



**AUBURN UNIVERSITY
AT MONTGOMERY**

STUDENT HEALTH SERVICES

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Information

Student Number: _____
Name: Stephen Bicknell Date of Birth: 02/23/2007
Address: 2159 County Rd. 11 Phone Number: (334) 546-8712
City: Prichville State: AL Zip: 36007 Email: _____

Please select one of the following:

- ☐ Release information FROM Auburn University at Montgomery Student Health Services to an AUM department/outside medical facility/person (Circle one)
- ☒ Release information from an AUM department/outside medical facility/person (Circle one) TO Auburn University at Montgomery Student Health Services

Outside Medical Facility/ AUM Department/Person

Name: Elmore Community ER Date of Birth: ____/____/____
Address: 500 Hospital Dr. Phone: _____ Fax: (334) 507-5919
City: Montgomery State: AL Zip: 36102 Email: _____

Please select one of the following:

- ☒ Fax Records ☐ Mail Records ☐ Hold Records for Patient Pickup

Type(s) of Records Requested:

- ☐ Immunizations ONLY: please specify (If all, put ALL) _____
- ☒ Radiology Report
- ☒ Lab Results
- ☒ General summary of treatment (issues, progress, current functioning)
- ☒ Other: please specify all records from ER visit in May 2024

This consent may be needed at any time by the patient/client, but ending the consent will not cancel any actions that have already taken as allowed by this form. Unless the client wishes to cancel this consent at an earlier time, it will automatically stop upon the date and/or condition indicated below.

Date: _____ Event/Consent: _____

It is understood that the duration of this consent will not be longer than necessary and reasonable to carry out the purpose for which it is given.

Miranda Bicknell (mom)
Patient Name or Authorized Representative (Please Print)

0629
Last 4 of Patient's Social Security #

[Signature]
Patient's Signature or Authorized Representative

[Signature]
Witness Signature (REQUIRED)

7/30/2024
Date

7/30/24
Date



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STUDENT HEALTH SERVICES

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Patient Information

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Name: <u>Stephen Bicknell</u>	Date of Birth: <u>02/23/2007</u>
Address: <u>2159 County Rd. 01</u>	Phone Number: <u>(334) 544-8712</u>
City: <u>Prattville</u> State: <u>AL</u> Zip: <u>36067</u>	Email: _____

Please select one of the following:

- ☐ Release information FROM Auburn University at Montgomery Student Health Services to an AUM department/outside medical facility/person (Circle one)
- ☒ Release information from an AUM department/outside medical facility/person (Circle one) TO Auburn University at Montgomery Student Health Services

Outside Medical Facility/ AUM Department/Person

Name: <u>Elmore Community ER</u>	Date of Birth: <u> </u>
Address: <u>500 Hospital Dr.</u>	Phone: _____ Fax: <u>(334) 507-5919</u>
City: <u>Montgomery</u> State: <u>AL</u> Zip: <u>36102</u>	Email: _____

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Miranda Bicknell (mom)
Patient Name or Authorized Representative (Please Print)

0629
Last 4 of Patient's Social Security #

[Signature]
Patient's Signature or Authorized Representative

[Signature]
Witness Signature (REQUIRED)

7/30/24
Date

7/30/24
Date

FINAL

Elmore Community Hospital - Emergency Department
500 Hospital Drive, Wetumpka, AL 36092
(334) 567-4311

Patient: BICKNELL JR, STEPHEN

DOB: 02/23/2007 17 year/M Wt: 135 lb(61 kg) Stated; Ht: 69 in(175 cm)

MRN: 147137

PROVIDER: Lyndsay Ewing, DO

Acct #: 982721

Printed: 05/03/2024 04:38

DOS: 05/03/2024 02:40

Physician Record - Page 1 of 3

PHYSICIAN CHART**CHIEF COMPLAINT:**

Allergic reaction(itching/rash)

VITALS HISTORY:

05/03/2024 02:50 Weight:135 lb(61 kg) Stated; Height:69 in(175 cm) BMI:20

05/03/2024

02:50 BP: 99/60 Arm Sitting (Automatic) MAP: 73 mmHG, Temp: 97.5 °F Oral, HR: 73

Sitting Awake (Automatic) , RR: 18, O2 Sat: 97% RA

CURRENT MEDICATIONS:

Patient or patient's family denies using any medications

Medication Reconciliation Completed and Signed by S. McCord, RN @ 05/03/2024

02:54:50

ALLERGIES:

Patient or patient family denies any allergies

MEDICAL PROBLEMS:**MODE OF ARRIVAL:**

The patient arrived by walk in. Patient arrived with family.

