



Baptist Baptist Medical Center South
HEALTH 2105 East South Boulevard
Montgomery, AL 36116

**I/P AND O/P ADMISSIONS
FACESHEET**



2120701802 BOWEN,JALYN ALESA
DOB: 04/22/99 AGE: 22Y F MR#: 430148
ADMIT DATE/TIME: 07/26/21 16:50
919 RIOS,JULIO E

										DC	FC	INT																		
										11		DMC																		
PATIENT NO.	2120701802	DATE	07/26/21	TIME	16:50	SEX	F	DOB/AGE	04/22/99 22Y	RA	MS	TYPE	O E/R	SER	ER	STATION ROOM/BED	E/R	MED REC NO	430148											
NAME & ADDRESS	BOWEN,JALYN ALESA 3031 FIELDCREST DR MONTGOMERY AL, 36106					SS#	XXX-XX-4475			EMPLOYER	CHILD			EMP	PH#			OCC	EMP	STAT	EMP	ID	NOT EMPLOYED							
						PH#	(334)303-7133																							
NAME & ADDRESS	BOWEN,JALYN ALESA 3031 FIELDCREST DR MONTGOMERY AL, 36106					DOB	04/22/99 22Y			EMPLOYER	CHILD			EMP	PH#			OCC	EMP	STAT	EMP	ID	NOT EMPLOYED							
SS#						SS#	XXX-XX-4475																							
PH#						PH#	(334)303-7133																							
REL						REL	SELF																							
NAME & ADDRESS	BOWEN,ALLEN 3031 FIELDCREST DR MONTGOMERY AL, 36106					DOB	10/08/71 49Y			EMPLOYER	SELF EMPLOYED			EMP	PH#			OCC	EMP	STAT	EMP	ID	SELF EMPLOYED							
SS#						SS#	XXX-XX-5953																							
PH#						PH#	(334)652-8336																							
REL						REL	FATHER																							
NAME & ADDRESS	BOWEN,DAWNEESE MONTGOMERY AL 36116					HM#	(334)399-1013																							
PH#						PH#																								
WK						WK																								
INS #1	INSURANCE CARRIER BLUE CROSS OF ALABAMA										INSURED NAME BOWEN,ALLEN										REL. TO INSURED 3									
SUBSCRIBER ID# PPAB44892930										GROUP NAME										GROUP NUMBER 0089942-00										
GROUP PHONE# (800)760-6852										APPROVAL#										CONTACT										
CONTACT ADDRESS P O BOX 2294																				CITY/STATE/ZIP BIRMINGHAM AL, 352012294										
INS #2	INSURANCE CARRIER										INSURED NAME										REL. TO INSURED									
SUBSCRIBER ID#										GROUP NAME										GROUP NUMBER										
GROUP PHONE#										APPROVAL#										CONTACT										
CONTACT ADDRESS																				CITY/STATE/ZIP										
INS #3	INSURANCE CARRIER										INSURED NAME										REL. TO INSURED									
SUBSCRIBER ID#										GROUP NAME										GROUP NUMBER										
CONTACT ADDRESS																				CONTACT										
																				CITY/STATE/ZIP										
DIAG CODE DIAGNOSIS										UNK										P PT. CL										
HAND PAIN AND KNEE PAIN																														
ACCIDENT TYPE										NATURE OF ACCIDENT										ACCIDENT DATE										
TIME																														
ARRIVAL MODE										REFERRING FACILITY										CHURCH/DENOMINATION										
FAMILY DRIVEN																				BAP										
ADMITTING PHYSICIAN										PRIMARY CARE PHYSICIAN																				
919 RIOS,JULIO E										GRAVES,ERIC W																				
ATTENDING PHYSICIAN										REFERRING PHYSICIAN																				
919 RIOS,JULIO E																														
LOCATION										ER PHYSICIAN																				
ED										RIOS,JULIO E																				
ADMISSION TYPE										Expected Date/Time of Admission																				
EMERGENCY																														



Form # FS100

Rev. 04/2015

Page 1 of 1

Reviewed
8/4/21
J. Rios, CAP

Patient: BOWEN, JALYN ALESA MRN: B000430148 FIN:
B2120701802
Age: 22 years Sex: Female DOB: 4/22/1999
Associated Diagnoses: None
Author: Kim, Harold K, MD

Basic Information

Time seen: Date and time 7/26/2021 22:18:00.

History source: Patient.

Arrival mode:

Automobile from Home or Work

History limitation: None.

