

2011-202268

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Case No. 2007-CP-42-1966

RECEIVED

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S.C. Supreme Court

Raquel Martinez, Employee,

Petitioner,

v.

Spartanburg County, Employer,
and S.C Association of Counties
Self-Insurance Fund, Carrier,

Respondents.

APPENDIX
(VOLUME 1)

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**THE STATE OF SOUTH CAROLINA
In The Court of Appeals**

Raquel Martinez, Employee, Respondent,

v.

Spartanburg County and S.C. Association of
Counties Self-Insurance Fund, Carrier,
Appellants.

Appeal From Spartanburg County
J. Mark Hayes, II, Circuit Court Judge

Opinion No. 4839
Submitted January 4, 2011 – Filed June 15, 2011

REVERSED

Richard B. Kale, Jr., of Greenville, for
Appellants.

Chadwick Dean Pye, of Spartanburg, and
Kevin B. Smith, of Charleston, for Respondent.

WILLIAMS, J.: In this workers' compensation appeal, Spartanburg County and South Carolina Association of Counties Self-Insurance Fund (Spartanburg County) contend the circuit court erred in concluding the Workers' Compensation Commissioner's (Single Commissioner) order was insufficient to enable appellate review. Further, to the extent the order was sufficient, the circuit court erred in finding Raquel Martinez (Martinez) experienced an "unusual or extraordinary" condition in the course of employment to warrant finding Martinez suffered a compensable mental injury. We agree and reverse.^[1]

FACTS

Martinez, a twenty-eight year law enforcement veteran, was employed as a master deputy forensic investigator with the Spartanburg County Sheriff's Office. As a forensic investigator, Martinez' job description included reporting to crime scenes, collecting evidence, and taking photographs of crime scenes. Additionally, Martinez came into contact with deceased bodies, attended autopsies, and processed fingerprints and other forensic evidence.

On April 4, 2005, Martinez was called to perform a forensic accident investigation involving the death of a child in Greer, South Carolina.^[2] At this point, Martinez only knew a child was killed, and the accident involved a former employee of the Spartanburg County Sheriff's Office. When Martinez arrived at the scene, she was informed that Anthony Johnson, a Greenville County Deputy Sheriff and a former officer with the Spartanburg County Sheriff's

Office, accidentally killed his two-year-old daughter while backing his patrol car out of his driveway.

As part of Martinez' standard forensic investigation, she took measurements of the child's body and photographed the front lawn of the house, the child's body, the location of the patrol car, the interior of the house, and the undercarriage of the patrol car. Martinez testified all of these tasks were part of her ordinary job.

Approximately four months after the accident investigation, Ramon Martinez, Martinez' father (Father), received a phone call from Martinez' neighbor informing him that Martinez was "going up and down in the front yard, and she[] [was] talking weird." After arriving at Martinez' house, Father was unable to locate Martinez and discovered her car windshield was "smashed to pieces," and her house was in a state of disarray. Father discovered Martinez in some nearby bushes. At this point, Martinez wanted Father to meet an imaginary "little girl" that she was going to take on a trip. Martinez was admitted to Spartanburg Regional Medical Center and was diagnosed with delirium related to Benzodiazepine withdrawal symptoms after she abruptly stopped taking Xanax. Martinez continued to receive psychiatric and psychological treatment in 2005 and 2006.

Martinez subsequently filed a Form 50 claiming she experienced a mental breakdown as a result of the April 4, 2005 investigation. During the hearing before the Single Commissioner, Martinez indicated she had worked approximately one-hundred to one-hundred and fifty death calls, investigated "a couple dozen" crime scenes involving suspicious deaths, witnessed autopsies, and viewed burnt bodies at fire scenes as a forensic investigator. However, Martinez testified she never investigated a scene when a fellow officer was involved with the death of his own child, and she never investigated a violent crime when she knew the parties. Martinez further testified, "[She and Anthony Johnson] were not best friends. [But] [w]e were friends, and we were associates, and it's a police officer." After conducting the investigation, Martinez stated she cried about the child on the same night of the accident investigation and experienced nightmares.

Captain Stephen Denton, a twenty-year law enforcement veteran, testified the April 4, 2005 accident investigation ranked emotionally as the worst investigation in his career. In addition, he stated this accident was not ordinary because of Anthony Johnson's prior affiliation with the Spartanburg County Sheriff's Office. Moreover, Captain Denton indicated he noticed a change in Martinez' demeanor on the date of the accident. Specifically, Captain Denton stated,

I can't imagine anybody that was present at the scene felt too good, you know, for days to follow. You don't understand that unless you've seen it, and so it's very hard for someone else to judge that, that had not seen it. However, given a reasonable amount of time to recuperate from something like that – and I don't know what reasonable is, but within a week, week and a half, I could see that, you know, obviously, she was depressed, and within [a couple] three weeks, it showed in her work, in her habits.

Nonetheless, Captain Denton stated Martinez was fulfilling her ordinary job duties when she took photographs and measurements of the scene and moved the child's body. He also stated the Spartanburg County Sheriff's Office does not have a procedure that prohibits employees from working scenes involving victims they know.

The Single Commissioner concluded the April 4, 2005 investigation was not an "unusual or extraordinary" condition of Martinez' employment. The Single Commissioner also found Martinez failed to prove the April 4, 2005 investigation was the proximate cause of her mental breakdown. The Workers' Compensation Commission Appellate Panel (Appellate Panel) adopted the Single Commissioner's findings of fact and affirmed the Single Commissioner's order in its entirety. On appeal, the circuit court reversed and remanded the decision of the Appellate Panel. The circuit court concluded the Single Commissioner's order was not sufficiently detailed to enable appellate review, and was left to speculate whether the proper analysis was applied by the Single Commissioner. The circuit court also concluded even if the Single Commissioner's findings were appropriate, the findings focused on the ordinary aspects of Martinez' job and not whether Martinez' work was unusual compared to her particular employment. The circuit court further concluded the Single Commissioner's order was deficient as a matter of law on the issue of proximate cause, and the only conclusion that could be drawn from the evidence was that the April 4, 2005 investigation proximately caused her mental breakdown. This appeal followed.

STANDARD OF REVIEW

The Administrative Procedures Act establishes the standard of review for decisions by the South Carolina Workers' Compensation Commission. Lark v. Bi-Lo, Inc., 276 S.C. 130, 135, 276 S.E.2d 304, 306 (1981). The Commission is the ultimate fact finder in workers' compensation cases and is not bound by the Single Commissioner's findings of fact. Etheredge v. Monsanto Co., 349 S.C. 451, 454, 562 S.E.2d 679, 681 (Ct. App. 2002). The findings of the commission are presumed correct and will be set aside only if unsupported by substantial evidence. Lark, 276 S.C. at 135, 276 S.E.2d at 306.

LAW/ANALYSIS

A. Sufficiency of the Order

As an initial matter, Spartanburg County contends the circuit court erred in concluding the Single Commissioner's order was not sufficiently detailed to enable appellate review. We agree.

The findings of fact made by the Appellate Panel must be sufficiently detailed to enable the reviewing court to determine whether the evidence supports the findings. Frame v. Resort Serv. Inc., 357 S.C. 520, 531, 593 S.E.2d 491, 497 (Ct. App. 2004). "Findings of fact, if set forth in statutory language, shall be accompanied by a concise and explicit statement of the underlying facts supporting the findings." S.C. Code Ann. § 1-23-350 (2005).

The circuit court's order stated,

In his Order, the Single Commissioner made three Findings of Fact which were relevant to the decision. Finding of Fact 14 was "investigating the death of a child, even the child of a former Sheriff's deputy, was not an unusual or extraordinary condition of Claimant's employment"; [Finding of Fact] 15 was Claimant failed to prove she encountered an unusual or extraordinary condition in her employment on April 4, 2005; and [Finding of Fact] 16 was Claimant failed to prove the accident investigation of April 4, 2005 was the proximate cause of her mental breakdown. The Single Commissioner gave no basis for his factual conclusion in Finding of Fact 14, and as to Findings of Fact 15 and 16, he simply

stated to each of these two Findings of Fact that "[T]his finding is based on all the evident [sic] in the record."

Here, even though the orders from the Commission give a summary of some of the testimony presented during the hearing, no basis for the Finding[s] of Fact 14, 15, and 16 is provided and, thus, this Court is left to speculate if the proper analysis was applied by the Commission and whether the factual conclusions upon which the law was applied has a substantial basis in the record. [footnote omitted] When an administrative agency acts without first making proper factual findings as required by law, the proper procedure is to remand the case and allow the agency the opportunity to make these findings. [citation omitted]

The circuit court's order only emphasizes Findings of Fact 14, 15, and 16 as relevant to the Single Commissioner's decision. However, the Single Commissioner's order provides seventeen pages of evidence, sixteen findings of fact, and conclusions of law to support its decision. Additionally, the circuit court ignored other findings of fact the Single Commissioner discussed on the issue of whether Martinez experienced an "unusual or extraordinary" condition in her particular employment. These findings of fact provide a sufficient basis to allow appellate review. Specifically, the Single Commissioner's order provides,

Finding of Fact 5

Claimant had been to an investigation previously while working for the Greenville County Sheriff's Department in which a child's head had been run over by a dump truck. Claimant testified that the accident did not bother her. She stated that if that type of situation bothered her, she would have never chosen to be a forensic investigator.

Finding of Fact 6

Claimant had investigated and worked up approximately 100-150 death cases in her 3-4 years as a forensic investigator. She had also investigated approximately 24 suspicious death/homicide cases and participated in approximately 24-26 autopsies. These investigations were a usual and ordinary part of her job. Claimant also testified about an investigation of an automobile accident in which an injured teenager had died in her arms.

Finding of Fact 7

When Claimant went to a crime scene, she would take up to 100 photographs and move the body to investigate anything underneath the body. She also took measurements and put up barriers to prevent people from seeing the accident scene. This was a part of her usual and ordinary job.

Finding of Fact 10

CPT Steve Denton testified that the accident scene of the child's death on April 4, 2005 was a terrible sight but that Claimant was doing her ordinary job that day in investigating the death of the child. CPT Denton required the Claimant to stay

and perform the accident investigation because that was her job. The fact that the death scene involved the death of a child of a former Spartanburg County Deputy Sheriff did not remove the situation from being a part of her regular job.

Finding of Fact 11

Spartanburg County Sheriff's Office had no rule prohibiting its employees from going to accident scenes where they knew the victim. CPT Denton testified that he had always maintained and still maintained that no matter who the victim was, the Sheriff's Department investigators were required to work the accident scene.

The foregoing findings of fact from the Single Commissioner's order were sufficient to enable appellate review, such that the underlying reasons supporting the Single Commissioner's conclusion were not left to speculation. Consequently, we find the circuit court erred in concluding the Single Commissioner's order was deficient in this regard.

B. "Unusual or Extraordinary" Condition of Employment

Spartanburg County contends the circuit court erred in concluding Martinez experienced an "unusual or extraordinary" condition in her particular employment. We agree.

Mental or nervous disorders are compensable provided the emotional stimuli or stressors are incident to or arise from "unusual or extraordinary" conditions of employment. Doe v. S.C. Dep't of Disabilities & Special Needs, 377 S.C. 346, 349, 660 S.E.2d 260, 262 (2008). The requirement of "unusual or extraordinary" conditions in employment, for a claimant to recover for a "mental-mental" injury refers to conditions of the particular job in which the injury occurs, not to conditions of employment in general. Frame, 357 S.C. at 529, 593 S.E.2d at 496. To recover for mental injuries caused solely by emotional stress, or "mental-mental" injuries, the claimant must show she was exposed to unusual and extraordinary conditions in her employment and these unusual and extraordinary conditions were the proximate cause of her mental disorder. Tennant v. Beaufort Cnty. Sch. Dist., 381 S.C. 617, 621, 674 S.E.2d 488, 490 (2009).

The Single Commissioner found Martinez did not experience an "unusual or extraordinary" condition in her employment on April 4, 2005 because Martinez took photographs and measurements of the investigation scene and moved the child's body. Additionally, the Single Commissioner noted Martinez witnessed autopsies, previously investigated twenty-four suspicious death/homicide cases, and worked approximately one-hundred to one-hundred and fifty death cases. The Single Commissioner also noted the Spartanburg County Sheriff's Office did not have a rule prohibiting its employees from investigating scenes in which they knew the victim. Martinez does not dispute her job duties during the April 4, 2005 investigation were within her ordinary employment. However, Martinez contends the April 4, 2005 investigation was an "unusual or extraordinary" condition of her employment because the child's father, Anthony Johnson, was a former co-worker at the Spartanburg County Sheriff's Office.

While we empathize with the undoubtedly difficult nature of Martinez' job, we find Martinez' argument unpersuasive. Despite the tragic nature of the accident, the Single Commissioner found that based on Martinez' testimony, Martinez and Anthony Johnson's friendship was not such a close degree as to render the investigation an unusual and extraordinary condition of employment. Specifically, the Single Commissioner stated in Finding of Fact 4:

Claimant contended that working the death case of a child who was run over by a fellow police officer was unusual and extraordinary. She stated that police officers have a "special bond." However, Claimant was not a close friend of the fellow officer, Anthony Johnson, although she worked on the same shift, and they would occasionally see each other at shift changes. She did not personally know the officer's wife or child, had never visited their home, and had never socialized with Anthony Johnson or his family.

Moreover, Captain Denton testified about the Spartanburg County Sheriff Office's procedure regarding investigations of victims that are acquainted with employees. Specifically, Captain Denton stated that, while in hindsight it may not have been the best protocol, he always required detectives to investigate incidents regardless of their relationship with the victims.
[3]

Based on the evidence in the record, we conclude there is substantial evidence to support the Single Commissioner's finding that Martinez did not suffer an "unusual or extraordinary" condition of her particular employment. Taylor v. S.C. Dep't of Motor Vehicles, 368 S.C. 33, 36, 627 S.E.2d 751, 752 (Ct. App. 2006) (stating substantial evidence is not a mere scintilla of evidence, nor the evidence viewed blindly from one side of the case, but is evidence that, considering the record as a whole, would allow reasonable minds to reach the conclusion the administrative agency reached in order to justify its action).

Because we reverse the circuit court and conclude there is substantial evidence that Martinez did not suffer an "unusual or extraordinary" condition in her particular employment, we need not address the issue of proximate cause. See Futch v. McAllister Towing of Georgetown, Inc., 335 S.C. 598, 613, 518 S.E.2d 591, 598 (1999) (stating an appellate court need not address remaining issues when a decision on a prior issue is dispositive).

CONCLUSION

Accordingly, the circuit court's decision is

REVERSED.

SHORT, J., concurs. FEW, C.J., concurs in a separate opinion.

FEW, C.J., concurring: I concur in the portion of the majority opinion addressing the sufficiency of the commission's order. I also agree with the majority that the circuit court erred in reversing the commission. I write separately to address what I believe is the basis of the circuit court's ruling that Investigator Martinez' employment conditions were extraordinary and unusual. The circuit court did not rule on the basis of a lack of substantial evidence supporting the commission's factual finding. Rather, the circuit court reversed the commission on a question of law, finding the commission "failed to conduct the proper analysis." I also write to explain that the circuit court erred in reversing the commission's finding of a lack of proximate cause.

A. "Unusual or Extraordinary" Conditions of Employment

The circuit court reversed the commission's determination that Investigator Martinez' stressful employment conditions were not extraordinary and unusual based on a point of law, not based on the sufficiency of the evidence. In the introductory section of the order, before even describing the facts, the circuit court stated "the decision of this Court is that the

Order from the Full Commission should be reversed because the analysis . . . is flawed by misapplying, as a matter of law, the 'unusual or extraordinary conditions of employment' test for determining compensability of mental injuries." (emphasis added). The circuit court made several other statements that it was ruling on a point of law and ultimately concluded: "The Commission's Order in the present case is void of [the analysis required by Doe v. SCDDSN^[4]] and, therefore, as a matter of law, is reversed." The circuit court never mentioned the substantial evidence standard nor even attempted to explain that the evidence was not sufficient to support the commission's decision. As Appellant stated in its brief, "the Circuit Court never addressed the Commission's findings of fact and never determined whether the findings were supported by substantial evidence." Rather, the circuit court ruled that the commission committed a legal error in its analysis of whether Investigator Martinez' conditions of employment were extraordinary and unusual.

The circuit court erred in reversing the commission on this point of law. Its ruling is based on a misapplication of the reasoning of Doe to the facts of this case. The only aspect of Investigator Martinez' employment conditions alleged to be extraordinary and unusual is the nature and character of the April 4, 2005 investigation. Otherwise, there is no suggestion that she encountered anything extraordinary or unusual in her work. Specifically, Investigator Martinez does not allege any change in her employment conditions over the long term.

Doe, on the other hand, was based on a change in the claimant's long-term employment conditions. The claimant in Doe was employed by the South Carolina Department of Disabilities and Special Needs as a licensed practical nurse. 377 S.C. at 348, 660 S.E.2d at 261. After she worked there for approximately eighteen years, the Department began to make changes in the operation of her facility, resulting in a dramatic increase in the level of noise and violence in her unit. Id.

As a result [of the changes], the patient population in Claimant's unit changed from being a passive group to a mixed group of passive and aggressive patients. The record indicates Claimant's unit went from being "a fairly pleasant unit to work in" to being "kind of a dumping ground" where none of the other nurses wanted to work.

Id. The supreme court found that the conditions of the claimant's employment were extraordinary and unusual as a result of the changes at her facility. The supreme court discounted the fact that many of the individual incidents in the claimant's new environment were the same as before and focused on what was different about the new environment. The court stated:

The record indicates that in the spring of 1997, with the new mix of passive and aggressive patients in Claimant's unit, behavior problems escalated because of the "domino effect" created when an aggressive patient acted out. Claimant had never before worked with a mix of passive and aggressive patients. No other unit had a mix of passive and aggressive patients. In fact, Department made changes after a DHEC survey criticized Department for housing diverse patients together.

377 S.C. at 350, 660 S.E.2d at 262.

The supreme court faulted the commission and the court of appeals for focusing on the fact that nurses had always dealt with aggressive patients and had even been injured by them before. Id. Thus, the supreme court rejected an analysis of similarities in individual incidents and focused instead on the differences caused by changes in long-term conditions. Id. ("A review of the record, however, indicates that the testimony [of similarities in individual incidents] relied upon is taken completely out of context and does not support the Court of Appeals' conclusion."). Focusing on the changes in overall, long-term employment conditions, the supreme court noted that neither of the two witnesses relied on by the court of appeals testified "that it was usual for a nurse to deal with a mix of passive and aggressive patients." 377 S.C. at 350-51, 660 S.E.2d at 262 (emphasis added). The supreme court found the overall, long-term changes in employment conditions resulting in a "mix of passive and aggressive patients" was an extraordinary and unusual condition of employment which caused the claimant's mental-mental injury and instructed the commission to award benefits. 377 S.C. at 351-52, 660 S.E.2d at 262-63.

Here, the commission applied the proper test for determining whether Investigator Martinez' conditions of employment were extraordinary and unusual. See Shealy v. Aiken Cnty., 341 S.C. 448, 459, 535 S.E.2d 438, 444 (2000) (holding the standard to be applied is whether the conditions of employment were extraordinary or unusual compared to the normal conditions of claimant's employment); see also Doe, 377 S.C. at 349-50, 660 S.E.2d at 262 (discussing Shealy). The commission described some of the investigations which "were a usual and ordinary part of [Investigator Martinez'] job." Those investigations included one "in which a child's head had been run over by a dump truck" and "an automobile accident in which an injured teenager had died in her arms." The majority described other similar investigations conducted by Investigator Martinez. Describing how she conducted investigations such as those, the commission made this factual finding:

7. When claimant went to a crime scene, she would take up to 100 photographs and move the body to investigate anything underneath the body. She also took measurements and put up barriers to prevent people from seeing the accident scene. This was a part of her usual and ordinary job.

The commission then focused on whether what she did on April 4, 2005, was extraordinary and unusual compared to her usual and ordinary job and made this factual finding:

10. [Captain] Steve Denton testified that the accident scene of the child's death on April 4, 2005 was a terrible sight but that Claimant was doing her ordinary job that day in investigating the death of the child. [Captain] Denton required the Claimant to stay and perform the accident investigation because that was her job. The fact that the death scene involved the death of a child of a former Spartanburg County Deputy Sheriff did not remove the situation from being a part of her regular job.

In Doe, the supreme court ruled that despite the similarities in individual incidents, there were changes in the overall, long-term conditions of the claimant's employment, making the conditions which caused the injury extraordinary and unusual. 377 S.C. at 349-50, 660 S.E.2d at 262. Here, Investigator Martinez does not argue that there were any long-term changes. Rather, she argues that her mental-mental injury arose out of a single investigation. When she finished this particular investigation, she continued working on the same type of cases in the same manner as before. Had she been switched to an overall

pattern of investigating only particularly traumatic cases, then perhaps the reasoning of Doe would apply. Under these facts, however, it does not.

Finally, I emphasize that one particular event in a claimant's work environment can constitute extraordinary and unusual conditions such that any resulting mental-mental injury would be compensable. See, e.g., Powell v. Vulcan Materials Co., 299 S.C. 325, 326, 384 S.E.2d 725, 725 (1989) (affirming commission's award of benefits where claimant suffered "mental, emotional, and psychological injury" following a single-incident verbal altercation with a supervisor). In such a case, however, whether the individual event meets the test for extraordinary and unusual set forth by the supreme court in Shealy is a question of fact for the commission to decide. On appeal from the commission's decision, if substantial evidence supports it, an appellate court must affirm. Forrest v. A.S. Price Mech., 373 S.C. 303, 306, 644 S.E.2d 784, 785-86 (Ct. App. 2007). In this case, the circuit court never ruled as to whether substantial evidence supports the commission's decision that Investigator Martinez' conditions of employment were not extraordinary and unusual. As the majority has explained, the commission's decision is supported by substantial evidence.

B. Proximate Cause

The circuit court also reversed the commission's finding of a lack of proximate cause. The circuit court stated:

[T]he Commission's finding [as to proximate cause] is clearly erroneous, applying the substantial evidence standard of review, because the only conclusion that can be drawn from the medical information is that there exists the necessary showing of proximate cause to link the accident investigation of her friend's child's death and her mental breakdown.

In making this statement, the circuit court ignored the following findings of fact made by the commission:

8. Claimant had other stressors in April 2005 that were not work related, including the death from AIDS of her ex-husband's cousin with whom she was very close. Claimant was treated for anxiety, insomnia, and depression from these non-work related situational stressors including medications and hospitalization.

9. Claimant did not mention the investigation involving the death of a child on April 4, 2005 until approximately four months later after being hospitalized for an emotional breakdown.

16. Claimant failed to prove that the accident investigation on April 4, 2005 was the proximate cause of her mental breakdown, said finding being based on all the evidence in the record.

The record contains ample evidence to support these findings. For example, on April 19, 2005, two weeks after Investigator Martinez' investigation into the death of her fellow officer's child, she went to her family doctor for stress. In the medical note for that visit, the doctor wrote:

She is very upset and crying. A very close friend and relative, a cousin with whom she was very close over the years, passed away yesterday. She is very

upset about it. They were very close ever since they were little kids. She is very upset that she did not get to the hospital in time to say goodbye before he passed away.

Investigator Martinez returned to her family doctor on eight occasions between April 25 and June 24, 2005, and did not mention stress from the April 4 investigation even once. On August 7, 2005, Investigator Martinez was admitted to Spartanburg Regional Medical Center for "behavior suggesting psychiatric problems." Her treating psychiatrist diagnosed her with Benzodiazepine withdrawal delirium, depression, and anxiety disorder. In the discharge summary on August 9, 2005, the psychiatrist stated: "The patient apparently had recent problems with uncontrollable hypertension and also had problems with anxiety, insomnia and depression related to the death of her best friend who apparently was a male cousin." Martinez was admitted to the Carolina Center for Behavioral Health for a psychiatric evaluation on August 10, 2005. One of the forms filled out for this admission contains a section entitled "Precipitating Events," in which it is noted that Martinez stated: "My cousin died mid April 2005 and I took Xanax for my nerves. I stopped taking Xanax 1-2 weeks ago and became psychotic."

These medical records contain no mention of the April 4, 2005 investigation or any other job-related stress. In light of these facts, the commission's determination that the claimant failed to prove proximate cause is supported by substantial evidence. The circuit court erred in reversing the finding.

[1] We decide this case without oral argument pursuant to Rule 215, SCACR.

[2] Although the accident occurred in Greer, South Carolina, the Spartanburg County Sheriff's Office conducted the forensic investigation because the Greer Police Department did not have a forensic unit.

[3] Martinez did not know Anthony Johnson's daughter. Therefore, the lack of a personal relationship is additional evidence that Martinez did not experience an "unusual or extraordinary condition" on April 4, 2005 because the Spartanburg County Sheriff's Office policy specifically contemplates employees investigating scenes in which they are acquainted with the victim.

[4] Doe v. S.C. Dep't of Disabilities & Special Needs, 377 S.C. 346, 660 S.E.2d 260 (2008).

The South Carolina Court of Appeals

Raquel Martinez, Employee,

Respondent,

v.

Spartanburg County and S.C.
Association of Counties Self-Insurance
Fund, Carrier,

Appellant.

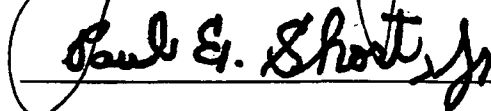
The Honorable J. Mark Hayes, II
Spartanburg County
Trial Court Case No. 2007-CP-42-01966

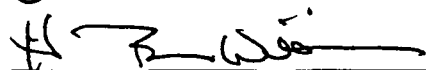
ORDER DENYING PETITION FOR REHEARING

PER CURIAM: After a careful consideration of the Petition for Rehearing, the Court is unable to discover that any material fact or principle of law has been either overlooked or disregarded and hence, there is no basis for granting a rehearing.

It is, therefore, ordered that the Petition for Rehearing be denied.


C. J. Few


J. Short


J. Williams

Columbia, South Carolina

cc: Richard B. Kale, Jr, Esquire
Chadwick Dean Pye, Esquire
Kevin B. Smith, Esquire

FILED

October 6, 2011

AT

2007CP42-1966

STATE OF SOUTH CAROLINA

COUNTY OF SPARTANBURG

RAQUEL MARTINEZ, Employee,

Claimant-Appellant,

-vs-

SPARTANBURG COUNTY, Employer,

and S.C. ASSOCIATION OF
COUNTIES SELF-INSURANCE

FUND, Carrier,

Defendants-Respondents.

IN THE COURT OF COMMON
PLEAS
SEVENTH JUDICIAL CIRCUIT
CASE NO.: 2007-CP-42-1966

ORDER

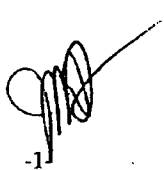
MARC KITCHENS

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FILED
CLERK OF COURT
SPARTANBURG, SC

This matter came to be heard before the Court for the purpose considering the Petition for Judicial Review from the final Decision and Order of the South Carolina Workers' Compensation Commission filed by the Appellant pursuant to § 1-23-380, S.C. Code Anno., 1976 as amended, the Administrative Procedures Act, and § 42-17-60, S.C. Code Anno., 1976 as amended, the South Carolina Workers' Compensation Act. As will be explained herein, the Commission's Order is reversed and the matter remanded back to the Commission for further determination consistent with this Order.

The Appellant filed a claim for benefits alleging a mental injury by accident caused by unusual and extraordinary conditions of her employment. A hearing was held on September 6, 2006. The purpose of the hearing was to consider the issues raised on Forms 50 and 51. All of the witnesses who appeared at the hearing testified on behalf of


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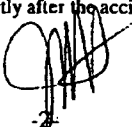
the Appellant including one of the Appellant's supervisors.¹ All of the witnesses gave testimony supportive of the Appellant's claim of unusual and extraordinary condition of employment.

Medical information and evaluations were submitted through the APA's. The APA's included, among other information, an independent evaluation performed by an expert hired by the Respondent. The record establishes that earlier in life, the Appellant has been sexually assaulted for 18 months as a young girl, raped at age 19, and was bipolar. All of these factors, the medical evidence established, predisposed her to suffering a mental breakdown. The Respondent's own medical expert opined that the strong emotions associated with the April 4, 2005 investigation were a factor in exacerbating her pre-existing bipolar condition.²

By Decision and Order filed on November 20, 2006, the Single Commissioner denied the claim. In the Findings of Fact, the Single Commissioner concluded (1) the Claimant had failed to prove that she encountered an unusual and extraordinary condition of her employment on April 5, 2005, while employed by the Spartanburg County Sheriff's Department; and (2) that the Claimant failed to prove the accident investigation on April 5, 2005 was the proximate cause of her mental breakdown. Both of these Findings of Fact were supported only by the statement, "[T]his finding is based on all the evidence in the record." A third relevant Finding of Fact was that "investigating the

¹ Appellant's supervisor was second only to the Sheriff in command of the department. The order on review contains no reference to a lack of witness credibility. Thus, this witness, as well as the others' credibility of appearance, is not at issue.

² A second factor which Respondent's expert noted that exacerbated the Appellant's illness was the death of Appellant's ex-husband's cousin which occurred shortly after the accident investigation of April 4, 2005.



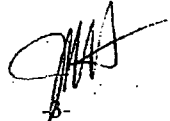
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death of a former Sheriff's deputy's child was not unusual or extraordinary." This particular Finding of Fact contained no language stating the basis of its support.

The Appellant timely filed a WCC Form No. 30, Request for Commission Review, and on April 23, 2007, a hearing was held before the Appellate Panel of the Workers' Compensation Commission. By Decision and Order filed May 22, 2008, the Appellate Panel affirmed the Decision and Order of the Single Commissioner incorporated his findings. The Petition for Judicial Review alleges the Appellant's substantial rights were prejudiced because the findings, conclusions, and decision of the Commission were in violation of statutory provisions, affected by error of law, and clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record as provided in S.C. Code Anno., §1-23-380(g).

As will be briefly discussed herein, the decision by the Full Commission is reversed and remanded for further action consistent with this Order. The Findings of Fact made by an administrative agency must be sufficiently detailed to enable the reviewing Court to determine whether the evidence supports the findings. A reviewing Court may not make findings of fact as to basic issues of liability for compensation, where to do so, would impose upon the Court the function of determining such facts from conflicting evidence. See Infra, Frame v. Resort Services, Inc., and Parsons v. Georgetown Steel.

Additionally, the decision of this Court is that the Order from the Full Commission should be reversed because the analysis, as much as can be determined from the Orders in their present form, is flawed by misapplying, as a matter of law, the



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"unusual or extraordinary conditions of employment" test for determining compensability of mental injuries (see, Infra, Doe v. SCDDSN, and Stokes v. First Nat'l Bank) and also due to the misapplication, as a matter of law, of the "proximate cause" standard for relatedness of the work stressors to the mental injuries for compensation purposes. (Infra, pgs. 13-17).

Therefore, the Order is reversed and the case remanded back to the Commission

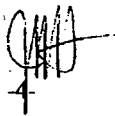
STATEMENT OF THE FACTS

The Appellant, Raquel Martinez, had been in law enforcement for twenty-four (24) years as a probation officer and police officer before she became a forensic investigator for the Spartanburg County Sheriff's Department in 2001. On April 4, 2005, she was dispatched to investigate a fatal motor vehicle accident involving an infant child whose body burst like a watermelon when her father's patrol car rolled over her. The father of the child was a fellow police officer and friend of the Appellant. Within approximately four months after the Appellant's investigation, she had a nervous breakdown and was found hiding in bushes after doing substantial physical damage to her patrol car and home. When she was found, she was ranting about an unidentified little girl. The Appellant was hospitalized for psychiatric treatment and eventually, through counseling sessions, began to address the issues involving her investigation into the death of her fellow police officer's young daughter.³

³ The Respondent called no witness to testify before the Commissioner. The facts surrounding the investigation were uncontested.

(Hearing Tr. p. 88). The Appellant described what she saw when she arrived on the scene:

I saw the Sheriff, our Sheriff, Sheriff Wright ... squatting down in the corner of the garage with a man who was scrunched up, rocking like this. I couldn't see who it was....


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and they told me that it was Anthony Johnson, who used to work for the Spartanburg County Sheriff's Office... And the Sheriff spent, I'd say, 20 or 30 minutes trying to talk Anthony down because A.J. was wanting to die, understandably, he'd just killed his child.

(Hearing Tr. pp. 19 - 20). When the Appellant realized she knew Officer Johnson she asked to be allowed to leave the scene for the first time in her career. (Hearing Tr. pp. 20 - 21, 82). Captain Denton denied her request but later regretted his decision and testified at the hearing, "knowing what I know now, I probably would have let somebody else more experienced come out there and listened to the employee instead of deciding that regardless we we're gonna do our job."

(Hearing Tr. p. 107). During the investigation the Appellant was required to move the infant child's crushed body so measurements and photographs could be taken. She recalled, "when moving the child - it was like a broken doll - when you moved her, it sounded like you were tumbling over some blocks..."

(Hearing Tr. pp. 34 - 35). The image that appears in her recurring nightmares is:

I had to get underneath [the car] to take - see if I see any evidence of where the child was underneath the vehicle, and there were clumps of her hair and skin on the tire and on the asphalt, and then on the part of the - I don't know the undercarriage of the car very well, but the biggest part, I guess is going to be the gasoline tank. There were fingerprints, and there was the impression of a hand, I should say, not the whole hand but, just the little-bitty fingerprints dragging across the gasoline tank.

(Hearing Tr. p. 24).

The Appellant explained that even though investigating violent deaths were part of her job, this present scene was different because she had never been called upon to investigate a violent death that involved a person she knew personally and considered a friend. The Appellant explained the difference her prior relationship with Officer Johnson made:

I think the difference is that when you go to a burn scene, this is - and it sounds cold, but you get through it the way you get through it. This is no longer a person; this is an object. To keep a distance when you do these. I think A.J.'s case, or the child's case, was different because I had never seen it with anyone that I knew or that I couldn't turn her into an object. I couldn't just say that's just a little girl over there. I couldn't do that. You can't do that.

(Hearing Tr. pp. 39 - 40). Her feelings were shared by Captain Denton who responded to questions at the Hearing by the Respondent's attorney:

Q: As far as the grisliness or gruesomeness of the April 4th scene, where does it rank in all the death scenes you've seen?

A: Well, first of all, having known the officer and having a child run over by a vehicle or the person you know causing the death of that, I've never encountered that. As far as ranking the grotesqueness of it, it's a child. It was run over by a police car. It was an accident. If I had to rank it as far as my feeling, my emotions, it would be the worst.

Q: That was my next question, as far as the emotional part of the investigating a crime scene, how did the April 4th investigation rank emotionally?

A: Emotionally, it was the worst. I mean, we knew him. It was an infant child. For everybody it was hard.

(Hearing Tr. p. 81). Captain Denton testified the investigation in this case was unusual and extraordinary:

Q: All right. Well, let me ask you this: as a 20-plus year veteran of the Sheriff's Office with 70 to 75 percent of your time spent in death investigations, and as Raquel's supervisor, would you say that the April 4th, 2005 investigation involving your former employee, A.J., killing his two-year-old child would have been an extreme situation in her employment?

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A: Yes.
Q: Was this a scene that was out of the ordinary?
A: Yes.

(Hearing Tr. pp. 93 - 94).

Even though the Appellant and Officer Johnson may not have seen each other daily when he was with the Spartanburg Sheriff's Department, she testified:

... The county was cut into like eight ... zones. I was assigned to one zone; he was assigned another zone. Sometimes we had two to a zone. Sometimes we didn't have one to a zone. So, a lot of times if you were in this zone here and there was a call in this zone that you're not sure about, it might be a bad call or whatever or just sounds suspicious, you go that way to go back up the officer that responds to the call... So that's why I said we backed each other up. Did we work in the same area? I don't think we ever worked the same area, but we worked side by side, and if he got into fights or if I got into fights, we would respond. He would be there and I would be there.

(Hearing Tr. p. 57). She explained the close friendship that developed as a result of their being fellow police officers:

It's hard to believe - that I can recall in all 28 years, I have never had to deal with someone in a violent situation or in a violent death - I have never had to deal with someone that I actually knew, that I considered a friend, not to mention a co-police officer. We kind of stick together like a thin blue line, if y'all have ever heard of that expression. We deal with things all the time that regular people don't see, so you get very close to your workers.

(Hearing Tr. p. 29).

Captain Denton testified about an immediate change in the Appellant after the investigation into officer Johnson's daughter:

Q: After April 4, 2005, did you begin to notice any changes in Raquel?
A: Yes.
Q: When did you first notice a change in Raquel?
A: That day. Specifically that day.

(Hearing Tr. p. 83). The Appellant began having nightmares and testified, "it kept bothering me. I couldn't sleep at night. It would always be about the little girl, about the fingerprints under the tank."

(Hearing Tr. pp. 24, 50). She became vulnerable to other emotional events in her life. Her family physician, Dr. Wieder, noted on April 19, 2005 the Appellant was upset and crying following the death of her cousin who suffered a prolonged illness. He prescribed Xanax medication and he took her out of work for "a few days." Her job performance began to suffer and Captain Denton asked two chaplains to counsel her. (Hearing Tr. p. 87). On April 24, 2005 she passed out at work for thirty minutes and had to be admitted to the hospital for uncontrollable high blood pressure. On May 26, 2005 Dr. Wieder suspected something was significantly amiss in his medical observation of the Appellant and noted:

But I am really at a loss as to explain why this girl's blood pressure is running so high. There has got to be either we are missing the boat somewhere or she is not taking her medicine. It has got to be one or the other, and I have a feeling I am missing the boat on something.

The Appellant returned to work on June 7, 2005 but Dr. Wieder noted continued panic attacks.

As previously mentioned, on August 7, 2005, the Appellant suffered a severe mental breakdown. She destroyed her home, kicked the windows out of her police cruiser, and was found by her father hiding in the neighbor's bushes. She was admitted to Spartanburg Medical Center for psychotic delusions including a hallucination she was traveling on a steamboat down the Mississippi River with an imaginary little girl. She was discharged to out-patient care but again had to be "stepped up" to in-patient care on August 22, 2005. During her hospitalization she was reluctant to open up in group counseling but in individual counseling with her treating psychiatrist, Dr. Ralph Castiotta, the Appellant revealed:

Appellant's claim is based upon a showing that the accident investigation of April 4, 2005 was an extraordinary and unusual condition of her employment that proximately caused her to suffer her mental breakdown.

Medically, it was not contested that the Appellant's life history predisposed her to being someone who may experience a mental breakdown. The Respondent's expert opinioned that:

Claimant's early life experience with sexual molestation could have predisposed her to develop Post Traumatic Stress Disorder. Her description of how her behavior changed after she was raped is strongly suggestive of developing a Post Traumatic Stress Disorder at this time. This first episode of Post Traumatic Stress Disorder could have made her more vulnerable to future traumatic events. The work event of having to investigate the death of a young child, having to move that child, and having to face the reality of how the child suffered and died would certainly qualify as meeting the criteria of a legitimate traumatic event for Post Traumatic Stress Disorder. The traumatic event may have had special meaning to the Claimant in light of her having been abused as a young girl, and in light of her having worked with the father of the victim.

Also uncontested was the Appellant's history of depression and bipolar disorder. From family history, the Respondent's expert stated "[T]his would seem to indicate there

When I asked her why she was overtaking her medicines she returns to discussing a case she had several months back when a 2 year old was run over inadvertently by a police officer who ran over his own child. The would have been distressing but she knew the police officer

On September 6, 2005, her treating clinical psychologist, Luther A. Diehl, Ph.D., reported: In discussing primary issues at this point, Ms. Martinez did function in a crime scene investigation with a two year old child who was accidentally killed when run over by her father who was a Greenville County Deputy. Ms. Martinez knew this officer and indicated that this event took place in April of 2005. She was extensively involved in the investigation and understood the reaction quite vividly from the father. She began having problems after this death and a week later her cousin died of AIDS.

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exists a genetic loading toward some type of disorder. Bipolar is one type of Affective Disorder."

Respondent's expert was asked:

IN YOUR OPINION, WAS ANY OF MS. MARTINEZ'S PSYCHIATRIC CONDITIONS CAUSED OR AGGRAVATED BY THE ACCIDENT INVESTIGATION CONDUCTED BY MS. MARTINEZ ON 4 APRIL 2005?

His response was:

Yes. Both bipolar and Post Traumatic Stress Disorders were aggravated by The trauma experienced during the accident investigation on 4 April 2005.

THE ORDER

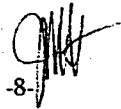
In his Order, the Single Commissioner made three Findings of Fact which were relevant to the decision. Finding of Fact 14 was "investigating the death of a child, even the child of a former Sheriff's deputy, was not an unusual or extraordinary condition of Claimant's employment"; 15 was Claimant failed to prove she encountered an unusual or extraordinary condition in her employment on April 4, 2005; and 16 was Claimant failed to prove the accident investigation of April 4, 2005 was the proximate cause of her mental breakdown. The Single Commissioner gave no basis for his factual conclusion in Finding of Fact 14, and as to Findings of Fact 15 and 16, he simply stated to each of these two Findings of Fact that "[T]his finding is based on all the evident in the record."

The Findings of Fact made by the Commission must be sufficiently detailed to enable a reviewing Court to determine whether the evidence supports the finding. Frame v. Resort Services, Inc., 357 S.C. 520, 593 S.E. 2d 49 (S.C. App. 2004); citing Parsons v. Georgetown Steel, 318 S.C. 63, 456 S.E. 2d 366 (1995). The Order issued by the

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Commission lacks the "concise and explicit" statement of facts. As referenced in Able Communications, Inc. v. SCPSC, 290 S.C. 409, 351 S.E. 2d 151 (1986), the Findings of Fact of an administrative body must be sufficiently detailed to enable the reviewing Court to determine whether the findings are supported by the evidence and whether the law was properly applied. Implicit findings of fact are not sufficient. Where material facts are in dispute, the administrative body must make specific, expressed findings of fact. Id. citing Aristizabal v. Woodside-Division of Dan River, 268 S.C. 366, 234 S.E. 2d 21 (1977). A recital of conflicting testimony followed by a general conclusion is patently insufficient to enable a reviewing Court to address the issues. Id. Also, see Grant v. Grant Textiles, 372 S.C. 196, 641 S.E. 2d 869 (2007), where the Court held a final Order shall include findings of fact and conclusions of law separately stated. Findings of Fact, if set forth in statutory language, shall be accompanied by a concise and explicit statement of underlying fact supporting the finding. Id. citing S.C. Code Ann., section 1-23-350. It is impossible for a reviewing Court to examine an Order for error if the reasons for the decision are left to speculation. Grant citing Able. Here, even though the orders from the Commission give a summary of some of the testimony presented during the hearing, no basis for the Finding of Facts 14, 15, and 16 is provided and, thus, this Court is left to speculate if the proper analysis was applied by the Commission and whether the factual

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conclusions upon which the law was applied has a substantial basis in the record.⁴

When an administrative agency acts without first making proper factual findings as required by law, the proper procedure is to remand the case and allow the agency the opportunity to make these findings. Frame, supra.

MENTAL AND EMOTIONAL INJURIES

In determining whether a work-related injury is compensable, the Workers' Compensation Act is liberally construed toward the end of providing coverage rather than non-coverage to further the beneficial purposes for which it was designed. Shealy v. Aiken County, 535 S.E.2d 438 (S.C. 2000); citing Dickert v. Metropolitan Life Ins. Co., 306 S.C. 311, 411 S.E.2d 672 (341 S.C. 448, Cl. App. 1991).

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⁴ There is nothing in the record which this Court can find to support the factual conclusion that investigating the death of a child of a former Sheriff's deputy was "usual or ordinary", even though Finding of Fact 14 specifically concluded that investigating the death of a former Sheriff's deputy's child was not unusual or extraordinary. Again, the Respondent called no witnesses at the hearing. The Claimant and Officer Denton were the only witnesses to testify on the subject and their testimony does not support Finding of Fact 14.

S.E.2d 672 (341 S.C. 448, Ct. App. 1991).⁵ A compensable mental injury under the Act is defined by § 42-1-160, S.C. Code Anno., which provides in its applicable part:

... Stress arising out of and in the course of employment unaccompanied by physical injury and resulting in mental illness or injury is not a personal injury unless it is established that the stressful employment conditions causing the mental injury were extraordinary and unusual in comparison to the normal conditions of the employment.

Whether the stressful employment conditions were extraordinary and unusual is determined by comparing them to the conditions of the claimant's particular job, not to conditions of an employment generally. Doe v. S.C. Dept. of Disabilities, 377 S.C. 346, 660 S.E.2d 260 (2008); Frame v. Resort Services Inc., 357 S.C. 520, 593 S.E.2d 491 (S.C. App. 2004). Although stress may be inherent in a given job, a combination of stressful events may still be unusual and extraordinary and, therefore, compensable. Doe v. SCDDSN, *supra.*; Shealy v. Aiken County, *supra.*, citing Kearse v. S.C. Wildlife

⁵ Also, Workers' Compensation is not a "fault-based" system of recovery. As discussed herein, the proper analysis to apply in determining whether the work-related stressors were unusual or extraordinary requires an examination of the alleged factors as they relate to the particular employee in order to give effect to the legislature's intent that Workers' Compensation be a faultless means of recovery. See, Howard Delivery Services, Inc. v. Zurich American Ins. Co., 547 U.S. 651, 126 S.Ct. 2105 (2006):

[W]orkers' Compensation laws assure that workers will be compensated for work-related injuries whether or not negligence of the employer contributed to the injury...In exchange for no-fault liability, employers gain immunity from tort actions that might yield damages many times higher than awards payable under Workers' Compensation schedules. (emphasis added) pg. 655

The invention of Workers' Compensation as it has existed in this country involves a classic social trade-off or, to use a Latin term, a *quid pro quo*...What is given to the employee is the right to receive certain limited benefits regardless of fault...What is taken away is the employee's right to recover full tort damages...for employers - they [Workers' Compensation] remove the risk of large judgments and heavy cost generated by tort litigation...[Workers' Compensation] relieves the employer of not only common-law tort liability but also of statutory liability under virtually all state statutes, as well as liability in contract and in admiralty, for an injury covered by the compensation act.

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Resources Dept., 236 S.C. 540, 115 S.E.2d 183 (1960).

Assuming the Commission's findings as set forth in its Orders are appropriate for appellate review, it is clear that the Commission failed to conduct the proper analysis. In Doe v. SCDDSN, the majority opinion concluded that the standard to be applied is whether the work conditions were unusual to the particular employee's strains, citing 2 Larson's on Workers' Compensation Law, section 44.05 (4)(d)(1999). In concurrence opinion, Chief Justice Toal explained that a fatal error occurs in the analysis when the Commission focuses on the ordinary aspects of the Claimant's employment to the exclusion of an examination of the extraordinary, and the consequent use of these ordinary aspects to support the conclusion that the injury is not compensable.⁶ The Commission must look at the particular Claimant and whether the asserted change of conditions in the employment are, for that particular employee, unusual or extraordinary,

⁶ An aspect of the Claimant's life which the Commission appears to fail to consider is her struggle after being molested and rape. Even though this is an event which the employer's expert witness seems to conclude was significant in her predisposition to having emotional issues, it appears to have no importance to the Commission.

A significant reason behind the position of the majority's opinion that the work conditions need to be analyzed as to "the particular employee's normal strains" and the Chief Justice's concurrence opinion that a change in the employee's working condition needed to be evaluated as to "how the conditions affect the Petitioner [the particular employee]" is, again, in order to effectuate the legislative purpose, see footnote 5, but also the opinions are consistent in preventing injuries from being compensable based on a reasonable or fault-based analysis.

Respondent references the lack of a policy in the Sheriff's department as a reason in support of the Commission's decision. The existence or lack of a policy, again, indicates an improper focus in the Commission's analysis. It is also suggestive of a "fault-based" analysis which is contrary to the "faultless-based" means of recovery found in the Workers' Compensation Act. Also, our Supreme Court has never applied an objective standard of "reasonable" employment when considering whether a worker was exposed to "unusual or extraordinary" work conditions, but rather compared to the Claimant's particular job. Shealy, supra. This Court also notes that if the quality of friendship between the father of the deceased child and the Appellant is an issue, the quantitative factors are, again, to be measured from the Appellant's position in order to avoid a fault system of analysis based solely on the negligence standard of reasonableness. Additionally, also what becomes a non-determinative factor in a faultless-based analysis is the correctness or incorrectness of Officer Denton's decision to keep Appellant on the accident investigation even though she asked to be removed.

and, must evaluate how the changed conditions affected the Claimant. Additionally, similar to the Court's analysis in Doe, the fatal flaw in the present case is the focus on the ordinary aspects of the Claimant's employment to the exclusion of an examination of the extraordinary or unusual, and the effects on the Appellant of these factors. Id., citing Stokes v. First Nat'l Bank, 298 S.C. 13, 377 S.E.2d 922 (Cl. App. 1988). The Commission's Order in the present case is void of the required analysis and, therefore, as a matter of law, is reversed.

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The Court also notes the only witnesses who testified whether the investigation conducted on April 4, 2005 into the tragic death of Officer Johnson's infant daughter was usual or unusual, ordinary or extraordinary were the Appellant and her supervisor, Captain Denton. They both testified the April 4, 2005 investigation was unusual and extraordinary because, among other factors, in their combined forty-eight (48) years of law enforcement experience, neither had ever been called upon to investigate a violent death involving a person they knew and a fellow officer.⁷

⁷ Captain Denton testified:

Q: So the fact that she was investigating a child doesn't take it out of her ordinary investigation, does it?

A: I don't think the whole - you get the whole story until you add the condition that existed, and the whole truth is that, that condition existed that day, and I think it was extraordinary because of that.

Q: Because...

A: I don't think it was ordinary that day.

Q: Pardon?

A: I don't think it was an ordinary job for anybody that day, and I think ...

Q: But what she did was ordinary in her job, was it not?

A: What she did was her job. Ordinary, if you're talking about, you know, had it been anywhere else that day, it would have been ordinary. But it wasn't anywhere else, and that's ...

Q: Well, as far as the child is concerned - let's take the father out of it. If some other child had been run over, would you consider that to be extraordinary?

If the Commission's Order is proper for judicial review, then the analysis required by Doe v. SCDDSN was not accomplished by the Commission and the Order should be reversed.⁸

PROXIMATE CAUSE

Additionally, the Commission's Order and finding as to proximate cause is deficient as a matter of law and is reversed. Again, assuming the Order is sufficient for judicial review, the Commission's Findings of Fact as to proximate cause was that the Claimant had "failed to prove" the accident investigation was "the proximate cause of her mental breakdown". By using the terminology "failed to prove", this Court applies a traditional reading of these terms to believe the Commissioner felt "the burden of proof" as to an element of the claim was not established by the employee. As such, the Commission's finding is clearly erroneous, applying the substantial evidence standard of review, because the only conclusion that can be drawn from the medical information is that there exists the necessary showing of proximate cause to link the accident

A: That's not what happened.

Q: Well, I'm not asking you – I'm saying assume if it was some other person's child that had been run over, then would that – and she investigated the child, would there be anything unusual or extraordinary about that?

A: No.

Q: So it boils down to the fact that this child was a former employee of the Spartanburg Sheriff's Department?

By the Commissioner: The child's father.

Q: I'm sorry the child's father.

A: It boils down to this – that's half of the fact. The other half of the fact is, again, it's an infant that was run over by a police car that was driven by a former employee whom we were friends with. That's the whole fact. (Emphasis added)

(Hearing Tr. pp. 98 - 99).

⁸ Given the evidence in the record which supports a finding in favor of Appellant, it is due to this Court's respect for the role of the Commission as fact-finder that the decision is to remand the case given the defectiveness of the Order rather than reversal. However, if remand to allow the Commission the opportunity to apply the correct legal analysis is not proper, the Court can find that based upon the substantial evidence standard of review (substantial evidence being not a mere scintilla of evidence nor evidence viewed blindly from one side, but such evidence, when the whole record is considered, as would allow reasonable minds to reach the conclusion the Full Commission reached), the record does not support the decision made by the Commission when this Court applies the proper legal test to the record.

investigation of her friend's child's death and her mental breakdown.⁹

The Commission's Order does not suggest, implicitly or expressly, that the proximate cause element of the claim fails because of some intervening or superseding act. An intervening act or superseding act that breaks the proximate cause link is, traditionally, in the nature of affirmative defenses to which the Claimant does not bear the burden of proof. Additionally, in view of clear and uncontested evidence of proximate cause contained in the medical records, the Commission's Order requires the Court to speculate as to how, factually, the Appellant did not meet her "burden of proof". This Court strains to infer the analysis used by the Commission in its Order to find the burden of proof as to causation was not met by Appellant. The medical testimony overwhelmingly establishes the causative link to the work environment even when considering her pre-existing mental issues and the subsequent death of her husband's cousin.

Additionally, the only case law referenced to the Single Commissioner was Nawa v. Wackenhut Corp., 341 S.E.2d 800 (S.C. App. 1986). Any reliance by the Commission to restrict the "proximate cause" link, as apparently advocated by the employer before this Court is, as a matter of law, misplaced if Nawa was presented for the legal proposition that work-related stressors are required to be "the sole" factor that created this injury. Nawa is factually distinguishable from the present case in many respects. Nawa dealt with whether a fatal stroke was caused by job-related stress or by sexual intercourse. In affirming the Full Commission and the Circuit Court, the Court of Appeals noted the testimony of a cardiologist which supported the factual conclusion that the rupturing of a berry aneurysm is most commonly associated with sexual intercourse and also noted another physician's testimony that "most probably" the

⁹ See S.C. Code § 42-1-160 where causation for mental injuries or stress requires medical causation.

employee would not have suffered the stroke had he not been engaging in sexual intercourse. This Court notes the quality of evidence as to the issue of proximate cause, or lack of proximate cause, presented in Nawa is not present in this case. As noted herein, Respondent's medical expert's opinion supports the proximate cause element of Appellant's case.

The Commissioner further found that the "Claimant failed to prove that the accident investigation on April 4, 2005 was the proximate cause of her mental breakdown..." (emphasis added) (Finding of Fact no. 16). A claimant does not have to prove the extraordinary or unusual conditions of employment were "the" proximate cause of a mental stress injury, only that the stressful employment conditions proximately caused the mental injury. See Nawa.

A proximate cause of injury is a cause which, in a natural and continuous sequence, produces the injuries and damages, and without which the injuries and damages would not have occurred. Every natural consequence which flows from a work-related injury, unless the result of an independent intervening cause sufficient to break the chain of causation, is likewise compensable. See Tatum v. MUSC, 346 S.C. 194, 552 S.E.2d 18 (2001) where the act of a physician committing malpractice does not break the chain of causation. The original work-related injury is regarded as the proximate cause of the damage flowing from the subsequent negligent treatment. Tatum citing Whitfield v. Daniel Const. Co., 226 S.C. 37, 83 S.E.2d 460 (1954). It is universally recognized that there may be more than one proximate or legal cause of an injury. Where several causes producing an injury are concurrent and each is an efficient cause without which the injury would not have happened, the injury may be attributed to all or any of the causes. Childers v. Gaslines, Inc., 141 S.E.2d 761 (1966); Sanders v. Western Auto Supply Co., 183 S.E.2d 312 (1971). While there are cases that use the phrase "the" proximate

cause in discussing the legal standard for establishing causation in a workers' compensation claim, these cases do not limit the well-established rule of causation in workers' compensation claims that has existed for over fifty (50) years. The fact that a claimant may have suffered from a pre-existing mental condition does not preclude Workers' Compensation benefits for a mental injury. Doe v. S.C. Dept. of Disabilities, supra.; Ellison v. Frigidair Home Products, 338 S.E.2d 664 (S.C. 2006). A work-related accident which aggravates or accelerates a pre-existing condition, infirmity or disease is also compensable. Mullinax v. Winn-Dixie Stores, Inc., 458 S.E.2d 76, citing Brown v. R.L. Jordan Oil Co., 353 S.E.2d 280 (1987).¹⁰

The only causation conclusion that can be drawn from the record below is that the Appellant established her burden of proof that her mental injuries were proximately caused by the stress from the accident investigation. The Appellant began having recurring nightmares "about the little girl, about the fingerprints under the tank." (Hearing Tr. pp. 24, 50). Her job performance began to suffer and she was referred for counseling. (Hearing Tr. p. 87). On April 24, 2005 she passed out at work for thirty minutes and admitted to the hospital for four days because of uncontrollable high blood pressure. After her discharge, Dr. Weider kept her out of work while he struggled to control her blood pressure and, not knowing the specifics of the investigation, wrote in his office note he felt like he was missing something. The Appellant returned to work on June 7, 2005 but continued to suffer panic attacks, all leading to her severe mental breakdown and psychotic episode on August 7, 2005. Her medical records relate the onset of her mental problems to the investigation on April 4, 2005.

¹⁰ In a Workers' Compensation action, a work-related accident which aggravates or accelerates a pre-existing condition, infirmity, or disease is also compensable. *Id.*

There is no evidence she was anything other than an honest, diligent, and hard working law enforcement officer who was able to do her job. Additionally, nothing is contained in the orders that suggest the Appellant and her witnesses were not creditable. Notably, the Commission mentioned the defense expert's opinion that the Appellant had pre-existing bipolar disorder and PTSD (a proper Doe v. DDSN analysis would weight her pre-existing conditions as a positive factor to find compensability) but inexplicably failed to mention this same expert's opinion that the accident investigation of April 4, 2005 aggravated these pre-existing conditions.¹¹

Based upon a comprehensive review and consideration of the record,

¹¹ All of the doctors, psychiatrists, and counselors who submitted medical opinions, including the defense experts, stated the investigation of the tragic death of Officer Johnson's infant daughter on April 4, 2005 caused, aggravated, or contributed to the Appellant's mental injury. Dr. Diehl wrote, "it is my opinion that her current psychological difficulties and impairment in work functioning were precipitated by the work related stressor on April 4, 2005." When Dr. Weider learned about the investigation he put the pieces together and wrote, "She has been hospitalized for emotional problems after the investigation of a former deputy who ran over his little two-year-old girl in their driveway accidentally and it was just the last straw for Raquel." Dr. Castriotta wrote:

The above referenced patient is currently under my care for Major Depressive Disorder the Post Traumatic Stress Disorder. It is my professional opinion that the patient's current condition is directly related to the incident that occurred in April of 2005 while employed with the Sheriff's Department. Ms. Martinez investigated the accidental death of a two year old child whose death occurred while her father was moving a car.

And, the defense expert responded to a specific written questions and stated:

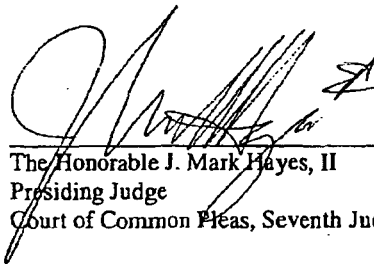
3) IN YOUR OPINION WAS ANY OF MS. MARTINEZ'S PSYCHIATRIC CONDITIONS CAUSED OR AGGRAVATED BY THE ACCIDENT INVESTIGATION CONDUCTED BY MS. MARTINEZ ON APRIL 4, 2005?

Yes. Both Bipolar and Post Traumatic Stress Disorders were aggravated by the Trauma experienced during the accident investigation she conducted on April 4, 2005.

Where the evidence is susceptible of but one reasonable inference, the question is one of law for the court rather than one of fact for the Commission. Mullinax, supra. at 80; Glover v. Rhett Jackson Co., 267 S.E.2d 77 (1980). The Commission's finding that the Claimant "failed to prove" the accident investigation of the tragic death of Officer Johnson's infant daughter on April 4, 2005 was not the proximate cause of her mental breakdown is not supported by substantial evidence and is affected by an error of law, even if the Orders are proper for appellate review. All of the medical opinions in this case, establish that the Appellant's mental injury was proximately caused by the investigation into the tragic death of Officer Johnson's infant daughter on April 4, 2005 as a matter of law.

IT IS HEREBY ORDERED that the Decision and Order of the South Carolina
Workers' Compensation Commission is reversed and the case remanded for further review
consistent with this Order.

AND IT IS SO ORDERED.



The Honorable J. Mark Hayes, II
Presiding Judge
Court of Common Pleas, Seventh Judicial Circuit

Spartanburg, South Carolina

25th day of February, 2009.

CLERK OF COURT
SPARTANBURG COUNTY
2009 FEB 25 PM 1:15
MARC KITCHENS

A CERTIFIED COPY
Marc Kitchens
CLERK OF COURT
SPARTANBURG COUNTY
BY: Marc Kitchens S.C.
DATED 3-11-09

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 0515098**

RAQUEL MARTINEZ,

EMPLOYEE,
CLAIMANT/APPELLANT,

- V -

SPARTANBURG COUNTY,

EMPLOYER,

AND

S.C. ASSOCIATION OF COUNTIES SELF-INSURANCE FUND, CARRIER,
DEFENDANTS/RESPONDENTS.

Appellate Panel Review held in Columbia,
South Carolina on April 23, 2007 per notices
timely and properly served on all parties of
interest.

Appellate Panel Decision and Order filed
May 22, 2007.

APPEARANCES:

Claimant/Appellant represented by Chadwick
D. Pye, Esquire, of Spartanburg, South
Carolina.

Defendants/Respondents represented by
Richard B. Kale, Jr., Esquire, of Greenville,
South Carolina.

STATEMENT OF CASE

The parties were heard by Commissioner G. Bryan Lyndon on September 6, 2006 in Spartanburg, South Carolina. On November 20, 2006, he issued the following Order:

IT IS, THEREFORE, ORDERED that the claim of Raquel Martinez be, and hereby is, denied.

Within the statutory period, counsel for the Claimant filed an Application for Review in the case setting forth his reasons, copies of which were furnished to all interested parties, prior to oral argument presented before the Appellate Panel on April 23, 2007. All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Full Commission and has since been under study and consideration.

By appeal, Claimant respectfully submits the following:

1. The preponderance of the evidence established the investigation conducted by the Claimant on April 4, 2005 was extraordinary and unusual in comparison to the normal conditions of Claimant's employment.
2. The preponderance of the evidence established the investigation of April 4, 2005 was a proximate cause of the Claimant's mental injury.

In an appellate review, the Panel shall, pursuant to S.C. Code Ann. §42-17-50 (1985), review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. After careful review in the instant case, the Panel, by unanimous vote, has determined all of the Hearing Commissioner's Findings of Fact and Rulings of Law

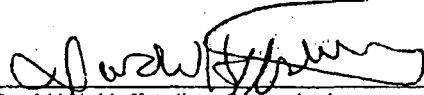
are correct as stated. Accordingly, they shall become, and hereby are, the law of the case, and; therefore, the Order is sustained in its entirety. The Hearing Commissioner's decision is incorporated by reference as if set forth verbatim herein.

ORDER

IT IS, THEREFORE, ORDERED the Order of the Single Commissioner filed in the above-captioned matter on November 20, 2006 is hereby affirmed by the Panel, and the same shall constitute the Decision and Order of the Appellate Panel.

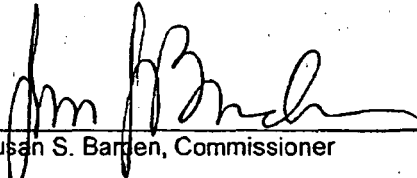
AND IT IS SO ORDERED.

