

ADMISSION NO. 2808962		DATE 10/10/93		TIME IN (24 HOURS) 10:00		TIME OUT (24 HOURS)		PATIENT NAME Kings, Brittain, R	
INS. CARRIER 710		TIME NOTIFIED:		<input type="checkbox"/> ANIMAL CONTROL <input type="checkbox"/> POLICE <input type="checkbox"/> CORONER CASE # _____		BROUGHT TO HOSPITAL BY <input checked="" type="checkbox"/> POLICE <input type="checkbox"/> AMB. CO.		<input type="checkbox"/> PRIV. CAR / WALK IN <input type="checkbox"/> PM → UNIT	
CHIEF COMPLAINT Full Chest		PRIVATE PHYSICIAN OR REFERRING AGENCY		PHYSICIAN TO TREAT Simonsen		DATE: TIME:		INJURY / ONSET	
						HMO PAYMENT AUTHORIZED		WHERE OCCURRED	
TIME 9:20 am		BLOOD PRESSURE 0/0		PULSE 8		RESP. 8		TRIAGE <input checked="" type="checkbox"/> EMERGENT <input type="checkbox"/> URGENT <input type="checkbox"/> NO URGENT	
DRUG SENSITIVITY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, SPECIFY DRUG NKA		TEMP. 38.5 WEIGHT 150		HEIGHT 5'8"		INITIALS ✓	
CURRENT MEDICATION A				LAST TETANUS		LNMP		TREATMENT PRIOR TO ARRIVAL <input checked="" type="checkbox"/> NONE <input type="checkbox"/> YES EXPLAIN:	
INITIAL ASSESSMENT									

INITIAL ASSESSMENT									
GLASGOW COMA SCALE		SPEECH	MENTAL STATE	SKIN COLOR	SKIN TEMPERATURE	SKIN MOISTURE	PUPILS	RESPIRATIONS	
Eyes		Coherent	Conscious	Normal	Normal	Normal	Responsive	Regular	
Motor Response		Silent	Unconscious	Cyanotic	Hot	Dry	Fixed	Shallow	
Verbal Response		Incoherent	Stuporous	Ashen / Pale	Cold	Moist	Unequal	Retracting	
TOTAL		Hysterical		Flushed			Sluggish	Apneic	
		Slurred		Jaundiced			Dilated	Labored	

VITAL SIGNS								Pin Point				Rapid
Time ▶								TIME	MEDICATION / TREATMENT	SITE	INT	RESPONSE
BP												
Pulse												
RESP												
Temp.												
TIME												

TIME	NURSES NOTES	TIME	INTRAVENEOUS FLUIDS	RATE	INT.	AMOUNT INFUSED
0935	3 yro old Fe Bib MPD in full arrest found in a closet in a plastic Bag over face by PD a Black Tie found loose around Neck, No bruising or abrasions Noted Pl	0936	NS WO		PR	
			22g1" OC (R) AC			

TIME	INTRAVENEOUS FLUIDS	RATE	INT.	AMOUNT INFUSED
0936	NS WO		PR	
	22g 1" AC (R) AC.			

0935 3 yr old Fe Bib mpp in full arrest found in a closet in a plastic Bag over face by PD a Black Tie found loose around Neck, No bruising or abrasions Noted, Placed on a Cardiac Monitor in Asystole CPR in progress, IV Started, A&S Started Please See Code Blue Record 1004 Pronounced, CPR discontinued Coronor + eye + tissue Bank notified - PR  
1415 Released To Coronor - PR.  
1100 Eye & Tissue Bank case # 93-10-183 Lenette Sullivan

PHYSICIAN CALLED	CALL TIME	RESPONSE TIME	TIME TO SEE PATIENT	ARRIVAL TIME	
					<input type="checkbox"/> SEE ADDITIONAL NURSES NOTES
					<input type="checkbox"/> SEE I & O SHEET
					<input type="checkbox"/> SEE TRANSFER RECORD

VALUABLES CARED FOR  
☐ NONE ☐ NO ☐ YES ENVELOPE # \_\_\_\_\_

POSITION  
 WHERE: \_\_\_\_\_  
☐ HOW: \_\_\_\_\_ ☐ WITH WHOM: \_\_\_\_\_  
☐ WRITTEN INSTRUCTIONS GIVEN \_\_\_\_\_

NURSES SIGNATURE  
P. Russell

EMERGENCY DEPT.  
 NURSE'S NOTES

280846C  
 RIGGS, BRITTANY R  
 F / 0034 04/15/90  
 SINAZSKY, ALEXAN  
 10/10/93

10-10-93

TIME  
0935  
0935  
0935  
0939  
0952

ARREST NOTED  
START CPR  
ARRIVAL 1ST PHYSICIAN  
ESTABLISHMENT OF  
GOOD VENTILATION  
RETURN OF SPONT  
HEARTBEAT

PATIENT LOCATION:

INITIAL SIGNS OF ARREST:

☒ NO MAJOR PULSES  
☒ NO RESPIRATIONS

INITIAL MONITOR PATTERN:

Asystole

KEY:

LEVEL OF CONSCIOUSNESS  
R = Responsive U = Unresponsive

PUPILS

F = Fixed R = Reactive

VENTILATION

I = Intubate B = Bag

INITIAL VENTILATION BY

☒ BAG/MASK  
☐ BAG/TUBE  
☐ VENTILATOR  
☐ MOUTH TO MOUTH  
☐ AIRWAY

INTUBATED BY: Dr. Sina  
TIME: 0939

TIME	Ventilation/ Respiration	Blood Pressure P = Palpate	Heart Rate	Monitor Rhythm	Diffraction (Watts)	Cardioversion (Watts)	Pacemaker Rate	ABG Drawn	Level of Consciousness	Pupils	Miscellaneous (Procedures)
0935		0	0	Asy.					U	F	
0940		0	0	Asyst.					U	F	
0945		0	0						U	F	
0949		0	0	PEA					U	F	
0952		0	20-30	SB	0 pulses				U	F	
0959		0	46	SB	0 pulses				U	F	
1003		0	26	SB					U	F	

Comments:  
0935 3/2 Fe arrived via Montclair  
in Cardio pulmonary arrest. CPR  
initiated upon arrival. Child found  
by police in a closet - plastic  
bag over her head. 0945 CPR  
continues & response to meds. 0 B  
& Pulses Color ashen body warm  
0959 ABG results. 1004 CPR stopped.  
Pt. pronounced.

RECORDER SIGNATURE: C. Pettigrew

BOLUS DRUGS

Drug	Time	Route	Amount
Epinephrine	0937	IVP	.5mg
5-10 cc	0942	IVP	.5mg
1:10,000 .1mg/cc	0945	IVP	.5mg
Atropine	0938	IVP	1mg
.5-1.0mg	0949	IVP	.5mg
Sodium Bicarbonate	0943	IVP	20mg
Lidocaine	0943	IVP	20mg
1mg/Kg Wt.	0952	IVP	20mg
Bretylium			
5mg/Kg Wt.			

INTRAVENOUS TITRATED DRUGS

Drug	Time	Rate
IV Solution		
Rate (cc/hour)		
IV Solution		
Rate (cc/hour)		
Dopamine		
Concentration		
400mg/250cc = 1600ug (cc/hour)		
Isuprel		
Concentration		
1mg/250cc = 4ug/cc (cc/hour)		
Lidocaine		
Concentration		
26M/500cc = 4mg/cc (cc/hour)		
Bretylium		
Concentration		
1GM/250cc = 4mg/cc (cc/hour)		

OUTCOME OF CODE

SUCCESSFUL ☐  
UNSUCCESSFUL ☒  
DISPOSITION

PRONOUNCED DECEASED BY: Dr. Sinauskas TIME: 1004

Ontario Community Hospital  
Doctors' Hospital Montclair

RECORD OF CODE BLUE

WHITE/CHART CANARY/PHARMACY PINK/NURSING SUPERVISOR  
1904-M REV 4/83

SIGNATURE OF CARDIOPULMONARY THERAPIST

SIGNATURE OF MEDICATION NURSE

SIGNATURE OF PHYSICIAN

IMPRINT HERE

2508962  
RIGGS, BRITANNY R  
04/15/90  
ALEXAN  
SINAUSKY  
10/10/93

TIME

10-10-93

## THERAPIST'S NOTES

SIGNATURE

0535 Called stat to ER. Pt. in full arrest. Hand bagged  
w/ mask x5". Pt intubated w/ size 3.5 ET tube by Dr. Singisly.  
Pt had good bulat. breath sounds. bagged w/ 100% O<sub>2</sub>  
x25" until CPR stopped by Dr. Singisly. ~~Explanor~~