SOURCE (PHYS):

The information was obtained from the patient and the parent.

PREHOSPITAL (PHYS):

No prehospital care was provided.

HISTORY OF PRESENT ILLNESS:

This patient is a 17 year old male who presents with a chief complaint of Allergic reaction(itching/rash). Provider assessment time was 05/03/2024 02:56. I reviewed the vital signs, the oxygen saturation result and the nursing/ treatment notes and I agree with what is documented. I agree with the chief complaint selected for this patient's chart. The exposure occurred Patient took a Bactrim for a finger infection a few hours before the rash and itching started -[LE@05/03/2024 03:01]. The location of symptoms is (the) diffuse. The symptoms are not improved with diphenhydramine or hydroxyzine. There was no shortness of breath. There was a moderate rash present. The severity of the itching was reported to be moderate. There was known exposure to a precipitating medication.

ROS

INTEGUMENTARY: Positive for itching and rash.

ALLERGIC/IMMUNOLOGIC: Positive for itching.

*Reviewed
8/13/24
Hamilton
CLB*

Acct #: 982721

Page 2 of 3

BICKNELL JR, STEPHEN

I have reviewed all the other systems and they are negative.

IMMUNIZATIONS:

The patient's immunizations are up to date. Tetanus vaccination status is up to date. Tetanus Vaccine Offered: NA.

PAST MEDICAL HISTORY (PHYS):**FAMILY HISTORY (PHYS):****SOCIAL HISTORY (PHYS):**

No significant Social History.

Habits: Tobacco use: Never smoker - [266919005].

INITIAL VITALS AT PRESENTATION:

05/03/2024 02:50 Weight:135 lb(61 kg) Stated; Height:69 in(175 cm) BMI:20

05/03/2024

02:50 BP: 99/60 Arm Sitting (Automatic) MAP: 73 mmHG, Temp: 97.5 °F Oral, HR: 73

Sitting Awake (Automatic) , RR: 18, O2 Sat: 97% RA

PHYSICAL EXAMINATION

Constitutional: The patient was alert. The patient was not ill-appearing. The patient was in no distress.

Respiratory: The pulse oximeter reading was within a normal range. The lung sounds were clear, and breath sounds were equal bilaterally.

CV: Heart rate was normal and the rhythm was regular. There was no systolic murmur or diastolic murmur.

Skin: Positive for a maculopapular rash. The location was the generalized area.

Psychiatric: Negative for anxiety, depression and agitation.

DIAGNOSTIC CONSIDERATIONS FOR ALLERGIC REACTION:

DIAGNOSTIC CONSIDERATIONS: Drug reaction.

(I have considered the above as the potential cause of the patient's condition. I have based my consideration on a limited patient encounter, and my considerations may not be all-inclusive. History, physical examination, and/or diagnostic studies, in combination with medical judgment, have been used in determining the final diagnosis)

MDM:

Reviewed and Analyzed Data: Information regarding the patient was obtained from the parent.

ORDERS AND RESULTS:**Placed Orders:**

DEXAMETHASONE 4MG/1ML (DECADRON) * - 4 mg IM Placed at

05/03/2024 03:00, LE, DO; Completed at 05/03/2024 03:00, DC, RN

METHYLPREDNISOLONE - DEPO MEDROL (DEPO MEDROL) 40MG *

- 40 mg IM Placed at 05/03/2024 03:00, LE, DO; Completed at 05/03/2024 03:00,

DC, RN

DISPOSITION NOTES:

Smoking History (from Social History review) Never smoker - [266919005].

Acct #: 982721

BICKNELL JR, STEPHEN

Page 3 of 3

IMPRESSION:

MEDICATION REACTION

DISPOSITION (PHYS):

The disposition time decision was 05/03/2024 03:03. Disposition Decision Notes: discharge home with prednisone to start tomorrow -[LE@05/03/2024 03:03] discharge.

Discharge: The patient was discharged to Home, Accompanied by Parent/Guardian. The patient's condition upon discharge was good. Education was provided to the patient and the family. Based on the medications I am prescribing, I have made any necessary changes to the patients medications.

Instructions given to the patient: Adverse Drug Reaction.

Follow up provider: Murphy, Jeana (Primary Care) , ,.

Follow up: If symptoms are not Better in Within 3 days.

Prescriptions: PREDNISONE 20 MG TABLET Take 1 tablet(s) once a day (QD) Oral start tomorrow Dispense: 5 tablet(s) Generic allowed No refills Rx Num 77072

Excuse:

No school starting 5/3/2024. Return on 5/6/2024.

