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**Emergency Department - Practitioner Notes**  
**Registered Date of Service: 2/4/2008 3:29:00PM**

**REASON FOR VISIT:**

The patient is registered by the clerical staff complaining of "lac."

**HISTORICAL DATA:**

MODE OF ARRIVAL: The patient arrived by private vehicle.  
HISTORIAN: The patient's history is gathered from the patient.

**CHIEF COMPLAINT:**

Left upper extremity laceration

**HISTORY OF PRESENT ILLNESS:**

The patient presents for evaluation of a laceration to the left forearm occurring approximately 1 hour prior to arrival. There is minimal, associated pain. There is normal range of motion. There is normal distal neuromotor status without numbness or impaired movement. There is no foreign body sensation. There are no other injuries. The patient is right-handed.

**PAST MEDICAL HISTORY:**

Hypertension, hypercholesterolemia, diabetes mellitus Type II.

**PAST SURGICAL HISTORY:**

Hysterectomy, appendectomy.

**SOCIAL HISTORY:**

ALCOHOL: The patient does not consume alcohol.  
DRUGS: The patient denies use of illicit drugs.  
TOBACCO: The patient is a non-smoker.

**ALLERGIES:**

None.

**PHYSICAL EXAM:**

GENERAL: well developed, well nourished, awake and alert.  
SKIN: Laceration: Skin is warm and dry. There is a superficial, 5 cm. laceration noted on the volar aspect of the left forearm.  
EXTREMITIES: No joint effusion or cyanosis.  
NEURO: Alert and cooperative. Sensory and motor functions grossly intact.

**INVESTIGATIONS:**

EMERGENCY PRACTITIONER INTERPRETATIONS:  
Pulse oximeter is 99 % on room air. This is interpreted as normal.

**ORDERS:**

Medications Ordered:

Ordered	User	Source	Ordering Prac.	Order	Current Status
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**JENNIE JOHNSON**  
555 Patient Way  
Apt. #5  
San Diego CA, 99999

Pt Acct #: 000000018  
Date: 2/5/2008  
MRN: 00018  
Age: 38Y  
Practitioner: Chris Thompson, MD, FACEP

**Emergency Care Center**  
**Registered Date of Service: 2/4/2008 3:29:00PM**

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2117	CTT	Written	Thompson, Chris	Duricef	New Order (2117)
2117	CTT	Written	Thompson, Chris	Tetanus, Diphtheria	New Order (2117)

Given By	Medication	To	Via	Response
	Duricef, Dosage: 1 gram, Route: PO N/A N/A Unknown			
	Tetanus, Diphtheria, Dosage: 0.5 ml, Route: IM			

**PROCEDURES:**

LACERATION MANAGEMENT: The wound was prepped with Betadine. Anesthesia was obtained using 1 % buffered lidocaine. Wound closure: The wound was closed with single layer skin closure using 4-0 prolene. The patient tolerated the procedure well.

**INTERVENTION:**

COORDINATION OF CARE: The nurse's notes were reviewed.

**PRESCRIPTIONS:**

cephalexin, Dosage: 500 mg, Disp: -28-, Sig: 1 tab po QID, Refills: -0-

**DIAGNOSTIC IMPRESSION:**

PRIMARY DIAGNOSIS:  
Acute, left forearm laceration with simple repair.

**DISPOSITION:**

**LACERATION, EXTREM (SUTURE OR TAPE) DISCHARGE INSTRUCTIONS:**

**FOLLOW-UP:** Follow-up with your physician, Dr. Shaheen Iqbal for evaluation:  
Wound check in 2 days.  
Suture removal 7 days.

## LACERATION, EXTREMITY

A LACERATION is a cut through the skin. This will usually require stitches if it is deep. Minor cuts may be treated with surgical tape closures ("Steri-Strips") or Dermabond Skin Adhesive.

**HOME CARE:**

- 1) Keep the wound clean and dry. If a **bandage** was applied and it becomes wet or dirty, replace it. Otherwise, leave it in place for the first 24 hours, then change it once a day or as directed.
- 2) If **sutures** were used, clean the wound daily:  
After removing the bandage, wash the area with soap and water. Use Hydrogen Peroxide on a cotton swab (Q tip) to loosen and remove any blood or crust that forms.  
After cleaning, apply a thin layer of Neosporin or Bacitracin ointment. This will keep the wound clean and make it easier to remove the stitches. Reapply the bandage.  
You may shower as usual after the first 24 hours, but do not soak the area in water (no baths or swimming) until the sutures are removed.
- 3) If a **Steri-Strips tape closure** was used, keep the area clean and dry. If it becomes wet, blot it dry with a towel. After the Steri-Strips have been removed it is safe to resume your usual activities.
- 4) You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE: If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding,

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talk with your doctor before using these medicines.]

However, an infection may sometimes occur despite proper treatment. Therefore, check the wound daily for the signs of infection listed below. STITCHES should be removed within 7-14 days. If a TAPE CLOSURE ("Steri-Strips") was used, remove them after seven days unless told otherwise.

**RETURN PROMPTLY**

or contact your doctor if any of the following occur:

Increasing pain in the wound

Redness, swelling or pus coming from the wound

Fever over 100.0° F (37.8° C) oral, or over 101.0° F (38.3° C) rectal

If sutures come apart or fall out or if Steri-Strips fall off before five days

If the wound edges re-open

Numbness that does not go away by the time of suture removal

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