



PATIENT INFORMATION (ECTAS ID: 33131665)

Patient: **Combaluzier-Finlay**

CTAS

2

Birthdate: **09-May-17**

Age: **7 yr**

Gender: **Female**

CEDIS: **Bite**

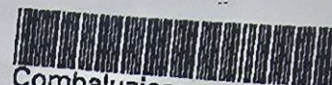
Override Reason:

Triage Time: **19:49**

Triage by: **Gail Lex-Ferrari**

Consent Revoked: **No**

Arrival Mode: **Walk-in**



Combaluzier-Finlay
DOB: 09 MAY 2017 F **800847162**
2321499814 YB 50 **SE060131/24**

SELECTED MODIFIERS (HIGHEST ACUTY)

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

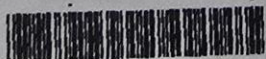
Treatment/Interventions:

SUBJECTIVE/OBJECTIVE ASSESSMENT

Subjective:

**I 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:



S-PATRR

32827022017

Patient: **Combaluzier-Bearman,**
Finlay
Healthcard: **[REDACTED]**

Pretriage by: **GAIL LEX-FERRARI**
Pretriage Time **28-Sep-24**
19:43

Triage by: **Gail Lex-Ferrari**
Triage Time **28-Sep-24 19:49**

Emergency Record

Encounter # SE060131/24

MRN # S00847162

Arrival Date 28SEP24	Time 19:43	Mode of Arrival WI	Registration Date 28SEP24	Time 19:54	Patient Name (last, first, initial) Combaluzler, Winlay	
Person to Notify Combaluzler, Win		Relationship Grandmother		Address [REDACTED]		
Contact Number [REDACTED]		City/Town [REDACTED]		Province/State ON	Postal Code [REDACTED]	
Allergies No Known Allergies		Previous Visit 08AUG23	Home Phone [REDACTED]	Date of Birth 09MAY2017	Age 7	Sex F
Health Card Name [REDACTED]		[REDACTED]		YB 50		
Presenting Complaint dog bite			Attending Physician Silverstein		Family Physician/NP TASHAKKORI NIA, HAMED	
CTAS 2	T 36.0 C	P 129	R 20	BP1	BP2	SpO ₂ 100
Fast Track/ FT WR		Transcribed from Triage by - Print Name:		Signature:		Role:
Area/Room		MD Assessment Time 2040		Consultant		Time:
Time Called		Response Time		Time Seen		
Physician Must Complete		POC Lab Tests/Panels		ED		
		Ordered/Entered		Ordered/Entered		
		☐ POC Glucose		☐ CBC		
		☐ POC Urine		☐ ED Routine		
		☐ Local Anesthesia		☐ ED Cardiac		
		☐ CT		☐ ED Cardiac/Epi		
		☐ Xray		☐ ED Abdominal		
		☐ Ultrasound		☐ ED Low Abdominal		
		☐ ED Neuro		☐ ED GI Bleed		
		☐ ED Vag Bleed		☐ ED Trauma		
☐ ED Toxicology		☐ ED Sepsis				
☐ ED Unconscious		☐ ED Needlestick				
☐ Urine R&M		☐ Urine C&S				
☐ Blood 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 Jellyhere @2050						
Discharge Instructions: ☐ Return if:						
Provisional Diagnosis: Dog Bite Scab						
Disposition Diagnosis:						
Clinic Referral: ☐ Follow-up: ☒ Family Physician ☐ Other:						
Date	Time	Attending Physician (printed & signature)			Student/Resident/PA (printed & signature)	



S-EMER

CHART
COPYSouthlake Regional Health Centre
Newmarket, Ontario (905) 895-4521

_09 (09/23)