

Baptist Medical Center East

400 Taylor Road

Montgomery, AL 36117

Emergency Department

Patient Summary

Name: ALSHAGAA, NORA

Current Date: 12/06/18 23:55:27

MRN: E000484950

FIN: E1834001803

Chief Complaint: Vomiting; Paraesthesia; Nausea and vomiting; Anxiety; NAUSEA/VOMITTING

Final Diagnosis: Abdominal pain; Vomiting

Emergency Room Primary Provider: Shelton, Paula A, MD

Baptist Medical Center East would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions:

Return to Emergency Department if symptoms worsen

With:

Address:

When:

Physician Finder 273-4444

With:

Address:

When:

Return to Emergency
Department

Comments:

RETURN TO THE ED IF YOUR SYMPTOMS WORSEN

Medication List:

Name ALSHAGAA, NORA

Baptist Medical Center East

400 Taylor Road

Montgomery, AL 36117

Emergency Department

Patient Copy

I, ALSHAGAA, NORA, understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic test indicate a need for modification in therapy, you will be notified at the phone number you provided. I have received a list of tests / procedures done during my stay in the Emergency Department and I have been advised to share this list with my Primary Physician. Resume your home medications as reported on your Home Medication Record Sheet, attached here. Do not take any other non-listed medications without first checking with your physician. Take medication list with you to your next physician visit(s). Keep your medication list updated and carry with you at all times in case of emergency.

Tests/Procedures:

Laboratory Orders

Name	Status	Details
CBC w/ Diff	Completed	Blood, Stat, 12/06/18 20:39:00 CST, Stat, Print Label, Ipme, 12/06/18 20:39:00 CST
Comprehensive	Completed	Blood, Stat, 12/06/18 20:39:00 CST, Stat, Print Label, Ipme, 12/06/18 20:39:00 CST
Glucose Point of Care	Completed	Blood, Routine, 12/06/18 20:02:02 CST, Collected Y/N, ST
Lipase	Completed	Blood, Stat, 12/06/18 20:39:00 CST, Stat, Print Label, Ipme, 12/06/18 20:39:00 CST
UA with cult rflx South/East	Completed	Urine, Clean Catch, Stat, Nurse Collect Non Blood, Clean Catch Urine, Stat, 12/06/18 20:39:29 CST, Roth, Alecia C, NP, Print Label, 12/06/18 20:39:00 CST
estimatedCrCl	Completed	Blood, Stat, 12/06/18 20:39:00 CST, Stat, Collected, 12/06/18

Name ALSHAGAA, NORA

22:02:00 CST, Ipme, 90643692.000000, 2331599581.0, 12/06/18
20:39:00 CST

estimatedGFR Completed Blood, Stat, 12/06/18 20:39:00 CST, Stat, Collected, 12/06/18
22:02:00 CST, Ipme, 90643692.000000, 2331599581.0, 12/06/18
20:39:00 CST

Radiology Orders

Name	Status	Details
CT Abd/Pelvis with contrast	Ordered	Stat, 12/06/18 21:16:00 CST, Pain, Wheelchair, Is Patient on Glucophage, ONCE

Cardiology Orders

Name	Status	Details
EKG - Routine	Completed	Stat, 12/06/18 20:00:00 CST

At the site of the muscle strain, there may be:

- Pain.
- Bruising.
- Swelling.
- Difficulty using the muscle due to pain or lack of normal function.

DIAGNOSIS

Your health care provider will perform a physical exam and ask about your medical history.

TREATMENT

Often, the best treatment for a muscle strain is resting, icing, and applying cold compresses to the injured area.

HOME CARE INSTRUCTIONS

- Use the PRICE method of treatment to promote muscle healing during the first 2–3 days after your injury. The PRICE method involves:
 - Protecting the muscle from being injured again.
 - Restricting your activity and resting the injured body part.
 - Icing your injury. To do this, put ice in a plastic bag. Place a towel between your skin and the bag. Then, apply the ice and leave it on from 15–20 minutes each hour. After the third day, switch to moist heat packs.
 - Apply compression to the injured area with a splint or elastic bandage. Be careful not to wrap it too tightly. This may interfere with blood circulation or increase swelling.
 - Elevate the injured body part above the level of your heart as often as you can.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your health care provider.
- Warming up prior to exercise helps to prevent future muscle strains.