Additional information: ED Chief Complaint

7/26/2021 16:50 CDT ED Chief Complaint Pt states they have a hx:
sjogens syndrome and has been having fatigue, hands ache x 2 days .

History of Present Illness

The patient presents with right, hand pain, hand swelling. The onset was 2 days ago. The course/duration of symptoms is constant. Type of injury: none. The character of symptoms is pain and swelling. The degree of pain is moderate. The degree of swelling is moderate. The exacerbating factor is none. The relieving factor is none. Risk factors consist of none. Prior episodes: none. Therapy today: none.

22 year old female with a PMH of Sjogren syndrome presents to the ED due to pain and swelling to the right hand for 2 days. The patient has associated fatigue. Patient reports not drinking much fluids within the last 2 days. Denies any chest pain, SOB, abdominal pain or N/V. Denies any injuries. .

Review of Systems

Constitutional symptoms: Negative except as documented in HPI.

Skin symptoms: Negative except as documented in HPI.

Eye symptoms: Negative except as documented in HPI.

ENT symptoms: Negative except as documented in HPI.

Respiratory symptoms: Negative except as documented in HPI.

Cardiovascular symptoms: Negative except as documented in HPI.

Gastrointestinal symptoms: Negative except as documented in HPI.

Genitourinary symptoms: Negative except as documented in HPI.

Musculoskeletal symptoms: Negative except as documented in HPI.

Neurologic symptoms: Negative except as documented in HPI.

Psychiatric symptoms: Negative except as documented in HPI.

Health Status

Allergies:

Milk/Dairy

Peanuts (Wheat-sensitive enteropathy.,OATS AND DAIRY)

wheat

.

Medications:

Home Medications (1) Active

ibuprofen 600 mg oral tablet 600 mg = 1 Tab, PRN, PO, Q8H

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Past Medical/ Family/ Social History

Medical history: Active problems

Abnormal EKG

Exercise-induced asthma

History of stress test

Sjogren syndrome

.
Surgical history:
biopsy salivary gland

.
Family history:
Grandparent: AUTO IMMUNE DISORDER; Chronic renal failure; Congestive heart failure; Heart disease.; Hypoglycemia.; Hypothyroidism; Rheumatoid arteritis..
Grandfather (M): ORIF

.
Social history:
Alcohol
Details: Alcohol Use: No.
Substance Abuse
Details: Drug Use: No.
Tobacco
Details: Tobacco Use: Never (less than 100 in lifetime). Non-Smoking
Literature: Non-smoker.

.
Additional Past History: Allergies, Home Medications, Past Medical History, Past Surgical History, Family History, and Social History wre entered by nurse and/or scribe and reviewed during patient's visit and in chart by physician. .

Physical Examination

Vital Signs

Triage Vital Signs (First Results)

Label Result Date/Time
Respiratory Rate 18 br/min 07/26/2021 16:50
Blood Pressure, Systolic (Monitored) 122 mmHg 07/26/2021 16:50
Blood Pressure, Diastolic (Monitored) 87 mmHg 07/26/2021 16:50
Temperature, Oral 99.5 DegF 07/26/2021 16:50
SpO2 100 % 07/26/2021 16:50
Heart Rate, Monitored 86 bpm 07/26/2021 16:50

.
Oxygen saturation: 100 %.
O2 sat interpretation: normal.
General: Alert, no acute distress.
Skin: warm, dry.
Head: Normocephalic, atraumatic.
Neck: Supple, trachea midline.
Eye: Pupils are equal, round and reactive to light, extraocular movements are intact.
Ears, nose, mouth and throat: Tympanic membranes clear, oral mucosa moist.
Cardiovascular: Regular rate and rhythm, No murmur.
Respiratory: Lungs are clear to auscultation, respirations are non-labored.
Chest wall: No tenderness.
Back: Nontender, Normal range of motion.
Musculoskeletal: Normal ROM, normal strength, Swelling and tenderness to the right hand..
Gastrointestinal: Soft, Nontender.
Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal speech observed.
Lymphatics: No lymphadenopathy.
Psychiatric: Cooperative, appropriate mood and affect.