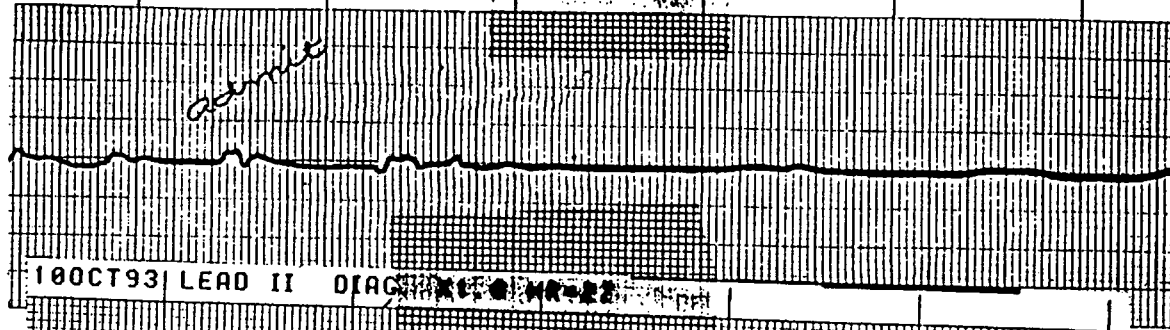
2808962  
Riggs, Brittany

NORMALS = C.O. = 4.8 L/min  
PAP = 25/10 (10-20 mean)

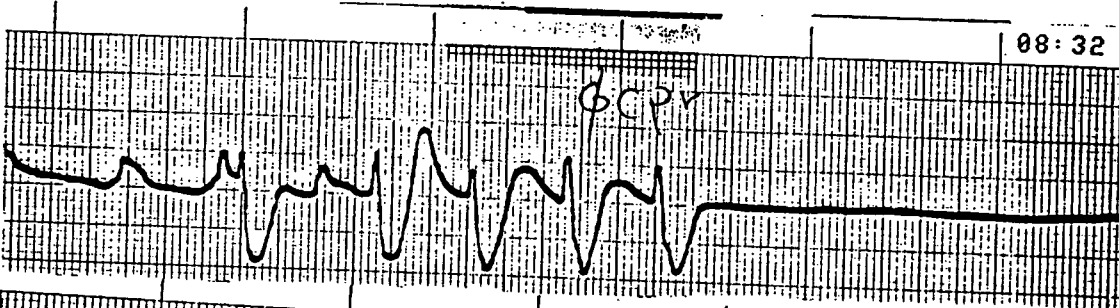
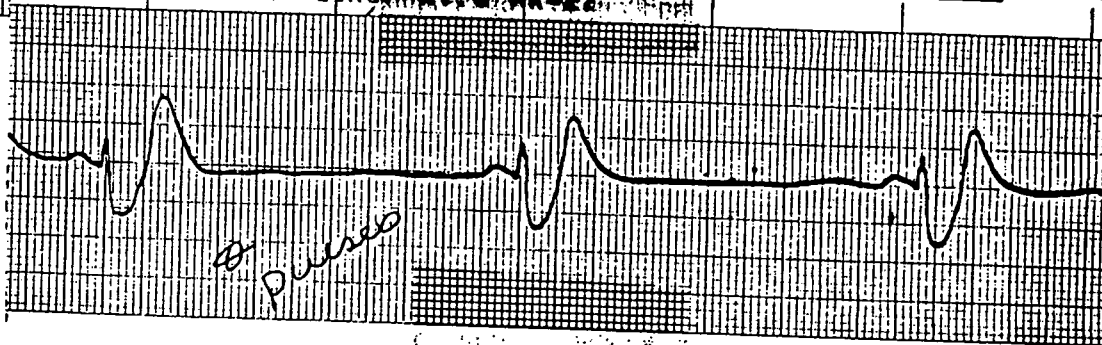
CVP = 5-15 cmH<sub>2</sub>O  
PAW = 5-12mmHg