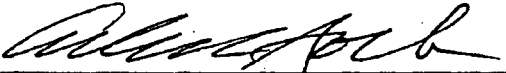
S. C. WORKERS' COMPENSATION COMMISSION


David W. Huffstetter, Commissioner

FULL AFFIRMATION

CONCUR:


Susan S. Barden, Commissioner


Andrea Pope Roche, Commissioner

(L:\0515098.dwh.app.doc)

CERTIFICATE OF SERVICE
This is to certify that the undersigned has this date CDP
served this order in the above entitled action upon all RK
parties to this cause by depositing a copy hereof,
postage paid, in the United States mail addressed to
the attorney or attorneys for said parties.
This 22 day of may, 2007.
By Amelia Teller
Administrative Assistant to the Commissioner

DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 0515098

Raquel Martinez, Employee,	)
	)
Claimant,	)
	)
-vs-	)
	)
Spartanburg County, Employer, and	)
S.C. Association of Counties Self-Insurance	)
Fund, Carrier,	)
	)
Defendants.	)
_____	)

HEARING:

Held in Spartanburg, South Carolina on
September 6, 2006.

APPEARANCES:

Claimant represented by Chadwick D. Pye,
Esquire.

Defendants represented by Richard B. Kale,
Jr., Esquire of Willson Jones Carter &
Baxley, P.A.

PURPOSE OF HEARING:

To determine issues as set forth on Forms 50
and 51.

DECISION:

G. BRYAN LYNDON, COMMISSIONER

FILED:

November 20, 2006

STIPULATIONS

Counsel for the parties stipulated at the time of the hearing to the following:

1. That the South Carolina Workers' Compensation Commission had jurisdiction of the parties and issues involved.
2. That venue in Spartanburg County was proper.
3. That Claimant's average weekly wage was \$694.35, making the compensation rate of \$462.92 applicable in this case.
4. That notices of the hearing were timely and properly served upon all parties of interest.

APA SUBMISSIONS

BY THE CLAIMANT:

APA #1 – Reports of Dr. John R. Wieder, dated March 10, 2005 to May 3, 2006, consisting of 11 pages.

APA #2 – Reports of Spartanburg Regional Medical Center, dated April 24, 2005 to August 9, 2005, consisting of 52 pages.

APA #3 – Reports of Mary Black Memorial Hospital, dated April 25, 2005, consisting of 40 pages.

APA #4 – Reports of Dr. Ralph Castriotta, dated August 10, 2005 to August 22, 2005, consisting of 18 pages.

APA #4[sic] – Reports of Dr. Shane Sherbondy, dated September 7, 2005 to June 16, 2006, consisting of 4 pages.

APA #5 – Reports of Dr. Luther Diehl, dated September 6, 2005 to April 18, 2006, consisting of 22 pages.

APA #6 – Report of Dr. John F. Abess, dated June 8, 2006, consisting of 18 pages.

BY THE DEFENDANTS:

APA #7 – Reports of Spartanburg Regional Medical Center, dated April 24, 2005 to August 7, 2005, consisting of 7 pages.

APA #8 – Reports of Carolinas Center for Behavioral Health, dated August 10, 2005 to September 28, 2005, consisting of 114 pages.

APA #9 – Report of Luther A. Diehl, Ph.D., dated September 6, 2005, consisting of 2 pages.

APA #10 – Reports of Mary Black Memorial Hospital, dated April 20, 2001 to August 26, 2005, consisting of 13 pages.

APA #11 – Report of Dr. John F. Abess, dated June 8, 2006, consisting of 2 pages.

On August 24, 2006, Claimant's attorney filed a Supplemental APA, which included letters from Dr. Shane Sherbondy and Luther Diehl, Ph.D., and a vocational report from Dr. William W. Stewart. Defendants' counsel objected on the ground that the Supplemental APA was not submitted 15 days before the hearing as required by the Commission's regulation R.67-612B(1), S.C. Code Ann. (1976). Claimant's counsel argued that Defendants could have taken the deposition of the two doctors and the vocational expert and, therefore, were not prejudiced by the untimely submission. Defendants argued that it was claimant attorney's burden to take the depositions, if he wanted to get the untimely reports into evidence. The Defendants' objection was sustained and the Supplemental APA was not received into evidence.

STATEMENT OF THE CASE

The Claimant was employed as a forensic investigator by the Spartanburg County Sheriff's Department. On September 26, 2005, Claimant filed a Form 50 alleging that she had suffered a psychiatric injury as a result of investigating an accident in which a fellow officer and friend had run over and killed his two year old daughter. On October 5, 2005, Defendants filed a

Form 51 denying that the Claimant suffered an injury by accident arising out of and in the course of her employment.

A hearing was scheduled before the undersigned on August 23, 2006, in Spartanburg, South Carolina. Because of a conflict in Defendants counsel's schedule, the hearing was reset for September 6, 2006. At the hearing Claimant contended that while performing an investigation on April 4, 2005, as part of her duties with the Spartanburg County Sheriff's Department, she encountered an extreme and extraordinary condition of employment, which subsequently led to her mental breakdown and hospitalization. She contended that she was permanently and totally disabled and requested payment of the award in a lump sum with a Social Security apportionment.

The Defendants contended that Claimant did not suffer a compensable psychiatric injury as a result of an unexpected strain or overexertion or as a result of an unusual or extraordinary condition of employment. Defendants contended that the Claimant was employed as a forensic investigator, that it was her job to investigate homicide and death cases, and that she was performing her regular job when she investigated the child's accidental death on April 4, 2005. Defendants further contended that if the Claimant suffered mental stress as a result of the incident on April 4, 2005, it was just one factor and that there were other factors involved, including the death of her former husband's cousin from AIDS. The Defendants argued that for a psychiatric claim to be compensable, the job related stress must proximately cause the psychiatric injury, and not just be one factor. Nawa v. Wackenhut, 288 S.C. 250, 341 S.E.2d 800 (S.C. App. 1986).

EVIDENCE OF THE CASE

The Claimant is 47 years of age. She is a high school graduate and also obtained a bachelor's degree from the University of South Carolina. She worked in law enforcement for

W.C.C FILE NO. 0515098 – PAGE 5

approximately 28 years, including 11 years working for the Probation and Parole Board and a number of years working as a store detective in North Carolina. She worked 6½ years for the Spartanburg County Sheriff's Department, first in uniform patrol and then for the last 3½ years as a forensic investigator. Claimant testified that her job entailed going to crime and accident scenes to collect evidence, take photographs and measurements of the scene, and process finger prints or other forensic evidence, including DNA. She would download photographs into a computer and then would write two different reports to document her investigation in case she had to testify in court. Claimant is not a homicide investigator. However, she did perform forensic investigations at homicide scenes, although she did not do any investigation beyond taking photographs and gathering evidence.

On April 4, 2005, Claimant was sent to perform a forensic investigation of the death of a child. When she arrived at the scene, there were officers from the Greenville County Sheriff's Department, the Greer City Police Department, firefighters, and at least one ambulance/EMS team. The scene was investigated by the Spartanburg County Sheriff's Department, because the accident occurred in Spartanburg County and the City of Greer did not have a forensic unit. Claimant testified that she arrived at the scene around the time CPT Denton and Sheriff Wright of the Spartanburg County Sheriff's Department also arrived at the scene. She testified that her only knowledge of the accident when she arrived was that there was a death of a child, that there had been a terrible accident, and that it involved a former employee. Claimant observed Sheriff Wright in a corner of the garage with a man whom she was advised by other officer's was Anthony Johnson, a Greenville County Deputy Sheriff. Officer Johnson had formerly worked for the Spartanburg County Sheriff's Department. Sheriff Wright spent 20-30 minutes talking with Anthony Johnson, who was distraught because he had accidentally killed his two year old daughter by backing his patrol car over her. The Claimant testified that everyone stayed back

while Sheriff Wright talked with Officer Johnson. According to Claimant, the other officers were betting on how long it would be before they would investigate Anthony Johnson's suicide. The officers from the Greenville County Sheriff's Department were present to provide moral support for Anthony Johnson, but did not perform any investigation, even though the accident did involve a Greenville County Sheriff's patrol car.

Steven Denton, a captain in the Criminal Investigative Division of the Spartanburg County Sheriff's Department, testified that in addition to the Sheriff, the Claimant, and himself, there were probably 6-7 uniform deputies from Spartanburg County at the scene, approximately 8-10 firefighters, approximately 10 officers from the Greer Police Department, the Sheriff of Greenville County, as well as some Greenville County deputies.

When Claimant arrived at the scene, it was close to her shift change. She asked CPT Denton if she had to work over her shift, or could the next shift work the accident. CPT Denton advised her that she needed to process the scene. The Claimant testified that she was at the accident scene for approximately 4 hours and took about 100 photographs, including photographs of the front lawn of the house, the area where the body and car were located, and the inside of the house. Claimant testified that the reason for taking photographs was to determine whether the death had occurred the way it appeared or in some other way. Claimant also took photographs of the underside of the patrol car to verify that the child had actually gone underneath the car. In addition to the photographs, Claimant's job duties required her to take measurements of the position of the body, to collect evidence, including any DNA or fibers, and to move the body so that photographs of both sides of the body could be taken to determine if there were wounds on the underside of the body. Claimant admitted that this was all part of her regular job duties as a forensic investigator. During the investigation, the Claimant looked underneath the patrol car to determine if there was evidence that the child had been underneath

the car. She testified that there were clumps of the child's hair and skin on the tire and on the asphalt. There were also fingerprints of a child's hand dragging across the gasoline tank. The Claimant testified that this was the first time since becoming a forensic investigator that she had investigated the death of a child.

Claimant testified that after she had investigated the overall scene, she waited for the arrival of the "S" team from the State Highway Patrol to complete her investigation. The Highway Patrol's "S" team responds to all vehicular accidents involving patrol cars. Claimant testified that the "S" team would also take measurements and photographs of the accident scene. After the "S" team arrived and finished their investigation of the overall scene, Claimant moved the child's body so that one of the Highway Patrol investigators could photograph the body.

The Claimant admitted testifying at her deposition that she had gone on 100-150 death calls, although she was not sure of the exact number. She also admitted to testifying at her deposition that she had been on approximately 24 cases involving suspicious deaths/homicides and to participating in approximately 24-26 autopsies in which the pathologist removed organs from the corpse. The Claimant admitted that it was not unusual for a forensic investigator to see "blood and guts." She had also seen fire scenes in which bodies had been burned. She testified those scenes were quite gruesome.

The Claimant testified that she was a friend of Anthony Johnson during the time that he worked at the Spartanburg County Sheriff's Department. Mr. Johnson worked for Spartanburg County for about a year or a year and a half. However, Claimant had never met Anthony Johnson's wife or child and had never gone to his house. She also admitted that she had never socialized with Anthony Johnson. Claimant and Anthony Johnson had worked on the third shift. The Sheriff's Department divided Spartanburg County into eight zones. The Claimant was assigned to one zone, and Anthony Johnson was assigned to another zone. On occasion, they

would have to back up each other on calls. The third shift was also divided into "A", "B", and "C" platoons. Claimant was assigned to one platoon, and Anthony Johnson was assigned to another platoon. Therefore, Claimant would only work two days out of the week with Anthony Johnson. During the two days that they worked at the same time, Claimant would normally see him at roll calls at the beginning and end of the shift. Sometimes Claimant's zone and Anthony Johnson's zone were busy, and she did not see him at all. The Claimant admitted that she and Anthony Johnson were not "best friends."

The Claimant admitted that her activities on April 4, 2005, of taking photographs, making measurements, moving the body, setting up barriers, etc., were all part of her regular job as a forensic investigator. She testified that when she was 18 years old and worked for the Greenville County Sheriff's Department, she had gone to an accident scene where a dump truck had driven over a child's head. However, the officer with whom she was riding actually performed the investigation of that accident. Claimant testified that seeing this scene did not bother her and she did not cry or have nightmares. She distinguished that accident because the child was not run over by a fellow police officer whom she knew.

She also testified that on another occasion, she had witnessed and investigated a motor vehicle accident in which two teenagers rolled a stolen vehicle, while attempting to escape capture. The driver was ejected from the car, and the car rolled over him. Claimant testified that the teenager died in her arms after she had moved him to where he could breathe. Claimant also testified that in motor vehicle accidents, investigators can see people who have been decapitated or lost an arm. She also recalled one man who had accidentally shot his leg off with a shotgun.

On April 18, 2005, Michael Adger Roberts, a cousin of Claimant's former husband, died of AIDS. Claimant testified that Mr. Roberts had lived with she and her former husband every summer and during school breaks. Therefore, she considered him her "cousin", although he was

not a blood relative. Claimant testified that Mr. Roberts had tested HIV positive and then got AIDS. As a result of his disease, Mr. Roberts had developed cancers and had surgeries and other treatments over a long period of time. Claimant testified that it was hard to see Mr. Roberts suffering so much, and it was some relief when he died. The Claimant testified that it bothered her when he died and that she cried the day he died, and the day he was buried.

Ron Martinez, the Claimant's father, testified on her behalf. Mr. Martinez testified that after the April 4, 2005 investigation, Claimant was upset and talked to her mother about the situation. Mr. Martinez testified that while the death of her ex-husband's cousin did affect Claimant some, it did not really bother her that much. On August 7, 2005, around 6:00-6:30 a.m., Mr. Martinez received a call from Claimant's next-door neighbor advising that the Claimant was in her front yard and was talking "weird." Mr. Martinez drove to his daughter's house. When he arrived, he noticed that her patrol car's windshield had been smashed and her house looked like a hurricane had gone through it. Mr. Martinez went through the house calling for his daughter, but he could not find her so he went outside to look in the yard. When he could not locate her in the yard, he drove around the neighborhood but still could not find her. Finally, a neighbor told him that there was a young lady behind some bushes on the street where the Claimant lived. Mr. Martinez went into the bushes and found his daughter. According to Mr. Martinez, Claimant told him that she wanted him to meet a little girl because "we're gonna take her on a trip." Mr. Martinez took his daughter and put her in the car and drove back to her house. A neighbor had called 911 for an ambulance, and Mr. Martinez rode to the hospital with the Claimant. During the ambulance trip, Claimant stated that she wanted this little girl to be with her, and she did not want anyone to take her away. Mr. Martinez testified that Claimant was "out of her mind" completely.

Caridad Martinez, Claimant's mother, also testified on Claimant's behalf. Mrs. Martinez testified that she rode in the ambulance to the hospital, and during the ride, Claimant was mumbling something about a girl. According to Mrs. Martinez, Claimant stated that she did not want anyone to hurt the girl. Mrs. Martinez further testified that at the hospital, Claimant played like she was brushing and tying a ribbon in the little girl's hair. Mrs. Martinez also testified that the Claimant thought the police were coming to hurt the little girl.

The last witness to testify on behalf of the Claimant was CPT Denton. CPT Denton has been in law enforcement for approximately 20 years and was present at the accident scene on April 4, 2005. CPT Denton testified that Anthony Johnson, a former employee of the Spartanburg County Sheriff's Department, had backed over his daughter who was approximately two years of age. The child had been crushed by the automobile so the accident scene was rather difficult to view. The child's father was in the carport and was probably the most distraught person that CPT Denton had ever seen. There were ambulances, fire trucks, and police personnel from Greer, Greenville, and Spartanburg at the scene. CPT Denton testified that he had seen hundreds of accident scenes involving a dead body, but he had never encountered a scene where a person that he knew had run over a child in a vehicle. As far as ranking the emotional affect of the scene, he ranked it as being the worst.

CPT Denton testified that while he was at the scene, Claimant asked him if she could leave and let the next shift perform the accident investigation. CPT Denton advised her that she could not leave and would have to do the investigation. CPT Denton testified that there was no policy at the Spartanburg County Sheriff's Department which prohibited employees from going to a scene where they knew the victim. CPT Denton testified that he had always maintained that regardless of who the victim was or who you know, even if it was the wife of the person doing the investigation, that the officer had to work the investigation. CPT Denton testified that he

maintained the same position on April 4, 2005, even though the father of the victim was a person that Claimant had worked with on the third shift at the Sheriff's Department. CPT Denton said he could have chosen to have somebody else come to the scene and work it, but he chose not to, because he would have worked the investigation, "if the shoe had been on the other foot." CPT Denton described the Claimant's normal job duties as follows:

Forensics I.D. photograph all types of scenes, to include property crimes, violent crimes, just the gamut of crimes. You lift latent fingerprints; you process scenes for DNA, any type of evidence, any type of forensic evidence. You interview victims of crimes. You may interview suspects of crimes if you are taking evidence from their bodies. Certainly, death investigation, you come in contact with bodies, deceased bodies, and you also have a responsibility to be present at autopsies, which are usually performed at Spartanburg Regional Medical Center, at the county morgue. You interact with the coroner's office; you interact with detectives and other personnel in uniform patrol. There's a host of things that a person in I.D. forensic would be responsible to do.

(Tr. 87-88). CPT Denton also testified that forensic investigators normally touch dead bodies. It would depend on how long the investigator had been in the job and what their specialties were. However, it was not uncommon for a forensic investigator to touch a body. He advised that the Claimant would have been in charge of processing the dead body at this accident scene.

CPT Denton testified that before April 4, 2005, Claimant was a very diligent and dependable employee. He rated her about an 8 or 8.5 on a scale of 1 to 10. He testified that she performed her job well and required very little supervision. He described her as a happy person. However, he noticed a change in the Claimant the day of the accident. CPT Denton testified that he did not feel "too well" that day either, and he could not imagine that anybody who was present at the scene felt too good for days to follow. However, within a week to a week and a half it became obvious that the Claimant was depressed and within three weeks it started to show in her work. CPT Denton testified that in his experience as a law enforcement officer, he could

not recall any incident where he knew the victim who either committed suicide or had been killed. He also testified that in his experience as a law enforcement officer, there had probably been no occasion where he had investigated a crime scene where he knew the person "in a personal way" who had committed the crime or the accident, although there may have been occasions when he investigated a crime scene where he knew the person in a business/criminal/law enforcement way. He also had never investigated a scene where a father had accidentally killed his child. CPT Denton testified that Anthony Johnson killing his two-year-old daughter by accident would have been an extreme situation in the Claimant's employment and that the accident scene was out of the ordinary.

On cross-examination, CPT Denton testified that taking photographs, making measurements, and moving the child's body at the accident scene on April 4, 2005 was an ordinary part of the Claimant's job. He admitted that when Claimant was doing the investigation that day, it was an ordinary part of her job. He testified that the only thing that was not ordinary was that it involved a child and she knew the father who had caused the accident. However, CPT Denton admitted that forensic investigators have to investigate the death of children. He further admitted that if she was investigating some other person's child that had been run over, that it would not be anything unusual or extraordinary about the investigation. CPT Denton admitted that if he had sent any other forensic investigator to do the accident scene, they would probably have known Anthony Johnson, although he could not predict what the outcome would have been.

CPT Denton testified that Anthony Johnson left the Spartanburg County Sheriff's Department approximately a year or so before the accident. He admitted that no homicide scene was a "pleasant" scene. He testified that bodies badly burned in a fire were not a "pleasant" sight. He admitted that an investigator would see people with gruesome injuries and this was part of the job. He also admitted that accidents in which children were badly mauled by dogs

were not pleasant sights either. CPT Denton testified that the Claimant was a friend of his sister's in high school. He admitted that he sent the Claimant to an attorney about her workers' compensation rights.

Numerous medical reports were submitted into evidence by the parties and have been thoroughly reviewed by the undersigned. On April 7, 2005, Claimant saw her family physician, Dr. John R. Wieder, regarding her blood pressure. Dr. Wieder noted that the Claimant was a sheriff's deputy and worked in the forensics department. He indicated that there was a lot of stress on the job and that she worked alternating shifts. However, there was no mention in his report of the accident investigation on April 4, 2005. The Claimant saw Dr. Wieder again on April 19, 2005. Dr. Wieder recorded the following history in his report:

She is very upset and crying. A very close friend and relative, a cousin with whom she was very close over the years, passed away yesterday. She is very upset about it. They were very close ever since they were little kids. She was very upset that she did not get to the hospital in time to say goodbye before he passed away.

(APA #1, p. 2). Dr. Wieder gave Claimant a slip taking her out of work for a few days. He noted that she would be helping with the funeral arrangements, and wanted to attend the funeral. At that time, he placed her on Xanax "to help her get through this trying time." (APA #1, p. 4). Dr. Wieder saw the Claimant again on April 25 and 29, 2005, May 5, 12, and 26, 2005, and June 24, 2005. In these office visits, Claimant never mentioned the accident investigation on April 4, 2005. In fact it was not until May 3, 2006, after filing her workers' compensation claim, that Claimant advised Dr. Wieder about the incident with the child.

The Claimant was seen at the Spartanburg Regional Hospital Emergency Room on April 24, 2005 complaining of syncope and a migraine headache. The Emergency Room report noted that Claimant was under increased stress that week due to a death in the family. (APA #2, p. 17).

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It was the Emergency Room physician's impression that the Claimant was having a grief reaction. (APA #2, p. 18).

On August 7, 2005, the Claimant was hospitalized at Spartanburg Regional Medical Center. Dr. Caston's admission report indicated that the Claimant was admitted due to delirium thought to be related to Benzodiazepine withdrawal symptoms. He noted that the Claimant had been given Xanax by her family doctor but had not taken the medication for 3-5 days. He further recorded under "Social History" that the Claimant apparently had recent problems with uncontrollable hypertension and that the patient's best friend recently died. (APA #2, p. 23).

The Emergency Room triage report noted:

Per EMS report pt is deputy sheriff "who just went crazy in her house." Broke all windows in house and patrol car. Kicked in doors. Thinks it's year 1800 and she's on the Missouri River. Per family patient has no history of this behavior.

* * * * *

Patient continues to be agitated and speaking about red horses running through unit, asking how to do a jewish birth when changing from a girl into a boy, pt thinking picture on wall records what she's doing. Pt thinks she's here related to giving birth.

(APA #2, pp. 26-7).

In his discharge report of August 9, 2005, Dr. Caston stated under "Social History" that:

The patient had no previous history of psychiatric care. The patient apparently had recent problems with uncontrollable hypertension and also had problems with anxiety, insomnia and depression related to the death of her best friend who apparently was a male cousin.

(APA #2, p. 35). There was no mention in his discharge report of the death of the child on April 4, 2005.

On August 10, 2005, the Claimant was admitted to the Carolina Center for Behavioral Health. In the admission report, Dr. Ralph J. Castriotta, stated the reason for the admission as:

The patient was admitted after being hospitalized briefly at SRMC. She ended up there after having a brief reaction, possibly psychotic in nature to abruptly stopping her Xanax. She started the Xanax 2 mg a day 6 weeks ago after suffering an acute anxiety reaction to the death of a relative. She was vulnerable at the time due to stressors at work. She works as a police officer. She feels she was in an emotionally vulnerable state when the relative died. This heightened her reaction to it. She was placed on Xanax. She did reasonably well. She felt that she needed to get off the medication. She did so basically by stopping it. She then deteriorated and had poor sleep. She had decreased ability to get a sense of the world around her. She finally lost touch with reality and was hospitalized. She has little recall of the events that occurred during the time she lost touch with reality.

(APA #4, p. 107). (Emphasis added). It was also noted by Dr. Castriotta that Claimant's brother suffered from depression. Dr. Castriotta's diagnosis was psychosis secondary to withdrawal from Benzo's and rule out bipolar versus OCD. The Claimant was discharged from the Carolina Center for Behavioral Health on August 11, 2005, and was seen in follow-up by Dr. Castriotta.

On August 22, 2005, Dr. Castriotta was interviewing the Claimant and noted that she became very confused. Dr. Castriotta discovered that Claimant had been overtaking her Lortab medication. In fact, the Claimant had taken 120 Lortabs since August 5, 2005, which was roughly 60 mg a day. For that reason, the Claimant was re-admitted to the Carolina Center for Behavioral Health on August 22, 2005. On August 23, 2005, Dr. Castriotta was interviewing the Claimant and asked her why she was overtaking her medicine. The Claimant told Dr. Castriotta for the first time about the incident in which the police officer had run over his own two-year-old child. (APA #4, p. 113).

The Claimant was again hospitalized at the Carolina Center for Behavioral Health from September 28, 2005 to October 20, 2005. Dr. Shane Sherbondy in his discharge diagnosis stated

that Claimant had bipolar disorder, not otherwise specified, post traumatic stress disorder, and opium abuse, benzodiazepine abuse. He also noted that the Claimant had a borderline personality disorder. Following her discharge from the hospital, Claimant continued under the care of Dr. Sherbondy. In his office note of September 29, 2005, Dr. Sherbondy stated that the Claimant was no longer working and was seeking long term disability. He also stated that the Claimant did not want to find a new job, because it could not pay as well. On November 9, 2005, Dr. Sherbondy noted Claimant was still pretty fragile and was working toward a disability claim. (APA #5, p. 123-4).

The Claimant was evaluated by Dr. Luther A. Diehl, a clinical psychologist, on September 6, 2005. Dr. Diehl noted in his initial assessment that the Claimant had been recently discharged from the Carolina Center for Behavioral Health after she was admitted for increased use of Lortab and had described a problematic situation related to her job as a crime scene investigator. Dr. Diehl advised that Claimant now had increased anxiety and tension regarding her financial situation. He further stated that the Claimant had discontinued Xanax abruptly and became psychotic which necessitated her first hospital stay in early August. Under prior psychiatric history, Dr. Diehl reported that the Claimant had an episode of depression eight years ago and was treated with anti-depressant medication. Under psychosocial history, Dr. Diehl reported that the Claimant had essentially a happy home situation, but that two good friends had recently died, one from AIDS and the other from a heart attack. In his evaluation, Dr. Diehl reported that the Claimant was oriented times four and did not display indications of confusion. He did note that she tended at times to be tangential in regard to some aspects of her situation probably related to the hospitalization and issues associated with a traumatic experience that occurred several months ago. Dr. Diehl further reported that:

In discussing primary issues at this point, Ms. Martinez did function in a crime scene investigation with a two year old child who was accidentally killed when run over by her father who was a Greenville County Deputy. Ms. Martinez knew this officer and indicated that this event took place in April of 2005. She was extensively involved in the investigation and understood the reaction quite vividly from the father. She began having problems after this death and a week later her cousin died of AIDS. This was also in April of 2005. It was at this point that she began excessive use of Lortab. She had an evaluation in the emergency department of Spartanburg Regional Hospital and was transferred to Carolina Center for Behavioral Health for inpatient treatment. She apparently had some continued excessive use of medications and was treated on an inpatient basis briefly and then transferred to out patient treatment.

(APA #5, p. 129). Dr. Diehl advised that it was unlikely that the Claimant could ever return to police work or at least not any type of active field work. He advised that her post-traumatic issues related to the death of the child would require significant therapeutic intervention. Utilization of cognitive behavior intervention, and also some processing of emotions would be essential in her situation. He also noted that she would likely require some vocational counseling and may need additional vocational training. His diagnosis was post-traumatic disorder, acute opium abuse in remission, depressive disorder, NOS.

Dr. Diehl saw the Claimant again on September 14, 2005 and spent some time discussing the issues related to the death of the child. He noted that about a week after the child's death her cousin died from AIDS and this increased the Claimant's focus on the issue of loss. Dr. Diehl noted that before the recent experience Claimant said it was getting harder to investigate crime scenes. He recommended continued use of cognitive behavior interventions allowing the Claimant to express grief issues and work through the grief matters. He noted that it may be necessary to explore issues of loss in terms of the child and the fact that the Claimant had not had any children. On September 27, 2005, the Claimant reported to Dr. Diehl she had experienced another upsetting incident in her job, when she had to go to a game compound where poachers

had broken in and killed a deer and wounded another one. She had to shoot the animal that was injured and take pictures as well. Claimant had a great deal of anger towards the poachers. In another investigation, two ponies had been killed by a tractor trailer. Claimant advised that because of her concern for animals, she took this as somewhat of a negative omen. Dr. Diehl indicated there was probably a cumulative effect from these various experiences she had had. At the conclusion of this session, Claimant did describe to Dr. Diehl a situation in which she had been sexually abused for some time during her childhood years while living in Cuba. She also reported a sexual assault at age 19. Dr. Diehl indicated it was likely that the feeling of helplessness and loss of control especially involving a young child, probably had rekindled her earlier traumatic stressors.

At her October 27, 2005 office visit, Claimant advised Dr. Diehl that at age 19, she had been raped and also that when she was 6 years of age, she had been molested by a neighbor in Puerto Rico. Dr. Diehl advised that he was going to work on cognitive reframing with the possibility of some type of plan about employment down the road. He felt this would likely require some retraining. They discussed the possibility of her pursuing an online master's degree and teaching in some position, possibly political science. The Claimant continued with follow-up treatments with Dr. Diehl. On April 18, 2006, Dr. Diehl wrote to the Claimant's attorney advising that in his opinion her current psychological difficulties and impairment in work functioning were precipitated by a work related stressor on April 4, 2005.

On June 8, 2006, Ms. Martinez was evaluated by Dr. John F. Abess, a psychiatrist. Dr. Abess took an extensive history from the Claimant which included sexual assaults over a two year period during her childhood by a male friend of the family and being raped at age 19 by a friend of her youngest brother.

The Claimant described her work experience to Dr. Abess as follows:

She recalls her first autopsy occurred at age 18. Frequently, she has to take measurements of bullet holes. 'We would have to take photos from every angle and behind from inside the skull and from inside the body.' She estimates having participated in about two or three dozen autopsies. If there was an attended death, she would have to determine if it was natural or if there was a crime. She estimates having been an investigator at 50-100 death scenes. 'It never bothered me.' 'I have always been able to take grizzly stuff.'

The Claimant testified that 10 years ago she had taken Luvox for approximately 1½ years for depression. At that time she went through an employee's assistance program. The Claimant indicated this was the result of having been separated and divorced.

As a result of his evaluation, Dr. Abess made a primary psychiatric diagnosis of post-traumatic stress disorder, recurrent episode, and chronic bipolar I effective disorder. He also diagnosed prescription medicine abuse associated with primary diagnosis and a personality disorder. Dr. Abess advised that there was evidence of the existence of bipolar mood disorder prior to April 4, 2005, although the diagnosis was not officially recognized. He also indicated there was evidence that Claimant's post-traumatic stress disorder also existed prior to April 4, 2005 in that Claimant had developed symptoms consistent with post-traumatic stress disorder after her rape at age 19. It was Dr. Abess' impression that both the accident investigation on April 4, 2005 and the death of her ex-husband's cousin from AIDS in mid-April 2005 were factors in the exacerbation of Claimant's pre-existing bipolar disease. He also felt that the accident investigation could have led to a recurrence of a previously experienced post-traumatic stress disorder which occurred when she was sexually abused for about 18 months from age 7-8 while living in Puerto Rico and after being raped at age 19. However, Dr. Abess advised that the discontinuation of Xanax by the Claimant along with the initiation of the anti-depressant Zoloft was the actual precipitant cause for the development of a manic manifestation of her bipolar disorder. Dr. Abess noted that Claimant had a persisting affective disorder which medical

records showed revealed itself early in her life. He noted that this disorder was genetically developed and the patient had one sibling with a similar disorder.

A record such as was necessary was made of the proceedings in this matter and after careful consideration and study of all the evidence, the following findings of fact are accordingly made.

FINDINGS OF FACT

IT IS FOUND AS A FACT THAT:

1. All parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Spartanburg County as the employer and the S.C. Association of Counties Self-Insurance Fund, as carrier.

2. Claimant's average weekly wage was \$694.35, making the compensation rate of \$462.92 applicable in this case.

3. Claimant's job as a forensic investigator required her to collect evidence in homicide, suicide and other death cases on a regular basis. Claimant testified to seeing accident victims who were decapitated, without arms and legs, and "the worst trauma imaginable." Claimant admitted it was not unusual for a forensic investigator to see "blood and guts." However, she contended that the incident on April 4, 2005 was different.

4. Claimant contended that working the death case of a child who was run over by a fellow police officer was unusual and extraordinary. She stated that police officers have a "special bond." However, Claimant was not a close friend of the fellow officer, Anthony Johnson, although she worked on the same shift, and they would occasionally see each other at shift changes. She did not personally know the officer's wife or child, had never visited their home, and had never socialized with Anthony Johnson or his family.

5. Claimant had been to an investigation previously while working for the Greenville County Sheriff's Department in which a child's head had been run over by a dump truck. Claimant testified that the accident did not bother her. She stated that if that type of situation bothered her, she would have never chosen to be a forensic investigator.

6. Claimant had investigated and worked up approximately 100-150 death cases in her 3-4 years as a forensic investigator. She had also investigated approximately 24 suspicious death/homicide cases and participated in approximately 24-26 autopsies. These investigations were a usual and ordinary part of her job. Claimant also testified about an investigation of an automobile accident in which an injured teenager had died in her arms.

7. When Claimant went to a crime scene, she would take up to 100 photographs and move the body to investigate anything underneath the body. She also took measurements and put up barriers to prevent people from seeing the accident scene. This was a part of her usual and ordinary job.

8. Claimant had other stressors in April 2005 that were not work related, including the death from AIDS of her ex-husband's cousin with whom she was very close. Claimant was treated for anxiety, insomnia, and depression from these non-work related situational stressors including medications and hospitalization.

9. Claimant did not mention the investigation involving the death of a child on April 4, 2005 until approximately four months later after being hospitalized for an emotional breakdown.

10. CPT Steve Denton testified that the accident scene of the child's death on April 4, 2005 was a terrible sight but that Claimant was doing her ordinary job that day in investigating the death of the child. CPT Denton required the Claimant to stay and perform the accident investigation because that was her job. The fact that the death scene involved the death of a

child of a former Spartanburg County Deputy Sheriff did not remove the situation from being a part of her regular job.

11. Spartanburg County Sheriff's Office had no rule prohibiting its employees from going to accident scenes where they knew the victim. CPT Denton testified that he had always maintained and still maintained that no matter who the victim was, the Sheriff's Department investigators were required to work the accident scene.

12. Claimant had been sexually abused for almost two years as a child by a male family friend in Puerto Rico. She had also been raped at age 19. Claimant also took an antidepressant for 1½ years after her separation and divorce from her husband.

13. Dr. Abess stated that the Claimant had evidence of a preexisting bipolar disorder and post traumatic stress disorder. He stated that Claimant stopping her Xanax abruptly and starting Zoloft was the actual precipitant for the development of a manic manifestation of her bipolar disease. Dr. Sherbondy also diagnosed Claimant with bipolar disorder "not otherwise specified" and post traumatic stress disorder.

14. Investigating the death of a child, even the child of a former Sheriff's Deputy, was not an unusual or extraordinary condition of Claimant's employment.

15. Claimant failed to prove that she encountered an unusual or extraordinary condition in her employment on April 4, 2005, while employed by the Spartanburg County Sheriff's Department. This finding is based on all the evidence in the record.

16. Claimant failed to prove that the accident investigation on April 4, 2005 was the proximate cause of her mental breakdown, said finding being based on all the evidence in the record.

CONCLUSIONS OF LAW

Accordingly, as provided in Section 42-17-40, S.C. Code Ann. (1976), it is the determination of this Commissioner that:

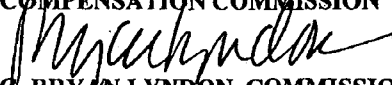
1. Under Section 42-1-130, S.C. Code Ann. (1976), Raquel Martinez was a covered employee at the time in question, and under Section 42-1-140, S.C. Code Ann. (1976), Spartanburg County was a covered employer.
2. Under Section 42-1-160, S.C. Code Ann. (1976), Claimant did not sustain a mental injury by accident arising out of and in the course of her employment with Spartanburg County.

ORDER

IT IS, THEREFORE ORDERED that the claim of Raquel Martinez be, and hereby is, denied.

AND IT IS SO ORDERED.

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**


G. BRYAN LYNDON, COMMISSIONER

November 20, 2006
Columbia, South Carolina

cc: Chadwick D. Pye, Esquire
Attorney at Law
Post Office Box 18328
Spartanburg, South Carolina 29318

Richard B. Kale, Jr., Esquire
WILLSON, JONES, CARTER & BAXLEY, LLC
200 E. Camperdown Way, Suite D
Greenville, South Carolina 29601

CERTIFICATE OF SERVICE
This is to certify that the undersigned has this date 20th served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys for said parties. CDP
RBK-J
This 20th day of November, 2006
By Shirley Thomas
Administrative Assistant to the Commissioner

1 PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN SPARTANBURG,
4 SOUTH CAROLINA.

5 * * * * *

6 BY COMMISSIONER LYNDON:

7 TODAY'S DATE IS SEPTEMBER THE 6TH, 2006. THIS
8 IS SOUTH CAROLINA WORKERS' COMPENSATION CASE FILE
9 NUMBER 0515098. THE CLAIMANT IS RAQUEL MARTINEZ.

10 BY THE CLAIMANT:

11 NO, IT'S RAQUEL.

12 BY THE COMMISSIONER:

13 RAQUEL, I'M SORRY. WE HAVE IT SPELLED ---

14 BY THE CLAIMANT:

15 IT'S SPELLED CORRECTLY.

16 BY THE COMMISSIONER:

17 I'M SORRY. RAQUEL MARTINEZ, REPRESENTED BY
18 ATTORNEY CHAD PYE; VERSUS EMPLOYER SPARTANBURG
19 COUNTY SHERIFF'S OFFICE. THE INSURER IS THE SOUTH
20 CAROLINA ASSOCIATION OF COUNTIES SELF-INSURED FUND,
21 AND DICK KALE IS THE ATTORNEY FOR THE DEFENDANT.
22 THE PURPOSE OF THE HEARING IS TO DETERMINE ISSUES
23 RAISED ON FORMS 50 AND 51. THE CLAIMANT'S AVERAGE
24 WEEKLY WAGE IS 694.35, HER COMP RATE 462.92, AND THE
25 DATE OF ACCIDENT IS 4/4/05. ARE THERE ANY

1 OBJECTIONS TO APAs, JURISDICTION, VENUE OR ANY OTHER
2 ITEMS?

3 BY MR. KALE:

4 YOUR HONOR, I WOULD OBJECT TO THE SUPPLEMENTAL
5 APA THAT WAS SUBMITTED ON AUGUST 24TH OF 2006, WHICH
6 WOULD HAVE BEEN 13 DAYS BEFORE THIS HEARING AND WAS,
7 IN FACT, AFTER THE PREVIOUS HEARING THAT WAS SET ON
8 AUGUST 23, ON THE BASIS THAT IT WAS NOT SUBMITTED 15
9 DAYS BEFORE EITHER HEARING.

10 BY THE COMMISSIONER:

11 MR. PYE?

12 BY MR. PYE:

13 YOUR HONOR, I, IN RESPONSE TO MR. KALE'S
14 OBJECTION, WOULD ARGUE THAT HE WASN'T PREJUDICED AT
15 ALL BY THAT APA. IT WAS FAXED TO HIM ON AUGUST THE
16 24TH. IT ONLY -- IT HAD THE LATEST REPORTS FROM TWO
17 DOCTORS THAT HE WAS ALREADY AWARE OF, PLUS THE
18 REPORT OF THE VOCATIONAL EXPERT, AND IT'S MY
19 POSITION THAT HE NEVER ATTEMPTED TO DEPOSE ANY OF
20 THOSE PEOPLE. I WOULD HAVE MADE MYSELF AVAILABLE.
21 SO I THINK HE'S IN NO WAY PREJUDICED AT ALL. I
22 FAXED THIS STUFF TO HIM ON AUGUST 24TH AND MAILED
23 THEM ON AUGUST 24TH.

24 BY THE COMMISSIONER:

25 ALL RIGHT, SIR. NEVERTHELESS, THEY WERE LATE,

1 AND I SUSTAIN THE OBJECTION, AND THEY WILL NOT BE
2 MADE A PART OF THE RECORD. ANY OTHER OBJECTIONS?

3 BY MR. KALE:

4 JUST FOR THE RECORD, YOUR HONOR, HE DOES -- I
5 THINK WE ARE PREJUDICED BECAUSE IT INCLUDES A
6 VOCATIONAL REPORT ON DISABILITY THAT HAD NOT BEEN
7 ADDRESS PREVIOUSLY. IT ALSO ADDRESSED THE M.M.I.
8 ISSUE, AND IT'S HIS BURDEN TO TAKE THE DEPOSITIONS
9 IF HE DOESN'T GET THEM IN TIMELY.

10 BY THE COMMISSIONER:

11 COULD WE GO OFF THE RECORD A MINUTE?

12 (OFF-THE-RECORD DISCUSSION)

13 BY THE COMMISSIONER:

14 IF THERE ARE NO OTHER OBJECTIONS, THE
15 COMMISSION FILE BECOMES A PART OF -- I'M SORRY.

16 BY MR. PYE:

17 I WOULD JUST STATE AS FAR AS THE PREHEARING
18 BRIEF, MR. KALE PUT IN THERE THAT HE WOULD HAVE THE
19 DEPOSITIONS OF STEVE DENTON, I BELIEVE, AND NEIL
20 URCH.

21 BY MR. KALE:

22 PARDON?

23 BY MR. PYE:

24 ON YOUR APA.

25 BY THE COMMISSIONER:

1 AS EXHIBITS?

2 BY MR. PYE:

3 YES.

4 BY MR. KALE:

5 I'M SURE I LISTED THEM. HE TOOK THE
6 DEPOSITIONS. I LISTED THEM AS POTENTIAL FOR CROSS
7 EXAMINATION.

8 BY MR. PYE:

9 RIGHT, THEY ARE LISTED ON HIS EXHIBITS, AND I
10 WOULD JUST STATE THAT THOSE TWO GENTLEMEN ARE HERE
11 TODAY, SO THERE WOULD BE NO USE IN PUTTING THEIR
12 DEPOSITIONS IN THE RECORD BECAUSE THEY ARE HERE FOR
13 LIVE TESTIMONY.

14 BY THE COMMISSIONER:

15 AND I DON'T ---

16 BY MR. KALE:

17 ONLY FOR CROSS EXAMINATION.

18 BY THE COMMISSIONER:

19 RIGHT. FOR PURPOSES OF IMPEACHMENT IF
20 NECESSARY.

21 BY MR. KALE:

22 IF NECESSARY.

23 BY MR. PYE:

24 THAT'S ALL.

25 BY THE COMMISSIONER:

1 ALL RIGHT, SIR. IF THERE ARE NO OTHER
2 OBJECTIONS, THE COMMISSION FILE BECOMES A PART OF
3 THE RECORD WITH THE EXCEPTION OF SELF-SERVING
4 DECLARATIONS AND UNSTIPULATED MEDICAL REPORTS.
5 PRIOR TO GOING ON THE RECORD WE HAD A VERY LENGTHY
6 PREHEARING CONFERENCE. THIS IS A CASE IN WHICH THE
7 CLAIMANT SEEKS PERMANENT AND TOTAL DISABILITY DUE TO
8 EXTREME AND EXTRAORDINARY, UNUSUAL AND EXTRAORDINARY
9 CONDITIONS OF EMPLOYMENT, AND THERE WERE A LOT OF A
10 DIFFERENT VIEWS OF THIS FROM THE PARTIES, AND
11 ORDINARILY I PUT THEIR POSITIONS ON THE RECORD, BUT
12 I'VE ASKED EACH PARTY TO MAKE A BRIEF OPENING
13 STATEMENT, AND I'LL START WITH THE MOVING PARTY, MR.
14 PYE.

15 I DID ORIGINALLY ASK FOR A SHORT BRIEF. I FEEL
16 LIKE WHATEVER I DO TODAY WILL TRAVEL UP THE LEGAL
17 SYSTEM, AND THAT WOULD AT LEAST HELP ME TO MAKE A
18 BETTER DECISION BECAUSE THERE ARE A LOT OF MEDICAL
19 RECORDS. BUT I'M NOT GOING TO ASK FOR THAT BRIEF
20 NOW. ALL I NEED IS FOR YOU ALL TO PUT YOUR
21 POSITIONS ON THE RECORD, AND I'LL START WITH THE
22 MOVING PARTY, MR. PYE.

23 BY MR. PYE:

24 THANK YOU, COMMISSIONER. I REPRESENT RAQUEL
25 MARTINEZ. SHE IS A FORMER SPARTANBURG COUNTY

1 SHERIFF'S DEPUTY. IT IS OUR POSITION THAT AS A
2 RESULT OF PERFORMING AN INVESTIGATION ON APRIL THE
3 4TH, 2005, ON BEHALF OF THE SPARTANBURG COUNTY
4 SHERIFF'S OFFICE, SHE ENCOUNTERED AN EXTREME AND
5 EXTRAORDINARY CONDITION IN HER EMPLOYMENT, WHICH
6 SUBSEQUENTLY LED TO A MENTAL BREAKDOWN WHICH CAUSED
7 HER TO BE INSTITUTIONALIZED. IT'S MY POSITION THAT
8 THE EXPERT EVIDENCE IN THE APAs SUPPORTS THIS
9 POSITION, AND IT'S MY POSITION THAT THE LIVE
10 TESTIMONY THAT YOU WILL HEAR TODAY BY THE TWO
11 SUPERVISING OFFICERS, WHO ARE REALLY THE ONLY TWO
12 PEOPLE IN A POSITION TO MAKE THE CALL AS TO WHETHER
13 THAT WAS EXTREME AND EXTRAORDINARY, I THINK IF THEY
14 ARE IN LINE WITH THEIR DEPOSITIONS, THEY WILL AGREE
15 THAT IT WAS JUST SUCH THAT, EXTREME, AND WE ARE
16 SEEKING PERMANENT AND TOTAL DISABILITY.

17 WE WOULD ASK THAT UTICA-MOHAWK LANGUAGE BE PUT
18 IN THE ORDER, AND WE ARE ASKING FOR A LUMP SUM
19 SETTLEMENT. HER FATHER HAS TAKEN OVER HER FINANCES,
20 AND IF NECESSARY, IF THE COMMISSION WOULD LIKE, WE
21 WILL HAVE HIM GO THROUGH PROBATE COURT AND BECOME
22 HER CONSERVATOR.

23 BY THE COMMISSIONER:

24 WELL, I WOULD THINK THAT WOULD BE NECESSARY
25 BASED ON WHAT YOU'VE SAID.

1 BY MR. PYE:

2 AND IN ANY EVENT, IF YOU DO FIND IT COMPENSABLE
3 AND CHOOSE TO GIVE HER A RUNNING AWARD, I WOULD ASK
4 THAT ATTORNEY'S FEES BE PAID IN A LUMP SUM OFF THE
5 BACK END. THAT'S ALL.

6 BY THE COMMISSIONER:

7 ALL RIGHT, SIR. AND I DIDN'T BRING THIS UP IN
8 THE PREHEARING CONFERENCE. I WASN'T AWARE THIS WAS
9 AN ISSUE, SO I DIDN'T ASK, AND MR. KALE WILL
10 CERTAINLY ADDRESS THE LUMP SUM/UTICA-MOHAWK IN HIS
11 OPENING STATEMENT.

12 BY MR. KALE:

13 YOUR HONOR, WE WOULD OBJECT TO A LUMP SUM AND
14 THE UTICA-MOHAWK.

15 BY THE COMMISSIONER:

16 ALL RIGHT, SIR. MR. KALE FOR THE DEFENDANT.

17 BY MR. KALE:

18 YOUR HONOR, WE DENY THAT MS. MARTINEZ SUFFERED
19 A COMPENSABLE PSYCHIATRIC INJURY. WE CONTEND THAT
20 THERE WAS NO UNEXPECTED STRAIN OR OVEREXERTION, NO
21 UNUSUAL OR EXTRAORDINARY CONDITION OF EMPLOYMENT.
22 SHE WAS EMPLOYED BY SPARTANBURG COUNTY AS A FORENSIC
23 INVESTIGATOR. IT WAS HER JOB TO GO OUT ON HOMICIDE
24 AND DEATH CASES AND COLLECT EVIDENCE, MAKE
25 PHOTOGRAPHS AND SO FORTH, AND SO WE THINK THAT THIS

1 WAS JUST AN ORDINARY PART OF HER JOB.

2 AS FAR AS THE CAUSE OF HER PSYCHIATRIC
3 PROBLEMS, WE WOULD SUBMIT THAT THE INCIDENT ON APRIL
4 4, 2005, WAS JUST ONE FACTOR, THAT THERE WERE AT
5 LEAST A COUPLE OF FACTORS, AND THAT INCLUDES THE
6 DEATH OF HER COUSIN. I'M NOT SURE IF IT'S HER
7 COUSIN OR HER FORMER HUSBAND'S COUSIN, BUT THE DEATH
8 OF A COUSIN FROM AIDS, AND WE WOULD SUBMIT TO THE
9 COMMISSION WHEN YOU LOOK AT THE MEDICAL RECORDS FROM
10 HER FAMILY DOCTOR STARTING IN APRIL, THE ONLY THING
11 THAT'S MENTIONED AS BEING A CAUSE FOR HER MENTAL
12 PROBLEMS WAS THE DEATH OF THE COUSIN. THAT
13 CONTINUES ON THROUGH HER HOSPITALIZATION AT
14 SPARTANBURG REGIONAL, AND I WOULD CITE YOU PAGE 179
15 OF THE APAs DEALING WITH HER HOSPITALIZATION ON
16 AUGUST 7TH OF 2005, PAGE 35 OF THE APAs. BOTH OF
17 THESE REFERENCE ANXIETY, INSOMNIA AND DEPRESSION
18 RELATED TO THE DEATH OF HER BEST FRIEND, A MALE
19 COUSIN. THIS IS ALSO INCLUDED IN THE
20 HOSPITALIZATION AT CAROLINA CENTER FOR BEHAVIORAL
21 HEALTH. ON PAGE 179 IT INDICATES THAT IT'S DUE TO
22 THE DEATH OF A RELATIVE. THE FIRST MENTION THAT WE
23 COULD FIND REGARDING THE DEATH OF THE CHILD WAS
24 AUGUST 23 OF 2005, AND THAT'S ABOUT FOUR MONTHS
25 AFTER THE INCIDENT. WE WOULD CITE TO YOU DR. ABESS'

1 OPINION THAT BOTH THE DEATH OF THE CHILD AND THE
2 DEATH OF HER COUSIN FROM AIDS WERE FACTORS IN HER
3 MEDICAL CONDITION, AND, THEREFORE, UNDER THE NAWA
4 VERSUS WACKENHUT CASE, THE INCIDENT ON APRIL 4 WAS
5 JUST ONE FACTOR, NOT THE PROXIMATE CAUSE.

6 BY THE COMMISSIONER:

7 I HATE TO INTERRUPT THE FLOW. WHAT PAGE IS THE
8 8/23/05 REPORT?

9 BY MR. KALE:

10 I DIDN'T WRITE IT DOWN.

11 BY THE COMMISSIONER:

12 THAT'S ALL RIGHT. YOU CAN BE LOOKING FOR THAT
13 AND BRING IT OUT ON CROSS EXAMINATION BECAUSE I'M
14 SURE YOU MAY ASK THAT. SO IF YOU'RE ASKING A
15 QUESTION THAT WOULD RELATE TO A MEDICAL REPORT, IF
16 YOU COULD JUST GIVE ME THE PAGE NUMBER IF YOU CAN
17 FIND IT.

18 BY MR. KALE:

19 YOUR HONOR, ALSO YOU HAD ASKED IF THERE WAS
20 ANOTHER REPORT ABOUT BIPOLAR, AND IF YOU LOOK ON
21 PAGE 108, IT DOES SAY, "RULE OUT BIPOLAR VERSUS
22 O.C.D."

23 BY THE COMMISSIONER:

24 LET'S GO OFF THE RECORD.

25 (OFF-THE-RECORD DISCUSSION)

1 BY THE COMMISSIONER:

2 WE'RE BACK ON THE RECORD. WE HAD AN OFF-THE-
3 RECORD DISCUSSION, AND WHAT I HAD ASKED EITHER PARTY
4 TO -- ON PAGE 108 THERE'S AN AXIS I AFTER THE
5 CLAIMANT WAS TESTED, APPARENTLY, AND IT SAYS,
6 "PSYCHOSIS SECONDARY TO WITHDRAWAL FROM BENZOS," AND
7 I WAS ASKING IF THERE HAD BEEN ANY MEDICAL REPORT
8 THAT FURTHER DEVELOPED THE FACT THE WORD "PSYCHOSIS"
9 WAS MENTIONED. THE REASON FOR IT NOT BEING AS
10 IMPORTANT TO ME IS THE FACT THAT THE DIAGNOSIS IS
11 THAT IT IS A PSYCHOSIS VERSUS A NEUROSIS, AND I'LL
12 LOOK FOR THAT. I DON'T WANT TO HOLD UP THE HEARING
13 ANY MORE, AND I APPRECIATE THOSE OPENING STATEMENTS.

14 MS. MARTINEZ, WOULD YOU STATE YOUR FULL NAME
15 FOR THE RECORD, MA'AM?

16 BY THE WITNESS:

17 RAQUEL MARTINEZ.

18 * * * * *

19 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
20 WHOLE TRUTH AND NOTHING BUT THE TRUTH CONCERNING THE
21 MATTER HEREIN:

22 RAQUEL MARTINEZ,

23 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS FOLLOWS:

24 BY THE COMMISSIONER:

25 YOU ARE SLIGHTLY SOFT-SPOKEN. IF YOU COULD

1 SPEAK LOUD ENOUGH FOR TIMMI TO HEAR YOU, I'D
2 APPRECIATE IT.

3 BY THE WITNESS:

4 OKAY.

5 BY THE COMMISSIONER:

6 OKAY. THANK YOU. GO AHEAD, SIR.

7 DIRECT EXAMINATION BY MR. PYE:

8 Q. MS. MARTINEZ, WHAT IS YOUR DATE OF BIRTH?

9 A. APRIL 5TH, 1959.

10 Q. HOW OLD ARE YOU?

11 A. FORTY-SEVEN.

12 Q. ARE YOU MARRIED?

13 A. NO, DIVORCED.

14 Q. DO YOU HAVE ANY CHILDREN?

15 A. NO.

16 Q. HOW FAR DID YOU GO IN SCHOOL?

17 A. I HAVE A BACHELOR'S DEGREE FROM THE UNIVERSITY OF
18 SOUTH CAROLINA.

19 Q. WHERE IS THE LAST PLACE YOU WORKED?

20 A. SPARTANBURG COUNTY SHERIFF'S OFFICE.

21 Q. WHAT IS THE LAST DATE YOU WORKED?

22 A. AROUND AUGUST 6TH OF 2005.

23 Q. WHAT WAS YOUR TITLE OR RANK AT THE SHERIFF'S OFFICE?

24 A. I WAS A MASTER DEPUTY FORENSIC INVESTIGATOR.

25 Q. IS THAT ALSO CALLED AN I.D. TECH?

1 A. YES.

2 Q. WHAT DOES THAT JOB ENTAIL?

3 A. GOING TO A CRIME SCENE OR TO A SCENE TO DETERMINE IF
4 THERE'S A CRIME, COLLECT EVIDENCE, TAKE PHOTOGRAPHS
5 OF THE AREA, TAKE MEASUREMENTS, PROCESS FOR ANY KIND
6 OF FINGERPRINTS OR ANY OTHER KIND OF FORENSIC
7 EVIDENCE, INCLUDING D.N.A. IF IT'S LIKE A RAPE
8 CASE, WE COLLECT THE BEDDING TO SEE IF WE CAN FIND
9 ANY FIBERS OR UNUSUAL HAIRS THAT WOULDN'T BELONG ON
10 IT, AND WE DO SOME OF THE TESTING AT THE SHERIFF'S
11 OFFICE; OTHERS, WE BAG UP, SEND TO SLED USING THE
12 PROPER PROTOCOL FOR CHAIN OF EVIDENCE. WE DOWNLOAD
13 THE PHOTOGRAPHS INTO A COMPUTER, AND THEN WE WRITE
14 TWO DIFFERENT REPORTS IN TWO SEPARATE COMPUTERS TO
15 DOCUMENT EVERYTHING SO THAT WE CAN TESTIFY IN COURT
16 AT THE TIME THAT THE COURT CASE COMES UP.

17 Q. NOW, YOU'RE NOT A HOMICIDE INVESTIGATOR, ARE YOU?

18 A. NO, SIR.

19 Q. YOU GO TO SCENES OF BURGLARIES?

20 A. YES, SIR.

21 Q. AUTOMOBILE ACCIDENTS?

22 A. YES, SIR.

23 Q. ROBBERIES? ANY TYPE OF CRIME?

24 A. YES, SIR.

25 Q. VIOLENT OR NONVIOLENT?

1 A. VIOLENT OR NONVIOLENT.

2 BY THE COMMISSIONER:

3 JUST FOR MY EDIFICATION -- AND I REALLY DO HATE
4 TO INTERRUPT -- WHEN SHE SAID SHE'S NOT A HOMICIDE -
5 - SHE DOESN'T GO TO HOMICIDES. SO IF IT WAS A
6 ROBBERY THAT INVOLVED A HOMICIDE, WOULD THE CLAIMANT
7 NOT GO THERE?

8 BY MR. PYE:

9 SHE'S NOT A HOMICIDE INVESTIGATOR. SHE IS ---

10 BY THE COMMISSIONER:

11 SHE GOES TO THE SCENE WHERE THERE COULD HAVE
12 BEEN A HOMICIDE?

13 BY MR. PYE:

14 THAT'S CORRECT.

15 BY THE COMMISSIONER:

16 I UNDERSTAND.

17 BY MR. PYE:

18 AND SHE JUST TAKES PHOTOGRAPHS AND GATHERS
19 EVIDENCE, IS MY UNDERSTANDING.

20 BY THE COMMISSIONER:

21 I UNDERSTAND. DOESN'T DO ANY INVESTIGATION
22 BEYOND THAT?

23 BY MR. PYE:

24 RIGHT.

25 BY THE WITNESS:

1 THAT'S CORRECT.

2 BY THE COMMISSIONER:

3 THANK YOU.

4 DIRECT EXAMINATION RESUMED BY MR. PYE:

5 Q. HOW LONG HAD YOU BEEN IN THAT POSITION THAT YOU WERE
6 IN AT THE TIME YOU LEFT?

7 A. YOU MEAN AT THE SHERIFF'S OFFICE TOTAL OR ---

8 Q. NO, MA'AM, IN THE POSITION YOU WERE IN WHEN YOU WERE
9 LAST AT THE SHERIFF'S OFFICE.

10 A. BETWEEN THREE-AND-A-HALF AND FOUR YEARS.

11 Q. AND IN THE THREE-AND-A-HALF TO FOUR YEARS, HAD YOU
12 DEALT WITH DECEASED CHILDREN?

13 A. NO, NOT IN THE SHERIFF'S OFFICE. THAT WAS THE FIRST
14 ONE THAT I HAD TO DEAL WITH.

15 Q. HOW MANY YEARS HAVE YOU BEEN IN LAW ENFORCEMENT
16 TOTAL?

17 A. ALL TOTAL IT'S BEEN ABOUT 28 YEARS.

18 Q. OTHER THAN THE APRIL 4TH, 2005, ACCIDENT THAT WE'RE
19 HERE ABOUT TODAY INVOLVING THE TWO-YEAR-OLD CHILD,
20 HAD YOU EVER HAD ANY DREAMS OR NIGHTMARES ABOUT
21 CASES YOU'VE INVESTIGATED?

22 A. NO, NOT AT ALL.

23 Q. HAVE YOU EVER BROKEN DOWN AND CRIED AT THE SCENE OF
24 A CRIME?

25 A. NO.

1 Q. HAS LAW ENFORCEMENT BEEN YOUR CAREER SINCE GETTING
2 OUT OF SCHOOL?

3 A. YES, SIR.

4 Q. DO YOU RECALL INVESTIGATING THE DEATH OF THE CHILD
5 ON APRIL 4TH, 2005?

6 A. YES, SIR, I DO.

7 Q. OKAY. TELL US, IF YOU WOULD, ABOUT ARRIVING AT THE
8 SCENE AND WHAT YOU SAW.

9 A. I ARRIVED AT THE SCENE. THERE WERE SEVERAL OFFICERS
10 THERE FROM GREENVILLE COUNTY SHERIFF'S OFFICE, THE
11 GREER CITY POLICE DEPARTMENT, THE FIREFIGHTERS, I
12 THINK A COUPLE OF AMBULANCES. I KNOW AT LEAST ONE
13 AMBULANCE. I WAS RESPONDING BECAUSE THE ACCIDENT
14 HAD HAPPENED IN GREER CITY LIMITS AND THEY DON'T
15 HAVE A FORENSIC UNIT. THEY CALL OUT EITHER
16 GREENVILLE OR SPARTANBURG DEPENDING ON WHICH LINE OR
17 WHICH PART OF GREER IT'S IN. THIS HAPPENED TO BE IN
18 SPARTANBURG COUNTY. I GOT THERE SHORTLY AROUND THE
19 TIME THAT CAPTAIN DENTON AND SHERIFF WRIGHT FROM
20 SPARTANBURG GOT THERE, AND ALL I KNEW GOING UP THERE
21 WAS THAT THERE WAS THE DEATH OF A CHILD, THERE HAD
22 BEEN A TERRIBLE ACCIDENT, AND THAT IT WAS A FORMER
23 EMPLOYEE.

24 Q. BUT YOU WERE CALLED TO THE SCENE AS PART OF YOUR
25 DUTIES, CORRECT?

1 A. YES, THAT IS CORRECT. I WAS ORDERED TO GO.

2 Q. AND UPON ARRIVING AT THE SCENE, YOU REALIZED THAT
3 YOU KNEW ---

4 BY MR. KALE:

5 OBJECT TO THE LEADING, YOUR HONOR.

6 BY THE COMMISSIONER:

7 IF YOU COULD JUST NOT SUGGEST THE ANSWER, I'D
8 APPRECIATE IT.

9 DIRECT EXAMINATION RESUMED BY MR. PYE:

10 Q. AT WHAT POINT DID YOU REALIZE THAT YOU KNEW A PARTY
11 TO THIS ACCIDENT?

12 A. I SAW -- I SAW THE SHERIFF, OUR SHERIFF, SHERIFF
13 WRIGHT -- THE OTHER SHERIFF WAS THERE AS WELL, BUT I
14 SAW OUR SHERIFF SQUATTING DOWN IN THE CORNER OF THE
15 GARAGE WITH A MAN WHO WAS SCRUNCHED UP, ROCKING LIKE
16 THIS. I COULDN'T SEE WHO IT WAS. SO, I JUST
17 STARTED LISTENING AND TALKING TO THE OTHER OFFICERS
18 THAT WERE ON SCENE TO TELL ME -- SO THAT I COULD GET
19 STARTED ON THE INVESTIGATION, AND THEY TOLD ME THAT
20 IT WAS ANTHONY JOHNSON, WHO USED TO WORK FOR THE
21 SPARTANBURG COUNTY SHERIFF'S OFFICE. WE HAD
22 ADJOINING ZONES THAT WE WORKED. AND THE SHERIFF
23 SPENT, I'D SAY, 20 OR 30 MINUTES TRYING TO TALK
24 ANTHONY DOWN BECAUSE A.J. WAS WANTING TO DIE,
25 UNDERSTANDABLY; HE'D JUST KILLED HIS CHILD. AND

1 THAT WAS -- EVERYBODY WAS STAYING BACK, OF COURSE,
2 BECAUSE THE SHERIFF WAS HANDLING IT, BUT THERE WERE
3 -- AND THIS SOUNDS COLD, AND I DON'T MEAN IT TO BE
4 COLD, BUT THE OFFICERS WERE LIKE BETTING HOW LONG
5 IT'S GONNA BE BEFORE WE WORKED HIS SUICIDE.