Medical Decision Making
Results review:
ED Lab Results

Assay Result Date/Time

Hematology

WBC 4.6 X10-3/uL 07/27/21 02:00
RBC 4.32 X 10-6/uL 07/27/21 02:00
Hemoglobin 12.6 gm/dl 07/27/21 02:00
Hematocrit 38.8 % 07/27/21 02:00
MCV 90 fL 07/27/21 02:00
MCH 29 pg 07/27/21 02:00
MCHC 32 gm/dl 07/27/21 02:00
Platelet Count 228 X10-3/uL 07/27/21 02:00
RDW 12.0 % 07/27/21 02:00

Automated Differential

Neutro Auto 44 % 07/27/21 02:00
Lymph Auto 43 % 07/27/21 02:00
Mono Auto 10 % 07/27/21 02:00
Eos Auto 3 % 07/27/21 02:00
Basophil Auto 0 % 07/27/21 02:00
Immature Gran Auto 0.2 % 07/27/21 02:00
Neutro Abs 2.0 X10-3/uL 07/27/21 02:00
Lymph Abs 2.0 X10-3/uL 07/27/21 02:00
Mono Abs 0.5 X10-3/uL 07/27/21 02:00
Eos Abs 0.1 X10-3/uL 07/27/21 02:00
Basophil Abs 0.0 X10-3/uL 07/27/21 02:00
Immature Gran Abs 0.0 X10-3/uL 07/27/21 02:00
NRBC 0.0 /100 WBC 07/27/21 02:00
NRBC Abs 0.0 X10-3/uL 07/27/21 02:00

Chemistry

Chemistry Tests

Gluc 88 mg/dL 07/27/21 02:25
BUN 7 mg/dL 07/27/21 02:25
Creat 0.80 mg/dL 07/27/21 02:25
eGFR >60 mL/min/1.73m2 07/27/21 02:25
eCrCl 107 mL/min 07/27/21 02:25
Sodium lvl 139 mmol/L 07/27/21 02:25
Potassium lvl 3.7 mmol/L 07/27/21 02:25
Chloride 108 mmol/L 07/27/21 02:25
CO2 26 mmol/L 07/27/21 02:25
Anion Gap 5 07/27/21 02:25
Calcium 9.2 mg/dL 07/27/21 02:25
Total Protein 7.2 g/dL 07/27/21 02:25
Albumin 4.0 g/dL 07/27/21 02:25
Alk Phos 52 unit/L 07/27/21 02:25
ALT 15 unit/L 07/27/21 02:25
AST 21 unit/L 07/27/21 02:25
Bili Total 0.7 mg/dL 07/27/21 02:25
Magnesium lvl 1.7 mg/dL 07/27/21 02:25
Lipase lvl, South 46 unit/L 07/27/21 02:25

Reexamination/ Reevaluation

Course: improving.

Notes: Patient and family very pleasant, given strict return precautions. ,
They know Bryan Smith our NP , their children ran track together.

Impression and Plan

Diagnosis

Hand pain,

Sjogren syndrome

Plan

Condition: Stable.

Disposition: Medically cleared, Discharged: Time 7/27/2021 04:44:00, to home.

Certified medical emergency: Yes.

Discharge vital signs review:

Vital Signs (Latest Results)

Assay Result Date/Time

Temperature, Oral 99.5 DegF 07/26/21 17:52

Heart Rate, Monitored 86 bpm 07/26/21 17:52

Respiratory Rate 18 br/min 07/26/21 17:52

Blood Pressure, Systolic (Monitored) 122 mmHg 07/26/21 17:52

Blood Pressure, Diastolic (Monitored) 87 mmHg 07/26/21 17:52

SpO2 100 % 07/26/21 17:52

Numeric Pain Scale General 6 07/27/21 01:50

Prescriptions:

Discharge Prescriptions

Medication Dose Route Frequency PRN Reason Quantity

ketorolac (Toradol 10 mg oral tablet) 10 mg PO Q4H 20 Tab

prednisONE (prednisONE 50 mg oral 50 mg / 1 Tab PO DAILY 5 Tab
tablet)

Patient was given the following educational materials: Sjogren Syndrome.

Follow up with: Follow up with Dr. Gadea the Rheumatologist; Carlos Gadea; Eric Graves.

Counseled: Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

Addendum

Attestations: *: I Quillman, Rebecca S scribing for and in the presence of, Kim, Harold K, MD , 7/26/2021 22:33:00, *: Signed by Quillman, Rebecca S , Scribe, 7/26/2021 22:33:00 , *: I Kim, Harold K, MD personally performed the services described in the documentation, reviewed the documentation recorded by the scribe in my presence and it accurately and completely records my words and actions.