C.I. = CO = 2.5-4.5  
BSA

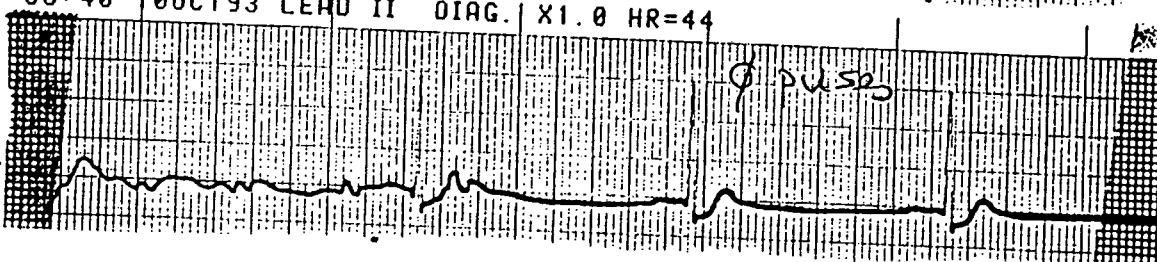
10CT93 LEAD II DIAG. X1.0 HR=22



100CT93 LEAD II DIAG. X1.0 HR=22

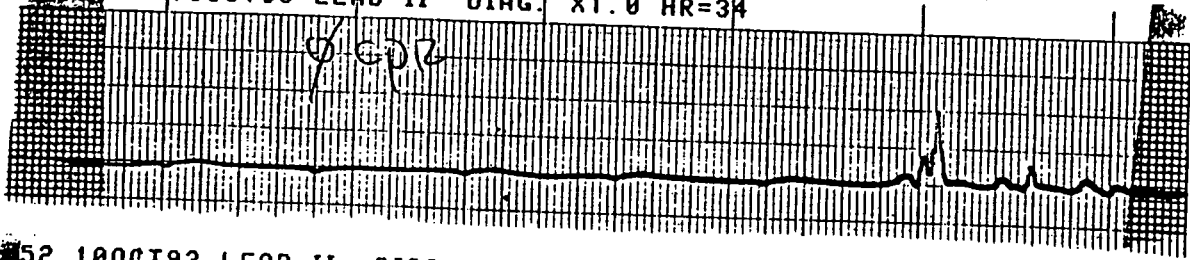


08:40 100CT93 LEAD II DIAG. X1.0 HR=44

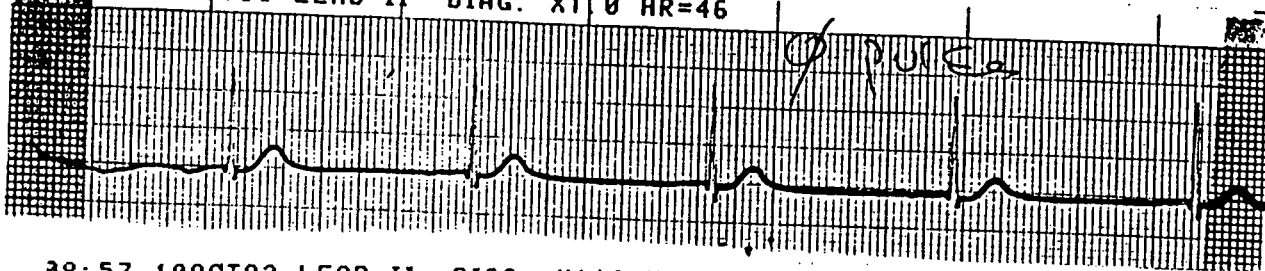


RHYTHM STRIP SHEET

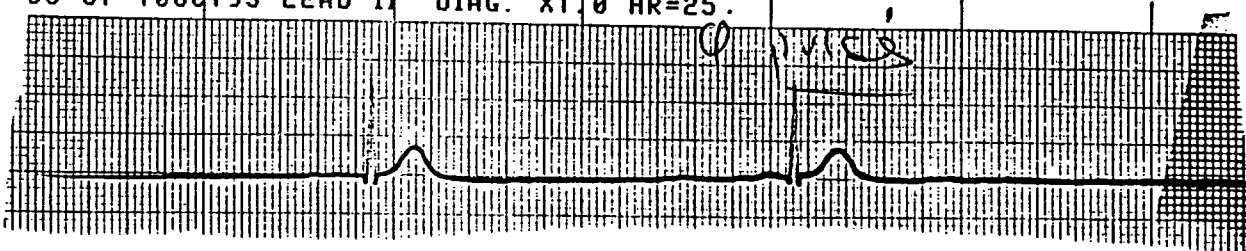
00:47 10OCT93 LEAD II DIAG. X1.0 HR=34



00:52 10OCT93 LEAD II DIAG. X1.0 HR=46



08:57 10OCT93 LEAD II DIAG. X1.0 HR=25.



RHYTHM STRIP SHEET

# PATIENT SAMPLE REPORT

10/10/93 10:58 PAGE 1

DOCTORS' HOSPITAL OF MONTCLAIR  
5000 SAN BERNARDINO ST. MONTCLAIR, CA. 91763  
JIN Y "FRANK" HSU, M.D. MEDICAL DIRECTOR

Name: RIGGS, BRITTANY  
Patient ID : 2808962 Physician : SINAZSKY Sex: F Birth Date: 04/15/19  
Drawn Date: 10/10/93 Draw Time: 09:50 Room: ER  
Analysis Date: 10/10/93 Analysis Time: 09:53 Drawn By : GP  
Date Rept : 10/10/93 Time Rept : 1056 Analysed by: GP  
Sample Type: ARTERIAL Sample Source: R FEMORAL Reported to : SINAZSKY  
Sample ID: Allen's Test: SYRINGE

