



Baptist Medical Center East
400 Taylor Road
Montgomery, AL 36117
334-277-8330

F A C S I M I L E

The information contained in this facsimile is legally privileged and confidential information intended only for the use of the individual or entity named below. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone. Thank you.

MEDICAL RECORDS REQUESTDATE: 12/11/24

Requested by: _____

Requesting Physician AlmOffice Phone: 244-3281Office Fax: 244-3396**PATIENT INFORMATION:**Name: Gray, DevonnaDOB: 12/8/24

Soc. Sec #: _____

Date of Service: _____

Account #: 2434300326

Medical Record #: _____

Comments: _____

Information Released:	Discharge Summary	Discharge Instructions	ER Records
	H&P	Radiology	EKG/Echo
	Consult	Labs	Physician Orders
	Operative Report	Path	Progress Notes
	MARS	Newborn Records	Abstract
	Face Sheet	EGD/EEG/TEE	PFT

Delivery Method: Computer Fax _____ Manual Fax _____ Fax # validated _____Released By H _____ Date Released: ____/____/22 Time Sent: _____

Baptist East Medical Records
Fax number (334) 747-8141
Main Number (334) 747-8471

Emergency Room Report

GRAY, DEVONNA MARIA - E000610504

* Final Report *

Result type: Emergency Room Report
Result date: December 08, 2024 22:10 CST
Result status: Auth (Verified)
Result title: Chest Pain *ED
Performed by: Hyland, Kathryn P, NP on December 08, 2024 22:49 CST
Verified by: Redwood, William T, MD on December 09, 2024 5:47 CST
Encounter info: E2434300326, Baptist East, East Emergency Room, 12/8/2024 - 12/9/2024

* Final Report *

Chest Pain *ED

Patient: GRAY, DEVONNA MARIA MRN: E000610504 FIN: E2434300326
Age: 63 years Sex: Female DOB: 3/25/1961
Associated Diagnoses: Hypertension; Chest pain; Anemia
Author: Hyland, Kathryn P, NP

Basic Information

Time seen: Date and time 12/8/2024 22:10:00.

History source: Patient.

Arrival mode: Private vehicle.

History limitation: None.

Additional information: ED Chief Complaint

12/8/2024 17:39 CST ED Chief Complaint Pt c/o CP x 3 days and htn. HX: htn .

History of Present Illness

63-year-old African American female presents for off-and-on chest pain has been going on for few months. Reports that this is central and is sometimes a sharp stabbing pain denies shortness of breath reports nothing makes the pain better or worse. She reports that she has also been out of her blood pressure medicine because she lost her insurance but she is due to have insurance and January..

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.

ENMT 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.

Endocrine symptoms: Negative except as documented in HPI.

Printed by: Dotson, Phyllis E

Printed on: 12/11/2024 8:57 CST

Page 1 of 7

Emergency Room Report
* Final Report *

GRAY, DEVONNA MARIA - E000610504

Hematologic/Lymphatic symptoms: Negative except as documented in HPI.

Allergy/immunologic symptoms: Negative except as documented in HPI.

Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status

Allergies:

No Known Medication Allergies

Medications:

Home Medications (13) Active

Acidophilus oral capsule , PO, DAILY

budesonide 32 mcg/inh nasal spray 2 Spray, NASAL, DAILY

calcium (as calcium citrate) 250 mg oral tablet 250 mg = 1 Tab, PO, Twice Daily

Celebrate Multivitamin , Chewed, DAILY

Eliquis Starter Pack for Treatment of DVT and PE 5 mg oral tablet 5 mg = 1 Tab, PO, As Directed

hydroCHLORothiazide , PO, DAILY

hydroCHLORothiazide 25 mg oral tablet 25 mg = 1 Tab, PO, Every Morning

magnesium (as citrate)-melatonin 71.5 mg-1 mg oral tablet 2 Tab, PO, DAILY

omeprazole , PO, DAILY

potassium acetate 2 mEq/mL intravenous solution

Tylenol 8 Hour 650 mg oral tablet, extended release 1,300 mg = 2 Tab, PO, Every 8 Hours

valACYclovir , PO

Vitamin B12

Immunizations:

Last Tetanus: Unknown

Menstrual history:

LMP: Hysterectomy

Past Medical/ Family/ Social History

Medical history: Active problems

No qualifying data available.

Surgical history:

No qualifying data available.

Family history:

No qualifying data available.

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.

Emergency Room Report
* Final Report *

GRAY, DEVONNA MARIA - E000610504

Additional Past History: Allergies, home medications, past medical & surgical history, family history & social history were entered by nurse & reviewed during patient's visit & in the chart by the nurse practitioner. .