6 Q. NOW, THE GREENVILLE COUNTY OFFICERS THAT WERE THERE,
7 WERE THEY JUST THERE WATCHING?

8 A. THEY WERE MILLING AROUND. THEY DIDN'T HAVE ANYTHING
9 TO DO WITH THE INVESTIGATION BECAUSE IT WASN'T IN
10 THEIR COUNTY, BUT IT WAS AN EMPLOYEE FROM THE
11 SHERIFF'S DEPARTMENT. THE ACCIDENT HAPPENED IN A
12 PATROL CAR FROM THE OTHER COUNTY, FROM GREENVILLE
13 COUNTY. I THINK THEY WERE THERE MORE FOR MORAL
14 SUPPORT.

15 Q. SO HOW MANY PEOPLE WERE THERE FROM SPARTANBURG
16 COUNTY?

17 A. MYSELF, CAPTAIN DENTON, AND SHERIFF WRIGHT.

18 Q. ONCE YOU REALIZED THAT -- FIRST OF ALL, WOULD YOU
19 CONSIDER A.J. A FRIEND?

20 A. YES.

21 Q. YOU WORKED WITH A.J. IN SPARTANBURG; IS THAT
22 CORRECT?

23 A. THAT'S CORRECT. WE USED TO BACK EACH OTHER UP ON
24 CALLS AND STUFF.

25 Q. DID YOU KNOW A.J. WHILE HIS WIFE WAS PREGNANT WITH

1 THAT CHILD?

2 A. YES.

3 Q. DID YOU TALK TO HIM OFTEN ABOUT THE PREGNANCY?

4 BY MR. KALE:

5 OBJECT TO THE LEADING AGAIN, YOUR HONOR.

6 BY THE COMMISSIONER:

7 TRY NOT TO LEAD HER, PLEASE.

8 DIRECT EXAMINATION RESUMED BY MR. PYE:

9 Q. DID YOU EVER TALK TO HIM ABOUT THE PREGNANCY?

10 A. HE WAS VERY PLEASED. WE HAD SEVERAL OFFICERS THAT
11 WERE HAVING BABIES AROUND THE SAME TIME, AND HE --
12 THIS WAS THEIR FIRST, AND HE WAS COMING IN AND EVERY
13 TIME HE'D TALK, HIS FACE WOULD JUST GLOW, AND HE
14 TALKED ABOUT THE BABY ON THE WAY AND WHAT ALL THEY
15 WERE DOING.

16 Q. AND WHAT DID YOU DO ONCE YOU REALIZED THAT IT WAS
17 A.J. AT THE SCENE?

18 A. I ASKED STEVE -- IT WAS CLOSE TO SHIFT CHANGE.

19 Q. WHO IS STEVE?

20 A. I'M SORRY. CAPTAIN DENTON. I ASKED CAPTAIN DENTON
21 IF -- IF I HAD TO WORK OVER, IF I COULD LET THE NEXT
22 SHIFT COMING ON WORK IT, AND HE TOLD ME TO WORK IT.
23 SO I ENDED UP DOING IT BY MYSELF.

24 Q. DID ANYONE ELSE TOUCH THE BODY OF THE CHILD?

25 A. NOT WHILE I WAS THERE.

1 Q. YOU HAD TO PROCESS IT ALONE?

2 BY MR. KALE:

3 OBJECT TO THE LEADING, YOUR HONOR.

4 BY THE COMMISSIONER:

5 SHE'S ALREADY STATED SHE WAS THERE ALONE. WE
6 CAN MOVE ON.

7 BY MR. KALE:

8 WELL, I DON'T THINK THAT'S WHAT THE EVIDENCE IS
9 GOING TO PROVE. THAT'S THE REASON I OBJECTED.

10 BY THE COMMISSIONER:

11 BUT SHE DID SAY -- I THINK SHE DID SAY IT WAS
12 ABOUT SHIFT CHANGE; SHE ASKED NOT TO DO IT, NOT TO
13 GO FORWARD, AS I UNDERSTOOD HER TESTIMONY, AND SHE
14 SAID, "I WAS THERE ALONE." I THINK THAT'S WHAT SHE
15 SAID.

16 DIRECT EXAMINATION RESUMED BY MR. PYE:

17 Q. AND CAPTAIN DENTON TOLD YOU TO PROCESS THE SCENE,
18 CORRECT?

19 A. THAT'S CORRECT.

20 Q. AGAIN, DID ANYONE ELSE HELP YOU PROCESS THE MOVEMENT
21 OF THE CHILD?

22 A. NO, I WAS DOING THAT. I WAITED FOR THE "S" TEAM,
23 WHICH IS THE -- I THINK THEY WORK THE TRAFFIC
24 RECONSTRUCTION PART OF THE HIGHWAY PATROL. THEY
25 RESPOND TO ALL VEHICULAR ACCIDENTS THAT INVOLVE

1 PATROL CARS. SO WE WAITED FOR THEM 'CAUSE THEY HAD
2 TO TAKE MEASUREMENTS AND PHOTOS AND THINGS, BUT THEY
3 DID NOT TOUCH THE CHILD. I DON'T KNOW WHO DID IF I
4 HAD GOTTEN THERE BEFORE -- I MEAN, WHO DID BEFORE I
5 GOT THERE. BUT, NO, I WAS THE ONLY ONE FROM
6 SPARTANBURG THAT WAS DOING ALL THAT.

7 Q. AND THE ONLY PEOPLE THAT WERE THERE WORKING THE
8 SCENE AT ALL FROM SPARTANBURG WERE YOU, STEVE
9 DENTON, AND SHERIFF WRIGHT, CORRECT?

10 A. NO ONE ELSE FROM THE DEPARTMENT. THEY DIDN'T WORK
11 IT. THEY SHOWED UP. I WORKED IT.

12 Q. DID YOU TALK TO THE FATHER?

13 A. NO.

14 Q. WHY NOT?

15 A. AS IT WAS, SHERIFF WRIGHT HALF CARRIED, HALF DRAGGED
16 HIM TO THE BACK OF THE AMBULANCE. HE WAS
17 INCONSOLABLE. YOU COULDN'T -- COULDN'T TALK TO HIM.
18 HE WAS STILL CURLED DOWN ALMOST IN A FETAL POSITION,
19 AND IT TOOK SHERIFF WRIGHT A LONG TIME TO TALK HIM
20 OUT OF THERE.

21 Q. HOW LONG WERE YOU AT THE SCENE THAT DAY?

22 A. I'D SAY CLOSE TO FOUR HOURS.

23 Q. DID YOU GO HOME AFTER YOU LEFT THE SCENE?

24 A. NO. I WENT TO THE OFFICE TO PUT THE CALL INTO THE
25 COMPUTER AND PHOTOS -- AND PHOTOS IN.

1 Q. DID YOU SUBSEQUENTLY HAVE SOME EMOTIONAL PROBLEMS?
2 A. YEAH, THAT NIGHT I STARTED HAVING NIGHTMARES, AND
3 I'D START CRYING ABOUT THE CHILD.
4 Q. YOU HAD NIGHTMARES ABOUT THE CHILD?
5 A. YES.
6 Q. DID YOU REPORT THOSE NIGHTMARES OR EMOTIONAL
7 PROBLEMS TO ANYONE?
8 A. TO CAPTAIN DENTON.
9 Q. WHAT DID CAPTAIN DENTON DO WHEN YOU TOLD HIM?
10 A. HE TOLD ME THAT IF I NEEDED TO TALK OR NEEDED TO
11 HAVE ANYTHING, JUST TO COME TO HIM AND LET HIM KNOW.
12 HE -- WHEN I CAME TO HIM AGAIN AND TOLD HIM I'M JUST
13 NOT DEALING WITH IT, HE HAD ARRANGED -- I DON'T KNOW
14 HOW HE HAD ARRANGED IT, BUT HE EITHER TOLD SOMEBODY
15 OR SOMETHING, BUT THEY SENT TWO CHAPLAINS THAT THE
16 DEPARTMENT USES OUT TO COUNSEL ME, AND THAT DIDN'T
17 WORK, AND IT KEPT BOTHERING ME. I COULDN'T SLEEP AT
18 NIGHT. IT WOULD ALWAYS BE ABOUT THE LITTLE GIRL,
19 ABOUT THE FINGERPRINTS UNDER THE TANK.
20 Q. EXPLAIN TO US WHAT YOU'RE TALKING ABOUT FOR THE
21 COMMISSIONER, THE FINGERPRINTS UNDER THE TANK.
22 A. PART OF THE JOB DUTY IS TO TAKE AS MANY PHOTOGRAPHS
23 AS YOU CAN BEFORE ANYTHING IS MOVED. BEFORE THE CAR
24 WAS MOVED, IT WAS -- YOU HAVE TO GET UNDERNEATH IT.
25 I HAD TO GET UNDERNEATH IT TO TAKE -- SEE IF I SEE

1 ANY EVIDENCE OF WHERE THE CHILD WAS UNDERNEATH THE
2 VEHICLE, AND THERE WERE CLUMPS OF HER HAIR AND SKIN
3 ON THE TIRE AND ON THE ASPHALT, AND THEN ON THE PART
4 OF THE -- I DON'T KNOW THE UNDERCARRIAGE OF A CAR
5 VERY WELL, BUT THE BIGGEST PART, I GUESS, IS GOING
6 TO BE THE GASOLINE TANK. THERE WERE FINGERPRINTS,
7 AND THERE WAS THE IMPRESSION OF A HAND, I SHOULD
8 SAY, NOT THE WHOLE HAND BUT JUST THE LITTLE-BITTY
9 FINGERPRINTS DRAGGING ACROSS THE GASOLINE TANK.
10 THAT'S WHAT I WAS TALKING ABOUT.

11 Q. HAD YOU EVER SEEN ANYTHING LIKE THAT BEFORE AT CRIME
12 SCENES?

13 A. NOT INVOLVING A CHILD.

14 Q. NOW, YOU HAVE AN EX-HUSBAND WHOSE COUSIN PASSED AWAY
15 OF AIDS IN 2005; IS THAT CORRECT?

16 A. THAT'S CORRECT.

17 Q. TELL US HOW THAT AFFECTED YOU.

18 A. IT AFFECTED ME. MICHAEL, MY COUSIN, MICHAEL ADGER
19 ROBERTS -- AND FORGIVE ME, I CALL HIM MY COUSIN, I'M
20 SO USED TO IT. HE'S MY EX-HUSBAND'S COUSIN. BUT HE
21 LIVED WITH US EVERY SUMMER WHEN -- AFTER MY HUSBAND
22 AND I GOT MARRIED, HE AND HIS BROTHER WOULD COME AND
23 STAY WITH US IN THE SUMMER AND DURING SCHOOL BREAKS
24 AND THINGS. SO I CONSIDERED HIM MY COUSIN, BUT HE
25 IS NOT FLESH AND BLOOD. HE'S MY EX-HUSBAND'S

1 COUSIN. I APOLOGIZE. I FORGOT WHAT YOU ASKED ME.

2 Q. I JUST ASKED HOW HIS DEATH AFFECTED YOU.

3 A. I KNEW HE HAD BEEN H.I.V. POSITIVE. HE HAD BEEN GAY
4 FOR YEARS. I KNEW HE WAS H.I.V. POSITIVE, AND THEN
5 HE GOT AIDS, AND FROM WHAT I UNDERSTAND, THE TWO
6 MOST VIRULENT WAYS OF DYING WITH AIDS IS EITHER
7 CERTAIN CANCERS OR WITH CERTAIN PNEUMONIA. HE HAD
8 THE PROBLEM WITH THE CANCERS. SO HE HAD HAD OFF-
9 AND-ON SURGERIES AND TREATMENTS FOR THE CANCER, AND
10 HE JUST SUFFERED FOR SO LONG THAT IT WAS -- WE -- WE
11 SPENT AS MUCH TIME AS WE COULD TOGETHER, BUT IT WAS
12 HARD TO SEE HIM SUFFERING SO MUCH, AND IT HURT BADLY
13 WHEN HE DIED. I MEAN, THAT'S SOMEBODY THAT I LOVE,
14 SOMEBODY THAT I HALF RAISED, BUT IT WAS A RELIEF,
15 TOO, 'CAUSE THERE HAD BEEN SO MUCH SUFFERING. SO,
16 IT BOTHERED ME. IT WOULD HAVE BEEN CRAZY NOT TO LET
17 IT BOTHER ME. BUT IT DIDN'T DESTROY MY LIFE OR
18 ANYTHING.

19 Q. DID YOU HAVE ANY NIGHTMARES OR CRYING SPELLS AFTER
20 THE BURIAL OF YOUR COUSIN ABOUT YOUR COUSIN?

21 A. NO.

22 Q. DID YOU CONTINUE TO HAVE NIGHTMARES ABOUT THE CHILD
23 AFTER YOUR COUSIN PASSED AWAY?

24 A. YES.

25 Q. YOUR HUSBAND'S COUSIN ACTUALLY LIVED IN ATLANTA,

1 DIDN'T HE?

2 A. HE LIVED IN ATLANTA FOR A FEW YEARS, AND THEN HE HAD
3 TO MOVE BACK WITH HIS PARENTS TO GREENVILLE.

4 Q. AND HOW LONG DO YOU THINK YOU GRIEVED ABOUT YOUR
5 COUSIN'S LOSS?

6 A. HOW LONG DID I GRIEVE?

7 Q. YES. I MEAN, WAS IT A NORMAL GRIEVING PROCESS IN
8 YOUR OPINION?

9 A. YES. I MEAN, I CRIED THE DAY HE DIED. I CRIED THE
10 DAY THEY BURIED HIM. BUT IT'S HARD TO DESCRIBE
11 UNLESS YOU UNDERSTAND. IF YOU HAVE SOMEBODY
12 SUFFERING FROM SOMETHING, FROM SOMETHING
13 DEBILITATING, SOMETHING THAT TAKES A LONG TIME,
14 AFTER A WHILE, YOU LOVE THE PERSON, BUT YOU'RE LIKE,
15 "YOU NEED TO GO ALREADY." YOU KNOW, IT'S JUST...

16 Q. ARE YOU CURRENTLY BEING TREATED BY ANY DOCTORS AS A
17 RESULT OF PSYCHIATRIC ISSUES?

18 A. I GO TO DR. SHERBONDY, WHO'S IN GREENVILLE, AND DR.
19 LUTHER DIEHL, WHO IS THE PSYCHOLOGIST. HE'S HERE IN
20 SPARTANBURG.

21 Q. HAVE YOU ACCUMULATED SUBSTANTIAL MEDICAL BILLS AS A
22 RESULT OF YOUR NERVOUS BREAKDOWN?

23 A. YES.

24 Q. HAVE YOU BEEN PAYING THOSE BILLS?

25 A. YES, I HAVE. I'VE PAID, IF NOT HALF, JUST OVER

- 1 HALF.
- 2 Q. AND HAVE YOU ACTUALLY BEEN PAYING THOSE BILLS, OR
- 3 HAVE YOU HAD HELP?
- 4 A. MY DAD IS DOING ALL THE FINANCES. HE HAS BEEN SINCE
- 5 THIS STARTED BECAUSE I JUST -- I COULDN'T HANDLE IT,
- 6 AND HE WAS LIKE, "RAQUEL, YOU NEED TO LET ME HELP,"
- 7 AND I WAS LIKE, "PLEASE DO." IT WOULDN'T HAVE BEEN
- 8 -- I COULDN'T HANDLE IT. I COULDN'T HANDLE
- 9 ANYTHING.
- 10 Q. HAVE YOU WORKED ANYWHERE SINCE AUGUST THE 6TH, 2005?
- 11 A. NO, SIR.
- 12 Q. HAVE YOU RECEIVED ANY SOCIAL SECURITY DISABILITY
- 13 PAYMENTS SINCE THEN?
- 14 A. SOCIAL SECURITY? NO, SIR.
- 15 Q. HAVE YOU APPLIED FOR ANY?
- 16 A. NO, SIR.
- 17 Q. HAVE YOUR PARENTS BEEN SUPPORTING YOU FINANCIALLY?
- 18 A. THEY'VE BEEN HELPING OUT WHEN THEY CAN. THEY'RE
- 19 RETIRED, SO IT'S A LIMITED INCOME ON THEM, TOO.
- 20 Q. ARE YOU ASKING THE COMMISSIONER TODAY TO FIND YOU
- 21 TOTALLY AND PERMANENTLY DISABLED AS A RESULT OF THE
- 22 APRIL 4, 2005, ACCIDENT INVESTIGATION?
- 23 A. YES, SIR.
- 24 Q. WHAT MADE THAT INVESTIGATION DIFFERENT FROM OTHER
- 25 INVESTIGATIONS THAT YOU'VE BEEN TO?

1 A. IT'S HARD TO BELIEVE THAT -- THAT I CAN RECALL IN
2 ALL 28 YEARS, I HAVE NEVER HAD TO DEAL WITH SOMEONE
3 IN A VIOLENT SITUATION OR IN A VIOLENT DEATH -- I
4 HAVE NEVER HAD TO DEAL WITH SOMEONE THAT I ACTUALLY
5 KNEW, THAT I CONSIDERED A FRIEND, NOT TO MENTION A
6 CO-POLICE OFFICER. WE KIND OF STICK TOGETHER LIKE A
7 THIN BLUE LINE, IF Y'ALL HAVE EVER HEARD OF THAT
8 EXPRESSION. WE DEAL WITH THINGS ALL THE TIME THAT
9 REGULAR PEOPLE DON'T SEE, SO YOU GET VERY CLOSE TO
10 YOUR WORKERS.

11 Q. ARE YOU ASKING THE COMMISSION TO GIVE YOU A LUMP SUM
12 AWARD IF THIS IS FOUND COMPENSABLE TO HELP YOU PAY
13 YOUR BILLS AND GET YOUR PARENTS TO STOP SUPPORTING
14 YOU?

15 A. YES, SIR.

16 Q. ARE YOU WILLING TO LET YOUR FATHER CONTINUE TO
17 HANDLE YOUR FINANCES?

18 A. YES, SIR.

19 Q. WOULD YOU BE OPPOSED TO HIM BEING APPOINTED YOUR
20 CONSERVATOR THROUGH THE PROBATE COURT TO HANDLE YOUR
21 FINANCES?

22 A. NO, SIR; I WOULD NOT BE OPPOSED.

23 Q. DO YOU TRUST YOUR FATHER?

24 A. I HONESTLY DON'T KNOW WHAT I WOULD HAVE DONE WITHOUT
25 MY MOTHER AND MY FATHER.

1 Q. WOULD YOU ALSO LIKE FOR THE COMMISSION TO ORDER THAT
2 YOUR FATHER BE REIMBURSED FOR MEDICAL BILLS HE'S
3 PAID OUT ON YOUR BEHALF?

4 A. YES, SIR.

5 Q. HAD YOU EVER INVESTIGATED A SCENE LIKE THE APRIL
6 4TH, 2005, SCENE BEFORE THAT DAY WHERE A FELLOW
7 OFFICER WAS INVOLVED WITH THE DEATH OF HIS OWN
8 CHILD?

9 A. NO. I'VE NEVER -- LIKE I SAID, I'VE NEVER DONE
10 ANYTHING THAT INVOLVES SOMEBODY THAT I KNOW IN ANY
11 KIND OF VIOLENT CRIME.

12 Q. WAS THAT TYPE OF SCENE TOTALLY OUT OF THE ORDINARY
13 FOR YOU?

14 BY MR. KALE:

15 OBJECT TO THE LEADING, YOUR HONOR.

16 BY THE COMMISSIONER:

17 SUSTAINED. AND I BELIEVE SHE'S STATED IT
18 TWICE, OUT OF THE ORDINARY. SHE SAID SHE'D NEVER
19 SEEN IT BEFORE, TWICE.

20 DIRECT EXAMINATION RESUMED BY MR. PYE:

21 Q. DO YOU PLAN ON APPLYING FOR SOCIAL SECURITY
22 DISABILITY?

23 A. YES, SIR, I DO.

24 Q. ARE YOU ASKING THIS COMMISSIONER TO HAVE WHAT IS
25 CALLED UTICA-MOHAWK LANGUAGE PLACED IN THE ORDER IF

1 THIS IS FOUND COMPENSABLE?

2 A. YES, SIR.

3 Q. YOU AND I HAVE DISCUSSED WHAT UTICA-MOHAWK LANGUAGE
4 IS?

5 A. YES, SIR.

6 BY MR. PYE:

7 THAT'S ALL THE QUESTIONS I HAVE.

8 BY THE COMMISSIONER:

9 OKAY. ANSWER ANY QUESTIONS THAT MR. KALE MAY
10 HAVE, PLEASE.

11 BY THE WITNESS:

12 YES, SIR.

13 CROSS EXAMINATION BY MR. KALE:

14 Q. MS. MARTINEZ, YOUR JOB TITLE WAS A FORENSIC
15 INVESTIGATOR; IS THAT NOT CORRECT?

16 A. YES, IT IS.

17 Q. NOW, IN THE 28 YEARS THAT YOU WERE IN LAW
18 -ENFORCEMENT, HOW MUCH OF THAT WAS WHEN YOU WERE WITH
19 THE PAROLE BOARD?

20 A. ABOUT 11 YEARS.

21 Q. SO, THEN THAT MAKES 17 YEARS THAT YOU WERE WITH THE
22 SHERIFF'S DEPARTMENT?

23 A. UNDER -- NO. UNDER POLICE RETIREMENT, IT MAKES 17
24 OR A LITTLE LONGER, 17-AND-A-HALF YEARS. I ---

25 Q. HOW LONG -- EXCUSE ME, GO AHEAD.

- 1 A. I APOLOGIZE. I'VE BEEN IN LAW ENFORCEMENT AS FAR AS
2 MAKING ARRESTS, THINGS LIKE THAT, WHEN I WAS GOING
3 TO SCHOOL ALL THROUGH -- I WAS A STORE DETECTIVE,
4 WHICH IN NORTH CAROLINA, WHERE I FIRST STARTED, YOU
5 DID HAVE TO BE CERTIFIED THROUGH THEIR STATE LAW
6 ENFORCEMENT DIVISION, AND I DID THE SAME THING HERE.
7 SO, AS FAR AS ARRESTING PEOPLE FOR DIFFERENT CRIMES,
8 I'M CONSIDERING ALL OF THAT AS PART OF MY
9 BACKGROUND, BUT AS FAR AS BEING UNDER POLICE
10 RETIREMENT, IT'S ONLY LIKE 17 OR 18 YEARS.
- 11 Q. BUT YOU HAD ONLY BEEN WITH SPARTANBURG COUNTY
12 SHERIFF'S DEPARTMENT, OR ANY SHERIFF'S DEPARTMENT,
13 FOR APPROXIMATELY FIVE YEARS, FIVE, SIX YEARS?
- 14 A. I THINK I'VE BEEN WITH THE SHERIFF'S OFFICE FOR SIX-
15 AND-A-HALF YEARS.
- 16 Q. YOU STARTED AUGUST 16TH OF '99?
- 17 A. IS THAT -- YEAH, THAT'S RIGHT.
- 18 Q. AND WHEN YOU FIRST STARTED, YOU WEREN'T A FORENSIC
19 INVESTIGATOR?
- 20 A. NO, SIR, I WAS UNIFORM PATROL.
- 21 Q. AND SO AS FAR AS BEING A FORENSIC INVESTIGATOR, HOW
22 LONG WERE YOU THERE?
- 23 A. I BELIEVE I'VE ALREADY SAID ABOUT THREE-AND-A-HALF
24 YEARS.
- 25 Q. THREE-AND-A-HALF? SO ---

1 A. I'M NOT EXACTLY SURE IF IT WAS THREE-AND-A-HALF OR
2 FOUR. IT WAS SOMEWHERE IN THAT NEIGHBORHOOD.

3 Q. SO, BASICALLY, YOU HAD NOT HAD 28 YEARS AS A
4 FORENSIC INVESTIGATOR?

5 A. NO, SIR, I HAD NOT.

6 Q. NOW, THE JOB DUTIES -- AND YOU HAVE DESCRIBED THOSE
7 -- OF A FORENSIC INVESTIGATOR IS BASICALLY YOU GO
8 OUT TO A CRIME SCENE AND YOU TAKE PHOTOGRAPHS, AND
9 YOU TAKE A LOT OF PHOTOGRAPHS, DO YOU NOT?

10 A. THAT'S CORRECT.

11 Q. A HUNDRED, A HUNDRED AND FIFTY SOMETIMES?

12 A. ABOUT A HUNDRED.

13 Q. AND IN THIS CASE YOU WERE TAKING PHOTOGRAPHS OF THE
14 FRONT LAWN OF THE HOUSE, WHERE THE BODY WAS, WHERE
15 THE CAR WAS, AND ONE OF THE REASONS YOU'RE DOING
16 THAT IS TO DETERMINE IF THAT'S WHERE THE DEATH HAD
17 ACTUALLY OCCURRED; ISN'T THAT TRUE?

18 A. THAT'S CORRECT.

19 Q. YOU ACTUALLY WENT IN AND TOOK SOME PHOTOGRAPHS
20 INSIDE TO SEE IF THERE WAS ANYTHING THAT WOULD
21 INDICATE THAT THERE HAD BEEN ANY KIND OF VIOLENT ACT
22 INSIDE?

23 A. WE WENT INSIDE TO SECURE THE RESIDENCE, AND WHILE I
24 WAS THERE SECURING THE INSIDE WITH THE OTHER
25 OFFICERS, I NOTICED THAT EVERYTHING WAS NOT

1 DISTURBED, NO SIGN OF ANY KIND OF FORCE OR BLOOD OR
2 ANYTHING ON THE FLOOR. IF I HAD SEEN THAT, I WOULD
3 HAVE HAD TO PULL EVERYBODY OUT AND PUT IT DOWN AS A
4 CRIME SCENE.

5 Q. DID YOU TAKE PHOTOGRAPHS INSIDE THE HOUSE TO SHOW
6 THAT EVERYTHING WAS IN ORDER?

7 A. I TOOK A FEW PHOTOGRAPHS. I KNOW I TOOK PHOTOGRAPHS
8 OF A WALL THAT HAD THE BABY PICTURES THROUGH THE
9 TWO-YEAR CYCLE AND THE DEN AND THE BACK -- OR, WHAT
10 I CALL THE BREAKFAST AREA, KITCHEN AREA, OR WHATEVER
11 YOU CALL IT.

12 Q. AND FOR THE SAME REASON, TRYING TO DETERMINE AND
13 MAKE SURE THAT THE ACCIDENT HAD OCCURRED THE WAY IT
14 APPEARED, WAS THE REASON YOU LOOKED UNDER THE CAR?

15 A. THAT'S CORRECT.

16 Q. TO SEE IF THERE WAS ANY SIGNS OR EVIDENCE THAT THE
17 CHILD HAD ACTUALLY GONE UNDERNEATH THE CAR?

18 A. YES, SIR.

19 Q. DID YOU TAKE PHOTOGRAPHS OF THE UNDERSIDE OF THE
20 CAR?

21 A. YES, SIR.

22 Q. NOW, IN ADDITION TO PHOTOGRAPHS, YOU TAKE
23 MEASUREMENTS OF THE POSITION OF THE BODY?

24 A. YES, SIR.

25 Q. AND YOU COLLECT ALL THIS EVIDENCE, AND IF THERE'S

1 ANY KIND OF DNA OR FIBERS AND STUFF, YOU WOULD
2 COLLECT THAT AS WELL?

3 A. THAT'S CORRECT.

4 Q. NOW, THE REASON THAT YOU MOVE THE BODY IS SO YOU CAN
5 TAKE PHOTOGRAPHS OF BOTH SIDES OF THE BODY?

6 A. THAT'S CORRECT.

7 Q. FOR EXAMPLE, IN A CASE WHERE SOMEBODY MAY BE LYING
8 FACE DOWN AND ON THE BACK SIDE THERE'S NO EVIDENCE
9 OF ANY KIND OF HARM, YOU WOULD TURN THEM OVER TO SEE
10 IF THERE'S ANY GUNSHOT WOUND OR STAB WOUND ON THE
11 FRONT, AND THAT'S THE REASON YOU MOVE THE BODY,
12 CORRECT?

13 A. THAT IS CORRECT.

14 Q. AND THAT'S PART OF THE JOB OF BEING A FORENSIC
15 INVESTIGATOR, IS IT NOT?

16 A. THAT IS CORRECT.

17 Q. NOW, DO YOU DO A CRIME SCENE SKETCH?

18 A. SOMETIMES YOU DO; SOMETIMES YOU DON'T.

19 Q. DID YOU DO IT IN THIS CASE?

20 A. I DON'T REMEMBER.

21 Q. NOW, THERE WERE SOME INVESTIGATORS COMING FROM THE
22 HIGHWAY DEPARTMENT, WERE THERE NOT?

23 A. YES.

24 Q. THE HIGHWAY PATROL?

25 A. RIGHT, THE "S" TEAM.

- 1 Q. AND, IN FACT, YOU WAITED TO DO PART OF YOUR
2 INVESTIGATION UNTIL THEY ARRIVED?
- 3 A. CORRECT.
- 4 Q. AND I BELIEVE THEY WERE TAKING PHOTOGRAPHS OF THE
5 SCENE ALONG WITH YOU?
- 6 A. I HAD ALREADY GOTTEN THE OVERALL SCENES THAT THEY
7 GOT. I WAS WAITING FOR THEM BEFORE I STARTED MOVING
8 IN ON THE CHILD.
- 9 Q. SO THEY WERE WITH YOU WHEN YOU MOVED THE BODY?
- 10 A. ONE WAS WITH ME. I THINK -- I DON'T KNOW IF IT WAS
11 THE FEMALE OR NOT. BUT SHE TOOK THE CLOSE-UP
12 PHOTOS. ONE OF THEM TOOK THE -- I DON'T REMEMBER
13 WHICH ONE. BUT I DID THE ACTUAL MOVING, HOLDING THE
14 CHILD.
- 15 Q. SO YOU HELD THE CHILD AND ONE OF THE INVESTIGATORS
16 FROM THE HIGHWAY PATROL TOOK THE ACTUAL PHOTOGRAPHS?
- 17 A. NO, I TOOK PHOTOGRAPHS, AND THE PATROL OFFICER ALSO
18 TOOK PHOTOGRAPHS.
- 19 Q. BUT THERE WERE TWO OFFICERS THERE THAT WERE GOING
20 OVER THE CRIME SCENE WITH YOU FROM THE HIGHWAY
21 PATROL, TWO OFFICERS, RIGHT?
- 22 A. I DIDN'T DEAL WITH THEM UNTIL THEY FINISHED ALL THE
23 OVERALL PHOTOS.
- 24 Q. AND THEN THAT'S WHEN YOU DID THE MOVEMENT OF THE
25 BODY?

- 1 A. THAT'S WHEN I DID THE MOVEMENT OF THE BODY, AND I
2 TOLD ABOUT WHAT WAS UNDER THE CAR.
- 3 Q. NOW, THEY INVESTIGATED BECAUSE IT WAS A POLICE CAR
4 INVOLVED, CORRECT?
- 5 A. THAT'S CORRECT.
- 6 Q. THAT'S THE REASON THEY CAME AND INVESTIGATED?
- 7 A. THAT IS CORRECT.
- 8 Q. THAT'S THEIR JURISDICTION, ANYTIME ---
- 9 A. ANYWHERE, ANYTIME.
- 10 Q. --- A PATROL CAR ANYWHERE, WHETHER IT'S ON PRIVATE
11 PROPERTY OR ANYWHERE, THEY INVESTIGATE?
- 12 A. THAT IS CORRECT.
- 13 Q. NOW, IN SPARTANBURG COUNTY, THEY HAVE WHAT THEY CALL
14 HOMICIDE TEAMS; IS THAT CORRECT?
- 15 A. YES, SIR.
- 16 Q. AND DO YOU PARTICIPATE, AS A FORENSIC INVESTIGATOR,
17 ON THE HOMICIDE TEAM?
- 18 A. YES, SIR.
- 19 Q. AND I BELIEVE YOU WORKED TWO-WEEK PERIODS; IS THAT
20 CORRECT?
- 21 A. THAT IS CORRECT.
- 22 Q. NOW, WERE YOU RESPONDING AS PART OF THE HOMICIDE
23 TEAM ON THIS CASE OR JUST BECAUSE IT WAS A DEATH
24 SCENE?
- 25 A. JUST BECAUSE I WAS THE ONLY ONE WORKING. THERE WAS

1 ANOTHER I.D. OFFICER, BUT HE HAD SOMETHING HE WAS
2 GONNA DO.

3 Q. NOW, WHEN I TOOK YOUR DEPOSITION, YOU HAD INDICATED
4 THAT IN THIS THREE TO FOUR YEARS THAT YOU HAD BEEN A
5 FORENSIC INVESTIGATOR, THAT YOU HAD GONE ON
6 APPROXIMATELY 100 TO 150 DEATH CALLS. DO YOU
7 REMEMBER THAT TESTIMONY?

8 A. I REMEMBER THAT I HAD NO IDEA EXACTLY HOW MANY. I'M
9 JUST GUESSING. I DOUBT -- I DOUBT IT'S THAT MANY.
10 THAT'S HOW MANY -- THAT'S NOT EVEN CLOSE TO HOW MANY
11 VIOLENT CRIMES I'VE BEEN TO. BUT HOMICIDE SCENES,
12 NO, I HAVEN'T ---

13 Q. I SAID DEATH CALLS.

14 A. EXCUSE ME, DEATH CALLS.

15 Q. YOU DID TESTIFY, THOUGH, AT YOUR DEPOSITION ---

16 A. YES, I DID.

17 Q. --- IT WAS 100 TO 150, CORRECT?

18 A. THAT'S CORRECT.

19 Q. AND I BELIEVE YOU ALSO TESTIFIED THAT YOU HAD BEEN
20 TO 24 HOMICIDES SCENES?

21 A. I'VE BEEN -- I'VE BEEN TO A COUPLE DOZEN SCENES THAT
22 WERE INVESTIGATED AS SUSPICIOUS DEATHS MAYBE.

23 Q. AND YOU HAVE ALSO PARTICIPATED IN 24 TO 26
24 AUTOPSIES?

25 A. I DON'T KNOW. AND I BELIEVE THAT WHEN I WAS GIVING

1 THE DEPOSITION, I WAS ALSO -- I WAS NOT SURE
2 EXACTLY. YOU WERE ASKING NUMBERS. I STILL CAN'T
3 TELL YOU.

4 Q. WELL, YOU'VE PARTICIPATED IN AUTOPSIES?

5 A. YES, SIR.

6 Q. AND YOU'VE BASICALLY SEEN THE DOCTORS AS THEY TAKE
7 THE BODY'S ORGANS OUT AND THAT TYPE OF THING?

8 A. YES, SIR.

9 Q. SO, IN YOUR EXPERIENCE AS A FORENSIC INVESTIGATOR,
10 IT'S NOT UNUSUAL TO SEE BLOOD AND GUTS, IS IT?

11 A. NO, SIR.

12 Q. I MEAN, YOU'VE SEEN PEOPLE WITH BODY ORGANS TAKEN
13 OUT?

14 A. YES, SIR.

15 Q. HAVE YOU BEEN TO A SCENE OF A FIRE?

16 A. YES, SIR.

17 Q. HAVE YOU SEEN BODIES BURNED?

18 A. YES, SIR.

19 Q. THAT'S PRETTY GRUESOME, IS IT NOT?

20 A. YES, SIR. MAY I ADD TO THAT?

21 Q. IF YOU WANT TO ADD TO IT, GO AHEAD.

22 A. I THINK THE DIFFERENCE IS THAT LIKE WHEN YOU GO TO A
23 BURN SCENE, THIS IS -- AND IT SOUNDS COLD, BUT YOU
24 GET THROUGH IT THE WAY YOU GET THROUGH IT. THIS IS
25 NO LONGER A PERSON; THIS IS AN OBJECT. AND YOU HAVE

1 TO KEEP A DISTANCE WHEN YOU DO THESE. I THINK
2 A.J.'S CASE, OR THE CHILD'S CASE, WAS DIFFERENT
3 BECAUSE I HAD NEVER SEEN IT WITH ANYONE THAT I KNEW
4 OR THAT I COULDN'T TURN HER INTO AN OBJECT. I
5 COULDN'T JUST SAY THAT'S JUST A LITTLE GIRL OVER
6 THERE. I COULDN'T DO THAT. YOU CAN'T DO THAT.

7 Q. NOW, THE OFFICER THAT YOU KNEW IS ANTHONY JOHNSON;
8 IS THAT CORRECT?

9 A. A.J. YES, SIR.

10 Q. A.J. IS WHAT YOU CALL HIM FOR SHORT?

11 A. YES, SIR, ANTHONY JOHNSON.

12 Q. AND HE HAD LEFT THE SPARTANBURG SHERIFF'S DEPARTMENT
13 SOME THREE-AND-A-HALF YEARS BEFORE THAT, HAD HE NOT?

14 A. I DON'T THINK HE'D LEFT THREE-AND-A-HALF YEARS
15 BEFORE 'CAUSE HE LEFT WHILE I WAS STILL ON UNIFORM
16 PATROL, BUT I'D SEE HIM ---

17 Q. WELL, IF HE LEFT WHEN YOU WERE ON UNIFORM PATROL,
18 HAVEN'T YOU TESTIFIED THAT YOU WERE A FORENSIC
19 INVESTIGATOR FOR THREE-AND-A-HALF TO FOUR YEARS?

20 A. YOU SAID DID I KNOW HIM FOR THAT -- FOR THAT -- OR -
21 --

22 Q. I SAID HE -- NO, I ASKED YOU HAD HE NOT LEFT THE
23 SPARTANBURG SHERIFF'S DEPARTMENT THREE-AND-A-HALF
24 YEARS OR MORE BEFORE THAT?

25 A. I DON'T KNOW.

1 Q. WELL, IF HE LEFT WHEN YOU WERE ON PATROL AND YOU
2 WERE A FORENSIC INVESTIGATOR FOR THREE-AND-A-HALF TO
3 FOUR YEARS, HE HAD TO LEAVE AT LEAST THREE-AND-A-
4 HALF TO FOUR YEARS BEFORE THAT?

5 A. AS FAR AS I REMEMBER -- WE HAD A HIGH TURNOVER RATE
6 JUST BECAUSE OF THE JOB. I DON'T REMEMBER WHO
7 LEAVES WHEN. A LOT OF TIMES THEY STAY IN LAW
8 ENFORCEMENT, SO YOU STILL SEE THEM. SO, NO, SIR, I
9 HAVE NO IDEA WHEN ANTHONY LEFT.

10 Q. BUT YOU KNOW HE LEFT WHILE YOU WERE STILL ON ---

11 A. I DON'T KNOW.

12 Q. --- PATROL?

13 A. I'M ASSUMING. I DON'T KNOW. I DON'T REMEMBER.
14 I'VE HAD TOO MANY FRIENDS LEAVE.

15 Q. AND, IN FACT, MR. JOHNSON WAS ONLY WITH THE
16 SPARTANBURG COUNTY SHERIFF'S DEPARTMENT FOR A SHORT
17 PERIOD OF TIME; IS THAT TRUE?

18 A. HE WAS ON THERE FOR ABOUT A YEAR, YEAR-AND-A-HALF.

19 Q. AND I BELIEVE HE WENT TO GREER FIRST?

20 A. I BELIEVE HE WENT TO GREER AND THEN WENT TO
21 GREENVILLE COUNTY.

22 Q. NOW, HAD YOU EVER MET THE CHILD THAT DIED?

23 A. NO, SIR.

24 Q. HAD YOU EVER MET HIS WIFE?

25 A. NOT THAT I RECALL.

1 Q. HAD YOU EVER GONE OUT WITH ANTHONY JOHNSON, GONE TO
2 HIS HOME BEFORE THAT DAY?

3 A. NO, SIR.

4 Q. DID YOU SOCIALIZE REGULARLY WITH ANTHONY JOHNSON?

5 A. NO, SIR. IT WAS -- IT WAS MORE DIFFICULT FOR ME
6 BECAUSE I WAS FEMALE, AND MOST OF THE GUYS WERE
7 MARRIED.

8 Q. AND BASICALLY, AFTER HE LEFT, THE ONLY TIMES THAT
9 YOU HAD ANY CONTACT WITH HIM WERE WHEN YOU WOULD
10 BUMP INTO HIM WHILE YOU ALL WERE BOTH ON DUTY; IS
11 THAT CORRECT?

12 A. EITHER THEN OR IF HE CAME OVER TO DROP OFF A
13 PRISONER OR SOMETHING, SOMETHING LIKE THAT IN
14 PASSING. TRUE, THAT IS WHEN I SAW HIM.

15 Q. NOW ---

16 A. BUT I STILL CONSIDERED HIM A FELLOW OFFICER 'CAUSE
17 HE WAS.

18 Q. THERE WERE A LOT OF DIFFERENT LAW ENFORCEMENT PEOPLE
19 THERE THAT DAY, WERE THERE NOT?

20 A. THERE WERE -- THERE WERE A LOT OF PEOPLE THERE.
21 THERE WERE -- LIKE I SAID, THERE WERE FIREFIGHTERS
22 THERE, PROBABLY A HALF DOZEN FROM GREER AND A HALF
23 DOZEN FROM GREENVILLE, MAYBE MORE. I DON'T KNOW.
24 BUT THEY WERE KEEPING AWAY FROM THE BODY. THEY
25 DIDN'T WANT TO LOOK OVER THERE, BUT THEY ESPECIALLY

1 HAD TO KEEP OUT OF THE CRIME SCENE BECAUSE I HADN'T
2 GOTTEN THERE.

3 Q. AND I BELIEVE WHEN YOU GOT THERE YOU PUT UP SOME
4 BARRIERS AND BLOCKED OFF THE SCENE AND PUT SOME
5 SHEETS AROUND SO THAT NEIGHBORS AND PASSERSBY COULD
6 NOT VIEW THE BODY?

7 A. AND THE CAMERAS THAT WERE THERE. SO THAT THEY
8 COULDN'T SEE IN.

9 Q. AND AS FAR AS THE ACTIVITY, WHEN THE HIGHWAY PATROL
10 ARRIVED, THAT'S WHEN YOU ACTUALLY STARTED TAKING THE
11 MEASUREMENTS AND GOT UNDERNEATH THE CAR AND TOOK THE
12 PHOTOGRAPHS AND MOVED THE CHILD; IS THAT CORRECT?

13 A. I MOVED THE CHILD ONCE THEY GOT THERE AND THEY GOT
14 THEIR OVERALL SCENES. I HAD ALREADY GOTTEN MY
15 OVERALL SCENES.

16 Q. DID YOU LOOK UNDERNEATH THE CAR WHILE THEY WERE
17 THERE?

18 A. WHILE THEY WERE THERE, YES. I GLANCED UNDER IT TO
19 BEGIN WITH TO SEE IF THERE WAS ANYTHING ELSE.

20 Q. AND I BELIEVE THE HIGHWAY PATROL INVESTIGATING TEAM,
21 THEY WERE ALSO TAKING PHOTOGRAPHS OF THE CHILD, AND
22 THEY WERE TAKING MEASUREMENTS AND DOING ALL OF THAT
23 TYPE OF THING AS WELL, CORRECT?

24 A. THAT'S CORRECT.

25 Q. THE ACTIVITIES THAT YOU DID, THE MEASUREMENTS, THE

1 PHOTOGRAPHS, THE MOVING OF THE BODY, GOING INSIDE,
2 SETTING UP THE BARRIERS -- I BELIEVE YOU ALSO TALKED
3 WITH A NEIGHBOR WHO HAD WITNESSED THE ACCIDENT?
4 A. THE HISPANIC NEIGHBOR WHO DIDN'T SPEAK ENGLISH.
5 Q. THOSE WERE ALL A PART OF YOUR JOB AS A FORENSIC
6 INVESTIGATOR; ISN'T THAT CORRECT?
7 A. I DON'T REALLY KNOW HOW TO ANSWER THAT BECAUSE MOST
8 OF THE THINGS I DO, I DO AT THE DIRECTION OF A LEAD
9 INVESTIGATOR. THERE WASN'T A LEAD INVESTIGATOR
10 THERE, SO I WAS THE INVESTIGATOR.
11 Q. TAKING PHOTOGRAPHS, THAT'S AN ORDINARY PART OF YOUR
12 JOB?
13 A. THAT IS CORRECT.
14 Q. TAKING MEASUREMENTS, THAT'S AN ORDINARY PART OF YOUR
15 JOB?
16 A. YES, SIR.
17 Q. PHOTOGRAPHING THE BODY, MOVING IT TO BE ABLE TO
18 PHOTOGRAPH, THAT'S AN ORDINARY PART OF YOUR JOB?
19 A. PHOTOGRAPHING THE BODY, YES. MOVING IT, NOT SO
20 MUCH.
21 Q. YOU HAD MOVED BODIES BEFORE, HAD YOU NOT?
22 A. A FEW TIMES. NEVER A CHILD.
23 Q. PUTTING UP THE BARRIERS, THAT'S AN ORDINARY PART OF
24 YOUR JOB?
25 A. NO, I JUST THOUGHT IT WAS GHOULISH THE WAY EVERYBODY

1 WAS WATCHING.

2 Q. BUT DO YOU DO THAT?

3 A. YES, I DID IT.

4 Q. TALKING WITH EYEWITNESSES, THAT WOULD BE AN ORDINARY
5 PART OF YOUR JOB?

6 A. I DIDN'T KNOW SHE WAS AN EYEWITNESS.

7 Q. UNTIL YOU TALKED TO HER?

8 A. UNTIL I TALKED TO HER. SHE WAS THE ONE THAT HAD
9 MADE THE INITIAL 911 CALL.

10 Q. EVERYTHING YOU DID THAT DAY WOULD HAD TO HAVE BEEN
11 DONE BY YOU OR ANOTHER FORENSIC INVESTIGATOR, WOULD
12 IT NOT?

13 A. THAT IS CORRECT.

14 Q. AND ANY FORENSIC INVESTIGATOR WITH THE SPARTANBURG
15 COUNTY SHERIFF'S DEPARTMENT WOULD HAVE KNOWN ANTHONY
16 JOHNSON, WOULD THEY NOT?

17 A. I DON'T KNOW.

18 Q. HAD MOST OF THEM BEEN THERE AS LONG AS YOU HAD?

19 A. YES, MOST OF THEM HAD BEEN BACK IN FORENSICS THE
20 ENTIRE TIME I WAS WITH THE SHERIFF'S OFFICE.

21 BY MR. PYE:

22 I'M GOING TO OBJECT TO THE QUESTION, YOUR
23 HONOR. HE'S CALLING FOR SPECULATION. SHE DOESN'T
24 KNOW WHO ALL KNEW HIM OR WHO HE KNEW. SPECULATION.

25 BY THE COMMISSIONER:

1 WELL, I THOUGHT IT WAS AN INSIGHTFUL QUESTION.
2 THE QUESTION WAS EVERYBODY -- EVERYTHING THAT YOU
3 DID WOULD HAVE HAD TO BE DONE BY SOMEBODY ELSE?

4 BY THE WITNESS:

5 YES, SIR.

6 BY THE COMMISSIONER:

7 AND AT LEAST THE CHANCES ARE IF SOMEBODY HAD
8 BEEN THERE AS LONG AS YOU HAD BEEN THERE, WHICH
9 WOULD HAVE ENCOMPASSED THE YEAR-AND-A-HALF THAT HE
10 WAS THERE, "HE" THE FATHER OF THE DEAD CHILD, THEN
11 THERE'S A CHANCE, AT LEAST, THAT THEY KNEW HIM?

12 BY THE WITNESS:

13 THE ONLY ONE -- THE BEST WAY I CAN ANSWER THAT
14 IS THE ONLY ONE THAT I WOULD THINK OR BE PRETTY SURE
15 MIGHT KNOW HIM WOULD BE MY EX-PARTNER, SHANE DEDMON.
16 WE ALL WORKED THIRD SHIFT. I WORKED THIRD SHIFT
17 THROUGH THE ENTIRE CAREER UP UNTIL LAST MONTH -- UP
18 UNTIL THE LAST MONTH. THE OTHERS HAD BEEN BACK
19 THERE SO LONG, THERE ARE SO MANY OFFICERS IN UNIFORM
20 PATROL THAT GO INTO DIFFERENT DIVISIONS AND THINGS
21 LIKE THAT, NO, SIR, I CANNOT TELL YOU WITH ANY
22 CERTAINTY THAT ANY OF THEM KNEW HIM BACK THERE.

23 BY THE COMMISSIONER:

24 OKAY. THAT'S FINE. WE CAN MOVE ON.

25 CROSS EXAMINATION RESUMED BY MR. KALE:

- 1 Q. NOW, YOU HAVE WORKED DEATH SCENES INVOLVING CHILDREN
2 BEFORE, HAVE YOU NOT?
3 A. ONCE OR TWICE, YES.
4 Q. HAD YOU ALSO WITNESSED THE DEATH OF A CHILD WHEN YOU
5 WERE YOUNGER?
6 A. YES, SIR.
7 Q. WHEN WAS THAT?
8 A. WHEN OR WHERE?
9 Q. WHEN? WELL, I'LL ASK YOU WHERE, TOO?
10 A. THAT WAS WHEN I WAS WITH GREENVILLE COUNTY SHERIFF'S
11 OFFICE, AND IT WAS WHEN I WAS 18.
12 Q. AND HOW DID THAT HAPPEN?
13 A. A DUMP TRUCK HAD GONE OVER A CHILD'S HEAD. THE
14 CHILD HAD RUN IN FRONT OF IT.
15 Q. AND THAT'S WHILE YOU WERE EMPLOYED WITH THE
16 GREENVILLE ---
17 A. YES, SIR.
18 Q. --- SHERIFF'S DEPARTMENT?
19 A. YES, SIR.
20 Q. NOW, YOU HAD TALKED ABOUT YOUR COUSIN, OR YOUR
21 HUSBAND'S COUSIN, MICHAEL ROBERTS. THE FIRST DOCTOR
22 THAT YOU WENT TO WAS DR. WIEDER. THAT'S YOUR FAMILY
23 DOCTOR; ISN'T THAT CORRECT?
24 A. YES, SIR.
25 Q. AND BASICALLY, YOU WENT TO HIM ON APRIL 19TH OF

1 2005, AND THAT WAS THE DAY AFTER MR. ROBERTS DIED;
2 IS THAT CORRECT?

3 A. THAT'S CORRECT.

4 Q. AND BASICALLY, YOU WERE IN TEARS, ACCORDING TO DR.
5 WIEDER; YOU WERE UPSET AND CRYING AND VERY UPSET
6 ABOUT YOUR COUSIN, MR. ROBERTS' DEATH; IS THAT
7 CORRECT?

8 A. THAT IS CORRECT.

9 Q. AND I BELIEVE AT THAT TIME HE PLACED YOU ON XANAX,
10 DID HE NOT?

11 A. YES, SIR.

12 Q. AND YOU CONTINUED TO SEE DR. WIEDER FOR A NUMBER OF
13 VISITS AFTER THAT?

14 A. THAT'S CORRECT.

15 Q. NOW, PRIOR TO YOUR HOSPITALIZATION -- AND I BELIEVE
16 YOU WERE FIRST HOSPITALIZED AT SPARTANBURG REGIONAL,
17 WERE YOU NOT?

18 A. NO, SIR, AT MARY BLACK.

19 Q. MARY BLACK FIRST?

20 A. THAT'S CORRECT.

21 Q. AND THEN YOU WENT TO SPARTANBURG REGIONAL?

22 A. YES, SIR.

23 Q. AND THEN YOU WENT TO THE CENTER FOR BEHAVIORAL
24 HEALTH?

25 A. THAT'S CORRECT.

1 Q. OKAY. THE EPISODE, WHETHER IT BE PSYCHOTIC OR
2 WHATEVER, THAT YOU HAD, YOU HAD STOPPED TAKING THE
3 XANAX, HAD YOU NOT?

4 A. YES, SIR.

5 Q. AND THAT WAS THE REASON THAT YOU HAD THIS PSYCHOTIC
6 TYPE OF EPISODE, BECAUSE YOU HAD GONE COLD TURKEY ON
7 XANAX?

8 BY MR. PYE:

9 OBJECTION, YOUR HONOR. SHE'S NOT A DOCTOR.

10 BY MR. KALE:

11 WELL, SHE KNOWS FROM HER TREATMENT, YOUR HONOR.

12 BY MR. PYE:

13 THE RECORDS SPEAK FOR THEMSELVES. SHE'S NOT A
14 DOCTOR. SHE DOESN'T KNOW WHY SHE HAD ---

15 BY THE COMMISSIONER:

16 WELL, I'LL NOTE YOUR OBJECTION. WITHOUT ASKING
17 HER ANYTHING THAT'S TOO MEDICALLY COMPLEX, ASK HER
18 WHAT HER UNDERSTANDING OF ---

19 CROSS EXAMINATION RESUMED BY MR. KALE:

20 Q. WHAT IS YOUR UNDERSTANDING?

21 A. OF WHAT?

22 Q. OF WHAT CAUSED THAT EPISODE. WAS IT THE WITHDRAWAL
23 FROM THE XANAX?

24 A. BECAUSE I HAD QUIT TAKING THE XANAX WITHOUT TAPERING
25 IT OFF. I DIDN'T KNOW THAT I HAD TO.

- 1 Q. NOW, IN DR. DIEHL'S REPORT OF SEPTEMBER 14TH OF
2 2005, HE RECORDS THAT IT HAD BEEN GETTING HARDER FOR
3 YOU TO INVESTIGATE CRIME SCENES PRIOR TO THE CHILD'S
4 DEATH. IS THAT CORRECT?
- 5 A. PRIOR TO THE CHILD'S DEATH?
- 6 Q. YES.
- 7 A. NO, SIR.
- 8 Q. SO YOU WOULD DISAGREE WITH THE HISTORY HE HAS IN
9 THAT REPORT ON PAGE 131?
- 10 A. I NEVER HAD PROBLEMS DEALING WITH CRIME SCENES UNTIL
11 AFTER THE CHILD'S DEATH.
- 12 Q. HE ALSO MENTIONS ON PAGE 133 OF HIS REPORT THAT YOU
13 HAD HAD TWO INCIDENTS, ONE INVOLVING POACHERS THAT
14 HAD BROKEN INTO A GAME COMPOUND AND KILLED ONE DEER
15 AND WOUNDED ANOTHER, AND YOU HAD TO SHOOT THE DEER.
16 THAT EPISODE GREATLY UPSET YOU, DID IT NOT?
- 17 A. YEAH, I DON'T LIKE CRUELTY TO ANIMALS.
- 18 Q. AND THEN THERE WAS ANOTHER EPISODE WHERE TWO PONIES
19 HAD BEEN HIT BY A TRACTOR-TRAILER AND YOU HAD HAD TO
20 INVESTIGATE THAT AND THAT UPSET YOU?
- 21 A. WELL, THAT UPSET ME. IT WAS THE VERY FIRST FORENSIC
22 CRIME SCENE THAT I HAD GONE TO.
- 23 Q. BOTH OF THOSE INCIDENTS OCCURRED PRIOR TO THE TIME
24 THAT YOU ---
- 25 A. YES, THEY DID.

1 Q. --- HAD THE INCIDENT WITH THE CHILD?

2 A. MM-HMM (AFFIRMATIVE RESPONSE), THEY DID.

3 BY MR. KALE:

4 YOUR HONOR, I THINK THAT'S ALL THE QUESTIONS I
5 HAVE AT THIS TIME.

6 BY THE COMMISSIONER:

7 ALL RIGHT, SIR. MR. PYE?

8 BY MR. PYE:

9 I HAVE ONE, YOUR HONOR.

10 REDIRECT EXAMINATION BY MR. PYE:

11 Q. MR. KALE ASKED YOU ABOUT WHEN YOU WERE 18 YEARS OLD
12 YOU INVESTIGATED THE DEATH OF A CHILD HIT BY A DUMP
13 TRUCK?

14 A. I WAS -- I DID NOT DO THE INVESTIGATION. I SAW THE
15 CHILD. THE OFFICER WITH WHOM I WAS RIDING WAS
16 CONDUCTING THE INVESTIGATION.

17 Q. AND DID SEEING THE DEATH OF THAT CHILD BOTHER YOU AT
18 ALL?

19 A. NO, SIR.

20 Q. DID YOU HAVE ANY NIGHTMARES ABOUT THE DEATH OF THAT
21 CHILD?

22 A. NO, SIR.

23 Q. OKAY.

24 A. IF I HAD, I DEFINITELY WOULDN'T HAVE GONE INTO THIS
25 BUSINESS.

1 Q. WAS THE DRIVER OF THE DUMP TRUCK AN ACQUAINTANCE OF
2 YOURS?

3 A. I DON'T EVEN REMEMBER IF THE CHILD WAS MALE OR
4 FEMALE. I DON'T REMEMBER ANYTHING EXCEPT THAT IT
5 WAS A DUMP TRUCK AND IT RAN RIGHT OVER THE CHILD'S
6 HEAD.

7 Q. SO IT WASN'T A FELLOW POLICE OFFICER THAT RAN OVER
8 IT?

9 A. NO. I'VE NEVER HAD AN INCIDENT WHERE I KNEW THE
10 PEOPLE INVOLVED ---

11 Q. IT WASN'T ---

12 A. --- AND IT WAS SOMETHING VIOLENT.

13 Q. IT WASN'T A FRIEND OF YOURS THAT RAN OVER THE CHILD,
14 WAS IT?

15 A. NO. ARE YOU TALKING ABOUT NOW OR THE ---

16 Q. NO, MA'AM.

17 A. --- DUMP TRUCK?

18 Q. THE DUMP TRUCK DRIVER, WAS HE AN ACQUAINTANCE?

19 A. NO, NO.

20 Q. WAS THE CHILD HIS CHILD?

21 A. NO.

22 BY MR. PYE:

23 THAT'S ALL I HAVE.

24 BY MR. KALE:

25 JUST ONE OR TWO QUESTIONS.

1 RECROSS EXAMINATION BY MR. KALE:

2 Q. YOU DID NOT ACTUALLY SEE ANTHONY JOHNSON BACK OVER
3 HIS CHILD?

4 A. NO, SIR.

5 Q. BUT YOU DID SEE THE DUMP TRUCK RIDE OVER THE HEAD OF
6 THE CHILD?

7 A. NO, SIR; I SAW THE RESULTS OF IT, JUST LIKE I DID AT
8 ANTHONY'S.

9 Q. HAD IT HAPPENED WHILE YOU WERE OUT THERE? WAS THE
10 ACCIDENT RIGHT THERE WHERE YOU WERE AT?

11 A. I ---

12 BY MR. PYE:

13 YOUR HONOR, I OBJECT TO THE FORM. I DON'T KNOW
14 WHAT HE'S ASKING.

15 BY THE WITNESS:

16 I DON'T UNDERSTAND THE FORM. SORRY.

17 BY THE COMMISSIONER:

18 WELL, I THINK I KNOW WHY HE'S ASKING THE
19 QUESTION. I ACTUALLY HAD MADE A NOTE OF THAT. I
20 THOUGHT SHE SAID ORIGINALLY ON CROSS THAT SHE HAD
21 SEEN A DUMP TRUCK RUN OVER A CHILD'S HEAD. I
22 THOUGHT THAT'S WHAT SHE SAID. MAYBE NOT.

23 BY THE WITNESS:

24 IF I DID, I APOLOGIZE. I DID NOT SEE IT. I'M
25 TALKING ABOUT GOING TO THE SCENE.

1 BY THE COMMISSIONER:

2 YOU SAW THE RESULT OF IT.

3 RECROSS EXAMINATION RESUMED BY MR. KALE:

4 Q. OKAY. SO YOU WENT TO THE SCENE WHERE THE DUMP TRUCK
5 WAS?

6 A. YES.

7 Q. AND YOU SAW THE CHILD?

8 A. AND SAW THE CHILD. I APOLOGIZE. I HAVEN'T SEEN --
9 WELL, EXCEPT FOR ONE TIME THAT I CAN RECALL, I HAVE
10 NOT SEEN ANYBODY KILLED IN FRONT OF ME.

11 Q. WHAT WAS THE ONE TIME YOU SAW SOMEBODY KILLED?

12 A. THESE TWO TEENAGERS HAD STOLEN A CAR, AND THE
13 HIGHWAY PATROL HAD A ROAD BLOCK -- NOT A ROAD BLOCK,
14 A SOBRIETY STOP AT THE HEARON CIRCLE -- AND IT SPED
15 AWAY, AND ANOTHER OFFICER AND I WENT AFTER THEM. WE
16 DID NOT ENGAGE OUR BLUE LIGHTS OR ANYTHING. WE WERE
17 TRYING TO CATCH UP TO HIM FIRST IN CASE HE DIDN'T
18 SEE US. AND HE WAS GOING DOWN A ROAD. WE KNEW HE
19 WAS GOING TOO FAST, AND SURE ENOUGH, HE GOT EJECTED.
20 THE CAR ROLLED OVER HIM AND LANDED A LITTLE BIT
21 FURTHER DOWN AND ROLLED AGAIN, AND HE -- HE
22 BASICALLY DIED IN MY ARMS 'CAUSE I MOVED HIM TO
23 WHERE HE COULD BREATHE.

24 Q. AND YOU SAW THAT ACCIDENT HAPPEN?

25 A. I SAW THAT.

1 BY MR. KALE:

2 NO FURTHER QUESTIONS.

3 REDIRECT EXAMINATION BY MR. PYE:

4 Q. WELL, IN FOLLOW UP, WITH THAT ACCIDENT DID YOU HAVE
5 ANY NIGHTMARES ABOUT THAT?

6 A. NO, I JUST THOUGHT IT REALLY SUCKED THAT I HAD TO
7 SEE IT, BUT...

8 Q. DID YOU CRY ABOUT THAT ACCIDENT?

9 A. NO, SIR.

10 Q. DID YOU KNOW THE PARTIES INVOLVED IN THAT ACCIDENT?

11 A. NO, SIR.

12 BY MR. PYE:

13 NO FURTHER QUESTIONS.

14 BY MR. KALE:

15 NOTHING FURTHER, YOUR HONOR.

16 BY THE COMMISSIONER:

17 OKAY. LET ME SEE IF I HAD ANYTHING TO ASK. I
18 THINK A COUPLE QUESTIONS TO ASK THAT I WAS CURIOUS
19 ABOUT. IN THE THREE-AND-A-HALF TO FOUR YEARS YOU'D
20 BEEN ON THIS JOB, HOW MANY DEATHS HAVE YOU SEEN,
21 JUST DEATHS FOR ANY REASON, THAT YOU HAD GONE OUT TO
22 INVESTIGATE -- NOT TO INVESTIGATE, TO WORK?

23 BY THE WITNESS:

24 JUST LIKE DURING THE DEPOSITION, I'M AFRAID TO
25 GIVE A NUMBER BECAUSE IT MAY BE HIGH OR LOW. I

1 GAVE, I BELIEVE, 100 TO 150 DURING THE DEPOSITION.
2 I CAN STICK WITH THAT, BUT I CAN TELL YOU THAT'S NOT
3 ACCURATE.

4 BY THE COMMISSIONER:

5 I UNDERSTAND. YOU DON'T TALLY THAT.

6 BY THE WITNESS:

7 YOU DON'T -- YOU REALLY -- THAT'S PART OF YOUR
8 OWN PROTECTION. YOU DON'T REMEMBER THEM. ONCE
9 THEY'RE DONE, THEY'RE DONE.

10 BY THE COMMISSIONER:

11 Q. AND YOU WORKED AUTO ACCIDENTS AS A PART OF THIS,
12 TOO, RIGHT?

13 A. UNFORTUNATELY, YES.

14 Q. RIGHT. IS THAT USUALLY WORSE THAN -- THE WORST
15 TYPE?

16 A. IT DEPENDS. YOU CAN SEE PEOPLE DECAPITATED OR
17 WITHOUT AN ARM, BUT THEN AGAIN YOU COULD -- I RECALL
18 VERY CLEARLY ONE MAN THAT ACCIDENTALLY SHOT HIS LEG
19 MOSTLY OFF WITH A SHOTGUN PURELY BY ACCIDENT. SO,
20 THERE -- YOU DON'T KNOW WHAT YOU'RE DEALING WITH IN
21 A CAR, AND THE ONLY TIME THAT WE DEAL WITH VEHICULAR
22 ACCIDENTS IS IF IT'S -- WELL, I WAS GONNA SAY A
23 PATROL CAR, BUT THE HIGHWAY PATROL DOES THAT. WE
24 TAKE THE PHOTOS IF THE HIGHWAY PATROL REQUESTS IT OF
25 US. IF THEY DON'T HAVE AN ACE TEAM, WHICH IS THEIR

1 SPECIAL TEAM, THEN WE DO THOSE.

2 Q. AND YOU WORKED THE SAME SHIFT WITH THE FATHER OF THE
3 CHILD?

4 A. WHEN HE WAS -- WHEN HE WAS WITH THE SHERIFF'S
5 OFFICE, THIRD SHIFT.

6 Q. AND DID YOU ALL WORK TOGETHER VERY CLOSELY? YOU
7 SAID YOU BUMPED INTO HIM.

8 A. NO. WE -- THE COUNTY WAS CUT INTO LIKE EIGHT
9 PIECES, AND EACH ONE WAS A ZONE. I WAS ASSIGNED ONE
10 ZONE; HE WAS ASSIGNED ANOTHER ZONE. SOMETIMES WE
11 HAD TWO TO A ZONE. SOMETIMES WE DIDN'T HAVE BUT ONE
12 PERSON WORKING TWO ZONES. SO, A LOT OF TIMES IF YOU
13 WERE IN THIS ZONE HERE AND THERE WAS A CALL IN THIS
14 ZONE THAT YOU'RE NOT SURE ABOUT IT, IT MIGHT BE A
15 BAD CALL OR WHATEVER OR JUST SOUNDS SUSPICIOUS, YOU
16 GO THAT WAY TO GO BACK UP THE OFFICER THAT RESPONDS
17 TO THE CALL. THAT WAY YOU DON'T HAVE 20 MINUTES,
18 YOU KNOW, WHEN THEY GET INTO A FIGHT OR WHATEVER TO
19 GET THERE; YOU'RE ALREADY CLOSE TO THEM. SO, THAT'S
20 WHY I SAID THAT WE BACKED EACH OTHER UP. DID WE
21 WORK IN THE SAME AREA? I DON'T THINK WE EVER WORKED
22 THE SAME AREA, BUT WE WORKED SIDE BY SIDE, AND IF HE
23 GOT INTO FIGHTS OR IF I GOT INTO FIGHTS, WE WOULD
24 RESPOND. HE WOULD BE THERE AND I WOULD BE THERE.
25 Q. HOW OFTEN WOULD YOU SEE HIM IN A DAY OR A WEEK?

- 1 A. IF HE -- ALL RIGHT. WE WORKED TWO DAYS -- EXCUSE
2 ME, WE WORKED FOUR DAYS AND WERE OFF TWO, AND AT THE
3 TIME, THERE WERE THREE DIFFERENT, "A", "B", AND "C"
4 PLATOON. I WAS ON ONE OF THEM; HE WAS ON ONE OF THE
5 OTHERS. SO I ONLY WORKED TWO DAYS OUT OF THE
6 WORKING DAYS -- OUT OF MY FOUR WORKING DAYS, I ONLY
7 WORKED TWO DAYS WITH HIM.
- 8 Q. SO TWO DAYS A WEEK. WOULD THAT BE AT SHIFT CHANGE
9 WHEN YOU'D SEE HIM, COMING TO WORK AND GOING HOME
10 FROM WORK?
- 11 A. YEAH, AND WE'D GO TO ROLL CALL TOGETHER.
- 12 Q. SO YOU DIDN'T PHYSICALLY WORK TOGETHER LIKE THE SAME
13 PEOPLE IN A CAR?
- 14 A. NO, NO, NO. WE DON'T DO THAT AT ALL UNLESS THE
15 WEATHER IS SO SEVERE THAT IT JUST MAKES MORE SENSE,
16 INSTEAD OF HAVING TWO CARS TRYING TO DRIVE ON SEVERE
17 CONDITIONS, LIKE ICE, PUT TWO PEOPLE IN A PATROL
18 CAR. THAT'S THE ONLY TIME THAT WE EVER DO THAT.
- 19 Q. AND THE OTHER QUESTION I HAD, DO YOU STILL HAVE
20 GROUP INSURANCE? IS THAT WHAT'S PAYING YOUR BILLS
21 NOW? ARE YOU PAYING THE COPAY? IS THAT THE BILLS
22 THAT YOU'VE INCURRED?
- 23 A. I'VE GOT COBRA. IS THAT THE SAME THING AS GROUP?
- 24 Q. COBRA, OKAY. I UNDERSTAND.
- 25 A. YES, SIR, I PAY CLOSE TO \$400 A MONTH FOR IT.

1 BY THE COMMISSIONER:

2 I DON'T BELIEVE I HAVE ANY OTHER QUESTIONS
3 UNLESS THERE'S ANY OTHER ---

4 BY MR. PYE:

5 I HAVE ONE FOLLOW-UP, IF I MAY.

6 BY THE COMMISSIONER:

7 YES, SIR.

8 REDIRECT EXAMINATION RESUMED BY MR. PYE:

9 Q. THE COMMISSIONER ASKED YOU IF YOU'D SEE EACH OTHER
10 AT SHIFT CHANGE. YOU ALL WORKED THE SAME SHIFT,
11 THOUGH, DID YOU NOT?

12 BY MR. KALE:

13 OBJECT TO LEADING.

14 BY MR. PYE:

15 SHE'S ALREADY SAID THAT EARLIER.

16 BY THE COMMISSIONER:

17 WELL, I'M VERY FAMILIAR WITH SHIFT WORK.
18 PEOPLE COME TO WORK AND THEY LEAVE.

19 BY THE WITNESS:

20 AND IT IS POSSIBLE NOT TO SEE EACH OTHER
21 THROUGH THE WHOLE NIGHT EXCEPT AT THE BEGINNING AND
22 THE END.

23 BY THE COMMISSIONER:

24 AND I WONDERED IF YOUR RELATIONSHIP WITH HIM --
25 OBVIOUSLY, YOU KNOW WHY WE'RE HERE.

1 BY THE WITNESS:

2 YES, SIR.

3 BY THE COMMISSIONER:

4 I MEAN, YOU'VE SEEN EVERYTHING THAT CAN BE SEEN
5 AND WORSE, AND IT COMES DOWN TO THAT, AND I WAS
6 TRYING TO GET A PICTURE IN MY MIND IF YOU SAW HIM
7 WHEN YOU CAME TO WORK AND SAW HIM WHEN YOU LEFT OR
8 IF YOU ALL CAME IN, IF YOU CLOCKED IN, OR IF YOU
9 NEVER SAW HIM FOR A WHOLE NIGHT, BECAUSE YOUR JOB IS
10 DISBURSED, AS I UNDERSTAND IT.

11 BY THE WITNESS:

12 EXACTLY.

13 BY THE COMMISSIONER:

14 YOU'VE GOT THE ZONES. AND I WAS TRYING TO GET
15 A PICTURE IN MY MIND TO WHAT EXTENT YOU WORKED WITH
16 HIM. WE KNOW HE WAS THERE A YEAR-AND-A-HALF; WE
17 KNOW YOU WERE THERE THREE-AND-A-HALF YEARS IN THAT
18 SPECIFIC JOB. I WAS JUST TRYING TO GET ---

19 BY THE WITNESS:

20 THAT IS CORRECT. FOR A LONG TIME WE DIDN'T
21 HAVE ROLL CALL BEFORE THAT, AND IT WOULD BE JUST
22 MEETING HERE OR MEETING THERE, GO EAT HERE, GO KEEP
23 EACH OTHER AWAKE THERE, IN DIFFERENT AREAS AND
24 THINGS. ONCE WE STARTED ROLL CALL, WE WOULD SEE
25 EACH OTHER EVERY MORNING -- OR, EXCUSE ME, EVERY

1 EVENING WHEN WE WENT OUT, BECAUSE WE WORKED THIRD
2 SHIFT, AND EVERY MORNING SO THAT -- BECAUSE THE
3 SERGEANTS HAD TO MAKE SURE EVERYBODY WAS ACCOUNTED
4 FOR. SO, SOMETIMES A.J. AND I WOULDN'T SEE EACH
5 OTHER BUT AT THE BEGINNING AND AT THE END, AND
6 SOMETIMES OUR ZONES WERE SEPARATE AND BUSY AND WE
7 DIDN'T SEE EACH OTHER AT ALL. WE WERE NOT BEST
8 FRIENDS. WE WERE FRIENDS, AND WE WERE ASSOCIATES,
9 AND IT'S A POLICE OFFICER. LIKE I SAID BEFORE, I
10 DON'T KNOW IF YOU'VE HEARD IT. IT'S A THIN BLUE
11 LINE.

12 BY THE COMMISSIONER:

13 I UNDERSTAND.

14 BY THE WITNESS:

15 IT'S REALLY US AGAINST THEM AND -- 'CAUSE YOU
16 KNOW THAT IF YOU'RE IN THE MIDDLE OF A PARK -- AND
17 THIS IS THE WAY I FEEL ANYWAY AS A POLICE OFFICER.

18 I CAN BE IN THE MIDDLE OF A PARK FULL OF PEOPLE, AND
19 IF SOMEBODY JUMPS ME TO HURT ME, THEN I'VE GOT TO
20 DEFEND MYSELF, BUT IF THERE'S SOMEBODY IN UNIFORM
21 NEAR ME, I KNOW THAT I'M NOT GONNA DIE BECAUSE
22 SOMEBODY'S GONNA BE THERE TO BACK ME UP. THAT
23 PERSON. I DON'T KNOW ABOUT ALL THE OTHER 99 BEHIND
24 ME, BUT THAT POLICE OFFICER HAS A BOND THAT'S GOING
25 TO MAKE THEM HELP A FELLOW OFFICER. THAT'S JUST IT.

1 IF YOU EVER HEAR A BUNCH OF LIGHTS AND SIRENS GOING
2 IN ONE DIRECTION AND MORE THAN ONE OR TWO PATROL
3 CARS, YOU KNOW IT'S A FIGHT THAT AN OFFICER HAS GOT
4 AND THEY'RE TRYING TO GET HELP TO HIM AS FAST AS
5 THEY CAN.

6 BY THE COMMISSIONER:

7 BASED ON THAT, WOULD YOU HAVE THE SAME FEELING
8 HAD YOU NOT KNOWN HIM BUT HE WOULD HAVE BEEN A
9 POLICE OFFICER THAT WORKED THE SECOND SHIFT INSTEAD
10 OF THE THIRD? SAME REACTION?

11 BY THE WITNESS:

12 I DON'T KNOW. I REALLY DON'T. I'M SORRY.

13 BY THE COMMISSIONER:

14 OKAY. I DON'T HAVE ANY OTHER QUESTIONS.

15 BY MR. KALE:

16 NOTHING FURTHER.

17 BY MR. PYE:

18 I DON'T HAVE ANYTHING FURTHER FROM THIS
19 WITNESS. I HAVE A CLARIFICATION.

20 BY THE COMMISSIONER:

21 ALL RIGHT, SIR.

22 BY MR. PYE:

23 WHEN DICK POINTED OUT PAGE 131 OF MY APAs ---

24 BY THE COMMISSIONER:

25 JUST A MINUTE. LET ME FIND IT. OKAY, I'VE GOT

1 IT.

2 BY MR. PYE:

3 PAGE 131?

4 BY THE COMMISSIONER:

5 YES, SIR.

6 BY MR. PYE:

7 DICK MADE REFERENCE TO THE FACT THAT DR. DIEHL
8 SAID THAT IT WAS GETTING HARDER FOR HER TO
9 INVESTIGATE CRIME SCENES PRIOR TO THE CHILD'S DEATH.
10 I DON'T THINK THAT'S WHAT THAT SAYS. IT SAYS,
11 "BEFORE THE RECENT EXPERIENCE SHE SAID IT WAS
12 GETTING HARDER TO INVESTIGATE CRIME SCENES." THE
13 MOST RECENT EXPERIENCE BEFORE 9/14/05 WAS HER MENTAL
14 BREAKDOWN IN AUGUST OF '05, NOT THE CHILD'S DEATH.
15 I THINK THAT WAS A MISINTERPRETATION, INADVERTENTLY
16 I'M SURE.

17 BY MR. KALE:

18 I DON'T KNOW IF YOUR INTERPRETATION IS RIGHT.
19 I RECKON HE HAS TO READ IT AND MAKE HIS OWN
20 INTERPRETATION.

21 BY THE COMMISSIONER:

22 I WILL. I'LL READ IT AND DRAW WHATEVER -- I
23 ACTUALLY HAVE UNDERLINED IT AND PUT SOME BARS BY
24 THAT TO READ. I'LL READ THAT ENTIRE REPORT, I CAN
25 ASSURE YOU. THANK YOU VERY MUCH. AND I BELIEVE

1 CHAD HAS GOT SOME WITNESSES, SO YOU CAN SIT OVER
2 THERE WITH HIM, AND WE'LL MOVE ON.

3 BY THE CLAIMANT:

4 I APOLOGIZE, BUT MY PARENTS ARE HISPANIC. THEY
5 HAVE A THICK ACCENT, SO I MAY NEED TO REPEAT
6 SOMETHING.

7 BY THE COMMISSIONER:

8 THAT'S FINE. HOW DO YOU DO, SIR? SINCE THAT'S
9 THE CASE, IF YOU WOULD LEAD HIM UP TO THE POINT --
10 THIS IS HER FATHER, IS IT?

11 BY MR. PYE:

12 YES, SIR.

13 BY THE COMMISSIONER:

14 SHE SAID HE MAY BE A LITTLE BIT DIFFICULT TO
15 UNDERSTAND. AT SOME POINT, WHEN YOU, OBVIOUSLY,
16 SAY, "YOU'RE HER FATHER?", HE CAN GIVE YES/NO
17 ANSWERS UP UNTIL MR. KALE OBJECTS.

18 SIR, WOULD YOU STATE YOUR FULL NAME FOR THE
19 RECORD?

20 BY THE WITNESS:

21 YES, SIR. RAMON MARTINEZ, R-A-M-O-N, M-A-R-T-
22 I-N-E-Z.

23 * * * * *

24 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
25 WHOLE TRUTH AND NOTHING BUT THE TRUTH CONCERNING THE

1 MATTER HEREIN:

2 RAMON MARTINEZ,

3 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

4 BY THE COMMISSIONER:

5 ANSWER ANY QUESTIONS THAT MR. PYE MAY HAVE,

6 PLEASE, SIR..

7 DIRECT EXAMINATION BY MR. PYE:

8 Q. WHAT IS YOUR RELATIONSHIP TO RAQUEL MARTINEZ?

9 A. I'M SORRY?

10 Q. WHAT IS YOUR RELATIONSHIP TO RAQUEL MARTINEZ?

11 A. I'M HER DADDY.

12 BY THE COMMISSIONER:

13 JUST ASK IN OTHER WORDS AND GET A "YES" OR "NO"

14 OUT OF HIM.

15 DIRECT EXAMINATION RESUMED BY MR. PYE:

16 Q. ARE YOU RAQUEL MARTINEZ'S FATHER?

17 A. YES, SIR, I AM.

18 Q. OKAY. HOW OFTEN DID YOU TALK TO RAQUEL IN 2005?

19 A. THREE TO FOUR TIMES A WEEK.

20 Q. HOW FAR DO YOU LIVE FROM RAQUEL?

21 A. APPROXIMATELY TWO MILES.

22 Q. HOW OFTEN DID YOU SEE RAQUEL IN 2005?

23 A. TWO OR THREE TIMES A WEEK.

24 Q. DO YOU RECALL RAQUEL INVESTIGATING THE DEATH OF A
25 FRIEND'S CHILD IN APRIL OF 2005?

- 1 A. YES.
- 2 Q. DID SHE TALK TO YOU ABOUT THAT?
- 3 A. SHE TALKED A LITTLE BIT TO ME AND MOSTLY TO HER
- 4 MOTHER. SHE WAS REAL UPSET AND THAT'S THE REASON
- 5 SHE ALWAYS TALKED TO HER MOTHER ON THAT CASE,
- 6 BECAUSE HER MOTHER KNOWS HOW TO TREAT HER BETTER
- 7 THAN I.
- 8 Q. WHEN DID YOU FIRST TALK TO RAQUEL ABOUT THAT DEATH
- 9 SCENE?
- 10 A. IT WAS TWO OR THREE DAYS AFTERWARDS.
- 11 Q. WAS SHE CRYING AND UPSET WHEN SHE TALKED TO YOU
- 12 ABOUT IT?
- 13 A. YES, SHE WAS.
- 14 Q. HAD YOU EVER SEEN HER HAVE THAT REACTION BEFORE TO
- 15 AN INVESTIGATION?
- 16 A. I NEVER HAD.
- 17 Q. DID SHE CHANGE OVER THE NEXT FEW MONTHS?
- 18 A. YES, SHE DID.
- 19 Q. HOW DID THE DEATH OF HER EX-HUSBAND'S COUSIN AFFECT
- 20 HER?
- 21 A. NOT REALLY THAT MUCH. IT WAS SOME BUT NOT THAT
- 22 MUCH. YOU KNOW, JUST LIKE ANYTIME THAT SOMEBODY
- 23 DIES, YOU'RE GONNA BE UPSET. BUT SHE KNEW THAT IT
- 24 WAS BETTER OFF FOR HIM TO DIE SINCE HE HAD AIDS.
- 25 Q. NOW, HAVE YOU BEEN IN CONSTANT CONTACT WITH HER OVER

1 THE 20-PLUS YEARS SHE'S BEEN IN LAW ENFORCEMENT?

2 A. YES, SIR.

3 Q. HAVE YOU EVER SEEN HER GET EMOTIONAL ABOUT AN
4 INVESTIGATION?

5 A. NO.

6 Q. DO YOU RECALL THE DATE THAT SHE HAD HER NERVOUS
7 BREAKDOWN IN AUGUST OF '05?

8 A. YES, SIR.

9 Q. TELL US ABOUT THAT DAY, IF YOU WOULD.

10 A. OKAY. THAT WAS AUGUST 7TH. IT WAS EARLY IN THE
11 MORNING. IT WAS ABOUT 6:00 TO 6:30 IN THE MORNING.
12 I GOT A CALL FROM HER NEXT-DOOR NEIGHBOR. SHE
13 CALLED AND SAID, "MR. MARTINEZ, RAQUEL IS GOING UP
14 AND DOWN IN THE FRONT YARD, AND SHE'S TALKING WEIRD.
15 I MEAN, SOMETHING IS WRONG WITH HER. I THINK IT'S
16 GOOD FOR YOU TO COME AND LOOK AND IT." SO I DID. I
17 GOT IN MY CAR AND WENT OVER THERE. AS SOON AS I GOT
18 THERE, I SAW SOMETHING WAS REAL BAD BECAUSE THE CAR
19 WINDSHIELD WAS SMASHED TO PIECES. SO I CONTINUED
20 GOING TO HER HOUSE DOOR, KNOCK ON THE DOOR, NOBODY
21 ANSWERED. SO I TRIED THE LOCK, AND IT WASN'T
22 LOCKED. I OPENED THE DOOR, AND I KNEW RIGHT AWAY
23 THAT SOMETHING WAS REAL BAD. IT LOOKED LIKE A
24 HURRICANE CAME THROUGH IT. EVERYTHING WAS
25 EVERYWHERE. THE GLASS BACK DOOR WAS TO PIECES. ONE

1 OF THE WINDOW SCREENS WAS ALL SMASHED. I MEAN, IT
2 WAS A MESS. SO I WENT THROUGH THE HOUSE ASKING,
3 "RAQUEL, RAQUEL, WHERE ARE YOU?" AND I COULD NOT
4 FIND HER, SO I WENT OUTSIDE AND LOOKED IN THE YARD.
5 I DIDN'T SEE HER, SO I TOLD THE NEXT-DOOR NEIGHBOR,
6 I SAID, "PLEASE CALL 911 BECAUSE I'M GONNA GO AND
7 FIND -- AND TRY TO FIND RAQUEL. BUT WHEN I FIND
8 HER, I WANT SOMEBODY HERE." SO I TOOK MY CAR, I
9 WENT AROUND THE NEIGHBORHOOD, AND I COULD NOT FIND
10 HER. SO WHEN I WAS COMING BACK, A LADY SAID, "HEY,
11 SIR, ARE YOU LOOKING FOR SOMEBODY?" I SAID, "YES,
12 MA'AM." SHE SAID, "WELL, THERE'S A YOUNG LADY
13 BEHIND THESE BUSHES." ON THE STREET WHERE SHE
14 LIVED, ON ONE SIDE, IT'S A GOLF RANGE, AND IT HAD
15 SOME BUSHES.

16 Q. GOLF DRIVING RANGE?

17 A. YES, SIR. SO I PARKED THE CAR, GOT OUT, WENT TO THE
18 BUSHES, AND THERE SHE WAS, TALKING, I MEAN, TALKING.
19 SO I SAID, "HEY, RAQUEL," AND SHE LOOKED AT ME AND
20 SAID, "HEY, DADDY, I WANT YOU TO MEET THIS FRIEND OF
21 MINE, AND I WANT YOU TO MEET THIS LITTLE GIRL
22 BECAUSE WE'RE GONNA TAKE HER ON A TRIP." I SAID,
23 "OKAY, NO PROBLEM." SO I TOOK HER AND PUT HER IN
24 THE CAR, AND I DROVE HER BACK TO THE HOUSE. BY THAT
25 TIME, THERE WAS A PATROL CAR AND A LIEUTENANT. I

1 DON'T KNOW THE NAME OF IT. AND THE FIRST THING HE
2 ASKED ME, HE SAID, "DOES SHE HAVE ANY ARMS WITH
3 HER?" I SAID, "WELL, AS FAR AS I KNOW..." ---

4 Q. A GUN WITH HER?

5 A. A GUN, YES. I SAID, "AS FAR AS I KNOW, SHE
6 DOESN'T." BECAUSE I HUGGED HER JUST TO BE SURE, AND
7 SHE DIDN'T HAVE ONE. HE SAID, "LET'S GO AND LOOK
8 FOR THE GUN." SO WE WENT INSIDE THE HOUSE WHILE SHE
9 STAYED IN THE CAR, AND THERE WAS AN AMBULANCE
10 ALREADY THERE ALSO.

11 Q. NOW, DID YOU GET IN THE AMBULANCE WITH RAQUEL?

12 A. YES, SIR, I DID.

13 Q. TELL US ABOUT THAT TRIP.

14 BY THE COMMISSIONER:

15 IF I CAN INTERRUPT JUST ONE MINUTE. YOU DIDN'T
16 ASK FOR EXTRA TIME, AND I'VE GOT TWO HEARINGS FOR
17 10:00 AND IT'S 12. WHAT I MAY DO IS LET YOU FINISH
18 WITH HIM, ADJOURN THIS, HEAR THE OTHER ONES AND
19 START BACK UP. IF YOU ASKED FOR EXTRA TIME, I DON'T
20 KNOW ABOUT IT. IF YOU DID, I HAVEN'T FOUND IT, AND
21 I WOULD APOLOGIZE IF YOU DID. BUT I DIDN'T REALIZE
22 HE WAS GOING TO GO INTO SUCH INCREDIBLE DETAIL.

23 BY MR. PYE:

24 HE PROBABLY WON'T BE ABOUT FOUR MORE MINUTES.

25 BY THE COMMISSIONER:

1 WELL, THEN HE GETS A CHANCE. OKAY. IF WE
2 COULD GO AHEAD AND JUST FAST-FORWARD IT, I'D
3 APPRECIATE IT.

4 DIRECT EXAMINATION RESUMED BY MR. PYE:

5 Q. OKAY. SO, YOU RODE IN THE AMBULANCE TO THE HOSPITAL
6 WITH RAQUEL, CORRECT?

7 A. YES, SIR, I DID.

8 Q. TELL US ABOUT THAT.

9 A. SHE WAS TALKING ABOUT, "I WANT THIS LITTLE GIRL TO
10 BE WITH ME. I DON'T WANT NO ONE TO TAKE IT. I WANT
11 HER HERE. I WANT HER HERE."

12 Q. WANT WHAT HERE?

13 A. THE LITTLE GIRL. SHE WANTED THE LITTLE GIRL TO BE
14 WITH HER. SHE DON'T WANT ANYBODY TO TAKE IT. AND
15 SHE WAS OUT OF HER MIND COMPLETE. I'VE NEVER SEEN
16 HER LIKE THAT. WHEN WE GOT TO THE HOSPITAL, I WENT
17 TO HER ROOM WITH HER. I HAD TO HOLD HER DOWN.
18 AFTER THEY PUT THE SEDATIVE, I HAD TO HOLD HER DOWN
19 BECAUSE SHE WANTED TO GET UP AND GET THE LITTLE GIRL
20 SO SHE COULD STAY THERE, SO SHE DON'T GO NOWHERE.
21 SHE DIDN'T WANT ANYBODY TO TAKE THAT LITTLE GIRL.

22 Q. DO YOU KNOW OF ANY OTHER LITTLE GIRL IN RAQUEL'S
23 LIFE OTHER THAN THE LITTLE GIRL WHO DIED IN APRIL OF
24 '05?

25 A. NO, SIR, I DO NOT.

1 Q. DID SHE CONTINUE TO TALK ABOUT THE LITTLE GIRL AFTER
2 SHE GOT OUT OF THE HOSPITAL?

3 A. YES. AFTER SHE GOT OUT OF THE HOSPITAL, WE TOOK HER
4 TO OUR HOME, AND SHE STAYED THERE A COUPLE WEEKS
5 BECAUSE WE WERE AFRAID THAT SHE'D DO SOMETHING BAD.

6 Q. DID SHE TALK ABOUT THE LITTLE GIRL WHILE SHE LIVED
7 WITH YOU FOR TWO WEEKS?

8 A. ALL THE TIME. AND DREAMED ABOUT IT. MY WIFE -- THE
9 FIRST WEEK, MY WIFE HAD TO SLEEP WITH HER IN THE
10 SAME BED BECAUSE SHE WAS WAKING EVERY FIVE MINUTES
11 CRYING AND TALKING ABOUT THE LITTLE GIRL.

12 Q. DURING THIS TIME, FROM THE TIME YOU GOT HER OUT OF
13 THE BUSHES TO THE TIME SHE STAYED WITH YOU FOR TWO
14 WEEKS AFTER GETTING OUT OF THE HOSPITAL, DID SHE
15 EVER MENTION THE DEATH OF HER HUSBAND'S COUSIN?

16 A. NO, SHE DID NOT.

17 Q. DID SHE EVER MENTION ANY OTHER STRESSOR IN HER LIFE,
18 ANY OTHER PROBLEM IN HER LIFE?

19 A. NO, SIR.

20 Q. IT WAS JUST THE LITTLE GIRL?

21 A. YES, SIR.

22 Q. AND HAD YOU EVER SEEN RAQUEL ACT LIKE THAT BEFORE
23 WITH REGARD TO ANY OTHER INVESTIGATION OR ANY OTHER
24 ACCIDENT OUTSIDE OF LAW ENFORCEMENT?

25 A. NO, SIR.

1 BY MR. KALE:

2 OBJECT TO THE LEADING, YOUR HONOR.

3 BY THE COMMISSIONER:

4 YOU ARE LEADING. WE NEED TO MOVE ON.

5 BY MR. PYE:

6 I HAVE NO FURTHER QUESTIONS.

7 BY THE COMMISSIONER:

8 ALL RIGHT. MR. KALE?

9 CROSS EXAMINATION BY MR. KALE:

10 Q. MR. MARTINEZ, DID YOU TELL ANYONE AT THE HOSPITAL
11 ABOUT THESE CONVERSATIONS? WHEN SHE WAS
12 HOSPITALIZED, DID YOU TELL ANYBODY AT THE HOSPITAL
13 ABOUT THESE CONVERSATIONS THAT YOU HAD WITH HER?

14 A. JUST MY WIFE WHEN SHE WAS THERE WITH ME.

15 Q. I'M SAYING DID YOU TELL ANYONE AT THE HOSPITAL, ANY
16 OF THE DOCTORS AT THE HOSPITAL, ABOUT THOSE
17 CONVERSATIONS YOU HAD WITH YOUR DAUGHTER?

18 A. WELL, I TOLD THEM THAT SHE WAS ACTING OUT OF HER
19 MIND.

20 Q. DIDN'T TELL THEM ABOUT ANYTHING ABOUT THE CHILD,
21 THOUGH?

22 A. NO.

23 BY MR. KALE:

24 THAT'S ALL I HAVE.

25 BY THE COMMISSIONER:

1 YOU CAN STEP DOWN. THANK YOU VERY MUCH, SIR.
2 YOU'VE GOT THREE MORE WITNESSES. LET'S GO OFF THE
3 RECORD JUST A MINUTE.

4 (OFF-THE-RECORD DISCUSSION)

5 (THE HEARING WAS RECESSED AT THE HOUR OF 11:38 A.M. AND
6 READJOURNED AT THE HOUR OF 2:30 P.M.)

7 BY THE COMMISSIONER:

8 WE'RE BACK ON THE RECORD, AND THE SECOND
9 WITNESS IS WHO, SIR?

10 BY MR. PYE:

11 THIS IS THE MOTHER OF RAQUEL MARTINEZ.

12 BY THE COMMISSIONER:

13 MA'AM, WOULD YOU STATE YOUR FULL NAME FOR THE
14 RECORD?

15 BY THE WITNESS:

16 CARIDAD MARTINEZ.

17 BY THE COMMISSIONER:

18 OKAY. AND I'M GOING TO LET YOU HELP ME.

19 BY MR. PYE:

20 C-A-R-I-D-A-D, MARTINEZ.

21 * * * * *

22 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
23 WHOLE TRUTH AND NOTHING BUT THE TRUTH CONCERNING THE
24 MATTER HEREIN:

25 CARIDAD MARTINEZ,

1 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS FOLLOWS:

2 BY THE COMMISSIONER:

3 ANSWER ANY QUESTION HE HAS, PLEASE.

4 DIRECT EXAMINATION BY MR. PYE:

5 Q. YOU'RE RAQUEL'S MOTHER, CORRECT?

6 A. YES.

7 Q. DO YOU REMEMBER A DAY LAST YEAR IN AUGUST WHEN
8 RAQUEL HAD A NERVOUS BREAKDOWN?

9 A. YES.

10 Q. DID YOU GO TO HER HOUSE WITH YOUR HUSBAND THAT DAY?

11 A. YES.

12 Q. DID YOU SEE RAQUEL AT HER HOUSE THAT DAY AFTER HER
13 NERVOUS BREAKDOWN?

14 A. IN THE AMBULANCE.

15 Q. YOU SAW HER IN THE AMBULANCE?

16 A. YES.

17 Q. DID YOU RIDE IN THE AMBULANCE TO THE HOSPITAL WITH
18 HER?

19 A. YES.

20 Q. WHAT DID SHE SAY TO YOU, IF ANYTHING, IN THE
21 AMBULANCE?

22 A. SHE WAS MUMBLING SOMETHING ABOUT THE GIRL.

23 Q. WHAT DID SHE SAY ABOUT THE GIRL?

24 A. SHE WANTED NOBODY TO HURT HER.

25 Q. MA'AM?

- 1 A. SHE WAS WANTING NOBODY TO HURT THE GIRL.
- 2 Q. NOBODY TO HURT THE LITTLE GIRL?
- 3 A. YES.
- 4 Q. DID SHE DESCRIBE THE LITTLE GIRL?
- 5 A. IN THE HOSPITAL, SHE WAS SAYING THAT SHE WAS -- SHE
- 6 WAS BRUSHING HER HAIR.
- 7 Q. IN THE HOSPITAL, SHE WAS BRUSHING THE LITTLE GIRL'S
- 8 HAIR?
- 9 A. YES.
- 10 Q. AND YOU WERE MAKING SOME MOTION UP THERE?
- 11 A. YES, SHE WAS DOING THIS, AND SHE WAS PUTTING SOME
- 12 RIBBON ---
- 13 Q. RIBBON?
- 14 A. --- IN THE HAIR. AND SHE SAID, "LOOK, MAMMA, AT HOW
- 15 BEAUTIFUL."
- 16 Q. WAS THERE A LITTLE GIRL THERE WITH HER?
- 17 A. NO.
- 18 Q. IT WAS AN IMAGINARY LITTLE GIRL?
- 19 A. YES.
- 20 Q. DID SHE SAY ANYTHING ELSE ABOUT A LITTLE GIRL? DID
- 21 SHE SAY ANYTHING ELSE ABOUT A LITTLE GIRL IN THE
- 22 HOSPITAL?
- 23 A. WELL, SHE DIDN'T WANT NOBODY TO GET CLOSE TO THE
- 24 GIRL.
- 25 Q. DIDN'T WANT ANYBODY TO GET CLOSE TO THE GIRL?

- 1 A. YES. SHE WANTED NOBODY TO HURT THE GIRL.
- 2 Q. WHAT ELSE DID SHE SAY?
- 3 A. WELL, SHE SAID THE POLICE OVER THERE WAS COMING TO
- 4 HURT THE GIRL.
- 5 Q. SHE THOUGHT THE POLICE WERE COMING TO HURT THE
- 6 LITTLE GIRL?
- 7 A. YES.
- 8 Q. IS THERE ANYTHING ELSE YOU WANT TO TELL US THAT SHE
- 9 SAID ABOUT THE LITTLE GIRL IN THE HOSPITAL?
- 10 A. WELL, THERE WAS A PICTURE, A PICTURE ON THE WALL,
- 11 AND I WAS TRYING TO CHANGE THE SUBJECT FROM THE GIRL
- 12 TO THE PICTURE ON THE WALL, AND I SAID, "RAQUEL,
- 13 LOOK AT THE PICTURE, HOW BEAUTIFUL THE PAINT." SHE
- 14 SAID -- MARILYN IS HER SISTER. SHE LIVES IN
- 15 CALIFORNIA. AND SHE SAID, "SHE IS COMING DOWN THE
- 16 TREE WITH THE GIRL."
- 17 Q. WITH THE GIRL?
- 18 A. MM-HMM. (AFFIRMATIVE RESPONSE) AND I SAID, "WHAT
- 19 GIRL?" SHE SAID, "THE LITTLE GIRL." SHE DIDN'T
- 20 WANT ANYBODY TO HURT THE GIRL.
- 21 Q. DO YOU KNOW OF ANY LITTLE GIRL IN RAQUEL'S LIFE?
- 22 A. NO.
- 23 Q. HAVE YOU HEARD HER TALK ABOUT -- BEFORE THAT DAY
- 24 THAT SHE HAD HER NERVOUS BREAKDOWN, HAD YOU EVER
- 25 HEARD HER TALK ABOUT THE LITTLE GIRL FROM THE APRIL

1 4, 2005, DEATH? THE ONE THAT WAS RUN OVER BY HER
2 FATHER IN THE DRIVEWAY.

3 A. PROBABLY SHE MENTIONED SOMETHING. PROBABLY.

4 Q. AFTER YOU LEFT THE HOSPITAL, DID SHE LIVE WITH YOU
5 FOR A COUPLE WEEKS?

6 A. YES.

7 Q. DID SHE EVER TALK ABOUT THE LITTLE GIRL?

8 A. OH, YES.

9 Q. DID SHE EVER TALK ABOUT HER COUSIN DYING? DID SHE
10 EVER TALK ABOUT HER EX-HUSBAND'S COUSIN DYING WHEN
11 SHE LEFT THE HOSPITAL?

12 A. NO.

13 BY MR. PYE:

14 THAT'S ALL I HAVE, YOUR HONOR.

15 BY THE COMMISSIONER:

16 MA'AM, IF YOU WOULD ANSWER ANY QUESTIONS THAT
17 MR. KALE MAY HAVE, PLEASE.

18 BY THE WITNESS:

19 YES.

20 BY MR. KALE:

21 NO QUESTIONS.

22 BY THE COMMISSIONER:

23 ALL RIGHT. THANK YOU VERY MUCH. YOU CAN SIT
24 BACK THERE BY YOUR DAUGHTER IF YOU'D LIKE.

25 (OFF THE RECORD)

1 BY THE COMMISSIONER:

2 IF YOU'D STATE YOUR FULL NAME FOR THE RECORD.

3 BY THE WITNESS:

4 STEPHEN L. DENTON, D-E-N-T-O-N.

5 BY THE COMMISSIONER:

6 AND IS THAT S-T-E-V-E-N?

7 BY THE WITNESS:

8 IT'S P-H-E-N.

9 * * * * *

10 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
11 WHOLE TRUTH AND NOTHING BUT THE TRUTH CONCERNING THE
12 MATTER HEREIN:

13 STEPHEN L. DENTON,

14 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

15 BY THE COMMISSIONER:

16 ANSWER ANY QUESTIONS HE HAS, PLEASE.

17 DIRECT EXAMINATION BY MR. PYE:

18 Q. MR. DENTON, WHERE ARE YOU EMPLOYED?

19 A. SPARTANBURG COUNTY SHERIFF'S OFFICE.

20 Q. WHAT'S YOUR CURRENT RANK?

21 A. CAPTAIN OF THE CRIMINAL INVESTIGATIVE DIVISION.

22 Q. WHERE DOES THAT PUT YOU IN COMMAND AT THE SHERIFF'S
23 OFFICE?

24 A. IN THE LAW ENFORCEMENT, IT PUTS ME SECOND IN
25 COMMAND.

1 Q. OKAY. YOU'RE SECOND IN COMMAND; YOU'RE RIGHT UNDER
2 THE SHERIFF?

3 A. THAT'S CORRECT.

4 Q. HOW LONG HAVE YOU BEEN WITH THE SHERIFF'S OFFICE?

5 A. APPROXIMATELY 20 YEARS.

6 Q. WERE YOU ONE OF RAQUEL MARTINEZ'S SUPERVISORS WHEN
7 SHE LEFT THE SHERIFF'S OFFICE LAST YEAR?

8 A. YES.

9 Q. DO YOU RECALL A GREENVILLE COUNTY POLICE OFFICER
10 DRIVING A PATROL CAR OVER HIS TWO-YEAR-OLD DAUGHTER
11 LAST YEAR?

12 A. YES.

13 Q. WERE YOU PRESENT AT THE SCENE OF THE ACCIDENT
14 INVESTIGATION?

15 A. I WAS PRESENT AFTER IT HAPPENED; THAT'S CORRECT.

16 Q. PLEASE TELL US WHAT YOU OBSERVED THAT DAY AT THE
17 SCENE.

18 A. THE OFFICER THAT WE'RE TALKING ABOUT, HIS NAME IS
19 ANTHONY JOHNSON. HE WAS FORMERLY EMPLOYED BY THE
20 SHERIFF'S OFFICE IN SPARTANBURG AND AT THE TIME WAS
21 EMPLOYED WITH THE GREENVILLE COUNTY SHERIFF'S
22 OFFICE. HE HAD -- HE LIVED IN GREER, AND IT'S THE
23 SIDE OF GREER THAT SITS INSIDE OF SPARTANBURG
24 COUNTY. THAT'S WHY WE WERE CALLED OUT THERE TO
25 BEGIN WITH. HE HAD BACKED OVER -- EVIDENTLY, BACKED

1 OVER HIS DAUGHTER, WHO I BELIEVE AT THE TIME WAS
2 EITHER TWO OR JUST UNDER THE AGE OF TWO, AND
3 ESSENTIALLY, IT HAD CRUSHED HER. IF YOU CAN IMAGINE
4 TAKING A WATERMELON OR SOMETHING LIKE THAT AND
5 RUNNING OVER IT WITH A CAR, THAT'S ESSENTIALLY WHAT
6 YOU HAVE, BUT IT'S A HUMAN BEING. SO THAT KIND OF
7 SCENE IS RATHER DIFFICULT TO SEE. I OBSERVED OUR
8 FORMER OFFICER, OFFICER JOHNSON, IN HIS CARPORT.
9 THE DOOR WAS OPEN. HE WAS BALLED UP, CRUNCHED UP.
10 OBVIOUSLY, PROBABLY THE MOST DISTRAUGHT I'VE EVER
11 SEEN ANYBODY. HE ACTUALLY HAD WANTED TO TAKE HIS
12 OWN LIFE AND ATTEMPTED TO DO THAT PRIOR TO US
13 GETTING THERE. HOWEVER, HIS WEAPON WAS TAKEN FROM
14 HIM BY A GREER OFFICER, AND OBVIOUSLY, THAT DIDN'T
15 OCCUR. THERE WERE AMBULANCES THERE, FIRE TRUCKS,
16 POLICE PERSONNEL FROM GREER, GREENVILLE,
17 SPARTANBURG. I BELIEVE EVEN AN AIRPORT POLICE
18 OFFICER MAY HAVE BEEN THERE. IT WAS -- THERE WAS A
19 LOT GOING ON.

20 Q. AND YOU'VE BEEN IN LAW ENFORCEMENT ABOUT 23 YEARS?

21 A. ABOUT 20, OVER 20.

22 Q. OVER 20? HOW MANY CASES HAVE YOU INVESTIGATED WHERE
23 YOU WERE AT A SCENE WHERE A DEAD BODY WAS PRESENT IN
24 YOUR 20-PLUS YEARS IN LAW ENFORCEMENT?

25 A. HUNDREDS.

1 Q. AS FAR AS THE GRISLINESS OR GRUESOMENESS OF THE
2 APRIL 4TH SCENE, WHERE DOES IT RANK IN ALL THE DEATH
3 SCENES YOU'VE SEEN?

4 A. WELL, FIRST OF ALL, HAVING KNOWN THE OFFICER AND
5 HAVING A CHILD RUN OVER BY A VEHICLE OR THE PERSON
6 YOU KNOW CAUSING THE DEATH OF THAT, I'VE NEVER
7 ENCOUNTERED THAT. AS FAR AS RANKING THE
8 GROTESQUENESS OF IT, IT'S A CHILD. IT WAS RUN OVER
9 BY A POLICE CAR. IT WAS AN ACCIDENT. IF I HAD TO
10 RANK IT AS FAR AS MY FEELING, MY EMOTIONS, IT WOULD
11 BE THE WORST.

12 Q. THAT WAS MY NEXT QUESTION. AS FAR AS THE EMOTIONAL
13 PART OF INVESTIGATING A CRIME SCENE, HOW DID THE
14 APRIL 4TH INVESTIGATION RANK EMOTIONALLY?

15 A. EMOTIONALLY, IT WAS THE WORST. I MEAN, WE KNEW HIM.
16 IT WAS AN INFANT CHILD. FOR EVERYBODY IT WAS HARD.

17 Q. I'M SORRY?

18 A. FOR EVERYBODY, I BELIEVE THAT IT WAS HARD.

19 Q. HOW LONG AFTER THE ACCIDENT OCCURRED DID YOU ARRIVE?

20 A. PROBABLY APPROXIMATELY 40 MINUTES TO 45 MINUTES.

21 Q. WAS RAQUEL THERE WHEN YOU ARRIVED?

22 A. YES.

23 Q. WAS SHE OFFICIALLY DISPATCHED TO THE SCENE TO WORK
24 THE SCENE?

25 A. YES.

1 Q. WHEN YOU ARRIVED AT THE SCENE, DID RAQUEL ASK YOU IF
2 SHE COULD LEAVE THE SCENE?

3 A. YES.

4 Q. WHAT DID YOU TELL HER?

5 A. NO.

6 Q. WAS THE CHILD'S FATHER STILL PRESENT AT THE SCENE
7 WHEN YOU ARRIVED?

8 A. YES.

9 Q. BEFORE APRIL 4, 2005, WHAT KIND OF EMPLOYEE WAS
10 RAQUEL?

11 A. VERY DILIGENT, DEPENDABLE. IF I HAD TO RATE HER ON
12 ONE TO TEN, SHE WOULD BE AN EIGHT, EIGHT-POINT-FIVE.
13 I THINK IF YOU GO BACK AND LOOK AT SOME OF THE MERIT
14 STUDIES WE DO ON EMPLOYEES SUPPOSEDLY EACH YEAR, I
15 THINK YOU'LL FIND HER AVERAGES WERE FAIRLY HIGH.
16 THEY WERE BETWEEN SEVENS AND EIGHTS.

17 Q. HAD SHE EVER TRIED TO LEAVE THE SCENE OF A DEATH
18 BEFORE APRIL 4, 2005?

19 A. NO.

20 Q. BEFORE APRIL 4, 2005, DID YOU EVER NOTICE ANY
21 EMOTIONAL PROBLEMS OR PSYCHOLOGICAL PROBLEMS WITH
22 RAQUEL?

23 A. NO.

24 Q. BEFORE APRIL 4, 2005, DID YOU EVER SEE RAQUEL GET
25 EMOTIONAL OVER A CASE?

1 A. NO.

2 Q. WHAT WAS SHE LIKE BEFORE APRIL 4TH, 2005, AROUND THE
3 SHERIFF'S DEPARTMENT? WHAT WAS SHE LIKE?

4 A. WELL, SHE SHOWED UP FOR WORK. THAT'S ONE OF THE
5 BIGGEST OBSTACLES IN ANY BUSINESS OR GOVERNMENT, IS
6 JUST SHOWING UP FOR WORK. SHE DID THAT EACH TIME
7 SHE WAS SUPPOSED TO. THAT'S PRETTY IMPORTANT.
8 SECOND OF ALL, WHEN SHE SHOWED UP TO WORK, SHE DID
9 HER JOB. SHE DID IT WELL. SHE HAD TO BE SUPERVISED
10 VERY LITTLE, EVEN WHEN SHE WAS ON THE ROAD BEFORE
11 SHE CAME TO I.D. SHE HAD PRIOR EXPERIENCE WITH
12 PROBATION AND PAROLE, WHICH IS A VERY LOW SUPERVISED
13 CAREER, AND SHE DID A GREAT JOB. I HAD ABSOLUTELY
14 NO COMPLAINTS ABOUT HER WORK OR ANY OTHER -- ANY
15 OTHER PROBLEMS. I HAD NO PROBLEMS FROM HER.

16 Q. WOULD YOU DESCRIBE HER AS A HAPPY PERSON OR SAD
17 PERSON OR ---

18 A. HAPPY. MOST PEOPLE ARE.

19 Q. AFTER APRIL 4, 2005, DID YOU BEGIN TO NOTICE ANY
20 CHANGES IN RAQUEL?

21 A. YES.

22 Q. WHEN DID YOU FIRST NOTICE A CHANGE IN RAQUEL?

23 A. THAT DAY. SPECIFICALLY, THAT DAY.

24 Q. "THAT DAY" BEING WHAT DAY?

25 A. THE DAY OF THE ACCIDENT. I TOOK INTO ACCOUNT I

- 1 PROBABLY DIDN'T FEEL TOO WELL THAT DAY EITHER. I
2 CAN'T IMAGINE ANYBODY THAT WAS PRESENT AT THE SCENE
3 FELT TOO GOOD, YOU KNOW, FOR DAYS TO FOLLOW. YOU
4 DON'T UNDERSTAND THAT UNLESS YOU'VE SEEN IT, AND SO
5 IT'S VERY HARD FOR SOMEONE ELSE TO JUDGE THAT, THAT
6 HAD NOT SEEN IT. HOWEVER, GIVEN A REASONABLE AMOUNT
7 OF TIME TO RECUPERATE FROM SOMETHING LIKE THAT --
8 AND I DON'T KNOW WHAT REASONABLE IS, BUT WITHIN A
9 WEEK, WEEK AND A HALF, I COULD SEE THAT, YOU KNOW,
10 OBVIOUSLY, SHE WAS DEPRESSED, AND WITHIN A COUPLE
11 THREE WEEKS, IT SHOWED IN HER WORK, IN HER HABITS.
- 12 Q. YOU JUST REFERENCED THE SCENE AGAIN OF THE ACCIDENT.
13 DID ANYONE ELSE FROM THE SPARTANBURG COUNTY
14 SHERIFF'S DEPARTMENT ACTUALLY TOUCH THE BODY OTHER
15 THAN RAQUEL?
- 16 A. NOT TO MY KNOWLEDGE. THEY SHOULDN'T HAVE, OTHER
17 THAN SOMEBODY WITH THE CORONER'S OFFICE, WHICH THAT
18 WOULD HAVE BEEN -- THAT'S POSSIBLE. IT'S NOT
19 PROBABLE; IT'S POSSIBLE. SOMEBODY COULD HAVE HELPED
20 HER ROLL THE BODY. I DON'T REMEMBER EVEN SEEING
21 THAT.
- 22 Q. WAS RAQUEL THE ONE IN CHARGE OF THE MOVEMENT OF THE
23 BODY AND THE PHOTOGRAPHY AND ---
- 24 A. SHE WOULD HAVE BEEN IN CHARGE OF PROCESSING THAT
25 DEAD BODY, ABSOLUTELY.

- 1 Q. HOW MANY SPARTANBURG COUNTY SHERIFF'S DEPUTIES OR
2 EMPLOYEES WERE THERE?
- 3 A. WELL, THE SHERIFF WAS THERE; I WAS THERE; RAQUEL WAS
4 THERE. THAT'S THREE. THERE WERE UNIFORM DEPUTIES
5 THERE. IF I HAD TO GUESSTIMATE IT -- AND THAT'S
6 WHAT IT IS; IT'S A GUESSTIMATION -- PROBABLY SIX OR
7 SEVEN.
- 8 Q. AS FAR AS YOU KNOW, SHE'S THE ONLY ONE THAT LAID HER
9 HANDS ON THE BODY?
- 10 A. YES.
- 11 Q. GETTING BACK TO HER CHANGE AFTER THE ACCIDENT
12 HAPPENED, WAS ANYONE ELSE COMING TO YOU QUESTIONING
13 RAQUEL'S BEHAVIOR AFTER THE INCIDENT?
- 14 A. YES.
- 15 Q. DO YOU REMEMBER THE NAMES OF ANY OF THOSE PEOPLE?
- 16 A. WELL, SPECIFICALLY, SERGEANT DINA BURGESS, WHO WOULD
17 HAVE DIRECTLY SUPERVISED HER IN I.D. FORENSICS. SHE
18 IMMEDIATELY BEGAN TO SEE CHANGES AND SPOKE WITH ME
19 ABOUT THOSE PROBLEMS, AND THEN EACH I.D. PERSONNEL,
20 EACH PERSON, HAD SOMETHING TO EITHER SAY TO DINA OR
21 MYSELF AND/OR OTHER SUPERVISORS. THAT WOULD HAVE
22 BEEN WEEKS AFTERWARDS.
- 23 Q. DO YOU REMEMBER MATT HAMBY, LIEUTENANT MATT HAMBY,
24 SAYING ANYTHING TO YOU ABOUT IT?
- 25 A. MATT HAMBY WOULD HAVE ONLY DISCUSSED THAT ON THE

1 SCENE ITSELF. MATT IS EMPLOYED BY GREER POLICE
2 DEPARTMENT. AS FAR AS THE PEOPLE AT OUR DEPARTMENT
3 SAYING ANYTHING, THE LIST I JUST GAVE YOU WOULD BE
4 THE ACTUAL LIST. MATT WAS AT THE SCENE ALONG WITH
5 HIS CHIEF, WHO IS DAN REYNOLDS, ALONG WITH THEIR
6 CAPTAIN, AND PROBABLY THREE OR FOUR OTHER DETECTIVES
7 WERE THERE ALSO, AND WE ALL DISCUSSED, YOU KNOW,
8 EVERYBODY'S BEHAVIOR, SPECIFICALLY RAQUEL WANTING TO
9 LEAVE. WE HAD TO PROCESS THAT SCENE.

10 Q. HOW ABOUT RANDY BOGAN? DO YOU REMEMBER HIM?
11 A. YES.

12 Q. DID TODD ROOFER (PHONETIC) MENTION SOMETHING TO YOU?
13 A. YES.

14 Q. CHRIS DURHAM?
15 A. YES.

16 Q. SHAMEKA SANDERS?
17 A. YES.

18 Q. ALL OF THOSE PEOPLE ARE EMPLOYED AT THE SHERIFF'S
19 OFFICE?
20 A. YES.

21 Q. AND THEY ALL CAME TO YOU MENTIONING PROBLEMS WITH
22 RAQUEL AFTER THE ACCIDENT?
23 A. YES, AND YOU CAN ADD DOUG BISHOP TO THAT LIST
24 BECAUSE HE WAS ALSO -- HE STILL IS A SERGEANT. HE
25 IS CURRENTLY NOT SUPERVISING PEOPLE, BUT EVEN AT THE

1 TIME -- AT THE TIME, ACTUALLY, HE WAS SORT OF IN A
2 DIFFERENT CAPACITY, A SUPERVISOR. HE MENTIONED IT
3 ALSO.

4 Q. AS TIME PASSED AFTER THIS APRIL 4TH INVESTIGATION,
5 DID RAQUEL SEEM TO GET BETTER OR WORSE?

6 A. WORSE.

7 Q. DID YOU INSTRUCT ANY OF THE SUPERVISORS TO OBTAIN
8 SOME COUNSELING FOR RAQUEL?

9 A. YES.

10 Q. DID YOU SEE RAQUEL EVERY DAY THAT SHE WAS AT WORK?

11 A. YES. WELL, I WOULD HAVE SEEN HER EACH DAY THAT I
12 WAS AT WORK AND SHE WAS AT WORK.

13 Q. WHAT WERE RAQUEL MARTINEZ'S NORMAL JOB DUTIES?

14 A. FORENSICS I.D. PHOTOGRAPH ALL TYPES OF SCENES, TO
15 INCLUDE PROPERTY CRIMES, VIOLENT CRIMES, JUST THE
16 GAMUT OF CRIMES. YOU LIFT LATENT FINGERPRINTS; YOU
17 PROCESS SCENES FOR DNA, ANY TYPE OF EVIDENCE, ANY
18 TYPE OF FORENSICS EVIDENCE. YOU INTERVIEW VICTIMS
19 OF CRIMES. YOU MAY INTERVIEW SUSPECTS OF CRIMES IF
20 YOU'RE TAKING EVIDENCE FROM THEIR BODIES.

21 CERTAINLY, DEATH INVESTIGATION, YOU COME IN CONTACT
22 WITH BODIES, DECEASED BODIES, AND YOU ALSO HAVE A
23 RESPONSIBILITY TO BE PRESENT AT AUTOPSIES, WHICH ARE
24 USUALLY PERFORMED AT SPARTANBURG REGIONAL MEDICAL
25 CENTER, AT THE COUNTY MORGUE. YOU INTERACT WITH THE

1 CORONER'S OFFICE; YOU INTERACT WITH DETECTIVES AND
2 OTHER PERSONNEL IN UNIFORM PATROL. THERE'S A HOST
3 OF THINGS THAT A PERSON IN I.D. FORENSICS WOULD BE
4 RESPONSIBLE TO DO.

5 Q. IN YOUR 20-PLUS YEARS IN LAW ENFORCEMENT, HOW MANY
6 TIMES HAVE YOU INVESTIGATED A CRIME SCENE WHERE YOU
7 KNEW THE VICTIM?

8 A. I CAN'T -- I CAN'T THINK OF ANY VIOLENT CRIMES.
9 BURGLARIES, PROPERTY CRIMES, I CAN PROBABLY NAME A
10 FEW. BUT VIOLENT CRIMES WHERE A PERSON -- EITHER
11 SUICIDE OR BEEN KILLED OR -- I CAN'T -- I CAN'T
12 RECALL ANY.

13 Q. IN YOUR 20-PLUS YEARS OF LAW ENFORCEMENT, HOW MANY
14 TIMES HAVE YOU INVESTIGATED A CRIME SCENE WHERE YOU
15 KNEW THE PERSON THAT CAUSED THE CRIME OR THE
16 ACCIDENT?

17 A. AS FAR AS KNOW THEM IN A PERSONAL WAY?

18 Q. RIGHT.

19 A. PROBABLY NONE. I MAY HAVE KNOWN THEM IN A
20 BUSINESS/CRIMINAL/LAW ENFORCEMENT WAY, BUT I
21 WOULDN'T HAVE KNOWN THEM IN A PERSONAL WAY.

22 Q. SO BASED ON THOSE TWO ANSWERS, YOU'VE NEVER
23 ENCOUNTERED A SITUATION WHERE ---

24 BY MR. KALE:

25 OBJECT TO THE LEADING, YOUR HONOR.

1 DIRECT EXAMINATION RESUMED BY MR. PYE:

2 Q. WELL, OKAY, LET ME ASK IT THIS WAY: IN YOUR 20-PLUS
3 YEARS OF LAW ENFORCEMENT, HAVE YOU EVER INVESTIGATED
4 A SCENE WHERE A FATHER ACCIDENTLY KILLED THEIR
5 CHILD?

6 A. NO.

7 Q. IS THAT A "NO"?

8 A. NO, ABSOLUTELY NOT.

9 Q. IS THERE ANY SORT OF PROCEDURE, NOT NECESSARILY A
10 WRITTEN PROCEDURE, ANY SORT OF PROCEDURE AT THE
11 SHERIFF'S OFFICE WHERE YOU PROHIBIT EMPLOYEES FROM
12 GOING TO SCENES WHERE THEY KNOW THE VICTIM?

13 A. NO. IN FACT, I'VE ALWAYS MAINTAINED THAT, WHEN I
14 WAS A DETECTIVE, REGARDLESS OF WHO IT IS, WHO YOU
15 KNOW -- WHEN YOU TALK ABOUT KNOWING SOMEBODY, I KNOW
16 YOU. YOU AND I AREN'T PERSONAL. I COULDN'T TELL
17 YOU WHO YOUR FRIENDS ARE OR ANYTHING ELSE. HOWEVER,
18 I KNOW YOU. IF YOU WERE TO LOSE YOUR WIFE, I'VE
19 ALWAYS MAINTAINED THAT WE ARE TO WORK IT NO MATTER
20 WHAT, AND I MAINTAINED IT THAT DAY. HOWEVER, IT'S A
21 LITTLE BIT DIFFERENT BECAUSE THIS IS A PERSON THAT
22 RAQUEL HAD WORKED WITH ON A SHIFT. SHE WAS VERY
23 FAMILIAR WITH HIM, AND IN RETROSPECT, HINDSIGHT, I
24 COULD HAVE CHOSEN TO HAVE SOMEBODY ELSE COME TO THE
25 SCENE AND WORK IT. I CHOSE NOT TO BECAUSE THAT'S

1 THE WAY I WOULD HAVE -- I WOULD HAVE WORKED IT
2 REGARDLESS IF THE SHOE -- IF IT HAD BEEN TURNED
3 AROUND, IF THE SHOE HAD BEEN ON THE OTHER FOOT.
4 HOWEVER, THAT'S PROBABLY NOT A GOOD PROTOCOL IN
5 RETROSPECT.

6 Q. IS IT A TRUE STATEMENT TO SAY THAT FORENSIC PEOPLE
7 LIKE RAQUEL DON'T NORMALLY TOUCH DEAD BODIES?

8 A. IS IT A TRUE STATEMENT FORENSICS PEOPLE NORMALLY
9 DON'T TOUCH BODIES?

10 Q. RIGHT.

11 A. NO. IT DEPENDS ON HOW LONG YOU'VE BEEN THERE; IT
12 DEPENDS ON, YOU KNOW, WHAT YOUR SPECIALTIES ARE.
13 THERE ARE PEOPLE THAT ARE EMPLOYED WITH US THAT ARE
14 UNDER MY COMMAND THAT ON VIOLENT CRIMES,
15 SPECIFICALLY HOMICIDES, THEY'RE GONNA WORK THE
16 SCENE. THAT DOESN'T MEAN THAT THEY'RE NOT GONNA
17 HAVE A RAQUEL THERE OR A DOUG BISHOP THERE OR
18 SOMEBODY ELSE THERE TO ASSIST THEM, AND IN DOING SO,
19 THEY WILL COME IN CONTACT WITH A DECEASED PERSON.
20 SO IT'S NOT UNCOMMON.

21 Q. IN YOUR 20-PLUS YEARS IN LAW ENFORCEMENT, HAVE YOU
22 EVER INVESTIGATED A FELLOW OFFICER'S DEATH IN THE
23 LINE OF DUTY?

24 A. NO.

25 Q. ARE SHERIFF'S DEPUTIES PROHIBITED FROM DISCUSSING

1 OPEN INVESTIGATIONS WITH THIRD PARTIES?

2 A. YES, OF THIS TYPE. I MEAN, IF IT WAS A HOUSE
3 BURGLARY, IT'S NOT AS -- THE REQUIREMENTS WOULDN'T
4 BE AS STRINGENT. BUT ON A DEATH INVESTIGATION WHERE
5 YOU HAVE CIVIL LITIGATION TO FOLLOW, YOU HAVE ALL
6 TYPES OF OTHER AREAS, YOU ABSOLUTELY DON'T DISCUSS
7 IT.

8 Q. SO IF RAQUEL WENT TO HER FAMILY DOCTOR IN APRIL AND
9 MAY OF 2005, SHE WOULD HAVE BEEN PROHIBITED FROM
10 MENTIONING TO HER FAMILY DOCTOR ANYTHING ABOUT THIS
11 INVESTIGATION, CORRECT?

12 BY MR. KALE:

13 YOUR HONOR, I'M GOING TO OBJECT. THAT'S, FIRST
14 OF ALL, LEADING. SECOND OF ALL, IT'S PURE
15 SPECULATION ON HIS PART.

16 BY THE COMMISSIONER:

17 WELL, IT'S LEADING. NO DOUBT IT'S LEADING.
18 THE OTHER THING IS I THOUGHT HE WAS TALKING FROM HIS
19 STANDPOINT. IS THAT SOMETHING THAT EVERY OFFICER IS
20 ---

21 BY THE WITNESS:

22 WE HAVE A PROTOCOL IN PLACE. I CAN TALK ABOUT
23 THAT, IF THAT'S WHAT YOU'RE ASKING.

24 BY MR. PYE:

25 PLEASE.

1 BY THE COMMISSIONER:

2 OKAY. I'LL NOTE YOUR OBJECTION. GO AHEAD.

3 WITNESS ANSWERS:

4 A. YOU KNOW, THE STANDARD PROTOCOL FOR THE WAY YOU
5 HANDLE THE PROSECUTION OF A CASE FROM THE MINUTE
6 YOU'RE WORKING THE CASE UNTIL ITS ADJUDICATION, I
7 MEAN, YOU DON'T DISCUSS THAT CASE WITH THIRD
8 PARTIES. WITH A MEDICAL DOCTOR, A FAMILY DOCTOR,
9 THERE WOULD BE NO REASON TO DISCUSS IT. WITH A
10 PSYCHOLOGIST, BECAUSE YOU MAY HAVE A PROBLEM WITH
11 THAT, I CANNOT -- THERE'S NO WAY I OR YOU OR ANYBODY
12 IN THIS ROOM COULD DENY THAT PERSON TALKING TO HIM.
13 I UNDERSTAND THAT. BUT IF SHE'S GOING TO SEE A
14 DOCTOR ABOUT A FLU, I WOULD EXPECT HER NOT TO
15 DISCUSS IT. IT HAS NOTHING TO DO WITH HER DOCTOR
16 VISIT.