FI02 : 100.0 Flow : Mode : BAGGING  
TEMP(pt) : 98.6 Resp. Rate : 60.0 Tidal Vol :  
PEEP/CPAP : Mech. Rate : Press. Sup :  
Peak Press :  
Comments :

Parameter	Value	Units	Reference Range	Status
pH(meas.)	6.615		7.350 to 7.450	
PCO2(meas.)	221.3	mmHg	35.0 to 45.0	
P02(meas.)	5.8	mmHg	80.0 to 100.0	
pH(temp)	6.615		to	Assumed
PCO2(temp)	221.3	mmHg	to	Assumed
P02(temp)	5.8	mmHg	to	Assumed
HCO3-(act)	22.5	mmol/L	22.0 to 26.0	Calculated
BE(vitro)	-22.3	mmol/L	-2.0 to 2.0	Assumed
O2	0.8	%	95.0 to 100.0	Assumed
Hb	15.0	g/dL	to	Assumed
FI02	100.0	%	to	Input
PA02(TEMP)	456.7	mmHg	to	Assumed
PredP02RmAir	107.7	mmHg	to	Calculated

Last Samples Analyzed  
10/10/93 09:44 pH(meas.) 6.619 PCO2(meas.) 205.8 P02(meas.) 35.9 FI02 100.0 I Flow

DOCTORS' HOSPITAL OF MONTCLAIR (714) 625-5411									
BED 1		ADMISSION NO. 2808962		DATE 10/10/93	TIME IN (24 HOURS) 10:00	TIME OUT (24 HOURS)	PATIENT NAME Riggs, Brittany		
INS. CARRIER 70		TIME NOTIFIED: <input type="checkbox"/> ANIMAL CONTROL <input type="checkbox"/> POLICE <input type="checkbox"/> CORONER		BROUGHT TO HOSPITAL BY: <input checked="" type="checkbox"/> POLICE <input type="checkbox"/> AMB. CO.		PRIVATE CAR / WALK IN <input type="checkbox"/> PM -> UNIT		BIRTHDATE 4/15/88	
CHIEF COMPLAINT Full arrest					INJURY / ONSET		WHERE OCCURRED		TRIAGE EMERGENT <input type="checkbox"/> URGENT <input type="checkbox"/>
PRIVATE PHYSICIAN OR REFERRING AGENCY					PHYSICIAN TO TREAT Sinauskas		HMO PAYMENT AUTHORIZED		TIME INITIAL
TIME 9:30 am	BLOOD PRESSURE 0/0	PULSE 0	RESP. 0	TEMP 36.0	WEIGHT Body worn	HEIGHT	INITIALS Y	TEST / ORDER	
DRUG SENSITIVITY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, SPECIFY DRUG NKA		LAST TETANUS		LNMP		CBC Hgb Hct WBC DIFF LYTES Na. K Cl HCO <sub>2</sub> BUN GLU	
CURRENT MEDICATION 0								U/A C+S ABG pO <sub>2</sub> pCO <sub>2</sub> pH HCO <sub>2</sub> EKG	
TIME 10/10/93 - 0930 hr		HISTORY / PHYSICAL		PREVIOUS VISIT: NO <input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> SAME COMPLAINT <input type="checkbox"/> NEW COMPLAINT				CHEST <input type="checkbox"/> PORT <input type="checkbox"/> C SPINE <input type="checkbox"/> PORT <input type="checkbox"/>	
		3 1/2 p.m. g						O <sub>2</sub> MONITOR	
		P.P. (1) - Complete cardiopulmonary arrest						PHYSICIANS ORDERS	
		HAD child brought to ER by a police officer who was making arrest. The mother was arrested for a missing person. Found and rushed to ER.						Epi. 0.5mg IV. x4	
		On arrival E did not respond, not responding to life, cannot feel about ENT - small abrasion in the outer chest on blood in the mouth. OH on heart beat, S. S. absent in pulse, left clavatic, chest infl.						Epi 12mg IV. x1	
		N - Cr - no response, DTR absent, unresponsive, a response to pain (head & extremities)						Atropine 1mg	
		Respiratory: she was apneic, pale, blue, no chest intubation, CPR, IV, no pulse, O <sub>2</sub> 100%.						Chest in 0.5g.	
								Presb. 20 mg	
								K3.	
IMPRESSION		COMPLETE CARDIO PULMONARY ARREST		SEE CONTINUATION				Family not informed about the death	
DISPOSITION INSTRUCTIONS		The patient expired at 1003, on 10/10/93							
CONDITION AT DISCHARGE <input type="checkbox"/> UNCHANGED <input type="checkbox"/> CHANGED - HOW?		Expend.							
REFER TO DOCTOR:		Coroner		WHEN:		At 1003 on 10/10/93			
PHYSICIANS SIGNATURE		A. Sinauskas							

