

IN THE EMERGENCY DEPT. COURSE,
WHY WERE ACE BANDAGES PLACED
AROUND HEMATOMA TO PROVIDE
SMALL AMOUNT OF COMPRESSION?
IS MORE COMPRESSION HARMFUL?

This witness
would not know

would like to know
why the surgeon
doing surgery on
the July 16, 2015
after 1 yr still in
pain why was he
not offered another
surgery to see if they
can stop nerve pain,
why was the nerve
pain after surgery not
getting 1 or 2 more
surgery after to
see if another
surgery may help
stop nerve pain and
to see if there was
any more damage and
why did he not look
any further doing surgery
when surgeon did 1st
surgery did he see
damage and did not
want to look further.

Is involving patient's in decision making in their health care treatment, part of the standard of care?

AS

- 1 - ~~Regarding the "Emergency department course," specifically: "I have discussed the findings with the patient," was that after Dilaudid injections?~~
~~To your knowledge,~~
- 2 - Assuming ~~the~~ a person tested their INR and had an injury the next day: For someone such as Mr. Otinson, could that injury affect his INR levels, or do other things (being in sun, alcohol) affect those levels?
Possibly both?
- 3 - Is there information available to say whether most hematomas resolve on their own with people on blood thinners?

OK

4- Does the "History of Present Illness" include your interpretation? For example, did Mr. Hinson say "ecchymosis" or was that your word choice?

~~5- Did you look at "History & Physical" notes before talking with a patient and composing "History of Present Illness"? Or is that something you would have looked at later? Does this procedure change if you~~

~~5 - If a medical student takes the "History & Physical" notes instead of you, is that something you would consult before seeing the patient or not until dictating the "History of Present Illness."~~

6- Is the procedure to suggest a certain lab test and mark it if patient agrees, or mark it on the sheet and then suggest it?

7- ~~Was all of the content in the~~ Please clarify; Was all of the content in the ~~note~~ dictated at 4:30, or just one part, such as the "History of Present Illness"? There was something noted on that same line after 5:00?

8- If you attempted to contact a specialist in the middle of the night, do you have access to a direct phone number or would you reach their call service and they would put you through?

9- In discharge information, there was information about "Hematoma" (in bold). Is that standard information that is autofilled, or manually written each time?

10- Similarly, what occasions or ER visits would not include a recommendation to return if things got worse?

11 - Do you always take handwritten notes that are recorded somewhere, either on "History: Physical" or somewhere else before dictation?