

WAYLAND, SEAN Sex: M DOB: 06/4/1969

Summary of Care: 10/31/19 - 10/31/19

Summarization of Episode Note | 10/31/2019 to 10/31/2019

Source: Jersey City Medical Center

Created: 11/14/2019

Demographics

Contact Information:

205 10TH ST APT 3J JERSEY CITY, NJ 07302, USA

Tel: (347)523-1455

Mail: seanwayland@gmail.com

Mail: seanwayland@gmail.com

Mail: seanwayland@gmail.com

Mail: seanwayland@gmail.com

Marital Status: Married

Religion: None

Race: White, White

Previous Name(s): --

Ethnic Group: Not Hispanic or Latino

Language: English

ID: 10006274

Care Team

No Data to Display

Relationships

No Data to Display

Document Details

Source Contact Info

355 Grand St Jersey City, NJ 07302- , US

Tel: (201)915-2060

Author Contact Info

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Recipient Contact Info

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Healthcare Professionals

No Data to Display

IDs & Code Type Data

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Primary Encounter

Encounter Information

Registration Date: 10/31/2019

Discharge Date: 10/31/2019

Visit ID: --

Location Information

Jersey City Medical Center

Work:355 Grand StJersey City, NJ 07302- , US

Providers

Type	Name	Address	Phone
Admitting	Kelly DO, Stephen Michael	Work:355 Grand StreetDept of EMJersey City, NJ 07302- , US	Work Tel: (973)740-0607
Admitting	JCMC, Jersey City Medical Center	Work:355 Grand St.Jersey City, NJ 07302-	Work Tel: (201)915-2000
Attending	Kelly DO, Stephen Michael	Work:355 Grand StreetDept of EMJersey City, NJ 07302- , US	Work Tel: (973)740-0607
Attending	JCMC, Jersey City Medical Center	Work:355 Grand St.Jersey City, NJ 07302-	Work Tel: (201)915-2000

Encounter

JCMC FIN 1930400168 Date(s): 10/31/19 - 10/31/19

Jersey City Medical Center 355 Grand St Jersey City, NJ 07302- USA (201) 915-2060

Encounter Diagnosis

Chest pain (Discharge Diagnosis) - 10/31/19

Paresthesias (Discharge Diagnosis) - 10/31/19

Other chest pain (Final) -

Polyneuropathy, unspecified (Final) -

Paresthesia of skin (Final) -

Other intervertebral disc displacement, lumbosacral region (Final) -

Weakness (Final) -

Headache (Final) -

Generalized hyperhidrosis (Final) -

Cervicalgia (Final) -

Pain in left shoulder (Final) -

Pure hypercholesterolemia, unspecified (Final) -

Gastro-esophageal reflux disease without esophagitis (Final) -

Discharge Disposition: Home

Attending Physician: Kelly DO, Stephen Michael

Admitting Physician: Kelly DO, Stephen Michael

Reason for Visit

CHEST PAIN

Vital Signs

Most recent to oldest [Reference Range]:	1	2	3
Blood Pressure [90-140/60-90 mmHg]	119/80 mmHg (10/31/19 7:30 AM)	124/76 mmHg (10/31/19 6:00 AM)	
Systolic Blood Pressure [90-140 mmHg]	129 mmHg (10/31/19 12:14 PM)		
Diastolic Blood Pressure [60-90 mmHg]	98 mmHg *HI* (10/31/19 12:14 PM)		
Peripheral Pulse Rate [60-100 BPM]	95 BPM (10/31/19 12:14 PM)	93 BPM (10/31/19 6:00 AM)	103 BPM *HI* (10/31/19 4:26 AM)
Heart Rate Monitored [60-100 BPM]	87 BPM (10/31/19 7:30 AM)		
Respiratory Rate [14-20 BR/MIN]	18 BR/MIN (10/31/19 12:14 PM)	16 BR/MIN (10/31/19 7:30 AM)	17 BR/MIN (10/31/19 6:00 AM)
Temperature Oral [96.4-99.1 DEGF]	97.6 DEGF (10/31/19 7:30 AM)		

Most recent to oldest [Reference Range]:	1	2	3
Mean Arterial Pressure, Cuff	108.33 mmHg (10/31/19 12:14 PM)	93 mmHg (10/31/19 7:30 AM)	92 mmHg (10/31/19 6:00 AM)
Height/Length Dosing	180 cm (10/31/19 1:26 PM)	180 cm (10/31/19 2:58 AM)	
Weight Dosing	100 kg (10/31/19 1:26 PM)	100 kg (10/31/19 2:58 AM)	

Problem List

Condition	Effective Dates	Status	Health Status	Informant
Heartburn(Confirmed)		Active		
High cholesterol(Confirmed)		Active		

Allergies, Adverse Reactions, Alerts

No Known Allergies

Medications

atorvastatin (Lipitor) 20 MG Oral Daily.	
esomeprazole (NexIUM) 20 MG Oral Daily.	