SIGN OFF:

L. Ewing, DO

Chart electronically signed by L. Ewing, DO @ 05/03/2024 03:04:57

FINAL

Elmore Community Hospital - Emergency Department
500 Hospital Drive, Wetumpka, AL 36092
(334) 567-4311

Patient: BICKNELL JR, STEPHEN

DOB: 02/23/2007 17 year/M Wt: 135 lb(61 kg) Stated; Ht: 69 in(175 cm)

MRN: 147137

PROVIDER: Suzanne McCord, RN

Acct #: 982721

Printed: 05/03/2024 04:38

DOS: 05/03/2024 02:40

Nursing Record - Page 1 of 4

NURSING CHART**CHIEF COMPLAINT:**

Allergic reaction(itching/rash)

CURRENT MEDICATIONS:

Patient or patient's family denies using any medications

Medication Reconciliation Completed and Signed by S. McCord, RN @ 05/03/2024
02:54:50

ALLERGIES:

Patient or patient family denies any allergies

PCP:

Murphy, Jeana (Primary Care)

MODE OF ARRIVAL:

The patient arrived by walk in. Patient arrived with family.

CURRENT VISIT:

Arrival time: 05/03/2024 02:40. 1. Triage time: 05/03/2024 02:50. Assessment time:

05/03/2024 02:50. Room #: EX 5. Time to room: 05/03/2024 02:50. This is not a return

visit for the same problem. Patient had no recent surgery. Patient ID Band: The patient's ID
band was applied.

INITIAL VITALS AT PRESENTATION:

05/03/2024 02:50 Weight:135 lb(61 kg) Stated; Height:69 in(175 cm) BMI:20

05/03/2024

02:50 BP: 99/60 Arm Sitting (Automatic) MAP: 73 mmHG, Temp: 97.5 °F Oral, HR: 73

Sitting Awake (Automatic) , RR: 18, O2 Sat: 97% RA

GENERAL INFORMATION:

The patient is a full code.

IMMUNIZATIONS:

The patient's immunizations are up to date. Tetanus vaccination status is up to date. Tetanus

Vaccine Offered: NA.

TRIAGE ASSESSMENT:

Chief complaint: Allergic reaction(itching/rash)

SOCIAL HISTORY:

No significant Social History.

Habits: Tobacco use: Never smoker - [266919005].

Acct #: 982721

Page 2 of 4

BICKNELL JR, STEPHEN

MENTAL HEALTH SCREENING:

Depression Screening: Question 1) In the past few weeks, have you wished you were dead? No. Question 2) In the past few weeks, have you felt that you or your family would be better off if you were dead? No. Question 3) In the past week, have you been having thoughts about killing yourself? No. Question 4) Have you ever tried to kill yourself? No. The patient denies having felt down, depressed, or hopeless in the last 2 weeks. Over the past 2 weeks, have you felt little interest or pleasure in doing things? No. The patient denies any suicidal or homicidal ideation. The patient denies any previous suicidal attempts.

FUNCTIONAL/SAFETY:

Abuse screening: There is no evidence of abuse/neglect.

Domestic violence screening: The patient denies being in a relationship in which he/she has been physically hurt or threatened. The patient reports feeling safe in his/her current environment. The patient denies being bullied.

Functional screening: Do you have trouble taking care of yourself - with feeding, dressing? No. The patient denies falling unexpectedly or frequently. Functional and/or Therapy referral given? No. Fall risk assessment was completed.

Morse Fall Risk screening: The patient is not a fall risk, as determined by the following factors: History of falling within 3 months: no (0). Secondary diagnosis: no (0). Ambulatory aid: bed rest / nurse assist / wheelchair / none (0). IV / Saline Lock: no (0). Gait / Transferring: normal / bedrest / immobile (0). Mental Status: oriented to own ability (0). Total Fall Score: 0.

TRIAGE DISPOSITION:

Room #: EX 5 and Time to room: 05/03/2024 02:50.

ASSESSMENT

Triage performed with Assessment

SOURCE:

The information was obtained from the patient.

GENERAL ASSESSMENT:

05/03/2024 02:50.

Constitutional: The patient was ill-appearing and was anxious. The patient was in moderate distress.

Psychosocial: Attentive and appropriate.

Speech: The patient's speech was coherent.

Skin: The skin was warm and dry. Skin color was normal. Skin turgor was normal. Skin Integrity: Intact.

Mental Status: The patient was oriented to person, place and time.

Deficits: The patient has no hearing deficit(s). The patient has no vision deficit(s). The patient has no sensory/motor deficits. The patient has no mental deficits.

FOCUSED ASSESSMENT:

Chief complaint: Allergic reaction(itching/rash)

Timing: The exposure occurred at 05/02/2024 23:00. The time of symptom onset was at 05/02/2024 23:00.

Location: The symptoms are (in the) generalized.

Severity: There was no shortness of breath. There was no difficulty swallowing. There

was a mild rash present. The severity of the itching was reported to be moderate.

Context: The patient was exposed to a medication. The patient presents with symptoms

Acct #: 982721

Page 3 of 4

BICKNELL JR, STEPHEN

of rash and pruritus.

Associated Symptoms: There was no associated chest pain, drooling, faintness or wheezing.**Other history/Staff note:** Note: States took a Bactrim last night at 11PM, began to have itching and rash immediately after. Has had at home at 1AM Benadryl 50mg, Zyrtec 10mg, and famotidine 20mg PO. No SOB or wheezing present, no facial swelling.

-[SM@05/03/2024 02:54].

SEPSIS SCREENING:**Pediatric Sepsis Screening** Does the patient present with concern for infection and/or temperature or abnormality in the last 4 hours? No.**ACUITY:**

4 (Less Urgent).

VITALS HISTORY:

05/03/2024 02:50 Weight:135 lb(61 kg) Stated; Height:69 in(175 cm) BMI:20

05/03/202402:50 BP: 99/60 Arm Sitting (Automatic) MAP: 73 mmHG, Temp: 97.5 °F Oral, HR: 73
Sitting Awake (Automatic) , RR: 18, O2 Sat: 97% RA**ORDERS WITHOUT RESULTS:****Placed Orders:****DEXAMETHASONE 4MG/1ML (DECADRON) *** - 4 mg IM Placed at
05/03/2024 03:00, LE, DO; Completed at 05/03/2024 03:00, DC, RN**METHYLPREDNISOLONE - DEPO MEDROL (DEPO MEDROL) 40MG ***
- 40 mg IM Placed at 05/03/2024 03:00, LE, DO; Completed at 05/03/2024 03:00,
DC, RN**TREATMENT NOTES:****5/3/2024****02:50 - VS:** VITALS : Weight: 135 lb S Height: 69 in - Recorded by Suzanne McCord, RN.**02:50 - VS:** VITALS : BP: 99/60 Arm Sitting (Auto) MAP: 73 mmHG, Temp: 97.5 °F Oral, HR: 73 Sitting Awake (Auto) , RR: 18, O2 Sat: 97% O2 Given: RA - Recorded by Suzanne McCord, RN.**03:00 - MED:** DEXAMETHASONE 4MG/1ML (DECADRON) [Patient identity verified by David C. , RN, matching hospital id band and patient name]

GIVEN: 4 mg - R Ventrogluteal IM - Recorded by David Campbell, RN.

03:00 - MED: METHYLPREDNISOLONE - DEPO MEDROL (DEPO MEDROL) 40MG [Patient identity verified by David C. , RN, matching hospital id band and patient name]

GIVEN: 40 mg - R Ventrogluteal IM - Recorded by David Campbell, RN.

IMPRESSION:**MEDICATION REACTION****DISPOSITION:**

Discharged.

Discharge: The patient was discharged to Home, Accompanied by Parent/Guardian. At discharge, the patient's status was unchanged. The patient was felt to be in good condition.

Acct #: 982721

BICKNELL JR, STEPHEN

Page 4 of 4

On a 0 to 10 pain scale, the patient's pain was 0/10. The patient was given education, information and/or training regarding follow-up care and medication(s). Verbal discharge instructions were given and Written discharge instructions were given to the patient and a parent. Understanding of the instructions was expressed. The patient left the Facility by walking. Upon discharge, IV status was not applicable. The patient departed the facility on 05/03/2024 03:11. Disposition Signed by D. Campbell, RN @ 05/03/2024 03:13:47

Instructions given to the patient: Adverse Drug Reaction.

Follow up provider: Murphy, Jeana (Primary Care) , ,

Follow up: If symptoms are not Better in Within 3 days.

Prescriptions: PREDNISONE 20 MG TABLET Take 1 tablet(s) once a day (QD) Oral start tomorrow Dispense: 5 tablet(s) Generic allowed No refills Rx Num 77072

Excuse:

No school starting 5/3/2024. Return on 5/6/2024.

NOTES:

The disposition paperwork given to the patient included discharge instructions, prescription(s), excuse(s), the transition record and the medication reconciliation form.

