

Supplementary Material

Hospital 1, Patient 1

Emergency Department
 123 Main Street
 Anytown, State 012345
 Phone: 123-456-7890
 Fax: 123-456-7890

| | |
|----------------------------|---|
| Mary Demo MRN: 31016399 | Department: Emergency Department Date of Visit: 5/4/2017 |
|----------------------------|---|

Diagnoses this visit

Your diagnoses were RECURRENT ACUTE SUPPURATIVE OTITIS MEDIA OF RIGHT EAR WITHOUT SPONTANEOUS RUPTURE OF TYMPANIC MEMBRANE and INADEQUATE WEIGHT GAIN, CHILD.

You were seen by

You were seen by Pierce, Hawkeye, MD.

Your Medications at Discharge

TAKE these medications that were prescribed in the Emergency Department

amOXicillin-clavulanate ES 600-42.9 mg/5ml suspension
 Commonly known as: AUGMENTIN ES-600
 Take 3.1 ml (372 mg AMOX total) by mouth 2 times daily for 10 days.

Where to Get Your Medications

You can get these medications from any pharmacy

Bring a paper prescription for each of these medications
 amOXicillin-clavulanate ES 600-42.9 mg/5ml suspension

When you pick up your medicine from the pharmacy, check the label carefully. If the pharmacy label does not match our instructions, ask your pharmacist before giving the medicine. Please let us know if you have any questions or concerns about your child's medication. It is important for you to share this medication list with your child's primary care provider so they can update their information. It is helpful for you to carry this list of your child's medication at all times.

Follow-up Information

| Follow up With | Details | Comments | Contact Info | Additional Information |
|---------------------------|--|---|--|----------------------------|
| Pediatrician | Schedule an appointment as soon as possible for a visit in 2 week(s) | to ensure ear infection is improving, to discuss weight gain and for 15 month vaccines (including DTaP) | 1234 Main Street Anytown, State 01234 123-456-7890 | |
| Otolaryngology – ABC Blvd | Call | Follow-up with Hos1 ENT at 123-456-7890, for 4 ear infections in last 6 months | 1234 Main Street 5th Floor Anytown, ST 19104 123-456-7890 | 5th Floor ABC Blvd, Center |

Discharge Instructions

Mary was diagnosed with another ear infection. Please follow-up with her pediatrician in 2 weeks for her 15 month visit and the ear, nose and throat specialist as discussed. In addition, we're worried that Mary's weight gain is slowing down (she has gone from the 15th percentile to the 25th percentile in the last 2 months), please discuss a follow-up plan with your pediatrician at the 15th month visit. In addition, Mary received an extra dose of the DTaP vaccine at 9 months of age, but that will not be enough to properly immunize her, and so she should still get the vaccine at 15 months - please discuss this with your pediatrician.

Hospital 1 - Emergency Department 123 Main Street, Anytown, State 01234
123-456-7890

Work/School Excuse

Date: May 16, 2017

Patient: Mary Demo

May Return to Work/School: When symptoms improved and fever has resolved.

Restrictions/Comments: Activity as tolerated, Caretaker in ED with Patient and Good handwashing to avoid transmitting infection.

Note to Employer / School Official:

The patient named above was seen in our Emergency Department today. Any recommended restrictions on activity are listed above. At the time of the follow-up visit, the patient's physician may decide that other restrictions are necessary.

Clinician Signature _____

MIDDLE EAR INFECTIONS (Acute Otitis Media)

The middle ear is a small air-filled space behind the eardrum. Bacterial germs can get into this cavity and produce an infection known as a "acute otitis media". Fluid and pressure may build up in the middle ear causing ear pain. Occasionally, infected fluid may drain out from an infected ear through a hole in the eardrum. In most cases the hole will heal itself and the drainage will stop in a couple of days.

Middle ear infections are especially common in young children who have a cold. Colds are contagious, but ear infections are not. Colds can be prevented by washing hands carefully after touching a child with a cold. Many children get ear infections over and over again. Allergies and breathing second hand smoke increase the chances of a child getting an ear infection.

What are the symptoms of an ear infection?

Ear infections may cause ear pain or a feeling of fullness in the ear. Small children may be irritable or sleep poorly at night when they have an ear infection. Pulling at the ears may or may not be a sign that a young child has an ear infection. Some, but not all children with ear infections have a fever. Drainage of pus from the ear is sometimes seen in children with ear infections. -

What are the risks?

