>Mental Status</u>	
Observation of Mental Status has identified Notable Findings	No
<u>Suicide Risk Assessment</u>	
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

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

ED Notes (continued)

	Most Recent Value
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
<u>Risk Assessment</u>	
Risk Assessment	Able to Assess
Access to Lethal Methods? (firearm in home or access/presence of other lethal methods)	No
Risk to Self	Able to Assess
Risk to Self - Self-Injurious Behavior	None identified
Attitudes regarding Self-Injury	None disclosed
Imminent Risk for Self-Injury in Community	Low
Imminent Risk for Self-Injury in Facility	Low
Risk to Others	Able to Assess
Risk to Others	None Disclosed
Attitude regarding Aggression / Violence	None Disclosed
Imminent Risk for Violence in Community	Low
Imminent Risk for Violence in Facility	Low
Current and Past Psychiatric Diagnoses	Able to Assess
Mood Disorder	Recurrent/Current
Psychotic Disorder	No
Alcohol/Substance Abuse Disorder	No
Post-Traumatic Stress Disorder (PTSD)	No
Attention Deficit with Hyperactivity Disorder (ADHD)	Sustained Remission
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

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

ED Notes (continued)

	Most Recent Value
Suicide Attempt	No Prior Attempts
Presenting Symptoms	Anxiety and/or Panic
Family History	Unable to Assess
Precipitants/Stressors	Stressful Life Events
Change in Mental Health or Substance Use Disorder Treatment	Not applicable
Historical Risk Factors	Mood disorder
Protective Factors	Able to Assess
Protective Factors - Internal	Frustration tolerance, Ability to cope with stress, Identifies reasons for living, Future oriented
Protective Factors - External	Beloved pets, Supportive social network of friends or family, Positive therapeutic relationships/Effective mental healthcare, Engaged in work or school
This patient was screened using the Columbia Suicide Severity Rating Scale (CSSRS)	Yes
I conducted a suicide risk assessment including a suicide inquiry and assessment of risk and protective factors, as recommended by the standard Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) for Mental Health Professionals.	No, the C-SSRS did not produce a positive screen
Cause for concern	None
Based on my assessment, the level of risk for this patient to suicide in an inpatient or emergency setting is:	MINIMAL because the patient does not present with suicidal ideation, does not have a history of suicide attempts, and the balance of protective factors outweighs any current risk factors
Based on my assessment, the level of risk for this patient to suicide in the community is:	MINIMAL
Recommended Next Steps	Remain in/Return to Community
Remain in/Return to Community	Patient reports
Patient reports	No current ideation of suicide, No intent, No plan, No access to means of self-harm, No access to weapons
<u>Alcohol Use</u>	
Alcohol Use	Denies Use
Concerns for Alcohol Abuse	No
<u>[Retired] Substance Use</u>	
Previous Substance Use	none
Treatment	
<u>Substance Use, Caregiver</u>	
Caregiver Substance Use	Able to Assess
Caregiver Substance Use	No
Problems Identified	
<u>Relationships</u>	
Temporary Family Living Arrangements (While Hospitalized)	none needed
Marital Status	Single Minor
Significant Relationships	Father, Brother, Sister
Family circumstances	lives with father, 13-year-old sister, and 10-year-old brother
Quality of Family Relationships	Supportive
Support System	Conflicted relationships
Separation/Losses (recent):	Yes (see comment) [mother lost custody of children in April 2020]
Lives With	Father, Brother, Sister



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

ED Notes (continued)

	Most Recent Value
Sources of Support	other family members, parent(s), sibling(s), friend(s)
Need for family participation in patient care	yes
Narrative/Signoff	
Identified Clinical/Disposition, Issues/Barriers:	social work consult due to alleged child abuse
Intervention(s)/Summary	60 minutes spent face to face with Matthew. Per medical team, Matthew and his two siblings present to the ED by Madison Police Department after police received phone call stating that the children were unsafe. Matthew arrived with his siblings and father, Chris, was informed and reported he was driving from Westport to the hospital. <b>Matthew reports that he was brought to the ED because him and his siblings do not feel safe with their father.</b> When asked specifically, Matthew reports that he wishes "things could be better" and was unable to provide a reason regarding safety. Matthew reports that he wishes there was less arguing in the home. Matthew reports he works with his therapist, who he states he has a positive relationship with. Matthew reports he enjoys watching television with his siblings. Matthew denies SI/HI/AVH. Matthew denies self-harming behaviors and or feeling threatened by anyone. Because of the allegations from Matthew's younger brother, endorsing sexual abuse, DCF was called and this writer spoke with Sandy Dubrow, who called back and stated that DCF was accepting the case and sending down an emergency DCF worker for an assessment and assistance with DCF disposition plan. Met with father in the waiting room who endorses an ongoing conflict with the children's mother. <b>Father reports him and his ex-wife divorced in July 2019 and his wife lost custody of children in April 202 after ongoing issues with wife's mental and emotional health.</b> Father reports that Matthew and his siblings have guardian at litem, Jocelyn Hurwitz, and that Matthew is engaged in individual therapy and reunification therapy for the family.
Collaboration with Treatment Team/Community Providers/Family:	medical team, father
Referral(s) placed for:	Dept. of Children and Families
Outcome	Ongoing Interventions
Handoff Required?	No
Next Steps/Plan (including hand-off):	Medical team evalauted Matthew. Social work completed psychosocial assessment. Social work awaiting DCF disposition. Social work supervisor, Jamie, called and reported that Tomas Villanueva, DCF worker, would be coming to pedi ED for assessment and dispo planning.
Signature:	Anna Andrich LCSW
Contact Information:	475-227-9522

Electronically signed by Martucci, Anna, LCSW at 9/3/2020 6:05 PM

ED Notes by Fonseca, Sammy at 9/3/2020 6:17 PM

Author: Fonseca, Sammy  
Filed: 9/3/2020 6:19 PM  
Status: Cosign Needed  
Cosign Required: Yes

Service: Psychiatry  
Date of Service: 9/3/2020 6:17 PM  
Editor: Fonseca, Sammy (Counselor)  
Cosigner: Setzer, Erika, RN

Author Type: Counselor  
Creation Time: 9/3/2020 6:19 PM

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

This writer introduced self to pt and siblings. All three appeared to be calm watching tv. Sitter in place. This writer also ordered dinner for all three pt.