Physical Examination

Vital Signs

Triage Vital Signs (First Results)

Label	Result	Date/Time
Respiratory Rate	18 br/min	12/08/2024 17:39
Blood Pressure, Systolic (Monitored)	191 mmHg >	12/08/2024 17:39
Blood Pressure, Diastolic (Monitored)	73 mmHg	12/08/2024 17:39
Blood Pressure, Mean (Monitored)	116 mmHg	12/08/2024 21:44
Temperature, Oral	98.6 DegF	12/08/2024 17:39
SpO2	97 %	12/08/2024 17:39
Heart Rate, Monitored	59 bpm L	12/08/2024 17:39

Oxygen saturation: 97 %.

O2 sat interpretation: normal.

General: Alert, no acute distress, Not ill-appearing,

Skin: Warm, dry, intact, normal for ethnicity.

Head: Normocephalic.

Neck: Supple, trachea midline, no tenderness.

Eye: Vision grossly normal.

Ears, nose, mouth and throat: Oral mucosa moist.

Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion.

Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion.

Chest wall: No tenderness.

Back: Nontender, Normal range of motion, Normal alignment.

Musculoskeletal: Normal ROM, normal strength, no tenderness.

Gastrointestinal: Soft, Nontender, Normal bowel sounds.

Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed.

Lymphatics: No lymphadenopathy.

Psychiatric: Cooperative, appropriate mood and affect, normal judgment.

Medical Decision Making

HEART Score for Major Cardiac Events

History: Slightly suspicious (0 pts).

EKG: Normal (0 pts).

Age: >45-<65 yrs (1 pt).

Risk Factors (Hypercholesterolemia, HTN, DM, Smoking, Positive Family Hx, Obesity): >3 risk factors or hx of CAD (2 pts).

Troponin: normal (0 pts).

HEART Score: 3, (0-3) 2.5% risk of MACE within 6 months.

Differential Diagnosis: Unstable angina, angina, atypical chest pain, chest wall pain.

Rationale: Patient in no acute distress on exam CMP troponin EKG chest x-ray within normal limits. CBC does show some likely iron deficiency anemia. Patient's heart score is a 3 will obtain repeat troponin as well as iron studies. Will give patient hydrochlorothiazide here recommend that we give patient iron infusion she reports

Emergency Room Report

* Final Report *

GRAY, DEVONNA MARIA - E000610504

that she would like to wait on this.

Documents reviewed: Emergency department nurses' notes.**Electrocardiogram:** Time 12/8/2024 17:43:00, rate 58, normal sinus rhythm, No ST-T changes, no ectopy, normal PR and QRS intervals, overread by ER Doctor.**Results review:****ED Lab Results**

Assay Result	Date/Time	
Hematology		
WBC	7.4 X10-3/uL	12/08/24 19:08
RBC4.57 X 10-6/uL	12/08/24 19:08	
Hemoglobin	9.0 gm/dl L	12/08/24 19:08
Hematocrit	29.2 % L	12/08/24 19:08
MCV	64 fL L	12/08/24 19:08
MCH	20 pg L	12/08/24 19:08
MCHC	31 gm/dl L	12/08/24 19:08
Platelet Count	258 X10-3/uL	12/08/24 19:08
RDW	18.6 % H	12/08/24 19:08
Automated Differential		
Neutro Auto	63 %	12/08/24 19:08
Lymph Auto	28 %	12/08/24 19:08
Mono Auto	7 %	12/08/24 19:08
Eos Auto	1 %	12/08/24 19:08
Basophil Auto	0 %	12/08/24 19:08
Immature Gran Auto	0.4 %	12/08/24 19:08
Neutro Abs	4.6 X10-3/uL	12/08/24 19:08
Lymph Abs	2.0 X10-3/uL	12/08/24 19:08
Mono Abs	0.5 X10-3/uL	12/08/24 19:08
Eos Abs	0.1 X10-3/uL	12/08/24 19:08
Basophil Abs	0.0 X10-3/uL	12/08/24 19:08
Immature Gran Abs	0.0 X10-3/uL	12/08/24 19:08
NRBC	0.0 /100 WBC	12/08/24 19:08
NRBC Abs	0.0 X10-3/uL	12/08/24 19:08
Chemistry		
Chemistry Tests		
Gluc	93 mg/dL	12/08/24 19:37
BUN11 mg/dL	12/08/24 19:37	
Creat	0.84 mg/dL	12/08/24 19:37
eGFR CKD-EPI	78 mL/min/1.73m2 L	12/08/24 19:37
eCrCl	74 mL/min	12/08/24 19:37
Sodium Ivl	141 mmol/L	12/08/24 19:37
Potassium Ivl	4.0 mmol/L	12/08/24 19:37
Chloride	110 mmol/L H	12/08/24 19:37
CO2	28 mmol/L	12/08/24 19:37
Anion Gap	7	12/08/24 19:37
Calcium	9.0 mg/dL	12/08/24 19:37
Total Protein	7.7 g/dL	12/08/24 19:37
Albumin	3.5 gm/dl	12/08/24 19:37
Alk Phos	90 unit/L	12/08/24 19:37

Emergency Room Report
* Final Report *

GRAY, DEVONNA MARIA - E000610504

ALT 61 unit/L	12/08/24 19:37	
AST	35 unit/L	12/08/24 19:37
Bili Total	0.7 mg/dL	12/08/24 19:37
Cardiac Panel		
HS Troponin	8.85 ng/L	12/08/24 19:37

Radiology results: Radiology results (ST)

Radiology Reports (Last 24 Hours) - Range: 12/07/2024 07:00 - 12/08/2024 23:36

Reports Found: 1

Chest Portable Exam Dt/Tm: 12/08/2024 18:12

FINDINGS: Stable linear scarring left mid lung. The lungs are otherwise clear. The heart size is normal for technique. Bony structures are intact.

