

RECEIVED

Mar 08 2024

S.C. SUPREME COURT

STATE OF SOUTH CAROLINA
IN THE SUPREME COURT

On Petition for Writ of Certiorari from Richland County
DeAndrea G. Benjamin, Trial Judge
Michael S. Holt, Post-Conviction Relief Judge

Appellate Case No. 2023-001269

EMMANUEL B. ELLEBY, #275057,

Respondent,

v.

STATE OF SOUTH CAROLINA,

Petitioner.

SUPPLEMENTAL APPENDIX

ALAN WILSON
Attorney General

D. RUSSELL BARLOW, II
Assistant Attorney General
S.C. Bar No. 105228

Office of the Attorney General
Post Office Box 11549
Columbia, SC 29211
(803) 734-3737

ATTORNEYS FOR PETITIONER

JONATHAN D. WALLER.

Angell Molony, LLC
210 Newberry Street, NW
Aiken, SC 29801
(803) 335-1449

ATTORNEY FOR RESPONDENT

INDEX

MEDICAL RECORDS.....	1
----------------------	---



0050000109K0Z

*****AUTO**3-DIGIT 292
109 9 AT 1.805 000109
WALLER LAW GROUP
JONATHAN D WALKER
1116 BLANDING ST STE 2B

COLUMBIA, SC 29201-2840 50pgs



ATTENTION
Confidential Information enclosed.
To be viewed by authorized persons only.

If you have questions regarding any information you have requested,
please call the phone number on the enclosed invoice.

To Whom It Concern:

CIOX has provided to you protected health information that may contain information that falls under the 42 C.F.R. Part 2. The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publically available information, or through verification of such identification by another person unless further disclosure is expressly permitted by written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see 42 CFR §2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at 42 CFR §§ 2.112(c)(5) and 2.65.

If the enclosed record pertains to HIV/AIDs, it has been disclosed to you from records whose confidentiality is protected by federal and perhaps, state law, which prohibits you from making any further disclosure of such information without the specific consent of the person to whom such information pertains or as otherwise permitted by state law. A general authorization for this release of health or other information is not sufficient for this purpose.

If the information requested is from a facility located within the Washington State area then this information will fall under the RCW 70.02.300 which states that this information has been disclosed to you from records who confidentiality may be protected by state law. State law prohibits you from making any further disclosure of it without the specific written authorization of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of this protected information is not sufficient for this purpose.



215910464



April 17, 2019

Prisma Health Baptist Hospital
Health Information Management
Taylor at Marion St.
Columbia, SC 29220

Re: State of South Carolina vs. Emmanuel Bashan Elleby
C/A No.: 2018-CP-40-0591

To Whom It May Concern:

Enclosed is a Subpoena Duces Tecum in the above-referenced matter, which I hereby serve upon you. As you will note, the Subpoena is requesting **any and all documents** in your possession as listed in the attachment. If you will comply with this request for records before the date and time indicated on the subpoena, there may be no need for anyone to appear at my office for a deposition. Copies of the requested documents are acceptable; however, please notify me in advance if the cost of providing the records exceeds \$100.00. As you may be aware, under SCRCP 45, a Subpoena must be responded to appropriately or a Motion to Quash must be filed.

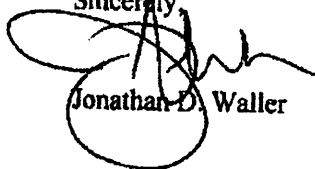
Under the regulations issued pursuant to HIPAA, a covered entity may disclose protected health information in the course of any judicial or administrative proceeding in response to a subpoena upon receiving satisfactory assurance from the party seeking the information that reasonable efforts have been made by such party to ensure that the individual who is the subject of the protected health information that has been requested has been given notice of the request. 45 CFR §164.512(e)

I am also enclosing an Affidavit of Custodian of Records for you to sign and have notarized to return along with the requested records. If you have another form of affidavit that you use for this matter, please feel free to use the same, as long as it is signed and notarized.

By copy of this letter I am serving same on opposing counsel.

If you have any questions, please do not hesitate to ask. My telephone number is 803-520-7278.

Sincerely,



Jonathan D. Waller

Waller Law Group
1116 Blending Street, Suite 2B
Columbia, SC 29201

803-520-7278
www.wallerlawgroup.com
jonathan@wallerlawgroup.com

BY: _____

STATE OF SOUTH CAROLINA

ISSUED BY THE COMMON PLEAS COURT IN THE COUNTY OF RICHLAND

Emmanuel Bashan Elleby, Plaintiff

v.

SUBPOENA IN A CIVIL CASE

State of South Carolina, Defendant

Case Number: 2018-CP-40-0591

Pending in RICHLAND County

TO: Prisma Health Baptist Hospital, Health Information Management

YOU ARE COMMANDED to appear in the above named court at the place, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME , AM

YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME , AM
---------------------	--------------------

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents of objects:

Any and all records of treatment for Emmanuel Bashan Elleby [redacted] from admittance on or about September 14, 2015 until discharge. This includes but is not limited to treatment notes, evaluations, admittance/discharge documents, prescription documents, etc.

PLACE Waller Law Group, 1116 Blanding Street, Suite 2B Columbia, SC 29201	DATE AND TIME May 24, 2019, 10:00 AM
---	--------------------------------------

YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME , AM
----------	--------------------

ANY SUBPOENAED ORGANIZATION NOT A PARTY TO THIS IS HEREBY DIRECTED TO RULE 30(b)(6), SOUTH CAROLINA RULES OF CIVIL PROCEDURE, TO FILE A DESIGNATION WITH THE COURT SPECIFYING ONE OR MORE OFFICERS, DIRECTORS, OR MANAGING AGENTS, OR OTHER PERSONS WHO CONSENT TO TESTIFY ON ITS BEHALF, SHALL SET FORTH, FOR EACH PERSON DESIGNATED, THE MATTERS ON WHICH HE WILL TESTIFY OR PRODUCE DOCUMENTS OR THINGS. THE PERSON SO DESIGNATED TESTIFY AS TO MATTERS KNOWN OR REASONABLY AVAILABLE TO THE ORGANIZATION

CERTIFY THAT THE SUBPOENA IS ISSUED IN COMPLIANCE WITH RULE 45(c)(1), AND THAT NOTICE AS REQUIRED BY RULE 45(b)(1) HAS BEEN GIVEN TO ALL PARTIES.

Attorney/Issuing Officer's Signature Attorney for Plaintiff Attorney's Address and Telephone Number : 803-520-7278 Jonathan D. Waller, 1116 Blanding Street, Suite 2B, Columbia, SC 29201	4/23/2019 Date	Jonathan D. Waller Print Name
--	-------------------	----------------------------------

Clerk of Court/Issuing Officer's Signature Pro Se Litigant's Name, Address and Telephone Number :	Date	Print Name
--	------	------------

PROOF OF SERVICE

SERVED	DATE 4/23/2019	FEES AND MILEAGE TO BE TENDERED TO WITNESS UPON DAILY ARRIVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMOUNT \$
	PLACE Waller Law Group, 1116 Blanding Street, Suite 2B Columbia, SC 29201	
SERVED ON	Prisma Health Baptist Hospital, Health Information Management	MANNER OF SERVICE USPS
SERVED BY	Lyndsay Murray	TITLE Assistant

DECLARATION OF SERVER

I certify that the foregoing information contained in the Proof of Service is true and correct.

Executed on 4/23/2019


SIGNATURE OF SERVER

1116 Blanding Street, Suite 2B, Columbia, SC 29201
ADDRESS OF SERVER

Rule 45, South Carolina Rules of Civil Procedure, Parts (c) and (d):

(c) Protection of Persons Subject to Subpoenas.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2)(A) A person commanded to produce and permit inspection and copying of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial. A party or an attorney responsible for the issuance and service of a subpoena for production of books, papers and documents without a deposition shall provide to another party copies of documents so produced upon written request. The party requesting copies shall pay the reasonable costs of reproduction.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises—or to producing electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time in the court that issued the subpoena for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3)(A) On timely motion, the court by which a subpoena was issued, or regarding a subpoena commanding appearance at a deposition, or production or inspection directed to a non-party, the court in the county where the non-party resides, is employed or regularly transacts business in person, shall quash or modify the subpoena if it:

(i) fails to allow reasonable time for compliance; or

(ii) requires a person who is not a party nor an officer, director or managing agent of a party, nor a general partner of a partnership that is a party, to travel more than 50 miles from the county where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held; or

(iii) requires disclosure of privileged or otherwise protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) If a subpoena:

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information; or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(fii) requires a person who is not a party nor an officer, director or managing agent of a party, nor a general partner of a partnership that is a party, to incur substantial expense to travel from the county where that person resides, is employed or regularly transacts business in person, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) Duties in Responding to Subpoena.

(1)(A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which it is ordinarily maintained or in a reasonably usable form or forms.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(6)(B). The court may specify conditions for the discovery.

(2)(A) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information produced in response to a subpoena is subject to a claim of privilege or of protection as trial preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, the receiving party must take reasonable steps to retrieve the information. The person who produced the information must preserve the information until the claim is resolved.

DEC
11

BY:



BUSINESS RECORDS CERTIFICATION

I, Brenda Hamlin as a copy representative employed by CIOX Health, the health information management service used by Prisma Health Baptist Hospital in Columbia, SC hereby certify that the enclosed photographic copy of medical records has been compared with the original records for patient Emanuel Elleby [REDACTED] and is an accurate duplicate of such records of there visits from 09-14-2015.

- A. The attached records are made at or near the time of the occurrence of the matters set forth in the documents;
- B. The attached records were made by a person with knowledge of those matters, or from information transmitted by a person with knowledge of those matters;
- C. The attached records were made and kept in the course of regularly conducted business activity; and
- D. The attached records were made and kept by the business as a regular practice.

Number of pages: 41

Date: 04-29-2019

A handwritten signature in black ink, appearing to read "B. Hamlin".