Most ear infections get better over one to two days and do not produce serious problems. Antibiotics help kill the germs that cause ear infections.

1. On rare occasions the germ causing an ear infection can spread to the blood and cause a serious infection in another part of the body.
2. There is a chance the germs will not be killed by the antibiotic. It may be necessary to try another antibiotic if the first choice does not help.
3. Sometimes fluid will remain in the middle ear even after the infection is successfully treated. While the fluid is present your child may not hear as well as usual. If the fluid does not go away after 3 months your doctor may recommend treatment for the fluid.
4. Antibiotics may cause allergic reactions, rashes or diarrhea.

INSTRUCTIONS

1. If an antibiotic is prescribed, make sure to give the proper dosage every day for the full time it is prescribed.
2. You may give acetaminophen (Tylenol) or ibuprofen (Advil) to help ease the pain.
3. If there is creamy material draining from the ear, try to keep the ear clean by gently washing with lukewarm water.
4. Call your doctor if the symptoms do not improve within two or three days
5. **SEE THE DOCTOR IMMEDIATELY** if your child looks sick or develops difficulty breathing, unusual sleepiness, very high fever, stiff neck, frequent vomiting, severe headache or if the outside of the ear becomes red, swollen or painful.

We are pleased to have been able to provide Mary with emergency care. The above instructions explain Mary's diagnosis and how to treat it.

EKGs and X-Rays: If Mary had an EKG or X-Ray today, it will be formally reviewed by a specialist tomorrow. If there is any change from today's Emergency Department reading, you will be notified.

IMPORTANT NOTICE TO ALL PATIENTS: The care Mary received in our Emergency Department has been on an emergency basis only. It is important that you follow-up and receive ongoing care from a primary care provider (doctor or nurse practitioner). A follow-up provider has been designated for you. It is essential that you make arrangements for follow-up care with that physician as instructed. Report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or disease in a single Emergency Department visit. If specialty care has been recommended, you may need a referral and should contact your primary care provider. Significant changes or worsening in your condition may require more immediate attention. The Emergency Department is always open and available if this becomes necessary.

Hospital 1, Patient 2

Emergency Department
 123 Main Street
 Anytown, State 012345
 Phone: 123-456-7890
 Fax: 123-456-7890

| | |
|-------------------------------|--|
| Sam Referral MRN: 31016003 | Department: Emergency Department Date of Visit: 1/20/2017 |
|-------------------------------|--|

Diagnoses this visit

Your diagnoses were SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INITIAL ENCOUNTER, FALL, INITIAL ENCOUNTER, and SPORTS ACCIDENT.

You were seen by

You were seen by Pierce, Hawkeye, MD.

Your Medications at Discharge**TAKE these medications that were prescribed in the Emergency Department**

Ibuprofen 200 mg tablet

Take TWO tablet(s) (400 mg total) by mouth every 6 hours as needed for Pain or Fever.

Where to Get Your Medications**You can get these medications from any pharmacy**

Bring a paper prescription for each of these medications

- o ibuprofen 200 mg tablet

When you pick up your medicine from the pharmacy, check the label carefully. If the pharmacy label does not match our instructions, ask your pharmacist before giving the medicine. Please let us know if you have any questions or concerns about your child's medication. It is important for you to share this medication list with your child's primary care provider so they can update their information. It is helpful for you to carry this list of your child's medication at all times.

Follow-up Information

| Follow up With | Details | Comments | Contact Info |
|-----------------------|---|--|---|
| Orthopedics – Anytown | Schedule a visit for as soon as possible for a visit in 1 week(s) | Follow-up with Orthopedics at 123-456-1527, please coordinate MRI with orthopedic team | 123 Main Street, 7 th floor Anytown, ST 19104 123-456-7890 |

Discharge Instructions**Physical Exam:**

Vital signs: BP 110/75 | Pulse 90 | Temp 37.5 °C | Resp 16

General: alert, well developed, well nourished, in no acute distress and not bearing weight Head: normocephalic and atraumatic

Eye: normal conjunctivae

ENT: mucous membranes moist

Neck: neck is supple with full active range of motion and no meningismus

Cardiac: regular rhythm, no murmurs, normal S1 and S2, no gallop and warm and well perfused

Chest: clear to auscultation bilaterally, normal work of breathing and air entry normal