IMPRESSION: No acute findings. Workstation: SPACS-READ05-PC Job ID: 222088

Notes: The patient presented with chest pain of uncertain etiology. Based on the patient's historical features and/or lab analysis and/or EKG, in addition to the patient's reassuring physical exam, I see no evidence at this time for a malignant etiology for the patient's chest pain, including, but not limited to; Acute Coronary Syndrome, Pulmonary Embolism, Aortic Dissection, Esophageal Rupture, Pneumonia, or Pneumothorax.

Based on the nature and duration of the patient's pain, paucity of EKG findings, and normal cardiac enzymatic blood analysis, acute coronary syndrome is unlikely. ***

In chest pain of this duration, It is highly likely that high sensitivity troponin would be abnormal by this point if attributable to ACS at this time, so one set of cardiac enzymes should be sufficient.

HEART Score was: 3

Normal chest x-ray makes pneumothorax, pneumonia, aortic and other anatomical intrathoracic abnormalities less likely.***

The patient understands that at this time there is no evidence for a more malignant underlying process, but the patient also understands that early in the process of an illness, an initial workup can be falsely reassuring. Routine discharge counselling was given to the patient and the patient understands that worsening, changing or persistent symptoms should prompt an immediate call or follow up with their primary physician or return for further reevaluation. The importance of appropriated follow up was also discussed with the patient. More extensive discharge instructions were given in the patient's discharge paperwork. .

Reexamination/ Reevaluation

Time: 12/8/2024 23:34:00 .

Notes: Informed by ED RN that patient refused repeat troponin

Discussed results and treatment plan. Patient verbalized understanding and had no other questions at this time..

Impression and Plan

Diagnosis

Hypertension (ICD10-CM I10, Discharge, Medical)

Chest pain (PNED 8E095FBB-BBCA-40DB-90A7-E99D6615CA20, Reason For Visit, Medical)

Anemia (ICD10-CM D64.9, Discharge, Medical)

Plan

Printed by: Dotson, Phyllis E
Printed on: 12/11/2024 8:57 CST

Page 5 of 7

12/11/24
Reviewed
Phyllis E. Dotson, CRP

Emergency Room Report
* Final Report *

GRAY, DEVONNA MARIA - E000610504

Condition: Stable.

Disposition: Medically cleared, Discharged: Time 12/8/2024 23:35:00, to home.

Certified medical emergency: Yes.

Prescriptions:

Pharmacy:

hydroCHLORothiazide 25 mg oral tablet (Prescribe): 25 mg, 1 Tab, PO, DAILY, 30 Tab, 0 Refill(s)

ferrous sulfate (as elemental iron) 45 mg oral tablet, extended release (Prescribe): 45 mg, 1 Tab, PO, DAILY, 30 Tab, 0 Refill(s)

Patient was given the following educational materials: Chest Pain (Nonspecific), Easy-to-Read.

Follow up with: ; Thomas Wool Call for a follow up appointment cardiology.

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

Addendum

Attestations: Supervised: Based on the medical record the care appears appropriate..

Signature Line

(Electronically Signed On 12.08.24 23:37 CST)

Hyland, Kathryn P, NP

(Electronically Signed On 12.09.24 05:47 CST)

Redwood, William T, MD

D: 12.08.24 22:49 CST

Completed Action List:

- * Perform by Hyland, Kathryn P, NP on December 08, 2024 22:49 CST
- * Modify by Hyland, Kathryn P, NP on December 08, 2024 22:51 CST
- * Modify by Hyland, Kathryn P, NP on December 08, 2024 23:37 CST
- * Sign by Hyland, Kathryn P, NP on December 08, 2024 23:37 CST
- * Modify by Redwood, William T, MD on December 09, 2024 5:47 CST
- * Sign by Redwood, William T, MD on December 09, 2024 5:47 CST Requested by Hyland, Kathryn P, NP on December 08, 2024 23:37 CST
- * VERIFY by Redwood, William T, MD on December 09, 2024 5:47 CST

Printed by: Dotson, Phyllis E
Printed on: 12/11/2024 8:57 CST

Page 6 of 7

Emergency Room Report
* Final Report *

GRAY, DEVONNA MARIA - E000610504