

Chief Complaint: Wrist pain: traumatic

Encounter Type: Initial

Acuity: E Green

NO DICTATION FOUND

CHART:

Physicians caring for patient:

MD

Diagnosis

Fracture - radius, distal, right, closed

Notes:

buckle fracture

Disposition

Provider documentation to be completed on HMED.

Copy to:

Disposition - Discharge from ED: home . Condition: stable . The patient is to follow up with Orthopaedic Surgeon, 1 week(s) . Medications: use Tylenol (acetaminophen) for pain or fever and use ibuprofen for pain or fever . Wound/injury: keep the injured area elevated, wear sling as directed and keep splint on at all times . Return if any new concerns develop or you are feeling worse

Medication instructions: No changes

Private Physician(s)

FAMILY PHYSICIAN

Chief Complaint

Chief complaint/quote: pt fell from a tree approx 6-7 feet and injured left wrist, then went to Costco and fell off of a water crate and landed on it again.

Additional info pertinent to Chief Complaint: correction to above documentation, injury to Right WRIST

History of Present Illness

HPI text: 9 year old male presents to the emergency department complaining

of right wrist pain. He states he fell out of a tree with his right hand

out to catch his fall. He complains of right wrist pain. He denies any other injuries, numbness, weakness or tingling.

Review of Systems

Review of systems is as indicated in the HPI. All other systems were reviewed and were negative.

Medications

Home medications: Patient not currently taking any medications.

Allergies

Patient allergies: No known allergies.

Past Medical/Surgical History

NO SIGNIFICANT PAST MEDICAL OR SURGICAL HISTORY.

Patient has not been diagnosed with antibiotic resistant infection.

Vaccinations are up to date.

Social History

There are no smokers in the patient's home.

Living arrangement: Patient lives with parent(s)

Additional Social History: Parents accompany the patient to the emergency department.

Family History

There is no significant family history of any medical condition pertinent to the patient's current presentation

VITAL SIGNS

Initials/Date/Time	Temp(C)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2	O2
DelPain									
								Sat	
Sc									
LM1 5/18/2008 14:48	37.0	0	77	19				99	.R/A
6									
WAJ 5/18/2008 16:14			91	18				98	.R/A
0									

Height and Weight

Weight: 35.0 kg. (77.2 lbs.) (est)

Physical Exam

CONST: No acute distress. Cooperative and pleasant.

EYES: Noninjected

RESPIRATORY: Normal respiratory rate and effort.

SKIN: Warm and dry.

NEURO: Alert and oriented.

PSYCHIATRIC: Appropriate

MUSCULOSKELETAL: see MDM

Procedures

Cast/Splint: Ortho-glass radial gutter splint was applied by MD to the right wrist . Neurovascular exam after treatment: intact . The patient tolerated the procedure well. AXP 05/18/08 16:13

Cast/Splint: Ortho-glass was applied by MD to the right forearm TAH 05/18/08 16:17

Orthopedic appliance: A/an sling was placed on right forearm in a position of function. Patient tolerated the procedure well. . Neurovascular status was checked and intact. TAH 05/18/08 16:17

#### Progress Notes

Progress Note: Patient rechecked. X-ray results were discussed with the patient and his parents. They agree with the plan to return home and follow up with Dr. Waters in one week.

#### Medical Decision-Making

##### Medical Decision-making:

9-year-old boy complains of right wrist pain after fall on outstretched hand. He denies any other injuries. He denies any numbness, weakness or tingling. On exam, he has tenderness to palpation at the distal radius. There is no tenderness in the anatomical snuff box. His extremity is neurovascularly intact.

X-ray was obtained and shows buckle fracture of the distal radius. No other acute other acute abnormalities are seen.

Radial gutter splint was placed by myself. We will place him in a sling.

He will take pain medication as needed and will require follow-up in orthopedics clinic this week for further evaluation. He was referred to

Dr. Waters on call for this.

I do not believe the patient requires additional workup on an emergent basis at this time. Rather, I feel they are appropriate for discharge with

further management as an outpatient as described above.

I discussed this plan with the patient and/or family who express understanding and agree to follow the plan as instructed.

I answered all questions and each person in the room reported that they

have no further questions at this time.

The patient and/or family was instructed to return to the emergency department immediately if symptoms worsen, if there is any difficulty obtaining the recommended follow up or following any part of the plan, or

for any other concerns.

#### Patient Discussion

Test results were discussed with the patient and/or the patient's family.

The diagnosis was discussed with the patient and/or the patient's family.

The treatment plan, as specified under disposition documentation, was discussed with the patient and/or the patient's family. The patient and/or

the patient's family have expressed understanding and comprehension of the plan.

Patient instructions: You may adjust the ace wrap as directed for comfort.

Resident Supervision

Signatures: