SOUTHLAKE
REGIONAL HEALTH CENTRE

Patient Triage Record

PATIENT INFORMATION (ECTAS ID: 33131665)

CTAS **2**

Patient: **Combaluzier-[redacted] Finlay**

Birthdate: 09-May-17 Age: 7 yr Gender: Female

CEDIS: **Bite**

Override Reason:

Combaluzier Finlay
DOB: 09 MAY 2017 F **S00847162**
2321499814 YB 50 **SE060131/24**

Triage Time: 19:49 Triage by: Gail Lex-Ferrari Consent Revoked: No Arrival Mode: Walk-in

SELECTED MODIFIERS (HIGHEST ACUITY)

Hemodynamic Compromise

VITAL SIGNS

High MOI: Immunocompromised: Blood Disorder: Weight:

Time	Temp	Pulse	Resp.	BP	SPO2	Pain	GCS	Cap. Ref	POC CBGM*	Initials
19:44 (T)	36°C	129	20		100 %		15			GL

** Please refer to hospital laboratory reference ranges for POC Glucose*

ASSESSMENT

Nurse Assessed Complaint:

Patient Stated Complaint:
dog bite

Allergies:
No Known Allergies (NKA)

Medications:

Medical History:
Immunizations up to Date, Epilepsy, autism

Treatment/Interventions:

SUBJECTIVE/OBJECTIVE ASSESSMENT

Subjective:

l top of head puncture wound, bleeding controlled, bit by a great dane, unknown if dog has vaccinations utd, headache improved, c/o being slightly dizzy, no neck or back pain, awake, alert, ox3,

Objective:

Emergency Record

Encounter #	SE060131/24	MRN #	S00847162

Arrival Date	Time	Mode of Arrival	Registration Date	Time	Patient Name (last, first, initial)
28SEP24	19:43	WI	28SEP24	19:54	Combaluzier-[redacted] Finlay

Person to Notify	Relationship	Address
Combaluzier, Win	Grandmother	[redacted]

Contact Number	City/Town	Province/State	Postal Code
[redacted]	[redacted]	ON	[redacted]

Allergies	Previous Visit	Home Phone	Date of Birth	Age	Sex	M.S.
No Known Allergies	08AUG23	[redacted]	09MAY2017	7	F	S

Health Card Name: [redacted] YB 50

Presenting Complaint	Attending Physician	Family Physician/NP
dog bite	Silverstein	TASHAKKORI NIA, HAMED

CTAS	T	P	R	BP1	BP2	SpO_2	O2 delivery	CRT	GCS	WT (kg)
2	36.0 C	129	20			100			15	

Fast Track/ FT WR Area/Room

Transcribed from Triage by - Print Name: Signature: Role: Time:

MD Assessment Time	Consultant	Time Called	Response Time	Time Seen
2040				

Physician Must Complete

7 y/o f [illegible] well [illegible]
Bitten in scalp
by Great Dane
[illegible]
no LOC [illegible]
Cut [illegible] x2

2 wounds close 3 [illegible]
1 [illegible]

Lab Tests/Panels — POC Ordered/Entered:
- ☐☐ POC Glucose
- ☐☐ POC Urine
- ☐ Local Anaesthetic
- ☐☐ CT
- ☐☐ Xray
- ☐☐ Ultrasound

ED Ordered/Entered:
- ☐☐ CBC
- ☐☐ ED Routine
- ☐☐ ED Cardiac
- ☐☐ ED Cardiac/Epig
- ☐☐ ED Abd Pain
- ☐☐ ED Low Abd Pain
- ☐☐ ED GI Bleed
- ☐☐ ED Neuro
- ☐☐ ED Vag Bleed
- ☐☐ ED Trauma
- ☐☐ ED Toxicology
- ☐☐ ED Sepsis
- ☐☐ ED Unconscious
- ☐☐ ED Needlestick
- ☐☐ Urine R&M
- ☐☐ Urine C&S
- ☐☐ Bld Culture
- ☐☐ Blood G&S
- ☐☐ ECG
- ☐☐ G&S (RHIG)
- ☐☐ Crossmatch x ___
- ☐☐ Other:

- ☐ Consent for treatment obtained
- ☐ Transfer to CDU
- ☐ Patient seen and discharged by ED MD

Orders/Treatment

Jellyhome @2050

DISPOSITION

Discharge Instructions: ☐ Return if:

[illegible]

☐ Rx [illegible]

Provisional Diagnosis: Dog Bite Scalp

Disposition Diagnosis:

Clinic Referral: ______ Follow-up: [illegible] ☑ Family Physician ☐ Other:

Date | Time 2140 | Attending Physician (printed & signature) | Student/Resident/PA (printed & signature)

S-EMER

CHART COPY