SEEK MEDICAL CARE IF:

- You have increasing pain or swelling in the injured area.
- You have numbness, tingling, or a significant loss of strength in the injured area.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 12/18/2006 Document Revised: 10/08/2014 Document Reviewed: 07/17/2014

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Motor Vehicle Collision

It is common to have multiple bruises and sore muscles after a motor vehicle collision (MVC). These tend to feel worse for the first 24 hours. You may have the most stiffness and soreness over the first several hours. You may also feel worse when you wake up the first morning after your collision. After this point, you will usually begin to improve with each day. The speed of improvement often depends on the severity of the collision, the number of injuries, and the location and nature of these injuries.

Name ALSHAGAA, NORA

PHYSICAL THERAPY

PATIENT REFERRAL

Name **ALSHAGAA, NORA**

Phone **(334) 220-5557**

Diagnosis: Lt. SHLD Instability

Frequency: ☐ Daily ☐ 4 x Week ☒ 3 x Week ☒ 2 x Week ☐ 1 x Week ☐ PRN

Duration: ☐ 1 time visit Week: ☐ O/1 ☐ O/2 ☐ O/3 ☒ O/4 ☐ PRN

COMMENT

☒ CONSULT: EVALUATE & TREAT

☐ Cryotherapy/Moist Heat

☐ Biodex Extremity Test/Exercise

☐ Iontophoresis/Phonophoresis

☐ Electrical Stims/TENS

☐ KT 2000 Test

☐ Biodex Extremity Test/Exercise

☐ ROM/Strengthening

☐ Modalities

☐ Orthotic Evaluation and Fitting

☐ Traction/Home Traction

☐ Ultrasound

☐ Custom Brace

☐ Mobilization/Massage

☐ Gait Training: NWB, PWB, FWB

☐ Back Education, Functional Activity

LOCATION

☐ AOS PHYSICAL THERAPY

4630 Woodmere Boulevard

PH: 334-387-0575

FAX: 334-387-0579

☐ JACKSON HOSPITAL

OUTPATIENT REHAB

PH: 334-293-8158

FAX: 334-293-8221

☐ EXCEL THERAPY SERVICES

40 Wisteria Place

Millbrook, AL

PH: 334-285-0239

FAX: 334-285-9689

☐ PROMISE PHYSICAL THERAPY

640 McQueen Smith Rd.

PH: 334-358-2201

FAX: 334-358-2236

☐ MONTGOMERY EAST PT

499 St. Lukes Dr.

PH: 334-244-5892

FAX: 334-244-5890

☐ ACTIVE HEALTH & REHAB

3442 Eastdale Circle

Montgomery, AL

PH: 334-279-5757

FAX: 334-279-1257

☐ HARMONY WELLNESS
& REHAB

6942 Winton Blount Blvd

Montgomery, AL 36117

PH: 334-277-1234

FAX: 334-277-1793

☐ HAND & OCCUPATIONAL
THERAPY CENTER

2767 Office Park Circle

Montgomery, AL 36116

PH: 334-239-9431

FAX: 334-239-9415

☐ PHOENIX REHAB AUBURN

2408 E. University Dr Ste 106

Auburn, AL

PH: 334-275-4636

FAX: 334-275-4637

☐ PHOENIX REHAB-MONTGOMERY

4810 Woods Crossing Dr.

Montgomery, AL 36106

PH: 334-239-9316

FAX: 334-239-9319

☐ PHOENIX REHAB WETUMPKA

74186 Tallahassee Hwy

Wetumpka, AL 36092