Signature of representative
CIOX Health

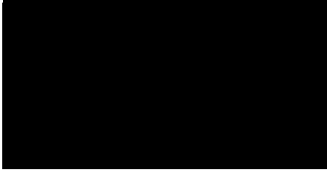
Kristin Hardy 4/29/19
SEAL

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L



Facesheet

Patient Name ELLEBY, EMANUEL BASHAN
Birth Date 9/27/1980

Patient MRN B000325789; R006253343
Financial Number B1525702802

* Auth (Verified) *

PALMETTO HEALTH BAPTIST

EMERGENCY DEPARTMENT RECORD



Area A left AUD at 1730

UNIT RECORD	DATE	TIME	BIRTH DATE	AGE	MOTHER'S MARDEN NAME	SEX	HEIGHT	WEIGHT	RACE	PATIENT TYPE	PATIENT NO.
	09/14/2015	13:29		34Y		M	S	81	EOB		
RESPONSIBLE PARTY ELLEBY, EMANUEL BASHAN COLUMBIA SC 29201			REFERRING PHYSICIAN			ADMITTING PHYSICIAN 999 EMS, EMS					
RELATIONSHIP SELF			MODE OF ARRIVAL EMS			VALUABLES: <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE?					
CHIEF COMPLAINT SEIZURE			DATE OF LAST VISIT 10/28/2013			LAST TETANUS			TIME TO TREATMENT		
VITAL SIGNS TEMP: 99.4 ORAL PULSE: 88 RECTAL PULSE: 88 RESP: 16			BLOOD PRESS: 142/80 PULSE OX: 94%			WEIGHT:			NURSE'S SIGNATURE		
HISTORY: NO RESISTANT DRUG			ALLERGIES:			TIME			LABS AND X-RAY		
PHYSICAL:			REST OF BODY: <i>(Signature)</i>								
CLINICAL IMPRESSION:											
TREATMENT:											
Procedure			Informed Consent Discussed prior to procedure if indicated			Yes <input type="checkbox"/> No <input type="checkbox"/>			Date _____ Time _____		
DISPOSITION/SPECIAL PATIENT INSTRUCTIONS											
CONDITION OF DISCHARGE <input checked="" type="checkbox"/> SAME <input type="checkbox"/> W/CHANGED <input type="checkbox"/> OTHER			ADMIT ROOM:			TIME SEEN BY MD:			MEETS PRUDENT LAYPERSON: <input type="checkbox"/> YES <input type="checkbox"/> NO		
EXPLAIN						ATTENDING SIGNATURE: <i>(Signature)</i>					

7004100 (1102)

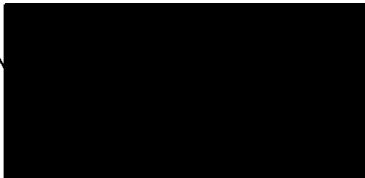


Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L



Facesheet

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admltting Physician: Cruea 3 MD, Steven L

Nursing Documentation

DOCUMENT NAME: Triage PHED
SERVICE DATE/TIME: 9/14/2015 13:34 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Brantley RN, Stephanie A (9/14/2015 13:34 EDT)
ELECTRONICALLY SIGNED BY: Brantley RN, Stephanie A (9/14/2015 13:34 EDT)

Triage PHED Entered On: 09/14/2015 13:36
Performed On: 09/14/2015 13:34 by Brantley RN, Stephanie A

Chief Complaint

Mode of Arrival 2.0 : Ambulance-No Tx
ED Chief Complaint : Seizure
Chief Complaint : per EMS, bystanders at courthouse state pt had a seizure. pt eyes open, not answering questions
Temperature Oral : 99.4 DegF
Peripheral Pulse Rate : 98 bpm
Resp. Rate : 16 br/min
Systolic : 147 mmHg
Diastolic : 80 mmHg
Pulse Ox Sat : 94 %
NIBP Mean Calculated : 102 mmHg
Height in feet : 5 ft
Height in : 6 inch
Height cm Calculated : 167.64 cm

Brantley RN, Stephanie A - 09/14/2015 13:34

DCP GENERIC CODE

ED Tracking Acuity : 3
ED Tracking Group : B Tracking Group

Brantley RN, Stephanie A - 09/14/2015 13:34

ED Triage Nurse : Brantley RN, Stephanie A

Brantley RN, Stephanie A - 09/14/2015 13:34

Oxygen Modality-ED

Oxygen Modality : Room Air

Brantley RN, Stephanie A - 09/14/2015 13:34

Nursing Direct Charting

Vital Signs

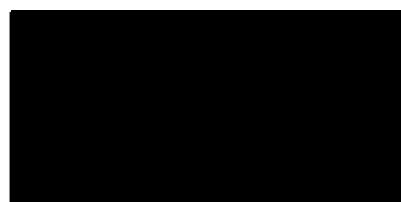
Procedure	Units	Reference Range	Recorded Time	14:48 EDT	13:34 EDT
			Recorded By	Oliver RN, Gerald	Brantley RN, Stephanie A
			Recorded Date	9/14/2015	9/14/2015
Clinical Height cm	cm			-	167.64
Temperature Oral	DegF	[96-102]		99.0	99.4
Heart Rate Monitored	bpm	[60-100]		77	-
Peripheral Pulse Rate	bpm	[60-100]		-	98
Respiratory Rate	br/min	[12-20]		16	16
Pulse Ox Sat	%			95	94
Oxygen Modality				Room Air	Room Air

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L



Nursing Direct Charting

Vital Signs

Procedure	Units	Reference Range	Recorded Time	Recorded By	Recorded Date
			14:48 EDT	Oliver RN, Gerald	9/14/2015
NIBP Systolic	mmHg		142	Brantley RN, Stephanie A	13:34 EDT
NIBP Diastolic	mmHg		80		9/14/2015
NIBP Mean Calculated	mmHg		100		
NIBP Cuff Site			Right arm		
NIBP Position			Lying		
NIBP Equipment			Automatic		
Pulse Ox Monitoring			Continuous		

Invasive Lines

Procedure	Units	Reference Range	Recorded Time	Recorded By	Recorded Date
			14:22 EDT	Oliver RN, Gerald	9/14/2015
# of Attempts			1		
Gold			x 1, Sent To Lab		
Over the needle 20 gauge Left			09/14/2015 Jerry RN		
Peripheral IV Activity:			Inserted, Flushed		
Peripheral IV Drainage Description:			None		
Peripheral IV Site Condition:			No Redness or Edema		
Peripheral IV Patency:			Patent, Blood return		
Peripheral IV Dressing:			Dry, Intact		
Peripheral IV Interventions:			See Below ¹¹		

Textual Results
T1: 9/14/2015 14:22 EDT (Peripheral IV Interventions):
Secured with tape. Secured with transparent dressing

Neuro

Procedure	Units	Reference Range	Recorded Time	Recorded By	Recorded Date
			13:38 EDT	Oliver RN, Gerald	9/14/2015
Orientation-LOC			Disoriented, Drowsy, Lethargic		
Symmetry of Face			Symmetrical		
Swallowing Difficulty			None		
Verbal Communication			Clear		
Neurological Symptoms			Decreased LOC, Weakness		
Neuro Interventions			Seizure precautions		
PERRLA			Yes		
Right Pupil Size	mm		3		
Left Pupil Size	mm		3		
Right Pupil Reaction			Equal, Reactive, Brisk		
Left Pupil Reaction			Equal, Reactive, Brisk		
Right Pupil Description			Regular, Round		
Left Pupil Description			Regular, Round		
Neurological Documentation			Neuro Documentation		

Facility Info: Prisma Health Baptist Hospital
 TAYLOR AT MARION
 COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

Nursing Direct Charting

Behavioral

Procedure	Units	Reference Range	Recorded Time	Recorded By	Recorded Date
Behavior Documentation			13:36 EDT	Oliver RN, Gerald	9/14/2015
					Behavior WNL

EENT View

Procedure	Units	Reference Range	Recorded Time	Recorded By	Recorded Date
EENT Documentation			13:36 EDT	Oliver RN, Gerald	9/14/2015
					EENT System WNL

Respiratory

Procedure	Units	Reference Range	Recorded Time	Recorded By	Recorded Date
All Lobes			13:36 EDT	Oliver RN, Gerald	9/14/2015
Upper Lobes-Bilateral					Clear
Lower Lobes-Bilateral					Clear
LUL					Clear
LLL					Clear
RUL					Clear
RML					Clear
RLL					Clear
Respiratory Pattern					Regular, Unlabored
Cough Description					Absent
Chest Expansion					Equal Bilaterally
Respiratory Documentation					Respiratory Documentation

Cardiovascular

Procedure	Units	Reference Range	Recorded Time	Recorded By	Recorded Date
Patient is Monitored			14:48 EDT	Oliver RN, Gerald	9/14/2015
Monitor Lead			13:36 EDT	Oliver RN, Gerald	9/14/2015
Jugular Vein Distention					Lead II
Carotid Pulse-Left					JVD Absent
Carotid Pulse-Right					2+ Normal
Brachial Pulse-Left					2+ Normal
Brachial Pulse-Right					2+ Normal
Radial Pulse-Left					2+ Normal
Radial Pulse-Right					2+ Normal
Dorsalis Pedis Pulse-Left					2+ Normal
Dorsalis Pedis Pulse-Right					2+ Normal
Posttibial Pulse-Left					2+ Normal
Posttibial Pulse-Right					2+ Normal

Facility Info: Prisma Health Baptist Hospital
 TAYLOR AT MARION
 COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

MRN: [REDACTED]

FIN: [REDACTED]

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

CMRN: [REDACTED]

Nursing Direct Charting

Cardiovascular

Procedure	Units	Reference Range	Recorded Time	14:48 EDT	13:36 EDT
			Recorded By	Oliver RN, Gerald	Oliver RN, Gerald
			Recorded Date	9/14/2015	9/14/2015
Heart Sounds				-	Soft
Cardiovascular Documentation				-	Cardiovascular Documentation
Capillary Refill Left Hand				-	2 Seconds
Capillary Refill Right Hand				-	2 Seconds
Capillary Refill Left Foot				-	2 Seconds
Capillary Refill Right Foot				-	2 Seconds
Rhythm Status				Normal Sinus	Normal Sinus
Chest Discomfort				-	Absent

Gastrointestinal

Procedure	Units	Reference Range	Recorded Time	13:36 EDT
			Recorded By	Oliver RN, Gerald
			Recorded Date	9/14/2015
Gastrointestinal Documentation				Gastrointestinal Syst WNL

Renal-Urinary

Procedure	Units	Reference Range	Recorded Time	13:38 EDT
			Recorded By	Oliver RN, Gerald
			Recorded Date	9/14/2015
Renal-Urinary Documentation				Renal/Urinary System WNL

Reproductive

Procedure	Units	Reference Range	Recorded Time	13:36 EDT
			Recorded By	Oliver RN, Gerald
			Recorded Date	9/14/2015
Reproductive Documentation				Reproductive System WNL

Musculoskeletal System

Procedure	Units	Reference Range	Recorded Time	13:36 EDT
			Recorded By	Oliver RN, Gerald
			Recorded Date	9/14/2015
Musculoskeletal Documentation				Musculoskeletal Syst WNL

Facility Info: Prisma Health Baptist Hospital
 TAYLOR AT MARION
 COLUMBIA, SC 29220-

Patient Info: ELLEBY EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

Nursing Direct Charting

Risk Precautions

Procedure	Units	Reference Range	Recorded Time	Recorded By	Recorded Date
Safety			13:36 EDT	Oliver RN, Gerald	9/14/2015
History of Fall in Last 3 Months Morse					See Below T2
Presence of Secondary Diagnosis Morse					No
Use of Ambulatory Aid Morse					None, bedrest, wheelchair, nurse
IV/INT Fall Risk Morse					Yes
Gait Weak or Impaired Fall Risk Morse					Normal, bedrest, immobile
Mental Status Fall Risk Morse					Oriented to own ability
Morse Fall Risk Score					20
Participative in Fall Prevention					No