Signature Line

(Electronically Signed On 07.27.21 10:13 CDT)

Kim, Harold K, MD

Baptist Medical Center South

2105 East South Boulevard
Montgomery, AL 36116
334-288-2100

Name: BOWEN, JALYN ALESA
MR#: B000430148

Account: B2120701802

Admit South Emergency Room

Sex: Female

Admit: 7/26/2021

Type:

Discharge 7/27/2021

DOB: 4/22/1999

Room/

/

Date:

Age: 22 years

Admitting

Rios, Julio E, MD

Physician:

Hematology

Routine Hematology

COLLECTION TIME: 01:54 CDT

COLLECTION DATE: 7/27/2021

PROCEDURE:		UNITS:	REF RANGE:
WBC	4.6	[] X10 ³ /uL	[4.1-10.3]
RBC	4.32	[] X 10 ⁶ /uL	[4.04-5.48]
Hemoglobin	12.6	[] gm/dl	[11.3-15.3]
Hematocrit	38.8	[] %	[34.0-46.0]
MCV	90	[] fL	[81-100]
MCH	29	[] pg	[27-31]
MCHC	32	[] gm/dl	[32-35]
Platelet Count	228	[] X10 ³ /uL	[140-400]
RDW	12.0	[] %	[11.5-14.5]

Automated Differential

COLLECTION TIME: 01:54 CDT

COLLECTION DATE: 7/27/2021

PROCEDURE:		UNITS:	REF RANGE:
Neutro Auto	44	[] %	[40-75]
Lymph Auto	43	[] %	[20-53]
Mono Auto	10	[] %	[0-12]
Eos Auto	3	[] %	[0-8]
Basophil Auto	0	[] %	[0-2]
Immature Gran Auto	0.2	[] %	[<=0.9]
Neutro Abs	2.0	[] X10 ³ /uL	[1.4-6.5]
Lymph Abs	2.0	[] X10 ³ /uL	[1.0-4.8]
Mono Abs	0.5	[] X10 ³ /uL	[0.1-0.6]
Eos Abs	0.1	[] X10 ³ /uL	[0.0-0.7]
Basophil Abs	0.0	[] X10 ³ /uL	[0.0-0.2]
Immature Gran Abs	0.0	[] X10 ³ /uL	[<=1.0]
NRBC	0.0	[] /100 WBC	[0.0-0.0]
NRBC Abs	0.0	[] X10 ³ /uL	[0.0-0.0]

MR#: B000430148

Room/

/

Account: B2120701802

Printed 7/28/2021 22:08 CDT

Bed:

Sex: Female

DOB: 4/22/1999

Name: BOWEN, JALYN ALESA

Report Request 146162061
ID:

2105 East South Boulevard
Montgomery, AL 36116
334-288-2100

Name: BOWEN, JALYN ALESA

Chemistry

Chemistry Tests

COLLECTION TIME: 01:54 CDT

COLLECTION DATE: 7/27/2021

PROCEDURE:		UNITS:	REF RANGE:
Gluc	88 []	mg/dL	[70-100]
BUN	7 []	mg/dL	[7-20]
Creat	0.80 []	mg/dL	[0.60-1.30]
eGFR	>60 [01 mL/min/1.73m2 11]		[>=60]
eCrCl	107 [02]	mL/min	[30-120]
Sodium lvl	139 []	mmol/L	[135-145]
Potassium lvl	3.7 []	mmol/L	[3.5-5.0]
Chloride	108 []	mmol/L	[98-108]
CO2	26 []	mmol/L	[21-32]
Anion Gap	5 []		[4-15]
Calcium	9.2 []	mg/dL	[8.5-10.1]
Total Protein	7.2 []	g/dL	[6.4-8.2]
Albumin	4.0 []	g/dL	[3.4-5.0]
Alk Phos	52 []	unit/L	[45-117]
ALT	15 []	unit/L	[12-38]
AST	21 []	unit/L	[8-37]
Bili Total	0.7 []	mg/dL	[0.2-1.0]
Magnesium lvl	1.7 []	mg/dL	[1.7-2.4]
Lipase lvl, South	46 []	unit/L	[12-53]

Order Comments

O1: estimatedGFR
Ordered by Discern Expert based on new creatinine result
O2: estimatedCrCl
Ordered by Discern Expert based on new creatinine result

Interpretive Data

11: eGFR
Estimated eGFR calculations are based on the MDRD equation and are adjusted for sex (female) and race (black). eGFR results that approach 60 mL/min/1.73m2 or below reflect diminished renal function, but must be interpreted in the clinical context. Patients without markers of kidney damage who have an eGFR >60 mL/min/1.73m2 are unlikely to have kidney disease. At higher levels (>60 mL/min/1.73m2) eGFR estimates display greater biologic and measurement variability. Based on current recommendations, higher values are reported as >60 mL/min/1.73m2.

