MEMORIAL HOSPITAL
S 'LWELL, OKLAHOMA

EMERGENCY ROOM RECORD

Last Name	First Name	Middle Name	Home Phone	Admission Date	Hosp. No.
Hogner	Marvin			7-31-93 12 45/A	

Address	City	State	Zip	Age	Date of Birth	Sex	Civil Status
Rt 1 Box 595	Stilwell			30	8-23-62	(M)	M (S) W D Sep

Employer	Address	Valuables

Relative or Friend; Parent or Guardian if Minor	Address	Phone
—		

Medicare No.	Medicaid No.	Brought By
		Self ☐ Police ☐ Fire ☐ Relative ☐ Other ☒

Insurance	Name	Address	ID #	Group No.	SS #
Police Dept					

Family Doctor	Time Notified	Time Arrived	PA Time Notified	Time Arrived	Preceptee Time Notified	Time Arrived	Did Nursing Notify Dr.?
Shepheard Underhill	12 45/A	12 46/A					☒ Yes ☐ No

AUTHORIZATION FOR EMERGENCY TREATMENT

The undersigned has been informed of the emergency treatment considered neccessary for the patient whose name appears on the reverse hereof and that the treatment and procedures will be performed by physicians, members of the house staff and employees of the hospital. Authorization is hereby granted for such treatment and procedures.

The undersigned understands that a personal physician to be selected by or on behalf of the patient within 24 hours if hospitialization or further treatment is required, or immediately if complications arise.

The undersigned has read the above authorizations and understands the same and certified that no guarantee or assurance has been made as to the results that may be obtained.

Witness: [illegible] RN, Donna Jones CRN

Signed: pt unable to sign due to condition. (Patient)

Or: (Authorized Person)

Relation to Patient:

Nurse's Signature	RN Signature	Allergies	Prior Hospitalizations
Donna Jones CRN	[illegible] RN	?	☐ Yes ☒ No

HISTORY Pt presents to ER via EMS à a Code Blue in progress. Pt attempted to take his own life by hanging himself while incarcerated at a local jail. Pt presents à pulse & resp and pupils are fixed and dilated @ 6-7mm [illegible] RN

PHYSICIAN'S REPORT

Temp. — Oral Rectal P NO Pulse R NO Resp BP NO BP

7-31-93 IV of LR @ 150cc/hr done
12 45/A Epinephrine 1mg IV Push x 2 done
Atropine 1mg IV Push x 1 done
Life Pack & Defib x 2 done
Foley Cath for Post Mortem urine test done
V.O. Dr. Shepheard [illegible] RN

Diagnosis: Asphyxiation by Hanging Suicide

Time Billing • Info. Obtained • 1 00/A

Disposition of Case: State Medical Examiner

Time Released 5 30 A.M. P.M.

INSTRUCTIONS TO PATIENT:

CME-1 completed. Cardiac puncture for blood & foley cath for urine specimen. Chief medical Examiner office contacted a pt body sent to Tulsa for autopsy

[illegible] MD 7-31-93

(Physician's Signature) (Date) (Patient's Signature)