Electronically signed by Fonseca, Sammy at 9/3/2020 6:19 PM

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

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)	

**3:17 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 Fonseca, Sammy at 9/3/2020 7:04 PM**

Author: Fonseca, Sammy	Service: Psychiatry	Author Type: Counselor
Filed: 9/3/2020 7:05 PM	Date of Service: 9/3/2020 7:04 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 and smiling, 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 7:38 PM**

Author: Carter, Nicole, RN	Service: —	Author Type: Registered Nurse
Filed: 9/3/2020 7:39 PM	Date of Service: 9/3/2020 7:38 PM	Creation Time: 9/3/2020 7:39 PM
Status: Signed	Editor: Carter, Nicole, RN (Registered Nurse)	

**7:38 PM Report from Meghan RN care assumed**

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

**ED Notes by Martucci, Anna, LCSW at 9/3/2020 11:49 PM**

Author: Martucci, Anna, LCSW	Service: Child Psychiatry	Author Type: Social Worker
Filed: 9/3/2020 11:49 PM	Date of Service: 9/3/2020 11:49 PM	Creation Time: 9/3/2020 11:49 PM
Status: Signed	Editor: Martucci, Anna, LCSW (Social Worker)	

**SOCIAL WORK NOTE**

**Patient Name: Matthew Ambrose**

**Medical Record Number: MR5803792**

**Date of Birth: 2/20/2007**

**Social Work Follow Up**

	Most Recent Value
Document Type	Progress Note
Reason for Encounter	Abuse/Neglect/Violence

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

ED Notes (continued)

	Most Recent Value
Intervention	Abuse/Neglect/Violence Assessment & Reporting
Distress Assessment & Resolution	Clarifying & Identifying, Empathy, Validation
Source of Information	Patient, Family/Caregiver
Family/Caregiver Comment	father out in waiting room
Record Reviewed	Yes
Level of Care	Emergency Department
Identified Clinical/Disposition, Issues/Barriers:	social work consult due to alleged child abuse
Intervention(s)/Summary	Per DCF Tomas Villanueva, worker assigned to the case, Matthew 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):	DCF will continue with ongoing investigation.
Signature:	Anna Andrich LCSW
Contact Information:	475-227-9522

Electronically signed by Martucci, Anna, LCSW at 9/3/2020 11:49 PM

ED Care Timeline

Patient Care Timeline (9/3/2020 14:31 to 9/4/2020 00:28)

9/3/2020	Event	Details	User
14:30:19	Emergency encounter created		Johnson, Misty, RN
14:31	Patient arrived in ED		Johnson, Misty, RN
14:32	NARxCHECK Scores	<b>NARxCHECK Scores</b> Stimulants: 170 Sedatives: 000 Narcotics: 000 Overdose Risk: 000	In, Flowsheet Appriss
14:36:11	Triage Started		Johnson, Misty, RN
14:36:11	Chief Complaints Updated	Psychiatric Evaluation (on peer: police arrived after sister sent text to mom who called her lawyer to have police sent to house, pt denies si/hi at this time, on peer reports he states to advocate that he wished he was dead, children were home alone and police came and dad was not there, ? exposure to sexual abuse)	Johnson, Misty, RN
14:36:20	Allergies Reviewed - Review Complete		Johnson, Misty, RN
14:36:23	Team Member Assigned	Martucci, Anna, LCSW assigned as Social Worker	Martucci, Anna, LCSW

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

ED Care Timeline (continued)

14:36:33	<b>Home Medications Reviewed</b>		Johnson, Misty, RN
14:37	<b>Travel Screening</b>	In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19? <b>No / Unsure</b> ; Do you have any of the following new or worsening symptoms? <b>None of these</b> ; Have you traveled internationally in the last month? <b>No</b> Travel Locations: <b>Travel history not shown for past encounters</b>	Johnson, Misty, RN
14:37	<b>Vital Signs</b>	<p><b>Vital Signs</b>                      Restart Vitals Timer: Yes                      Temp: 98.1 °F (36.7 °C)                      Temp src: Temporal                      Pulse: 76                      Resp: 20                      BP: 118/69                      SpO2: 99 %                      Device (Oxygen Therapy): room air</p> <p><b>Pain Assessment</b>                      Pain Assessment Scale: 0-10                      Pain Score:: 0</p> <p><b>Height and Weight</b>                      Weight: 53.3 kg                      Weight Scale Used: Standing                      Weight Method: Actual</p>	Johnson, Misty, RN
14:37	<b>Immunization Status</b>	<b>Immunization Status</b> Immunizations Current?: Yes	Johnson, Misty, RN
14:37	<b>Anthropometrics</b>	<b>Anthropometrics</b> Weight Change: 100	Johnson, Misty, RN

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

## ED Care Timeline (continued)

14:37	<b>Custom Formula Data</b>	<p><b>Scoliosis</b> Weight: 117.51 POUNDS</p> <p><b>Fluid Requirements</b> Holliday-Segar Method (over 20 kg): 2566</p> <p><b>WHO Equation Female</b> WHO Equation Female (4-10 years) (kcal): 1698.25 WHO Equation Female (0-3 years) (kcal): 3200.3 WHO Equation Female (11-18 years) (kcal): 1396.26</p> <p><b>Fluid Requirements</b> Holliday-Segar Method (&lt;= 10 kg) (mL): 5330 Holliday-Segar Method (&gt; 20 kg) (mL): 4165 Holliday-Segar Method (&gt;10 &lt;=20 kg) (mL): 3665</p> <p><b>KCAL/KG</b> 120 Kcal/Kg (kcal): 6396 60 Kcal/Kg (kcal): 3198 140 Kcal/Kg (kcal): 7462 80 Kcal/Kg (kcal): 4264 160 Kcal/Kg (kcal): 8528 180 Kcal/Kg (kcal): 9594 200 Kcal/Kg (kcal): 10660 20 Kcal/Kg (kcal): 1066 100 Kcal/Kg (kcal): 5330 40 Kcal/Kg (kcal): 2132</p> <p><b>RDA Method</b> RDA (&gt; 1 year-3 years) (kcal): 5436.6 RDA (4-6 years) (kcal): 4797 RDA (7-10 years) (kcal): 3731</p> <p><b>RD Method Female (Adolescent)</b> RDA Female (11-14 years) (kcal): 2505.1 RDA Female (15-18 years) (kcal): 2132</p> <p><b>RD Method Male (Adolescent)</b> RDA Male (15-18 years) (kcal): 2398.5 RDA Male (11-14 years) (kcal): 2931.5</p> <p><b>RDA Method (Infant)</b> RDA (&gt; 6 months-1 year old) (kcal): 5223.4 RDA (0-6 month old) (kcal): 5756.4</p> <p><b>WHO Equation Male</b> WHO Equation Male (0-3 years) (kcal): 3191.97 WHO Equation Male (4-10 years) (kcal): 1704.91 WHO Equation Male (11-18 years) (kcal): 1583.75</p> <p><b>KCAL/KG</b> 20 Kcal/Kg (kcal): 1066 25 Kcal/Kg (kcal): 1332.5 30 Kcal/Kg (kcal): 1599 35 Kcal/Kg (kcal): 1865.5 40 Kcal/Kg (kcal): 2132 45 Kcal/Kg (kcal): 2398.5 50 Kcal/Kg (kcal): 2665</p> <p><b>Relevant Labs and Vitals</b> Temp (in Celsius): 36.7</p> <p><b>Other flowsheet entries</b> NIBP MAP (mmHg): 85 Umbilical MAP (mmHg): 85 Weight (lbs): 117.51 weight (lbs/oz): 117 lb 8.1 oz Weight Diff Number: 19.45 Percentage Daily Weight Change: 0 % Daily weight change (gms): 1 Percent Weight Change Since Birth: 0 Change in Weight (calculated): 53.3 weight (Kg) calculated: 53.3 Change in Weight (calculated): 53.3 Kg. Weight (lbs): 117.51 Lbs.</p>	Johnson, Misty, RN
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**09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)****ED Care Timeline (continued)**