GFR (mL/min/1.73m2)	Kidney Damage	With Kidney Damage		Without	
		Stage One	Stage Two	Stage Three	Normal Decreased GFR Stage Three
>90					
60 - 89					
30 - 59					

MR#: B000430148	Room/Bed:	/	Account: S2120701802
Printed 7/28/2021 22:08 CDT	Sex: Female		DOB: 4/22/1999
Name: BOWEN, JALYN ALESA			Report Request 146162061 ID:

2105 East South Boulevard
Montgomery, AL 36116
334-288-2100

Name: BOWEN, JALYN ALESA

Chemistry

Chemistry Tests

Interpretive Data

ii: eGFR	15 - 29	Stage Four	Stage Four
	<15 (or dialysis)	Stage Five	Stage Five
Radiology Contrast Study Guidelines			
>60	Acceptable		
30 - 60	Indeterminate		
<30	Usually Contraindicated		

MR#: B000430148	Room/	Account: B2120701802
Printed 7/28/2021 22:08 CDT	Bed:	DOB: 4/22/1999
Name: BOWEN, JALYN ALESA	Sex: Female	Report Request 146162061
		ID:

ED Clinical Summary

BOWEN, JALYN ALESA - B000430148

Result type: ED Clinical Summary
Result date: July 27, 2021 5:04 CDT
Result status: Auth (Verified)
Result title: ED Clinical Summary
Performed by: Armstrong, Michaela, RN on July 27, 2021 5:04 CDT
Verified by: Armstrong, Michaela, RN on July 27, 2021 5:04 CDT
Encounter info: B2120701802, Baptist South, South Emergency Room, 7/26/2021 - 7/27/2021

ED Clinical Summary (Verified)

Baptist Medical Center South

2105 East South Blvd.

**Montgomery, AL 36111
Emergency Department
Clinical Discharge Summary**

PERSON INFORMATION

Name BOWEN, JALYN ALESA	Age 22 Years	DOB 4/22/1999
Sex Female	Marital Status Single	PCP Graves, Eric W, MD
MR B000430148	Acct# B2120701802	Phone 3343037133
Visit Reason Hand pain-swelling; Fatigue; HAND PAIN AND KNEE PAIN	Enc Type South Emergency Room	Track Group South - ED
Arrival 7/26/2021 16:50:00	Discharge	Dispo Type
Checkin 7/26/2021 16:50:00		LOS 000 12:14
Acuity 3 - Urgent		
Address: 3031 FIELDCREST DR MONTGOMERY AL 36106		

Comment:

PROVIDER INFORMATION

Provider	Role	Assigned	Unassigned
Kim, Harold K, MD	ED Physician	7/26/2021 22:06:02	
Armstrong, Michaela, RN	ED Nurse	7/27/2021 01:15:01	

Printed by: Hamilton, Patricia
Printed on: 8/3/2021 15:08 CDT

Quillman, Rebecca S ED Scribe

7/27/2021 04:02:50

Comment:

MEDICAL INFORMATION

Allergy Info:

Peanuts; Wheat; Milk/Dairy

Prescriptions Given

New Medications

ketorolac (Toradol 10 mg oral tablet) 10 Milligram By Mouth Every 4 Hours for 5 Days. Refills: 0.

Next Dose: _____

predniSONE (predniSONE 50 mg oral tablet) 1 tab(s) By Mouth ONCE DAILY for 5 Days. Refills: 0.

Next Dose: _____

Continue The Following Medications, as You Were Taking Prior To Coming to the Hospital

ibuprofen (ibuprofen 600 mg oral tablet) 1 tab(s) By Mouth Every 8 Hours as needed as needed for pain.

Refills: 0.

Next Dose: _____

Comment:

DISCHARGE INFORMATION

Discharge Disposition:

Discharge Location:

DEPART REASON INCOMPLETE INFORMATION

PATIENT EDUCATION INFORMATION

Instructions:

Sjogren Syndrome

Follow up:

With:

Address:

When:

Follow up with Dr. Gadea the
Rheumatologist

With:

Address:

When:

Carlos Gadea

With:

Address:

When:

Eric Graves

8190 Seaton Place Montgomery,
Alabama 36124-0369
(334) 396-9100 Business (1)

DIAGNOSIS

Comment:

Completed Action List:

- * Perform by Armstrong, Michaela, RN on July 27, 2021 5:04 CDT
- * Sign by Armstrong, Michaela, RN on July 27, 2021 5:04 CDT
- * VERIFY by Armstrong, Michaela, RN on July 27, 2021 5:04 CDT