Textual Results

T2: 9/14/2015 13:36 EDT (Safety)
 Adequate day/night lighting, Family/Sitter at Bedside, ID Band Checked, ID Band on, Instruct to Call, Non-skid socks/shoes with non-skid soles, Phone within Reach, Pt/Family Able to Use, Siderails up x2

Valuables-Belongings

Procedure	Units	Reference Range	Recorded Time	Recorded By	Recorded Date
Valuables or Belongings Collected			13:36 EDT	Oliver RN, Gerald	9/14/2015
					None Collected

Intra-Aortic Balloon Pump

Procedure	Units	Reference Range	Recorded Time	Recorded By	Recorded Date
Capillary Refill Left Foot			13:36 EDT	Oliver RN, Gerald	9/14/2015
					2 Seconds
Capillary Refill Right Foot					2 Seconds

ED Behavioral View

Procedure	Units	Reference Range	Recorded Time	Recorded By	Recorded Date
Behavior Documentation			13:36 EDT	Oliver RN, Gerald	9/14/2015
					Behavior WNL

General Information - ED

Procedure	Units	Reference Range	Recorded Time	Recorded By	Recorded Date
Pregnant			13:36 EDT	Oliver RN, Gerald	9/14/2015
					N/A
Implantable Devices					None
Communicable Disease Exposure					None

Facility Info: Prisma Health Baptist Hospital
 TAYLOR AT MARION
 COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

Nursing Direct Charting

General Information - ED

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date
Immunizations UTD			13:36 EDT Oliver RN, Gerald 9/14/2015
Communication Barriers			No None

Primary Breathing Evaluation

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	14:48 EDT Oliver RN, Gerald 9/14/2015	13:36 EDT Oliver RN, Gerald 9/14/2015	13:34 EDT Brantley RN, Stephanie A 9/14/2015
All Lobes				-	Clear	-
Upper Lobes-Bilateral				-	Clear	-
Lower Lobes-Bilateral				-	Clear	-
LUL				-	Clear	-
LLL				-	Clear	-
RUL				-	Clear	-
RML				-	Clear	-
RLL				-	Clear	-
Respiratory Rate	br/min	[12-20]		16	-	16
Respiratory Pattern				-	Regular, Unlabored	-

Primary Disability

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date
PERRLA			13:36 EDT Oliver RN, Gerald 9/14/2015
			Yes

Psych Behavior View

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date
Behavior Documentation			13:36 EDT Oliver RN, Gerald 9/14/2015
			Behavior WNL

Risk Precautions Psych

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date
Safety			13:36 EDT Oliver RN, Gerald 9/14/2015
			See Below ¹⁷

Textual Results

T2: 9/14/2015 13:36 EDT (Safety)

Adequate day/night lighting, Family/Sitter at Bedside, ID Band Checked, ID Band on, Instruct to Call, Non-skid socks/shoes with non-skid soles. Phone within Reach, P/Family Able to Use. Siderails up x2

Facility Info: Prisma Health Baptist Hospital
 TAYLOR AT MARION
 COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD,Steven L

Admitting Physician: Cruea 3 MD,Steven L

Direct Charting IView

General Information

Recorded By	Recorded Date/Time	Procedure Units Reference Range	Mode of Arrival	2.0 Chief Complaint	ED Chief Complaint	Acuity
Brantley RN,Stephanie A	9/14/2015 13:34 EDT		Ambulance-No Tx	See Below ¹³	Seizure	3

Textual Results

T3: 9/14/2015 13:34 EDT (Chief Complaint)
 per EMS, bystanders at courthouse state pt had a seizure. pt eyes open, not answering questions

OB General Info

Recorded By	Recorded Date/Time	Procedure Units Reference Range	Communication Barriers
Oliver RN,Gerald	9/14/2015 13:36 EDT		None

OB Subjective Data

Recorded By	Recorded Date/Time	Procedure Units Reference Range	Chief Complaint
Brantley RN,Stephanie A	9/14/2015 13:34 EDT		See Below ¹³

Textual Results

T3: 9/14/2015 13:34 EDT (Chief Complaint)
 per EMS, bystanders at courthouse state pt had a seizure. pt eyes open, not answering questions

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD,Steven L

Admitting Physician: Cruea 3 MD,Steven L

ED Documentation

DOCUMENT NAME: Triage PHED
SERVICE DATE/TIME: 9/14/2015 13:34 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Brantley RN,Stephanie A (9/14/2015 13:34 EDT)
ELECTRONICALLY SIGNED BY: Brantley RN,Stephanie A (9/14/2015 13:34 EDT)

Triage PHED Entered On: 09/14/2015 13:36
Performed On: 09/14/2015 13:34 by Brantley RN, Stephanie A

Chief Complaint

Mode of Arrival 2.0 : Ambulance-No Tx
ED Chief Complaint : Seizure
Chief Complaint : per EMS, bystanders at courthouse state pt had a seizure. pt eyes open, not answering questions
Temperature Oral : 99.4 DegF
Peripheral Pulse Rate : 98 bpm
Resp. Rate : 16 br/min
Systolic : 147 mmHg
Diastolic : 80 mmHg
Pulse Ox Sat : 94 %
NIBP Mean Calculated : 102 mmHg
Height in feet : 5 ft
Height in : 6 inch
Height cm Calculated : 167.64 cm

Brantley RN, Stephanie A - 09/14/2015 13:34

DCP GENERIC CODE

ED Tracking Acuity : 3
ED Tracking Group : B Tracking Group

Brantley RN, Stephanie A - 09/14/2015 13:34

ED Triage Nurse : Brantley RN, Stephanie A

Brantley RN, Stephanie A - 09/14/2015 13:34

Oxygen Modality-ED

Oxygen Modality : Room Air

Brantley RN, Stephanie A - 09/14/2015 13:34

DOCUMENT NAME: Emergency Dept
SERVICE DATE/TIME: 9/14/2015 17:37 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Cruea MD,Steven L (9/14/2015 17:37 EDT)
ELECTRONICALLY SIGNED BY: Cruea MD,Steven L (9/17/2015 09:33 EDT)

Emergency Dept

CHIEF COMPLAINT: Seizure.

HISTORY OF PRESENT ILLNESS: This is a 34-year-old who presents today for evaluation of a seizure. He was brought in by EMS and the only information I got out of it was that he might have had a seizure. When he arrived, he was looking around but was

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruca 3 MD, Steven L

Admitting Physician: Cruca 3 MD, Steven L

ED Documentation

nonverbal. He became verbal after ammonia was placed under his nose. His attorney later showed up, who reported that he saw what almost looked like he was having a panic attack in the office. He walked down the hall, went to the ground and then had reported seizure-like activity. The patient is now talking and he reports that he just aches all over, but has no other complaints.

REVIEW OF SYSTEMS: He denies headache, neck pain, neck stiffness, chest pain, shortness of breath, abdominal pain, rest of review of systems has been reviewed is negative.

FAMILY HISTORY: Noncontributory to today's presentation.

SOCIAL HISTORY: Positive for tobacco.

PAST MEDICAL HISTORY: Asthma.

MEDICATIONS: Albuterol.

ALLERGIES: No known medication allergies.

PHYSICAL EXAMINATION: Vital Signs: Reviewed. Refer to nurse's notes. General: Awake, alert, nontoxic, in no distress. HEENT: Pupils equal, round, reactive. Extraocular movements are intact. Oropharynx clear. Neck: Supple. No meningismus. Cardiovascular: Regular rhythm. Normal rate. Perfusion intact distally. Respiratory: Respirations clear equal, unlabored. Gastrointestinal: Soft, not tender or distended. Normoactive bowel sounds. Musculoskeletal: Full range of motion all joints. No edema. Skin: Warm and dry without rash. Neurological: Cranial nerves II through XII intact. Normal speech. No deficits.

MEDICAL DECISION MAKING: A 34-year-old presents today with the above presentation. Evaluation for new onset seizure was obtained. His EKG reveals a normal sinus rhythm. The CT of his head revealed no mass or hemorrhage. Mild mucosal thickening of the left ethmoid and maxillary sinus. Drug screen negative. Alcohol level was negative. CBC, BMP unremarkable. He has not acidotic. He has a normal white count.

EMERGENCY DEPARTMENT COURSE: Seen and evaluated in room 10. He was observed for several hours. He apparently has elected to leave AWOL at this time. This was prior to my ability to reassess him ambulating or provide any follow up instructions.

CLINICAL IMPRESSION:

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

ED Documentation

1. Altered mental status, -resolved.
2. Possible new onset seizure.
3. Patient absent without leave.

DISPOSITION: As above.

D: 09/14/2015 17:29 T: 09/14/2015 17:37 TID: 90653

Job #: 10613 Doc #: 20791336

cc: Steven Cruea, MD

*Electronically Signed & Verified on 09/17/2015 09:33
by Cruea MD, Steven L*

ED Discharge Summary

DOCUMENT NAME: Discharge Summary PHED
SERVICE DATE/TIME: 9/14/2015 17:27 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Reardon RN, Caitlin A (9/14/2015 17:27 EDT)
ELECTRONICALLY SIGNED BY:

Discharge Summary PHED
09/14/15 17:27 EDT Performed by Reardon RN, Caitlin A
Entered on 09/14/15 17:28 EDT

Discharge Summary PHED

Patient Disposition AWOL
Reassessment of Chief Complaint-ED Against Medical Advice
Current Pain-Yes-No N/A
IV/INT Discontinued Yes, Catheter Intact
Valuable-Belonging Return-ED None taken
Comments-ED Discharge Pt left AWOL. Nurse at front removed
IV. Ambulated from ER in NAD

ED Documentation

DOCUMENT NAME: Clinical Summary ED
SERVICE DATE/TIME: 9/14/2015 17:28 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Reardon RN, Caitlin A (9/14/2015 17:28 EDT)
SIGN INFORMATION: Reardon RN, Caitlin A (9/14/2015 17:28 EDT)

Clinical Summary ED

Palmetto Health Emergency Department Depart Summary

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

ED Documentation

PERSON INFORMATION

Name ELLEBY, EMMANUEL BASHAN a	Age 34 Years	DOB [REDACTED]
Sex Male	Language English	PCP Referral, No
Marital Status Single	Phone [REDACTED]	
MRN [REDACTED]	Visit Id	Acct# [REDACTED]
Visit Reason SEIZURE	Specialty	
Enc Type ERB-Emergency Room	Med Service Emergency Services	Referred by
Track Group B Tracking Group	Discharge	
Tracking Id [REDACTED]	Checkout 9/14/2015 5:28 PM	
Checkin 9/14/2015 1:29 PM	Acuity 3	Dispo Type
Arrival 9/14/2015 1:29 PM	Reg Status	[REDACTED]
Address:		
B/A T COLUMBIA SC 29201		

POWERFORMS

Discharge Summary PHED

09/14/15 05:27 pm Performed by Reardon RN, Caitlin A

Entered on 09/14/15 05:28 pm

Discharge Summary PHED

Patient Disposition: AWOL

Reassessment of Chief Complaint-ED: Against Medical Advice

Current Pain-Yes-No: N/A

IV/INT Discontinued: Yes, Catheter Intact

Valuable-Belonging Return-ED: None taken

Comments-ED Discharge: Pt left AWOL. Nurse at front removed IV. Ambulated from ER in NAD