PH: 334-478-3543

FAX: 334-478-3564

☐ PHOENIX REHAB GREENVILLE

323 Greenville Bypass Ste. E

Greenville, AL

PH: 334-665-4368

FAX: 334-665-4370

☐ PHOENIX REHAB
PRATTVILLE

459 East Main St

Prattville, AL 36067

PH: 334-356-6107

FAX: 334-356-6109

☐ PT SOLUTIONS-EAST

7061 Halcyon Summit Dr.

Montgomery, AL 36117

PH: 334-396-2110

FAX: 334-396-2115

☐ PT SOLUTIONS-WETUMPKA

6249 US HWY 231

Wetumpka, AL 36092

PH: 334-514-0817

FAX: 334-514-0819

☐ PT SOLUTIONS-SOUTH

2975 Carter Hill Rd

Montgomery, AL

PH: 334-288-8358

FAX: 334-288-9681

☐ PT PLUS

1013 Medical Center Parkway

Selma, AL

PH: 334-872-2222

FAX: 334-872-2232

☐ CAROLYN E. KING REHAB

4155 Lomac St, Ste D

Montgomery, AL

PH: 334-270-4111

FAX: 334-270-4119

☐ THERAPY SOUTH-AUBURN

1530 E. Glenn Ave. Ste C

Auburn, AL

PH: 334-502-7839

FAX: 334-502-7879

☐ THERAPY SOUTH-ANDALUSIA

811 B. Western Bypass

Andalusia, AL

PH: 334-222-2620

FAX: 334-222-2623

☐ BODY LOGIC PT &
WELLNESS

7150 Halcyon Park Dr.

Montgomery, AL 36117

PH: 334-380-5920

FAX: 334-380-5921

☐ RESULTS PHYSIOTHERAPY

6971 Eastchase Loop

Montgomery AL 36117

PH: 334-721-6500

FAX: 334-721-6501

☐ PREMIER PT

7088 University Ct.

Montgomery AL 36117

PH: 334-396-1400

FAX: 334-396-2727

☐ TALLASSEE REHAB
(TOM CRAIN)

1000 Friendship Rd.

Tallahassee, AL

PH: 334-283-8032

FAX: 334-283-1136

REHAB ASSOCIATES PHYSICAL THERAPY

☐ MONTGOMERY, AL

1215 Mulberry St.

PH: 334-262-6161

FAX: 334-834-1705

☐ MONTGOMERY, AL

464 St. Lukes Dr.

PH: 334-244-6699

FAX: 334-244-6881

☐ PRATTVILLE, AL

1824 Glynwood Dr.

PH: 334-361-4711

FAX: 334-361-8219

☐ SELMA, AL

1391 E. Highland Ave.

PH: 334-875-6110

FAX: 334-875-6747

☐ GREENVILLE, AL

100 Adams St.

PH: 334-382-5308

FAX: 334-382-9484

☐ TROY, AL

1118 B US HWY 231

PH: 334-566-5021

FAX: 334-566-0439

☐ MILLBROOK, LLP

40 Wisteria Place, Millbrook, AL

PH: 334-285-0239

FAX: 334-285-9689

☐ WETUMPKA, AL

74240 Tallahassee Hwy.

PH: 334-514-4488

FAX: 334-514-4424

HELPFUL HINTS

Bring your physician referral on your first visit. Wear loose fitting shorts and tee shirts. Expect each visit to last from 1-2 hours. Insurance counseling available. If you cannot attend a scheduled appointment, simply call ahead and we will be happy to reschedule.

PHYSICIAN SIGNATURE G. Dexter Walcott, Jr., MD

DATE 12/6/2018

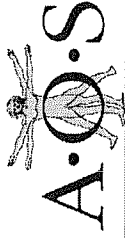
Name: ALSHAGAA, NORA

Chart: 227374

Date: 12/6/2018



* 2 2 7 3 7 4 - 1 5 *



ALABAMA ORTHOPAEDIC SPECIALISTS, P.A.

ORTHOPAEDIC SURGEONS

4294 Lomac Street
Montgomery, Alabama 36106
(334) 274-9000

STEVEN A. BARRINGTON, M.D.

ERWIN BENNETT, M.D.