14:37:12	<b>History Reviewed</b>	Sections Reviewed: Medical	Johnson, Misty, RN
14:37:13	<b>History Reviewed</b>	Sections Reviewed: Surgical	Johnson, Misty, RN
14:38	<b>Initial Assessment</b>	<b>Risk Assessment-Sepsis</b> Patient has none of the above high risk conditions: None of the above <b>Respiratory</b> Airway WDL: WDL <b>Respiratory WDL</b> Respiratory WDL: WDL <b>Cardiac (Pediatric)</b> Cardiac WDL: WDL <b>Peripheral Neurovascular (Pediatric)</b> Peripheral Neurovascular WDL: WDL <b>Neuro Cognitive (Pediatric)</b> Cognitive/Neuro/Behavioral WDL: WDL <b>Violence Risk</b> Feels Like Hurting Others: no Previous Attempt to Harm Others: no	Johnson, Misty, RN
14:38	<b>Safety Screening/Search</b>	<b>Safety Assessment</b> Nature of Threat: Suicidal ideation Search Performed: Yes Type of Search: Searched; Wanded Environment Secured: Yes Elopement Risk: No Security Officer Present: Yes Security Officer Name: acosta <b>Sitter</b> Sitter: Initiated Sitter Type: Staff Indications for Sitter: Patient safety <b>Patient Valuable(s) at Bedside/Locker/Closet</b> Valuable(s) at bedside: Other (Comments) (shoes, sweatshirt, cell phone, earpods)	Johnson, Misty, RN
14:38	<b>Suicide Risk Screen</b>	<b>Suicide Risk</b> Feels Like Hurting Self: no	Johnson, Misty, RN
14:53	<b>Full Triage</b>	<b>Full Triage Plan</b> Patient Acuity: 2 Full Triage Complete: Full Triage Complete	Johnson, Misty, RN
14:53:06	<b>Full Triage Completed</b>		Johnson, Misty, RN
14:53:06	<b>Triage Completed</b>		Johnson, Misty, RN
14:53:17	<b>Patient roomed in ED</b>	To room T11	Johnson, Misty, RN
14:53:18	<b>Patient roomed in ED</b>		Johnson, Misty, RN
14:54:32	<b>ED Notes</b>	<b>2:54 PM permission from father to treat chris 203-505-1889</b>	Johnson, Misty, RN
14:54:34	<b>Assign Nurse</b>	McInerney, Meghan, RN assigned as Registered Nurse	McInerney, Meghan, RN
14:58:12	<b>Chief Complaints Updated</b>	<b>Alleged Child Abuse (on peer: police arrived after sister sent text to mom who called her lawyer to have police sent to house, pt denies si/hi at this time, on peer reports he states to advocate that he wished he was dead, children were home alone and police came and dad was not there, ? exposure to sexual abuse)</b> Psychiatric Evaluation (child not feeling safe at home)	Bradley, Jeannine L, RN

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

15:01:50	<b>Assign Resident</b>	Tsai, Jennifer Weicha, MD assigned as Resident	Tsai, Jennifer Weicha, MD
15:01:50	<b>Pt. Seen by Provider</b>		Tsai, Jennifer Weicha, MD
15:18:29	<b>Assign Attending</b>	Bechtel, Kirsten A, MD assigned as Attending	Bechtel, Kirsten A, MD
15:42	<b>Vital Signs, Intake/Output</b>	<b>Vitals</b> Restart Vitals Timer: Yes (deferred)	Szeligowski, Taylor, PCT
16:00	<b>Population Health DataMart</b>	<b>Other flowsheet entries</b> Sepsis Score: 58.45	Epic, User
16:00	<b>Population Health DataMart</b>	<b>Other flowsheet entries</b> PELOD-2 Score: 2 COVID PreVisit Appt Screening: 0	Genericuser, Batchjob
16:07	<b>Charting Complete</b>		Tsai, Jennifer Weicha, MD
16:07:07	<b>ED Provider Notes</b>	Note originally filed at this time	Tsai, Jennifer Weicha, MD; Cosign required
16:18:10	<b>Orders Placed</b>	ED Psych Medical Clearance	Tsai, Jennifer Weicha, MD
16:20	<b>Hourly Rounding</b>	<b>Hourly Rounding</b> Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	McInerney, Meghan, RN
16:20:40	<b>Orders Acknowledged</b>	New - ED Psych Medical Clearance	McInerney, Meghan, RN
16:30:55	<b>Assign Resident</b>	Cook, Elana Crystal, MD assigned as Resident	Cook, Elana Crystal, MD
16:32:09	<b>Remove Attending</b>	Bechtel, Kirsten A, MD removed as Attending	Bechtel, Kirsten A, MD
16:32:11	<b>Assign Attending</b>	Hommel, Mark P, MD assigned as Attending	Bechtel, Kirsten A, MD
16:32:42	<b>Remove Resident</b>	Tsai, Jennifer Weicha, MD removed as Resident	Tsai, Jennifer Weicha, MD
16:37:06	<b>ED Provider Notes</b>	Note originally filed at this time	Bechtel, Kirsten A, MD
16:37:06	<b>ED Note Filed</b>	ED Prov Note filed by Bechtel, Kirsten A, MD	Bechtel, Kirsten A, MD
16:42	<b>Vital Signs, Intake/Output</b>	<b>Vitals</b> Restart Vitals Timer: Yes (deferred)	Szeligowski, Taylor, PCT
16:42	<b>Charting Complete</b>		Bechtel, Kirsten A, MD
16:42:52	<b>ED Provider Notes Addendum</b>	Addendum filed at this time	Bechtel, Kirsten A, MD
16:42:52	<b>ED Note Filed</b>	ED Prov Note filed by Bechtel, Kirsten A, MD	Bechtel, Kirsten A, MD
17:41	<b>Vital Signs, Intake/Output</b>	<b>Vitals</b> Restart Vitals Timer: Yes (deferred)	Szeligowski, Taylor, PCT
17:41	<b>Hourly Rounding</b>	<b>Hourly Rounding</b> Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	Szeligowski, Taylor, PCT
17:42	<b>Special Accommodations</b>	<b>Rendered Accommodations (Leave blank if patient supplied their own hearing devices/glasses)</b> Other language interpreter used (non-ASL)?: No	Martucci, Anna, LCSW