2808962  
RIGGS, BRITTANY R  
F / 003Y 04/15/93  
SINAZSKY ALEXAN  
10/10/93

10/10/93  
10:18:14

DOCTOR'S HOSP. OF MONTCLAIR  
5000 SAN BERNARDINO RD MONTCLAIR

REGISTRATION  
RECORD-1  
CA 91763

PATIENT NO: 2808962  
NS/ROOM/BED:

ADMIT DT/TIME: 10/10/93 10:15  
CLINIC: ER EXPIRED

M/R NO: 00022655  
FILING MR#: 22  
BY: LAA

PATIENT NAME: RIGGS, BRITANY R  
LOCAL ADDRESS: 9393 EXETER  
CITY/STATE: MONTCLAIR

CA 91763

SOCIAL SECURITY: 000000001  
PHONE: (909) 988-1976

PERM ADDRESS  
CITY/STATE:  
OCCUPATION: NONE/MINOR

PHONE: ( )  
LANGUAGE: E

FC: 70  
HSV: 65  
RLG:  
MS: S  
SMK:  
PT: 3  
VAL: N

DOB:

4/15/1990

AGE: 3 Y

SEX: F

RACE: 1

REF SRC:

FATHER'S DOB:

FLAG

9999- NO PERSONAL PHY

ATTEND PHYSICIAN: 1823- SINAZSKY ALEXAN

REFER PHYSICIAN: 9999- NO PERSONAL PHY

MOTHER'S DOB:

EMER CONTACT: DOROTHY RIGGS-GR. MOTHER  
ADDRESS:

REL: GRANDPARENT  
PHONE: (909) 596-0865

CITY/STATE:

NEAREST REL: DOROTHY RIGGS-GR. MOTHER  
ADDRESS:

REL: GRANDPARENT  
PHONE: (909) 596-0865

CITY/STATE:

GUARANTOR: RIGGS, DAREN

ADDRESS 1: 9393 EXETER

ADDRESS 2:

CITY/STE/CNTRY: MONTCLAIR

CA 91763

PAYOR NAME 1: PRIVATE PAY

PLAN NAME: PRIVATE PAY

BILL C/O NAME:

BILL ADDRESS: 9393 EXETER

CITY/STE/CNTRY: MONTCLAIR

CA 91763

BILLING NAME:

INSURED: RIGGS, DAREN

EMPLOYER: S/B ELECT.

ADDRESS:

CITY/STATE:

PAYOR NAME 2:

PLAN NAME:

BILL C/O NAME:

BILL ADDRESS:

CITY/STE/CNTRY:

BILLING NAME:

INSURED:

EMPLOYER:

ADDRESS:

CITY/STATE:

REL: PARENT

PHONE: (909) 988-1976

SOCIAL SECURITY: 547670504

OCC: ELECTRICIAN

INS. PLAN ID: 66201

SRV/TYPE: ALLER

AUTHORIZATION:

CERT-SSN-HIC-ID#: 547670504

BILL PHONE: (909) 988-1976

GP #:

SEX/REL: M PARENT

MSP: N

EMP PHONE: ( ) 000-0000

EID/ESC: F 1

INS. PLAN ID:

CERT-SSN-HIC-ID#:

BILL PHONE: ( ) 000-0000

GP #:

SEX/REL:

EMP PHONE: ( ) 000-0000

EID/ESC:

PRIOR HOSPITAL:

SPAN CODE:

FROM/TO DATE:

CONDITION CO

CONDITION CO

OCCURRENCE CO/DATE

OCCURRENCE CO/DATE

ADMIT DIAGNOSIS DESCRIPTION:

C/O FULL ARREST

ADMIT DIAGNOSIS CODE:

COMMENTS: PT HAS NO PRIOR VISITS-ARRIVED VIA MONTCLAIR PD (3/500)



THANK YOU FOR THE OPPORTUNITY OF PROVIDING YOU WITH EMERGENCY MEDICAL CARE. IT IS VERY IMPORTANT FOR YOU TO UNDERSTAND THAT EMERGENCY CARE IS NOT A SUBSTITUTE FOR COMPLETE MEDICAL CARE. FOR YOUR PROTECTION, YOU SHOULD MAKE ARRANGEMENTS TO SEE YOUR OWN PHYSICIAN OR THE REFERRAL DOCTOR INDICATED BELOW. IF YOU HAVE ANY DIFFICULTY IN OBTAINING FOLLOW-UP CARE, PLEASE CONTACT THE EMERGENCY DEPARTMENT FOR ASSISTANCE.