Results

Most recent to oldest [Reference Range]:	1	2
DAU Interp	DAU Interp (10/31/19 8:26 AM)	
Creatinine [0.70-1.30 mg/dL]	0.80 mg/dL (10/31/19 4:41 AM)	
Mono Abs Auto [0.0-1.3 K/UL]	0.5 K/UL (10/31/19 4:41 AM)	
Baso Auto [0.0-2.0 %]	0.6 % (10/31/19 4:41 AM)	
Baso Abs Auto [0.0-0.2 K/UL]	0.0 K/UL (10/31/19 4:41 AM)	
Lymph Abs Auto [1.3-4.5 K/UL]	1.0 K/UL *LOW* (10/31/19 4:41 AM)	
Neutro Abs Auto [1.9-9.2 K/UL]	6.3 K/UL (10/31/19 4:41 AM)	

Most recent to oldest [Reference Range]:	1	2
Lymph Auto [20.0-44.0 %]	12.7 % *LOW* (10/31/19 4:41 AM)	
Eos Abs Auto [0.0-0.6 K/UL]	0.1 K/UL (10/31/19 4:41 AM)	
Neutro Auto [42.0-75.0 %]	79.4 % *HI* (10/31/19 4:41 AM)	
Mono Auto [0.0-12.0 %]	6.0 % (10/31/19 4:41 AM)	
Eos Auto [0-5 %]	1 % (10/31/19 4:41 AM)	
Amph EIA	Negative 1 (10/31/19 8:26 AM)	
Barb EIA	Negative 2 (10/31/19 8:26 AM)	
AST [15-46 Int_Unit/L]	24 Int_Unit/L (10/31/19 4:41 AM)	
Total Protein [6.3-8.2 g/dL]	7.1 g/dL (10/31/19 4:41 AM)	
TSH [0.46-4.68 UIU/mL]	1.56 UIU/mL (10/31/19 10:03 AM)	
Benzodiazepines.	Negative 3 (10/31/19 8:26 AM)	
Opiates.	Negative 4 (10/31/19 8:26 AM)	
Phencyclidine.	Negative 5 (10/31/19 8:26 AM)	
Sodium [137-145 mmol/L]	135 mmol/L *LOW* (10/31/19 4:41 AM)	
CO2 [19-30 mmol/L]	24 mmol/L (10/31/19 4:41 AM)	
BUN [7.0-21.0 mg/dL]	12.0 mg/dL (10/31/19 4:41 AM)	
Calcium [8.4-11.0 mg/dL]	9.4 mg/dL (10/31/19 4:41 AM)	
D-Dimer [0.00-0.46 ug/mL]	0.32 ug/mL (10/31/19 4:41 AM)	
WBC [4.5-11.0 K/UL]	7.9 K/UL (10/31/19 4:41 AM)	
Magnesium [1.6-2.3 mg/dL]	1.8 mg/dL (10/31/19 4:41 AM)	
RBC [4.70-6.10 m/UL]	5.41 m/UL (10/31/19 4:41 AM)	

Most recent to oldest [Reference Range]:	1	2
Platelet [130-400 K/UL]	227 K/UL (10/31/19 4:41 AM)	
MCV [80.0-100.0 fL]	84.6 fL (10/31/19 4:41 AM)	
MCH [27.0-31.0 pg]	27.7 pg (10/31/19 4:41 AM)	
MCHC [33.0-37.0 g/dL]	32.7 g/dL *LOW* (10/31/19 4:41 AM)	
RDW [11.5-14.5 %]	13.5 % (10/31/19 4:41 AM)	
Vitamin B12 Lvl [200-1100 pg/mL]	985 pg/mL 6 *NA* (10/31/19 10:03 AM)	
MPV [7.4-10.4 fL]	7.9 fL (10/31/19 4:41 AM)	
UA Bili [Negative]	Negative (10/31/19 8:26 AM)	
UA Blood [Negative]	Negative (10/31/19 8:26 AM)	
UA Color [Yellow]	Pale Yellow *NA* (10/31/19 8:26 AM)	
UA Glucose [Negative]	Negative (10/31/19 8:26 AM)	
UA Ketones [Negative]	15 *ABN* (10/31/19 8:26 AM)	
UA Spec Grav [1.005- 1.014]	1.012 (10/31/19 8:26 AM)	
UA Nitrite [Negative]	Negative (10/31/19 8:26 AM)	
UA Urobilinogen [Negative]	Negative (10/31/19 8:26 AM)	
Cannabinoids.	Negative 7 (10/31/19 8:26 AM)	
Albumin [3.5-5.0 g/dL]	4.4 g/dL (10/31/19 4:41 AM)	
Alk Phos [45.8-113.0 Int_Unit/L]	44.0 Int_Unit/L *LOW* (10/31/19 4:41 AM)	
ALT [13-69 Int_Unit/L]	26 Int_Unit/L (10/31/19 4:41 AM)	
Troponin-I [0.00-0.04 ng/mL]	<0.01 ng/mL (10/31/19 10:03 AM)	<0.01 ng/mL (10/31/19 4:41 AM)

Most recent to oldest [Reference Range]:	1	2
Potassium [3.5-5.1 mmol/L]	3.9 mmol/L (10/31/19 4:41 AM)	
Chloride [98-110 mmol/L]	101 mmol/L (10/31/19 4:41 AM)	
Hgb [14.0-18.0 g/dL]	15.0 g/dL (10/31/19 4:41 AM)	
Hct [42.0-52.0 %]	45.8 % (10/31/19 4:41 AM)	
Ethanol Lev [0.0-99.0 mg/dL]	<10.0 mg/dL (10/31/19 6:15 AM)	
UA Appear [Clear]	Clear *NA* (10/31/19 8:26 AM)	
Cocaine .	Negative 8 (10/31/19 8:26 AM)	
UA Leuk Est [Negative]	Negative (10/31/19 8:26 AM)	
eGFR [≥60 mL/min/1.73m ²]	>60 mL/min/1.73m ² (10/31/19 4:41 AM)	
UA Protein [Negative]	Negative (10/31/19 8:26 AM)	
Creatinine U R	77 mg/dL *NA* (10/31/19 8:26 AM)	
UA pH [5.0-8.0]	7.0 (10/31/19 8:26 AM)	
Bili Total [0.2-1.0 mg/dL]	0.7 mg/dL (10/31/19 4:41 AM)	
Glucose [74-106 mg/dL]	109 mg/dL *HI* (10/31/19 4:41 AM)	

1Result Comment: Negative

2Result Comment: Negative

3Result Comment: Negative

4Result Comment: Negative

5Result Comment: Negative

6Result Comment: Test performed by:

Quest Diagnostics

One Malcolm Avenue

Teterboro, NJ 07608

Lawrence Tsao, M.D.

31D0696246

Quest Diagnostics

One Malcolm Avenue

Teterboro, NJ

7Result Comment: Negative

Immunizations

No data available for this section

Procedures

No data available for this section

Social History

Social History Type	Response
Smoking Status	Never smoker

Assessment and Plan

Extracted from:

Title: ENVISION RDU CHEST PAIN/LE Paresthesias- Kelly	Author: Oliver APN, Michelle	Date: 10/31/19
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Patient: WAYLAND, SEAN MRN: 0001961516 FIN: 1930400168
Age: 50 years Sex: Male DOB: 06/04/1969
Associated Diagnoses: None
Author: Oliver APN, Michelle

Basic Information

Time seen: ED Provider Assignment
Time Seen:
Saleh DO, Ramy / 10/31/2019 03:13

Additional information: Chief Complaint from Nursing Triage Note : Triage Additional Information
10/31/2019 02:58 EDT Triage Additional Information aaox3, c/o no radiating left sided cp starting 2am, and progressive BL leg weakness over 1 week. sl nitro and 325 asa given in field. pt denies sob/ha/dizziness. states woke up diaphoretic and anxious earlier. 4 ext full strength .