Abdomen: soft, nontender, and nondistended

Genitourinary: deferred

Extremity: deformity: none, range of motion: full passive, swelling: no midline effusion or joint line tenderness, anterior edema of the R knee compared to the left, severe pain but no laxity with anterior Lachmann test, normal posterior Lachmann, no pain with varus or valgus stress and brisk capillary refill and normal peripheral pulses

Neuro: strength normal and symmetric, normal mental status, sensory exam normal, DTR normal, unable to weight bear

Skin: no rashes and no petechiae

Psychiatric: appropriate

Hospital 1 - Emergency Department
123 Main Street, Anytown, State 01234
123-456-7890

Work/School Excuse - Trauma, Lower Extremity

Date: May 16, 2017

Patient: Sam Referral

May Return to Work/School: When pain improved and able to transport.

Restrictions/Comments: Use crutches or other assistance for transportation. No gym class or athletics until cleared by follow-up provider.

Not to Employer/School Official:

The patient named above was seen in our Emergency Department today. Any recommended restrictions on activity are listed above. At the time of the follow-up visit, the patient's physician may decide that other restrictions are necessary.

Clinician Signature _____

----- General Information on a **SPRAINED KNEE** -----

The knee joint is made up of bones held together by several strong bands, called ligaments. If the knee is forcefully bent, hit or twisted, one or more of these ligaments may be damaged, resulting in a "sprained knee". Most of the time this results from sports injuries, falls or car accidents. Depending on the circumstances, the ligaments may be only slightly stretched, or they may be completely torn.

What are the symptoms?

A sprained knee produces pain that gets worse with any movement of the leg. The knee may feel weak. In addition, there may be some swelling or discoloration of the skin around the knee and a feeling of weakness of the knee.

What are the risks?

Ordinarily a sprained knee heals within 2 to 3 weeks and does not produce any serious medical problems. There are, however, some risks:

1. Severe sprains can take months to heal.
2. If the skin has been cut or scraped, it may get infected.
3. A badly sprained knee sometimes develops severe swelling that can cut off the circulation to the foot.
4. A badly sprained knee can lead to persistent pain that lasts for months or even years. Proper care is important to prevent weakness and repeated ankle sprains in the future.

----- INSTRUCTIONS -----

- 1) REST the knee and give it time to heal. Avoid weight bearing the first 48-72 hours. Don't begin running or sports activities until cleared by the orthopedic doctor. Schedule your follow-up MRI and visit with the orthopedic doctor in the next week.
- 2) If you have an Ace wrap that feels too tight, loosen it.
- 3) Keep the knee elevated slightly above the heel level as much as possible for the first two to three days. This will help keep the swelling down.
- 4) Ice packs are helpful during the first two days. Put the ice in a plastic bag. Roll up the bag in a towel and put it on the knee for 5 to 15 minutes at a time at least 4 times a day.
- 5) After the first two days, warm packs may help ease the pain and speed healing. Roll up a small towel. Soak it in warm water and put it on the knee for 5 to 15 minutes at a time.
- 6) No medicine will relieve the pain completely, but ibuprofen (Advil) and acetaminophen (Tylenol) may help.
- 7) SEEK IMMEDIATE MEDICAL ATTENTION if:
 - A) you develop severe or increasing pain, severe swelling, numbness, tingling, weakness or discoloration in the knee, leg, ankle or foot OR
 - B) you develop chest pain, difficulty breathing or pass out.

USE OF CRUTCHES (if prescribed)

* Do not have your child rest his/her underarms on the crutches. Putting weight on the underarms can cause nerve damage.

* Walk with crutches as demonstrated in the Emergency Department. Do not put weight on the cast unless told to do so.

- * Help your child go up and down stairs until you are comfortable he/she can do it well.
- * Always use crutches with rubber tips and wipe the tips dry if they get wet so they are not slippery.

We are pleased to have been able to provide Sam with emergency care. The above instructions explain Sam's diagnosis and how to treat it.

EKGs and X-Rays: If Sam had an EKG or X-Ray today, it will be formally reviewed by a specialist tomorrow. If there is any change from today's Emergency Department reading, you will be notified.

IMPORTANT NOTICE TO ALL PATIENTS: The care Sam received in our Emergency Department has been on an emergency basis only. It is important that you follow-up and receive ongoing care from a primary care provider (doctor or nurse practitioner). A follow-up provider has been designated for you. It is essential that you make arrangements for follow-up care with that physician as instructed. Report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or disease in a single Emergency Department visit. If specialty care has been recommended, you may need a referral and should contact your primary care provider. Significant changes or worsening in your condition may require more immediate attention. The Emergency Department is always open and available if this becomes necessary.