SCHEDULING

PHYS DOC NOTES

DEPART REASON INCOMPLETE INFORMATION

PROVIDER INFORMATION

Provider	Role	Assigned	Unassigned
Cruea MD, Steven L	ED Physician	9/14/2015 1:35 PM	
Oliver RN, Gerald	ED RN/LPN	9/14/2015 1:38 PM	

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

ED Documentation

VITALS INFORMATION

Vital Sign	Triage	Latest
Job		
Involve Family		
Contact		
Pain Onset		
Temp Intravascular		
Pulse Rate		
Respiratory Rate		
Blood Pressure	147 mmHg / 80 mmHg	142 mmHg / 80 mmHg

EVENTS INFORMATION

Event Name	Event Status	Request Date/Time	Start Date/Time	Complete Date/Time
Arrival	Complete	9/14/2015 1:29 PM	9/14/2015 1:29 PM	9/14/2015 1:29 PM
DON'T REMOVE CHARGES	Request	9/14/2015 1:29 PM		
MDXam	Complete	9/14/2015 1:29 PM	9/14/2015 1:40 PM	9/14/2015 1:40 PM
Med Hx	Complete	9/14/2015 1:29 PM	9/14/2015 4:01 PM	9/14/2015 4:01 PM
Nurse Exam	Complete	9/14/2015 1:29 PM	9/14/2015 1:38 PM	9/14/2015 1:38 PM
Triage	Complete	9/14/2015 1:29 PM	9/14/2015 1:36 PM	9/14/2015 1:36 PM
Reg Loc Change	Request	9/14/2015 1:34 PM		
ED Bed Assign	Complete	9/14/2015 1:34 PM	9/14/2015 1:34 PM	9/14/2015 1:34 PM
Registration	Complete	9/14/2015 1:40 PM	9/14/2015 1:48 PM	9/14/2015 1:48 PM
Radiology	Complete	9/14/2015 1:41 PM	9/14/2015 2:51 PM	9/14/2015 2:51 PM
EKG	Complete	9/14/2015 1:41 PM	9/14/2015 2:38 PM	9/14/2015 2:38 PM
Lab	Complete	9/14/2015 1:41 PM	9/14/2015 2:22 PM	9/14/2015 2:22 PM
Urine	Complete	9/14/2015 1:41 PM	9/14/2015 2:22 PM	9/14/2015 2:22 PM
Lab	Complete	9/14/2015 2:21 PM	9/14/2015 2:22 PM	9/14/2015 2:22 PM
Rdy for Transport	Complete	9/14/2015 2:22 PM	9/14/2015 2:51 PM	9/14/2015 2:51 PM
Lab	Complete	9/14/2015 2:46 PM	9/14/2015 2:46 PM	9/14/2015 2:51 PM

LOCATION INFORMATION

Arrival	Nurse Unit	Room	Bed
9/14/2015 1:29 PM	B ED	WR	
9/14/2015 1:34 PM	B ED	Gld	10
9/14/2015 5:20 PM	B ED	Gld	DLG

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

ED Documentation

9/14/2015 5:28 PM B ED

Check Out

ORDERS INFORMATION

Start Time	Order	Type	Status	Stop Time	Provider
9/14/2015 2:22 PM	Alcohol/Ethanol Level	Laboratory	Completed	9/14/2015 3:14 PM	Cruea MD, Steven L
9/14/2015 1:40 PM	CT Head W/O IV Contrast	Radiology	Ordered	9/14/2015 1:40 PM	Cruea MD, Steven L
9/14/2015 1:40 PM	EK EKG 12 Lead	Radiology	Ordered	9/14/2015 1:40 PM	Cruea MD, Steven L
9/14/2015 2:18 PM	CBC	Laboratory	Completed	9/14/2015 2:30 PM	Cruea MD, Steven L
9/14/2015 2:18 PM	Basic Metabolic Panel	Laboratory	Completed	9/14/2015 2:46 PM	Cruea MD, Steven L
9/14/2015 2:22 PM	Drugs of Abuse Screen, Urine	Laboratory	Completed	9/14/2015 3:04 PM	Cruea MD, Steven L
9/14/2015 3:55 PM	PO Fluids	Patient Care	Ordered	9/14/2015 3:55 PM	Cruea MD, Steven L
9/14/2015 1:40 PM	Glomerular Filtration Rate	Laboratory	Completed	9/14/2015 2:46 PM	Cruea MD, Steven L

MEDICAL INFORMATION

Allergy Info:
Tomatoes
Prescriptions Given

DISCHARGE INFORMATION

Discharge Disposition:
Discharge Location:

PATIENT EDUCATION INFORMATION

Instructions:

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

ED Documentation

Follow up:

DIAGNOSIS

DOCUMENT NAME:	ED Pat Edu
SERVICE DATE/TIME:	9/14/2015 17:28 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Reardon RN, Caitlin A (9/14/2015 17:28 EDT)
SIGN INFORMATION:	Reardon RN, Caitlin A (9/14/2015 17:28 EDT)

ED Pat Edu

Physician's Discharge Summary

Name: EMMANUEL ELLEBY

DOB: [REDACTED]

Visit Date: 09/14/15 13:29:00

Current Date: 09/14/15 17:28:20

Primary Care Provider:

Name: Referral, No, PH10 CPOE Physician Phone:

Palmetto Health would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

I understand that the emergency care which I received is not intended to be complete and definitive medical care and treatment. I acknowledge that I have been instructed to contact the above physician immediately for continued and complete medical diagnosis, care and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies. I also understand that my signature authorizes this Medical Center to release all or and part of my medical record (including, if applicable, information pertaining to AIDS and/or HIV testing, mental health records, and drug and/or alcohol treatment) to the referred physician listed above.

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

ED Documentation

Follow-Up Instructions

EMMANUEL ELLEBY has been given the following patient education materials:

Prescriptions

EMMANUEL ELLEBY has been given the following prescriptions:
No prescriptions were provided.

Patient Visit Summary

EMMANUEL ELLEBY has been given the following list of patient education materials, prescriptions and follow-up instructions:

Patient Education Materials:

Prescriptions:

Home Meds:

Follow-Up Instructions:

Read and follow instructions provided.
Take medications as directed.
Return to the ER for new or worse problems.

No follow up information was provided.

I, EMMANUEL ELLEBY, have received the Physician's Discharge Summary, my patient education materials, and have verbalized understanding:

Patient Signature

Date

Provider Signature

Date

Facility Info: Prisma Health Baptist Hospital
 TAYLOR AT MARION
 COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

ED Documentation



Allergies

Substance	Updated Date/Time	Updated By	Allergy Type	Allergy Category	Severity	Recorded On	Reaction Status	Reaction Symptom	Information Source	Estimated Onset	Reviewed Date/Time	Reviewed By	Data Source
egg-containing compound	10/9/2015 08:04 EDT	Baker BSN, RN, Elizabeth B	Allergy	Food Allergy		Baker BSN, RN, Elizabeth B	Active				10/16/2015 10:58 EDT	Lucas RN, Erin C	
NKA	12/15/2014 09:19 EST	Woodward RN, Raquel L	Allergy	Drug Allergy		Clark RN, Wendi A	Cancelled				10/16/2015 10:58 EDT	Lucas RN, Erin C	

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD,Steven L

Admitting Physician: Cruea 3 MD,Steven L

Allergies

Substance	Updated Date/Time	Updated By	Allergy Type	Allergy Category	Severity	Recorded On Behalf Of	Reaction Status	Reaction Symptom	Information Source	Estimated Onset	Reviewed Date/Time	Reviewed By	Data Source
penicillin ^{C1}	10/13/2015 17:07 EDT	Howland RN, Barbara A	Allergy	Drug Allergy		Howland RN, Barbara A	Active				10/16/2015 15:58 EDT	Lucas RN, Erin C	
Tomatoes	12/15/2014 09:19 EST	Woodward RN, Raquel L	Allergy	Food Allergy		Woodward RN, Raquel L	Active				10/16/2015 15:58 EDT	Lucas RN, Erin C	
Tylenol	10/13/2015 17:08 EDT	Howland RN, Barbara A	Allergy	Drug Allergy		Howland RN, Barbara A	Active				10/16/2015 15:58 EDT	Lucas RN, Erin C	

C1: 10/13/2015 17:07 EDT; Howland RN, Barbara A; rash

Allergy History

Substance: egg-containing compound	Recorded Date/Time: 10/9/2015 08:04 EDT	Recorded By: Baker BSN, RN, Elizabeth B	Allergy Type: Allergy; Recorded On Behalf Of: Baker BSN, RN, Elizabeth B; Reaction Status: Active; Information Source: ; Reviewed Date/Time: 10/16/2015 10:58 EDT; Reviewed By: Lucas RN, Erin C; Category Food Allergy;
------------------------------------	---	---	--

Substance: NKA	Recorded Date/Time: 12/15/2014 09:19 EST	Recorded By: Woodward RN, Raquel L	Allergy Type: Allergy; Recorded On Behalf Of: Clark RN, Wendi A; Reaction Status: Canceled; Information Source: ; Reviewed Date/Time: 10/16/2015 10:58 EDT; Reviewed By: Lucas RN, Erin C; Category Drug Allergy;
----------------	--	------------------------------------	---

8/4/2006 13:14 EDT	Clark RN, Wendi A	Allergy Type: Allergy; Recorded On Behalf Of: Clark RN, Wendi A; Reaction Status: Active; Information Source: ; Reviewed Date/Time: 12/14/2014 23:23 EST; Reviewed By: Wyndham RN, Kathryn E; Category Drug Allergy;
--------------------	-------------------	--

Substance: penicillin	Recorded Date/Time: 10/13/2015 17:07 EDT ^{C1}	Recorded By: Howland RN, Barbara A	Allergy Type: Allergy; Recorded On Behalf Of: Howland RN, Barbara A; Reaction Status: Active; Information Source: ; Reviewed Date/Time: 10/16/2015 10:58 EDT; Reviewed By: Lucas RN, Erin C; Category Drug Allergy;
-----------------------	--	------------------------------------	---

C1: 10/13/2015 17:07 EDT; Howland RN, Barbara A; rash

Substance: Tomatoes	Recorded Date/Time: 12/15/2014 09:19 EST	Recorded By: Woodward RN, Raquel L	Allergy Type: Allergy; Recorded On Behalf Of: Woodward RN, Raquel L; Reaction Status: Active; Information Source: ; Reviewed Date/Time: 10/16/2015 10:58 EDT; Reviewed By: Lucas RN, Erin C; Category Food Allergy;
---------------------	--	------------------------------------	---

Substance: Tylenol	Recorded Date/Time: 10/13/2015 17:08 EDT	Recorded By: Howland RN, Barbara A	Allergy Type: Allergy; Recorded On Behalf Of: Howland RN, Barbara A; Reaction Status: Active; Information Source: ; Reviewed Date/Time: 10/16/2015 10:58 EDT; Reviewed By: Lucas RN, Erin C; Category Drug Allergy;
--------------------	--	------------------------------------	---