History of Present Illness

Rapid Diagnostic Unit-Observation - Medical Record And Course of Treatment

HISTORY OF PRESENT ILLNESS: Patient is a 50 year old male with multiple concerns who was placed in Rapid Diagnostic Unit-Observation from the ER with reports of chest pain described as left sided chest wall pain that radiates to his left shoulder and left back that began on Friday and has been present intermittently since then. It became worse at 2AM, and he had associated sweating and mild HA. He also complains of worsening bilateral LE paresthesias, or tingling, that has been present over the past two years. He states that he has been seen at City MD for chest pain and paresthesias over the past week twice. He reports a negative ekg and enzyme on Friday, and that yesterday he returned and they told him to go to the ER. He states that he was referred to a spine doctor as well. He saw his PCP who told him to supplement B12, relating his paresthesias to etoh use. Patient denies any back trauma. Reports having an MRI showing

stenosis in the past. Also endorses chronic neck and left shoulder pain. He states that he saw a Cardiologist in 2017 at Cross Country cardiology and had a normal stress test and echo at that time. He made an appointment to follow up on 11/11/19. He currently denies any palpitations, dizziness, HA, or chest pain. He is a musician, plays piano and travels often. Pain severity (-) change when laying supine or leaning forward. Otherwise: (+) radiation, (+) diaphoresis, (-) dyspnea, (-) ripping or tearing quality, (-) positional component, (-) exertional component, (-) dizziness, (-) syncope, (-) nausea, (-) vomiting, (-) calf swelling/pain, (-) recent travel, (-) prolonged immobility, (-) neuro deficits, (-) upper back pain (-) loss of bowel or bladder function (-) saddle anesthetics (-) weakness (-) history of spine surgery.

Patient denies having a history of etoh withdrawal. Denies illicit drug use. Last drink was 1930 on 10/30/19 - 2 beers.

REVIEW OF SYSTEMS: Other than the symptoms associated with the present events, the following is reported with regard to recent health: General: (-) fever. HENT: (-) congestion. Respiratory: (-) cough. Cardiovascular: (-) prior chest pain. GI: (-) abdominal pain. GU: (-) urinary complaints. Musculoskeletal: (-) other aches or pains. Endocrine: (-) generalized weakness. Neurological: (-) localized weakness. Psychiatric: (-) emotional stress.

PCP: Dr Hamsa, Newport

Cardiology: Cross Country Cardiology

PAST MEDICAL HISTORY: (+) hypercholesterolemia, (+) GERD (-) DM, (-) HTN, (-) asthma, (-) COPD, (-) heart disease / CHF, (-) prior thromboembolic disease, (-) known malignancy, (-) connective tissue disease, (-) spontaneous pneumothorax.

FAMILY HISTORY: (-) known inherited disease

SOCIAL HISTORY: (-) smoking (-) cocaine (+) etoh 2-3 beers daily

MEDICATIONS: Verified by nurse, reviewed by me on this visit

ALLERGIES: Verified by nurse, reviewed by me on this visit

PHYSICAL EXAMINATION:

GENERALIZED APPEARANCE: AAOx3, mildly anxious (-) tremor

VITAL SIGNS: Per nurse's note, reviewed by me

SKIN: Warm, dry; (-) cyanosis.

EYES: (-) conjunctival pallor.

ENMT: Mucous membranes moist.

NECK: (-) tenderness, (-) stiffness, (-) lymphadenopathy, (-) JVD.

CHEST AND RESPIRATORY: (-) rash, (+) chest wall tenderness. (+) chest pain elicited when left shoulder actively and passively rotates, Lungs: (-) rales, (-) rhonchi, (-) wheezes, (-) rub; breath sounds equal bilaterally.

HEART AND CARDIOVASCULAR: (+) s1s2 tachycardic (-) irregularity; (-) murmur, (-) gallop, (-) rub.

ABDOMEN AND GI: Soft; (-) tenderness, (-) guarding, (-) rebound; (-) mass; (-) palpable AAA.

