

~~1- Are there occasions where you would do follow-up care or contact a patient after reading the dictated notes, even if a couple days later?~~

~~1.2- If yes, what are some of the circumstances?~~

~~1.3- If yes, do you recall doing so in any instances w/ PA Haycock?~~

1- Are there occasions where you needed to follow-up with concerns, either directly w/ PA Haycock or with one of her patients after the fact, even a couple days later?

1.2- You said you have done this in other circumstances. What would be those circumstances?

1- Does the CBC typically accompany PTNR?

2- If you suspected active bleeding in these (Mr. Hinson's) circumstances, would that indicate for an MRI, surgeon consultation, or even surgery? Or would other ~~of his~~ aspects of his condition rule these out as unnecessary?

How often do patients return to ER multiple times?

If they return multiple times does this worry you as an ER dr and would you do more testing to find out what underlying conditions are present?

~~Is more testing an ER dr's duty or is it their duty to pass this on to family dr/cardiologist/ or specialized dr?~~

Not Read

Is it possible, that the surgeon could've played a part in some of the Nerve damage in Mr. Hinson, because of the rarity of this injury?

Do Orthopedic + Neuro Surgeons work together in complex cases? In the OR Room?

	Scope of his Expertise.
no	WOULD EVALUATING A PATIENTS MOVEMENT AND RANGE OF MOTION JUST BASED ON WATCHING THE PATIENT MOVE MEET THE STANDARD OF CARE?
yes	WHEN A PATIENT HAS INTER-MITTENT NUMBNESS AND TINGLING IS THAT A SIGN THAT THEY NEED SURGERY?
yes	BASED ON THE TESTIMONIES GIVEN, IF YOU HAD SEEN MR. HINSON ON THE 22 TH DO YOU BELIEVE SURGERY WOULD HAVE BEEN REQUIRED?

1 - If it was determined that bleeding was active while he was still in Utah, would that have changed your opinion at all, or would it (surgery) mostly be contingent on "profound weakness"?

yes

2 - In the situation of being called by an emergency room, you wouldn't say "Call an orthopedic surgeon." But would you ask, "Have you contacted an orthopedic surgeon?" ~~in other~~ in other words, in this situation, would you defer

yes

Follow up: You ~~would~~ ^{are saying} you would not have seen the medical students handwritten note from the July 10 visit, since that information was not in the electronic record? i.e. - Dr. Wilson did not record the same findings in his physical exam?

I ment to say...

How are vitals Documented
in 2024? as oposed to 2015
Not 2014

Questions for Haycock

When vitals are taken in the ER are they always charted/put in the records?

↳ Why would they not be documented?

Did Mr. Hinson say anything about feeling he didn't need his INR checked?

~~How~~ Did Mr. Hinson's plan to travel home to Texas affect the care you gave in the ER?

Would an INR of 7.1 be cause for hospitalization?

Could it be possible, that in your dictated notes referring to "hands + extremities", be because upon evaluation, you compared both extremities and hands?

In 2015, How was the vital signs reported? How do they differ from documenting in 2014?

Do pain medication bottles have warnings of No sun or alcohol on the bottle? To make patient aware

1- Would you ^{have needed} ~~need~~ to talk with Dr. Cox to get an MRI or to call for additional consultation?

2- What is an example of information that might not have been available yet in the electronic record? (During the July 12 visit)

3- Did it strike you as odd that there were no INR results from July 10 visit and/or ask Mr. Hinson about it?

Follow-up: Was the electronic record all you previewed or would you have seen handwritten notes?

4- When you say someone from the hospital might have called Mr. Hinson, are you →