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruca 3 MD, Steven L

Admitting Physician: Cruca 3 MD, Steven L

Non Medication Orders

Order: Glomerular Filtration Rate
 Order Start Date/Time: 9/14/2015 13:40 EDT
 Order Date/Time: 9/14/2015 14:46 EDT
 Order Status: Completed Department Status: Completed Catalog Type: Laboratory Activity Type: General Lab
 End-state Date/Time: 9/14/2015 14:46 EDT End-state Reason:
 Ordered and Electronically Signed By: Cruca MD, Steven L Consulting Physician:
 Entered By: SYSTEM, SYSTEM on 9/14/2015 14:46 EDT
 Order Details: 9/14/15 1:40:00 PM EDT, Stat, OT ST - Stat, 1, occurrences, Specimen: Blood, 14693967.000000, 09/14/15 13:40:00, 9/14/15 2:46:59 PM EDT
 Order Comment:
 Action Type: Order Action Date/Time: 9/14/2015 14:46 EDT Action Personnel: SYSTEM, SYSTEM
 Responsible Provider: Cruca MD, Steven L Supervising Provider: Communication Type: Discern Expert
 Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 14693967.000000, 09/14/15 13:40:00, 09/14/15 13:40:00
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Status Change Action Date/Time: 9/14/2015 14:46 EDT Action Personnel: SYSTEM, SYSTEM
 Responsible Provider: Cruca MD, Steven L Supervising Provider: Communication Type:
 Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 14693967.000000, 09/14/15 13:40:00, 09/14/15 13:40:00
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Complete Action Date/Time: 9/14/2015 14:46 EDT Action Personnel: SYSTEM, SYSTEM
 Responsible Provider: Cruca MD, Steven L Supervising Provider: Communication Type:
 Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 14693967.000000, 09/14/15 13:40:00, 09/14/15 13:40:00
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD,Steven L

Admitting Physician: Cruea 3 MD,Steven L

Non Medication Orders

Order: Alcohol/Ethanol Level

Order Start Date/Time: 9/14/2015 14:22 EDT

Order Date/Time: 9/14/2015 14:21 EDT

Order Status: Completed

Department Status: Completed

Catalog Type: Laboratory

Activity Type: General Lab

End-state Date/Time: 9/14/2015 15:14 EDT

End-state Reason:

Ordered and Electronically Signed By: Cruea MD,Steven L

Consulting Physician:

Entered By: Cruea MD,Steven L on 9/14/2015 14:21 EDT

Order Details: 9/14/15 2:22:00 PM EDT, Stat, OT ST - Stat, 1, occurrences, Specimen: Blood, 09/14/15 14:21:00, 9/14/15 3:14:35 PM EDT, Print Label

Order Comment:

Action Type: Order

Action Date/Time: 9/14/2015 14:21 EDT

Action Personnel: Cruea MD,Steven L

Responsible Provider: Cruea MD,Steven L

Supervising Provider:

Communication Type: CPOE

Order Details: 09/14/15 14:21:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 09/14/15 14:21:00, 09/14/15 14:21:00, Print Label

Review Information:

Nurse Review: Electronically Signed, Oliver RN,Gerald on 9/14/2015 14:48 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 9/14/2015 14:25 EDT

Action Personnel: Killingsworth, Porche S

Responsible Provider: Cruea MD,Steven L

Supervising Provider:

Communication Type:

Order Details: 09/14/15 14:21:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 09/14/15 14:21:00, 09/14/15 14:21:00, Print Label

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 9/14/2015 14:25 EDT

Action Personnel: Killingsworth, Porche S

Responsible Provider: Cruea MD,Steven L

Supervising Provider:

Communication Type:

Order Details: 09/14/15 14:21:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 09/14/15 14:21:00, 09/14/15 14:21:00, Print Label

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete

Action Date/Time: 9/14/2015 15:14 EDT

Action Personnel: Baiter, Dale L

Responsible Provider: Cruea MD,Steven L

Supervising Provider:

Communication Type:

Order Details: 09/14/15 14:21:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 09/14/15 14:21:00, 09/14/15 14:21:00, Print Label

Review Information:

Doctor Cosign: Not Required

Order Comment:

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD,Steven L

Admltting Physician: Cruea 3 MD,Steven L

Non Medication Orders

Order: Basic Metabolic Panel
Order Start Date/Time: 9/14/2015 14:18 EDT
Order Date/Time: 9/14/2015 13:40 EDT
Order Status: Completed Department Status: Completed Catalog Type: Laboratory Activity Type: General Lab
End-state Date/Time: 9/14/2015 14:46 EDT End-state Reason:
Ordered and Electronically Signed By: Cruea MD,Steven L Consulting Physician:
Entered By: Cruea MD,Steven L on 9/14/2015 13:40 EDT
Order Details: 9/14/15 2:18:00 PM EDT, Stat, OT ST - Stat, 1, occurrences, Specimen: Blood, 09/14/15 13:40:00, 9/14/15 2:46:56 PM EDT, Print Label
Order Comment:
Action Type: Order Action Date/Time: 9/14/2015 13:41 EDT Action Personnel: Cruea MD,Steven L
Responsible Provider: Cruea MD,Steven L Supervising Provider: Communication Type: CPOE
Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 09/14/15 13:40:00, 09/14/15 13:41:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Oliver RN,Gerald on 9/14/2015 14:48 EDT
Doctor Cosign: Not Required
Order Comment:
Action Type: Status Change Action Date/Time: 9/14/2015 14:24 EDT Action Personnel: Killingsworth, Porche S
Responsible Provider: Cruea MD,Steven L Supervising Provider: Communication Type:
Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 09/14/15 13:40:00, 09/14/15 13:41:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Status Change Action Date/Time: 9/14/2015 14:24 EDT Action Personnel: Killingsworth, Porche S
Responsible Provider: Cruea MD,Steven L Supervising Provider: Communication Type:
Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 09/14/15 13:40:00, 09/14/15 13:41:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Complete Action Date/Time: 9/14/2015 14:46 EDT Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Cruea MD,Steven L Supervising Provider: Communication Type:
Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 09/14/15 13:40:00, 09/14/15 13:41:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruca 3 MD,Steven L

Admitting Physician: Cruca 3 MD,Steven L

Non Medication Orders

Order: CBC
Order Start Date/Time: 9/14/2015 14:18 EDT
Order Date/Time: 9/14/2015 13:40 EDT
Order Status: Completed Department Status: Completed Catalog Type: Laboratory Activity Type: General Lab
End-state Date/Time: 9/14/2015 14:30 EDT End-state Reason:
Ordered and Electronically Signed By: Cruca MD,Steven L Consulting Physician:
Entered By: Cruca MD,Steven L on 9/14/2015 13:40 EDT
Order Details: 9/14/15 2:18:00 PM EDT, Stat, OT ST - Stat, 1, occurrences, Specimen: Blood, 09/14/15 13:40:00, 9/14/15 2:30:16 PM EDT, Print Label
Order Comment:
Action Type: Order Action Date/Time: 9/14/2015 13:41 EDT Action Personnel: Cruca MD,Steven L
Responsible Provider: Cruca MD,Steven L Supervising Provider: Communication Type: CPOE
Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 09/14/15 13:40:00, 09/14/15 13:41:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Oliver RN,Gerald on 9/14/2015 14:48 EDT
Doctor Cosign: Not Required
Order Comment:
Action Type: Status Change Action Date/Time: 9/14/2015 14:24 EDT Action Personnel: Killingsworth, Porche S
Responsible Provider: Cruca MD,Steven L Supervising Provider: Communication Type:
Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 09/14/15 13:40:00, 09/14/15 13:41:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Status Change Action Date/Time: 9/14/2015 14:24 EDT Action Personnel: Killingsworth, Porche S
Responsible Provider: Cruca MD,Steven L Supervising Provider: Communication Type:
Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 09/14/15 13:40:00, 09/14/15 13:41:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Complete Action Date/Time: 9/14/2015 14:30 EDT Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Cruca MD,Steven L Supervising Provider: Communication Type:
Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 09/14/15 13:40:00, 09/14/15 13:41:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD,Steven L

Admitting Physician: Cruea 3 MD,Steven L

Non Medication Orders

Order: CT Head W/O IV Contrast

Order Start Date/Time: 9/14/2015 13:40 EDT

Order Date/Time: 9/14/2015 13:40 EDT

Order Status: Completed Department Status: Completed Catalog Type: Radiology Activity Type: Radiology

End-state Date/Time: 9/14/2015 19:14 EDT

End-state Reason:

Ordered and Electronically Signed By: Cruea MD,Steven L

Consulting Physician:

Entered By: Cruea MD,Steven L on 9/14/2015 13:40 EDT

Order Details: 9/14/15 1:40:00 PM EDT, Stat, Reason: new onset sz, Transport: Stretcher

Order Comment:

Action Type: Order

Action Date/Time: 9/14/2015 13:41 EDT

Action Personnel: Cruea MD,Steven L

Responsible Provider: Cruea MD,Steven L

Supervising Provider:

Communication Type: CPOE

Order Details: 09/14/15 13:40:00, Stat, Reason: new onset sz, Transport: Stretcher

Review Information:

Nurse Review: Electronically Signed, Sellers RN,Shea A on 9/14/2015 15:22 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 9/14/2015 14:32 EDT

Action Personnel: Hiers,Amanda M

Responsible Provider: Cruea MD,Steven L

Supervising Provider:

Communication Type: CPOE

Order Details: 09/14/15 13:40:00, Stat, Reason: new onset sz, Transport: Stretcher

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 9/14/2015 15:03 EDT

Action Personnel: Morgan,Kely

Responsible Provider: Cruea MD,Steven L

Supervising Provider:

Communication Type: CPOE

Order Details: 09/14/15 13:40:00, Stat, Reason: new onset sz, Transport: Stretcher

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete

Action Date/Time: 9/14/2015 19:14 EDT

Action Personnel: Lough MD,Lawrence Ren

Responsible Provider: Cruea MD,Steven L

Supervising Provider:

Communication Type: CPOE

Order Details: 09/14/15 13:40:00, Stat, Reason: new onset sz, Transport: Stretcher

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM,SYSTEM on 9/28/2015 23:06 EDT

Doctor Cosign: Not Required

Order Comment:

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruca 3 MD,Steven L

Admitting Physician: Cruca 3 MD,Steven L

Non Medication Orders

Order: Drugs of Abuse Screen,Urine
Order Start Date/Time: 9/14/2015 14:22 EDT
Order Date/Time: 9/14/2015 13:40 EDT
Order Status: Completed Department Status: Completed Catalog Type: Laboratory Activity Type: General Lab
End-state Date/Time: 9/14/2015 15:04 EDT End-state Reason:
Ordered and Electronically Signed By: Cruca MD,Steven L Consulting Physician:
Entered By: Cruca MD,Steven L on 9/14/2015 13:40 EDT
Order Details: 9/14/15 2:22:00 PM EDT, Stat, OT ST - Stat, 1, occurrences, Specimen: Urine, 09/14/15 13:40:00, Nurse To Collect, 9/14/15 3:04:25 PM EDT
Order Comment:
Action Type: Order Action Date/Time: 9/14/2015 13:41 EDT Action Personnel: Cruca MD,Steven L
Responsible Provider: Cruca MD,Steven L Supervising Provider: Communication Type: CPOE
Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Urine, 09/14/15 13:40:00, Nurse To Collect, 09/14/15 13:41:00
Review Information:
Nurse Review: Electronically Signed, Oliver RN,Gerald on 9/14/2015 14:48 EDT
Doctor Cosign: Not Required
Order Comment:
Action Type: Status Change Action Date/Time: 9/14/2015 14:25 EDT Action Personnel: Killingsworth,Porche S
Responsible Provider: Cruca MD,Steven L Supervising Provider: Communication Type:
Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Urine, 09/14/15 13:40:00, Nurse To Collect, 09/14/15 13:41:00
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Status Change Action Date/Time: 9/14/2015 14:25 EDT Action Personnel: Killingsworth,Porche S
Responsible Provider: Cruca MD,Steven L Supervising Provider: Communication Type:
Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Urine, 09/14/15 13:40:00, Nurse To Collect, 09/14/15 13:41:00
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Complete Action Date/Time: 9/14/2015 15:04 EDT Action Personnel: Boiler,Dale L
Responsible Provider: Cruca MD,Steven L Supervising Provider: Communication Type:
Order Details: 09/14/15 13:40:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Urine, 09/14/15 13:40:00, Nurse To Collect, 09/14/15 13:41:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD,Steven L

Admitting Physician: Cruea 3 MD,Steven L

Non Medication Orders

Order: EK EKG 12 Lead (EKG 12 Lead EK)
Order Start Date/Time: 9/14/2015 13:40 EDT
Order Date/Time: 9/14/2015 13:40 EDT
Order Status: Completed Department Status: Exam Completed Catalog Type: Radiology Activity Type: Radiology
End-state Date/Time: 9/29/2015 10:04 EDT End-state Reason:
Ordered and Electronically Signed By: Cruea MD,Steven L Consulting Physician:
Entered By: Cruea MD,Steven L on 9/14/2015 13:40 EDT
Order Details: 9/14/15 1:40:00 PM EDT, Stat, Seizures, OT, Harrison MD, Rodney V, Stop 9/29/15 10:04:16 AM EDT, 780.39, Seizures
Order Comment:
Action Type: Order Action Date/Time: 9/14/2015 13:41 EDT Action Personnel: Cruea MD,Steven L
Responsible Provider: Cruea MD,Steven L Supervising Provider: Communication Type: CPOE
Order Details: 09/14/15 13:40:00, Stat, Seizures, OT, Stop 09/14/15 13:40:00
Review Information:
Nurse Review: Electronically Signed, Oliver RN,Gerald on 9/14/2015 14:49 EDT
Doctor Cosign: Not Required
Order Comment:
Action Type: Modify Action Date/Time: 9/14/2015 16:25 EDT Action Personnel: Longwood,Pamela
Responsible Provider: Cruea MD,Steven L Supervising Provider: Communication Type: CPOE
Order Details: 09/14/15 13:40:00, Stat, Seizures, Seizures, OT, Harrison MD, Rodney V, Stop 09/14/15 13:40:00, 780.39
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Status Change Action Date/Time: 9/14/2015 16:25 EDT Action Personnel: Longwood,Pamela
Responsible Provider: Cruea MD,Steven L Supervising Provider: Communication Type: CPOE
Order Details: 09/14/15 13:40:00, Stat, Seizures, Seizures, OT, Harrison MD, Rodney V, Stop 09/14/15 13:40:00, 780.39
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Complete Action Date/Time: 9/29/2015 10:04 EDT Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Cruea MD,Steven L Supervising Provider: Communication Type: CPOE
Order Details: 09/14/15 13:40:00, Stat, Seizures, Seizures, OT, Harrison MD, Rodney V, Stop 09/14/15 13:40:00, 780.39
Review Information:
Doctor Cosign: Not Required
Order Comment:

Facility Info: Prisma Health Baptist Hospital
 TAYLOR AT MARION
 COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruca 3 MD,Steven L

Admitting Physician: Cruca 3 MD,Steven L

Non Medication Orders

Order: PO Fluids
 Order Start Date/Time: 9/14/2015 15:55 EDT
 Order Date/Time: 9/14/2015 15:55 EDT
 Order Status: Discontinued Department Status: Discontinued Catalog Type: Patient Care Activity Type: Patient Care
 End-state Date/Time: 9/15/2015 03:26 EDT End-state Reason:
 Ordered and Electronically Signed By: Cruca MD,Steven L Consulting Physician:
 Entered By: Cruca MD,Steven L on 9/14/2015 15:55 EDT
 Order Details: 9/14/15 3:55:00 PM EDT, OT, Stop 9/15/15 3:26:17 AM EDT
 Order Comment: PO challenge--Inform Dr. Cruca of results
 Action Type: Order Action Date/Time: 9/14/2015 15:55 EDT Action Personnel: Cruca MD,Steven L
 Responsible Provider: Cruca MD,Steven L Supervising Provider: Communication Type: CPOE
 Order Details: 09/14/15 15:55:00, OT, Stop 09/14/15 15:55:00
 Review Information:
 Nurse Review: Electronically Signed, Oliver RN,Gerald on 9/14/2015 16:46 EDT
 Doctor Cosign: Not Required
 Order Comment: PO challenge--Inform Dr. Cruca of results
 Action Type: Discontinue Action Date/Time: 9/15/2015 03:26 EDT Action Personnel: SYSTEM,SYSTEM
 Responsible Provider: Cruca MD,Steven L Supervising Provider: Communication Type:
 Order Details: 09/14/15 15:55:00, OT, Stop 09/14/15 15:55:00
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:

Immunizations

Vaccine:
 Influenza virus vaccine,inactivated 01 **Date Given:** Not given (Allergy to Eggs (disorder)) on 10/14/2015 01:33 EDT **Age:** 35 years
Data Source:
 PowerChart
Order Comments
 01: influenza virus vaccine, inactivated
 Order created based on documented indication for influenza vaccine approved by MEC

Vaccine:
 pneumococcal 23-valent vaccine 02 **Date Given:** 10/14/2015 15:20 EDT **Age:** 35 years
Admin Person:
 Howland RN,Barbara A **Data Source:** PowerChart
Site: Right Deltoid **Route:** IM **Amount:** 0.5mL **Manufacturer:** *PHR Pharmacy
Expiration Date: 2/10/2017 **Lot Number:** 017265
Order Comments
 02: pneumococcal 23-valent vaccine
 Order created based on documented indication for pneumococcal vaccine approved by MEC

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-15-0064663	9/14/2015 15:03 EDT	CT Head W/O IV Contrast	Cruea MD, Steven L	Auth (Verified)

Reason For Exam
(CT Head W/O IV Contrast) new onset sz

Findings:
NONCONTRAST HEAD CT

INDICATION: New onset seizures.

TECHNIQUE: Axial scans were obtained through the brain without IV contrast administration.

FINDINGS: Cerebral sulci and ventricles are of normal size. No cortical infarct or intracranial hemorrhage. There is some mild mucosal thickening involving the left maxillary sinus with some mucosal thickening involving the anterior ethmoid air cells on the left. Otherwise, visualized portions of the facial sinuses are clear.

IMPRESSION: Negative noncontrast head CT other than some mild mucosal thickening involving the left anterior ethmoid and left maxillary sinus.

*** Final *** *Trans On: 09/14/2015 15:18 by: LAA*
Read by: Lough MD, Lawrence Ren
Released By: Lough MD, Lawrence Ren
Released on: 09/14/2015 19:14 Technologist: Morgan, Kelly, Smith, Brandee S, Brig

Cardiac Services

Patient Name ELLEBY EMANUEL BASHAN

* Auth (Verified) *

ELLEBY, EMMANUEL (BASHAN)

9/14/2015 2:23:55 PM

34 Years Male

PALMETTO HEALTH-BAPTIST (101)
Baptist (B)
(3)

Operator: DBP

Rate 80 . SINUS RHYTHM.....normal P axis, V-rate 50- 99
 PR 204 . BORDERLINE AV CONDUCTION DELAY..... PR >200, V-rate 50- 90
 QRS 76 . RSR' IN V1 OR V2, RIGHT VCD OR RVB.....QRS area positive & R' V1/V2
 QT 360
 QTc 416 ELLEBY, EMMANUEL BASHAN

--AXIS--

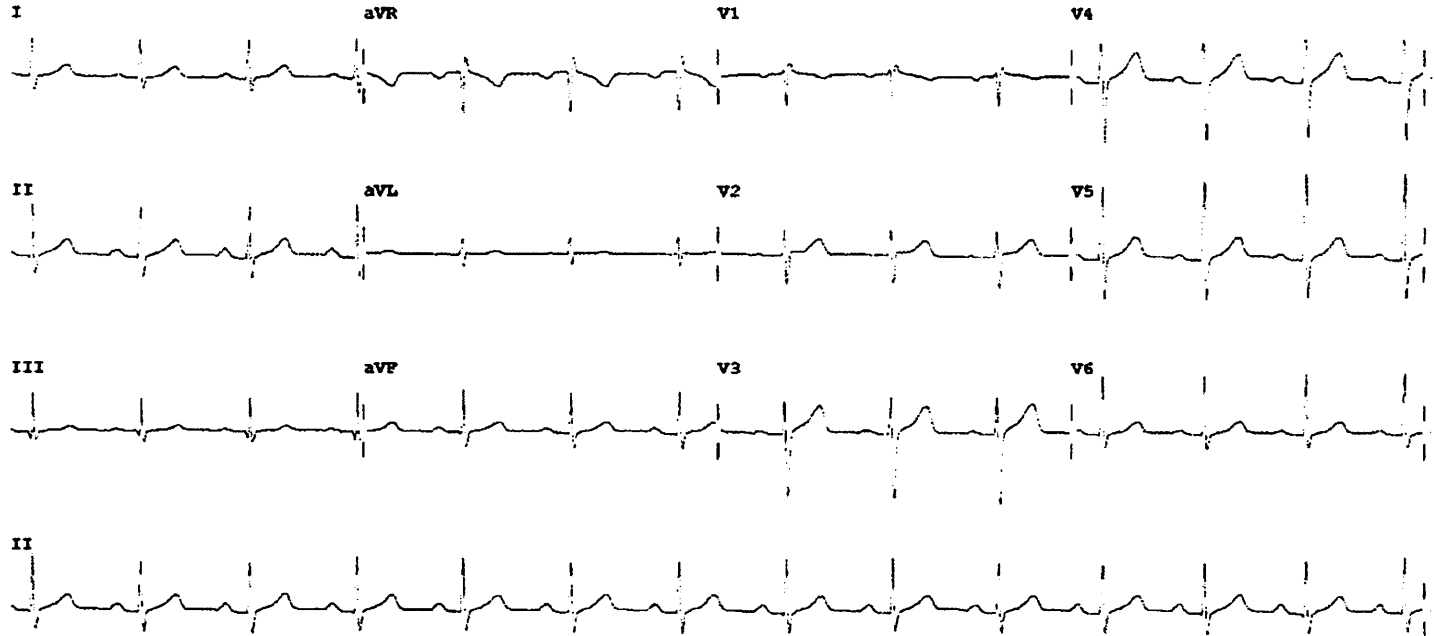
P 61
QRS 31
T 46

- BORDERLINE ECG -

ACCOUNT #

12 Lead; Standard Placement

Unconfirmed Diagnosis



Dévice: TC70-6 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.50-150 Hz W PR090A L P?