Hospital 2, Patient 1

123 Main Street, Anytown, State 012345
(123) 456-7890

Emergency Department Clinical Summary

Please bring this discharge packet to your first follow up visit.

PERSON INFORMATION

Name Demo, Mary

Age 14 months

DOB 03/14/2016

Sex Female

Race

Ethnicity

Language

Phone

PCP

Marital Status

MRN 31016399

Acct# 123456789

ED Arrival Date and Time 05/04//2017 09:00 PM

Acuity

LOS 078 00 39

Discharge Date and Time 05/04/2017 11:30 PM

Discharge Disposition

Patient Address:

Patient Stated Complaint:

Details of the patient encounter not listed in this Clinical Discharge Summary can be accessed from the patient record via the Patient Portal or by contacting Medical Records at 555-555-5555

DIAGNOSIS

Recurrent Acute Suppurative Otitis Media of Right Ear Without Spontaneous Rupture of Tympanic Membrane and Inadequate Weight Gain

Procedures

No Procedures Documented

Provider Information:

Primary Provider:

Admitting Physician:
 Consulting Physician(s):

Referring Physician

No Measurements Documented

| Vital Sign | Triage | Triage Date/Time | Latest | Latest Date/Time |
|---------------------------|-----------|---------------------|------------|---------------------|
| Temperature Oral | 38.3 DegC | 05/04/2017 22:36:00 | 38.3 DegC | 05/04/2017 22:36:00 |
| Temperature Rectal | 38.3 DegC | 05/04/2017 22:36:00 | 38.3 DegC | 05/04/2017 22:36:00 |
| O2 Sat | 99 % | 05/04/2017 22:36:00 | 99 % | 05/04/2017 22:36:00 |
| Respiratory Rate | 35 BR/min | 05/04/2017 22:36:00 | 35 BR/min | 05/04/2017 22:36:00 |
| Blood Pressure, Automated | 95/60mmHg | 05/04/2017 22:36:00 | 95/60 mmHg | 05/04/2017 22:36:00 |

Cognitive and Functional Status :

MEDICAL INFORMATION

Problems

No Problems Documented

Allergies

NKA

Immunizations

No Immunizations Documented This Visit

Smoking Status:

Laboratory or Other Results This Visit (last charted value for your ____ visit) No

Laboratory or Other Results This Visit

Cardiology Orders

No Cardiology Orders Documented This Visit

Medication Instructions as of 05/04/17 11:30:13

Comment:

START taking the following medications:

Other Medications

Augmentin ES-600 (amoxicillin-ckavulanate ES 600 – 42.9 mg/5 mL oral liquid) 3.1 mL (372 mg AMOX total), By Mouth, 2 times a day, 10 Day(s), Refills: 0
Take next dose: _____

Current Medication List as of 05/04/17 11:30:13

Augmentin ES-600 (amoxicillin-ckavulanate ES 600 – 42.9 mg/5 mL oral liquid) 3.1 mL (372 mg AMOX total), By Mouth, 2 times a day, 10 Day(s), Refills: 0
Take next dose: _____

Physician(s) who completed Medication Reconciliation

_____, MD (05/04/2017 11:29)

PATIENT EDUCATION INFORMATION

Follow up:

You must call each Provider to make/verify your appointment.

| PHYSICIAN/PROVIDER | ADDRESS | WHEN |
|---|--|-----------------------|
| Pediatrician | 1234 Main Street Anytown, State 01234 123-456-7890 | In 2 weeks 05/14/2017 |
| Comments: Call for follow up appointment to ensure ear infection is improving, to discuss weight gain and for 15 months vaccines (including DTap) | | |
| Otolaryngology | 1234 Main Street 5 th Floor, Anytown, State 01234 123-456-7890 | |
| Comments: Call for follow up appointment with ENT for 4 ear infections in last 6 months | | |

Care Plan & Goals:

For this information, please review the details within this full Summary of Care document. For information not listed elsewhere, please refer to the patient medical record.

Printed Education Given To Patient:

Recurrent Acute Suppurative Otitis Media and Inadequate Weight Gain, Child, Care After, Easy-to-Read

Hospital 2, Patient 2

123 Main Street, Anytown, State 012345
(123) 456-7890

Emergency Department Clinical Summary

Please bring this discharge packet to your first follow up visit.

