

Medical Record Review
*Finding the Information You Need Without
 "Googling" Every Medical Term*



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 President/Founder of Godoy Medical
 Bachelor's Degree in Nursing, 2001
 -University of Southern California

Forensic Experience
 -Legal Nurse Consultant - 5 years
 -Certificate in Forensic Nursing, 2012
 -UC Riverside

Clinical Experience:
 -Emergency - Stanford University Medical Center - 6 years
 -Critical Care Transport - AMR - 1 year

Testimony Experience:
 -Blunt Force Trauma
 -Strangulation
 -Toxicology
 -Medically Acceptable Blood Draws



Medical Records



Consults

- H&P specific to the specialty performing the consult
- More detail in the system that is pertinent



NEUROSURGICAL CONSULTATION

DATE OF CONSULTATION: 07/13/2009
 TIME OF ER CALL: Approximately 0045 hours.
 TIME OF EVALUATION: Approximately 0110 hours.
 REQUESTING PHYSICIAN:
 HISTORY OF PRESENT ILLNESS: A 10-month-old who is brought in, I believe near full arrest into [redacted]. The patient was resuscitated by bagging and intubation. On examination there showed a small 3-mm subdural in the right lateral frontal area, and some punctate calcifications in the midline possibly due to previous in utero infection or TORCH syndrome.
 The patient was transferred here, had repositioning of his tubes, resuscitated. Neurosurgical consultation was obtained.
 PAST MEDICAL HISTORY: Remarkable for possible meningitis at one month, had apparent spinal tap, treated appropriately. The child may have had a history of tetanus three days prior. The child has one kidney apparently. The child has no other medical problems. No history of seizures by chart or report.
 PHYSICAL EXAMINATION
 On examination, the child is intubated. He has some frothy sputum, blood tinged.
 He has an abrasion under the chin and also has a small abrasion over the left eye and no significant ecchymosis here. No apparent skull fracture is seen by Bathe's or raccoon's. Pupils are equal at this time at 2 mm and do appear to be reactive. Doll's negative. Corneal stronger on the left than the right. Fontanelle is soft. The patient has minimal to no withdrawal to noxious stimuli at this time. I have been told that the child has not been sedated.
 IMPRESSION
 Apparent trauma with subdural hematoma on the left. This is very small. There is certainly CSF space around the brain itself. There is normal differentiation of the gray-white junction, there is normal sulcal gyral pattern, and the brain does not appear to be diffusely swollen or under pressure.
 With CSF space anteriorly, the fontanelle being soft, and the paucity of subdural collection, I think that it is certainly not indicated to put in a bolt at this time.

Surgery and Radiology



Summary

- Start with the Discharge Summary
- Look closely at "Impressions"
- Request Transport Records
- Focus on the MAR, not the MD orders



Cases

Criminal:

- Homicide
- Attempted Murder/Assault
- Domestic Violence
- DUI/Drug Possession
- Child Abuse/Neglect
- Workman's Comp
- Psych
- Mitigation

Civil:

- Medical Malpractice
- Elder Abuse
- Personal Injury
- Wrongful Death
- Catastrophic Injury



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