Patient Name ELLEBY, EMANUEL BASHAN

Birth (Verified) *

Name: ELLEBY, EMMANUEL BASHAN

Age: 34 Yrs

Gender: Male Race: Unknown Date: 09/14/2015 14:23:55

Height: Unknown

Weight: Unknown

PR: 204

P Axis: 61

QRS Dur: 76

QRS Axis: 31

QT: 360

T Axis: 46

QTc: 416

HR: 80

QT Disp: 56

SP:

Requested By:

Taken By: DBP

Account #: [REDACTED]

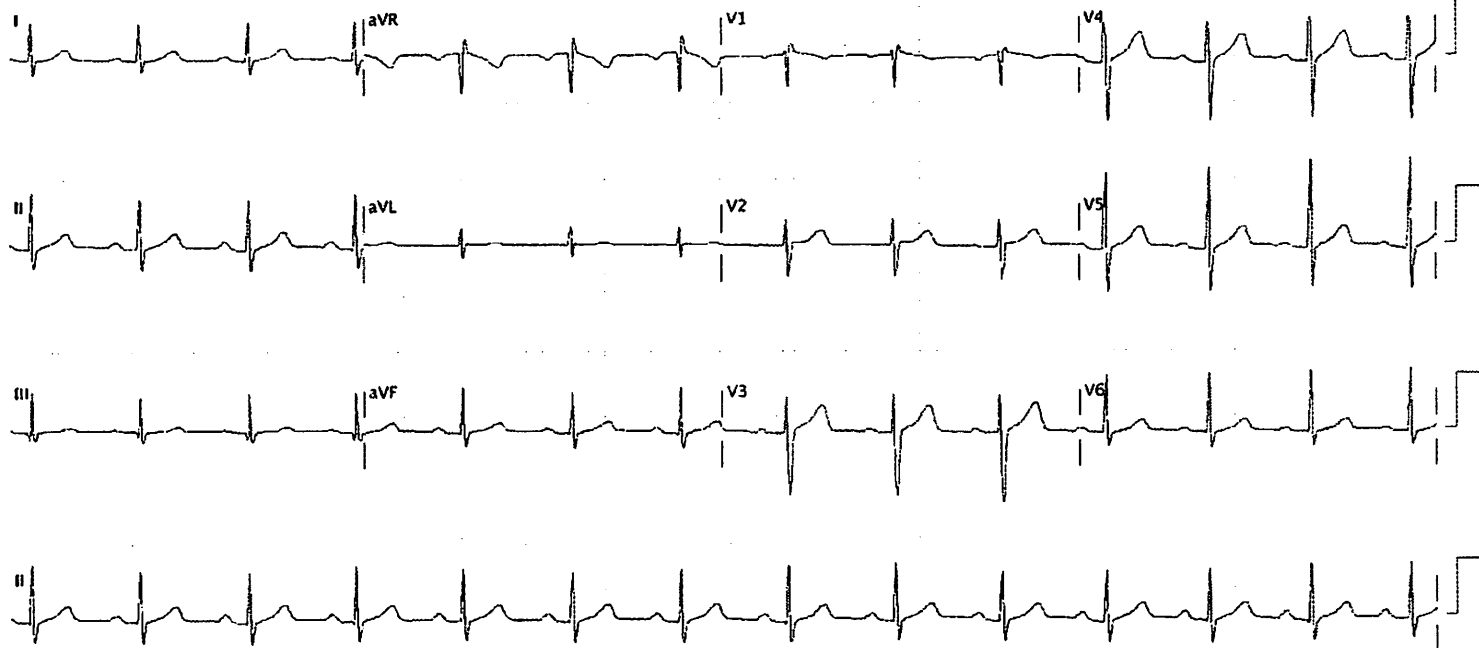
PACS ID: [REDACTED]

Location: ER

Diagnosis: SEIZURES

SINUS RHYTHM
BORDERLINE AV CONDUCTION DELAY
RSR' IN V1 OR V2, RIGHT VCD OR RVH

Borderline ECC
PRELIMINARY REPORT - MD MUST REVIEW



Palmetto Health Alliance - PHB - ER

F 60- 0.05 - 150 Hz 25 mm/sec 10 mm/mV (TC70)

Patient Name ELLEBY, EMANUEL BASHAN

* Auth (Verified) *

Name: ELLEBY, EMMANUEL BASHAN

Age: 34 Yrs

Gender: Male Race: Unknown Date: 09/14/2015 14:23:55

Height: Unknown

Weight: Unknown

PR: 204

P Axis: 61

QRS Dur: 76

QRS Axis: 31

QT: 360

T Axis: 46

QTc: 416

HR: 80

QT Disp: 56

BP:

Requested By: CRUEA MD, STEVEN

Taken By: DBP/PL

Location: ER

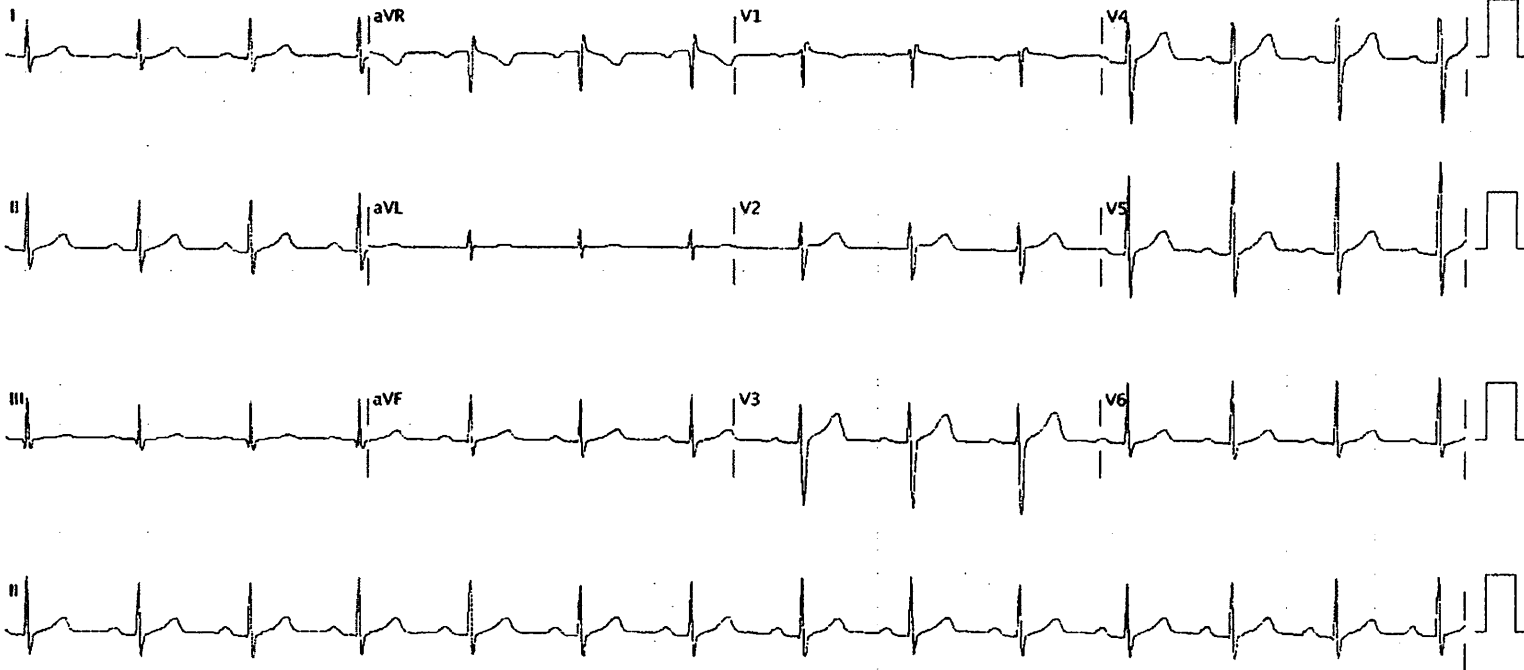
Diagnosis: SEIZURES

SINUS RHYTHM
BORDERLINE AV CONDUCTION DELAY
RSR' IN V1 OR V2, RIGHT VCD OR RVH

DX:
RX:

Borderline ECG

Electronically signed by Guillermo E Pineda, MD - 09/14/2015 18:48:03

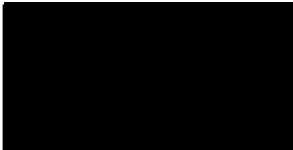
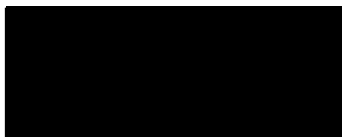


Palmetto Health Alliance - PHB - ER

F 60~ 0.05 - 150 Hz 25 mm/sec 10 mm/mV (TC70)

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN



Attending Physician: Cruea 3 MD,Steven L

Admitting Physician: Cruea 3 MD,Steven L

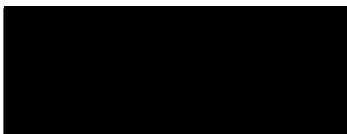
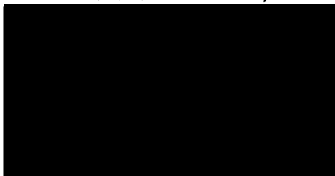
Cardiac Services

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruca 3 MD,Steven L

Admitting Physician: Cruca 3 MD,Steven L



Administrative

Patient Name ELLEBY, EMANUEL BASHAN

DOB: 02/14/1986

* Transcribed *



ELLEBY, EMANUEL BASHAN



**PALMETTO HEALTH
- ED Hospital Release -**

Leaving Prior to Discharge

Date: 9/14/15 Time: 1700

I _____ understand that I have presented to Palmetto Health for evaluation and treatment. I have been advised that it is necessary for me to stay for that treatment. I am leaving the hospital:

- (LPTT) Prior to medical screening by the medical provider.
- (AWOL) After medical screening, prior to the medical provider explaining the medical risks of the patient leaving.
- (AMA) Medical provider explained the medical risks of the patient leaving.

I am therefore releasing the hospital, attending physicians and any other persons caring for me from all responsibility for the consequences of my refusal of treatment or my leaving prior to being seen by a physician or receiving treatment. I also realize that I may have encountered hospital charges for the services I have received.

