



**Clarinda Regional Health Center**

823 South 17th Street  
Clarinda, Iowa 51632

Healthcare from the Heart

**Emergency Room Record**

Account# CPSI04    Date of Service 030110    Time In    Time Out    ER #  
 Patient Name TEST TEST TEST    MR #    DOB 01012001    Age 9    Gender M  
 Address 401 E THOMAS AVE    City SHENANDOAH    State IA    Zip Code 51601    Phone Number 3838338883  
 Admitting Physician BUMGARNER    Family Physician SHARMA ARU

Isolation Status <sup>N</sup>

**Patient Medical Information**

Chief Compliant:  Chest Pain     Abdominal Pain     Headache     Job Related Injury

Other:

**Aortic Dissection Bundle**

- Do you have a personal or family history of aortic dissection?     Yes     No
- Do you have a family or personal history of Marfan Syndrome, vascular Ehlers-Danlos syndrome, Loeys- Dietz syndrome, Turner syndrome or bicuspid aortic valve disease?     Yes     No
- Do physical finding suggest the patient may have one of these syndromes?     Yes     No

Accompanied By:    Mode of Arrival:    Condition on admission:

Times Physician Notified:    Times Physician Arrived:

**Allergies**

Allergy	Priority	Reactions	Severity
PENICILLIN			
LEVOFLOXACIN			
UNKNOWN ALLERGY CODE - IN:			
ASPIRIN			
ACETAMINOPHEN			
UNKNOWN GFC CODE - 001233!			
UNCHECKED ALLERGY CODE - (			
MORPHINE			
CLINDAMYCIN			