17 DIRECT EXAMINATION RESUMED BY MR. PYE:

18 Q. SO WOULD IT SURPRISE YOU THAT RAQUEL DID NOT INFORM
19 ---

20 BY MR. KALE:

21 OBJECT, YOUR HONOR.

22 BY THE COMMISSIONER:

23 SUSTAINED. WE'LL RECALL THE CLAIMANT ON MY OWN
24 MOTION LATER.

25 DIRECT EXAMINATION RESUMED BY MR. PYE:

1 Q. HOW MUCH OF YOUR 20-PLUS YEARS AT THE SHERIFF'S
2 OFFICE HAS INVOLVED DEATH INVESTIGATIONS?

3 A. ABOUT 15, 15 1/2 UP TO DATE. I STILL GO TO HOMICIDE
4 SCENES. I GO TO SUICIDE SCENES. AND THE REASON I
5 DO THAT NOW IS SIMPLY TO MAKE SURE THE PEOPLE THAT
6 HAVE THEIR HANDS IN IT, THEY HAVE WHAT THEY NEED.
7 THAT'S ABOUT THE EXTENT OF WHAT I DO NOW. PRIOR TO
8 THAT, I'VE INVESTIGATED, I WOULD THINK, DEATHS IN
9 GENERAL -- YOU WOULD HAVE TO INCLUDE ALL NATURAL,
10 SUICIDES, ACCIDENTALS, HOMICIDES -- IT WOULD BE OVER
11 1,500 I WOULD IMAGINE. I'VE TESTIFIED IN FEDERAL
12 COURT TO THAT BECAUSE I USED TO KEEP UP SOMEWHAT OF
13 A RUNNING TOTAL. BUT I WOULD THINK THAT WOULD BE
14 FAIRLY ACCURATE.

15 Q. WHAT PERCENTAGE OF YOUR YEARS WOULD YOU SAY HAVE
16 BEEN SPENT IN DEATH INVESTIGATIONS?

17 A. A PERCENTAGE WOULD BE 70 PERCENT, 65, 70, 75
18 PERCENT.

19 Q. ALL RIGHT. WELL, LET ME ASK YOU THIS: AS A 20-PLUS
20 YEAR VETERAN OF THE SHERIFF'S OFFICE WITH 70 TO 75
21 PERCENT OF YOUR TIME SPENT IN DEATH INVESTIGATIONS
22 AND AS RAQUEL'S SUPERVISOR, WOULD YOU SAY THAT THE
23 APRIL 4TH, 2005, INVESTIGATION INVOLVING YOUR FORMER
24 EMPLOYEE, A.J., KILLING HIS TWO-YEAR-OLD CHILD WOULD
25 HAVE BEEN AN EXTREME SITUATION IN HER EMPLOYMENT?

1 A. YES.

2 Q. WAS THIS A SCENE THAT WAS OUT OF THE ORDINARY?

3 A. YES.

4 Q. WAS THIS A SCENE THAT WAS HIGHLY UNUSUAL TO RAQUEL
5 MARTINEZ'S NORMAL EMPLOYMENT?

6 BY MR. KALE:

7 OBJECTION, YOUR HONOR. THAT'S A LEGAL
8 QUESTION.

9 BY THE COMMISSIONER:

10 YOU REALLY ARE GETTING -- HE'S ALREADY SAID THE
11 -- HE'S ALREADY STATED THAT IN HINDSIGHT HE WISHES
12 THERE WAS A POLICY WHERE YOU WOULDN'T HAVE TO SEE
13 PEOPLE YOU'RE FAMILIAR WITH. BUT THERE IS NO SUCH
14 POLICY. SO A PERSON IS A PERSON IS A PERSON. IT'S
15 THE MOST TRAGIC CASE I CAN IMAGINE, BUT WHAT I JUST
16 HEARD HIM SAY, PEOPLE ARE FUNGIBLE. A HUMAN BEING
17 IS A HUMAN BEING IS A HUMAN BEING, AND YOU GO TO
18 THEM REGARDLESS OF YOUR RELATIONSHIP WITH THEM IS
19 WHAT I THOUGHT I HEARD HIM SAY. HE CAN CORRECT ME
20 IF I HEARD HIM WRONG.

21 BY THE WITNESS:

22 I ALSO SAID IT'S HIGHLY UNUSUAL TO WORK THE
23 DEATH OF SOMEBODY THAT YOU KNOW.

24 BY THE COMMISSIONER:

25 OF COURSE. I WOULD THINK STATISTICALLY IT

1 WOULD ALMOST BE IMPOSSIBLE. THE QUESTION IS WHETHER
2 IT'S UNUSUAL AND EXTRAORDINARY TO EMPLOYMENT. HE'S
3 ALREADY SAID THERE WAS NO RULE AGAINST IT, AS A
4 FIRST RESPONDER TO AN E.M.T. CASE THAT WE'VE TALKED
5 ABOUT. GO AHEAD.

6 BY MR. PYE:

7 WELL, MAY I ASK HIM A QUESTION?

8 BY THE COMMISSIONER:

9 CERTAINLY.

10 DIRECT EXAMINATION RESUMED BY MR. PYE:

11 Q. IS IT UNUSUAL AND EXTRAORDINARY IN HER WORK ---

12 BY MR. KALE:

13 SAME OBJECTION.

14 BY MR. PYE:

15 I THINK HE CAN ANSWER THE QUESTION.

16 BY MR. KALE:

17 IT'S A LEGAL CONCLUSION, YOUR HONOR. WHY DON'T

18 I MAKE ---

19 BY THE COMMISSIONER:

20 WELL, ACTUALLY, HE'S ALREADY SAID -- HE'S
21 ALREADY ANSWERED THE QUESTION AND IT'S ON THE
22 RECORD. HE SAID THAT HE THINKS IT'S UNUSUAL AND
23 EXTRAORDINARY. IN FACT, HE SAID IN HIS ENTIRE
24 CAREER HE THINKS IT'S ONE OF THE MOST UNUSUAL.

25 BY MR. PYE:

1 THAT'S ALL I HAVE, YOUR HONOR.

2 BY THE COMMISSIONER:

3 ALL RIGHT, SIR. MR. KALE?

4 CROSS EXAMINATION BY MR. KALE:

5 Q. CAPTAIN DENTON, WHEN YOU DESCRIBED YOURSELF AS BEING
6 MS. MARTINEZ'S SUPERVISOR, YOU WERE HER SUPERVISOR
7 REMOVED? THERE WERE SEVERAL SUPERVISORS IN BETWEEN
8 YOU AND MS. MARTINEZ; IS THAT CORRECT?

9 A. YES.

10 Q. IN FACT, HOW MANY WERE THERE BETWEEN YOU AND MS.
11 MARTINEZ?

12 A. THERE WOULD HAVE BEEN TWO FOR CERTAIN. IT WOULD
13 HAVE BEEN -- AT THE TIME, IT WOULD HAVE BEEN DINA
14 BURGESS AND NEIL URCH. HOWEVER, I AM WHERE THE BUCK
15 STOPS, AND I SUPERVISE BOTH OF THOSE SUPERVISORS.

16 Q. BUT YOU'RE NOT HER IMMEDIATE SUPERVISOR?

17 A. NO.

18 Q. NOW, AS FAR AS THE DUTIES OF A FORENSIC
19 INVESTIGATOR, YOU'VE MENTIONED THAT THEY WOULD TAKE
20 PHOTOGRAPHS, CORRECT?

21 A. YES.

22 Q. SO WHEN MS. MARTINEZ WAS TAKING PHOTOGRAPHS OUT
23 THERE AT THE SCENE ON APRIL 4TH OF 2005, THAT WAS
24 DOING HER ORDINARY JOB, IS IT NOT?

25 A. YES.

1 Q. AND THEY ALSO HAVE TO COLLECT EVIDENCE AND MAKE
2 MEASUREMENTS; ISN'T THAT CORRECT?

3 A. YES.

4 Q. SO WHEN SHE'S MAKING MEASUREMENTS OUT THERE AT THAT
5 SCENE ON APRIL 4TH, SHE'S DOING HER ORDINARY JOB?

6 A. YES.

7 Q. AND THEY ALSO HAVE TO MOVE THE BODY BECAUSE THEY
8 SOMETIMES HAVE TO TURN IT OVER TO SEE IF THERE'S ANY
9 SIGNS OF FOUL PLAY OR INJURY ON THE OTHER SIDE OF
10 THE BODY, DO THEY NOT?

11 A. YES.

12 Q. THEN THEY HAVE TO PHOTOGRAPH THE BODY?

13 A. YES.

14 Q. AND WHEN SHE WAS DOING IT THAT DAY, SHE WAS DOING
15 HER ORDINARY JOB, WAS SHE NOT?

16 A. YES.

17 Q. IN FACT, EVERYTHING SHE DID OUT THERE AS FAR AS HER
18 ACTIVITIES AT THE SCENE IN DOING A CRIME SCENE
19 INVESTIGATION WAS A PART OF HER ORDINARY DUTIES THAT
20 DAY?

21 A. IF YOU REMOVE THE CONDITION OF THE CHILD ITSELF AND
22 KNOWING THE OFFICER. REMOVE THAT CONDITION AND THAT
23 WOULD BE TRUE.

24 Q. WELL, YOU HAVE TO -- FORENSIC INVESTIGATORS HAVE TO
25 INVESTIGATE DEATHS OF CHILDREN, DON'T THEY?

- 1 A. SURE.
- 2 Q. SO THE FACT THAT SHE WAS INVESTIGATING A CHILD
- 3 DOESN'T TAKE IT OUT OF HER ORDINARY INVESTIGATION,
- 4 DOES IT?
- 5 A. I DON'T THINK THE WHOLE -- YOU GET THE WHOLE STORY
- 6 UNTIL YOU ADD THE CONDITION THAT EXISTED, AND THE
- 7 WHOLE TRUTH IS THAT, THAT CONDITION EXISTED THAT
- 8 DAY, AND I THINK IT WAS EXTRAORDINARY BECAUSE OF
- 9 THAT.
- 10 Q. BECAUSE ---
- 11 A. I DON'T THINK IT WAS ORDINARY THAT DAY.
- 12 Q. PARDON?
- 13 A. I DON'T THINK IT WAS AN ORDINARY JOB FOR ANYBODY
- 14 THAT DAY, AND I THINK ---
- 15 Q. BUT WHAT SHE DID WAS ORDINARY IN HER JOB, WAS IT
- 16 NOT?
- 17 A. WHAT SHE DID WAS HER JOB. ORDINARY, IF YOU'RE
- 18 TALKING ABOUT, YOU KNOW, HAD IT BEEN ANYWHERE ELSE
- 19 THAT DAY, IT WOULD HAVE BEEN ORDINARY. BUT IT
- 20 WASN'T ANYWHERE ELSE, AND THAT'S ---
- 21 Q. WELL, AS FAR AS THE CHILD IS CONCERNED -- LET'S TAKE
- 22 THE FATHER OUT OF IT. IF SOME OTHER CHILD HAD BEEN
- 23 RUN OVER, WOULD YOU CONSIDER THAT TO BE
- 24 EXTRAORDINARY?
- 25 A. THAT'S NOT WHAT HAPPENED.

1 Q. WELL, I'M NOT ASKING YOU -- I'M SAYING ASSUME. IF
2 IT WAS SOME OTHER PERSON'S CHILD THAT HAD BEEN RUN
3 OVER, THEN WOULD THAT -- AND SHE INVESTIGATED THE
4 CHILD, WOULD THERE BE ANYTHING UNUSUAL OR
5 EXTRAORDINARY ABOUT THAT?

6 A. NO.

7 Q. SO IT BOILS DOWN TO THE FACT THAT THIS CHILD WAS A
8 FORMER EMPLOYEE OF THE SPARTANBURG COUNTY SHERIFF'S
9 DEPARTMENT?

10 BY THE COMMISSIONER:

11 THE CHILD'S FATHER.

12 CROSS EXAMINATION RESUMED BY MR. KALE:

13 Q. I'M SORRY, THE CHILD'S FATHER.

14 A. IT BOILS DOWN -- THAT'S HALF OF THE FACT. THE OTHER
15 HALF OF THE FACT IS, AGAIN, IT'S AN INFANT THAT WAS
16 RUN OVER BY A POLICE CAR THAT WAS DRIVEN BY A FORMER
17 EMPLOYEE WHOM WE WERE FRIENDS WITH. THAT'S THE
18 WHOLE FACT.

19 Q. AND, IN FACT, HOW MANY FORENSIC INVESTIGATORS DID
20 YOU HAVE?

21 A. AT THE TIME? PROBABLY BETWEEN EIGHT AND NINE. ARE
22 YOU TALKING ABOUT THERE?

23 Q. NO, IN THE DEPARTMENT.

24 A. EIGHT TO NINE, I WOULD THINK.

25 Q. AND I THINK YOU SAID AT YOUR DEPOSITION THAT EVERY

1 FORENSIC INVESTIGATOR WOULD HAVE HAD THE SAME
2 PROBLEM BECAUSE THEY ALL WOULD HAVE KNOWN ANTHONY
3 JOHNSON AND IT WOULD HAVE BEEN THE SAME PROBLEM FOR
4 THEM? THAT'S WHAT YOU TESTIFIED TO IN YOUR
5 DEPOSITION.

6 A. I CAN'T -- I CAN'T TELL YOU WHAT THE FUTURE OUTCOME
7 OF SOMETHING WOULD BE WITHOUT ACTUALLY SEEING IT,
8 BUT I WOULD BET THAT IF YOU, IN FACT, HAD BEEN OUT
9 THERE, IT WOULD BOTHER YOU RIGHT NOW. BUT YOU
10 WEREN'T THERE; SHE WAS. THAT'S ---

11 Q. YOU'RE NOT ANSWERING MY QUESTION.

12 A. I THINK I JUST DID.

13 Q. NO, YOU DIDN'T. MY QUESTION IS, IF YOU HAD SENT ANY
14 OF THE FORENSIC INVESTIGATORS, THEY WOULD HAVE KNOWN
15 ANTHONY JOHNSON; THEY WOULD HAVE HAD THE SAME ---

16 A. I DON'T KNOW THE OUTCOME OF THAT. COULD IT HAVE
17 BEEN? PROBABLY SO.

18 BY MR. PYE:

19 YOUR HONOR, I OBJECT. IT CALLS FOR
20 SPECULATION. HE DOESN'T KNOW.

21 BY THE COMMISSIONER:

22 RIGHT. HE'S ANSWERED THE QUESTION. WE CAN
23 MOVE ON.

24 CROSS EXAMINATION RESUMED BY MR. KALE:

25 Q. BUT AS FAR AS HER PHYSICAL DUTIES THAT DAY, THOSE

1 WERE HER NORMAL ORDINARY PHYSICAL DUTIES?

2 BY MR. PYE:

3 OBJECT. ASKED AND ANSWERED.

4 BY THE COMMISSIONER:

5 IT HAS BEEN TO MY SATISFACTION.

6 CROSS EXAMINATION RESUMED BY MR. KALE:

7 Q. IN ADDITION TO YOU AND THE SHERIFF, I THINK YOU SAID
8 THERE WERE PROBABLY SIX TO SEVEN OTHER SPARTANBURG
9 COUNTY DEPUTY SHERIFFS?

10 A. YES.

11 Q. AND I BELIEVE THERE WERE EIGHT TO TEN FIREFIGHTERS
12 THERE?

13 A. COULD HAVE BEEN MORE, COULD HAVE BEEN LESS. THERE
14 WERE QUITE A FEW.

15 Q. I'M GOING BY YOUR DEPOSITION TESTIMONY.

16 A. I THINK THAT'S AN ESTIMATE IF YOU'LL READ THAT
17 CORRECTLY.

18 Q. YOU INDICATED TEN FROM THE GREER POLICE DEPARTMENT?

19 A. THAT'S PROBABLY A GOOD ESTIMATE, YES.

20 Q. THE POLICE CHIEF OF GREER?

21 A. YES.

22 Q. WHO IS CAPTAIN JOLENE VAN SYL?

23 A. IT'S CAPTAIN JOLENE VAN SYL, AND SHE'S A CAPTAIN
24 WITH THE GREER POLICE DEPARTMENT.

25 BY THE COMMISSIONER:

1 WOULD YOU SPELL THAT FOR THE COURT REPORTER?

2 BY MR. KALE:

3 S-Y-L IS THE LAST NAME.

4 BY THE COMMISSIONER:

5 THANK YOU.

6 CROSS EXAMINATION RESUMED BY MR. KALE:

7 Q. AND YOU IDENTIFIED LIEUTENANT MATT HAMBY AS BEING
8 C.I.D. WHAT IS THAT?

9 A. HE'S THE LIEUTENANT OVER THE CRIMINAL INVESTIGATIVE
10 DIVISION IN GREER.

11 Q. AND BOTH THE SHERIFFS OF GREENVILLE COUNTY AND
12 SPARTANBURG COUNTY WERE THERE?

13 A. YES.

14 Q. SO THERE WERE QUITE A BIT OF LAW ENFORCEMENT PEOPLE
15 THERE AT THE SCENE, WERE THERE NOT?

16 A. YES.

17 Q. AND IN ADDITION, THERE WERE SOME HIGHWAY PATROL
18 INVESTIGATORS WHO CAME?

19 A. THERE PROBABLY WERE SINCE -- PROBABLY SO.

20 Q. NOW, YOU TESTIFIED IN YOUR DEPOSITION THAT AFTER
21 THIS ACCIDENT OCCURRED YOU COULDN'T TELL THE SEX OF
22 THE CHILD. SO I ASSUME THAT YOU SAW THE CHILD?

23 A. YES.

24 Q. AND MR. JOHNSON HAD LEFT THE SHERIFF'S DEPARTMENT
25 SOME THREE YEARS OR SO BEFORE THIS INCIDENT, HAD HE

1 NOT?

2 A. I DON'T RECALL WHEN HE LEFT. I KNOW HE HAD LEFT,
3 OBVIOUSLY, PRIOR TO THIS INCIDENT. HOW LONG IT WAS,
4 I WOULDN'T HAVE THOUGHT IT WAS THREE YEARS. IT
5 COULD HAVE BEEN.

6 Q. BUT IT WAS MORE THAN ONE YEAR?

7 A. I DON'T KNOW. AGAIN, I WOULDN'T HAVE THOUGHT IT WAS
8 THAT LONG, BUT IT COULD HAVE BEEN.

9 Q. AND HE HAD ONLY WORKED THERE A SHORT TIME, CORRECT?

10 A. I THINK HE WAS THERE APPROXIMATELY A YEAR OR SO.

11 Q. BUT YOU DESCRIBED THAT IN YOUR DEPOSITION AS BEING A
12 SHORT TIME?

13 A. YES, I GUESS SO IF YOU LOOK AT A 25-YEAR SENTENCE TO
14 DO POLICE WORK. YES.

15 Q. ANY HOMICIDE SCENE IS NOT A PLEASANT SCENE, IS IT?

16 A. OBVIOUSLY NOT.

17 Q. I MEAN, IF SOMEBODY IS SHOT IN THE HEAD, THAT'S NOT
18 A PLEASANT SIGHT TO SEE, IS IT?

19 A. NO.

20 Q. IF THERE'S A FIRE AND PEOPLE, WHETHER THEY BE
21 CHILDREN OR ADULTS, ARE BURNED BADLY IN THE FIRE,
22 THAT'S NOT A PLEASANT SCENE?

23 A. NO.

24 Q. SO IT'S PART OF THE JOB OF A FORENSIC INVESTIGATOR;
25 THEY'RE GOING TO SEE GRUESOME, UNPLEASANT BODIES OR

1 INJURED PEOPLE IN DOING AN INVESTIGATION; IS THAT A
2 FAIR STATEMENT?

3 A. YES.

4 Q. NOW, HAVE THERE BEEN INCIDENTS IN SPARTANBURG COUNTY
5 WHERE CHILDREN HAVE BEEN MAULED BADLY BY DOGS?

6 A. I'M SURE THERE HAVE.

7 Q. THAT'S NOT A PLEASANT SIGHT, EITHER, IS IT?

8 A. NO, SIR, I WOULDN'T THINK SO.

9 Q. WOULD A FORENSIC INVESTIGATOR MAKE AN INVESTIGATION
10 OF THAT?

11 A. THEY WOULD PHOTOGRAPH THE SCENE, YES.

12 Q. NOW, YOU MENTIONED ABOUT TALKING WITH A FAMILY
13 DOCTOR. THIS INCIDENT WAS ALL OVER THE PAPERS, WAS
14 IT NOT?

15 A. I DON'T RECALL THAT AT ALL.

16 Q. YOU DON'T RECALL?

17 A. FIRST OF ALL, I CAN TESTIFY TO THIS 100 PERCENT. I
18 DON'T READ THE PAPER. SO I DON'T REMEMBER IT BEING
19 ON THE NEWS EITHER, DON'T WATCH MUCH OF THE NEWS.
20 BUT I DON'T RECALL IT BEING IN THE PAPER. I
21 WOULDN'T KNOW IF IT WERE OR NOT.

22 Q. YOU WOULDN'T KNOW IF IT WERE OR NOT?

23 A. NO, SIR.

24 Q. YOU WOULDN'T BE SURPRISED -- THEY USUALLY REPORT
25 DEATHS, DO THEY NOT?

1 A. IT DEPENDS ON THE SITUATION. SUICIDES, A LOT OF
2 ACCIDENTS, DEPENDING ON -- A LOT OF TIMES THEY
3 ACTUALLY DON'T REPORT IT. THIS PARTICULAR ONE,
4 WOULD IT SURPRISE ME IF THEY DID REPORT IT? IT
5 WOULD NOT SURPRISE ME.

6 Q. OKAY. AND IS IT YOUR TESTIMONY THAT SHE COULDN'T
7 EVEN DISCUSS WITH HER FAMILY DOCTOR IF SHE WAS
8 HAVING STRESS DEALING WITH THE PROBLEM OF THE CHILD,
9 THAT SHE COULDN'T GO INTO THE DOCTOR AND SAY, "THERE
10 WAS THIS INCIDENT WHERE A FORMER DEPUTY BACKED OVER
11 HIS CHILD, AND I'M STRESSED OUT ABOUT IT"? YOU SAY
12 SHE COULDN'T TALK TO HER FAMILY DOCTOR ABOUT THAT?

13 A. NO, SIR, THAT'S NOT WHAT I SAID AT ALL. IN FACT,
14 WHAT I SAID WAS IF SHE WERE GOING TO SEE A FAMILY
15 PHYSICIAN, A GENERAL PRACTITIONER, ABOUT A FLU,
16 COLD, ASTHMA, THINGS OF THAT NATURE, AND SHE
17 DISCUSSED THIS CASE, WE'D HAVE A BIG PROBLEM WITH
18 THAT.

19 Q. BUT IF SHE WAS GOING ABOUT STRESS FROM THIS CASE,
20 THERE WOULD NOT BE ANY PROBLEM?

21 A. IF SHE WERE GOING TO SEE A COUNSELOR, A
22 PSYCHOLOGIST, A PSYCHIATRIST, SPECIFICALLY ABOUT
23 THIS, ABSOLUTELY.

24 Q. AND EVEN A FAMILY DOCTOR, BECAUSE THEY CAN PRESCRIBE
25 ANTIDEPRESSANT MEDICATIONS, CAN'T THEY?

- 1 A. IF SHE WENT THERE SPECIFICALLY FOR THAT REASON,
2 THAT'S ONE THING, BUT IF SHE WENT THERE TO SEE A
3 DOCTOR ABOUT ANY OTHER THING, NO.
- 4 Q. NOW, YOU'VE KNOWN MS. MARTINEZ FOR MORE YEARS THAN
5 EITHER OF YOU ALL HAVE BEEN IN THE SPARTANBURG
6 COUNTY SHERIFF'S DEPARTMENT, CORRECT?
- 7 A. I'VE KNOWN OF HER; THAT'S CORRECT.
- 8 Q. AND SHE WAS, IN FACT, A FRIEND OF YOUR SISTER'S?
- 9 A. SHE KNEW MY SISTER.
- 10 Q. AND YOU ALL WENT TO THE SAME HIGH SCHOOL?
- 11 A. SHE WENT TO THE SAME HIGH SCHOOL AS MY SISTER;
12 THAT'S CORRECT.
- 13 Q. YOU WERE YOUNGER THAN THEY WERE?
- 14 A. YES.
- 15 Q. AND YOU ALSO SENT MS. MARTINEZ OVER TO AN ATTORNEY
16 ABOUT HER RIGHTS, DID YOU NOT?
- 17 A. ABSOLUTELY.
- 18 Q. IN FACT, THAT ATTORNEY REFERRED MS. MARTINEZ OVER TO
19 MR. PYE?
- 20 A. HE DID.
- 21 Q. YOU MENTIONED IN YOUR EXAMINATION THAT IN HINDSIGHT
22 YOU WISH YOU HAD DONE SOMETHING DIFFERENT. ARE YOU
23 FEELING A LITTLE BIT OF GUILT BECAUSE YOU DIDN'T
24 ALLOW MS. MARTINEZ TO LEAVE THAT DAY?
- 25 A. I DON'T KNOW THAT I FEEL GUILT. WHAT I DO FEEL IS

1 THIS: BECAUSE I FEEL ONE PARTICULAR WAY ABOUT HOW I
2 WOULD ATTACK AN INVESTIGATION OR A SITUATION, IT
3 DOESN'T ALWAYS MEAN THAT'S PROBABLY THE RIGHT WAY
4 FOR EACH PERSON, DEPENDING ON GENDER, DEPENDING ON
5 EXPERIENCE LEVELS, DEPENDING ON THOSE KIND OF
6 ISSUES. AND IF I HAD TAKEN THAT INTO ACCOUNT THAT
7 AFTERNOON, KNOWING WHAT I KNOW NOW, I PROBABLY WOULD
8 HAVE LET SOMEBODY ELSE MORE EXPERIENCED COME OUT
9 THERE AND LISTENED TO THE EMPLOYEE INSTEAD OF
10 DECIDING THAT REGARDLESS WE'RE GONNA DO OUR JOB.

11 Q. IN OTHER WORDS, IF YOU HAD KNOWN IN HINDSIGHT THAT
12 THIS THING MAY HAVE CAUSED SOME PSYCHIATRIC
13 PROBLEMS, YOU WOULD NOT HAVE REQUIRED HER TO STAY?

14 A. CERTAINLY, IF I HAD KNOWN THAT, I WOULD HAVE GOTTEN
15 SOMEBODY ELSE.

16 Q. THAT'S WHAT YOU MEAN?

17 A. BUT THERE'S NO WAY TO PREDICT THAT, SO I DIDN'T.

18 Q. AND WHEN YOU MADE THAT DECISION, YOU WERE BASICALLY
19 SAYING, "YOU'VE GOT TO DO YOUR JOB," RIGHT?

20 A. YES.

21 BY MR. KALE:

22 I THINK THAT'S ALL THE QUESTIONS I HAVE, YOUR
23 HONOR.

24 BY THE COMMISSIONER:

25 OKAY. MR. PYE?

REDIRECT EXAMINATION BY MR. PYE:

Q. MR. KALE ASKED YOU ABOUT CONSULTING AN ATTORNEY. WHAT'S THE ATTORNEY'S RELATIONSHIP TO THE SHERIFF'S DEPARTMENT?

A. THE ATTORNEY I BELIEVE HE'S TALKING ABOUT -- HE DIDN'T CALL HIM BY NAME -- HIS NAME IS RAY EARL THOMPSON, BETTER KNOWN AS CHUCK IN SPARTANBURG. HE IS A -- HE IS OUR LEGAL COUNSEL WHEN IT COMES TO POLICY WRITING, AND WHAT I MEAN BY THAT, AS AN EXAMPLE, A SWAT POLICY, AN ENTRY POLICY, A POLICY -- PURSUIT POLICY WHEN YOU'RE CHASING VEHICLES. HE WILL ADVISE US ON A LOT OF THINGS, TO INCLUDE NEW CASE LAWS ON IT SO THAT WE MIGHT MAKE CHANGES IN THOSE POLICIES. HE IS A FRIEND OF THE SHERIFF'S OFFICE AND DOES IT AT NO COST TO THE SHERIFF'S OFFICE. IT'S PURELY VOLUNTEER WORK. AND THAT'S THE RELATIONSHIP.

Q. DOES HE ADVISE YOU ON DAILY PROCEDURES AND PROTOCOLS?

A. YES, AT MY REQUEST, AND SOMETIMES IF NEW CASE LAW COMES ABOUT, HE'LL CALL AND UPDATE US ON THOSE THINGS, WHICH IS PRETTY IMPORTANT. WE DON'T HAVE THAT RELATIONSHIP WITH ANY OTHER ATTORNEY IN SPARTANBURG. WE JUST DON'T. WE HAVE A COUNTY ATTORNEY, BUT TO HAVE THAT RELATIONSHIP AND GET THAT

1 KIND OF INFORMATION ON A DAILY BASIS, IT DOESN'T
2 HAPPEN.

3 Q. DOES THIS ATTORNEY KIND OF ACT AS GENERAL COUNSEL
4 FOR THE SHERIFF'S OFFICE?

5 A. ONLY TO THE CAPACITY IN AS RELATING TO POLICY
6 WRITING, ADVICE ON OTHER ISSUES, USE OF FORCE
7 ISSUES, THAT KIND OF THING.

8 BY MR. PYE:

9 NOTHING FURTHER.

10 RECROSS EXAMINATION BY MR. KALE:

11 Q. HE'S NOT RECOGNIZED AS AN EMPLOYEE OR HAVE ANY
12 POSITION WITH THE COUNTY OF SPARTANBURG, DOES HE?

13 A. HE IS AS MUCH OF AN EMPLOYEE AS I AM. HE'S UNPAID.
14 WE CONSIDER HIM -- WITHOUT BENEFITS, WITHOUT THE
15 PAY, WE CONSIDER HIM FAIRLY IMPORTANT TO WHAT WE DO.

16 Q. BUT HE'S NOT ON THE EMPLOYEE ROLL, IS HE?

17 A. NO. HE OWNS A COMMISSION THAT THE SHERIFF CAN
18 LEGALLY GIVE HIM AND HAS, AND HE HOLDS THAT
19 COMMISSION.

20 Q. AND THERE ARE A LOT OF COMMISSIONS THAT THE SHERIFF
21 GIVES, DOES HE NOT?

22 A. I ONLY KNOW OF TWO, AND ONE WOULD BE A DEPUTY
23 SHERIFF; THE OTHER ONE WOULD BE THE COMMISSION OF
24 LEGAL COUNSEL.

25 Q. BUT THAT'S AN UNPAID POSITION?

1 A. YES, IT IS ABSOLUTELY 100 PERCENT UNPAID, VOLUNTEER
2 WORK. IT WOULD BE LIKE A RESERVE OFFICER.

3 BY MR. KALE:

4 THAT'S ALL I HAVE.

5 REDIRECT EXAMINATION BY MR. PYE:

6 Q. WHEN YOU SAY A COMMISSION, DOES MR. THOMPSON HAVE A
7 BADGE?

8 A. YES.

9 BY MR. PYE:

10 THAT'S ALL I HAVE.

11 WITNESS RESUMES:

12 A. HE'S RECOGNIZED AS ONE OF US. HE'S NOT AN OUTSIDER.

13 BY THE COMMISSIONER:

14 ANY OTHER WITNESSES?

15 BY MR. PYE:

16 I'M NOT GOING TO CALL HIM, YOUR HONOR.

17 BY MR. KALE:

18 I DON'T THINK SO.

19 BY THE COMMISSIONER:

20 I WAS GOING TO RECALL THE CLAIMANT, BUT I DON'T
21 NEED TO. MR. KALE ASKED THE QUESTION THAT I WAS
22 CURIOUS ABOUT, AND THAT WAS THE PROTOCOL FOR THE
23 THIRD-PARTY CONVERSATION WITH A FAMILY DOCTOR. I
24 WAS GOING TO ASK THE CLAIMANT, BUT HE ANSWERED THAT
25 QUESTION FOR ME. IT WOULD BE PROPER, AS I

1 UNDERSTAND IT, FOR -- UNLESS A PERSON WENT TO THE
2 DOCTOR JUST TO GOSSIP ABOUT SOMETHING THAT WENT ON,
3 IF THEY WENT TO A DOCTOR FOR EMOTIONAL PROBLEMS,
4 THEY COULD DISCUSS IT IF IT WAS A POLICE MATTER. IF
5 THEY WENT FOR AN INGROWN TOENAIL, THEY SHOULDN'T DO
6 IT, AND THAT WOULD MAKE SENSE. I UNDERSTAND. THAT
7 WAS MY REASON FOR ---

8 BY MR. PYE:

9 WOULD YOU LIKE TO ASK HER, HER UNDERSTANDING OF
10 WHAT SHE WAS ---

11 BY THE COMMISSIONER:

12 NO, I GOT IT FROM -- THAT'S WHAT HE SAID. I
13 MEAN, HE'S NUMBER TWO IN THE COUNTY. SO THAT'S ALL
14 I NEEDED TO HEAR FROM HIM. HE SAID IT VERY CLEARLY.
15 I JUST WASN'T REAL CLEAR THE FIRST GO AROUND, BUT
16 THERE'S NO DOUBT IN MY MIND NOW WHAT HE SAID.
17 ANYTHING ELSE?

18 BY MR. KALE:

19 I DON'T THINK SO.

20 BY THE COMMISSIONER:

21 OKAY. IF THERE'S NOTHING ELSE?

22 BY MR. PYE:

23 NOTHING ELSE, YOUR HONOR.

24 BY THE COMMISSIONER:

25 OKAY. THAT CONCLUDES THE HEARING.

1 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
2 CONCLUDED AT THE HOUR OF 3:14 P.M.)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO.: 0515098

Raquel Martinez	)	
	)	
Claimant,	)	
	)	
v.	)	
	)	
Spartanburg County Sheriff's Office,	)	NOTICE OF WITNESSES AND
Employer	)	WRITTEN MEDICAL REPORTS
S.C. Association of Counties	)	TO BE INTRODUCED AS DIRECT
Carrier,	)	EVIDENCE ON BEHALF OF THE
Defendants.	)	CLAIMANT
	)	

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
RICHARD B. KALE, ATTORNEY FOR THE DEFENDANTS:

YOU ARE HEREBY NOTIFIED THAT THE CLAIMANT, pursuant to the provisions
of the South Carolina Workers' Compensation Act and S.C. Code Ann. Section 1-23-330, (1976,
as amended) , herewith submits the following medical reports as direct evidence on behalf of the
claimant, to wit:

<u>NAME OF REPORT(S)/PHYSICIANS OR OTHER EVIDENCE</u>	<u>DATE OF REPORT</u>	<u>NUMBER OF PAGES</u>
1. Dr. John R. Wieder 145-B Dillon Street Spartanburg, SC 29303	3/10/05 to 5/3/06	1-11
2. Spartanburg Regional Medical Center 101 E. Wood Street Spartanburg, SC 29303	4/24/05 to 8/9/05	12-63
3. Mary Black Memorial Hospital P.O. Box 3217 Spartanburg, SC 29304	4/25/05	64-103
4. Dr. Ralph Castriotta 2700 E. Phillips Street Greer, SC 29650	8/10/05 to 8/22/05	104-121

4.	Dr. Shane Sherbondy 112 Lovett Sr. Greenville, SC 29607	9/7/05 to 6/16/06	122-125
5.	Dr. Luther Diehl 1330 Boiling Springs Rd., Suite 2800 Spartanburg, SC 29303	9/6/05 to 4/18/06	126-147
6.	Dr. John F. Abess 46-C State Street Charleston, SC 29401	6/8/06	148-165

YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into the evidence on behalf of the claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the claimant:

1. Raquel Martinez
2. Steve Denton
3. Neal Urich
4. Veneranda Caridad Martinez
5. Ramon Martinez

03/10/05 RAQUEL MARTINEZ 10977 JOHN R. WIEDER, M.D.

S: The patient comes to the office today when she was injured on her job as a Sheriff's Deputy. She was taken to the hospital where they treated an injured hand and found her blood pressure to be 179/154 so they sent her immediately to our office. She arrives today stating she has got a little bit of a headache but no chest pain or shortness of breath. Her blood pressures on review of the chart are always just slightly up. There are blood pressure problems in a brother, diabetes in her mother and she said she is having no chest pain whatsoever but she was very concerned when she was told what her blood pressure was.

O: Exam shows a 25-year-old, Latin American female in no acute distress, complaining of a headache in the forehead. She is alert and oriented. Blood pressure sitting was 138/100, standing 138/100, lying down 160/100. She has a regular sinus rhythm and the lungs are clear.

A: Hypertension.

P: An EKG was done and is absolutely a perfect looking EKG so there is no damage. I am starting her on Lotrel 5/10 mg one daily for blood pressure. She is to return here in one month for a recheck of the pressure and to see how she is doing. She has seen a cardiologist in the past and is on a medication called Florinef Acetate to control signals from the brain to the heart. She has had some palpitations in the past, which were not well controlled with Toprol XL 25 mg so I have asked her to stop that for the next month but to restart it if the palpitations return.

John R. Wieder, M.D./clm

OFFICE VISIT	Pt: <u>Raque Martinez</u> Date: <u>3/29/05</u> Time: <u>8:30</u>	Appointments:
	Age: <u>25</u> Wt: <u>140</u> Ht: <u>5'8"</u> BP: <u>140/100</u> P <u>88</u> R <u>88</u> T <u>98</u>	
	Check here if nurse visit only: ☐ Date last PE (anywhere): <u>3/29/05</u>	
	Nurse notes: <u>CIO HLA, Patient Racing</u>	
	<u>He ✓ T wh</u> <u>135/85</u> or ↓	Made by: <u>[Signature]</u>
	Pain: <u>4-5</u> ☐ 0-10 ☒ 10-15 ☐ 15-20 ☐ 20-30 ☐ 30-40 ☐ 40-50 ☐ 50-60 ☐ 60-70 ☐ 70-80 ☐ 80-90 ☐ 90-100	Dictated by: <u>[Signature]</u>

4-1-05 ph note (OBWA)
4-4-05 ph note (OBWA)

OFFICE VISIT	Pt: <u>Raque Martinez</u> Date: <u>4-20-05</u> Time: <u>4:30</u>	Appointments:
	Age: <u>25</u> Wt: <u>140</u> Ht: <u>5'8"</u> BP: <u>135/85</u> P <u>88</u> R <u>88</u> T <u>98</u>	
	Check here if nurse visit only: ☐ Date last PE (anywhere): <u>3/29/05</u>	
	Nurse notes: <u>① B V REL</u>	
	<u>② 2-5 absent heart murmurs</u>	Made by: <u>[Signature]</u>
	Pain: <u>0</u> ☐ 0-10 ☒ 10-15 ☐ 15-20 ☐ 20-30 ☐ 30-40 ☐ 40-50 ☐ 50-60 ☐ 60-70 ☐ 70-80 ☐ 80-90 ☐ 90-100	Dictated by: <u>[Signature]</u>

04/07/05 Raquel Martinez

10977

John R. Wieder, M.D.

Blood pressure check.

S: Raquel comes to the office today, a 46-year-old, Latin American who is a sheriff's deputy, wanting her blood pressure checked. She has gone on Lotrel 5/10, and her blood pressure just keeps going up. She is having lots of headaches. She is a sheriff's deputy and works in the forensics department. There is a lot of stress on that job, and she is working alternating shifts. She wanted me to evaluate a heart murmur that she said was heard a number of years ago by a physician, but I hear no heart murmurs in this patient nor have I ever heard a heart murmur in her.

O: Examination shows a 46-year-old, Caucasian. Blood pressure 158/110. Pulse 80. Respirations 28. Temperature 98. She has a regular sinus rhythm, no murmurs, gallops, heaves, rubs, thrills, PACs or PVCs. The lungs are crystal clear throughout.

A: Hypertension, no control.

P: I am bumping her Lotrel up to 5/20 and placing her on Coreg 6.25 mg at bedtime. I have given her samples of both. I have drawn a thyroid panel today to be sure we are not overlooking a thyroid dysfunction. We also did a blood sugar due to her family history, and her blood sugar was 95. That is perfectly well within the normal range. I want her back here in two weeks to check it again.

John R. Wieder, M.D./mdh

OFFICE VISIT	Pt: <u>Raquel Martinez</u> Date: <u>4/29/05</u> Time: <u>7:45</u>	Appointments:
	Age: <u>46</u> Wt: _____ Ht: _____ BP: <u>120/92</u> P <u>80</u> R _____ T _____	
	Check here if nurse visit only: ☐ Date last PE (anywhere) _____	
	Nurse notes: <u>BBP ✓</u>	
	Pain: <u>0</u>	
	Made by: <u>[Signature]</u>	Dictated by: <u>[Signature]</u>

04/19/05 Raquel Martinez

10977

John R. Wieder, M.D.

Blood pressure check and grief.

S: This 46-year-old, white female who is a sheriff's deputy here, comes today to have her blood pressure checked. She is on Lotrel 5/20 and Coreg 6.25 mg. She takes Lotrel in the morning, and the Coreg once a day at bedtime. She is very upset and crying. A very close friend and relative, a cousin with whom she was very close over the years, passed away yesterday. She is very upset about it. They were very close ever since they were little kids. She is very upset that she did not get to the hospital in time to say goodbye before he passed away.

O: Examination shows a 46-year-old, white female. Blood pressure 120/92. Pulse 80. HEENT show she has been crying, and her eyes are swollen and irritated. Her lungs are clear. She has a regular rhythm.

A: Hypertension, chronic low back pain, and grief.

P: I am giving her a note to hold her out of work for a few days over the next week or so. She is going to be helping with funeral arrangements, and will want to attend the funeral. I am sending that

**HILLCREST FAMILY PRACTICE
PERSONAL LAB RESULTS**

Patient: Raguel Martinez Date: 4-8-05

Reviewing physician: ☒ Dr. Wylder ☐ Dr. Mayfield ☐ Dr. Moretz ☐

Below are the results of your lab tests. If no line is checked, that test was not performed on your blood sample. If you have any questions about these results, call 502-7200 and leave a message.

TEST	Normal	Abnormal	Comments
CBC (screen for anemia, leukemia infection)			
Blood glucose (sugar)/ yours =			Under 140 Ideal
Hemoglobin A1C (sugar averaging)/ yours =			Under 7.0 Ideal
Kidney function (measures filtering of waste)			
Electrolytes (potassium, sodium)			
Liver function (liver metabolizes most medicines)			
Thyroid panel (hormone that controls metabolism)	☒	☒	Very accurate test
PSA (prostate cancer screen)/ yours =			Under 3.5 ok
PT (Coumadin level)			
Lanoxin level (same as digoxin)/ yours =			Ideal from 0.5 - 2.0

LIPIDS (Ratios more important than totals and Ideals depend on personal factors)

TEST	Avg population Ideals	High risk population Ideals*
Total cholesterol	Less than 200	Less than 150
HDL (protective)	Above 40	Above 60
LDL (clogs arteries)	Below 130	Below 100
Triglycerides (free fats)	200 - 400 nonfasting	Below 200

*High risk patients are those with heart disease or strokes or strong family history or SMOKERS.

COMMENTS:

If the risk factor is elevated or if you have hypertension, heart problems, diabetes or a strong family history, we suggest you follow a diet low in fat grams, do not smoke, avoid over two alcoholic drinks a day and try to get regular exercise.

TEST	YOUR VALUE	NORMAL RANGE
TSH	0.965	0.350 → 5.500
T4	7.4	4.5 → 12.00
T3	170	85 → 205

Thyroid is functioning well.

Oliver Miller MD

*FEMALES: Are you up-to-date with PAPI smears, breast checks, mammograms?

*MALES: Are you up-to-date with prostate and rectal checks (over 50 - recommended yearly)?

Sigmoidoscopy now recommended every 3-5 years for all over 50

C + mailed 4/12/05 82E

4/19/00 continued

note back to Sheriff Chuck Wright, to advise him of the situation. I am bumping up her Lotrel from 5/20 to 10/20, as I want that bottom number down to 80 at least. We are getting close. I placed her on some Xanax for a few days to help her get through this very trying time. She is to stay in touch. If there is anything she needs, we will certainly help this gal out. She is a great patient and a very fine young lady.

John R. Wieder, M.D./mdh

OFFICE VISIT	Pt: <u>Raquel Martinez</u> Date: <u>4/25/05</u> Time: <u>2:55</u>	Appointments:
	Age: <u>46</u> Wt: <u>140</u> Ht: <u>5'10"</u> BP: <u>190/140</u> P: <u>120</u> R: <u>T</u>	
	Check here if nurse visit only: <u>PE (anywhere)</u>	
	Nurse notes: <u>C/O dizziness, HA, vomiting, diarrhea, fainting - last night took medicine to</u>	
	<u>vomiting -</u>	
Pain: <u>9 -</u>	Ms. init: <u>JB</u>	Made by: <u>[Signature]</u>
		Dictated by: <u>[Signature]</u>

2/4 150/120

3/1 160/120

04/25/05 Raquel Martinez 10977 John R. Wieder, M.D.

- S: Patient comes to the office today in very bad shape escorted by her mother. She is complaining of dizziness, headache, vomiting, and diarrhea. She was seen in the ER yesterday; she had fainted and was reportedly out for 30 minutes. She cannot take her blood pressure medication now because she is vomiting and she has a heck of a headache.
- O: 36 year old, Latin American female, who is a sheriff's deputy. Blood pressure 190/140, pulse 120. Blood pressure was taken at 2 p.m. at 2:45 it was 150/120 by 3:10 it was 160/120. She has been on Lotrel 10/20mg but unable to hold it down. I am very concerned about this syncopal episode, which could have easily been a CVA. Exam shows a very rapid heart rate. Lungs are clear. The patient is somewhat lethargic and complaining of severe headache.
- A: Stroke level proportions in her blood pressure elevation. Nausea, vomiting, and diarrhea.
- P: I have called Dr. Morrow, hospitalist at Mary Black Hospital, who wants her brought to the hospital immediately. I have given a short handwritten note of the situation plus included her last labs; thyroid and cholesterol levels have always looked good. She will be taken to the emergency room to see Dr. Morrpw and probable admission to get this blood pressure under control.

John R. Wieder, M.D./mdc

OFFICE VISIT	Pt: <u>Rachel Martinez</u>	Date: <u>4/29/05</u>	Time: <u>4:05</u>	Appointments:
	Age: <u>46</u> Wt: _____	Ht: _____	BP: <u>150/110</u> P: <u>100</u> R: _____ T: _____	
	Check here if nurse visit only: ☐ Date last PE (anywhere) _____			
	Nurse notes: <u>Positive LA HA</u> <u>to go over med -</u>			
	Pain: <u>8</u>	<u>1015</u>	No. Init	Made by: <u>[Signature]</u>
			Dictated	<u>[Signature]</u>

- ① Non ASA
- ② Coreg 6.25 mg bid
- ③ Flonase 2 sq
- ④ Metoprolol 50 1/2 bid → 1 bid.
- ⑤ ~~Aspirin~~ 10 T q 4-6 h.
- ⑥ ~~Ibuprofen~~ 800 T qid qid
- ⑦ Doxycycline 100b bid
- ★ ⑧ Ambien 10g T h
- ⑨ Zyrtec 10g T qid
- ⑩ Xanax 1g tid
- ⑪ Flexeril 10g - tid
- ⑫ Halcion 0.1g qd

04/29/05 Raquel Martinez
Posthospital visit.

10977

John R. Wieder, M.D.

S: The last time this gal was in the office her blood pressure was literally out of sight at 190/140. After a few minutes it had come down to 150/120 and then 30 minutes later 160/120. She was taken to the Mary Black Emergency Room where she was admitted and now comes back for her discharge followup. She was hospitalized from 04/25-04/28. She comes in today with her new medication. She is to take no aspirin or Advil. She is on Coreg 6.25 one b.i.d., Flonase two squirts daily each nostril, metoprolol 50 one b.i.d., Lortab 10 one every 6 hours as needed, Ibuprofen 800 one t.i.d. to q.i.d. which amazes me since they did not want her on aspirin, doxycycline 100 one b.i.d. for ten days, Ambien 10 mg at bedtime, Zyrtec 10 for her allergies, Xanax 1 mg t.i.d. for stress and Flexeril 10 mg t.i.d. for spasms. She comes in today with all of her medicines to have them sorted out and to look over what

4/29/05 Continued

refills she needs. She is a 46-year-old, white Latin-American decent female whose blood pressure on entrance of the examining room was 130/110 with a pulse of 100. She is somewhat hazy today. She is having a little trouble focusing and thinking straight, I think really due to the Xanax and the fact that she has been through such a rough time the last few days.

- O: Exam today shows a well developed, well nourished, white female, somewhat confused mentally, but able to understand my directions. HEENT look good. Her lungs are clear. Her heart rate is rather rapid at 100. The abdomen is negative.
- A: Hypertension, TMJ dysfunction severe, chronic plantar fasciitis, chronic low back pain and reflux disease.
- P: I have gone through all of her medicines. We have sorted them out and renewed the ones she needs renewed. I want her back here in two weeks to check her blood pressure.

John R. Wieder, M.D./bdc

PHYSICIAN VISIT	Pt: <u>Rachel Martinez</u>	Date: <u>5/5/05</u>	Time: <u>10:10</u>	Appointments:	
	Age: <u>46</u> Wt: <u></u> Ht: <u></u> BP: <u>140/110</u> P: <u>100</u> R: <u></u> T: <u></u>				
	Check here if nurse visit only: ☐ Date last PE (anywhere) <u></u>				
	Nurse notes: <u>clong better still dizzy</u> <u>no facial pain</u>				
	Pain: <u>5-yr</u>				
				Made by: <u></u>	
				Dictated: <u></u>	

05/05/05 Raquel Martinez 10977 John R. Wieder, M.D.

Recheck of her blood pressure.

- S: This is a 46 year old, Sheriff's Deputy who works forensics at the Spartanburg County Sheriff's office. She said she is feeling better. She is still having some dizziness and balance problems. She awoke the day before yesterday with a badly swollen right eye, almost like somebody punched her. She said that the only thing she can think of is that she fell asleep on a book she was reading for several hours before waking up. She said that things are getting better. She can tell there has been improvement in her blood pressure, but it is still not coming down as well as I would have expected. Her present meds include Coreg 6.25 twice daily, Metoprolol 50 mg one twice daily and her pressure continues to run high. On her last visit it was 130/110. Today it is 140/110 with a pulse of 100.
- O: This is a 46 year old, white female, Spanish of Latin-American descent. Her blood pressure is 140/110, pulse 100. She is somewhat dizzy and a little unstable on her feet. There is swelling and contusions around the right eye. Lungs are clear. She has a regular rhythm, though there is a rapid rate.
- A: Hypertension, still not coming under control.
- P: I am very concerned that this blood pressure on these meds is not responding any better than it is. So, I have drawn a BUN and creatinine to go to Central Lab. She is scheduled to go to work on the

5/5/05 Continued

9th of May and I just do not think we should permit that. So, I am going to hold her out another week. I have given her a note to take to Sheriff Chuck Wright explaining the situation and the fact that I will check her again before next week. We will make sure that when she does come back to work she will go into a sedentary position, perhaps desk work. I would find no problems in her doing crime scene investigations, but I certainly do not want her out patrolling where she might have to jump out of the car and chase down perps and wrestle with people in making arrest. I just think that is going to be a bit much for her. In any event, she will be back in one week and let me check her blood pressure again.

John R. Wieder, M.D./bdc

R

70-76 135/85

OFFICE VISIT	Pt: <u>Raquel Martinez</u> Date: <u>5/12/05</u> Time: <u>10:30</u>	Appointments:
	Age: <u>46</u> Wt: <u>144</u> Ht: <u>5'8"</u> BP: <u>140/100</u> P: <u>88</u> R: <u>16</u> T: <u>98.6</u>	HA - constant
	Check here if nurse visit only: ☐ Date last P.E. <u>5/12/05</u>	Edema - none
	Nurse notes: <u>BP needs some Dns notes</u>	S.O.B. - on exertion
	<u>some crying / tired</u>	Made by <u>Jackie</u>
Pain: <u>0</u>	OK - Ns. init	Dictated by: <u>Jackie</u>

05/12/05 RAQUEL MARTINEZ 10977 JOHN R. WIEDER, M.D.
 PROBLEM: CHECK ON BLOOD PRESSURE.
 S: This 46-year-old white female has no family history of hypertension. She has severe, almost refractory hypertension. She is presently on Coreg 6.25 at bedtime and Lotrel 10/20 in the mornings. This is not helping her pressure at all. She is still having daily headaches. No edema, though. No shortness of breath except on extreme exertion. No chest pain.
 O: Exam shows a 46-year-old Latin American female, 144 pounds. Blood pressure is up 140/100. Pulse is 88. Respiration is 16. HEENT looks good. Regular rhythm without murmur but a rapid rate. Chest is clear.
 A: Hypertension, poor control.
 P: I have discontinued her Coreg. I am putting her on Toprol XL 100. She is to stay on the Lotrel 10/20 in the mornings. I am extending her leave 2 more weeks. I cannot let her go back to work until that blood pressure is at 135/85 or below with a pulse rate of at least below 80. I have wrote a not to Sheriff Chuck White regarding her situation and explaining the problem. I have given her 5 weeks worth of samples of Toprol. She is to return in 2 weeks and let me check it again.
 John R. Wieder, M.D. / amp *27*

5-19-05- Pt scheduled to see Dr. Cke on May 31
 @ 9:15. Pt. notified of same. BDC.

OFFICE VISIT	Pt: <u>Raquel Martinez</u>	Date: <u>5/26/05</u>	Time: <u>9:45</u>	Appointments:
	Age: <u>46</u> Wt: _____	Ht: <u>5'10 1/2"</u>	BP: <u>150/118</u>	<u>No bc of TBP in family</u>
	Check here if nurse visit only _____			<u>Mother is DM & CVA</u>
	Nurse notes: <u>feels tired. BPV</u>			
	<u>Incent from</u>			
	Pair: <u>B</u>		<u>105</u> No. init	Made by: _____
				Dictated by: _____

05/26/05 RAQUEL MARTINEZ 10977 JOHN R. WIEDER, M.D.

S: Raquel comes to the office today for a blood pressure check. This gal works for the Sheriff's Department in the Forensics Department. She has an unbelievably severe hypertensive problem in the face of normal electrocardiograms. She comes today for her checkup.

O: Exam reveals a 46-year-old, Latin-American female. Blood pressure is 150/118. Pulse is 100. She looks very down, sad, and depressed as she is missing a lot of work and fearful of losing her job. HEENT look good. Lungs are clear. She has a regular rhythm with no murmurs.

A: Hypertension, poor control.

P: This gal is on Toprol XL 100 mg once a day, Lotrel 10/20 mg once a day. I am adding Lasix 40 mg because of the swelling. She has an appointment to see her cardiologist on May 31, 2005. She is having a headache everyday so I am drawing electrolyte levels, blood urea nitrogen, creatinine, and thyroid today to cover all bases. We are also going to do her fasting blood sugars as there is a slight family history of diabetes. I fax these results to her cardiologist so he will have them when he sees her on Tuesday, May 31, 2005. I want her back here on June 1, 2005 on Wednesday to follow up what his recommendations are. But I am really at a loss as to explain why this girl's blood pressure is running so high. There has got to be either we are missing the boat somewhere or she is not taking her medicine. It has to be one or the other, and I have a feeling I am missing the boat on something. In any event, we will see what the cardiologist says.

JOHN R. WIEDER, M.D./adr *W*

OFFICE VISIT	Pt: <u>Raquel Martinez</u>	Date: <u>6-2-05</u>	Time: <u>10:35</u>	Appointments:
	Age: <u>46</u> Wt: _____	Ht: <u>5'10 1/2"</u>	BP: <u>86</u>	
	Check here if nurse visit only _____			
	Nurse notes: <u>BP 86</u>			
	<u>EO HA back of head, neck -</u>			
	Pair: <u>5-6</u>			Made by: <i>[Signature]</i>
				Dictated by: _____

HILLCREST FAMILY PRACTICE PERSONAL LAB RESULTS

Patient: Raguel Maitiny Date: 5-27-05
 Reviewing physician: ☒ Dr. Wieder ☐ Dr. Mayfield ☐ Dr. Moretz ☐
 Below are the results of your lab tests. If no line is checked, that test was not performed on your blood sample.
 If you have any questions about these results, call 582-7200 and leave a message.

TEST	Normal	Abnormal	Comments
CBC (screen for anemia, leukemia infection)			
Blood glucose (sugar)/ yours =			Under 140 ideal
Hemoglobin A1C (sugar averaging)/ yours =			Under 7.0 ideal
Kidney function (measures filtering of waste)	X		
Electrolytes (potassium, sodium)	X		
Liver function (liver metabolizes most medicines)			
Thyroid panel (gland that controls metabolism)			Very accurate test
PSA (prostate cancer screen)/ yours =			Under 3.5 ok
PT (Coumadin level)			
Lanoxin level (same as digoxin)/ yours =			Ideal from 0.5 - 2.0

LIPIDS (Ratios more important than totals and ideals depend on personal factors)

TEST	Avg population ideals	High risk population ideals*
Total cholesterol	Less than 200	Less than 150
HDL (protective)	Above 40	Above 60
LDL (clogs arteries)	Below 130	Below 100
Triglycerides (free fats)	200 - 400 nonfasting	Below 200

*High risk patients are those with heart disease or strokes or strong family history or SMOKERS.

COMMENTS:

If the risk factor is elevated or if you have hypertension, heart problems, diabetes or a strong family history, we suggest you follow a diet low in fat grams, do not smoke, avoid over two alcoholic drinks a day and try to get regular exercise.

Raguel - your kidney function & electrolytes look A-1 ok!



Dr. Wieder

*FEMALES: Are you up-to-date with PAP smears, breast checks, mammograms?

*MALES: Are you up-to-date with prostate and rectal checks? (over 50 - recommended yearly)

Signoscopy now recommended every 3-5 years for all over 50

Suggested recheck: _____ Enclosed ☐ Rx, Diet, Other _____ M.

Pt: <u>Raquel Martinez</u>	Date: <u>7-05</u>	Time: <u>9:25</u>	Appointments:
Age: <u>46</u> Wt: <u>1</u> Ht: <u>5</u>	BP: <u>120/96</u>	P <u>88</u> R <u>88</u> T <u>88</u>	
Check here if nurse visit only: ☐ Date last PE (anywhere) <u>6/2/05</u>			
Nurse notes: <u>BP 120/96</u>			
Made by:			Dictated by:
Pain:	<u>03</u>	Ns. init	

06/02/05 RAQUEL MARTINEZ 10977 JOHN R. WIEDER, M.D.
 S: Raquel comes today and her blood pressure looks good for the first time in months.

MEDICATIONS: She is now on Toprol XL 100 mg twice a day, Lotrel 10/20 once a day, and Lasix 40 mg once a day with orange juice. With her blood pressure, she says she is still having some minor headaches. She is feeling better, her emotional state is better. We think that she is going to be able to return to work on Tuesday this coming. Now, she has to meet with her cardiologist tomorrow and she will also be undergoing some testing at their office on Monday. I want her back here on Tuesday morning and if she is looking good at that time and her blood pressure is holding, then I will permit her to go back to duty. I believe that she will be able to operate a motor vehicle for the sheriff's department. She will be able to handle full activities. She is in the forensics department. I see that if her blood pressure holds, no reason why she cannot do full duty and the patient returns Tuesday morning, at that time.

O: Raquel is a 46-year-old Latin American female, blood pressure 110/88, and pulse 86. HEENT looks really good. Her lungs are clear. She has a regular rhythm.

A: Hypertension, coming under control.

P: As above.

John R. Wieder, M.D. / amp *W*

06/07/05 RAQUEL MARTINEZ 10977 JOHN R. WIEDER, M.D.
 PROBLEM: BLOOD PRESSURE CHECK.

Patient comes today for blood pressure check. Blood pressure is 120/96. I am allowing her now to go on to work full time as a Sheriff's deputy. I have sent a letter with her advising Sheriff Wright that she is capable of full duty. She can operate a motor vehicle. She can carry a weapon. I am placing no restrictions on her. Her blood pressure medications include Toprol XL 100 mg two times a day, Lotrel 10/20 mg once daily, Lasix 40 mg once daily with orange juice. She does take Lortab and alprazolam for her migraines and TMJ dysfunction but these meds are not affecting her ability to function. She does not get drowsy on these meds and I feel as if it is all right for this gal to continue working full duty with no restrictions.

JOHN R. WIEDER, M.D. / adr *W*

-1305 phr *MBW*

PHYSICIAN'S	Pt. <u>Laguel Martinez</u>		Date: <u>6/24/05</u>	Time: <u>9:10</u>	Appointments:
	Age: <u>46</u> Wt: <u>140</u> Ht: <u>5'10"</u>		BP: <u>140/102</u>	P <u> </u> R <u> </u> T <u> </u>	
	Check here if nurse visit only: ☐		Date last PE (anywhere) <u> </u>		
	Nurse notes: <u>BP 140/102</u>				
	<u>BP not taken on 6/24/05</u> <u>took BP 140/102 on 6/24/05</u> <u>total on 9/24/05</u>				
Pain:			105	Ns. init	Made by:
					Dictated by:

9-6-05 ph water BURN
7-18-05 ph water BURN

8-10-05: Ashin to Carlson Behavioral Center for D. Caston
Fax to 864-968-6384

9-28-05 pl ~~mt~~ DOWNS

05/03/06

RAQUEL MARTINEZ

10977

Dr. John R. Wieder

- S: Raquel comes back into the office today after a long absence she is no longer with the Sheriff's Department due to some very severe emotional problems that occurred during an investigation. She is presently considered totally disabled and has an attorney Mr. Chadwick D. Pye at PO Box 18328, Spartanburg, SC 29318. She states that her left hip pain wakes her up at night. She cannot sleep well. She did have some X-rays here in October of 2005 regarding her hips stating the lateral aspect of the femoral head on the right there was a small osteophyte, which was not seen on the left. The radiologist felt that these findings may indicate a femoral acetabular impingement syndrome, in which and MRI would be indicated to determine if there is bone edema. Since this condition can lead to premature joint failure. So we want to set up an MRI for her. She has also her left low extremity in a brace to keep her foot from turning under, she has kind of a drop foot on the left indicating deep nerve damage. She has been hospitalized for emotional problems after the investigation of a former deputy who ran over his little two-year-old girl in their driveway accidentally and it was just the final straw for Raquel. She stated that after that she was just totally unable to work. Her blood pressure got up at one point 190/140 and she suffered CVA, so she also has problems of cervical disk disease, which can problems in her fine motor control of her hands due to numbness and pain. So when you look at the picture here is a girl who cannot have any job where she is standing for prolong periods or sitting. She cannot lift, carry, or tote ten pounds are more and I would recommend that very infrequently. I do not want her climbing ladders, stairs present a real danger to her because of her hip, back and neck problems. She is at great risk of falling. Emotionally I do not know if she can handle the stress and strains of the work place. In toto as I review her situation I find that I too must agree that this girl is permanently and totally disabled any form of employment.
- O: On physical examination, reveals a 47-year old white female, height is 5-feet, 4-inches. Weight is 155-pounds. Blood pressure is 100/72. Pulse is 76. Head is normocephalic. The pupils are equal round reactive. The extraocular muscles are intact. The throat is clear. Neck is supple, there is pain on range of motion with the neck, looking up and turning quickly to the right a left. There are some noticeable weakness in the upper extremities to grip and strength and there is great deal of hip pain on the left. Though the X-ray evidence shows the problems to be on the right. I do believe that some of the nerve roots compression problems are causing the left sided hip and leg pain and certainly the foot drop in the left lower extremity.
- A: 1. Multiple disk disease, foot drop on the left, chronic hip pain, radiculopathy of the upper extremities, depression.
- P: 1. I certainly do not believe that under these circumstances that this woman can re enter the work place and I will make sure that her attorney gets a copy of my dication today. The problem with her left leg and the X-ray evidence being on the right, there well could be also a problem there what is medically known as referred pain. A problem can occur on the left side of the body and felt on the right and vice versa and this is a common founding in neurological problems and particular in ovarian cyst in females. I also suspect though that the nerve root compression has something to do with a lot of the problems she is having in that left lower extremity and hip.