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

ED Care Timeline (continued)

17:42	<b>Disability Screening and Requested Accommodations</b>	<b>Care Accommodations/Disability Screening - For Patients</b> Who is the care accommodations screening being answered for?: Patient. Are you Deaf or have difficulty hearing?: No Hearing loss Are you blind or do you have difficulty seeing, even when wearing glasses?: No Vision loss Do you have difficulty getting on an exam table without assistance?: No What equipment do you currently use at home?: none Do you have additional special needs requiring accommodations?: No <b>Care Accommodations - For Companion/Representative or Parent/Guardian</b> Who is the care accommodations screening being answered for?: Patient.	Martucci, Anna, LCSW
17:43	<b>Admission Information</b>	<b>Admission Information</b> Document Type: Clinical Assessment Reason for Encounter: Psycho-Social Distress Visitor Restriction in Place: Yes Intervention: Distress Assessment & Resolution Distress Assessment & Resolution: Clarifying & Identifying; Empathy; Validation Source of Information: Patient; Family/Caregiver Family/Caregiver Comment: father out in waiting room Record Reviewed: Yes Level of Care: Emergency Department <b>Time Spent</b> Time Spent - Direct (Minutes of Patient/Caregiver Contact):: 45 What medium(s) of communication were used with patient/family/caregiver?: In-Person	Martucci, Anna, LCSW
17:43	<b>Patient Legal Contacts</b>	<b>Patients Legal Contacts</b> Legal Custody Status: Parent Past/Current Department of Children & Families Involvement: Yes - Past Legal Admission Status: None Legal/Judicial Status: None Currently on Probation / Parole?: No Legal Contact(s) : father Probate Court Granted Conservatorship: No Conservator Notified of Admission: No	Martucci, Anna, LCSW
17:44	<b>Services</b>	<b>Current Providers</b> Current Providers M-Z: Psychiatrist; Primary Care Physician; Outpatient Behavioral Health How many times have you received care in the Emergency Room (ER) over the last 12 months?: 3-6 <b>Initial Information</b> Language needed: None, Patient Speaks English	Martucci, Anna, LCSW
17:44	<b>Legal</b>	<b>Legal</b> Permission Granted to Share Information : No <b>Involuntary Medication Hearing</b> Will the patient have an Involuntary Medication Hearing?: No	Martucci, Anna, LCSW



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

ED Care Timeline (continued)

17:45	<b>Relationships</b>	<b>Relationships</b> Temporary Family Living Arrangements (While Hospitalized): none needed Marital Status: Single Minor Significant Relationships: Father; Brother; Sister Family circumstances: lives with father, 13-year-old sister, and 10-year-old brother Quality of Family Relationships: Supportive Support System: Conflicted relationships Separation/Losses (recent):: Yes (see comment) (mother lost custody of children in April 2020) Lives With: Father; Brother; Sister Sources of Support: other family members; parent(s); sibling(s); friend(s) Need for family participation in patient care: yes	Martucci, Anna, LCSW
17:46	<b>Ped Abuse Screen</b>	<b>Abuse Screen</b> Able to respond to abuse questions: Yes Feels Unsafe at Home or School/Work: no Feels Threatened by Someone: no Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?: no Do you feel that you are treated poorly by your Partner/Spouse/Family Member/Caregiver/Employer/Teacher/Provider? : no	Martucci, Anna, LCSW
17:47	<b>Adult Abuse Screen</b>	<b>Abuse Screen (yes response referral indicated)</b> Able to respond to abuse questions: Yes Do you Feel That You Are Treated Well By Your Partner/Spouse/Family Member/Caregiver/Employer? : yes Feels Unsafe at Home or Work/School: no Feels Threatened by Someone: no Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?: no	Martucci, Anna, LCSW
17:47	<b>Mandated Reporting</b>	<b>Mandated Referral</b> 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 Mandated referral comment: DCF 136 filed after sibling, who is present in ED as well, made sexual abuse allegation	Martucci, Anna, LCSW
17:48	<b>Ped - Education</b>	<b>Education - Pediatric</b> Educational/Developmental Concerns: No	Martucci, Anna, LCSW
17:48	<b>Adult - Education</b>	<b>Education - Adult</b> Education - Adult: Deferred Current Education Enrollment: Deferred Literacy: Deferred	Martucci, Anna, LCSW
17:48	<b>Employ/Finance/Ins</b>	<b>Employment/Income/Finance/Insurance</b> Military Experience: No Financial Concerns Identified: No Financial Barriers to accessing medical care : None Employment Status: Deferred	Martucci, Anna, LCSW