MICHAEL E. DAVIS, M.D.

CHARLES W. HARTZOG, JR., M.D.

D.D. THORNBURY, M.D.

HUSSEIN W. TURKI, M.D.

G. DEXTER WALCOTT, JR., M.D.

Date 12/6/2018

ALSHAGAA, NORA

is currently a patient of mine.

Please excuse him/her from Work ☐ / School ☒ / PE ☐

☒ today

☐ x ____ days

☐ x ____ weeks

Physician Signature: Walcott

18>

Patient Information

Name: NORA ALSHAGAA
Medical Record Number: 484950
Sex Code: F
BirthDate: 3/16/1984

Exam Information

Accession Number: DX180187922
Modality: CR
Body Part: CERVICAL
Description: DX Cervical Spine Complete
Performed Date: 11/27/2018 19:49:05
Patient History: Pain

Final Report

ALSHAGAA, NORA

HISTORY: Pain.

CERVICAL SPINE, FIVE VIEWS:

Multiple views including obliques show normal alignment of the vertebral bodies. No fracture or subluxation is seen. The disc spaces are well maintained. No destructive lesions are evident. No neural foramen narrowing is evident.

IMPRESSION:

Normal exam.

asw/962795
AA

Principal Interpreter

Name: MD Mark LeQuire
Provider ID: D2278

Patient Information

Name: NORA ALSHAGAA
Medical Record Number: 484950
Sex Code: F
BirthDate: 3/16/1984

Exam Information

Accession Number: DX180187923
Modality: CR
Body Part: LSHOULDER
Description: DX Shoulder Complete Left
Performed Date: 11/27/2018 19:49:05
Patient History: Pain

Final Report

ALSHAGAA, NORA

HISTORY: Pain, motor vehicle accident.

LEFT SHOULDER, THREE VIEWS:

Internal and external rotation and transaxillary views reveal normal alignment without evidence of fracture or dislocation.

IMPRESSION:

Normal exam.

asw/962794
AA

Principal Interpreter

Name: MD Mark LeQuire
Provider ID: D2278

Baptist Medical Center East

400 Taylor Road

Montgomery, AL 36117

Emergency Department

Patient Summary

Name: ALSHAGAA, NORA

Current Date: 11/27/18 20:23:51

MRN: E000484950

FIN: E1833101905

Chief Complaint: UC - MVA Initial Visit; PAROXYSMAL ATRIAL FIBRILLATION

Final Diagnosis: Acute neck pain; Left shoulder pain; MVA, restrained passenger

Emergency Room Primary Provider:

Baptist Medical Center East would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions:

Return to Emergency Department if symptoms worsen

With:

Address:

When:

Your Physician

Comments:

Call for a follow up appointment in 2-3 days

Return to ED for worsening symptoms or concerns

Take medication as directed

With:

Address:

When:

Baptist Family Medicine Clinic
613.3680

Name ALSHAGAA, NORA

Medication List:

New Medications	AM	Noon	PM	Bed	Special Instructions
cyclobenzaprine (Flexeril 10 mg) 10 mg = 1 Tab By Mouth 3 Times a Day <i>Printed prescription will be given to you</i> Next Dose Due: _____					
ketorolac (ketorolac 10 mg) 10 mg = 1 Tab By Mouth 4 Times a Day as needed for PAIN 1-10 <i>Printed prescription will be given to you</i> Next Dose Due: _____					Instructions: not to exceed 40 mg/day and 5 days duration for all dose forms

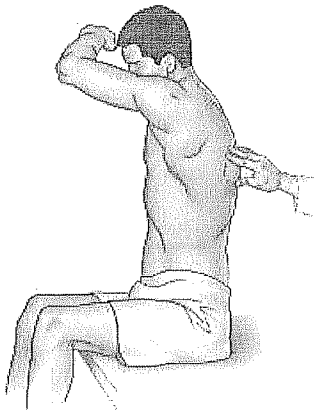
Patient Education Instructions:

Muscle Strain

A muscle strain is an injury that occurs when a muscle is stretched beyond its normal length. Usually a small number of muscle fibers are torn when this happens. Muscle strain is rated in degrees.