DIAGNOSIS \_\_\_\_\_

TREATMENT RENDERED:

☐ EXAM

☐ SUTURES

☐ DRESSING

☐ EYE TREATMENT

☐ SLING

☐ SPLINT/ACI

☐ X-RAYS

☐ EKG

These x-rays/EKG were read and interpreted by the emergency physician. They will be reviewed by a radiologist/cardiologist. You will be notified if any changes in treatment are indicated.

☐ LAB

Laboratory reports are read and interpreted by the physician treating you in the Emergency Department. If lab culture of lab reports indicate a change in treatment you will be notified. Your physician may also call the Lab for results if necessary.

MEDICATION

☐ Take prescriptions as directed.

☐ MEDICATION CAN CAUSE DROWSINESS. DO NOT MIX WITH ALCOHOL. DO NOT DRIVE A CAR OR OPERATE MACHINERY.

☐ Antibiotic therapy usually takes 24-48 hours to begin effectiveness.

☐ Tetanus booster

☐ DPT

☐ Hypertet: Please complete the series with your private M.D.

1. 1 month from today - 1/2 cc Tetanus Toxoid

2. 2 months from today - 1/2 cc Tetanus Toxoid

This will complete your Tetanus Immunization.

☐ BLOOD PRESSURE: Your blood pressure was elevated at this visit. Please make an appointment with your family physician for further evaluation.

INSTRUCTIONS

If your condition persists or worsens, please return to the Emergency Room.

*Corner's Care*

☐ Call Radiology between 8:00 A.M. and 4:00 P.M. to arrange to pick up your x-rays if needed.

☐ A list of references was given.

☐ Fasten your child into an approved safety seat (if child is younger than 4 years of age or weighs less than 40 pounds) while in passenger vehicles or light trucks. Seat belts are required for children who are 4 years of age or older.

FOR FURTHER CARE

See Dr. Corner in \_\_\_\_\_ days. Please call for appointment.

You will receive individual billing(s) for physician services.

I understand these instructions. I understand that I have had emergency treatment only, and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

DATE \_\_\_\_\_

SIGNATURE (PATIENT/RESPONSIBLE PARTY) \_\_\_\_\_

I have reviewed the aftercare instructions with the patient and/or responsible party who has verbalized understanding.

WITNESS \_\_\_\_\_

PHYSICIAN'S SIGNATURE *[Signature]*

Doctors' Hospital of Montclair  
Ontario Community Hospital

909-625-5411  
909 984-2201

Doctors' Hospital of Montclair/  
Ontario Community Hospital

EMERGENCY DEPARTMENT

AFTERCARE INSTRUCTIONS

Patient Data

2808952

PT 3

RIGGS, BRITTANY R

70

DOB 04/15/90

SINAZSKY ALEXAN

10/10/93

# FINANCIAL OBLIGATIONS

The undersigned agrees, whether he/she signs as agent or as patient, that in return for the services to be rendered for the patient, the undersigned hereby individually obligates himself/herself to pay the account of the hospital in accordance with the regular rates and terms of the hospital. However, if the patient is eligible to receive benefits under a health care service plan with which this hospital has contracted, the patient shall not be obligated to pay for services covered under the plan which are paid for pursuant to the contract. If any excess funds remain after payment in full of the charges for services rendered for this hospital visit, the undersigned hereby authorizes the hospital to apply such excess funds toward any other outstanding account(s) which the patient may have with hospital for any prior services rendered and for which the undersigned is responsible. Should the patient's account become delinquent and be referred to an attorney or collection agency for collection, the undersigned shall pay actual attorney's fees and collection expenses. All delinquent accounts shall bear interest at the legal rate.

## 9. ASSIGNMENT OF INSURANCE OR HEALTH PLAN BENEFITS TO HOSPITAL

The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to the hospital of any insurance benefits otherwise payable to or on behalf of the patient for this hospitalization or for these outpatient services, including emergency services if rendered, at a rate not to exceed the hospital's regular charges. It is agreed that payment to the hospital pursuant to this authorization by an insurance company or health plan shall discharge said insurance company or health plan of any and all obligations under the policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.