Signed: _____

Address: _____

Patient refuses to sign:

Witness 1: _____

Witness 2: _____

Revised 8/13

Patient Name ELLEBY, EMANUEL BASHAN

* Auth (Verified) *

Palmetto Health General Consent **ELLEBY, EMMANUEL BASHAN**

All Patients I consent to and authorize Palmetto Health to perform as applicable:

Blood Draws	Medications	Tissues Disposal/Donation
Examinations	Procedures	Treatments
Lab Tests	Therapy	Transportation

These activities may be performed by authorized Palmetto Health or affiliated physicians and/or clinicians, including appropriately supervised students and residents.

DO YOU WANT TO DESIGNATE A FAMILY MEMBER OR OTHER INDIVIDUAL WITH WHOM THE PROVIDER MAY DISCUSS YOUR MEDICAL CONDITION? ELLEBY, THERESA (803)661-6415

My photograph may be taken for identification purposes and is the property of Palmetto Health unless I withdraw my consent in writing. If I have provided my e-mail address, I am requesting the ability to access my medical information through the Palmetto Health on-line Patient Portal.

I give permission to share my electronic medical record among my health providers and obtain medication history through a Provider Health Information Exchange (HIE). Palmetto Health will follow state and federal laws regarding the access by medical providers of any sensitive information such as behavioral health, substance abuse treatment, sexual abuse, genetic test results, HIV/AIDS status and adoption records. I MAY OPT OUT OF THE HIE BY COMPLETING THE OPT-OUT FORM AND CONTINUE TO RECEIVE CARE.

I provided the following information:

I have requested to not be listed in the Palmetto Health Patient Directory	YES DIRECTORY
I am an organ donor	N
I have an Advance Directive	
I would like information about Advance Directives	N
I was given a Privacy Practices Notice on	20150914

Hospital Patients Only

If I signed a general consent form at my physician's office today, it is not necessary to sign another copy.

I understand video cameras may be used in some hospital rooms for observation purposes and additional photographs may be taken for medical purposes.

If I bring money and valuables to the hospital, I am responsible for any loss or damage for items not sent home or deposited with Palmetto Health.

I was shown/provided a copy of the Lewis Blackman Hospital Patient Safety Act Letter. I understand that the Patient Bill of Rights notice is posted in the public lobbies, printed in Patient Guides and available through the hospital's website @ www.PalmettoHealth.org.

If applicable, I consent to the disposal by Palmetto Health authorities of any tissue or body part which may be removed during the course of my treatment. I further understand if my tissue is used rather than destroyed, it will not be linked to my name or any other identifier that could be traced to me. To protect myself and others, I also give permission to have blood drawn and tested for infectious diseases including, but not limited to, HIV (AIDS virus) and Hepatitis. I further understand that certain circumstances require mandatory disclosure to organizations such as the state health department.

 Patient or Patient Designee Representative Date 9/14/15 Time _____

 Witness Signature



Patient Name ELLEBY, EMANUEL BASHAN

* Auth (Verified) *

ELLEBY, EMMANUEL BASHAN

GUARANTY AND ASSIGNMENT OF INSURANCE BENEFITS

I hereby guaranty payment to Palmetto Health d/b/a Palmetto Health Richland, d/b/a Palmetto Health Baptist, d/b/a Palmetto Health Easley, d/b/a Palmetto Health Baptist Parkridge and my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists), for all charges and services incurred for the account(s) of the patient from date of admission until discharge. I do hereby assign to Palmetto Health and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists), any and all medical insurance, health benefits, hospital benefits, sick benefits, injury benefits and settlement proceeds due or payable because of liability of a third party, payable by any party, organization or insurance company, or other sources of payment, unless I pay the account(s) in full upon discharge, (the "Assignment").

If I fail to pay all charges when due I agree to pay all costs of collection, including attorneys fees, collection costs and court costs.

I hereby authorize and request Palmetto Health and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists) to release and furnish medical information, necessary to support claims submitted, to any entities for payment, pursuant to the above Assignment.

In the event the undersigned is entitled to health care or medical benefits of any type whatsoever, arising out of any policy of insurance insuring the patient or any party liable to the patient, said benefits are hereby assigned to Palmetto Health and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists), for application to the patient account(s) for services rendered.

I do hereby appoint and assign to Palmetto Health and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists) as my true and lawful attorneys in fact, to act on my behalf, with the full power and authority to collect any and all charges incurred for the benefit of the patient pursuant to the assignment of benefits set forth above.

If I have provided my cell phone number, I hereby consent to Palmetto Health contacting me on my cellular phone, to discuss the collection of all debts arising out of this hospital treatment.

ACKNOWLEDGEMENT OF RECEIPT OF MEDICARE/TRICARE MEDICAL INFORMATION

I, the undersigned acknowledge that if I am a Medicare/TRICARE beneficiary, I have been provided with a notice from Medicare/TRICARE regarding my rights as a Medicare/TRICARE patient and the rights form has not been altered.

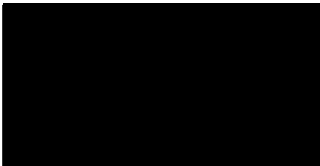
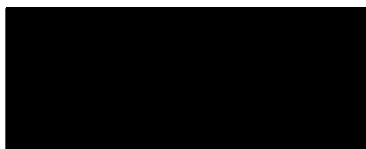
I authorize a copy of this assignment to be used in place of the original.

Date: 9/14/15 _____
Patient (Parent or Guardian in case of minor)

Witness: [Signature] _____
Spouse or Insured if other than Patient
[Signature]

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN



Attending Physician: Cruea 3 MD,Steven L

Admitting Physician: Cruea 3 MD,Steven L

Administrative

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

Laboratory Results

Hematology

Collected Date/Time
9/14/2015 14:18 EDT

Procedure	Result	Reference Range	Units
WBC Count	4.1 ^u	[3.7-10.9]	Ku/L
RBC Count	4.38 ^u	[3.71-5.77]	Mu/L
Hemoglobin	14.7 ^u	[13.7-17.5]	g/dL
Hematocrit	42.1 ^u	[40.1-51.0]	%
MCV	96.1 ^u	[79.0-96.2]	fL
MCH	33.6 ^u	[25.7-32.2]	pg
MCHC	34.9 ^u	[32.2-36.5]	g/dL
RDW-SD	43.6 ^u	[35.1-43.9]	fL
RDW-CV	12.4 ^u	[11.6-14.4]	%
Platelet Count	219 ^u	[150-400]	Ku/L
MPV	9.0 ^u	[9.4-12.4]	fL
Auto Nucleated RBC's	0.0 ^u	[0.0-0.0]	/100WBC

Chemistry

Collected Date/Time
9/14/2015 14:18 EDT

Procedure	Result	Reference Range	Units
GFR Non-African American	86 ^u	[>=60]	mL/min/1.73 sq meter
GFR African American	104 ^u	[>=60]	mL/min/1.73 sq meter

Interpretive Data

^1: GFR African American, GFR Non-African American
Interpret with caution, quantification of eGFR values below 60 mL/min/1.73 m2 has more clinical implications for classification of kidney function than values above this level.

Collected Date/Time
9/14/2015 14:22 EDT

Procedure	Result	Reference Range	Units
Ethyl Alcohol	<3 ^u	[<=3]	mg/dL
ETOH (g%)	<0.003 ^u	[<=0.079]	g%

Interpretive Data

^2: ETOH (g%)
For Medical Purposes Only

Collected Date/Time
9/14/2015 14:18 EDT

Procedure	Result	Reference Range	Units
Sodium	138 ^u	[136-145]	mmol/L
Potassium	4.3 ^u	[3.5-5.1]	mmol/L
Chloride	108 ^u	[98-107]	mmol/L
CO2	23 ^u	[21-32]	mmol/L
Anion Gap	7 ^u	[5-15]	
Glucose Level	93 ^u	[70-99]	mg/dL

Facility Info: Prisma Health Baptist Hospital
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

Laboratory Results

Chemistry

Collected Date/Time

9/14/2015 14:18 EDT

Procedure	Result	Reference Range	Units
BUN	11 [†]	[7-18]	mg/dL
Creatinine	1.0 [†]	[0.6-1.3]	mg/dL
Calcium	8.9 [†]	[8.5-10.1]	mg/dL

Interpretive Data

^{†3}: Glucose Level
Fasting: 70-99
Impaired Fasting: 100-125
Random: 70-139

Toxicology

Collected Date/Time

9/14/2015 14:22 EDT

Procedure	Result	Reference Range	Units
Amphetamines, Qual	Negative ^{†1}	[Negative]	
Barbiturates, Qual	Negative ^{†1}	[Negative]	
Benzodiazepines, Qual	Negative ^{†1}	[Negative]	
Cannabinoids, Qual	Negative ^{†1}	[Negative]	
Cocaine Metabolites, Qual	Negative ^{†1}	[Negative]	
Methadone, Qual	Negative ^{†1}	[Negative]	
Opiates, Qual	Negative ^{†4}	[Negative]	
Phencyclidine, Qual	Negative ^{†1}	[Negative]	
Drug Scr Msg	See Comment ^{†5}		
Drug Scr Crea U	32.0 ^{†1}		mg/dL

Interpretive Data

^{†4}: Opiates, Qual
Due to the cutoff for Opiates (2000 ng/mL) Oxycodone may not be detected. If Oxycodone is suspected please order an Oxycodone level.

^{†5}: Drug Scr Msg
FOR MEDICAL PURPOSES ONLY
This Drug Screen is only a preliminary screening test.
A more specific method must be used for confirmation of results.
The submitted urine specimen was screened at the listed cutoffs:

Drug Class	Initial Test Level
Amphetamines	500 ng/mL
Barbiturates	200 ng/mL
Benzodiazepines	200 ng/mL
Cannabinoids	50 ng/mL
Cocaine Metabolites	150 ng/mL
Opiates	2000 ng/mL
Methadone	300 ng/mL
Phencyclidine	25 ng/mL

Facility Info: Prisma Health Baptist Hospital
 TAYLOR AT MARION
 COLUMBIA, SC 29220-

Patient Info: ELLEBY, EMANUEL BASHAN

Attending Physician: Cruea 3 MD, Steven L

Admitting Physician: Cruea 3 MD, Steven L

Laboratory Results

Performing Locations

*1: This test was performed at:
 Prisma Health Baptist Laboratory, Geoffrey P. Turner, MD, PhD - Medical Director, Taylor at Marion St, Columbia, SC, 29220-

Social History

Tobacco

Detail: Former smoker, Started age 13.0 Years. Stopped age 35 Years. Ready to change: Yes. Household tobacco concerns: No. (Last Update: 10/13/2015 17:11 EDT by Howland RN, Barbara A)

Family History

Last Update: 10/13/2015 17:14 EDT by Howland RN, Barbara A

Mother (teresa): Alive

Condition	Age of Onset	Life Cycle	Severity
Diabetes mellitus type 2	Positive		

Father (Ronald): Deceased at age: 37 Years

Condition	Age of Onset	Life Cycle	Severity
Cardiac arrest	Positive		