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

## ED Care Timeline (continued)

17:49

**Suicide Risk Assessment****Suicide Risk Assessment**

Reason for Assessment Utilizing SAFE-T and C-SSRS (Check all that apply): Social Work Consult/Assessment  
 C-SSRS: Able to Assess  
 Screening for suicidal ideation within: Past Month  
 C-SSRS #1: Have you wished you were dead or wished you could go to sleep and not wake up? (If Yes, answer #3 - #5): No  
 C-SSRS #2: Have you actually had any thoughts of killing yourself? (If Yes, answer #3 - #5): No  
 C-SSRS #6: Have you ever done anything, started to do anything or prepared to do anything to end your life? (Suicidal behavior over your lifetime): No  
 Specific Questions about Thoughts, Plans, Suicidal Intent (SAFE-T):  
 Negative responses above do not indicate a need for SAFE-T assessment

**Risk Assessment**

Risk Assessment: Able to Assess  
 Access to Lethal Methods? (firearm in home or access/presence of other lethal methods): No  
 Risk to Self: Able to Assess  
 Risk to Self - Self-Injurious Behavior: None identified  
 Attitudes regarding Self-Injury: None disclosed  
 Imminent Risk for Self-Injury in Community: Low  
 Imminent Risk for Self-Injury in Facility: Low  
 Risk to Others: Able to Assess  
 Risk to Others: None Disclosed  
 Attitude regarding Aggression / Violence: None Disclosed  
 Imminent Risk for Violence in Community: Low  
 Imminent Risk for Violence in Facility: Low  
 Current and Past Psychiatric Diagnoses: Able to Assess  
 Mood Disorder: Recurrent/Current  
 Psychotic Disorder: No  
 Alcohol/Substance Abuse Disorder: No  
 Post-Traumatic Stress Disorder (PTSD): No  
 Attention Deficit with Hyperactivity Disorder (ADHD): Sustained Remission  
 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: Anxiety and/or Panic  
 Family History: Unable to Assess  
 Precipitants/Stressors: Stressful Life Events  
 Change in Mental Health or Substance Use Disorder Treatment: Not applicable  
 Historical Risk Factors: Mood disorder  
 Protective Factors: Able to Assess  
 Protective Factors - Internal: Frustration tolerance; Ability to cope with stress; Identifies reasons for living; Future oriented  
 Protective Factors - External: Beloved pets; Supportive social network of friends or family; Positive therapeutic relationships/Effective mental healthcare; Engaged in work or school  
 This patient was screened using the Columbia Suicide Severity Rating Scale (CSSRS) : Yes  
 I conducted a suicide risk assessment including a suicide inquiry and assessment of risk and protective factors, as recommended by the standard Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) for Mental Health Professionals.: No, the C-SSRS did not produce a positive screen  
 Cause for concern: None  
 Based on my assessment, the level of risk for this patient to suicide in an inpatient or emergency setting is: : MINIMAL because the patient does not present with suicidal ideation, does not have a history of suicide attempts, and the balance of protective factors outweighs any current risk factors  
 Based on my assessment, the level of risk for this patient to suicide in the community is: : MINIMAL  
 Recommended Next Steps: Remain in/Return to Community

Martucci, Anna,  
LCSW

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

ED Care Timeline (continued)

		Remain in/Return to Community: Patient reports Patient reports: No current ideation of suicide; No intent; No plan; No access to means of self-harm; No access to weapons	
17:49	<b>Housing/Transport</b>	<b>Housing / Transportation/ Environment</b> Living Arrangements for the past 2 months: Single-Family House Housing-Related Financial Concerns: None Able to Return to Prior Arrangements: deferred Able to Receive Visiting Nurse at Prior Living Arrangement: Yes Housing-Related Environmental Concerns: No concerns Has utility company threatened to shut off services?: No Food Availability: No Concerns Are you dependent upon healthcare-related transportation?: No Do you have any transportation related concerns that impact your ability to take care of yourself?: No	Martucci, Anna, LCSW
17:49	<b>Mental Status</b>	<b>Mental Status</b> Observation of Mental Status has identified Notable Findings: No	Martucci, Anna, LCSW
17:51	<b>Alcohol Use</b>	<b>Alcohol Use</b> Alcohol Use: Denies Use Concerns for Alcohol Abuse: No	Martucci, Anna, LCSW
17:51	<b>Narrative / Signoff</b>	<b>Narrative/Signoff</b> Identified Clinical/Disposition, Issues/Barriers:: social work consult due to alleged child abuse Intervention(s)/Summary: 25 minutes spent face to face with Matthew. Per medical team, Matthew and his two siblings present to the ED by Madison Police Department after police received phone call stating that the children were unsafe. Matthew arrived with his siblings and father, Chris, was informed and reported he was driving from Westport to the hospital. Matthew reports that he was brought to the ED because him and his siblings do not feel safe with their father. When asked specifically, Matthew reports that he wishes "things could be better" and was unable to provide a reason regarding safety. Matthew reports that he wishes there was less arguing in the home. Matthew reports he works with his therapist, who he states he has a positive relationship with. Matthew reports he enjoys watching television with his siblings. Matthew denies SI/HI/AVH. Matthew denies self-harming behaviors and or feeling threatened by anyone. Because of the allegations from Matthew's younger brother, endorsing sexual abuse, DCF was called and this <b>writer spoke with Sandy Dubrow, who called back and stated that DCF was accepting the case and sending down an emergency DCF worker for an assessment and assistance with DCF disposition plan.</b> Met with father in the waiting room who endorses an ongoing conflict with the children's mother. Father reports him and his ex-wife divorced in July 2019 and his wife lost custody of children in April 202 after ongoing issues with wife's mental and emotional health. Father reports that Matthew and his siblings have guardian at litem, Jocelyn Hurwitz, and that Matthew is engaged in individual therapy and reunification therapy for the family. Collaboration with Treatment Team/Community Providers/Family:: medical team, father Referral(s) placed for:: Dept. of Children and Families Outcome: Ongoing Interventions Handoff Required?: No Next Steps/Plan (including hand-off):: Medical team evaluated and cleared Matthew. Social work completed psychosocial assessment. Social work awaiting DCF disposition. Social work supervisor, Jamie, called and reported that Tomas Villanueva, DCF worker, would be coming to pedi ED for assessment and dispo planning. 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)**

17:51	<b>Patient - Substance Use</b>	<b>Substance Use</b> Active substance abuse: Patient Denies Substances Used: Not applicable Exposure to Second Hand Smoke: infrequent Previous Substance Use Treatment: none	Martucci, Anna, LCSW
17:51	<b>Family - Substance Use</b>	<b>Substance Use, Caregiver</b> Caregiver Substance Use: Able to Assess Caregiver Substance Use Problems Identified: No	Martucci, Anna, LCSW
17:57:44	<b>Orders Placed</b>	Diet Pediatric Regular	Cook, Elana Crystal, MD
17:58:52	<b>Orders Acknowledged</b>	New - Diet Pediatric Regular	McInerney, Meghan, RN