EXTREMITIES: (-) deformity, (-) edema, (-) calf tenderness or erythema. Calves are symmetric. (+) distal pulses

NEURO AND PSYCH: Alert, oriented, normal strength. Sensation grossly intact and symmetric, Moving all extremities, normal DTR in b/l LE

HEART SCORE:

(H)ISTORY

High risk features: middle or L sided, heavy, diaphoresis, radiation, N/V, exertional, relief with SL Nitro

Low risk features: well localized, sharp, non-exertional, no diaphoresis, no N/V

2 = highly suspicious (mostly high risk features)

1 = moderately suspicious (mixture of high and low)

0 = slightly suspicious (mostly low risk features)

U CODE: 1

R SCORE: 1

(E)KG

2 = New ischemic changes: ischemic ST depressions, new ischemic T wave inversions

1 = Nonspecific changes: repolarization abnormalities, nonspecific T wave changes, nonspecific ST depression or elevation, BBB, pacemaker rhythm, LVH, early repol, digoxin effect

0 = Normal EKG

E SCORE: 1

(A)GE

2 points for > or equal to 65

1 point for in between

0 points for < or equal to 45

A SCORE: 1

(R)ISK FACTORS

Obesity, current smoker or within 90 days, currently treated DM, h/o CAD in immediate fam < 55 y-o, diagnosed and/or treated HTN, hyperlipidemia

2 = Three or more of the above OR ANY of: known CAD, prior stroke, PAD

1 = One to two risk factors

0 = No risk factors

R SCORE: 1

(T)roponin

2 points for > or equal to three times normal limit

1 point for in between

0 points for < or equal to normal limit

T SCORE: 0

TOTAL HEART SCORE: 4

The diagnostic results contained in this document reflect the information available to the physician at the time of the patient encounter. Final results, when completed, will be found in the patient's permanent hospital medical chart.

DIAGNOSTICS:

Pulse Ox: 97 % on RA indicating adequate oxygenation.

EKG: ST at a rate of 107 bpm, (-) ST-T changes as interpreted by me.

Cardiac monitor: ST, (-) significant ventricular ectopy.

PATIENT NAME: SEAN WAYLAND

MRN: 0001961516 ACCTNO: 1930400168

DOB: 6/4/1969 SEX: M

EXAM: CHEST 1 VIEW

CLINICAL INDICATION: Chest Pain

Clinical Indication: Chest Pain

TECHNIQUE: A single view of the chest was obtained.

COMPARISON: 5/29/2018.

IMPRESSION:

Postsurgical changes/Catheters and Support Devices:

None.

Lungs and Pleural Spaces:

Slight elevation of the right hemidiaphragm.

Heart/Mediastinum:

Unremarkable

Other:

Summary:

No radiographic evidence of acute cardiopulmonary disease.

Exam Start-10/31/19 0446 Exam Stop-10/31/19 0448

Reading Radiologist- YARON LEBOVITZ

Releasing Radiologist- YARON LEBOVITZ

Released Date Time- 10/31/19 0529

10/31/2019 04:41 EDT WBC 7.9 K/UL

RBC 5.41 m/UL

Hgb 15.0 g/dL

Hct 45.8 %

Platelet 227 K/UL

MPV 7.9 fL

MCV 84.6 fL

MCH 27.7 pg

MCHC 32.7 g/dL LOW

RDW 13.5 %

Neutro Auto 79.4 % HI

Lymph Auto 12.7 % LOW

Mono Auto 6.0 %

Eos Auto 1 %

Baso Auto 0.6 %

Neutro Abs Auto 6.3 K/UL

Lymph Abs Auto 1.0 K/UL LOW

Mono Abs Auto 0.5 K/UL

Eos Abs Auto 0.1 K/UL

Baso Abs Auto 0.0 K/UL

D-Dimer 0.32 ug/mL

Sodium 135 mmol/L LOW

Potassium 3.9 mmol/L

Chloride 101 mmol/L
CO2 24 mmol/L
Calcium 9.4 mg/dL
Magnesium 1.8 mg/dL
Glucose 109 mg/dL HI
BUN 12.0 mg/dL
Creatinine 0.80 mg/dL
eGFR >60 mL/min/1.73m2
Bili Total 0.7 mg/dL
Total Protein 7.1 g/dL
Albumin 4.4 g/dL
Troponin-I <0.01 ng/mL
ALT 26 Int_Unit/L
AST 24 Int_Unit/L
Alk Phos 44.0 Int_Unit/L LOW

RAPID DIAGNOSTIC UNIT COURSE AND TREATMENT:

Patient placed in Rapid Diagnostic Unit and placed under observation status on 10/31/19 @ 0556 for evaluation of chest pain, LE paresthesias. Initial assessment and exam completed. Decision made to obtain prior medical records. Prior records found in Cerner, patient last seen at JCMC on 5/29/19 for Chest pain and discharged. .