John R. Wieder, M.D./adb



Spartanburg Regional Healthcare System 101 E. Wood St.	Emergency Center (864)560-5400 Assessment Sheet	MR # 000275108 Sex: Female DOB: ~~04/24/2005~~ Name: Martinez, Raquel Phone: _____ Address: _____, SPARTANBURG, SC 29301 Unit Code: 10106 Account # 0511400111 Age: 46																																																																																															
Complaint: Syncope/dizzy Arrival Time/Date: 13:31 04/24/2005 Arrived by: Ambulance Mobility: Stretcher Primary Care: Unassigned, Accompanied By: _____																																																																																																	
Triage Class: Class 3 Insurance: -None Amb/Helicopter: SPARTANBURG EMS Referring Facility: Emergency Physician: Hilznan MD, Susan																																																																																																	
Vital Signs <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Initia</th> <th>Time</th> <th>Temp</th> <th>Blood Pressure</th> <th>Pulse</th> <th>Resp</th> </tr> </thead> <tbody> <tr> <td>AG</td> <td>13:50</td> <td></td> <td>147/101</td> <td>89</td> <td>20</td> </tr> <tr> <td>CP</td> <td>14:32</td> <td></td> <td>153/96</td> <td>120</td> <td>18</td> </tr> <tr> <td>CP</td> <td>15:16</td> <td></td> <td>151/110</td> <td>88</td> <td>18</td> </tr> <tr> <td>CP</td> <td>16:02</td> <td></td> <td>150/95</td> <td>93</td> <td>16</td> </tr> <tr> <td>AG</td> <td>18:48</td> <td></td> <td></td> <td></td> <td>20</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Initia	Time	Temp	Blood Pressure	Pulse	Resp	AG	13:50		147/101	89	20	CP	14:32		153/96	120	18	CP	15:16		151/110	88	18	CP	16:02		150/95	93	16	AG	18:48				20																																																											
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Past Medical Hx: -Other - see note Tetanus History: Social History: Smoker Weights: LMP Date:																																																																																																	
Disposition Information Primary Diagnosis: Syncope Secondary Diagnosis: Situational Stress Reaction Disposition: Disch - Home Dispositioned By: Susan Hilznan MD Report Called By: Prescriptions: Discharge Instructions: FAINTING (SYNCOPE), GRIEF REACTION Disability Statement: Follow-up Care: Discharge Time: 18:48 04/24/2005																																																																																																	
Family Notification: Report Given To: Appt Date/Time: Discharged By: Amanda Gold RN																																																																																																	
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**Spartanburg Regional
Healthcare System**
101 E. Wood St.

Emergency Center
(864)560-5400
Assessment Sheet

MR # 000275108

Sex: Female

DOB: 04/05/1959

Name: **Martinez, Raquel**

Phone: ()

Address:
Unit Code: 10106

SPARTANBURG, SC 29301

Account # 0511400111 Age: 46

Assessment

13:16 04/24/2005 - Registration Information - Kristen Fowler EST

First Name: 1
Last Name: Medico
Arrival Time: 04/24/2005 13:15
Chief Complaint: Syncope/dizzy
Date of Birth: 04/05/2005
Sex: F

13:31 04/24/2005 - Receive Patient - Amanda Gold RN

Last Name: Martinez
First Name: Raquel
Date of Birth: 04/05/1959
Location: MCS7
Chief Complaint: Syncope/dizzy

13:31 04/24/2005 - Registration Information - Lori Garrett

First Name: Raquel
Last Name: Martinez
Arrival Time: 04/24/2005 13:31
Chief Complaint: Syncope/dizzy
Date of Birth: 04/05/1959
Sex: F

13:32 04/24/2005 - Registration Information - REGS

First Name: Raquel
Last Name: Martinez
Date of Birth: 19590405
Sex: F
Medical Record Number: 000275108
Social Security Number: 5354
Account Number: 0511400111
Financial Class: Regional Health Plus
Ethnicity: Hispanic
Zip Code: 29301

13:40 04/24/2005 - Primary Survey - Amanda Gold RN

Airway: INTACT
Breathing: PRESENT, no labored respirations noted, symmetrical chest movement, trachea midline
Breath sounds - L: Breath sounds - Clear
Breath sounds - R: Breath sounds - Clear
Circulation: adequate, skin warm and dry
Carotid - L: Present
Carotid - R: Present
Radial - L: Present
Radial - R: Present
Cap refill: brisk

13:48 04/24/2005 - Secondary Survey - Amanda Gold RN

Exposure: Clothing removed, Hospital gown provided, Warm blankets applied
Family: Family called
Gadgets: Call bell at bedside, Monitor, Pulse Oximeter, Use of call bell explained to pt/family, Side rails raised for pt safety
Note: pt presents to E.R. after having a syncopal episode. EMS states that bystanders stated that she was unconscious for approx 25 minutes. Pt states that she has a history of heart murmur, vasopressor syncope, and atrial tachycardia. Pt states that she has severe headache at this time. Pt denies chest pain, but states that she has "fluttery feeling in chest" with some numbness in left hand. Pt also has red rash on left arm that pt states appeared "a couple of weeks ago" This rash is warm to touch.

13:49 04/24/2005 - Cardiovascular - Amanda Gold RN

Histories: patient
Symptoms: fatigue, syncope
Onset: last several hours
Duration: less than 30 minutes
Activity at onset/Mechanism: anxious
Relieved By: nothing
Note: pt states that she has hx of vasopressor syncope. Pt states that she was dizzy prior to syncopal episode. SQL was 150mg/dl per EMS.

13:50 04/24/2005 - Pain Assessment - Amanda Gold RN

Severity Score: 8/10

13:50 04/24/2005 - Revised Trauma Score - Amanda Gold RN

GCS: 13 - 15 = 4

Respiratory Rate: 10 - 20 = 4

Systolic BP: > 90 = 4

Total Revised Trauma Score: 12

13:50 04/24/2005 - Adult GCS - Triage - Amanda Gold RN

Eyes Open: 4 Spontaneously
Best Verbal Response: 5 Oriented
Best Motor Response: 6 Obeys Commands
Total GCS: 15

13:50 04/24/2005 - Vital Signs - Amanda Gold RN

BP: 147/101
HR: 69
Resp: 20

13:54 04/24/2005 - Medicine - Amanda Gold RN

Note: imitrex and lorab 10/325 prn migraines Flexeril po prn xanax 1mg po prn ibuprofen 800mg po TID for TMJ B.P. medication that pt can't remember name of

13:55 04/24/2005 - Past Medical History - Amanda Gold RN

Medical history: Other - see note
Surgical history: cholecystectomy, tubal ligation
Social history: Smoker
Note: vasopressor syncope HTN heart murmur atrial tachycardia

13:58 04/24/2005 - Medicine - Amanda Gold RN

Note: imitrex and lorab 10/325 prn migraines Flexeril po prn xanax 1mg po prn ibuprofen 800mg po TID for TMJ B.P. medication that pt can't remember name of metoprolol po QID florin acetate po QID dicyclanide po BID

14:03 04/24/2005 - Reassessment - Georgina Raven RN

Note: Pt repetitive with statements, and questions. Pt however is alert and oriented x 3, MAEW. Dr. Hillman notified of pt's condition at this time. No orders currently.

14:32 04/24/2005 - Vital Signs - Christy Patton, EST

BP: 153/96, Automatic, Lying, Left Arm, regular cuff
HR: 120
Resp: 18

15:18 04/24/2005 - Vital Signs - Christy Patton, EST

BP: 151/110, Automatic, Sitting, Left Arm, regular cuff
HR: 88
Resp: 18

15:45 04/24/2005 - Blood Sugar - Christy Patton, EST

ED (mg%): 87
ED - Tested by: LifeScan

16:02 04/24/2005 - Vital Signs - Christy Patton, EST

BP: 150/95, Automatic, Standing, Left Arm, regular cuff
HR: 93
Resp: 18

16:38 04/24/2005 - Final Order Results - HISS

Type of Order: LAB
Pacor Number: 13532225
Note: Procedure: CBC

Result:

WBC	11.4	K/CMM	4.5-11.0	H
RBC	4.28	M/CMM	3.80-5.10	
HGB	13.4	Q/DL	12.0-15.6	
HCT	38.8	%	36.0-48.0	
MCV	90.3	FL	85.0-98.0	
MCH	31.3	PG	28.0-33.0	
MCHC	34.8	%	32.5-36.0	
RDW	12.8		11.5-14.5	
PLT	330	K/CMM	130-400	

16:37 04/24/2005 - Reassessment - Georgina Raven RN

Note: patient at this time was given food and also something to drink. patient was given a reason why the food was encourage.

16:40 04/24/2005 - Final Order Results - HISS

Type of Order: LAB
Pacor Number: 13532226
Note: Procedure: NEW BMP
Result:

PRINTED BY: FM20261

DATE 8/12/2005

DIS: assessment_sheet

Page 2 of 4

Monday - April 25, 2005 - 05:37

**Spartanburg Regional
Healthcare System**
101 E. Wood St.

Emergency Center
(864)560-5400
Assessment Sheet

MR # 000275108

Sex: Female

DOB: 04/05/1959

Name: Martinez, Raquel

Phone:

Address:

Unit Code: 10106

SPARTANBURG, SC 29301

Account # 0511400111 Age: 46

BUN A 8 MG/DL 6-20
NA A 140 MMOL/L 133-146
KA 3.9 MMOL/L 3.5-4.9
CLA 100 MMOL/L 100-111
CO2 A 28.5 MMOL/L 23.0-32.6
GLU A 96 MG/DL 77-117
CREAT A .5 MG/DL 6-12 L
BUN/CREAT 12 8-23
ANION GAP 15 MMOL/L 6-13 H
OSMO CALC 277 MOSKG 271-318
CA 9.7 MG/DL 8.9-10.3

18:49 04/24/2005 - Preliminary Order Results - HIS\$

Type of Order: LAB

Placer Number: 13532235

Note: Procedure: UA A

Result:

COLLECTION CLCATCH
U COLOR STRAW STRAW
U APPEAR SLHAZY CLEAR

18:50 04/24/2005 - Preliminary Order Results - HIS\$

Type of Order: LAB

Placer Number: 13532232

Note: Procedure: MI

Result:

CPK 78 IU/L 42-231

16:56 04/24/2005 - Final Order Results - HIS\$

Type of Order: LAB

Placer Number: 13532235

Note: Procedure: UA A

Result:

COLLECTION CLCATCH
U COLOR STRAW STRAW
U APPEAR SLHAZY CLEAR
U SP GRAY 1.014 1.005-1.030

U PHA 6.5 4.5-8.0

U PROTEIN NEG MG% NEG A

U GLUCOSE TRACE NEG

U KETONES NEG NEG

U BILE NEG NEG

U BLOOD TRACE NEG

U LEUK NEG NEG

U RIT NEG NEG

MICRO ? YES

U WBC A 11 /HPF 0-8 H

U RBC A 9 /HPF

U SQEP A 4 /HPF

U BACTERIA MODERATE

U MUCUS OCC

16:56 04/24/2005 - Final Order Results - HIS\$

Type of Order: LAB

Placer Number: 13532232

Note: Procedure: MI

Procedure Notes: NO ENZYME EVIDENCE OF MYOCARDIAL INJURY.

Result:

CPK 78 IU/L 42-231

MB 1.0 NG/ML 0-6.0

CK INDEX 1.3 0.0-1.8

MB INTERP NOML

16:56 04/24/2005 - Final Order Results - HIS\$

Type of Order: LAB

Placer Number: 13532230

Note: Procedure: TROPONIN I

Procedure Notes: REFERENCE RANGE FOR NORMAL IS <0.07 NG/ML CUTOFF

FOR

POSSIBLE ACUTE MYOCARDIAL INFARCTION IS POSSIBLE. NOTE: TROPONIN I

NIN MAY

REMAIN ELEVATED SEVERAL DAYS AFTER MI

Result:

TROPONIN I <0.07 NG/ML <0.07

17:12 04/24/2005 - Final Order Results - HIS\$

Type of Order: LAB

Placer Number: 13532237

Note: Procedure: DRUG SC

Procedure Notes: NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE POSI-

TIVE

POSITIVE

Result:

AMPHET 0 0-99

PCP 0 0-99

COCAINE U 0 0-99

THC 0 0-49

BARB 0 0-99

BENZO 100 0-99 H

OPIATE 100 0-99 H

AMP INT NEG

PCP INTERP NEG

COC INT NEG

THC INT NEG

BARB INTER NEG

BENZO INTE POSITIVE A

OPIA INT POSITIVE

17:45 04/24/2005 - Initial Triage Info - Georgina Raven RN

Initial Triage Acuity: Class 3

17:45 04/24/2005 - Registration Information - Georgina Raven RN

First Name: Raquel

Last Name: Martinez

Arrival Time: 04/24/2005 13:31

Chief Complaint: Syncope/dizzy

Date of Birth: 04/05/1959

Sex: F

Medical Record Number: 000275108

Social Security Number: ... 6354

Account Number: 0511400111

Financial Class: Regional Health Plus

Insurance Class: -None

Ethnicity: Hispanic

Zip Code: 29301

18:11 04/24/2005 - Discharge Diagnosis - Susan Hilsman MD, MD

Primary: Syncope

Secondary: Situational Stress Reaction

18:12 04/24/2005 - Discharge Note - Susan Hilsman MD, MD

Note: It appears the cause of your fainting spell today is due to many factors: grief, medications, not eating. You are advised to rest, eat regular meals; do not drive or operate machinery till rechecked by your family physician.

18:16 04/24/2005 - Return to work/school - Susan Hilsman MD, MD

Slip for: Raquel Martinez

In ED From: 04/24/2005 13:31

Until: 04/24/2005 18:16

Return dispo: May return to work w/o restrictions

Return Date: 04/26/2005

18:49 04/24/2005 - Pain Assessment - Amanda Gold RN

Severity Score: 2/10

18:49 04/24/2005 - Vital Signs - Amanda Gold RN

Resp: 20

18:49 04/24/2005 - Allergy Information - Amanda Gold RN

Allergy: No Known Allergies

18:49 04/24/2005 - Discharge Condition - Amanda Gold RN

Acuity: Class 3

Condition: good

Mobility at Discharge: Ambulatory

Patient Teaching: Follow-up plan of care reviewed w/ pt, Pt voiced understanding

of plan of care, Written dx instructions reviewed w/ pt

PRINTED BY: FM20261

DATE 8/12/2005

Spartanburg Regional
Healthcare System
101 E. Wood St.

Emergency Center
(864)560-5400
Assessment Sheet

MR # 000275108
Name: Martinez, Raquel
Phone:
Address:
Unit Code: 10106

Sex: Female
DOB: ~~04/24/2005~~
SPARTANBURG, SC 29301
Account # 0511400111 Age: 46

Mode of Discharge: Private Vehicle
20:21 04/24/2005 - Registration Information - REG\$

First Name: Raquel
Last Name: Martinez
Date of Birth: 19590405
Sex: F
Medical Record Number: 000275108
Social Security Number: 3354
Account Number: 0511400111
Financial Class: Regional Health Plus
Ethnicity: Hispanic
Zip Code: 29301

20:22 04/24/2005 - Registration Information - REG\$

First Name: Raquel
Last Name: Martinez
Date of Birth: 19590405
Sex: F
Medical Record Number: 000275108
Social Security Number: 34
Account Number: 0511400111
Financial Class: Regional Health Plus
Ethnicity: Hispanic
Zip Code: 29301

20:22 04/24/2005 - Registration Information - REG\$

First Name: Raquel
Last Name: Martinez
Date of Birth: 19590405
Sex: F
Medical Record Number: 000275108
Social Security Number: 8354
Account Number: 0511400111
Financial Class: Regional Health Plus
Ethnicity: Hispanic
Zip Code: 29301

20:22 04/24/2005 - Registration Information - REG\$

First Name: Raquel
Last Name: Martinez
Date of Birth: 19590405
Sex: F
Medical Record Number: 000275108
Social Security Number: 8354
Account Number: 0511400111
Financial Class: Regional Health Plus
Ethnicity: Hispanic
Zip Code: 29301

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DATE 8/12/2005

DIS: assessment_sheet

Page 4 of 4

Monday - April 25, 2005 - 05:37



MLJO

48 Syncope and Near-Syncope

DATE TIME 1550 ROOM: 57 EMS Arrival
HISTORIAN: patient paramedic translator other
AGE 46 M/F

History limited by

chief complaint: syncope / near-syncope

single episode duration / occurred PTA

multiple episodes (#) began
most recent episode

symptoms occurring
just prior to episode(s):

none
lightheadedness nausea
racing heart beat headache
chest pain abd pain
trouble w/ vision

context / position / activity
at time of episode(s):

sitting
supine
standing for min
uncertain

activity: was working
at Sheriff's

duration of PRECEDING symptoms:

dizzy + cold

witnessed? no yes, by: dept

quality of event(s):

LOC x 30 min
lost consciousness / became unresponsive / collapsed
felt faint / almost passed out per Sergeant
seizure activity observed
focal / generalized tonic tonic-clonic occurred while: supine / upright
duration of loss of consciousness: sec/min unknown

confused after event
incontinent of urine / stool
breathing shallow / stopped
lost pulse
dextrostick low PTA () / given D50 PTA

location of injury: none

head neck face mouth tongue chest abdomen back
RUE LUE RLE LLE

severity: mild moderate severe

current symptoms: none (feels back to normal)

weakness lightheadedness nausea headache

Similar symptoms previously: Vasopressin

Recently seen / treated by doctor: Syncope

had not eaten today
Dr. Wieden

Agree w/ nurse's note for PFSH / ROS

ROS (prior to episode)
ROS below otherwise negative

NEURO

headache(s)
dizziness

CVS

chest pain

palpitations

GI

nausea/vomiting

diarrhea

black/bloody stools

abdominal pain(s)

FEMALE REPRODUCTIVE

UNMP

pregnant

EDC

G P AB

abnml vaginal bleeding

irregular / missed period(s)

denies pregnancy

CONST

fever

ENT

nasal drainage

sore throat

PULMONARY

cough

sputum

trouble breathing

GU

painful / frequent urination

ENDOCRINE (if diabetic)

change in diet/activity/insulin

SKIN & LYMPH & MS

skin rash

joint pain

swollen glands

PAST HISTORY

seizure disorder

CVA

GI bleeding

other problems

heart murmur

acute

vasopressin syncope

adrenal taking synthroid

migraines, TMJ, back

surgeries:

bypass surgery

pacemaker

cholecystectomy

appendectomy

hysterectomy

tonsillectomy

Medications

none see list

ibuprofen acetaminophen

Took 1 Loraz 10

earlier

Allergies

see list

NKDA

SOCIAL HX

smoker drugs

alcohol (recent / heavy / occasional)

lives alone lives in nursing home lives at home

occupation investigator at Sheriff's office

FAMILY HX

No hx CAD, brother

S 051140011 000-275108
MARTINEZ, RAQUEL DOB 08/24/05
ADM PHYSICIAN'S ED
ADM DATE/TIME 04/24/05 1328



© 1996-2002 T-System, Inc. Circle or check off appropriate box(es) (V) none

Spartanburg Regional Healthcare System
EMERGENCY PHYSICIAN RECORD

October 2002

5 PHYSICAL EXAM CONSTITUTIONAL

☒ Agree w/ vital signs Other _____
Pulse Ox time _____ % RA O₂ Limb
Interpretation: normal abnormal Dx _____

Exam limited by _____
Distress NAD mild moderate severe
HEENT
normocephalic scleral icterus / pale conjunctivae
traumatic nasal septal hematoma
PERRL pharyngeal erythema / exudate
no apparent trauma post-surgical pupillary defect (R/L)
TM obscured by cerumen (R/L)
tenderness/swelling/echymosis
hemotympanum

NECK/BACK
neck supple cerv. lymphadenopathy (R/L)
non-tender neck / back tenderness

RESPIRATORY
no resp. distress resp. distress
breath sounds nml rales
wheezing
carotid bruit

CVS
regular rate, rhythm irregularly irregular rhythm
heart sounds nml extrasystoles (occasional / frequent)
tachycardia / bradycardia
JVD present
murmur grade /6 sys / dias
gallop (S3 / S4)
decreased pulse(s)

GI / ABDOMEN
non-tender tenderness
no organomegaly hepatomegaly / splenomegaly

RECTAL
heme-neg stool heme positive stool

SKIN
color nml, no rash cyanosis / diaphoresis / pallor
warm, dry skin rash

MUSCULOSKELETAL / EXTREMITIES
non-tender pedal edema
normal ROM calf tenderness
no pedal edema

NEURO
higher functions lethargic
awake and alert abnormal response to commands
oriented x3 no response, eyes open, slow inappropriate
CN's nml as tested abnormal response to pain
withdraws flexor extensor none
disoriented to person/place/time

cranial nerves-
pupils equal, round facial droop/EOM palsy/anisocoria
& reactive to light tongue deviation (to R/L)
unequal pupils
R pupil mm L pupil mm
papilledema

cerebellar-
abnormal Romberg test
abnormal finger-nose-finger
abnormal gait

sensorimotor-
no motor deficit weakness/sensory loss
sensation nml sensory deficit
abnormal reflexes

PSYCH
mood/affect nml depressed affect
anxious

LABS and X-RAYS

CBC normal
WBC normal
Hgb normal
Hct normal
Platelets normal
Chemistries
normal
Na normal
K normal
Cl normal
CO₂ normal
Gluc normal
BUN
Creat
BHCG
serum
urine
POS NEG

CXR chest-PALAT AP port. # of views
nml heart size under-penetrated / over-penetrated / rotated
nml lung markings decr. lung markings chw COPD
nml great vessels density chw pleural effusion
and mediastinum cardiomegaly
nml incr. lung markings / infiltrate

NAD
PRIOR XRAY- unchanged unavail. changed
☐ Interp contemporaneously by me ☐ discussed w/ Radiologist
☐ Interp by Radiologist ☐ personally reviewed by me

CT SCAN Head Chest Abdomen
nml
☐ reviewed by me ☐ Interp. by me ☐ discussed with radiologist

Rhythm ECG (1-3 Lead) NSR abnml Time

12 Lead ECG Time 1309
Rate 92
NSR tachycardia / bradycardia / atrial fibrillation
nml QRS wide QRS LBBB RBBB NCD
nml intervals heart block 1st 2nd 3rd
nml ST/T non-specific ST-T abnormalities
ST elevation / ST depression / T-wave inversion

PRIOR ECG- unchanged unavail. changed
☒ Interp contemporaneously by me ☐ agree w/ confirm computer reading
Postural Vitals nml abnormal

ED COURSE: Time re-examined unchanged improved

Crit Care min (excluding separately billable procedures)

Discussed with Dr. _____ Time _____
patient will be seen in office / ED / hospital
Counseled patient / family regarding _____ Rx given
lab results _____ need for follow-up
☐ EMTALA EMC present ☐ EMTALA EMC absent
☒ Stable for discharge / out patient follow up

CLINICAL IMPRESSION:

Syncope / Loss of Consciousness Vasovagal Episode
Near-syncope Epileptic Seizure

Follow up with Dr. _____
DISPOSITION- ☐ discharge ☐ admit ☐ transfer
Time _____
☐ placed in obs. (See obs template) ☒ Left AMA
CONDITION- ☐ unchanged ☐ improved ☒ stable unless otherwise marked

ARNP / PA

PHYSICIAN- _____ Time _____

PHYSICIAN- _____ Time _____
☐ T Complete ☐ T Sheet Add-On ☐ Copy PMD ☐ Dictated



ADN DATE/TIME 04/24/05 1326
ADN PHYSICIAN'S ED
MARTINEZ, RAQUEL DOB
S 0511400111 000-276108

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DATE 8/12/2005

Syncope - 48

Emergency Contact



SPARTANBURG
Regional Healthcare System

☒ SRMC ☐ SHRC ☐ BJW

Medical Record # _____

Date: R 8/7/05
Time: 1300

Rachel

BHS COMPREHENSIVE ASSESSMENT TOOL

Patient Name: Raquel Martinez Age: 46 Date of Birth: ~~11/11/58~~
Address: Sophy St 29301
Phone: 574.7978 Marital Status: D Sex: F Social Security #: 6354
Occupation: Shift Deputy Primary Care Physician: Dr. Weider
Accompanied By: Parents Referral Source: _____

Functional Status: ☐ Independent with ADLs ☐ Assist with ADLs ☐ Total Care
Current Living Arrangements: ☐ Own home ☐ Rent Home ☐ Live with parents/other: Alone x 10 yrs
Will patient return to previous living arrangement: ☐ Yes ☐ No (Kids)
Requirement placement in: ☐ Nursing Home ☐ Home Health ☐ Community Care Home

MENTAL HEALTH STATUS:

1. Appearance: ☐ Neat/clean ☐ Disheveled ☐ Very disheveled ☐ Unusual
2. Noticeable Personality Traits: ☐ Dependent ☐ Histrionic ☐ Antisocial ☐ Narcissistic ☐ Borderline
3. Flow of Speech: ☐ Normal ☐ Overproductive/pressured ☐ Underproductive
4. Speaking Voice: ☐ Normal ☐ Low ☐ Loud ☐ Retarded Out of work x 5 wk -> HTN
5. Motor Activity: ☐ Normal ☐ Overactive ☐ Poor ☐ b) remote: ☐ Good ☐ Fair ☐ Poor 4 on 1
6. Memory: a) recent: ☐ Good ☐ Fair ☐ Poor pharmacy
7. During interview, client appears: ☐ Cooperative ☐ Uncooperative ☐ Pleasant ☐ Indifferent ☐ Hostile
8. Affect appears: ☐ Appropriate ☐ Inappropriate ☐ Flat ☐ Blunted ☐ Labile ☐ Tearful
9. Intelligence appears: ☐ Average ☐ Above average ☐ Below average
10. Client is oriented for: ☐ Time ☐ Place ☐ Person (check all that apply)
11. Judgment appears: ☐ Good ☐ Little ☐ Poor recent ph - HTN
12. Insight shown: ☐ Good ☐ Little ☐ None pharmacy
13. Neurovegetative:

Sleep: ☐ Falling ☐ Remaining ☐ Early awakening ☐ Too much ☐ Nightmares Total hrs per night: _____
Appetite: ☐ Good ☐ Fair ☐ Poor ☐ Overeating/binge ☐ Nausea/vomiting ☐ Diarrhea ☐ Constipated
Weight: ☐ Loss ☐ Gain # of lbs. _____ within _____ days, _____ weeks _____ months
Symptom Duration: ☐ Days ☐ Weeks ☐ Months ☐ Years

14. Client manifests evidence of:

☐ Anxiety ☐ Depression ☐ Perfectionistic ☒ Tobacco (pkts q d: _____)
☐ Hyperventilation ☐ Fatigue/energy ☐ Obsessional/worries ☐ Drug Dependency (past/present) ☒
☐ Heart palpitations ☐ Apathy ☐ Compulsions ☐ ETOH (past/present); amt: 2
☐ Chest pain ☐ Libido-funct px. ☐ Delusions ☐ Suicidal (intent, plan, gestures, past)
☐ Dizziness/faint ☐ Mania ☒ Aud Hallucinations ☐ Homicidal ideation
☐ Fearfulness/phobia ☐ Flight of ideas ☒ Vis Hallucinations ☐ Sexual/physical abuse
☐ Panic Disorder ☐ Bizarre Activity ☐ Ideas of Reference ☐ Anger/irritable

FS85-102
0940

Vital Signs: Temp: _____ Resp: _____ Pulse: _____ B/P: _____

Chief Complaint: Agitation, Delirium

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DATE: 8/12/2005

0521900058 000-275108
MARTINEZ, RAQUEL DOB 11/11/58
ADM PHYSICIAN, ED
ADM DATE/TIME 08/07/05 0808



Current Risk to: ☐ Self ☐ Others
 Suicidal Ideation: ☐ Current ☐ Recent, but not current ☒ Denies SI

Describe any suicide attempts including current, recent and past history:

Describe any suicidal threat, ideation or intent including plan and means:

Homicidal, Threat, Ideation or Intent: ☐ Current ☐ Recent, but not current ☒ Denies HI

Describe any threats, ideation or intent including current, recent and past history:

Does the ideation have delusional or hallucinatory content: ☒ Yes ☐ No

A/V Hallucinations
acute onset today

ASSESSOR'S SUMMARY (Include: (1) Patient's chief complaint, (2) Presenting problem, (3) Past history)

46 yo SHF presents to EC. 2 S/Sx acute withdrawal/
 delirium. Report abrupt D/C of Valproate - Pt. is
 grossly disoriented & confused. Gross agitation w/ EAS
 called. illogical use of words. Broke out windows of her
 home & patrol car - Parents are informants - Pt. unable to
 answer questions appropriately.

Current Medications	Dosage	Medication	Dosage	Compliant?
Carbamazepine	10/305mg	Valproate - Abruptly stopped		
		@ 1 wk ago by PCP		
		+ Zoloft started - 0.7mg		

Previous Treatment for Psychiatric Problems or Substance Abuse:

Facility	Dates	MD/Therapist	Dx, if known	Medications
		Psych Admissions		
		A/D Admissions		

Provisional Diagnosis:

No Harm Contract Signed (if appropriate) ☐ Yes ☒ No

Current Record Reviewed ☐ Yes ☒ No

Disposition: ☐ D/C'd with family ☐ Home ☐ Referred to:

Assessment Completed By: D. Gonzalez, MD

Date: 8/7/05

PMH: HTN, Anit,
 Nipous, Depression
 & Cholesterol
 Ache, TMS,
 Glaucoma, Anxiety

Patient Label

0521900058 000-275108
 MARTINEZ, RAQUEL DOB 08/07/05
 ADM PHYSICIAN, ED
 ADM DATE/TIME 08/07/05 0808



1383 (REV. 05-02) Page 2 of 4

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DATE 8/12/2005

NKDA

Date: 8/7/05

MAJOR LIFE CHANGES	Admits	Denies	Describe	DNA
Problems at work or school		/	off work x 5-6 wks	
Deterioration in hygiene and/or grooming			@ 2 mos. ^{Ag} for uncontrolled	
Loss of energy or interest in activities			HTN & onset of	
Social withdrawal			Migraines	
Ability to parent				
Other				
Behavior Changes		/	Acute onset of delirium	
I.e. Irritability, poor impulse control			today - pt. found on	
Other			nearby golf course	
Eating			in bushes - 2 visual	
Changes in eating habits (describe)			hallucinations & delusions,	
Anxiety			disorientation	
Panic Attacks			Poor sleep x "several	
Obsessive/Compulsive Thoughts			days"	
Obsessive/Compulsive Behaviors			Unknown when she	
Other:			abruptly stopped Xanax	
Psychosis				
Hallucinations (describe)				
Delusions (describe)				
Paranoid Ideations				

Current Medical/Physical Problems (list): error
Arth, HTN, Cholesterol
TMS, Plavix Fascitis, cholesterol migraines,
Depression/Anxiety, pain from water related,
Knee Injury - recent hand injury
 Allergies: NYDA

PRINTED BY: EM202
 DATE: 8/12/2005

0521900058 000-275108 08/07/05
 MARTINEZ, RAQUEL F 46Y
 ADM CASTON, CHRIS
 BEF CASTON, CHRIS



1389 (REV. 05-02) Page 3 of 4

Date: 8/7/05

ALCOHOL / DRUG USE

Substance	Amount/Frequency	Duration of Use	Last Use	Amount Used/Last 24 Hrs.
Den				

Does patient have a history of withdrawals, DTs, blackouts (loss of time), seizures, etc.?

What is the longest period of sobriety?

FAMILY HISTORY:

Substance Abuse:

Psychiatric:

Child Adolescent Assessment	Admits	Denies	DNA	Comments
Running Away Risk				
Destruction of Property				
Cruelty to Animals				
Stealing				
Rebellious / Defies Family / Authority				
Salanic Involvement				
Fire Setting				
Problems at School				
Developmentally Appropriate				
Other				

Comments:

Assessment Completed By: Diana Cullen

Date: 8/7/05

Patient Label

0521900058 000-275108 08/07/05
MARTINEZ, RAQUEL F 46Y
ADM CASTON, CHRIS
REF CASTON, CHRIS

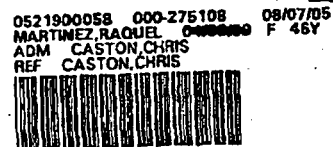


PRINTED BY: 7242026
DATE: 8/12/2005 Page 4

SPARTANBURG REGIONAL MEDICAL CENTER
SPARTANBURG, SOUTH CAROLINA
HISTORY AND PHYSICAL

PATIENT NAME: MARTINEZ, RAQUEL
MEDICAL RECORD #: 275108
DATE OF BIRTH: ~~04/09/1959~~
ACCOUNT NUMBER: 521900058
DATE OF ADMISSION: 08/07/2005
ROOM: 015

3 Smith 15-A



SERVICE: Psychiatry.

ATTENDING PHYSICIAN: Dr. Caston.

REFERRAL SOURCE: Spartanburg Regional Emergency Room.

REASON FOR ADMISSION: The patient is a 46-year-old white female who has been admitted due to delirium thought to be related to benzodiazepine withdrawal symptoms. The patient has not had Xanax in 3-5 days. The patient's exact dosage of Xanax is unknown, however the patient has been seeing Dr. Weir. The patient is a policeman. The patient had bizarre behavior today and was breaking windows both at her house as well as her patrol car. The patient has worked for the sheriff's department for roughly 7-10 years.

SOCIAL HISTORY: Reveals the patient is divorced. The patient has no children. The patient was married roughly 10 years. The patient's parents are from Cuba originally. They moved here 50 years ago and she was born in the United States. The patient has two brothers and one sister. The patient has a four-year college degree. The patient currently lives alone in a home which she is buying. The patient has no previous history of psychiatric care. The patient apparently had recent problems with uncontrollable hypertension. The patient today had a CT brain scan that was negative. Apparently the patient's best friend recently died.

CURRENT MEDICATIONS: Zoloft, dosage unknown, recently started; ibuprofen 800 mg t.i.d.; Toprol XL 100 mg q.a.m.; Florinef 0.1 mg q.a.m. for unknown reasons; Lotrel 10/20 q.a.m. for unknown reasons; Lasix 20 mg q.a.m.; Zocor 40 mg q. 6 p.m.; Xanax, dosage unknown; Norco 10 mg, frequency of dosaging unknown.

Xanax 1mg q 4PM

REVIEW OF MEDICAL SYSTEMS: The patient has a recent history of migraine headaches as well as hypertension. The patient has no other abnormalities of head, ears, eyes, nose, throat, musculoskeletal, cardiovascular, reproductive or gastrointestinal systems.

H & P
MARTINEZ, RAQUEL
275108
Note: Document is draft unless signed

PRINTED BY: FM20261
DATE 8/12/2005

Page 1 of 3

CHART COPY

MENTAL STATUS UPON ADMISSION: The patient is oriented to person, not to time, place or situation due to extreme sedation from IV lorazepam, roughly 4 mg. The patient was confused and possibly having hallucinations and hypervigilance when not under Ativan sedation. The patient was found by her father in a very agitated and withdrawn state hiding behind a bush. The patient did have a drug screen that was positive for opiates but no other medications. There were no other substances found on the drug screen including no evidence of cocaine, marijuana or benzodiazepines or amphetamines. There was also no presence of barbiturates.

PHYSICAL EXAMINATION: The patient is a well-developed, well-nourished white female of Hispanic descent in an acute delirious state probably related to Xanax withdrawal symptoms.

SKIN: No abnormalities.

HEENT: Pupils equal and reactive to light and accommodation. Extraocular movements are intact. Fundi are benign.

CHEST: Clear to P&A.

CARDIOVASCULAR: Regular sinus rhythm without murmur.

ABDOMEN: Liver and spleen are not palpable. No organomegaly.

GENITALIA: Normal female. No pelvic performed.

LOCOMOTOR: No gait abnormality.

EXTREMITIES/MUSCULOSKELETAL: Full range-of-motion.

NEUROLOGICAL: Cranial nerves II-XII are intact. No motor or sensory loss. No cerebellar signs. The patient has a mini mental state exam score of 0 out of possible 30 score due to sedation.

ADMISSION DIAGNOSIS:

AXIS I: Clinical psychiatric disorders.

1. Benzodiazepine withdrawal delirium.
2. Anxiety disorder.

AXIS II:

1. No diagnosis on Axis II.

AXIS III: Medical problem list.

1. Migraine headaches.
2. Hypertension.

H & P

MARTINEZ, RAQUEL

275108

PRINTED BY: FM20261

DATE 8/12/2005

Note: Document is draft unless signed.



Page 2 of 3

CHART COPY

AXIS IV: Psychosocial stress factors, level 4, severe.

AXIS V: Highest level of Global Assessment of Functioning: Past year level unknown.
Current level of Global Assessment of Functioning: Level 20.

TREATMENT PLAN:

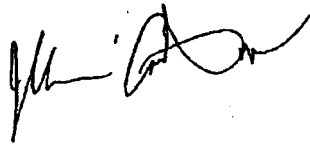
1. Neuroendocrine workup-dexamethasone suppression test and an amino acid profile.
2. Klonopin treatment for detoxification and re-intoxication of benzodiazepines.

ESTIMATED LENGTH OF STAY: 4-5 days.

DISCHARGE CRITERIA:

1. The patient should be free of delirium symptoms at discharge.

DICTATED BY: CHRIS CASTON



D:08/07/2005 23:35:25
T:08/08/2005 06:14:34/be
243039/234158

Cc:

0521900058 000-275108 08/07/05
MARTINEZ, RAQUEL F 46Y
ADM CASTON, CHRIS
REF CASTON, CHRIS



H & P
MARTINEZ, RAQUEL
275108

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DATE 8/12/2005

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Page 3 of 3

CHART COPY

Spartanburg Regional Healthcare System 101 E. Wood St. Emergency Center (864) 560-5400 Assessment Sheet	MR # 000275108 Name: Martinez, Raquel Phone: (864) 574-7978 Address: SPARTANBURG, SC 29301 Unit Code: 10108 Sex: Female DOB: 08/05/1959 Account # 0521900058 Age: 46																																																												
Administrative 07:48 08/07/2005 - Referral/Transfer-In - Cathy Haynes EMT-P ETA: 10 Call Taken By: C. Haynes EMT-P Note: per Rescue 3, 40 yof has ransacked her house and vehicle this am, pt initially thought she was on a riverboat trip in the 1800's. Pt takes several medications, has had a recent change in meds. Meds states pt is calm at present. Room 61 assigned by A. Graham RN.	Kicked in doors, thinks it's year 1800 and she's on the Missouri River. Per family pt has no hx of this behavior. PMH: high blood pressure, chronic knee pain. Unknown if allergic to any meds. Pt has been seen in this EC previously, pt with bag of large meds brought to EC by family who report pt is not taking her Xanax because her PMD d/c'd it and started her on Zoloft. pt arrived on stretcher with arms crossed in front of her chest. Mother and father bedside who EMS report pt is calmer with them bedside. VSS per EMS 08:33 08/07/2005 - Reassessment - Sandra Seyfarth-Lechner, RN Note: Per pt's mother pt has no psych hx. Per mother pt was on duty 2-3 months ago and she fainted and she had blood pressure that was "sky high". 08:40 08/07/2005 - Neuro - Sandra Seyfarth-Lechner, RN Symptom: Cooperative, LOC - unknown, MAE (moves all extremities), Meningeal sign - negative, Alert and active Note: pt oriented to self only. Unable to state where she is initially. 08:44 08/07/2005 - Secondary Survey - Sandra Seyfarth-Lechner, RN Note: Per Deena Burgess, pt's Sargeant pt came in to work two days approx 1 week ago and didn't know where she was, moved slow, spoke slow, couldn't do computer work and staring off into air, speech slurred. Pt was questioned at that time if she was taking too much of her meds. Pt admitted 4/29/05 and off of work subsequently for 30 days to have meds adjusted. Dr. Montoya present for discussion with pt's supervisor. 08:45 08/07/2005 - Pain Assessment - Sandra Seyfarth-Lechner, RN Severity Score: 0/10 - none 08:45 08/07/2005 - Vital Signs - Sandra Seyfarth-Lechner, RN Temp: 98.7 BP: 117/63 HR: 67 Resp: 15 08:45 08/07/2005 - Reassessment - Sandra Seyfarth-Lechner, RN Note: pt states she's scared to be here and is afraid she's going to be hurt. pt offered reassurance. 09:08 08/07/2005 - Allergy Information - Mike Hellams M.D., MD Allergy: No Known Allergies 09:13 08/07/2005 - Medication - Mike Hellams M.D., MD Medication: 100 Doxycycline BID Medication: 10 Lorazepam prn Medication: Flexair prn Medication: Zoloft Medication: 600 Ibuprofen TID Medication: 100 Metoprolol Tartrate QD Medication: 0.1 Fluorinef Acetate QD Medication: 10/20 Lorazepam QD Medication: 40 Lasix QD Medication: 40 Zocor QD Other Medications: Imitrex 09:25 08/07/2005 - Final Order Results - HISS Type of Order: LAB Pacer Number: 15300637 Note: Procedure: CBC Result: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">WBC</td> <td style="width: 33%;">14.4</td> <td style="width: 33%;">K/CMM</td> <td style="width: 33%;">4.5-11.0</td> <td style="width: 33%;">H</td> </tr> <tr> <td>RBC</td> <td>4.16</td> <td>M/CMM</td> <td>3.80-5.10</td> <td></td> </tr> <tr> <td>HGB</td> <td>12.7</td> <td>G/DL</td> <td>12.0-15.6</td> <td></td> </tr> <tr> <td>HCT</td> <td>37.2</td> <td>%</td> <td>36.0-48.0</td> <td></td> </tr> <tr> <td>MCV</td> <td>89.4</td> <td>FL</td> <td>85.0-98.0</td> <td></td> </tr> <tr> <td>MCH</td> <td>30.5</td> <td>PG</td> <td>26.0-33.0</td> <td></td> </tr> <tr> <td>MCHC</td> <td>34.1</td> <td>%</td> <td>32.5-36.0</td> <td></td> </tr> <tr> <td>RDW</td> <td>13.5</td> <td></td> <td>11.5-14.5</td> <td></td> </tr> <tr> <td>PLT</td> <td>368</td> <td>K/CMM</td> <td>130-400</td> <td></td> </tr> </table> 09:30 08/07/2005 - Final Order Results - HISS Type of Order: LAB Pacer Number: 15300635 Note: Procedure: NEW BMP Result: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">BUN A</td> <td style="width: 33%;">9</td> <td style="width: 33%;">MG/DL</td> <td style="width: 33%;">8-20</td> <td style="width: 33%;"></td> </tr> <tr> <td>NA A</td> <td>138</td> <td>MMOL/L</td> <td>133-148</td> <td></td> </tr> <tr> <td></td> <td>3.0</td> <td>MMOL/L</td> <td>3.5-4.9</td> <td>L</td> </tr> </table>	WBC	14.4	K/CMM	4.5-11.0	H	RBC	4.16	M/CMM	3.80-5.10		HGB	12.7	G/DL	12.0-15.6		HCT	37.2	%	36.0-48.0		MCV	89.4	FL	85.0-98.0		MCH	30.5	PG	26.0-33.0		MCHC	34.1	%	32.5-36.0		RDW	13.5		11.5-14.5		PLT	368	K/CMM	130-400		BUN A	9	MG/DL	8-20		NA A	138	MMOL/L	133-148			3.0	MMOL/L	3.5-4.9	L
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Assessment 07:45 08/07/2005 - Registration Information - Cathy Haynes EMT-P First Name: 3 Last Name: Rescue Arrival Time: 08/07/2005 07:44 Chief Complaint: Possible medication problems Date of Birth: 08/07/2005 Sex: F 07:52 08/07/2005 - Registration Information - Beth Evans First Name: 3 Last Name: Rescue Arrival Time: 08/07/2005 07:44 Chief Complaint: Possible medication problems Date of Birth: 08/07/2005 Sex: F 07:58 08/07/2005 - Receive Patient - Mike Hellams M.D., MD Last Name: Rescue First Name: 3 Date of Birth: 08/07/2005 Location: MC61 Chief Complaint: Possible medication problems Condition on arrival: Stable 08:08 08/07/2005 - Primary Survey - Sandra Seyfarth-Lechner, RN Airway: INTACT Breathing: PRESENT Circulation: adequate 08:08 08/07/2005 - Registration Information - Carol Dimery First Name: Raquel Last Name: Martinez Arrival Time: 08/07/2005 07:58 Chief Complaint: Possible medication problems Date of Birth: 08/05/1959 Sex: F 08:08 08/07/2005 - Registration Information - REG\$ First Name: Raquel Last Name: Martinez Date of Birth: 19590405 Sex: F Medical Record Number: 000275108 Social Security Number: 154 Account Number: 0521900058 Financial Class: Regional Health Plus Ethnicity: Hispanic Zip Code: 29301 08:08 08/07/2005 - Registration Information - REG\$ First Name: Raquel Last Name: Martinez Date of Birth: 19590405 Sex: F Medical Record Number: 000275108 Social Security Number: 6354 Account Number: 0521900058 Financial Class: Regional Health Plus Ethnicity: Hispanic Zip Code: 29301 08:11 08/07/2005 - Secondary Survey - Sandra Seyfarth-Lechner, RN Note: 46 female brought to EC by Rescue 3. Per EMS report pt is Deputy Sheriff "who just went crazy in her house". Broke all windows in house and ran out of house.	PRINTED BY: PM20261 DATE: 8/12/2005																																																												

**Spartanburg Regional
Healthcare System**
101 E. Wood St.

Emergency Center
(864)560-5400
Assessment Sheet

MR # 000275108

Sex: Female

DOB: 08/08/1969

Name: Martinez, Raquel

Phone: (864)574-7978

Address: , SPARTANBURG, SC 29301

Unit Code: 10108

Account # 0521900058 Age: 46

CLA 100 MMOL/L 100-111
CO2 A 23.7 MMOL/L 23.0-32.6
GLU A 95 MG/DL 77-117
CREAT A .8 MG/DL .6-1.2
BUN/CREAT 11 8-23
ANION GAP 15 MMOL/L 8-13 H
OSMO CALC 270 MOSM/KG 271-318 L
CA 9.4 MG/DL 8.8-10.3

08:35 08/07/2005 - Final Order Results - HIS\$

Type of Order: LAB

Placer Number: 15300639

Note: Procedure: ALC MED

Result:

ALC MED NEG MG/DL NEG

08:40 08/07/2005 - Blood Sugar - Christy Patton, EST

ED (mg%): 102

ED - Tested by: LifeScan

08:58 08/07/2005 - Reassessment - Mike Hellams M.D., MD

Note: I paged psych screener to evaluate patient.

10:17 08/07/2005 - Document IV Placement - Amber Graham RN

Site #: 1

Site: Left forearm

Catheter size: 20g

Solution Amount: heparin

Note: Site flushes w/o erythema/pain.

10:29 08/07/2005 - Final Order Results - HIS\$

Type of Order: LAB

Placer Number: 15300641

Note: Procedure: UA A

Result:

COLLECTION	NOTSPEC	STRAW	STRAW
U COLOR	STRAW	CLEAR	CLEAR
U APPEAR	CLEAR	CLEAR	CLEAR
U SP GRAV	1.025	1.005-1.030	
U PH A	8.0	4.5-8.0	
U PROTEIN	TRACE	MG% NEG	
U GLUCOSE	NEG	NEG	
U KETONES	3+/80MG%	NEG	A
U BILE	NEG	NEG	
U BLOOD	TRACE	NEG	
U LEUK	NEG	NEG	
U RBC	NEG	NEG	
U HPT	NEG	NEG	
U MICRO ?	YES		
U WBC A	RARE	/HPF 0-8	
U RBC A	0-2/HPF	/HPF	
U SQEP A	0-2/HPF	/HPF	
U BACTERIA	TRACE		
U MUCUS	MANY		

10:43 08/07/2005 - Final Order Results - HIS\$

Type of Order: LAB

Placer Number: 15300643

Note: Procedure: DRUG SC

Procedure Notes: NEGATIVE EPHEDRINE MAY CAUSE FALSE POSITIVE

AMPHETAMINE

RESULTS: NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE POSITIVE

Result:

AMPHET	0	0-99
PCP	0	0-99
COCAINE U	0	0-99
THC	0	0-49
BARB	0	0-99
BENZO	0	0-99
OPATE	100	0-99 H
AMP INT	NEG	
PCP INTERP	NEG	
COC INT	NEG	

THC INT NEG
BARB INTER NEG
BENZO INTE NEG
OPIA INT POSITIVE

12:32 08/07/2005 - Vital Signs - Christy Patton, EST

Temp: 99.8 Oral

BP: 138/95, Automatic, Sitting, Left Arm, regular cuff

HR: 67

Resp: 16

12:53 08/07/2005 - Medication Administered - Sandra Seyfarth-Lechner, RN

Note: Per md order: 2 mg Alivan slow ivp given for agitation p verifying pt and allergies using 2 identifiers

13:17 08/07/2005 - Reassessment - Sandra Seyfarth-Lechner, RN

Note: - See MAR re: Alivan given at 1250 - pt continues to be agitated and speaking about red horses running through unit, asking how to do a Jewish birth when changing from a girl into a boy, pt thinking picture on wall records what she doing. pt thinks she's here related to giving birth.

13:18 08/07/2005 - Reassessment - Sandra Seyfarth-Lechner, RN

Note: Psych RN Liaison Diana in with pt's family. Pt in is CT for a CT of head at this time.

13:28 08/07/2005 - Reassessment - Mike Hellams M.D., MD

Note: Additional Alivan 2mg IV ordered.

14:42 08/07/2005 - Reassessment - Mike Hellams M.D., MD

Note: Psych screener requested Haldol 5mg IV. I declined because of lack of indication/approval for that route of administration, and potentially severe side effects. Pt is resting quietly in bed at this time.

15:18 08/07/2005 - Medication Administered - Sandra Seyfarth-Lechner, RN

Note: 1330 - late entry - #2 dose of Alivan 2 mg slow ivp given for agitation p verifying pt and allergies using 2 identifiers

15:19 08/07/2005 - Reassessment - Sandra Seyfarth-Lechner, RN

Note: 1410 - late entry - pt calmer 1440 - late entry - pt sleeping, family remains bedside

17:24 08/07/2005 - Reassessment - Sandra Seyfarth-Lechner, RN

Response to treatment: Respirations own and unlabored. Appears to be sleeping

17:50 08/07/2005 - Discharge Diagnosis - Diana Culberson

Primary: Psychosis

18:16 08/07/2005 - Registration Information - REG\$

First Name: Raquel

Last Name: Martinez

Date of Birth: 19690405

Sex: F

Medical Record Number: 000275108

Social Security Number: 7-54

Account Number: 0521900058

Financial Class: Regional Health Plus

Ethnicity: Hispanic

Zip Code: 29301

18:17 08/07/2005 - Reassessment - Diana Culberson

Note: psych liaison note LATE ENTRY: 1300 Asked MD to consider Haldol 2mg IV for S/Sx of delirium and severe agitation. Orders rec'd for additional Alivan 2mg IV and pt exhibited a positive response. Psych MD will eval for disposition/diagnosis and med recommendations.

18:18 08/07/2005 - Reassessment - Diana Culberson

Note: psych liaison note: Psych MD in to eval. Pt set up for psych inpatient admission to 3S. Parents in room and in agreement. Dr. Caslon admitting. Benzo withdrawal.

19:17 08/07/2005 - Vital Signs - Christy Patton, EST

Temp: 99.3 Oral

BP: 135/81, Automatic, Sitting, Right Arm, regular cuff

HR: 85

Resp: 16

19:20 08/07/2005 - Reassessment - Sandra Seyfarth-Lechner, RN

Note: Received call from floor telling EC to hold pt here at least 30 minutes due to their needing to move bed. floor notified report has been called for quite some time and has been ready for EC discharge and that the EC bed is needed.

19:40 08/07/2005 - Reassessment - Sandra Seyfarth-Lechner, RN

Note: RN report given to Candy RN who is assuming care

19:41 08/07/2005 - Reassessment - Sandra Seyfarth-Lechner, RN

Note: transport and security notified to transport pt. Family present.

PRINTED BY: FM20261

DATE 8/12/2005

Spartanburg Regional
Healthcare System
101 E. Wood St.

Emergency Center
(864)560-5400
Assessment Sheet

MR # 000275108

Name: Martinez, Raquel

Phone: (864)574-7975

Address: 1107 E. 11th St.

Unit Code: 10108

Sex: Female

DOB: 04/11/1960

1, SPARTANBURG, SC 29301

Account # 0521900058 Age: 46

20:20 08/07/2005 - Discharge Condition - Stalena Walton RN
Condition: stable
Mobility at Discharge: Ambulatory
Patient Teaching: Follow-up plan of care reviewed w/ pt, Pt voiced understanding
of plan of care
20:21 08/07/2005 - Pain Assessment - Stalena Walton RN
Severity Score: 0/10 - none
20:21 08/07/2005 - Oximetry - Stalena Walton RN
Pulse Oximetry %: 100
20:21 08/07/2005 - Vital Signs - Stalena Walton RN
Temp: 98.3 Oral
BP: 133/81
HR: 83
Resp: 18

PRINTED BY: FM20261

DATE 8/12/2005

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: MARTINEZ, RAQUEL

ORDERING PHYSICIAN: HELAMS, ROBERT M

LOC: ER

Pt. Type: ER

DOB: 04/05/59

UNIT #: 000275108

CI#: 1486839

AN#: S0521900058

Exam

60140 CT BRAIN WITHOUT CONTRAST Date: 08/07/05 1304
70450

Ord Diag: Psychosis NOS 298.9

History: Psychosis.

Axial images were obtained through the brain without contrast only.

Findings: The study is degraded by motion artifact. There are no mass lesions or areas of acute hemorrhage or infarction. The ventricles are normal in size and configuration. No subdural fluid collections are seen.

Impression: Negative unenhanced CT of the brain.

Read By: LAWRENCE WARRENJRMD

Released By: LAWRENCE WARRENJRMD

n

FINAL

Page 1

PRINTED BY: FM20261

DATE 8/12/2005



SPARTANBURG REGIONAL MEDICAL CENTER

(DUPLICATE) NURSING UNIT

ATTENDING PHYSICIAN		CONSULTING PHYSICIAN		ICD-9-CM	
PRINCIPAL DIAGNOSIS <i>benzodiazepine withdrawal delirium</i>					
ADDITIONAL DIAGNOSES <i>Depression, NOS Anxiety Disorder, NOS</i>					
PRINCIPAL SURGERY					
ADDITIONAL SURGERY					
DATE <i>8/9/05</i>					
OTHER SIGNATURE <i>[Signature]</i>				ACCOMMODATION ☐ C.C.U. ☐ I.C.U. ☐ NEURO. ☐ POST C.C.U.	
OTHER SIGNATURE <i>[Signature]</i>					
ASSEMBLED				CODED	
ANALYZED				FINAL CHECK	
SPARTANBURG REGIONAL MEDICAL CENTER					
DISCHARGED		DISCHARGE DISPOSITION			
DATE <i>8-9-05</i>		TIME		UNIT NUMBER 000-275108	
ACCOUNT NO. S 0521900058		ADMISSION DATE / TIME 08/07/05 1817		PAT. TYPE ISY	
RESIDENT / REFERRING DOCTOR CASTON, CHRIS		ADMITTING DOCTOR CASTON, CHRIS		ACCIDENT / WORK RELATED NO	
PATIENT INFORMATION MARTINEZ, RAQUEL		SOC. SEC. NO. -6354 TELEPHONE NO. (864)574-7978		PATIENT EMPLOYER SPTBG COUNTY OF P O BOX 5666 PERSONNEL DEPT SPARTANBURG SC 29304	
GUARANTOR NAME AND ADDRESS MARTINEZ, RAQUEL		SOC. SEC. NO. -6354 TELEPHONE NO. (864)574-7978 RELATION SELF		GUARANTOR EMPLOYER SPTBG COUNTY OF P O BOX 5666 PERSONNEL DEPT SPARTANBURG SC 29304	
RELATIVE 1 MARTINEZ, RAMON		(864)595-6243		RELATIVE EMPLOYER UNEMPLOYED	
INSURANCE 1 CIGNA PPO-SCRANTON, PA P.O. BOX 5200 SCRANTON PA 18505-5200 SPTBG COUNTY MARTINEZ, RAQUEL 3314532 U0267681901		INSURANCE 2 1			
INSURANCE 3		INSURANCE 4			
DIAGNOSIS / COMPLAINT 298.8-Psychosis NOS		ARRIVAL MODE EMS		PUB / VAL N	
ADV. DIR.		PAT. CLA.		DENOM NON	
ADM. BY JMP		OBSERVATION: ☐ YES ☐ NO			
STAFF ALERT: PREVIOUS ADMIT NAME / DATE MARTINEZ, RAQUEL		DATE 8/12/2005 07/14/05			

Time: 0521

Abstract Summary Form

Report: EPABFS

Patient: MARTINEZ, RAQUEL

Address:

DOB: ~~08/07/05~~ Fin Class: REGIONAL HEALTH

SPARTANBURG

Sex: FEMALE Ins. Plan:

SC, 29301

IS#: -6354 Guarantor: SELF

Phone #: (864) 574-7978

Adm Date: 08/07/05

Adm Source: 7 EMERGENCY DEPT

Acct. #: 0521900058

Adm Time: 18:17

Adm Type: 1 EMERGENCY

Unit. #: 000275108

Dis Date: 08/09/05

Trans From:

Pt. Type: INPATIENT

Dis Time: 19:55

Service: INTERNAL MEDICINE

Trans To:

OS: 2

Dis Status: A-HOME DISCHARGE

Coder: GP

Admitting DR: CASTON, CHRIS

Referring DR: CASTON, CHRIS

Attending DR: CASTON, CHRIS

Discharge DR: CASTON, CHRIS

Ref Physician: HELLAMS, ROBERT M

Primary DR:

RG: 523 ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O CC

Admit Diagnosis: 298.9 PSYCHOSIS NOS

Principal Diagnosis: 292.0 DRUG WITHDRAWAL

Secondary Diagnoses:

304.00 OPIOID DEPENDENCE-UNSPEC

346.90 MIGRAINE UNSPEC WO NTRC MGRN

524.60 TMJ DISORDERS NOS

716.96 ARTHROPATHY NOS-L/LEG

309.81 POSTTRAUMATIC STRESS DIS

300.00 ANXIETY STATE NOS

311 DEPRESSIVE DISORDER NEC

401.9 HYPERTENSION NOS

305.1 TOBACCO USE DISORDER

Principal Procedure:

94.65 DRUG DETOXIFICATION

Secondary Procedures:

Date:

08/07/05

Primary Surgeon:

CASTON, CHRIS

Consultants:

Date:

Specialty:

End of Report

PRINTED BY: FM20261

DATE 8/12/2005



SPARTANBURG
Regional Healthcare System

☒ SRMC ☐ SRHC ☐ BJW

**REQUEST FOR VOLUNTARY PSYCHIATRIC ADMISSION
AUTHORIZATION FOR TREATMENT
RELEASE FROM LIABILITY
ACKNOWLEDGEMENT OF RIGHT TO RELEASE**

Date 8/7/05

I, (or _____ for _____) knowing that I, (or _____) am (is) suffering from a mental, medical or surgical condition which makes it advisable to be admitted as a voluntary patient in the Psychiatric Unit of the Spartanburg County Health Services District, Inc. ("Hospital") for observation, diagnosis care, and treatment, and I do hereby voluntarily consent to such hospital care and medical treatment which may be rendered or ordered by the undersigned's attending physician, his or her associates or anyone on the medical staff of the Hospital as may be necessary in his/her respective medical judgement.

If this application is approved, I agree to abide by and to conform to the rules and regulations of the Hospital. I hereby authorize any physician to furnish the Hospital medical information about me.

I understand that the hospital may deem necessary to inspect my person, my possessions and my hospital room for items which it considers dangerous to my safety and welfare or to the safety and welfare of other patients and hospital employees. I hereby CONSENT to any such inspection of my person, my possessions and my hospital room which may be made by any qualified hospital employee legally authorized to make such inspections, and RELEASE the attending physician and the hospital and its employees from any and all liability whatsoever or other responsibility of the consequences of such an inspection.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as a result of treatments or examinations in the Hospital.

I have been informed that a certain amount of personal freedom of action may be indicated by my attending physician as part of the treatment or therapy to be prescribed. I further understand that such freedom of action may lead to self-injury or other serious consequences and I hereby RELEASE the attending physician, the hospital and its employees from any and all liability whatsoever and from any ill effects which may result from this action.

Non-taped video observation is provided in general populated areas for safety reasons. It is understood that treatment may include the use of seclusion or restraint if authorized by the attending or on-call physician.

I understand further that this RELEASE shall be binding upon _____ Raquel Martinez (name of patient). (his) (her) heirs, executors, administrators and assigns and the undersigned does hereby covenant and agree to indemnify and forever hold harmless the hospital and its employees from and against any action which may be brought against the hospital or its employees by reason of such admission.

I understand that I, as a voluntarily admitted patient, have the right to be released from the Psychiatric Unit of the Spartanburg Regional Medical Center under the following conditions:

- 1) Such a request for release may be made in writing either by myself, my legal guardian, or any other interested person, and
- 2) If I, the patient, was admitted on my own application and someone else request my discharge, I must agree to the discharge, and
- 3) If I request for my discharge is made and the director of the hospital (through my attending physician) considers me to be mentally ill and in need of continued hospitalization, the director may, within three (3) days after my discharge request, excluding Saturdays, Sundays, and legal holidays, file a certificate to that effect with the Probate Court. My discharge may then be postponed until the court acts, but in no event longer than fifteen (15) days from the date of the filing of such certificate with the court. Upon the filing of such certificate with the court, the proceedings for judicial admission must be conducted in accordance with S 44-17-510 through S 44-17-610, South Carolina Code.

David C. Green MD
Witness

Witness

Raquel Martinez
Patient

(If the patient is a minor, complete the following):

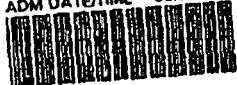
Relationship to patient

PRINTED BY: FM20261

DATE 8/12/2005

ADDRESSOGL

0521900088 000-275108
MARTINEZ, RAQUEL DOB
ADM PHYSICIANS, ED
ADM DATE/TIME 08/07/05 0808



Signature or guardian (State relationship to patient)

PAGE

PAGE

APPLICATION FOR INVOLUNTARY EMERGENCY HOSPITALIZATION FOR MENTAL ILLNESS

(Complete in Triplicate)

STATE OF SOUTH CAROLINA
COUNTY OF Spokane

FOR HOSPITAL USE ONLY	
Date Admitted	
Hospital Register No.	
Approval of Hospital Official	
Signature	Date

IN THE MATTER OF:

Narciso Martinez F = W Single
Person alleged to be mentally ill Sex Birthdate Age Race Marital Status
Spokane SC 29301 574-7978
Street Address City State Zip Phone # Length of Time
Residing There

TO THE HOSPITAL DIRECTOR:

Application is hereby made for the INVOLUNTARY EMERGENCY ADMISSION of the above-named person to a SCDMH Psychiatric Hospital

or to _____
NAME OF NON-SCDMH HOSPITAL

for the following reasons:

That the undersigned believes that the above-named person is mentally ill, and because of this mental condition is likely to cause serious harm to self or others if not immediately hospitalized.