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

ED Care Timeline (continued)

18:03:24

ED Notes

**SOCIAL WORK ASSESSMENT**

Martucci, Anna,  
LCSW

**Patient Name: Matthew Ambrose**

**Medical Record Number: MR5803792**

**Date of Birth: 2/20/2007**

**Social Work Assessment Pediatric**

Most Recent Value

Admission Information

Document Type	Clinical Assessment
Reason for Encounter	Psycho-Social Distress
Visitor	Yes
Restriction in Place	
Intervention	Distress Assessment & Resolution
Distress Assessment & Resolution	Clarifying & Identifying, Empathy, Validation
Source of Information	Patient, Family/Caregiver
Family/Caregiver Comment	father out in waiting room
Record Reviewed	Yes
Level of Care	Emergency Department
Language needed	None, Patient Speaks English

Current Providers

Current Providers M-Z	Psychiatrist, Primary Care Physician, Outpatient Behavioral Health
How many times have you received care in the Emergency Room (ER) over the last 12 months?	3-6

Legal

Permission Granted to Share Information	No
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Patients Legal Contacts

Legal Custody Status	Parent
Past/Current Department of Children & Families Involvement	Yes - Past
Legal Admission Status	None
Legal/Judicial Status	None

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

ED Care Timeline (continued)

Currently on Probation / Parole?	No
Legal Contact(s) Probate Court Granted Conservatorship Conservator	father No No
Notified of Admission Abuse Screen	
Able to respond to abuse questions	Yes
Feels Unsafe at Home or School/Work	no
Feels Threatened by Someone	no
Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?	no
Do you feel that you are treated poorly by your Partner/Spouse/Family Member/Caregiver/Employer/Teacher/Provider?	no
<u>Mandated Referral</u>	
Mandated Report Required	yes
Notified patient/family of mandated referral	yes
Referral made to Date of Report	Department of Children and Families 09/03/20
Mandated referral comment	DCF 136 filed after sibling, who is present in ED as well, made sexual abuse allegation
<u>Education - Pediatric</u>	
Educational/Developmental Concerns	No
<u>Employment/Income/Finance/Insurance</u>	
Military Experience	No
Financial Concerns Identified	No
Financial	None

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

ED Care Timeline (continued)

Barriers to accessing medical care	
Employment Status	Deferred
<u>Housing / Transportation/ Environment</u>	
Living Arrangements for the past 2 months	Single-Family House
Housing-Related Financial Concerns	None
Able to Return to Prior Arrangements	deferred
Able to Receive Visiting Nurse at Prior Living Arrangement	Yes
Housing-Related Environmental Concerns	No concerns
Has utility company threatened to shut off services?	No
Food Availability	No Concerns
Are you dependent upon healthcare-related transportation?	No
Do you have any transportation related concerns that impact your ability to take care of yourself?	No
<u>Mental Status</u>	
Observation of Mental Status has identified Notable Findings	No
<u>Suicide Risk Assessment</u>	
Reason for Assessment Utilizing SAFE-T and C-SSRS (Check all that apply)	Social Work Consult/Assessment
C-SSRS Screening for suicidal ideation within	Able to Assess Past Month
C-SSRS #1: Have you	No

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

ED Care Timeline (continued)

wished you were  
dead or wished  
you could go to  
sleep and not  
wake up? (If  
Yes, answer #3 -  
#5)  
C-SSRS #2: No  
Have you  
actually had any  
thoughts of  
killing yourself?  
(If Yes, answer  
#3 - #5)  
C-SSRS #6: No  
Have you ever  
done anything,  
started to do  
anything or  
prepared to do  
anything to end  
your life?  
(Suicidal  
behavior over  
your lifetime)  
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? No  
(firearm in home  
or  
access/presence  
of other lethal  
methods)  
Risk to Self  
Able to Assess  
Risk to Self -  
Self-Injurious  
Behavior  
None identified  
Attitudes  
regarding Self-  
Injury  
None disclosed  
Imminent Risk  
for Self-Injury in  
Community  
Low  
Imminent Risk  
for Self-Injury in  
Facility  
Low  
Risk to Others  
Able to Assess  
Risk to Others  
None Disclosed  
Attitude  
regarding  
Aggression /  
None Disclosed



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

ED Care Timeline (continued)

Violence	
Imminent Risk	Low
for Violence in	
Community	
Imminent Risk	Low
for Violence in	
Facility	
Current and	Able to Assess
Past Psychiatric	
Diagnoses	
Mood Disorder	Recurrent/Current
Psychotic	No
Disorder	
Alcohol/Substan	No
ce Abuse	
Disorder	
Post-Traumatic	No
Stress Disorder	
(PTSD)	
Attention Deficit	Sustained Remission
with	
Hyperactivity	
Disorder	
(ADHD)	
Traumatic Brain	No
Injury (TBI)	
Cluster B	No
Personality	
Disorders or	
Traits (i.e.	
Borderline,	
Antisocial,	
Histrionic &	
Narcissistic)	
Conduct	No
Problems	
(Antisocial	
Behavior,	
Aggression,	
Impulsivity)	
Suicide Attempt	No Prior Attempts
Presenting	Anxiety and/or Panic
Symptoms	
Family History	Unable to Assess
Precipitants/Stre	Stressful Life Events
ssors	
Change in	Not applicable
Mental Health or	
Substance Use	
Disorder	
Treatment	
Historical Risk	Mood disorder
Factors	
Protective	Able to Assess
Factors	
Protective	Frustration tolerance, Ability to cope with
Factors -	stress, Identifies reasons for living, Future
Internal	oriented

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

ED Care Timeline (continued)

<p>Protective Factors - External</p> <p>This patient was screened using the Columbia Suicide Severity Rating Scale (CSSRS)</p> <p>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.</p> <p>Cause for concern</p> <p>Based on my assessment, the level of risk for this patient to suicide in an inpatient or emergency setting is:</p> <p>Based on my assessment, the level of risk for this patient to suicide in the community is:</p> <p>Recommended Next Steps</p> <p>Remain in/Return to Community</p> <p>Patient reports</p>	<p>Beloved pets, Supportive social network of friends or family, Positive therapeutic relationships/Effective mental healthcare, Engaged in work or school</p> <p>Yes</p> <p>No, the C-SSRS did not produce a positive screen</p> <p>None</p> <p>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</p> <p>MINIMAL</p> <p>Remain in/Return to Community</p> <p>Patient reports</p> <p>No current ideation of suicide, No intent, No plan, No access to means of self-harm, No access to weapons</p>
<p><u>Alcohol Use</u></p> <p>Alcohol Use Concerns for Alcohol Abuse</p> <p><u>[Retired] Substance Use</u></p>	<p>Denies Use</p> <p>No</p>

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

ED Care Timeline (continued)

Previous Substance Use Treatment	none
<u>Substance Use, Caregiver</u>	
Caregiver Substance Use	Able to Assess
Caregiver Substance Use Problems Identified	No
<u>Relationships</u>	
Temporary Family Living Arrangements (While Hospitalized)	none needed
Marital Status	Single Minor
Significant Relationships	Father, Brother, Sister
Family circumstances	lives with father, 13-year-old sister, and 10-year-old brother
Quality of Family Relationships	Supportive
Support System	Conflicted relationships
Separation/Losses (recent):	Yes (see comment) [mother lost custody of children in April 2020]
Lives With Sources of Support	Father, Brother, Sister other family members, parent(s), sibling(s), friend(s)
Need for family participation in patient care	yes
<u>Narrative/Signoff</u>	
Identified Clinical/Disposition, Issues/Barriers: Intervention(s)/Summary	social work consult due to alleged child abuse  60 minutes spent face to face with Matthew. Per medical team, Matthew and his two siblings present to the ED by Madison Police Department after police received phone call stating that the children were unsafe. Matthew arrived with his siblings and father, Chris, was informed and reported he was driving from Westport to the hospital. Matthew reports that he was brought to the ED because him and his siblings do not feel safe with their father. When asked specifically, Matthew reports that he wishes "things could be better" and was unable to provide a reason regarding safety. Matthew reports that he wishes there was less arguing in the home. Matthew reports he works with his therapist, who he states he has a positive relationship with. Matthew reports he enjoys watching television with his siblings. Matthew denies SI/HI/AVH. Matthew denies self-harming behaviors and or feeling threatened by anyone.

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

ED Care Timeline (continued)

Because of the allegations from Matthew's younger brother, endorsing sexual abuse, DCF was called and this writer spoke with Sandy Dubrow, who called back and stated that DCF was accepting the case and sending down an emergency DCF worker for an assessment and assistance with DCF disposition plan. Met with father in the waiting room who endorses an ongoing conflict with the children's mother. Father reports him and his ex-wife divorced in July 2019 and his wife lost custody of children in April 202 after ongoing issues with wife's mental and emotional health. Father reports that Matthew and his siblings have guardian at litem, Jocelyn Hurwitz, and that Matthew is engaged in individual therapy and reunification therapy for the family.

Collaboration with Treatment Team/Community Providers/Family :  
 Referral(s) placed for: Dept. of Children and Families  
 Outcome: Ongoing Interventions  
 Handoff Required?: No  
 Next Steps/Plan (including hand-off): Medical team evaluated Matthew. Social work completed psychosocial assessment. Social work awaiting DCF disposition. Social work supervisor, Jamie, called and reported that Tomas Villanueva, DCF worker, would be coming to pedi ED for assessment and dispo planning.

Signature: [Anna Andrich LCSW](#)  
 Contact Information: [475-227-9522](tel:475-227-9522)

18:17:53

ED Notes

This writer introduced self to pt and siblings. All three appeared to be calm watching tv. Sitter in place. This writer also ordered dinner for all three pt.

Fonseca, Sammy;  
Cosign required

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

18:42	<b>ED Notes Addendum</b>	<b>3:17 PM 3:16 PM Awaiting eval with SW, medical team and DCF.</b>  <b>6:41 PM Cleared by SW - no psych eval needed. Awaiting dispo from DCF.</b>	McInerney, Meghan, RN
19:03	<b>Vital Signs, Intake/Output</b>	<b>Vitals</b> Restart Vitals Timer: Yes (deferred)	Szeligowski, Taylor, PCT
19:03	<b>Hourly Rounding</b>	<b>Hourly Rounding</b> Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	Szeligowski, Taylor, PCT
19:04:45	<b>ED Notes</b>	Pt appears to be calm and smiling, in room eating dinner. Sitter in place.	Fonseca, Sammy; Cosign required
19:33	<b>PCP/Family Notification</b>	<b>We normally notify your PCP if an admission occurs. Let us know if you do not want us to.</b> 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 : 2035051889	Miller, Stacey
19:34	<b>Disability Status/Care Accommodations</b>	<b>Care Accommodations/Disability Screening - For Patients</b> Who is the care accommodations screening being answered for?: Patient. Are you Deaf or have difficulty hearing?: No Hearing loss Are you blind or do you have difficulty seeing, even when wearing glasses?: No Vision loss Do you have difficulty getting on an exam table without assistance?: No What equipment do you currently use at home?: none <b>Care Accommodations - For Companion/Representative or Parent/Guardian</b> Who is the care accommodations screening being answered for?: Patient. <b>Rendered Accommodations (Leave blank if patient supplied their own hearing devices/glasses)</b> Other language interpreter used (non-ASL)? : Yes	Miller, Stacey
19:34:06	<b>Registration Completed</b>		Miller, Stacey
19:34:55	<b>Assign Nurse</b>	Carter, Nicole, RN assigned as Registered Nurse	Carter, Nicole, RN
19:38:49	<b>ED Notes</b>	<b>7:38 PM Report from Meghan RN care assumed</b>	Carter, Nicole, RN
19:42	<b>NARxCHECK Scores</b>	<b>NARxCHECK Scores</b> Stimulants: 170 Sedatives: 000 Narcotics: 000 Overdose Risk: 000	In, Flowsheet Appriss
19:46:56	<b>Remove Nurse</b>	McInerney, Meghan, RN removed as Registered Nurse	Gardner, Donna, RN
19:47	<b>Neuro Cognitive (Pediatric)</b>	<b>Neuro Cognitive (Pediatric)</b> Cognitive/Neuro/Behavioral WDL: WDL	Carter, Nicole, RN

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

ED Care Timeline (continued)