The ER medical record and the treatment rendered were reviewed by me.

Rapid Diagnostic Unit Assessment and Plan:

Placed in Rapid Diagnostic Unit
Preliminary impression: Chest pain
Serial evaluation and observation
Repeat EKG / Troponin I levels
Consider stress testing while under observation Vs. outpatient setting
Cardiology consultation as indicated and based on results of diagnostics and re-assessment.

LE paresthesias
check etoh level
check B12 level
UDOA
UA
MRI lumbar spine
Consult based on results of imaging- no acute deficits on exam at this time

Orders written. Upon placement into the Rapid Diagnostic Unit, patient was treated with one liter bolus of IVNS and pepcid 20 mg IVx1. Patient placed on a cardiac monitor and provided O2. hemodynamic status and cardiac rhythm monitored. Observed at bedside for initial response to treatment. Diagnostics reviewed. Patient re-evaluated multiple times during their evaluation.

First re-assessment, the patient's examination reveals patient resting comfortably, in NAD. Ongoing treatment included continued cardiac monitoring.

0700 case endorsed to NP Layugan

I Michelle A Oliver APP, participated in the evaluation, management and treatment of this patient. The orders and chart were reviewed and approved by my collaborating physician Dr. Kelly .

Health Status

Allergies:

Allergic Reactions (All)

No known allergies.

Past Medical/ Family/ Social History

Medical history:

Active

High cholesterol (23283015).

Surgical history:

No active procedure history items have been selected or recorded..

Family history:

No family history items have been selected or recorded..

Social history:

Social & Psychosocial Habits

Alcohol

10/31/2019 Risk Assessment: High Risk

Substance Abuse

10/02/2017 Risk Assessment: Denies Substance Abuse

Tobacco

10/02/2017 Risk Assessment: Denies Tobacco Use

Problem list:

Active Problems (2)

Heartburn

High cholesterol

Physical Examination

Vital Signs

Vital Signs

10/31/2019 04:26 EDT

Systolic Blood Pressure

130 mmHg

Diastolic Blood Pressure

78 mmHg

Peripheral Pulse Rate

103 BPM HI

Respiratory Rate

18 BR/MIN

Mean Arterial Pressure, Cuff

95.33 mmHg

10/31/2019 03:28 EDT

Systolic Blood Pressure

125 mmHg

Diastolic Blood Pressure

87 mmHg

Peripheral Pulse Rate

104 BPM HI

Respiratory Rate

20 BR/MIN

Mean Arterial Pressure, Cuff

99.67 mmHg

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Oxygen saturation.

Medical Decision Making

Results review:

Reexamination/ Reevaluation

Re-examination/Re-evaluation:

Addendum	Pt evaluated, neuro intact.
by Kelly DO,	MRI negative. Offered C and T spine MRI's as he has had chronic neck pain, but he prefers to f/u outpt for this. Gave some
Stephen	info for neuro and spine f/u.
Michael on	Cleared from cardiac standpoint by Dr Grandhi.
October 31,	Observation discharge care of the patient included instructions for continuing care and preparation of the discharge
2019 13:02	records. Based on the patient's reassessment and response to treatment arrangements made for outpt f/u. Case discussed
EDT	with Dr. Grandhi. The patient remained under observation until 1300 10/31/19 .
	After the evaluation in the Rapid Diagnostic Unit, my clinical impression is atypical chest pain, peripheral neuropathy.
	All results of the clinical evaluation, labs and diagnostic studies were discussed in detail. Appropriate and necessary follow up was also discussed. These current medical conditions, the lab tests listed above, as well as all the diagnostic testing performed today require attention by the primary doctor and follow up as soon as possible, because the evaluation in the Observation Unit has limitations. Some abnormalities may require a simple repeat test to ensure resolution. The primary doctor will determine if any further testing or interventions are needed. In light of this, please follow-up with your primary care provider or the clinic if you do not have a doctor, within 24-48 hours WITHOUT FAIL. Also return to the ER at any time for any worsening or new symptoms, no matter how minor. If unable to see your doctor within this designated time period, please return to the ER for re-evaluation.

Hospital Discharge Instructions

Patient Education

Chest Pain Observation

Peripheral Neuropathy