1. The specific type of serious harm thought probable is:

While taking medication due to medical treatment; however, became
overwhelmed. Tossed her home, and busted the windshield in her

2. That the applicant bases his/her belief on the following grounds:

Patrol Car. Begon walking up the streets. Seems totally
unaware of surroundings, etc.

3. That the applicant understands that for Involuntary Emergency Admission to occur that the said person must be examined and certified by at least one licensed physician (Part II, Certificate of Licensed Physician for Mental Illness) as required by Section 44-17-410, S.C. Code, 1976, as amended, if the said person has not been examined, listed below are the reasons:

In dire need of medical evaluation.

4. That next-of-kin of allegedly mental ill person is _____ Name

Relation _____ Whose address is _____ RFD or Street City and State Zip Phone Number

In case of next-of-kin cannot be contacted, notify _____

Relation Address City and State Zip Phone Number

SWORN before me this _____ day of _____, 2005
George A. Bennett
Notary Public for South Carolina Probate Judge
My Commission Expires: 3/29/10

WHEREFORE, the undersigned requests that the person named above be admitted to a psychiatric hospital for treatment as authorized by law.

Lynna Hayes Applicant's Signature
Lynna Hayes Name of Applicant (typed or printed)
Law enforcement Address of Applicant

PRINTED BY: FM20261

Telephone Number of Applicant

(See reverse side which must be completed) DATE

8/12/2005

Relation to Patient or Title, if any

DISCHARGE SUMMARY

PATIENT NAME: MARTINEZ, RAQUEL

DOB: ~~08/05/1959~~

MEDICAL RECORD #: 275108

ACCOUNT NUMBER: 521900058

ADMISSION DATE: 08/07/2005 DISCHARGE DATE: 08/09/2005

ATTENDING PHYSICIAN: CASTON, CHRIS

SERVICE: Psychiatry.

ATTENDING PHYSICIAN: Dr. Caston.

REFERRAL SOURCE: Spartanburg Regional Emergency Room.

REASON FOR ADMISSION: The patient is a 46 year old white female who has been admitted due to delirium thought to be related to benzodiazepine withdrawal symptoms. The patient has not had Xanax in 3 to 5 days. The patient's exact dosage of Xanax is unknown; however, the patient has been seeing Dr. Wieder. The patient is a policeman. The patient had bizarre behavior the day of admission and was breaking windows both at her house as well as in her patrol car. The patient also did damage to the house on the inside as well as the patrol car. The patient has worked for the sheriff's department as a deputy for roughly six years but has worked in law enforcement including working for the parole board for a number of years and her total time there is roughly in the range of 25 years.

SOCIAL HISTORY: The patient is divorced. The patient has no children. The patient was married roughly ten years. The patient's parents are from Cuba originally. They moved here 50 years ago and she was born in the United States. The patient has two brothers and one sister. The patient has a four-year college degree. The patient currently lives alone in a home which she is buying. The patient has no previous history of psychiatric care. The patient apparently had recent problems with uncontrollable hypertension and also had problems with anxiety, insomnia and depression related to the death of her best friend who apparently was a male cousin. The patient did have a CT brain scan in the emergency room that was negative.

MEDICATIONS UPON ADMISSION: Zoloft dosage unknown, recently started; ibuprofen 800 mg t.i.d.; Toprol XL 100 mg q.a.m.; Florinef 0.1 mg q.a.m. for unknown reasons; Lotrel 10/20 q.a.m. for hypertension; Lasix 40 mg q.a.m.; Zocor 40 mg q 6:00 p.m. and Xanax dosage unknown, possibly 1 mg per day. The patient also was taking Norco and was taking 10 mg roughly 3 or 4 times a day.

MENTAL STATUS EXAM UPON ADMISSION: The patient is oriented to person, not to time or place or situation due to extreme sedation from IV lorazepam roughly 4 mg. The patient was confused and possibly hallucinating and having hypervigilance when not under Ativan sedation. The patient was found by her father, who was arrested and withdrawn state hiding behind a bush. The patient did have a drug

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DATE: 8/12/2005

screen that was positive for opiates but no other medications. There were no other substances found in the drug screen including no evidence of cocaine, marijuana, benzodiazepines or amphetamines. There was also no presence of barbiturates.

ADMISSION DIAGNOSIS:

AXIS I: Clinical psychiatric disorders.

1. Benzodiazepine withdrawal, delirium.
2. Anxiety disorder.
3. Rule out depression.
4. Post-traumatic stress disorder.

AXIS II:

1. No diagnosis on Axis II.

AXIS III: Medical problem list.

1. Migraine headaches.
2. Hypertension.

LABORATORY STUDIES: WBCs are 14,400, RBCs 4.16, hemoglobin 12.7, hematocrit 37.2, platelet count 366,000. Urinalysis is within normal limits. Sodium is 136, potassium 3.0, chloride 100, CO2 23, glucose 95, BUN 9, creatinine 0.8. Calcium 9.4. Blood alcohol level was negative. Urine drug screen was negative except for opiates. Thyroid-stimulating hormone level 0.39. A dexamethasone suppression test was performed on 8/8 and responds to 1 mg dexamethasone at 11:00 p.m. On 8/7 7:00 a.m. cortisol is 8.4 mcg, 4:00 p.m. is 8.2 mcg. A fasting amino acid profile is pending.

HOSPITAL COURSE: The patient was placed on the intensive management section and was begun on routine orders along with Klonopin 2 mg q.h.s. and 1 mg q 1:00 p.m. and Toprol XL 100 mg a 9:00 a.m. as well as Lotrel 10/20 q 9:00 a.m.; Zocor 40 mg q 6:00 p.m. and Lortab 5 mg b.i.d. On 8-8 Klonopin was changed to 1 mg q 10:00 p.m. only. Gabapentin 400 mg q.h.s. and Depakote 250 mg b.i.d. were added. The patient was placed on a nicotine patch for smoking. The patient on 8-9 appeared to be fully alert and euthymic. The patient appeared to be calm and alert and exhibited no suicidal or homicidal ideation. The patient appeared to be sufficiently stabilized that she could be discharged to outpatient care on the following medications:

1. Toprol XL 100 mg q.8 a.m.
2. Lotrel 10/20 q.8 a.m.
3. Zocor 40 mg q 6:00 p.m.
4. Lortab 10 mg 1/2 tablet 3 or 4 times a day.
5. Clonazepam 1 mg q.h.s.
6. Depakote 250 mg b.i.d. and 5 mg q.h.s. and 250 mg q.4h. p.r.n. headaches.
7. Gabapentin 600 mg q 9:00 p.m. and 300 mg q.6h. p.r.n. severe headaches. Patient instructed not to drive after taking.
8. Furosemide 40 mg q 9:00 a.m.
9. Ibuprofen 800 mg p.r.n. q.8h.

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The patient will have a valproic acid level and a gabapentin level on 8/10 and will be seen at the partial

hospitalization program on the Psychiatry unit.

DISCHARGE DIAGNOSIS:

AXIS I: Clinical psychiatric disorders.

1. Benzodiazepine withdrawal, delirium.
2. Anxiety disorder not otherwise specified.
3. Depression not otherwise specified.
4. Post-traumatic stress disorder.

AXIS II:

1. No diagnosis on Axis II.

AXIS III: See Axis III problem list above.

AXIS IV: Psychosocial stress factors level 4, severe.

AXIS V: Highest level of GAF functioning past year level unknown, current level of GAF functioning level 50.
Admission GAF level 20.

DICTATED BY: CHRIS CASTON, M.D.

D:08/09/2005 12:34:23

T:08/11/2005 08:07:30/ara

243712/235626

cc:

WIEDER, JOHN R

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DATE 8/12/2005



SPARTANBURG
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ BJW

MD ORDER TIME		#1	#2	#3	ICD 9 DX CODE:	
B L O O D	CBC:	auto	man	ETOH	CXR:	pa/lat port
	BMP			ASA	Abd:	2view KUB
	CMP			Tylenol	Spine:	C T L
	CKMB / Troponin			Digoxin	Shoulder:	L R
	Lipase / Amylase			Lithium	Elbow:	L R
	PT/PTT			Theoph	Wrist:	L R
	BHCG: q qnt			Dilantin	Hand:	L R
	Group RH			Depakote	Pelvis:	
	T & S			Tegretol	Hip	L R
	T & C: 1 2 3 4			Phenob	Knee:	L R
Culture: 1 2				Ankle:	L R	
U R I N E	UA:	cc cath c&s		G	Foot:	L R
	UCG			Y	US:	GB Abd Pelvis
	UDS			N	ECT:	Head Face Abd Pelvis
				P	DOP:	vn art L R UE LE
			U			
			L			
			M			
ORDERS						
CONSULTANT 1st 2nd 3rd						
1. ESBS 102 0040						
2.						
3.						
ASSESSMENT						
MEDS & INTERVENTION						
NURSE/TECH TIME						
STAFF ALERT:						
1400						
10052/T/O Cath w/A						
Region Per. to See						
ATIVAN 2mg						
Repeated x 1						
V.O.D. Bellano						
155-1370						
Dx: Admit MD: Bed:						
ED Physician: Resident / NP / PA: Consultant / PMD:						
ACCOUNT NO. 0521900058						
ADMISSION DATE / TIME 08/07/05 0808						
FC: RH						
DATE OF BIRTH 46Y						
SEX F						
RACE 3						
MS D						
SERVICE EME						
ARRIVAL 1						
PAT. TYPE ER						
BY MEE						
UNIT NUMBER 000-275108						
ADMITTING DOCTOR PHYSICIANS.ED						
ATTENDING DOCTOR PHYSICIANS.ED						
ACCIDENT/WORK RELATED NO						
ACCIDENT DATE/TIME						
ADM. TYPE / SOURCE 1 7						
PATIENT INFORMATION						
SOC. SEC. NO. 7-6354						
PATIENT EMPLOYER						
SPRING COUNTY OF						
P.O. BOX 5565						
PERSONNEL 61						
SPARTANBURG						
SC 29304						
TEL: 803-359-2522						
DATE 8						
PREPARED BY						
1864574-7978						
DATE						
SPARTANBURG SC 29301						

MJS

52 Psych Disorder, Suicide Attempt, Overdose (5)

DATE 7/10 TIME 0910 ROOM: 80 EMS Arrival
HISTORIAN: ☒ patient ☐ paramedic ☐ translator ☐ other
AGE 46 M 10
History limited by _____

HPI

chief complaint:

Depression ☒ Suicidal Ideation ☒ Suicide Attempt ☒
Agitated ☒ Hallucinating ☒ Drug Overdose ☒
Self Injury ☒

timing / onset: _____

duration / when? _____

increased since: _____

started / timing:

this am
gone now ☐ better ☐ continues in ED ☐

gradual-onset ☐
sudden-onset ☐
intermittent ☐
constant ☐

context / severity:

situational problems ☐

related to: spouse / parent / son / daughter / significant other
work / lost job / school / legal problems

current / associated complaints:

depressed ☒ angry ☒ frustrated ☒ agitated ☒ hostile ☒ paranoid ☒

confused ☒ hallucinating ☒

suicidal thoughts / specific plan / gesture or attempt _____

ingestion (see list below) _____

suicide attempt ☒ wanted to "escape" ☐ accidental ☐ will not answer ☐

incised / abraded wrist (R/L) _____

LIST OF SUBSTANCES INGESTED (if applicable)

name	strength	# taken	when taken
acetaminophen	Y/N		
aspirin	Y/N		
ethanol	Y/N		

"RESCUE FACTOR" (if suicide attempt)

How did ingestion / other acts come to attention? _____

Arrived by: ☐ private car ☒ ambulance (who called?)
☐ police ☐ patient ☐ spouse

Recently seen / treated by doctor _____

Treatment / Rx _____

Prior history _____

☐ Agree w/ nurse's note for PFSH / ROS

ROS

☐ ROS below otherwise negative

CVS / PULMONARY

cough ☐
trouble breathing ☐
chest pain ☐

NEURO / EYES

headache ☐
visual disturbance ☐

GI / GU

abdominal pain ☐
nausea ☐
vomiting ☐
diarrhea ☐
problems urinating ☐

PSYCH

loss of appetite ☐
trouble sleeping ☐

SKIN / LYMPH / MS

skin rash ☐
joint pain ☐
swollen glands ☐

PAST HISTORY

☐ Tetanus UTD

prior records reviewed: _____

prior suicide attempt _____

psychiatric problems _____

depression ☐ bipolar disorder ☐
schizophrenia ☐ other ☐

cardiac disease ☐
high blood pressure ☐
diabetes ☐ insulin / oral / diet ☐
lung disease ☐
+HIV / AIDS ☐

other HTN, Anxiety, Migraines
Depression, High Cholesterol

Surgeries

tonsillectomy ☐

cholecystectomy ☐

appendectomy ☐

hysterectomy ☐

Medications

none ☐ see list - confirmed ☐

Allergies

NKDA ☐

see list - confirmed ☐

SOCIAL HISTORY

recent alcohol use / binge drinking / alcoholism ☐
marital status: ☐ single ☐ married ☐ children ☐
lives alone ☐ lives in nursing home ☐ lives at home ☐
occupation _____

FAMILY HISTORY

mental illness ☐

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Spartanburg Regional Healthcare System
EMERGENCY PHYSICIAN RECORD 12/2005

Version: January 2005

0521900058 000-278108
MARTINEZ, RAQUEL DOB 04/03/80
ADM PHYSICIANS, ED
ADM DATE/TIME 08/07/05 0808



PHYSICAL EXAM

☐ Agree w/ vital signs Other _____
Pulse Ox time _____ % RA O₂ L/min
Interpretation: normal abnormal Dx _____

Exam limited by

no acute distress _____
uncooperative for exam _____
mild / moderate / severe distress _____
HEENT
nystagmus _____
post-surgical pupillary defect (R/L) _____
traumatic _____
disconjugate gaze _____
mydriasis / miosis / anisocoria _____
PEARL
R Pupil _____ mm L Pupil _____ mm
LEOM's intact _____
TM obscured by cerumen (R/L) _____
normal ENT inspection _____
abnormal TM (R/L) _____
dry mucosa _____
gag reflex diminished / absent _____
slow / no response to commands _____
withdraws to pain no response to pain _____
depressed affect _____
moderate _____
fearful / non-communicative _____
hostile / suicidal ideation _____
uncooperative / cannot determine _____

abundant _____
normal gag reflex _____

PSYCH

mental status
mood / affect normal _____

For suicide attempts: On direct query, patient ADMITS / DENIES
continued consideration of suicide as an option.
if denies why? _____

NEURO

orientation _____
awake and alert _____
oriented x3 _____
cranial nerves _____
sensory, motor _____
intact as tested _____
normal motor response _____
normal sensory response _____
normal reflexes _____
normal gait _____
NECK / BACK
normal inspection _____
neck supple _____
RESPIRATORY
no resp. distress _____
breath sounds normal _____
CVS
regular rate, rhythm _____
heart sounds normal _____
facial droop / CN abnormality _____
motor / sensory deficit _____
abnormal gait _____
cerv. lymphadenopathy (R/L) _____
thyromegaly _____
meningismus _____
wheezing _____
rales / rhonchi _____
irregularly irregular rhythm _____
extrasystoles (occasional / frequent) _____
tachycardia / bradycardia _____
JVD / decreased pulses _____
guarding _____
hepatomegaly / splenomegaly _____
cyanosis / diaphoresis / pallor _____
skin rash _____

GI / ABDOMEN

non-tender _____
normal bowel sounds _____
no organomegaly _____

SKIN

color normal, no rash _____
warm, dry _____

MUSCULOSKELETAL / EXTREMITIES

non-tender _____
normal ROM _____
no signs of injury _____
no pedal edema _____
laceration _____
pedal edema _____

PROCEDURES:

☐ Restraints
☐ Intubated by: ED physician / anesthesiologist / _____
with # _____ ET tube nasal / oral depth of insertion _____
post-intubation pulse ox reading _____
placement confirmed by auscultation / ETCO₂ monitor / CXR
breath sounds after intubation: equal R greater than L L greater than R
after ETT adjustment: n/a equal R greater than L L greater than R
☐ Gastric Lavage pill fragments recovered other _____
by ED physician _____
☐ Charcoal _____ gm given Sorbitol _____ oz given

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Psych Disorder; Overdose-52

DATE

8/12/2005

LABS / EKG & X-RAYS

CBC
normal except _____
WBC 14.4
Hgb _____
Hct _____
Platelets _____
segs _____
bands _____
lymphs _____
monos _____
Chemistries
normal except _____
Na _____
K 3.0
Cl _____
CO₂ _____
Gluc _____
BUN _____
Creat _____
Ca _____
Toxicology
normal except _____
acetamin _____
aspirin _____
ETOH Neg
urine drug dip _____
screen _____
bacteria _____
dip _____
UA
normal except _____
WBC _____
RBC _____
bacteria _____
dip _____
Doppler
Doppler

Rhythm ECG (1 - 3 Lead) _____ NSR abnrm _____ Time _____
12 Lead ECG _____ Time _____

Rate _____
NSR _____ tachycardia / bradycardia / atrial fibrillation _____
normal QRS _____ wide QRS LBBB RBBB IVCD _____
normal intervals _____ heart block 1° 2° 3° _____
normal ST / T _____ non-specific ST - T abnormalities _____
ST elevation / ST depression / T-wave inversion _____

PRIOR ECG: unchanged _____ unavailable _____ changed _____
☐ Interpret contemporaneously by me ☐ I agree w/ confirm computer reading

CXR PA/LAT AP port # of views _____
normal heart size _____ under-penetrated / over-penetrated / rotated _____
normal lung markings _____ decr. lung markings c/w COPD _____
normal great vessels _____ density c/w pleural effusion _____
and mediastinum _____ cardiomegaly _____
NAD _____ incr. lung markings / infiltrate _____

PRIOR XRAY: unchanged _____ unavailable _____ changed _____
☐ Interpret contemporaneously by me ☐ discussed w/ Radiologist

☐ Interpret by Radiologist ☐ personally reviewed by me

CT SCAN
normal _____
☐ reviewed by me ☐ interpret by me ☐ discussed with radiologist

ED COURSE:
Time _____ re-examined _____ unchanged _____ improved _____

Crit Care _____ min (excluding separately billable procedures)

INTERVIEW WITH OTHER RESPONSIBLE ADULT:
Name _____ Relationship _____

Considers ongoing suicide risk: high low uncertain _____
Capable / comfortable with observing patient at home? Yes No N/A _____

Discussed with Dr. _____ Time _____
patient will be seen in: office / ED / hospital _____

Counseled patient / family regarding: _____ Rx given _____
lab results diagnosis need for follow-up _____ Prior records ordered _____

☐ EMTALA EMC present ☐ EMTALA EMC absent

☐ Stable for discharge / out patient follow up

CLINICAL IMPRESSION:
Ethanol Intoxication _____ (Psychosis) Schizophrenia - acute exoc. _____
Depression _____ Drug Overdose (Intentional / accidental) _____
major manic _____ Suicide Attempt / Ideation _____

Follow up with Dr. _____

DISPOSITION: ☐ discharge ☒ admit ☐ transfer _____
Time _____ placed in obs. (See obs template) ☐ Left AMA _____

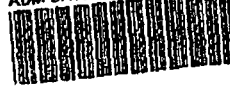
CONDITION: ☐ unchanged ☐ improved ☐ stable _____
☐ stable unless otherwise marked _____

ARNP / PA _____

PHYSICIAN: _____ Time _____

PHYSICIAN: _____ Time _____
☐ T Complete ☐ T Sheet Add-On _____ ☐ Copy PHD ☐ Dictated _____

0521900058 000-275108
MARTINEZ, RAQUEL DOB 04/08/80
ADM PHYSICIANS, ED
ADM DATE/TIME 08/07/05 0808



SPARTANBURG
Regional Healthcare System

N SRMC D SHRC

EMERGENCY CENTER RESTRAINT FLOW SHEET

Date: 8-1-05

Initiated by RN: ☒ RN Initiated Emergent Restraint		Time: _____		MD Reorder every: 4 hours-adult 2 hours-ages 9-17 1 hour age 8 or less	
☒ Safety Search Completed		MD order obtained within 1 hour		Physician Order/Signature _____	
☒ Disposition of Valuables		Time: <u>See previous</u>		Title _____	
Location: <u>See</u>		Initials: _____		Initials _____	
Behavior requiring restraint:		Behavior to discontinue restraint:			
Type of Device		Type of Restraint and Observation Frequency			
☐ Limb Restraints 2 point 4 point		☒ Behavioral: Observations must be every 15 minutes			
☐ Waist Belt		☐ Medical / Surgical (Safety): Observation Frequency _____			
☐ Seclusion - locked door		(must be at least every 2 hours)			
☒ Patient Watch - open door		EC Staff Signature _____ Title _____ Initials _____			
Alternative Interventions/Time Initiated		Alternative Interventions/Time Initiated		Alternative Interventions/Time Initiated	
☐ Camouflage site/tube		☐ Reality Orientation		☐ Cushion/Pads	
☐ Companionship		☐ Redirection		☐ Exercise	
☐ Contracting		☐ Reduced Stimuli		☐ Family Notified	
☐ Diversional Activity		☐ Snack		☐ Patient Teaching	
☐ Nurse Manager/Asst. Nurse Manager notified for restraints applied for 12 hours or 2 episodes of restraints in 12 hours. Notification: _____					
Trial Release (30 minutes or less): From: _____ To: _____ ☐ Successful ☐ Unsuccessful why: _____					
Observation: Time		1500 1515 1530 1545 1600 1615 1630 1645 1700 1715 1730 1745 1800 1815 1830 1845			
• Continuous Monitoring for all restraints, seclusion, and patient watch		CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP			
• Documentation every 15 minutes for all restraints used in EC		CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP			
Change in Device or Restraint:		W W W W W W W W W W W W W W W W			
L=limb B=belt		W W W W W W W W W W W W W W W W			
S=seclusion W=watch		W W W W W W W W W W W W W W W W			
Skin Check I=intact		I I I I I I I I I I I I I I I I			
R=red S=swollen A=abraded		I I I I I I I I I I I I I I I I			
Neurovascular		A A A A A A A A A A A A A A A A			
A=adequate I=inadequate		A A A A A A A A A A A A A A A A			
Food, Fluids, Toilet offered every 2 hours, Range of Motion, Ambulation, Hygiene		- - - - - - - - - - - - - - - -			
Patient Behavior document		S S S S S S S S S S S S S S S S			
C=calm A=agitated S=sleeping		S S S S S S S S S S S S S S S S			
V=violent H=hallucinating		S S S S S S S S S S S S S S S S			
RN Reassess Need for Restraint Every 1 hour		S S S S S S S S S S S S S S S S			
Every 1 hour Vital Signs Pulse		S S S S S S S S S S S S S S S S			
☐ See electronic record		Blood Pressure _____			
		Respiratory Rate _____			
		Temperature _____			
Discontinued by: _____		Date: _____		Time: _____	
Reason for discontinuation as assessed by RN (describe): _____		Patient Label			

0521900058 000-275108
MARTINEZ, RAQUEL DOB 08/07/08
ADM PHYSICIANS, ED.
ADM DATE/TIME 08/07/08 0808

82

EMERGENCY CENTER RESTRAINT FLOW SHEET

Date: 8-7-05

Initiated by RN: _____ Time: 1100

☐ RN Initiated Emergent Restraint ☐ MD order obtained within 1 hour

☐ Safety Search Completed Time: _____ Initials: _____

☐ Disposition of Valuables Location: _____ Initials: _____

Behavior requiring restraint: _____ Behavior to discontinue restraint: _____

Type of Device Type of Restraint and Observation Frequency

☐ Limb Restraints 2 point 4 point ☐ Behavioral: Observations must be every 15 minutes

☐ Waist Belt ☐ Medical / Surgical (Safety): Observation Frequency _____

☐ Seclusion - locked door (must be at least every 2 hours)

☐ Patient Watch - open door

MD Reorder every: 4 hours-adult
2 hours-ages 9-17
1 hour age 8 or less

Physician Order/Signature _____ Time _____

EC Staff Signature _____ Title _____ Initials _____

Alternative Interventions/Time Initiated

☐ Camouflage sht/tube ☐ Reality Orientation ☐ Cushion/Pade ☐ Toileting

☐ Companionship ☐ Redirection ☐ Exercise ☐ 1:1 Verbal

☐ Contracting ☐ Reduced Stimuli ☐ Family Notified ☐ Sedation

☐ Diversional Activity ☐ Snack ☐ Patient Teaching

☐ Nurse Manager/Ast. Nurse Manager notified for restraints applied for 12 hours or 2 episodes of restraints in 12 hours. Notification: _____

Trial Release (30 minutes or less): From: _____ To: _____ ☐ Successful ☐ Unsuccessful; why: _____

Observation:	Time	1100	1115	1130	1145	1200	1215	1230	1245	1300	1315	1330	1345	1400	1415	1430	1445
Continuous Monitoring for all restraints, seclusion, and patient watch		CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP
Documentation every 15 minutes for all restraints used in EC		CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP
Change in Device or Restraint:																	
L=limb B=bell S=seclusion W=watch		W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
Skin Check Intact R=red S=swollen A=abraded		I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
Neurovascular Adequate Inadequate		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Food, Fluids, Toilet offered every 2 hours, Range of Motion, Ambulation, Hygiene		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patient Behavior document C=calm A=agitated S=sleeping V=violent H=hallucinating		C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
RN Reassess Need for Restraint Every 1 hour																	
Every 1 hour Vital Signs Pulse																	
☐ See electronic record																	
Blood Pressure																	
Respiratory Rate																	
Temperature																	

Discontinued by: _____ Date: _____ Time: _____

Reason for discontinuation as assessed by RN (describe): _____

Patient Label

0521900058 000-275108
MARTINEZ, RAQUEL DOB 04/04/60
ADM PHYSICIANS ED
ADM DATE/TIME 08/07/05 0808

SPARTANBURG
Regional Healthcare System

SRMC C SHRC



1476 (Rev. 04-05) Page 1 of 2

☐ SRMC ☐ SHRC

EMERGENCY CENTER RESTRAINT FLOW SHEET

Date: 8-7-05

Initiated by RN: <u>Carol Williams</u> Time: <u>1900</u>		MD Reorder every: 4 hours-adult 2 hours-ages 9-17 1 hour age 8 or less	
☐ RN Initiated Emergent Restraint ☐ Safety Search Completed ☐ Disposition of Valuables		☐ MD order obtained within 1 hour Time: _____ Initials: _____ Location: _____ Initials: _____	
Behavior requiring restraint: _____		Behavior to discontinue restraint: _____	
Type of Device		Type of Restraint and Observation Frequency	
☐ Limb Restraints 2 point 4 point ☐ Waist Belt ☐ Seclusion - locked door ☐ Patient Watch - open door		☐ Behavioral: Observations must be every 15 minutes ☐ Medical / Surgical (Safety): Observation Frequency _____ (must be at least every 2 hours)	
		EC Staff Signature	Title Initials
		<u>Carol Williams</u>	EST <u>CD</u>
Alternative Interventions/Time Initiated		Alternative Interventions/Time Initiated	
☐ Camouflage site/tube	☐ Reality Orientation	☐ Cushion/Pads	☐ Toileting
☐ Companionship	☐ Redirection	☐ Exercise	☐ 1:1 Verbal
☐ Contracting	☐ Reduced Stimuli	☐ Family Notified	☐ Sedation
☐ Diversional Activity	☐ Snack	☐ Patient Teaching	
☐ Nurse Manager/Asst. Nurse Manager notified for restraints applied for 12 hours or 2 episodes of restraints in 12 hours. Notification: _____			
Trial Release (30 minutes or less): From: _____ To: _____ ☐ Successful ☐ Unsuccessful; why: _____			
Observation: Time	1900	1915	1930
• Continuous Monitoring for all restraints, seclusion, and patient watch	W	W	W
• Documentation every 15 minutes for all restraints used in EC	W	W	W
Change in Device or Restraint:	W	W	W
L=limb B=belt S=seclusion W=watch	W	W	W
Skin Check I=intact R=red S=swollen A=abraded	I	I	I
Neurovascular A=adequate I=inadequate	A	A	A
Food, Fluids, Toilet offered every 2 hours, Range of Motion, Ambulation, Hygiene	-	-	-
Patient Behavior document C=calm A=agitated S=sleeping V=violent H=hallucinating	C	C	C
RN Reassess Need for Restraint Every 1 hour	OK		OK
Every 1 hour Vital Signs Pulse			
☐ See electronic record	Blood Pressure		
	Respiratory Rate		
	Temperature		
Discontinued by: <u>Carol Williams</u> Date: <u>8/7/05</u> Time: <u>2000</u>		Patient Label	
Reason for discontinuation as assessed by RN (describe): _____		<u>80</u>	

PRINTED BY: FM20261
DATE: 8/12/2005

Spartanburg Regional Healthcare System 101 E. Wood St.	Emergency Center (864)560-5400 Assessment Sheet	MR # 000275108 Sex: Female DOB: 04/08/1989 Name: Martinez, Raquel Phone: (864)574-7978 Address: 1 Unit Code: 10108 SPARTANBURG, SC 29301 Account # 0521900058 Age: 46

Complaint: Possible medication problems Arrival Time/Date: 07:58 08/07/2005 Arrived by: Ambulance Mobility: Stretcher Primary Care: Caston, Chris Accompanied By:	Triage Class: Insurance: --None Amb/Helicopter: R3 Westview-Fairforest Referring Facility: Emergency Physician: Hellams M.D., Mike

Vital Signs						Pain		Pulse Ox.		Pupils		Glasgow Coma		
Initials	Time	Temp	Blood Pressure	Pulse	Resp	Time	Scale	Time	%	Time	L (mm)	R (mm)	Time	Score
SS	08:45	98.7	117/63	67	15	08:45	0/10	20:21	100					
CP	12:32	99.8 O	138/95	67	16	20:21	0/10							
CP	19:17	98.3 O	135/81	85	16									
SW	20:21	98.3 O	135/81	85	16									

Medications					Allergy	
Medication	Dosage	Freq	Prescribing Phys	Started	Allergy	Allergic Reaction
Doxycycline	100	BID			*No Known Allergies	
Lorazepam	10	prn				
Flexeril		prn				
Zolof						
Ibuprofen	800	TID				
Nitroglycerin Tartrate	100	QD				
Flonid Acidic	0.1	QD				
Loraz	10/20	QD				
Leds	40	QD				

Triage Nurse: Unknown	
Past Medical Hx: Tetanus History: Social History: Weights: LMP Date:	

Disposition Information Primary Diagnosis: Psychosis Secondary Diagnosis: Disposition: Admit - Inpatient Dispositioned By: Diana Culbertson Report Called By: Culbertson, Diana Prescriptions: Discharge Instructions: Disability Statement: Follow-up Care: Discharge Time: 20:21 08/07/2005		Family Notification: Report Given To: 3, South, Psych, (1-11) - Bonnie Hardin, RN Appt Date/Time: Discharged By: Stelena Walton RN

Initials _____ Name _____ _____ _____	PRINTED BY: FM20261 DATE 8/12/2005	Initials _____ Name _____ _____ _____



SPARTANBURG
Regional Healthcare System

☐ SRMC

☐ SHRC

☐ BJW

Use Ball Point Pen and Press Firmly

REQUIRED FOR ADMISSION

Height: 5'4"
Weight: 130
Allergies: NKA

CHECK
OFF EACH
ORDER AS
TRANSCRIBED

PHYSICIANS ORDER FORM

TIME
DATE 8-7-05

Diagnosis:

- ① Ibuprofen 800mg tid
- ② Oxycodone 100mg bid
- ③ Lasix 40mg q 9Am

Admit to 35 - Tra 15

Rx: Delirium
Perzo Withdrawal

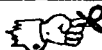
Routine Labs - Do not repeat Ex labs

Consult Cardio-Medical for HxP
4 Med Nym - HTN

*249
8/7/05*

TIME NOTED

TELEPHONE/VERBAL ORDER RECEIVED BY:



REMINDER: VERIFY & READ BACK.

RECORD FINAL DIAGNOSIS ON THE FACE SHEET

PATIENT NAME:

PHYSICIAN
PRINTED NAME

Patient Label

PHYSICIAN
SIGNATURE

PRINTED BY: M20261

DATE 8/7/2005
1106 (REV. 11-03)

0521900058 000-275108
MARTINEZ, RAQUEL DOB 04/08/60
ADM PHYSICIANS ED
ADM DATE/TIME 08/07/05 0808

35 Rm15



SPARTANBURG
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ BJW

Use Ball Point Pen and Press Firmly

REQUIRED FOR ADMISSION

Height: 54 Weight: 130

Allergies: NYDA

CHECK
OFF EACH
ORDER AS
TRANSCRIBED

PHYSICIANS ORDER FORM

TIME 1800
DATE 8-7-05

Diagnosis: Depression NOS

sig
8/10/05
JH/ma

35
Rm
15

- ① Dexamethasone 1mg elixir at 11pm
tonight only p.o.
- ② #20 Dexamethasone level in Am
- ③ Fasting Amino Acid Profile in Am
- ④ Cortisol levels at 7Am and 4Pm
Select 2-5
- ⑤ Klonopin 1mg q 1pm and 2mg q 11pm p.o.
- ⑥ Klonopin 1mg q 4pm prn agitation or
insomnia
- ⑦ TSH level
- ⑧ Foprol XL 100mg q 9Am
- ⑨ Lotrel 10/20 q 9Am
- ⑩ Loraz 46mg q 6pm
- ⑪ Loraz 5mg bid (9Am + 6pm) - Start 8-8

240
2/20/05
4/1/05

TIME NOTED

TELEPHONE/VERBAL ORDER RECEIVED BY:



REMINDER: VERIFY & READ BACK.

RECORD FINAL DIAGNOSIS ON THE FACE SHEET

PATIENT NAME:

PHYSICIAN
PRINTED NAME

Patient Label

PHYSICIAN
SIGNATURE

[Handwritten Signature]

PRINTED BY: FM20261

DATE 8/12/2005
1100 (REV. 11-03)

0521800058 000-275108
MARTINEZ, RAQUEL DOB 08/07/05
ADM PHYSICIAN, ED
ADM DATE/TIME 08/07/05 0808



*LC: ORERAR, HEATHER L, RN
 JSB: BOOTH, JANA LYN E, RN
 TMR: ROBINSON, THERESA M, LPN
 PBA: ALLEN, PRISCILLA J, LPN
 WFM: MADRIGAL, MANDY R, LPN

MARTINEZ, RAQUEL
 SPARTANBURG REGIONAL
 Medication Admin Report (MAR - ps_mar)
 FROM: 08/07/05 18:17 TO: 08/09/05 18:55
 ROOM: 030-B ADM: 08/07/05 18:17
 AGE: 40Y SEX: F MD: CASTON, CHRIS C
 DOB: 04/05/1959 ID: 0521900058 MR: 000275108
 REQUESTED: 08/09/05 C155

* See end of page for Administration Note

■ See end of page for Not-Given reason

NO: DISCONTINUED

		08/07/05 Day:1					08/08/05 Day:2					08/09/05 Day:3				
start/stop	ord	04	08	12	18	20	04	08	12	16	20	04	08	12	16	20

SCHEDULED MEDICATIONS

CLONAZEPAM

1 MG ORAL

1 MG/1 TAB ORAL
DAILY AT 1300

2 MG/2 TAB ORAL
AT BEDTIME

1 MG ORAL
AT BEDTIME

1 MG/1 TAB ORAL
AT BEDTIME

1 MG/1 TABLET ORAL
AT BEDTIME

DEPAKOTE (DIVALPROEX SODIUM)

250 MG/1 TBEC ORAL
TWICE A DAY

Doxycycline HYCLATE

100 MG/1 CAP ORAL
EVERY 12 HOURS

FUROSEMIDE

40 MG/1 TAB ORAL
ONCE A DAY

40 MG/1 TABLET ORAL
ONCE A DAY

GABAPENTIN

400 MG/1 CAP ORAL
AT BEDTIME

Hydrocodone-Acetaminophen (LORTAB 5 (USE FOR))

1 TABLET ORAL

1 TABLET TAB ORAL
TWICE A DAY

CLONAZEPAM

08/09 05:30 JSB * pm dose

PRINTED BY: FM20261

DATE 8/12/2005

CONTINUED

MR: 000275108 ID: 0521900058 DOB: 04/05/1959 - Medication Admin Report (MAR - ps_mar)

Page: 1

EZ, RAQUEL

130-B*

TMR ROBINSON, THERESA M, LPN
 HLC ORRAN, HEATHER L, RN
 PBA ALLEN, PRISCILLA J, LPN
 WRM MADRIGAL, MANDY R, LPN

MARTINEZ, RAQUEL
 SPARTANBURG REGIONAL
 Medication Admin Report (MAR - pa_mar)
 FROM: 08/07/05 18:17 TO: 08/09/05 18:55
 ROOM: 1030-B* ADM: 08/07/05 18:17
 AGE: 46Y SEX: F MD: CASTON, CHRS C
 DOB: 04/05/1959 ID: 0521800058 MR: 000275108
 REQUESTED: 08/07/05 11:55

* see end of page for Administration Note

■ see end of page for Not-Given reason

		08/07/05 Day:1					08/08/05 Day:2					08/09/05 Day:3				
		04	08	12	16	20	04	08	12	16	20	04	08	12	16	20
IBUPROFEN																
800 MG/1 TAB ORAL EVERY 6 HOURS		08/07 23:58	1				23:08			08:18				08:47		
		08/08 19:55					TMR			HLC				PBA		
		M: BAD TASTE IF CRUSHED;; FOR PAIN;; FOR HEADACHE														
LOTREL (LOTREL 10/20MG)																
1 CAPSULE CAP ORAL ONCE A DAY		08/08 09:00	9							08:18				08:47		
		08/09 19:55								HLC				PBA		
		M: MONITOR PULSE AND BLOOD PRESSURE														
NICOTINE (NICOTINE 14 MG/24 HR)																
14 MG/1 PT24 TOPICAL ONCE A DAY		08/08 18:30	25							18:39				08:47		
		08/09 19:55								MRM				PBA		
		M: : 8AM 4PM 12MN : : DO NOT SMOKE WHILE USING NICOTINE ; ; ALTERNATIVE														
TOPROL XL (METOPROLOL SUCC XL)																
100 MG/1 TB24 ORAL ONCE A DAY		08/08 09:00	8							08:18				08:47		
		08/09 19:55								HLC				PBA		
		M: DO NOT CRUSH!!!; LOWERS HR, MAY HOLD IF <40;; **CAUTION** FALL RISK PRECAUTIONS ; SHOULD ; ; BE TAKEN WHILE THE PATIENT IS ON THIS ; ; MEDICATION														
ZOCOR (Simvastatin)																
40 MG/2 TAB ORAL DAILY AT 1800		08/07 21:00	11				23:08			17:55						
		08/09 19:55					TMR			MRM						
		M: MAXIMUM DOSE IS 60MG PER DAY														

TOPROL XL (METOPROLOL SUCC XL)
 08/09 08:47 PBA * PULSE 64

PRINTED BY: FM20261

DATE 8/12/2005

LAST PAGE

MARTINEZ, RAQUEL
 ROOM: 1030-B*

MR: 000275108 ID: 0521800058 DOB: 04/05/1959 - Medication Admin Report (MAR - p

Page: 2

PERM

Describe reason for problem:

[illegible]

[REDACTED]

Date	Problem # 1 problem per pg	Objectives: short term goals Daily/Goals group	Interventions Focus: Frequency	Responsible Staff: RN, SW, MD, RT, MT	Patient Participation Signature:
8-1-05	altered mental status	Pt will participate in activities Pt will verbalize thoughts & feelings appropriately	Monitor q shift Administer med's i+x Assess mental status q shift		☐ Pt participated in formulating plan ☒ Pt understands but did not participate in formulating plan ☐ Pt does not appear to understand ☐ Pt refused to sign ☐ Pt unable to sign

PRINTED BY: HM23261
8/12/2005

Spartanburg Regional Medical Center
Department of Behavioral Health
Treatment Plan:

Attending: Caston

Date Initiated: 8-7-05 Page 1

Multidisciplinary Summary:

46 y.o. W.F. presented to ED by EMS when found on gate cause stating she was
going down the Missouri river. Broke every window in her patrol car and
reared up her house. Delirious from abruptly stopping her vanak med and being
started on Zolof.

Patient's Statement of Present Needs: (Quote)

"I need to find out what's going on with me."

Strengths: Family Support

Problem List/Nsg Dx. Prioritized	Status: active/inactive/resolved/deleted	Long Term Goals (by discharge)	Comorbidities: Active/Inactive
1. <u>Acute Mental Status</u>	<u>Active</u>	<u>pt will be oriented x4</u>	<u>HTAD - inactive</u>
2. <u>Acute Care Needs</u>	<u>Active</u>	<u>pt will return to current</u> <u>living situation</u>	<u>migraines - inactive</u>
3.			
4.			

Diagnoses:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Discharge Criteria:

pt will be oriented x4
mood will be +
pt will be compliant & med.

Expected Length of In-Patient Treatment: 5-7 days

Health Manager: [Signature]

Admitting RN: [Signature]

Social Work/Counselor: [Signature]

Recreation Therapy: _____

Music Therapy: _____

Other: _____

Other: _____

Physician: [Signature]

0521900058 000-275108
MARTINEZ, RAQUEL
ADM CASTON, CHRIS
REF CASTON, CHRIS



BY: FM20251
8/12/2005

PRINTED 8/10/05
DATE 48Y

DAILY ADULT GROUP CHARTING

Date: 8/8/05

Group: Daily focus Beginning Time: 900 Ending Time: _____

☒ Did not attend	☐ Disruptive	☐ Depressed/withdrawn	☐ Psychotic
☐ Group interaction	☐ Left early	☐ Tearful	☐ Confused
☐ Therapist interaction	☐ With staff	☐ Mood/Affect (not) congruent	☐ Paranoid
☐ Attended, did not interact	☐ Asked to leave	☐ Bright	☐ Manic

Pain (0-10): _____ Pain relieved by: _____ Mood (0-10): _____

Refused. Calabrese, LMSW

Group: 1:1 Beginning Time: 1000 Ending Time: _____

☐ Did not attend	☐ Disruptive	☐ Depressed/withdrawn	☐ Psychotic
☐ Group interaction	☐ Left early	☐ Tearful	☐ Confused
☒ Therapist interaction	☐ With staff	☐ Mood/Affect (not) Congruent	☐ Paranoid
☐ Attended, did not interact	☐ Asked to leave	☐ Bright	☐ Manic

Pt. is covered re: still having a job. Doesn't remember admission. focused & cooperative.

Group: _____ Beginning Time: _____ Ending Time: _____

☐ Did not attend	☐ Disruptive	☐ Depressed/withdrawn	☐ Psychotic
☐ Group interaction	☐ Left early	☐ Tearful	☐ Confused
☐ Therapist interaction	☐ With staff	☐ Mood/Affect (not) Congruent	☐ Paranoid
☐ Attended, did not interact	☐ Asked to leave	☐ Bright	☐ Manic

Group: _____ Beginning Time: _____ Ending Time: _____

☐ Did not attend	☐ Disruptive	☐ Depressed/withdrawn	☐ Psychotic
☐ Group interaction	☐ Left early	☐ Tearful	☐ Confused
☐ Therapist interaction	☐ With staff	☐ Mood/Affect (not) Congruent	☐ Paranoid
☐ Attended, did not interact	☐ Asked to leave	☐ Bright	☐ Manic

Group: Exercise Beginning Time: 200 Ending Time: _____

☒ Did not attend	☐ Disruptive	☐ Depressed/withdrawn	☐ Psychotic
☐ Group interaction	☐ Left early	☐ Tearful	☐ Confused
☐ Therapist interaction	☐ With staff	☐ Mood/Affect (not) Congruent	☐ Paranoid
☐ Attended, did not interact	☐ Asked to leave	☐ Bright	☐ Manic

in bed. Calabrese, LMSW

Group: _____ Beginning Time: _____ Ending Time: _____

☐ Did not attend	☐ Disruptive	☐ Depressed/withdrawn	☐ Psychotic
☐ Group interaction	☐ Left early	☐ Tearful	☐ Confused
☐ Therapist interaction	☐ With staff	☐ Mood/Affect (not) Congruent	☐ Paranoid
☐ Attended, did not interact	☐ Asked to leave	☐ Bright	☐ Manic

Group: Journaling/ Wrap-up Beginning Time: _____ Ending Time: _____

☐ Did not attend	☐ Disruptive	☐ Depressed/withdrawn	☐ Psychotic
☐ Group interaction	☐ Left early	☐ Tearful	☐ Confused
☐ Therapist interaction	☐ With staff	☐ Mood/Affect (not) Congruent	☐ Paranoid
☐ Attended, did not interact	☐ Asked to leave	☐ Bright	☐ Manic

Pain (0-10): _____ Pain relieved by: _____ Mood (0-10): _____

PRINTED BY: FM205
DATE: 8/12/2005

0521900058 000-275108
08/07/05 F 45Y
GARCIA, RAQUEL
ADM CASTON, CHRIS
REF CASTON, CHRIS





SPARTANBURG
Regional Healthcare System

☒ SRMC ☐ SHRC ☐ BJW

Use Ball Point Pen and Press Firmly

REQUIRED FOR ADMISSION

Height: _____ Weight: _____
Allergies: _____

CHECK
OFF EACH
ORDER AS
TRANSCRIBED

PHYSICIANS ORDER FORM

Behavioral Health Services Individualized Printed Orders

TIME 2030
DATE 8-7-05

PART A

- Patient may participate in the following treatment program track:
☒ Intensive Management ☐ Geriatric
☐ Dual Diagnosis ☐ Adult
- Patient may participate in the following specialty groups/therapies:
☒ Individual ☐ Family/Marital ☐ 12 Step
☒ Coping Skills ☐ Other: _____
- Special limitations or restrictions for Exercise or Physical Activities:

PART B

- Diet as taken at home Regular
- Diagnostic studies ☒ Complete Metabolic Profile ☐ Complete Blood Count ☒ Rapid Plasma Reagin
☐ BETA Gonadotropin pregnancy test on all fertile females ☐ Urine Drug Screen
☒ Thyroid Stimulating Hormone (to rule out organic psychosis and mood disorder)
- Place Patient's name on History and Physical List
- May obtain modified drug screen and serum ETOH level if behavior indicates substance abuse.
- Milk of Magnesia 30 milliliters by mouth as needed every day as laxative
- Acetaminophen 650 milligrams by mouth every 4-6 hours as needed for pain and/or fever above 101°
- Maalox Technetium 15 milliliters by mouth every 4 hours as needed for indigestion
- Docusate Sodium 100 milligrams by mouth twice a day as needed on all patients 55 years of age and older and/or on antipsychotic and antidepressant medication
- Tussi Organidin DM 5-10 milliliters by mouth every 4 hours as needed for cough
- Bismuth Subsalicylate 30 milliliters by mouth every 4 hours as needed for diarrhea
- Patient may smoke in designated area.
- Weight upon admission (Saturday) and weekly.
- Vital signs twice a day.

TIME NOTED

TELEPHONE/VERBAL ORDER RECEIVED BY:

REMINDER: VERIFY & READ BACK

Dr. Caston / K. Clarker

RECORD FINAL DIAGNOSIS ON THE FACE SHEET

PATIENT NAME:

PHYSICIAN
PRINTED NAME

PHYSICIAN
SIGNATURE

PRINTED BY: TM20
DATE 8/12/20

Patient Label
0521900058 000-275108 08/07/05
MARTINEZ, RAQUEL F 46Y
ADM CASTON, CHRIS
REF CASTON, CHRIS



1106-111 (rev. 03-04)



SPARTANBURG
Regional Healthcare System

☒ SRMC ☐ SHRC ☐ BJW

Use Ball Point Pen and Press Firmly

REQUIRED FOR ADMISSION

Height: _____ Weight: _____
Allergies: _____

CHECK
OFF EACH
ORDER AS
TRANSCRIBED

PHYSICIANS ORDER FORM

TIME 1515
DATE 8-8-05

Diagnosis:

① Change Klonopin to 1mg q 10 PM only
DC 1mg at 1 PM

② Gabapentin 400mg q 4hr p.o.

③ Depakote 250mg bid (1 PM & 10 PM) p.o.

④ VA level in Am (#33)

⑤ Transfer to 3 East

⑥ DC INT - done

⑦ ~~Change Lorazepam to 5mg tid~~ p.o.

⑧ ~~Lorazepam 5mg now~~ p.o.

⑨ Gabapentin 300mg q 4hr prn HA p.o.

⑩ Phenytoin 25mg q 4hr prn HA p.o.

240V
P-9-05
J.B. [initials]

[Signature]

TIME NOTED

TELEPHONE/VERBAL ORDER RECEIVED BY:



REMINDER: VERIFY & READ BACK

RECORD FINAL DIAGNOSIS ON THE FACE SHEET

PATIENT NAME:

PHYSICIAN
PRINTED NAME

Patient Label

PHYSICIAN
SIGNATURE

[Signature]

0521900068 000-275108 08/07/05
MARTINEZ, RAQUEL F 46Y
ADM CASTON, CHRIS
REF CASTON, CHRIS



PRINTED BY: FM20261

DATE 8/10/05 (REV 03)



SPARTANBURG
Regional Healthcare System

☒ SRMC ☐ SHRC

Use Ball Point Pen and Press Firmly

REQUIRED FOR ADMISSION

Height: _____ Weight: _____
Allergies: _____

CHECK
OFF EACH
ORDER AS
TRANSCRIBED

PHYSICIANS ORDER FORM
Smoking Cessation Orders

TIME 1700
DATE 8-8-05

Diagnosis:

Patient has been informed of Spartanburg Regional Healthcare System Tobacco Free policy

☐ Patient plans to Quit: Smoking Cessation Program and Nicotine Replacement

☒ Patient plans to continue Smoking: Smoking Education and Nicotine Replacement

Patient's preferred Nicotine Replace Route ☒ Patch ☐ Lozenge ☐ Gum ☐ Inhaler

Use Fagerstrom Score for dosing (separate form)

☐ Score 7-10 = 21 milligrams transdermal patch (remove old patch before applying new) or
4 milligrams Gum/lozenge by mouth up to 24 pieces per day

☒ Score 4-6 = 14 milligrams transdermal patch (remove old patch before applying new) or
2 milligrams Gum/lozenge by mouth up to 24 pieces per day

☐ Score 3 or less = 7 milligrams transdermal patch (remove old patch before applying new) or
2 milligrams Gum/lozenge by mouth up to 24 pieces per day

☐ Nicotine Inhaler 10 milligrams _____ cartridges per day (maximum 16 per day)

Break through Smoking Urges

☐ Nicotine Gum/Lozenges by mouth 2 milligrams not to exceed 24 pieces per day total. Hold for
anorexia or vomiting.

☒ Nicotine Inhaler 10 milligrams as needed, not to exceed 16 cartridges per day

Smoking Cessation Program

☐ Bupropion Extended Release tablet 150 milligrams by mouth every morning at 0900

☐ Bupropion Regular tablet 100 milligrams by mouth twice a day at 0900 and 1300

TIME NOTED

TELEPHONE/VERBAL ORDER RECEIVED BY:

REMINER: VERIFY & READ BACK

RECORD FINAL DIAGNOSIS ON THE FACE SHEET

PATIENT NAME:

PHYSICIAN
PRINTED NAME

Dr. Caston

Patient Label

PHYSICIAN
SIGNATURE

[Signature]

PRINTED BY: FM20261

DATE 8/12/2005

0521900058 000-275108 08/07/05
MARTINEZ, RAQUEL
ADM CASTON, CHRIS
REF CASTON, CHRIS



1106-251 (04-05)

PROGRESS NOTES

DATE	NOTES
8/8/05 12:35pm	SW note: SW Assessment completed + filed. Pt. doesn't remember any thing about admission, but as I give her details she states that it is all sounding familiar. Worried about her job - Believes that she'll be fired because of her admission but requests that I fax a letter to her work (Sheriff's Dept) notifying them of her admission, which I will do p having consent signed. DC plan is home. Denies any probs. other than worry about her job. (Cheryl Holstien, case su)
8/8/05 1:50pm	SW note: Pt. signed consent to notify her employer of dated of hospitalization. Spoke c Vicki Biggs, Admin. Asst. for Sheriff, at 596-2540. Letter faxed to her at 596-2704. At pt. request, this letter was also faxed to Tony Bell, Personnel Manager for Spthg. Co. at 596-3615. Copy of letter, along c transmission reports from these 2 faxes, given to pt. for her records. Copy of signed consent also given to pt. Original letter filed on chart. Original consent filed as well on chart. (Cheryl Holstien, case su)

PRINTED BY: FM20261

DATE 8/12/2005

1080 (7/1898)

ADDRESSOGRAPH

0521900058 000-275108 08/07/05
MARTINEZ, RAQUEL F 45Y
ADM CASTON, CHRIS
REF CASTON, CHRIS



SPARTANBURG
Regional Healthcare System



SPARTANBURG
Regional Healthcare System

☐ SRMC

☐ SHRC

☐ BJW

Use Ball Point Pen and Press Firmly

REQUIRED FOR ADMISSION

Height:

Weight:

Allergies:

CHECK
OFF EACH
ORDER AS
TRANSCRIBED

PHYSICIANS ORDER FORM

TIME

DATE 8-9-05

Diagnosis:

① Discharge now: list all med

1. Toprol XL 100 mg q 8Am

2. Lotrel 10/20 q 8Am

3. Zocor 40mg q 6pm

4. Lortab 10mg - 1/2 three or 4 times a day
or Norco

5. Clonazepam 1mg q h.i.z.

6. Depakote 250mg q 1pm

250mg q 5pm

500mg q 8PM and 250mg q 4pm
per headache

7. Gabapentin 600mg q 9pm

8. Furosemide 300mg q 8pm per severe headache

9. Ibuprofen 800mg q 8pm

② Valproic acid level and Gabapentin level in AM at PHP

TIME NOTED

TELEPHONE/VERBAL ORDER RECEIVED BY:

③ PHP 8-10 and 8-11



REMINDER: VERIFY & READ BACK.

RECORD FINAL DIAGNOSIS ON THE FACE SHEET

PATIENT NAME:

PHYSICIAN
PRINTED NAME

PHYSICIAN
SIGNATURE

Patient I.D.

0521800058 000-275108 08/07/05
MARTINEZ, RAQUEL F 46Y
ADM CASTON, CHRIS
REF CASTON, CHRIS



PRINTED BY: FM20261

DATE 8/10/2005

PROGRESS NOTES

DATE	NOTES
8-9-05	VA level = 18 mg. H. slept well last PM. She is alert today. She appears back to her old self per her report. She is in a state of shock. She is agreeable to going to outpt care today. She has no homicidal or suicidal ideation. She will be in on Cortol and be given 1 Risperidone. Problem: 1 Xanax withdrawal 2 Migraine HA 3 Anxiety Disorder 4 Depression Plan: 1 Discharge now 2 PHP on 8-10 <i>[Signature]</i>

PRINTED BY: FM20261
DATE 8/12/2005

1080 (7/1998)

0521900058 000-275108 08/07/05
MARTINEZ, RAQUEL F 46Y
ADM CASTON, CHRIS
REF CASTON, CHRIS



PROGRESS NOTES

DATE	NOTES
	<u>Needs:</u> Doxycycline 100mg po BID → Acne Norco 10/325mg po PRN Ibuprofen 10mg po qday PRN Zolof - recently started 7mg Ibuprofen 800mg po TID Metoprolol XL 100mg po HTN Floriset 0.1mg : po daily - HTN Labetal 10/20mg po qday - HTN Lasix 40mg po qday - Zosor 40mg po qday Cimetex - PRN
	<u>BmH:</u> TMJ, Olanter Jovitis, Migraine HTN; Anxiety; Acne, A/P Skeletal injury (back or knee?)
	<u>NKDA</u> -

PRINTED BY: FM20261

DATE 8/12/2005

1080 (7/1898)

AD 0521900058 000-275108
MARTINEZ, RAQUEL DOB ~~08/07/05~~
ADM PHYSICIANS, ED
ADM DATE/TIME 08/07/05 0808



MARTINEZ, RAQUEL
 SPARTANBURG REGIONAL
 smc_bshwhx
 FROM: 08/07/05 08:45 TO: 08/08/05 18:53
 ROOM: 1030-6 ADM: 08/07/05 18:17
 AGE: 44Y SEX: F MD: CASTON, CHRIS C
 DOB: 04/08/1961 ID: 0521900058 MR: 000275108
 REQUESTED: 08/10/05 01:35
 Page: 1

FLWSHEET	08/08
Social History	11:25
Reason for Admis	anxious hallucinate-audt hallucinate-vish bizarre behavior delusional disoriented change in sleep wandering &
Marital Status	divorced
Curmt Living Ar	lives alone
Race	Hispanic
Cultural issues	No
Religion	no preference
Legal Custodian	self
Educational Hx	college &
Current Employmt	yes 5 yrs-10 yrs &
Hx Work Problems	none
Mo Income Source	
Employed	\$1700
Military Service	No
Legal Issues	No
Child Developmet	
Education	normal
Emotional	normal
Mental	normal
Physical Debrtd	normal
History of Abuse	Yes
Other caregiver	
Type of Abuse	sexual abuse physical abuse verbal abuse &
Age of Onset	latency
Abuse Duration	recurrent
Prev Hosp for MI	No
Prev Hosp for SA	No
Substance Abuse	No
Signif Loss	family death DATE
CARE PROVIDERS	CLS

PRINTED BY: FM20261
 DATE 8/12/2005

SOLESBEE, CHERYL L (CLS) LMSW - Lic

MARTINEZ, RAQUEL
 RC

CONTINUED
 MR: 000275108 ID: 0521900058 DOB: 04/08/1961 - smc_bshwhx
 Page: 1

TEAM

MARTINEZ, RAQUEL
 SPARTANBURG REGIONAL
 smc_bhwtx
 FROM: 08/07/05 08:45 TO: 08/08/05 18:55
 ROOM: "030-B" ADM: 08/07/05 18:17
 AGE: 48Y SEX: F MD: CASTON, CHRIS C
 DOB: 08/08/56 ID: 0521800058 MR: 000275108
 REQUESTED: 08/10/05 01:55
 Page: 2

FLWSHEET	08/08
Social History Cont.	11:25
Indiv Weaknesses	other(see annot) &
Indiv Strengths	stable residence employed family support job skills education
Fam Demographic	mother living father living
Siblings	3
Pt's own Childrn	0
Fam Relationship	
Family of Origin	functional supportive
Current Family	functional supportive
Family Hx of SA	No
Family Hx of MI	No
Sexual Orientatn	heterosexual
Family Intervnt	contact visitation
Discharge Plans	home mental health cl
Tx Plan-rec/gls	Adult Program attend groups Fam work as appr &
08/08/05 11:25 Reason for Admis(CLS): Pt. abruptly stopped her Xanax & went into withdrawal-induced delirium. Found on a driving range stating that she was on the MO River. Had trashed her home & broke windows in her patrol car. Cooperative. Focused. Doesn't remember admission.	
08/08/05 11:25 Educational Hx(CLS): BA in Interdisciplinary Studies & Political Science	
08/08/05 11:25 Current Employmt(CLS): Police officer at Spbg. Sheriff's Dept.	
08/08/05 11:25 Type of Abuse(CLS): Molested from age 6-8. Raped at age 18.	
08/08/05 11:25 Signif Loss(CLS): Death of cousin to whom she was very close in April.	
08/08/05 11:25 Indiv Weaknesses(CLS): Ineffective coping skills	
08/08/05 11:25 Tx Plan-rec/gls(CLS): Pt. is on IM unit but would likely benefit from Adult unit grps.	
CARE PROVIDERS	CLS

Legend Charting

Total Braden Score

(O) Perform Date: 08/08/05 09:46 Chart Date: 08/08/05 10:18 Chart Inits.: HLC
 Value: 23
 (M) Perform Date: 08/08/05 09:46 PRINTED BY: FM20261
 Value: (22) DATE 8/12/2005 Chart Date: 08/08/05 10:21 Chart Inits.: HLC
 SOLESBEE, CHERYL L(CLS)LMSW - Lic

CONTINUED

MARTINEZ, RAQUEL
 ROOM: "030-B"

MR: 000275108 ID: 0521800058 DOB: 08/08/56 - smc_bhwtx
 Page: 2

PERM

MARTINEZ, RAQUEL
SPARTANBURG REGIONAL
SRMC Psychiatry Flowsheet (smc_psych18)
FROM: 08/07/05 08:45 TO: 08/08/05 18:55
ROOM: "030-B" ADM: 08/07/05 18:17
AGE: 48Y SEX: F MD: CASTON, CHRIS C
DOB: 08/07/1956 ID: 0521900058 MR: 000275108
REQUESTED: 08/10/05 01:55

Page: 1

FLWSHEET	08/07	08/08		08/09		
Assessment Phase	DAYS	EVES	NOCS	DAYS	EVES	NOCS
Assessment Phase			admission LAC 04:08	routine shift HLC 09:46	routine shift JSB 22:22	
Proper ID Intact			yes LAC 04:08	yes HLC 09:46	yes JSB 22:22	
Received from:			emergency dept LAC 04:08			
Arrival time:			08/07/2005 20:10 LAC 04:08			
Arrived by			wheelchair LAC 04:08			
Psych Daily Note	DAYS	EVES	NOCS	DAYS	EVES	NOCS
Daily Notes 1			LAC 04:08 &	HLC 09:46 &	JSB 22:22 &	
Daily Notes 2				HLC 09:46 &		
08/08/05 04:08 Daily Notes 1(LAC): Pt compliant with HS meds. Oriented to person only.						
08/08/05 09:46 Daily Notes 1(HLC): pt irritable this am, with decreased memory, pt is unable to remember the events of the past 2 days. Pt does remember stopping her xanax, stating it was making her feel paranoid and upset. Refused am group today, and states she doesn't want to go to an						
08/08/05 09:46 Daily Notes 2(HLC): groups. Very withdrawn to her room. Tearful during 1:1 this am.						
08/08/05 22:22 Daily Notes 1(JSB): Sociable with roommate. Had visitors and visit went ok. Adamantly refused group. States she was told she did not have to go. Appears embarrassed/frustrated at times but will not disclose.						
Psych Assess.	DAYS	EVES	NOCS	DAYS	EVES	NOCS
Unable to assess			yes LAC 04:08			
Suicidal Risk				denies thoughts HLC 09:46	denies thoughts JSB 22:22	
Violence Risk				denies thoughts HLC 09:46	denies thoughts JSB 22:22	
Orientation			person LAC 04:08	person place HLC 09:46	person place time situation JSB 22:22	
performs ADL's brkdn in ADL's			yes LAC 04:08	yes HLC 09:46	yes JSB 22:22	
Behavior			somnolent LAC 04:08	arrogant confused withdrawn HLC 09:46	guarded poor eye contact uncooperativ JSB 22:22	
Appearance			disheveled LAC 04:08	neatly groomed clean age appropriate HLC 09:46	clean age appropriate JSB 22:22	
Psychomotor			retardation LAC 04:08	WNL HLC 09:46	WNL JSB 22:22	

BOOTH, JANALYN S(JSB)RN

CLARK, LORI A(LAC)RN

CRERAR, HEATHER L(HLC)RN

CONTINUED

JEL
ROOM: "030-B"

MR: 000275108 ID: 0521900058 DOB: 08/07/1956 - SRMC Psychiatry Flowsheet (smc_psych18)
Page: 1

PERM

MARTINEZ, RAQUEL
SPARTANBURG REGIONAL
SRMC Psychiatry Flowsheet (smc_psyd18)
FROM: 08/07/05 08:45 TO: 08/08/05 18:55
ROOM: 030-B ADM: 08/07/05 18:17
AGE: 46Y SEX: F MD: CASTON, CHRIS C
DOB: 08/08/59 ID: 0521900058 MR: 000275108
REQUESTED: 08/10/05 01:55

Page: 2

FLWSHEET	08/07		08/08		08/09	
Psych Assess-Cont.	DAYS	EVES	NOCS	DAYS	EVES	NOCS
Mood/Affect			detached LAC 04:08	anxious flat irritable tearful HLC 09:46	anxious irritable suspicious JSB 22:22	
Speech patterns			mumbling soft LAC 04:08	soft HLC 09:46	hesitant JSB 22:22	
Tht content/proc			hallucinatory/desc LAC 04:08	confused HLC 09:46	guarded somatization JSB 22:22 &	
Memory			LAC 04:08 &	remote mem/intac recent mem/defic HLC 09:46	remote mem/intac recent mem/intac JSB 22:22	
Insight/Judgment			< optim judgment < optim insight LAC 04:08	< optim judgment < optim insight HLC 09:46	poor judgment poor insight JSB 22:22	
Interventions			belonging search involve milieu medications 1:1 staff decrease stimuli support validation LAC 04:08	verbal contract medications 1:1 staff set limits structure support validation HLC 09:46	involve milieu medications 1:1 staff structure support validation JSB 22:22 &	
Outcome goals			safety > compliance < hallucinations improve eating improve mood improve sleep > independence > involvement > organization < pain > self esteem LAC 04:08	safety < anxiety improve mood > involvement HLC 09:46	safety < agitation < anxiety improve mood improve sleep JSB 22:22	

08/08/05 04:08 Memory(LAC): unable to assess

08/08/05 22:22 Tht content/proc(JSB): focused on the reduction of Loraz today.