## 10. ASSIGNMENT OF INSURANCE OR HEALTH PLAN BENEFITS TO HOSPITAL-BASED PHYSICIANS

The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to any hospital-based physician of any insurance or health plan benefits otherwise payable to or on behalf of the patient for professional services rendered during this hospitalization or for outpatient services, including emergency services if rendered, at a rate not to exceed such physician's regular charges. It is agreed that payment to such physician pursuant to this authorization by an insurance company or health plan shall discharge said insurance company or health plan of any and all obligations under the policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.

## 11. MEDICARE PATIENT'S RELEASE OF INFORMATION

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made in my behalf. I assign payment for the unpaid charges of the physician(s) for whom the hospital is authorized to bill in connection with its services. I understand I am responsible for any remaining balance not covered by other insurance.

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

10/10/93.

Date

105

Time

*Donna Williams*  
Witness

Patient / Parent / Guardian / Conservator

If other than patient, indicate relationship:

Reason patient is unable to sign:

## FINANCIAL RESPONSIBILITY AGREEMENT BY PERSON OTHER THAN THE PATIENT OR THE PATIENT'S LEGAL REPRESENTATIVE

I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Obligations (Paragraph 8) and Assignment of Insurance or Health Plan Benefits (Paragraphs 9 and 10) set forth above. I understand that I am financially responsible for the patient's account and I agree to pay the patient's account in full. I agree to accept the terms of the Financial Obligations (Paragraph 8) and Assignment of Insurance or Health Plan Benefits (Paragraphs 9 and 10) set forth above. I understand that I am financially responsible for the patient's account and I agree to pay the patient's account in full. I agree to accept the terms of the Financial Obligations (Paragraph 8) and Assignment of Insurance or Health Plan Benefits (Paragraphs 9 and 10) set forth above. I understand that I am financially responsible for the patient's account and I agree to pay the patient's account in full.

Date

Time

Witness

A COPY OF THIS DOCUMENT IS TO BE DELIVERED TO THE PATIENT AND ANY OTHER PERSON WHO SIGNS THIS DOCUMENT.

PT 3

70

PATIENT NAME: LGS. BRITTANY R

F / 0031 04/15/90

MEDICAL RECORD: SINAZSKY ALEXAN

PHYSICIAN: 10/10/93

ROOM #



**NME HOSPITALS, INC.**  
**CONDITIONS OF SERVICES**

Doctors Hospital of Montclair / Ontario Community Hospital  
SOCIAL SERVICE / DISCHARGE PLANNING EVALUATION AND PROGRESS NOTES

DATE ASSESSMENT INITIATED 10/12/93 PATIENT AWARE OF REASON FOR REFERRAL YES  
REFERRAL SOURCE high risk DIAGNOSIS 40 full arrest

PSYCHOSOCIAL EVALUATION

1. ACTIVITIES OF DAILY LIVING: INDEPENDENT IN ALL \_\_\_\_\_  
REQUIRES ASSISTANCE WITH: \_\_\_\_\_

2. ORIENTED TO  
PERSON YES NO  
PLACE \_\_\_\_\_  
TIME \_\_\_\_\_

3. MEMORY OF  
PAST EVENTS \_\_\_\_\_  
PRESENT EVENTS \_\_\_\_\_

4. MOOD LEVEL  
APPROPRIATE \_\_\_\_\_  
ANXIOUS \_\_\_\_\_  
DEPRESSED \_\_\_\_\_

5. PSYCHOSOCIAL ISSUES 3y.o. brought to E.R. on 10/10/93 & complete cardiopulmonary arrest. Per S.W. parents overcome & grief. S.W. not available @ time 3y.o.

6. MEDICAL / NURSING ISSUES brought in S.W. telephoned parents left mess on machine. S.W. wish to provide info & referral re: the Nat'l Org. of Parents of Murdered Children

7. EVALUATION OF SIGNIFICANT OTHER: Inc. (714) 647-7508

SIGNIFICANT OTHER IDENTIFIED \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SUPPORT SYSTEM IDENTIFIED \_\_\_\_\_

	YES	NO
AWARE OF DIAGNOSIS	_____	_____
WILL ASSIST WHEN DISCHARGED	_____	_____
CAN PROVIDE PHYSICAL CARE REQUIRED	_____	_____
WILL ASSIST WITH DISCHARGE ARRANGEMENTS	_____	_____

8. GOALS / PLANS S.W. to provide support & referral to family and best as found needed

PATIENT / FAMILY AGREE YES NO If no, explain \_\_\_\_\_

SIGNATURE Claudia Deane TITLE S.W.

COMMENTS \_\_\_\_\_

NAME Brittany Riggs PHYSICIAN No Personal Phys CASE NO. #280889-2