SIGN OFF:

D. Campbell, RN

Chart electronically signed by D. Campbell, RN @ 05/03/2024 03:14:11

S. McCord, RN

Triage assessment signed by Suzanne McCord, RN on 05/03/2024 02:55

Assessment signed by Suzanne McCord, RN on 05/03/2024 02:55

Chart electronically signed by S. McCord, RN @ 05/03/2024 03:27:52

ELMORE COMMUNITY HOSPITAL

500 HOSPITAL DR

WETUMPKA

AL 36092

EXPECT DATE 5/03/24	CITIZENSHIP
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EMERGENCY ROOM - OUTPATIENT RECORD

PATIENT NUMBER 982721	TYPE 3	PATIENT NAME BICKNELL JR STEPHEN	AGE 17	BIRTHDATE 02/23/2007	SEX M	M/S SW	DATE OF SERVICE 5/03/24	TIME 02:40	CLERK INIT. EC
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ADDRESS - LINE 1 2159 CO RD 61	ADDRESS - LINE 2	CITY PRATTVILLE	STATE AL	ZIP CODE 36067	TELEPHONE 334-799-5439
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PATIENT SSAN	NOTIFY IN CASE OF EMERGENCY - NAME	RELATIONSHIP	ADDRESS	TELEPHONE
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INSURANCE COMPANY TRICARE EAST O/P	CONTRACT OR GROUP NUMBER 530233233	DATE	PLACE
TRICARE EAST O/P	530233233	TIME	EVENT
TRICARE EAST O/P	530233233		

GUARANTOR NAME BICKNELL STEPHEN	GUARANTOR ADDRESS 2159 CO RD 61	CITY PRATTVILLE	STATE AL	ZIP CODE 36067	GUAR. TELEPHONE 334-555-5555
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GUARANTOR EMPLOYER	GUARANTOR OCCUPATION	GUAR. EMPLOYER ADDRESS	GUAR. EMP. TELEPHONE
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PREV. SERVICE	PREV. SERV. DATE	IF MINOR - PARENT NAME	MED. REC. # 147137	ATTENDING/2ND PHYSICIAN EWING LY /EWING LY
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CHARGES	X-RAY	LAB	RESP. TH.	PHY. TH.	EKG	I.V.	DRUGS	SUPPLIES	OTHER	M.D.	E.R. RM	TOTAL DUE
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AUTHORIZATION FOR TREATMENT, GUARANTEE OF PAYMENT, ASSIGNMENT OF INSURANCE BENEFITS

- The undersigned has been informed of the emergency treatment considered necessary for the above named patient, and that treatment and procedures will be performed by physicians, members of house staff and employees of the hospital. Authorization is hereby granted for such treatment and procedures. The undersigned has read the above authorization and understands the same and certifies that no guarantee or assurance has been made as to the results that may be obtained.
- The undersigned agrees to pay for services rendered by Hospital upon release of patient.
- I/we hereby assign any hospital benefits, sick benefits, injury benefits due to a liability of a third party, payable by any party, for the above patient, to Hospital unless I pay the account in full upon release of patient.
- I/we hereby authorize the "Administrator of Hospital" to furnish from its records any information requested by the before mentioned insurance companies in connection with the above assignment. I do hereby appoint the "Controller" of Hospital as my lawful attorney to endorse for me any checks made payable to me for benefits or claims collected under the above assignment and to apply any credit balance to any other account I may owe said hospital.

DATE	TIME	SIGNED PATIENT	SIGNED GUARANTOR
CHIEF COMPLAINT (If Accident State How, When, and Where)		ADVANCED DIRECTIVE	
ALLERGIC REACTION		U	

TEMP.	PULSE	RESP.	B/P	ALLERGIES	MEDICATIONS - HOME	E.R. PHYSICIAN	TET. TOK.
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NURSES NOTES:

NURSE'S SIGNATURE (RN OR LPN)

LAB DATA (Including X-Rays, EKGs, etc.)

PHYSICIAN'S REPORT

DIAGNOSIS:

TREATMENT:

INSTRUCTIONS TO PATIENT:

CONDITION ON DISC		
IMP	STABLE	EXPIRED

FOLLOW-UP WITH

M.D.

M.D.

PATIENT'S SIGNATURE ON DISCHARGE
BY SIGNING HERE I CERTIFY THAT I UNDERSTAND THE FOLLOW-UP
INSTRUCTIONS RECEIVED BY ME IN WRITING, WHICH WERE EXPLAINED TO ME.

DATE - TIME OF DISC.

PHYSICIAN'S SIGNATURE