PERSON INFORMATION

Name Referral, Sam

Age 16 years

DOB 01/05/2001

Sex Male

Race

Ethnicity

Language

Phone

PCP

Marital Status

MRN 31016003

Acct# 987654321

ED Arrival Date and Time 01/20/2017 02:00 PM

Acuity

LOS 078 00 39

Discharge Date and Time 01/20//2017 06:00 PM

Discharge Disposition

Patient Address:

Patient Stated Com plaint:

Details of the patient encounter not listed in this Clinical Discharge Summary can be accessed from the patient record via the Patient Portal or by contacting Medical Records at 555-555-5555.

DIAGNOSIS

Sprain of Anterior Cruciate Ligament of Right Knee, Initial Encounter, Fall, Initial Encounter and Sports Accident

Procedures

No Procedures Documented

Provider Information:

Primary Provider:

Admitting Physician:
 Consulting Physician(s):

Referring Physician

No Measurements Documented

| Vital Sign | Triage | Triage Date/Time | Latest | Latest Date/Time |
|------------------------------|--------------|---------------------|--------------|---------------------|
| Temperature Oral | 37.5 DegC | 01/20/2017 14:30:00 | 37.5 DegC | 01/20/2017 14:30:00 |
| Respiratory Rate | 16 BR/min | 01/20/2017 14:30:00 | 16 BR/min | 01/20/2017 14:30:00 |
| Blood Pressure, Automated | 110/75 mmHg | 01/20/2017 14:30:00 | 110/75 mmHg | 01/20/2017 14:30:00 |
| Pulse | 90 Beats/min | 01/20/2017 14:30:00 | 90 Beats/min | 01/20/2017 14:30:00 |

Cognitive and Functional Status :

General: alert, well developed, well nourished and in no acute distress and no bearing weight

Head: normocephalic and atraumatic

Eye: normal conjunctivae

ENT: mucous membranes moist

Neck: neck is supple with full active range of motion and no meningismus

Cardiac: regular rhythm, no murmurs, normal S1 and S2, no gallop and warm and well perfused

Chest: clear to auscultation bilaterally, normal work of breathing and air entry normal

Abdomen: soft, nontender and nondistended

Genitourinary: deferred

Extremity: deformity: none, range of motion: full passive, swelling: no midline effusion or joint line tenderness, anterior edema of the R knee compared to the left, severe pain but no laxity with anterior Lachmann test, normal posterior Lachmann no pain with varus or valgus stress and brisk capillary refill and normal peripheral pulses

Neuro: strength normal and symmetric, normal mental status, sensory exam normal, DTR normal, unable to weight bear

Skin: no rashes or petechiae

Psychiatric: appropriate

MEDICAL INFORMATION

Problems

No Problems Documented

Allergies

NKA

Immunizations

No Immunizations Documented This Visit

Smoking Status:

Laboratory or Other Results This Visit (last charted value for your ____ visit) No Laboratory or Other Results This Visit

Cardiology Orders

No Cardiology Orders Documented This Visit

Medication Instructions as of 01/20/17 18:00:00

Comment:

START taking the following medications:

Other Medications

Ibuprofen 200 mg tablet 2 tablets (400 mg total), By Mouth, every 6 hours as needed for pain or fever
Take next dose: _____

Current Medication List as of 01/20/17 18:00:00

Ibuprofen 200 mg tablet 2 tablets (400 mg total), By Mouth, every 6 hours as needed for pain or fever
Take next dose: _____

Physicia n(s) who completed Medication Reconciliation

_____, MD (01/20/2017 17:59)

PATIENT EDUCATION INFORMATION

Follow up:

You must call each Provider to make/verify your appointment.

| PHYSICIAN/PROVIDER | ADDRESS | WHEN |
|---|---|-----------------------|
| Orthopedics | 1234 Main Street Anytown, State 01234 123-456-7890 | In 1 weeks 01/27/2017 |
| Comments: Please coordinate MRI with Orthopedics team | | |

Care Plan & Goals:

For this information, please review the details within this full Summary of Care document. For information not listed elsewhere, please refer to the patient medical record.

Printed Education Given To Patient:

Sprain of Anterior Cruciate Ligament of Right Knee, Child, Care After, Easy-to-Read