19:47	<b>Respiratory</b>	<b>Respiratory</b> Airway WDL: WDL	Carter, Nicole, RN
19:47	<b>Cardiac (Pediatric)</b>	<b>Cardiac (Pediatric)</b> Cardiac WDL: WDL	Carter, Nicole, RN
20:00	<b>Population Health DataMart</b>	<b>Other flowsheet entries</b> Sepsis Score: 58.45	Epic, User
20:00	<b>Population Health DataMart</b>	<b>Other flowsheet entries</b> PELOD-2 Score: 2 COVID PreVisit Appt Screening: 0	Genericuser, Batchjob
20:11	<b>Vital Signs, Intake/Output</b>	<b>Vitals</b> Restart Vitals Timer: Yes	Corona, Shiray, PCT
20:11	<b>Hourly Rounding</b>	<b>Hourly Rounding</b> Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	Corona, Shiray, PCT
21:15	<b>Vital Signs, Intake/Output</b>	<b>Vitals</b> Restart Vitals Timer: Yes	Corona, Shiray, PCT
21:15	<b>Hourly Rounding</b>	<b>Hourly Rounding</b> Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	Corona, Shiray, PCT
23:25:21	<b>Remove Attending</b>	Hommel, Mark P, MD removed as Attending	Beiner, Joshua Matthew, MD
23:25:21	<b>Assign Attending</b>	Beiner, Joshua Matthew, MD assigned as Attending	Beiner, Joshua Matthew, MD
23:45	<b>Admission Information</b>	<b>Admission Information</b> Document Type: Progress Note Reason for Encounter: Abuse/Neglect/Violence Visitor Restriction in Place: No Intervention: Abuse/Neglect/Violence Assessment & Reporting	Martucci, Anna, LCSW
23:47	<b>Narrative / Signoff</b>	<b>Narrative/Signoff</b> Identified Clinical/Disposition, Issues/Barriers:: social work consult due to alleged child abuse Intervention(s)/Summary: Per DCF Tomas Villanueva, worker assigned to the case, Matthew 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):: DCF will continue with 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)

23:49:33

ED Notes

**SOCIAL WORK NOTE**

Martucci, Anna,  
LCSW

**Patient Name: Matthew Ambrose**

**Medical Record Number: MR5803792**

**Date of Birth: 2/20/2007**

**Social Work Follow Up**

	Most Recent Value
Document Type	Progress Note
Reason for Encounter	Abuse/Neglect/Violence
Intervention	Abuse/Neglect/Violence Assessment & Reporting
Distress Assessment & Resolution	Clarifying & Identifying, Empathy, Validation
Source of Information	Patient, Family/Caregiver
Family/Caregiver Comment	father out in waiting room
Record Reviewed	Yes
Level of Care Identified	Emergency Department
Clinical/Disposition, Issues/Barriers:	social work consult due to alleged child abuse
Intervention(s)/Summary	Per DCF Tomas Villanueva, worker assigned to the case, Matthew 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):	DCF will continue with ongoing investigation.
Signature:	Anna Andrich LCSW
Contact Information:	475-227-9522

23:51:12	<b>ED Provider Notes Addendum</b>	Addendum filed at this time	61416 SER00165 4
23:51:12	<b>ED Note Filed</b>	ED Prov Note filed by Beiner, Joshua Matthew, MD	Beiner, Joshua Matthew, MD

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

## ED Care Timeline (continued)

9/4/2020	Event	Details	User
00:00	Population Health DataMart	Other flowsheet entries Sepsis Score: 58.45	Epic, User
00:00	Population Health DataMart	Other flowsheet entries PELOD-2 Score: 2 COVID PreVisit Appt Screening: 0	Genericuser, Batchjob
00:03	Discharge Disposition Selected	ED Disposition set to Discharge	Cook, Elana Crystal, MD
00:03	Disposition Selected		Cook, Elana Crystal, MD
00:03	PMD Communication	PMD Communication PMD Communication: Discussed with PMD	Cook, Elana Crystal, MD
00:06:44	AVS Printed	Lab and Radiology Results ED AVS PEDI	Cook, Elana Crystal, MD
00:06:45	AVS Printed		Cook, Elana Crystal, MD
00:06:45	AVS Printed - Wait Time Trends		Cook, Elana Crystal, MD
00:06:45	AVS Printed	Excused absence letter	Cook, Elana Crystal, MD
00:07:27	Orders Placed	Discharge Patient	Cook, Elana Crystal, MD
00:11	Vital Signs	Vital Signs Restart Vitals Timer: Yes Temp: 97 °F (36.1 °C) Temp src: Temporal Pulse: 70 Resp: 18 BP: 126/74 † Oxygen Therapy SpO2: 100 % Device (Oxygen Therapy): room air	Carter, Nicole, RN
00:11	Hourly Rounding	Hourly Rounding Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	Carter, Nicole, RN
00:11	Custom Formula Data	Relevant Labs and Vitals Temp (in Celsius): 36.1 Other flowsheet entries NIBP MAP (mmHg): 91 Umbilical MAP (mmHg): 91	Carter, Nicole, RN
00:11:23	Orders Acknowledged	New - Discharge Patient	Carter, Nicole, RN
00:15	Work/School/Sport Excuse	Excuse from Work/School/Sport Work/School/Sport: (Chris Ambrose was in the Pediatric Emergency Department until midnight due to an emergent medical condition of his children.)	Cook, Elana Crystal, MD
00:27	Information Only Event		Carter, Nicole, RN
00:27	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)**

00:27	<b>Goal/Outcome Evaluation (Adult)</b>	<b>ED Departure Date/Time</b> ED Departure Date: 09/04/20 ED Departure Time: 0027 <b>Departure Condition</b> Vitals Reviewed with MD: Normal Patient Teaching: Parent verbalized understanding (DCF ) Departure Mode: With parents (DCF ) <b>Goal/Outcome Evaluation (Adult)</b> Discharge Instructions: discharge instructions, able to teach back	Carter, Nicole, RN
00:28	<b>Charting Complete</b>		Carter, Nicole, RN
00:28	<b>Patient discharged</b>		Carter, Nicole, RN
00:28	<b>AVS Attestation</b>	<b>AVS Attestation</b> AVS Attestation: These discharge instructions were given to and reviewed with the patient/or patient representative. Questions answered. Verbalized understanding.	Carter, Nicole, RN
00:28:16	<b>Patient discharged</b>		Carter, Nicole, RN

**End of Report**