First-degree strains have the least amount of muscle fiber tearing and pain. Second-degree and third-degree strains have increasingly more tearing and pain.

Usually, recovery from muscle strain takes 1–2 weeks. Complete healing takes 5–6 weeks.

**CAUSES**

Muscle strain happens when a sudden, violent force placed on a muscle stretches it too far. This may occur with lifting, sports, or a fall.

RISK FACTORS

Muscle strain is especially common in athletes.

SIGNS AND SYMPTOMS

Name ALSHAGAA, NORA

- verr
- medicine
- therapy
- ? brace

MPS
test /

Series No 5997
Ins No 2

ID 227874
NORA ALSHAGAA
F



Baptist Medical Center East

400 Taylor Road

Montgomery, AL 36117

Emergency Department

Patient Copy

I, ALSHAGAA, NORA, understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic test indicate a need for modification in therapy, you will be notified at the phone number you provided. I have received a list of tests / procedures done during my stay in the Emergency Department and I have been advised to share this list with my Primary Physician. Resume your home medications as reported on your Home Medication Record Sheet, attached here. Do not take any other non-listed medications without first checking with your physician. Take medication list with you to your next physician visit(s). Keep your medication list updated and carry with you at all times in case of emergency.

Tests/Procedures:

Laboratory Orders

No laboratory orders were placed.

Radiology Orders

Name	Status	Details
DX Cervical Spine Complete	Ordered	Stat, 11/27/18 19:33:00 CST, Pain, Wheelchair, ONCE
DX Humerus Left	Ordered	Stat, 11/27/18 19:35:00 CST, Pain, Wheelchair, ONCE
DX Shoulder Complete Left	Ordered	Stat, 11/27/18 19:33:00 CST, Pain, Wheelchair, ONCE

Cardiology Orders

No cardiology orders were placed.

Name ALSHAGAA, NORA

HOME CARE INSTRUCTIONS

- Put ice on the injured area.
- Put ice in a plastic bag.
- Place a towel between your skin and the bag.
- Leave the ice on for 15–20 minutes, 3–4 times a day, or as directed by your health care provider.
- Drink enough fluids to keep your urine clear or pale yellow. **Do not** drink alcohol.
- Take a warm shower or bath once or twice a day. This will increase blood flow to sore muscles.
- You may return to activities as directed by your caregiver. Be careful when lifting, as this may aggravate neck or back pain.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. **Do not** use aspirin. This may increase bruising and bleeding.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have numbness, tingling, or weakness in the arms or legs.
- You develop severe headaches not relieved with medicine.
- You have severe neck pain, especially tenderness in the middle of the back of your neck.
- You have changes in bowel or bladder control.
- There is increasing pain in any area of the body.
- You have shortness of breath, light-headedness, dizziness, or fainting.
- You have chest pain.
- You feel sick to your stomach (*nauseous*), throw up (*vomit*), or sweat.
- You have increasing abdominal discomfort.
- There is blood in your urine, stool, or vomit.
- You have pain in your shoulder (shoulder strap areas).
- You feel your symptoms are getting worse.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 12/18/2006 Document Revised: 05/04/2015 Document Reviewed: 05/16/2012

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AUM NURSING CARE CENTER

URINE DIPSTICK RESULTS

NAME Rudolph

DATE _____

BIRTHDATE _____

LMP _____

Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
pH	5	6	7	8	9		
Leukocytes	Neg.	Trace	+1	+2			
Nitrite	Neg.	Pos.					
Protein	Neg.	Trace	+1(30)	+2(100)	+3(500)	(mg/dl)	
Glucose	Normal	50	100	250	500	1000	(mg/dl)
Ketones	Neg.	+1(sml)	+2(mod)	+3(lg)			
Urobilinogen	Normal	1	4	8	12	(mg/dl)	
Bilirubin	Neg.	+1	+2	+3			
Blood	Neg.	5-10	50	250	ery/l		

Staff Signature _____