08/08/05 22:22 Interventions(JSB): refused group

PUF am Ed	DAYS	EVES	NOCS	DAYS	EVES	NOCS
Nurse						
Person taught				patient HLC 09:46	patient JSB 22:22	
Educational Meth				verbal HLC 09:46	verbal JSB 22:22	
Educational Need				copying skills diagnosis plan of care fall prevention		

PRINTED BY: PM30261
DATE 8/12/2005

BOOTH, JANALYN S(JSB)RN

CLARK, LORI A(LAC)RN

CRERAR, HEATHER L(HLC)RN

CONTINUED

MARTINEZ, RAQUEL
ROOM: 030-B*

MR: 000275108 ID: 0521900058 DOB: 08/08/59 - SRMC Psychiatry Flowsheet (smc
Page: 2

PERM

MARTINEZ, RAQUEL
SPARTANBURG REGIONAL
SRMC Psychiatry Flowsheet (smc_psych)
FROM: 08/07/05 08:45 TO: 08/08/05 18:55
ROOM: 130-B ADM: 08/07/05 18:17
AGE: 46Y SEX: F MD: CASTON, CHRIS C
DOB: 08/07/59 ID: 0521900058 MR: 000275108
REQUESTED: 08/10/05 01:55

Page: 3

FLWSHEET	08/07	08/08	08/09
PT/Fam Ed-Cont.	DAYS	EVES	NOCES
			medications HLC 09:46
Barriers to Im			anxiety HLC 09:46
Outcomes			nds reinforcemnt HLC 09:46
Obsv. Checklist	DAYS	EVES	NOCES
Observed q15min			
Time Frame			19:00-22:59 23:00-02:59 03:00-06:59 TMR 06:07 &
Observed q1h			
Time Frame			19:00-22:59 23:00-02:59 03:00-06:59 LAC 04:08
Assessed q1 Hour			
Time Frame			19:00-22:59 23:00-02:59 03:00-06:59 SCG 06:00 &
Reason/Observatn			bizarre behavior safety LAC 04:08
Activity			in bedroom in dayroom medicated sitting sleeping LAC 04:08

08/08/05 06:07 Time Frame(TMR): pt slept 5 hrs

08/09/05 06:00 Time Frame(SCG): slept 9 hrs

Neurological	DAYS	EVES	NOCES	DAYS	EVES	NOCES
Neuro examnt			WNL except LAC 04:08	WNL except HLC 09:46	WNL except JSB 22:22 &	
Orientation			person LAC 04:08	person place HLC 09:46 &		
LOC			lethargic sleeping LAC 04:08			
Bilat Pupils						
Pupil size			3mm			

PRINTED BY: 08/08/05 12:02:61

08/08/05 09:46 Orientation(HLC): pt could not recall the events of the last 2 days. Pt also didn't know the date or day of the week and had difficulty remembering the month.

BOOTH, JANALYN S(JSB)RN
GRAY, SUSAN C(SCG)PCT

CLARK, LORI A(LAC)RN
ROBINSON, THERESA M(TMR)LPN

CRERAR, HEATHER L(HLC)RN

CONTINUED

MARTINEZ, RAQUEL
FROM: 08/07/05 08:45

MR: 000275108 ID: 0521900058 DOB: 08/07/59 - SRMC Psychiatry Flowsheet (smc)

Page: 3

PERM



EMERGENCY ROOM

DATE: 4-25-05 TIME: 1537 ARRIVED: Walked W/C EMS AGE: 46 SEX: F
VITAL SIGNS: BP: 180/95 P: 107 R: 16 T: 99.4 SaO2: 98 (RA) O2 L/MIN WEIGHT: _____
Repeat Vital Signs: Time: _____ BP: _____ P: _____ R: _____ T: _____ SaO2: _____
CHIEF COMPLAINT: Pt. c/o nausea, vomiting, diarrhea, Headache, To see
in morning seen yesterday @ SAMC,
*PTA: 1552 To rm #2 Triage Nurse: L. Ambrer
ALLERGIES: Quaalid, Durvocat, PCN, MYS Latex: ☐ Yes ☐ No Food: Met
PMH: Migraines, TMT, HTA
MEDICATIONS: HOME MED SHEET See HTP
VT. MD: Weider ERMD: X Tet Tox: <5 >5 Unknown IMMUNIZATIONS: UTD Need: _____
Social Hx: Smokes: Yes No PPD: 3/4 Alcohol: Yes No Frequency: _____ Domestic Abuse: Yes No Reported: _____
Main Level: 89/10 LMP: G: P: A: EDC: HYST: Notified: ☐ Police ☐ Animal Control ☐ DSS
IME: _____ HPI: _____
See HTP

E: _____
KIN: _____
EENT: _____
ECK: _____
HEST: _____
EART: _____
BD: _____
XTREMITY: _____
EURO: _____
CONSULT: _____ Time: _____ Physician Signature: _____

Diagnostic Test				Orders
TEST	TIME/INI	TEST	TIME/INI	
CBC	16:24/16:24	ERG	16:24/16:24	X Head w/ade w/ine CTS 16:24/16:24
BMP	16:24/16:24	BHCG	/	
CMP	/	LVA	/	
BUN	/	CATH	16:24/16:24	
CREAT	/	CXR	/	
PT/PTT	/	TRAUMA	/	
MI	/	PANEL	/	
PROBLE	16:24/16:24	OLD	/	
TROPONIN	16:24/16:24	RECORDS	/	
		ABG	/	
		BS	/	
		SEMI	/	

PROVISIONAL DIAGNOSIS: HTA / acc HTP
Discharge Time: _____ Admit Time: _____ Room#: _____ Admitting Physician: _____
Discharge Instructions: _____

LEVEL 1 2 ③ 4 5

NAME: Martinez, Raquel

SOCIAL SECURITY #: _____

16354 F 046Y
MARTINEZ, RAQUEL
DOB: 4/25/59

Addressograph



1546984

ALLERGIES

INSERT FORM IN CHART HOLDER UP TO THIS LINE

PATIENT IDENTIFICATION

4/25/05 3354 F 046Y
MARTINEZ, RAQUEL
DOB: 4/25/59



1546984 E

AGNOSIS

AR

HEIGHT

WEIGHT

ORDER #

Page 1 of 3

MONTH DAY TIME

Internal Medicine Admission Orders

1/20/05	165	1. Admit to Dr. <u>Smuraw</u>
3100060		☐ Floor ☒ Telemetry ☐ ICU ☐ Step-down
		2. Diagnosis: <u>HTA / Acc. HTN</u>
		3. Condition: <u>Guarded</u>
		4. Allergies: <u>PCN / NURS / Penicillin</u>
4-25-05		5. DNR status: ☐ yes ☒ no
CA		6. Vital signs: ☐ every 2 hours ☐ every 4 hours ☐ every 6 hours ☐ every Shift ☒ Routine
		7. Activity: ☐ Bedrest ☒ BRP ☐ Ad lib ☐ Other:
1850		8. Nursing: ☐ Strict I/O ☐ Daily wts ☒ Routine ☐ Place Foley-gravity
		☐ Place NG tube-Clamp/Low intermittent wall suction/continuous wall suction
		☐ PT/OT/SSW evaluation and treatment
		9. Patient must be monitored when leaving the floor for test/procedure: ☐ yes ☒ no
		10. Call MD with temp greater than 100.5, HR greater than 130 or less than 50,
		RR greater than 30 or less than 10 or sat less than 90%
		SBP greater than 180 or less than 90, DBP greater than 100 or less than 40,
		UOP less than 30 mL/hour or 240 mL/shift, or mental status changes
		11. Check Semiquantitative Blood Glucose:
		12. Neuro check: ☐ every 1 hour ☐ every 2 hours ☐ every 4 hours ☐ every shift
3100069		13. Diet ☐ regular ☐ ADA 1800/2000 ☒ Cardiac ☐ Other:
		14. IVF: <u>DSNS at 100 ml/hr.</u>
		15. X-Rays: ☐ AM ☐ Now
		16. CT Scan: ☐ AM ☐ Now
		17. Ultrasound: ☐ AM ☐ Now
		18. Echocardiogram: ☐ AM ☐ Now

Continued

PHYSICIAN'S ORDERS

E BALL POINT PEN ONLY

MARY BLACK HOSPITAL

PRESS HARD FOR CLEAR COPIES

sed 11-3-03

FAKED
Pharmacy
A.L.

Richard J. [Signature]
4/25/05

04/25/05

RUG ALLERGIES

INSERT FORM IN CHART HOLDER UP TO THIS LINE

PATIENT IDENTIFICATION

IAGNOSIS

4/25/05 6354 F 046Y

MARTINEZ, RAQUEL

DOB: 4/25/69



1546984

E

EAR

0

HEIGHT

WEIGHT

ORDER #

Page 2 of 3

MONTH	DAY	TIME	Internal Medicine Admission Orders
4/25/05	1615		19. Labs: ☒ CBC AM/Now ☒ BMP AM/Now ☒ Mg AM/Now ☒ LTFs AM/Now ☒ FLRA AM/Now ☐ TSH AM/Now ☐ EKG AM/Now ☐ BCx2 AM/Now ☐ PT/PTT/INR AM/Now ☐ UA/C&S AM/Now ☐ Amylase/Lipase AM/Now ☐ Cardiac Profile with Troponin I every 6 hours ☒ Other AM/Now <i>Cardiac Hemocystin Vascular / SSA / CAP</i>
			20. Respiratory: ☒ Check O ₂ sat: per protocol 31000606 ☐ Albuterol Nebulizer: ☐ every 2 hours ☐ every 4 hours ☐ every 6 hours ☐ Atrovent Nebulizer: ☐ every 2 hours ☐ every 4 hours ☐ every 6 hours ☐ Xopenex 1.25 mg Nebulizer ☐ every 2 hours ☐ every 4 hours ☐ every 6 hours ☐ IS every 1 hour while awake ☐ Flutter Valve every 1 hour while awake ☐ Combivent MDI, _____ puffs every 6 hours ☐ Advair Discus, _____ one puff every 12 hours
4-25-05		1850	21. Medications: ☒ Reglan 10 mg PO/IV every 6 hours and nightly PRN <i>PRN</i> ☒ Mylanta 30mg p.o. PRN ☒ Phenergan 25 mg p.o. / p.r. / IM / IV every 6 hours PRN nausea ☒ Ambien 10 mg p.o. nightly PRN sleep ☒ Tylenol 650 mg p.o. / p.r. every 6 hours PRN for pain ☒ Protonix 40 mg p.o. nightly ☐ Lovenox: ☐ Heparin: ☐ Bowel program: Pericolace 100 mg p.o. every 12 hours Dulcolax Supp p.r. every other day Fleets enema on day #4 if no bowel movement ☐ Zofran _____ mg PO/IV every 4 hours PRN

Dr. [Signature]
Continued

PHYSICIAN'S ORDERS

USE BALL POINT PEN ONLY

MADY BLACK HOSPITAL

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PHYSICIAN'S ORDERS

1. PLACE PATIENT LABEL AT LOWER RIGHT.
2. USE BLACK BALL POINT PEN ONLY.
3. SPECIFY ROUTE OF ADMINISTRATION ON MEDICATION ORDERS.

4/25/05 J6354 F 046Y
MARTINEZ, RAQUEL
DOB: ~~4/25/05~~
MORROW, SHAWN M



IM 1350 (8/02)

MARY BLACK MEMORIAL HOSPITAL
SPARTANBURG, SC

PHYSICIAN'S ORDERS

INSTRUCTIONS
FOR USE:

1. PLACE PATIENT LABEL AT LOWER RIGHT.
2. USE BLACK BALL POINT PEN ONLY.
3. SPECIFY ROUTE OF ADMINISTRATION ON MEDICATION ORDERS.

DATE ORDERED	TIME ORDERED	TREATMENTS
4/30/05	2340	40mg KCl now po 40mg KCl po in early AM VLAB Dr. Bonomura / Telidial 24* Chart - Telidial 4/27/05
4/27/05	0910	2 d/c home DRO 4/27/05
		Shawn

DO NOT USE THIS SHEET
UNLESS A RED NUMBER SHOWS

4/25/05 354 F 046Y
MARTINEZ, RAQUEL
DOB: 7/00/80
MORROW, SHAWN M





1546984

E

NURSING ASSESSMENT		Time	Initials
	APPEARANCE: ☒ CLEAN ☐ UNKEPT ☐ OTHER _____		
	BEHAVIOR: ☒ COOPERATIVE ☐ AGITATED ☐ RESTLESS ☐ HOSTILE ☐ PLAYFUL/ACTIVE ☐ LETHARGIC ☐ CONFUSED ☐ OTHER _____		
NEURO	ORIENTATION: ☒ PERSON ☐ PLACE ☒ TIME		
	SPEECH: ☐ CLEAR ☒ APPROPRIATE ☐ INAPPROPRIATE ☒ SLURRED ☐ APHASIC		
	SENSORY: ☐ NO DEFICIT ☐ NUMBNESS ☐ TINGLING		
	HEARING: ☒ NO DIFFICULTY ☐ LIMITED ☐ DEAF R L BOTH		
	RESPONSE TO STIMULUS: ☒ SPONTANEOUSLY ☐ TO SOUND ☐ TO SHAKE ☐ TO PAIN ☐ NO RESPONSE		
	EXTREMITY MOVEMENT: RUE _____ L _____		
	PUPILS: L <u>POX</u> R <u>POX</u>		
RESPIRATORY	AIRWAY: ☒ CLEAR ☐ OBSTRUCTED ☐ ORAL ☐ ET ☐ TRACH		
	RESPIRATIONS: ☐ SPONTANEOUS ☐ LABORED ☐ ASSIST ☐ O ₂ _____ ☐ ABSENT ☒ HYPERVENTILATION ☐ SHALLOW ☐ RETRACTIONS ☐ FLARING		
	BREATH SOUNDS: ☐ CLEAR ☐ CRACKLES _____ ☐ RHONCHI _____ ☐ WHEEZES _____ ☐ DECREASED _____ ☐ ABSENT _____		
	COUGH: ☒ PRODUCTIVE ☐ NONPRODUCTIVE ☐ SPUTUM _____ ☐ NASAL CONGESTION		
	☐ N/A		
CARDIOVASCULAR	RHYTHM: ☒ REGULAR ☐ IRREGULAR ☐ PACEMAKER		
	CAP REFILL: ☒ < 3 SECS ☐ > 3 SECS HEART SOUNDS: _____		
	NECK VEINS: ☒ FLAT ☐ DISTENDED		
	EDEMA: ☒ ABSENT ☐ SLIGHT ☐ MILD ☐ MODERATE ☐ SEVERE LOCATIONS: _____		
	PULSE: RADIAL R _____ L _____ D P R _____ L _____ OTHER <u>Sinus</u> R _____ L _____		
	MONITOR: ☐ N/A		
GASTROINTESTINAL	☒ NO COMPLAINT		
	BOWEL SOUNDS: ☐ PRESENT ☐ ABSENT ☐ HYPOACTIVE ☐ HYPERACTIVE		
	ABDOMEN: ☐ SOFT ☐ TENDER ☐ FLAT ☐ DISTENDED ☐ NAUSEA ☐ VOMITING ☐ DIARRHEA ☐ CONSTIPATED		
	LAST BM: _____ ☐ DIFFICULTY SWALLOWING		
	WEIGHT: _____ HEIGHT: _____ UNINTENTIONAL WEIGHT LOSS: POUNDS _____ IN 6 MONTHS ☐ N/A		
GENITOURINARY	URINARY: ☒ NO PROBLEM ☐ FREQUENCY ☐ URGENCY ☐ BURNING ☐ HEMATURIA ☐ PRESSURE VAG BLEED AMT: _____		
	DIAPERS: ☐ NORMAL ☐ DECREASED URINE OUTPUT # DIAPERS _____ DISCHARGE: ☐ VAGINAL ☐ PENILE COLOR: _____ ☐ N/A		
INTEGUMENTARY	SKIN: ☒ ELASTIC ☐ TENTING ☒ DRY ☐ WET		
	INJURY: ☐ LACERATION ☐ ABRASION ☐ BURN ☐ RASH ☐ ULCER AREA: _____		
	BLEEDING: ☐ CONTROLLED ☐ CONTINUING		
	TEMPERATURE: ☒ NORMAL ☐ WARM ☐ COLD ☐ HOT COLOR: ☐ PALE ☐ CYANOTIC ☐ FLUSHED ☐ JAUNDICED ☐ N/A		
MUSCULO-SKELETAL	INTACT: ☒		
	INJURY: ☐ DEFORMITY LOCATION _____ ☐ POSSIBLE OPEN FX LOCATION _____ ☐ DECREASED ROM LOCATION _____ ☐ BLUNT LOCATION _____ ☐ N/A ☐ GSW ☐ STAR		

[illegible]

KEY		
<u>EXTREMITY MOVEMENT</u>	<u>PUPILS</u>	<u>HEART SOUNDS</u>
N - NORMAL	B - BRISK	N - NORMAL
W - WEAK	S - SLUGGISH	D - DISTANT
F - FLACCID	N - NONREACT	R - RUB
	F - FIXED	M - MURMUR
		G - GALLOP

PUPIL SCALE

NAME AND TITLE	INITIALS
Yvonne Bluff	YB

[illegible]

E

MEDICATION						
DATE	PAIN SCALE	DRUG / DOSE / ROUTE / SITE	INITIALS	TIME	PAIN SCALE	INITIALS
2/20/21		Mr. Pex 1mg x 50 (Pain)	1/31			
2/20/21		Mr. Pex 30mg (Pain)	1/31			
2/20/21		Mr. Pex 10mg (Pain)	1/31			
2/20/21		Mr. Pex 2mg (Pain)	1/31			

[illegible]

TIME	NURSES NOTES IMPLEMENTATION	INITIALS
23	PT to Rm 2 placed on monitoring. EKG obtained & orders received. Labs obtained & sent.	
23	Di. Morrow to examine pt. PT to radiology for eval per Dr. Morrow for CXR + CT films.	
24	PT from radiology.	
25	Turn meds given to INI placed + WFs initiated. pt unable to collect urine (all day time). PT transferred to T4 via stretcher + escorted to PR - UA obtained. Low	

RECORDS TRANSFERRED WITH PATIENT: ☐ YES ☐ NO ☐ N/A BELONGINGS SENT WITH PATIENT: ☐ YES ☐ NO EXPLAIN



MARY BLACK
MEMORIAL HOSPITAL
SPARTANBURG, SC.

CHART

A

PATIENT RECORD

DISCHARGE

PT CODES 10.92	PRINCIPAL DIAGNOSIS - The reason, after study, to be chiefly responsible for the patient's admission. N/V H/A	DISCH. DATE 4/2/05	DISCH. TIME
11.0	SECONDARY DIAGNOSES / COMORBID CONDITIONS / COMPLICATIONS Near Gynec		
11.5	Dehydration		
12.0	M. Gynec H/A		
14.8	Chronic Pain H/A		
2.00	MCI } Brain Hypo Ict		
2.2	MCA } Sinusitis		
21.9	PRIMARY SURGICAL PROCEDURE Parotid		
25	CT Brain		
41 11.25	SECONDARY SURGICAL PROCEDURES Acc H/A		
2.91			
9.25			

DN(S) TO WHOM WE MAY RELEASE PROTECTED HEALTH INFORMATION (NAME AND PHONE #)

INSTRUCTIONS / ALLERGIES / FOLLOW-UP / MEDS

COUNT NO. 46984	ADMIT DATE 4/25/05	TIME 17:37	ADMITTING DIAGNOSIS HEADACHE/ACC/HTN	SERV. TYPE MED I T4	M.D. SIGNATURE 	MED REC # --6354
PT NAME RTINEZ, RAQUEL	LAST RTINEZ, RAQUEL	FIRST RTINEZ, RAQUEL	MIDDLE RTINEZ, RAQUEL	PATIENT'S SSN --6354		
PT ADDRESS STREET - CITY - STATE - ZIP SPARTANBURG SC 29301	COUNTY 42	SEX F	M.B. D	ROOM-BED 402		
PT PHONE 574-7978	DATE OF BIRTH 4/25/05	AGE 46Y	REL. RACE 12 W	PHYSICIAN'S NAME MORROW, SHAWN M.,	DR. NO. 1106	PAT. BIRTHPLACE FLORIDA
PT EMPLOYER NAME & ADDRESS RIFF DEPT	STREET - CITY - STATE - ZIP SPARTANBURG SC 29301					
PT NAME (IF MINOR)	MOTHER'S NAME (IF MINOR)		REFERRED BY DOCTOR DR.			
PTOR NAME TINEZ, RAQUEL	LAST - FIRST - MIDDLE TINEZ, RAQUEL	GUARANTOR STREET ADDRESS SPARTANBURG SC	CITY - STATE SPARTANBURG SC	ZIP CODE 29301	RC	
NO. 6984	GUARANTOR'S EMPLOYER NAME AND ADDRESS SHERIFF DEPT	STREET - CITY - STATE - ZIP				
BRANCE CO. BNA TPO	INSURANCE 666401	POLICY HOLDER TINEZ, RAQUEL	BILL TO BNA TPO	GUARANTOR'S PHONE 864 574-7978		
IN CASE OF EMERGENCY TINEZ, RAYMOND						
NAME AND ADDRESS		STREET - CITY - STATE - ZIP		RELATIONSHIP		PHONE

MB-5

4/25/05 3354 F 046Y
 MARTINEZ, RAQUEL
 DOB: 4/25/89
 MORROW, SHAWN M



1546984

mprint)

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 GRAPHIC RECORD

Day	Op Day	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8
4/25/05	4/26/05	4/27/05																										
0.5 105																												
0.0 104																												
9.4 103																												
8.8 102																												
8.3 101																												
7.7 100																												
7.2 99																												
6.6 98																												
6.1 97																												
5.5 96																												
Intake																												
12 MN																												
4 AM																												
8 AM																												
12 N																												
4 PM																												
8 PM																												
ht/Height																												

Intake	11-7	7-3	3-11	Total	11-7	7-3	3-11	Total	11-7	7-3	3-11	Total	11-7	7-3	3-11	Total	11-7	7-3	3-11	Total
			0		0	0	800		0	0	800									
Feeding																				
IVPB			800		700		500													
24°																				

Output	11-7	7-3	3-11	Total	11-7	7-3	3-11	Total	11-7	7-3	3-11	Total	11-7	7-3	3-11	Total	11-7	7-3	3-11	Total
			X1		0	800	X4		X1											
is																				
24°																				



MARY BLACK
MEMORIAL HOSPITAL

INTERDISCIPLINARY PATIENT PLAN OF CARE

- This Plan of Care is to be initiated at the time of admission, after completion of the admission assessment.
- All disciplines are to review and contribute to this plan of care, as appropriate to the needs of the patient.
- Problems/needs are prioritized by A's and B's. An "A" priority is critical; the goals must be met for the patient to be discharged from the hospital. Priorities that are listed as "B" are contributory. They are important to be achieved for the patient to meet A goals.
- Problems/needs must be individualized to the patient. Please review identified problems/triggers on the initial assessment and patient reassessments.
- The patient is to be evaluated every shift against the plan of care goals. The nurse is to document whether or not the goals are being met (Remember, if all goals are met, the patient should be discharged.), also explain whether the plan of care should be continued or revised. If the plan was revised please explain what and why. This should be documented as a short narrative on the nursing daily flow sheet every shift.
- If all the goals of a particular need or problem have been met, and problem should be discontinued, write the date discontinued in the problem box and highlight the entire section with a yellow highlighter. Explain in narrative notes.

Date/Initials	Priority A or B	Problem/Need Identified Add details to the problems, as needed	Expected Outcomes Evaluated on the shift assessment flow sheet and in the narrative Add details to outcomes, as needed
☒ 4/25/05 JG	A	EDUCATION/KNOWLEDGE (see education sheet)	• Will return demonstrate skill • Will return verbalize information presented in own words [See Education Record]
☒ 4/25/05 JG	A	PATIENT SAFETY	• Will not experience an unanticipated outcome • Will not experience incident or injury
☐		RESPIRATORY	• Resp rate WNL for age and patient's baseline • No c/o dyspnea or shortness of breath • Bilateral breath sounds clear • SPO₂ greater than or equal to 92%
☒ 4/25/05 JG	A	CARDIAC	• Decreased → no edema • Heart rate WNL for age and patient's baseline • B/P WNL for age and patient's baseline • No c/o chest pain
☐		NEUROLOGICAL	• Alert and oriented to time, person, and place • Responsive • Speech clear • Moves all extremities
☒ 4/25/05 JG	A	NUTRITION (Nutritional screen)	• Fluid intake appropriate for patient's condition • Tolerates prescribed diet without chewing or swallowing difficulties • Follows prescribed diet • Eats more than 50% of meals

Stamp

A:/MaryBlackPOC
Page 1 of 4
Revised 6/2/03

4/25/05 6354 F 046Y
MARTINEZ, RAQUEL
DOB: 4/26/59
MORROW, SHAWN M.





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MEMORIAL HOSPITAL

INTERDISCIPLINARY PATIENT PLAN OF CARE

X 4/25/05 JG	A	GASTROINTESTINAL N/V x 3 days few episodes diarrhea	- No c/o nausea or vomiting - No diarrhea - Bowel sounds present x4 quadrants - Abdomen soft - No constipation - Last bowel movement usual for patient
☐		URINARY	- Voiding without difficulty/Catheter patent and draining more than 30ml/hr. - Urine clear pale yellow → amber color - Absence of bladder distention - If on dialysis, on signs or symptoms indicative of complications
☐		METABOLIC/DIABETES	- Will not experience hypo- or hyperglycemia - Lab chemistry will be WNL for disease process - Electrolytes will be WNL
☐		BLEEDING/HEMORRHAGE	- Hct/Hgb WNL - Heart rate WNL for age and patient's baseline - B/P WNL for age and patient's baseline - No easy bruising or bleeding - If receiving blood transfusion, no adverse effects or reactions
☐		MOBILITY/REHAB [Functional Screen]	- Tolerates ordered activity - Muscle strength maintained - Will not experience incident or injury
☐		SKIN/WOUND [Skin assessment, Braden scale]	- Mucous membranes pink, moist - Skin warm, dry, usual color and turgor - Skin and mucous membranes intact (excluding IV's) - Wound edges well approximated - No wound redness, swelling, or drainage
☐		INFECTION [TB screen, Isolation, Positive Culture]	- Temperature more than 96° F and less than 101° F - Cultures will be negative
X 4/25/05 JG	A	PAIN [Pain inventory, Pain flow sheet]	- Pain level will be reported to be 0-1 or within patient's pain goal - Exhibits relaxed body language and absence of cry / vocalization
X 4/25/05 JG	A	FALL RISK [Fall Risk screen - Score 3 or more] * Initiate FALL PREVENTION PROGRAM	- Will not experience a fall - Will not experience injury

4/25/05 6354 F 046Y
MARTINEZ, RAQUEL
DOB: 4/25/59
MORROW, SHAWN M



1546984

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A: MaryBlackPOC
Page 2 of 4
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INTERDISCIPLINARY PATIENT PLAN OF CARE

☐		PSYCHOSOCIAL	- Displays behaviors and mannerisms of coping abilities, e.g. none pressure speech, no hand ringing, shaking - Communicates concerns to staff - Has an intact support system
☐		DISCHARGE PLANS [Continuum of Care screen]	- Arrangements for discharge are in place - Discharge arrangements are satisfactory to patient and/or significant other
☐		ADDICTION ISSUES [Substance use screen]	- Will not experience signs or symptoms of withdrawal - Will not display signs or symptoms of anxiety
☐		SPECIAL NEEDS [Spiritual/Cultural screen, etc.]	Will perform special rituals and practices during hospitalization
☐		AGE SPECIFIC NEEDS	- Will perform age specific activities as appropriate to patient's age and abilities - Will participate in age specific diversional activities as appropriate to age, abilities, and interest
☒	4/25/05 JG	A Anxiety	- Explains all procedures before performing - Answers questions to pt. satisfaction - Provides emotional support
☐			
☐			
☐			
☐			

A:/MaryBlackPOC
Page 3 of 4
Revised 6/2/03

4/25/05 3354 F 046Y
MARTINEZ, RAQUEL
DOB: 4/25/79
MORROW, SHAWN M





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MEMORIAL HOSPITAL

INTERDISCIPLINARY PATIENT PLAN OF CARE

☐			
☐			
☐			
☐			
Additional Important Information:			

Sign if you have initiated or revised the Plan of Care:

Name, Title	Initials	Date	Name, Title	Initials	Date
<i>[Signature]</i>	<i>[Initials]</i>	<i>[Date]</i>			
<i>[Signature]</i>	<i>[Initials]</i>	<i>[Date]</i>			

A:/MaryBlackPOC
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Revised 6/2/03

4/25/05 3354 F 046Y
MARTINEZ, RAQUEL
DOB: 4/28/68
MORROW, SHAWN M



1546984

MARY BLACK HEALTH SYSTEM

SPARTANBURG, SOUTH CAROLINA

MB-359

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Primary / Preferred Language (Select One)	Barriers To Learning (Multiple Select)	Required For Teaching Purposes (Multiple Select)
☒ English ☐ Spanish ☐ Other: _____	☒ None ☐ Vision Problem ☐ Hearing Problem ☐ Age ☐ Diminished Comprehension ☐ Emotional ☐ Financial ☐ History of Non-Compliance ☐ Language ☐ Physical State ☐ Sensory Problem ☐ Social ☐ Other: _____	☐ No Aids ☒ Glasses/Contact Lens ☐ Hearing Aid(s) ☐ Modified Teaching Technique(s) ☐ Translator ☐ Other: _____
Special Cultural/Spiritual Practices? ☒ No ☐ Yes, explain: _____		Learning Preferences (Multiple Select) ☒ Audio Tapes ☒ Demonstration/Doing ☐ Hearing ☐ Pictures/Diagram ☐ Reading ☐ Self Study ☐ Video/Seeing

Any specific educational request: _____

Initial assessment completed by: *Felicia Carter*Date: *4/25/05*Time: *1903*

Topics Of Education		Readiness To Learn	Method Of Instruction
1. Illness/Disease 2. Diagnostic Testing/Treatment/Procedure 3. Medications 4. Personal Hygiene/Grooming 5. Food-Drug Interactions 6. Medical Equipment 7. Continuation of Care 8. Diet/Nutrition	9. Rights/Responsibilities 10. Smoking Cessation 11. Safety 12. Signs/Symptoms to Report 13. Rehab Techniques 14. Pain Management 15. Restraints/Alternatives 16. Community Resources 17. Other: _____	R = Ready, Interested, Participates N = Not Ready, Distracted U = Uncooperative P = Patient Condition Prohibits Learning	A = Audio Visual D = Demonstration G = Group/Class M = Micromedex CareNotes™ T = Telephone V = Verbal W = Written Materials
		Learner P = Patient S = Significant Other F = Family O = Other	

Patient / Family Outcomes

NA = Not applicable at this time
 R = Resistant to teaching
 N = No evidence of learning
 A = Asks relevant questions

VR = Verbal recall, states basic concept
 NR = Needs reinforcement
 D = Demonstrates adequately
 U = Unable to participate

Date / Time	Topics Of Education	Readiness To Learn	Learner	Method Of Instruction	Learner Outcomes	Signature / Title
<i>4/25/05</i> <i>1902</i>	Orientation: Including role in patient safety, guest services, directory, room, smoking policy, visiting hours, ID band, bed, phone, TV, call light, bathroom, electrical equipment.	<i>R</i>	<i>P</i>	<i>V, D</i>	<i>VR</i>	<i>Felicia Carter</i>
<i>4/25/05</i> <i>1952</i>	Pain Management: Pain scale rating with appropriate 0-10 scale, using FACES, Numerical Pain Management options: • Pharmacologic-medication • Non-Pharmacologic	<i>R</i>	<i>P</i>	<i>V, D</i>	<i>VR</i>	<i>Felicia Carter</i>

ADDRESSOGRAPH

4/25/05 - 6354 F 046Y
 MARTINEZ, RAQUEL
 DOB: *4/20/83*
 MORROW, SHAWN M



1546984

MARY BLACK HEALTH SYSTEM

SPARTANBURG, SOUTH CAROLINA

MB-359

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Date/Time	Topics of Education	Readiness to Learn	Learner	Method of Instruction	Learner Outcomes	Signature / Title
1/8/2 4/25/05	Patient Rights / Responsibilities Information	R	P	V, W	VR	Jelena Carter
4/25/05 1/9/2	Fall Prevention / Injury Prevention	R	P	V, I	VR	Jelena Carter
	Smoking Cessation					
4/25/05 1/9/2	Medical Equipment a) IV Pole and pump <i>Don't Touch</i> b) _____ c) _____	R	P	V	VR	Jelena Carter
4/25/05 1/9/2	Treatment / Test / Procedure a) <i>MRE / MRA</i> <i>Checklist done</i> b) _____ c) _____	R	P	V, W	VR	Jelena Carter
	Medications (including potential food / drug interactions) a) _____ b) _____ c) _____					
	(continue list as needed)					

ADDRESSOGRAPH

4/25/05 : 354 F 046Y
 MARTINEZ, RAQUEL
 DOB: 4/06/39
 MORROW, SHAWN M



Patient --
Record



Patient Name	ACCT#	SS#	A/D	NSCL	D/D
MARTINEZ, RAQUEL	1546984	354	4/25/2005	402A	4/27/2005

DISCHARGE SUMMARY:

ADMITTING DIAGNOSIS:

1. Severe headache.
2. Nausea.
3. Vomiting.
4. Dehydration.
5. Near syncope.
6. Migraine headache.
7. Chronic daily headache.
8. Hypokalemia.
9. Acute sinusitis.
10. Thrush.
11. Tobacco abuse.
12. Accelerated hypertension.

OPERATIONS/PROCEDURES: Magnetic resonance imaging of the brain which revealed some white matter changes deep that were a little bit increased for the patient's age, however, nonspecific findings. The magnetic resonance angiography of the brain revealed no abnormalities. Computer tomography of the brain revealed no abnormalities except for some sinus changes.

LAB DATA: Sodium 139, potassium 4.2, chloride 107, bicarb 27, glucose 110, blood urea nitrogen 70, creatinine 0.5 and calcium 8.5, cholesterol 163, triglycerides 333, high-density lipoprotein 24, low-density lipoprotein 72. Urinalysis was negative, magnesium was 1.8, direct bilirubin 0.1, total bilirubin 0.2, total protein 8.2, albumin 4.5, alkaline phosphatase 74, aspartate transaminase 50, alanine transaminase 39, lipase 63, C reactive protein less than 0.7, creatine phosphokinase initially was 234 and repeat was negative. Urine drug screen was positive for benzodiazepines and opiates which the patient received in the hospital, otherwise was negative for any other abnormal substance. Urine culture was negative. Electrocardiogram was sinus rhythm. Acute abdominal series - some scattered air fluid levels, but no obstruction. Chest x-ray was negative.

HOSPITAL COURSE: The patient was admitted and placed on telemetry, intravenous fluids and electrolytes for corrected. The patient was treated for accelerated hypertension that possibly could have started her headache. She underwent the above evaluation without complication. She was also treated for migraine and her symptoms resolved. She was stable for discharge. She will be discharged home, condition stable. Diet is a low salt diet. Activity as tolerated. Follow up with Dr. Wieder next week. She can have referral to mental health therapy for grieving.

Continued to next page

P1

04/28/2005 15:15:44

Patient Name ACCT# SS# A/D NSCL D/D
MARTINEZ, RAQUEL 1546984 6354 4/25/2005 402A 4/27/2005

DISCHARGE SUMMARY:

PAGE 2

DISCHARGE MEDICINES: Flonase two sprays daily, Zithromax, Z-Pak, Lopressor 50 milligrams twice daily, Zyrtec 10 milligrams every day. She is to hold Lotrel until she sees Dr. Wieder.

DISCHARGE DIAGNOSIS:

DD: 04/27/05/0953
DT: 04/28/05/1314
BY: dh

SIGNATURE: _____

Shawn M. Morrow, M.D. (29)

cc: John Richard Wieder, M.D. (33)

Patient
Record

 MARY BLACK
MEMORIAL HOSPITAL
Spartanburg, South Carolina

Patient Name ACCT# SS# Date NSCL D/D
MARTINEZ, RAQUEL 1546984 6354 4/25/2005 402A

HISTORY & PHYSICAL:

ADMITTING SERVICE; Hospitalist, Dr. Shawn Morrow

PRIMARY CARE PHYSICIAN: Dr. Wieder

CHIEF COMPLAINT: Headache.

HISTORY OF PRESENT ILLNESS: 46-year-old female who was seen at Spartanburg Regional Medical Center yesterday for an episode where she was at work and they said that they sent her home because she had an episode where she passed out for about 30 minutes. It sounds to be that the workup there was negative, but she complains of continuing to have a headache. She states it is frontal, behind her eyes and radiating to her back. She has chronic daily headache on top of that with a history of migraines. She states that light bothers it. She states that she feels dizzy and weak, and has a little bit of amaurosis fugax type symptoms. She subsequently developed nausea and vomiting. She has no sick contacts. She was given a Xanax and states that she kind of had nausea and vomiting after that. She denies any epistaxis. She denies any tinnitus.

PAST HISTORY: Hypertension; temporomandibular joint; migraines.

MEDICATIONS: Quite confusing. She lists that she is on Florinef, metoprolol and Ibuprofen, Lortab, doxycycline and Flexeril. However, her doctors record shows that she is only on Lotrel 10/20.

ALLERGIES: Darvocet, penicillin and nuts.

SOCIAL HISTORY: She smokes about a pack a day. Denies alcohol. She works as a sheriffs deputy.

FAMILY HISTORY: Significant for hypertension and diabetes.

REVIEW OF SYSTEMS: No weight loss or weight gain. No dysphagia or odynophagia, or reflux symptomatology. She has generalized arthralgias, but no myalgias. No cough productive of sputum, paroxysmal nocturnal dyspnea, palpitations or chest pain. No fevers or chills. No dysuria or hematuria. She complains of a little excessive thirst. She denies any polyuria. She denies any bright red blood per rectum, melena or hematochezia. She denies any lower extremity swelling, pain, numbness, tingling or weakness. She denies any bleeding diatheses. She denies any sinus complaints. She denies any suicide or depressive ideations.

Continued to next page

Patient Name ACCT# SS# Date NSCL D/D
MARTINEZ, RAQUEL 1546984 6354 4/25/2005 402A

HISTORY & PHYSICAL:

PAGE 2

PHYSICAL EXAM

GENERAL: She is anxious, in no acute cardiopulmonary distress.

VS: Blood pressure 180/95, pulse 107, respiratory rate 16, temperature 99.4, oxygen saturation was 98% on room air.

SKIN: Warm and dry without petechiae or rash.

HEENT: Atraumatic, normocephalic. Extraocular movements are intact. Pupils equal, round, and reactive to light and accommodation. Anicteric sclera. Pink conjunctiva. Oropharynx is clear, but dry.

NECK: The neck is supple without jugular venous distention, thyromegaly, carotid bruits or lymphadenopathy.

LUNGS: Diminished breath sounds bilaterally.

HEART: Tachycardic without murmur, rub or gallop.

ABDOMEN: Soft, nontender, nondistended. No hepatosplenomegaly. Normal active bowel sounds and no rebound, no bruits.

EXTREMITIES/MS: No edema, clubbing or cyanosis. Peripheral pulses are intact.

NEUROLOGICAL: She is awake, alert and oriented times three. Cranial nerves II-XII are intact. Power and sensation are intact. No focal deficits.

GU/RECTAL: Deferred per the patient.

LAB DATA: Computerized tomography scan preliminary report is negative for any acute process. Electrocardiogram reveals sinus tachycardia. Admission laboratory data is pending.

Continued to next page

Patient Name ACCT# SS# Date NSCL D/D
MARTINEZ, RAQUEL 1546984 6354 4/25/2005 402A

HISTORY & PHYSICAL:

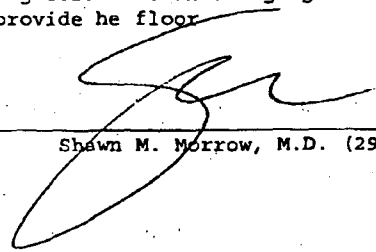
PAGE 3

- ADMISSION DIAGNOSIS:
1. Headache in the setting of accelerated hypertension with nausea and vomiting unable to keep her pills down. It may be related to an intracerebral process versus migraine versus other.
 2. Tobacco abuse.
 3. Chronic daily headache versus cluster headache or rebound tension type headache.
 4. Anxiety.
 5. Episode of syncope.

PLAN: Will admit the patient to telemetry, obtain routine admission labs, provide symptomatic control and intravenous fluids. We will check a head Computerized tomography scan. If this is completely negative as it is we will check a magnetic resonance imaging and magnetic resonance angiogram for completeness and risk factor modification. provide he floor

DD: 04/25/05/1704
DT: 04/25/05/2148
BY: ab

SIGNATURE: _____


Shawn M. Morrow, M.D. (29)

04/26/2005 00:30:24



MAT
MEM

4/25/05 3354 F 046Y
MARTINEZ, RAQUEL
DOB: ~~XXXXXX~~
MORROW, SHAWN M



1546984

PATIENT DISCHARGE ORDERS AND EDUCATION

Discharge to: Home Condition: Stable Date: 4/27

DIET ☐ Regular ☐ Diabetic ☐ _____ calorie ☒ Low Na
Diet instructions given to patient? ☐ YES ☐ NO

ACTIVITY ☒ As Tolerated ☐ Bed Rest ☐ No heavy lifting ☐ No lifting greater than _____ lbs.
☐ May shower ☐ No driving ☐ Restrictions: _____

OTHER: _____

WOUND CARE INSTRUCTIONS Call physician for any of the following:
☐ Temperature greater than 101° F ☐ New/increased bleeding
☐ Increased pain ☐ Foul odor or drainage

OTHER: _____

HOME HEALTH ☐ Nursing ☐ Equipment ☒ Therapy OP Mental Health
☐ Other OT/Ref Tx

SPECIAL INSTRUCTIONS ☐ Call physician if symptoms worsen
☐ Call physician if symptoms return
☒ Surgery/disease specific MICROMEDEX instruction sheet given: At 7:30 AM
Wound care

OTHER: _____

SMOKING CESSATION EDUCATION ☐ YES ☐ N/A

FOLLOW UP APPOINTMENTS

PHYSICIAN	WHEN	APPOINTMENT DATE & TIME	OFFICE NUMBER
<u>Dr. Weber</u>	<u>Next visit</u>	<u>May 5th @ 9:00 AM</u>	<u>582-7200</u>

Physician signature: [Signature]
Nurses' signature: [Signature] Date: 042705 Time: 1035am
Patient/Significant other signature: Raque Martinez

A-265



1546984



MARY BLACK
MEMORIAL HOSPITAL

FAX COMPLETED FORM TO PHARMACY (@ 3111)

Diagnosis: ^{acc. Htn} ~~Severe headache~~ Patient Height: 5'4" Patient Weight: 145.4 lbs kgs ☐ Stated ☒ Actual

NO KNOWN ALLERGIES LIST DRUG / FOOD / OTHER	CHECK ALLERGY REACTION				CHECK INTOLERANCE REACTION					DRUG DC'D		
	RASH	HIVE	EDEMA	SOB	DIZZINESS	DROWSINESS	HEADACHE	UPSET STOMACH	DIARRHEA	OTHER (LIST BELOW)	YES	NO
carvocet				X								
minnate	X								X			
IN									X			
HS			X									
HER (describe)												
Allergy to LATEX (also bananas, avocados, kiwi) ☐ YES ☐ NO												

HOME MEDICINALS

Descriptions: Over-the-Counter, Herbal, Nutritional Supplements, Teas, Sports Supplements, Diet Supplements
THIS FORM IS COMPLETED ALONG WITH THE ALLERGY ASSESSMENT FORM.

Medication	Dosage	Schedule	Last Dose Taken
Metoprolol			
Flonase			
BP pill x 2 (Lotrel)			
Ibuprofen			
Lorazepam			
Doxycycline			
Flexeril			

SENT TO PHARMACY

Date: 4/25/05 Time: 2200 Signature: *Raquel Martinez*

Medication Sent Home: ☐ Yes -with ☐ No ☒ N/A

Name/Relationship

Patient Info Home Medicinals
vised 9/2/04

4/25/05 3354 F 046Y
MARTINEZ, RAQUEL
DOB: 4-10-63



15469

rd#	Drug/Dose Route, Comments	Freq	Sched	Start	Stop	0700 - 1859	1900 - 0659
***** SCHEDULED MEDICATION ORDERS *****							
009	METOCLOPRAMIDE HCL 10 MG (REGLAN) [IV] REGLAN Continue/Discontinue _____ Initials	Q6H		04/25 1800		0800 1400 1800	2000 2200 0800 0600
017	PROTONIX 40 MG (PANTOPRAZOLE) [ORAL] Continue/Discontinue _____ Initials	HS		04/25 2100			2100
019	ASPIRIN CHENABLE 81 MG (CHILDREN'S ASPIRIN) [ORAL] Continue/Discontinue _____ Initials	QD		04/25 1831		0900	
020	NICOTINE PATCH 21 MG (HABITROL) [TRND] Continue/Discontinue _____ Initials	QD		04/26 0900		0900	2100
022	METOPROLOL TARTRATE 50 MG (LOPRESSOR) [ORAL] Continue/Discontinue _____ Initials	BID		04/26 0900		0900 1700	
028	LORAZEPAM 1 MG (ATIVAN) [ORAL] CONTROLLED DRUG Continue/Discontinue _____ Initials	BID		04/25 1700	05/01 2359	0900 1700	
033	MUCINEX (USE FOR Q-BID LA) 1200 MG (GUAIFENESIN LA) [ORAL] *DO NOT CRUSH* Continue/Discontinue _____ Initials	BID		04/25 1700		0900 1700	
034	FLONASE 120 NASAL * 2 SPRAYS (FLUTICASONE PROPIONATE) [NAS] Continue/Discontinue _____ Initials	BID		04/25 1700		0900 1700	
044	ZITHROMAX 500 MG (AZITHROMYCIN) [ORAL] Continue/Discontinue _____ Initials	QD		04/26 0900	05/09 2359	0900	
045	FLUCONAZOLE 200 MG (DIFLUCAN) [ORAL] Continue/Discontinue _____ Initials	QD		04/26 0900	05/09 2359	0900	
STAT MEDICATION/ONE TIME ORDERS		AdmRN	TIME	PHYSICIAN SIGNATURE			DATE TIME

Re Code: R-Right L-Left D-Deltoid G-Gluteal T-Thigh AB-Abdomen
 ↓-Lower ↑-Upper M-Mid

KEY TO UNADMINISTERED DOSES:
 R-REFUSED C-CONDITION OF PATIENT A-ABSENT DO-DOCTOR'S ORDER

pn: PENICILLIN/PROPOXYPER
 ge: 46Y Height: 162.6cm Weight: 65.8 (54.70)kg BSA: 1.71sq m
 : HEADACHE/ACC/HTN
 bn: 04/25/05 DOB: 01/15/50 Dr: 1106 MORROW, SHAWN M
 cx: 546984
 12-A
 RTINEZ, RAQUEL A 1354

SIGNATURE: [Signature] HNT SIGNATURE: [Signature]
 MNT verified by: [Signature] RN
 412705
 Page: 1 (more meds follow...)
 Covers Doses from 04/27/05 07:00am to 04/28/05 06:59am

Black Memorial Hospital

Ord#	Drug /Dose Route,Comments	Freq	Sched	Start	Stop	0700 - 1859	1900 - 0659
PRN MEDICATION ORDERS *****							
0007 (D) JS	SODIUM CHLORIDE 10ML SYRINGE 0.9 % (SODIUM CHLORIDE 0.9%) [iv] ** INT FLUSH DOCUMENTATION** ** IF PATIENT HAS INT ** INT flush DOCUMENTATION for routine flushing of INT and for scheduled or PRN IV medication delivery. Continue/Discontinue _____ Initials	QD	PRN	04/25 1800			
0010 (D) JS	MAALOX SUSPENSION 30 ML (ALUM-MAG HYDROXIDE-SIMETHICONE) [ORAL] USE FOR MYLANTA/RIOPAN Continue/Discontinue _____ Initials	PRN	PRN	04/25 1800			
0011 (D) JS	PROMETHAZINE HCL 25 MG (PHENERGAN INJ) [IMIV] PRN NAUSEA/VOMITING Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1800			
0012 (D) JS	PROMETHAZINE HCL 25 MG (PHENERGAN) [ORAL] PRN NAUSEA / VOMITING Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1800			
0013 (S) JS	PROMETHEGAN 25 MG (PROMETHAZINE HCL) [RTL] PRN NAUSEA Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1800			
0014 (D) JS	AMBIEN 10 MG (ZOLPIDEM TARTRATE) [ORAL] PRN SLEEP Continue/Discontinue _____ Initials	HSP	PRN	04/25 2100	05/01 2359		
0015 (D) JS	TYLENOL 650 MG (ACETAMINOPHEN) [ORAL] PRN PAIN Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1900			
0016 (D) JS	FEVERALL SUPPOSITORIES 650 MG (ACETAMINOPHEN) [RTL] PRN PAIN Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1900			
0018 (S) JS	METOCLOPRAMIDE HCL 10 MG (REGLAN) [ORAL] Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1900			
Ord#	STAT MEDICATION/ONE TIME ORDERS	Adm#	TIME	PHYSICIAN SIGNATURE		DATE	TIME

Site Code: R-Right L-Left D-Deltoid G-Gluteal T-Thigh AB-Abdomen
J-Lower I-Upper M-Mid

KEY TO UNADMINISTERED DOSES:
R-REFUSED C-CONDITION OF PATIENT A-ABSENT DO-DOCTOR'S ORDER

Usg: PENICILLIN/PROPOXYPER
Age: 46Y Height: 162.6cm Weight: 65.8(54.70)kg BSA: 1.71sq
M: HEADACHE/ACC/HIN
Adm: 04/25/05 DOB: 06/10/22 Dr: 1106 MORROW, SHAWN M
Sex: F A1546984
PARTI: 6354

SIGNATURE	INT	SIGNATURE	INT
<i>[Signature]</i>		<i>[Signature]</i>	

MAR Verified by: *[Signature]* RN
42705

Page: 3 (more meds follow...)
Covers Doses from 04/27/05 07:00am to 04/28/05 06:59

Sary Black Memorial Hospital

MEDICATION ADMINISTRATION

Ord#	Drug/Dose Route, Comments	Freq	Sched	Start	Stop	0700 - 1859	1900 - 0659																												
***** PRN MEDICATION ORDERS *****																																			
0023 (D) JS	ENALAPRILAT 1.25 MG (VASOTEC I.V.) [IV] PRN SNP > 180 Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1900																															
0026 (4) JS	KETOROLAC TROMETHAMINE 30 MG (TORADOL) [IV] TORADOL MAX DOSE= 120MG/DAY Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1900	04/29 2359																														
0027 (D) JS	LORAZEPAM 1-2 MG (ATIVAN) [IV] CONTROLLED DRUG Continue/Discontinue _____ Initials	Q4HP	PRN	04/25 1900	05/01 2359	0850 2mg km																													
0029 (D) JS	HYDROCODONE BITARTRATE W/APAP 1 TAB (LORTAB 5) [ORAL] USE FOR LORTAB 5 OR VICODIN Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1900	05/01 2359																														
0030 (D) JS	HYDROCODONE/APAP 1 TAB (LORTAB 10) [ORAL] CONTROLLED DRUG-USE FOR LORTAB 10 Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1900	05/01 2359	0850 km																													
<table border="1"> <thead> <tr> <th>rdn</th> <th>STAT MEDICATION/ONE TIME ORDERS</th> <th>Adm</th> <th>TIME</th> <th>PHYSICIAN SIGNATURE</th> <th>DATE</th> <th>TIME</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>								rdn	STAT MEDICATION/ONE TIME ORDERS	Adm	TIME	PHYSICIAN SIGNATURE	DATE	TIME																					
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Site Code: R-Right L-Left D-Deltoid G-Gluteal T-Thigh AB-Abdomen J-Lower I-Upper M-Mid				KEY TO UNADMINISTERED DOSES: R-REFUSED C-CONDITION OF PATIENT A-ABSENT DO-DOCTOR'S ORDER																															
lg: PENCILLIN/PROPOXYFEN ge: 46Y Height: 162.6cm Weight: 65.8(54.70)kg BSA: 1.71sq m e: HEADACHE/ACC/HIN bu: 04/25/05 DOB: [REDACTED] Dr: 1106 MORROW, SHAWN M ex: F A1546984 j2-A ARTINEZ, RAQUEL				<table border="1"> <thead> <tr> <th>INT</th> <th>SIGNATURE</th> <th>INT</th> <th>SIGNATURE</th> <th>MAR Verified by:</th> </tr> </thead> <tbody> <tr> <td> </td> <td>[Signature]</td> <td> </td> <td>[Signature]</td> <td> </td> </tr> </tbody> </table>				INT	SIGNATURE	INT	SIGNATURE	MAR Verified by:		[Signature]		[Signature]																			
INT	SIGNATURE	INT	SIGNATURE	MAR Verified by:																															
	[Signature]		[Signature]																																
Page: 4 (End of MAR) Covers Doses from 04/27/05 07:00am to 04/28/05 06:59a				354																															

ury Black Memorial Hospital

rd#	Drug/Dose Route, Comments	Freq	Sched	Start	Stop	0700 - 1859	1900 - 0659												
***** SCHEDULED MEDICATION ORDERS *****																			
017	PROTONIX 40 MG 1) (PANTOPRAZOLE) S [ORAL] Continue/Discontinue _____ Initials	HS		04/25 2100			2100 Refused 2150 JS												
019	ASPIRIN CHENABLE 81 MG 1) (CHILDREN'S ASPIRIN) S [ORAL] Continue/Discontinue _____ Initials	QD		04/25 1831	0900	KN													
020	NICOTINE PATCH 21 MG 1) (HABITROL) S [TRANS] Continue/Discontinue _____ Initials	QD		04/26 0900	0900		2100 Refused. 2150 JS												
022	METOPROLOL TARTRATE 50 MG 2) (LOPRESSOR) S [ORAL] Continue/Discontinue _____ Initials	BID		04/26 0900	0900 1700	KN													
028	LORAZEPAM 1 MG D) (ATIVAN) S [ORAL] CONTROLLED DRUG Continue/Discontinue _____ Initials	BID		04/25 1700	05/01 2359	0900 1700 KN	2150 Refused JS												
333	MUCINEX (USE FOR Q-BID LA) 1200 MG 2) (GUAFEN SIN LA) 3 [ORAL] *DO NOT CRUSH* Continue/Discontinue _____ Initials	BID		04/25 1700	0900 1700	KN	2150 Refused JS												
334	FLONASE 120 NASAL * 2 SPRAYS D) (FLUTICASONE PROPIONATE) S [NAS] Continue/Discontinue _____ Initials	BID		04/25 1700	0900 1700	KN	2100 JS												
40 meg KC 1 FU over 4 hours							2030 Refused. JS												
Clear Liquid Diet																			
Reglan 10mg IV Q 60 AC						1200 KN	2030 JS												
Lopressor 5mg IV X1																			
Dulcolax Supp PR this AM							Refused JS												
AdmRN	STAT MEDICATION/ONE TIME ORDERS	AdmRN	TIME	PHYSICIAN SIGNATURE		DATE	TIME												
12	40 meg KC 100	12	2359																
21	40 meg KC 100 early AM																		
te Code: R-Right L-Left D-Deltoid G-Gluteal T-Thigh AB-Abdomen 1-Lower 1-Upper M-Mid				KEY TO UNADMINISTERED DOSES: R-REFUSED C-CONDITION OF PATIENT A-ABSENT DO-DOCTOR'S ORDER															
g: PENICILLIN/PROPOXYPER ie: 46Y Height: 162.6cm Weight: 65.8 (54.70)kg BSA: 1.71sq m :: HEADACHE/ACC/HIN im: 04/25/05 DOB: [REDACTED] Dr: 1106 MORROW, SHAWN M x: F A1546984 2-A RTT				<table border="1"> <tr> <th>INT</th> <th>SIGNATURE</th> <th>INT</th> <th>SIGNATURE</th> <th>VAR</th> <th>Verified by:</th> </tr> <tr> <td></td> <td>[Signature]</td> <td></td> <td>[Signature]</td> <td></td> <td>RV</td> </tr> </table>				INT	SIGNATURE	INT	SIGNATURE	VAR	Verified by:		[Signature]		[Signature]		RV
INT	SIGNATURE	INT	SIGNATURE	VAR	Verified by:														
	[Signature]		[Signature]		RV														
Page: 1 (more meds follow...) Covers Doses from 04/26/05 07:00am to 04/27/05 06:59am																			

Black Memorial Hospital

MEDICATION ADMINISTRATION

Ord#	Drug/Dose Route, Comments	Freq	Sched	Start	Stop	0700 - 1859	1900 - 0659
***** SCHEDULED SOLUTION ORDERS *****							
0008	DEXTROSE 5% NAACL 0.9% 1000 ML JS Rate: 100 ML/HR Continue/Discontinue _____ Initials			04/25 1900	1500	D/C	0100
0035 (2) JS	ENSURE VANILLA 237 ML USE FOR BOOST, SUSTACAL, NUBASIC Rate: oral Continue/Discontinue _____ Initials	BID		04/25 2100	1500 2100	Refused. Refused. Order not found - J2	2100 Refused.
	✓ Diflucan 200mg IV qd.				0900		
	DS NS C 20mg KC @ 100ml/10				1500	K	
	Bolus 1 Liter NS				1400	K	
	Imitrex 6 mg SQX 1 this AM				1720	K	
	Solunedrol 30 mg IVX1				1720	K	
	Zithromax 500mg IVX1						1800K
	Then 500mg po daily						
tdrn	STAT MEDICATION/ONE TIME ORDERS	AdmRN	TIME	PHYSICIAN SIGNATURE		DATE	TIME

ite Code: R-Right L-Left D-Deltoid G-Gluteal T-Thigh AB-Abdomen
l-Lower U-Upper M-Mid

lg: PENICILLIN/PROPOXYFEN
ge: 46Y Height: 162.6cm Weight: 65.8(54.70)kg BSA: 1.71sq m
x: HEADACHE/ACC/HTN
dm: 04/25/05 DOB: [REDACTED] Dr: 1106 MORROW, SHAWN M
ex: F A1546984
03-A
ARTINEZ, RAQUEL 354

KEY TO UNADMINISTERED DOSES:

R-REFUSED C-CONDITION OF PATIENT A-ABSENT DO-DOCTOR'S ORDER

INIT	SIGNATURE	INIT	SIGNATURE	WAS Verified by:
JS	[Signature]	INT	[Signature]	RM

Page: 2 (more meds follow...)

Covers Doses from 04/26/05 07:00am to 04/27/05 06:59am

ary Black Memorial Hospital

MEDICATION ADMINISTRATION

C...

Ord#	Drug/Dose Route, Comments	Freq	Sched	Start	Stop	0700 - 1859	1900 - 0659
PRN MEDICATION ORDERS *****							
0007 (D) JS	SODIUM CHLORIDE 10ML SYRINGE 0.9 % (SODIUM CHLORIDE 0.9%) [IV] **INT FLUSH DOCUMENTATION** ** IF PATIENT HAS INT ** INT flush DOCUMENTATION for routine flushing of INT and for scheduled or PRN IV medication delivery. Continue/Discontinue _____ Initials	UD	PRN	04/25 1800			
0009 (S) JS	METOCLOPRAMIDE HCL 10 MG (REGLAN) [IV] <i>po</i> REGLAN Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1800		0930	
0010 (D) JS	MAALOX SUSPENSION 30 ML (ALUM-MAG HYDROXIDE-SIMETHICONE) [ORAL] USE FOR MYLANTA/RIOPAN Continue/Discontinue _____ Initials	PRN	PRN	04/25 1800			
0011 (D) JS	PROMETHAZINE HCL 25 MG (PHENERGAN INJ) [IM/IV] PRN NAUSEA/VOMITING Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1800			
0012 S	PROMETHAZINE HCL 25 MG (PHENERGAN) [ORAL] PRN NAUSEA / VOMITING Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1800			
0013 (S) S	PROMETHAZINE 25 MG (PROMETHAZINE HCL) [RTIL] PRN NAUSEA Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1800			
0014 (D) S	AMBIEN 10 MG (ZOLPIDEM TARTRATE) [ORAL] PRN SLEEP Continue/Discontinue _____ Initials	HSP	PRN	04/25 2100	05/01 2359		2100 2359
0015 (D) S	TYLENOL 650 MG (ACETAMINOPHEN) [ORAL] PRN PAIN Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1900			
STAT MEDICATION/ONE TIME ORDERS		Admn	TIME	PHYSICIAN SIGNATURE		DATE	TIME

Code: R-Right L-Left D-Delroid G-Gluteal T-Thigh AB-Abdomen
I-Lower I-Upper M-Mid

Q: PENICILLIN/PROPOXYFEN
re: 46Y Height: 162.6cm Weight: 65.8(54.70)kg BSA: 1.71sq m
r: HEADACHE/ACC/HIN
un: 04/25/05 DOB: [REDACTED] Dr: 1106 MORROW, SHAWN M
x: I A1546984
12-A
JRTDRE, RAQUEL 6354

KEY TO UNADMINISTERED DOSES:
R-REFUSED C-CONDITION OF PATIENT A-ABSENT DO-DOCTOR'S ORDER

INT	SIGNATURE	INT	SIGNATURE	MAN Verified by:
	<i>[Signature]</i>		<i>[Signature]</i>	<i>[Signature]</i>
				4/26/05

Page: 3 (more meds follow...)
Covers Doses from 04/26/05 07:00am to 04/27/05 06:59am

Rev Black Memorial Hospital

Ord#	Drug/Dose Route, Comments	Freq	Sched	Start	Stop	0700 - 1859	1900 - 0659
***** PRN MEDICATION ORDERS *****							
016 D) S	FEVERALL SUPPOSITORIES 650 MG (ACETAMINOPHEN) [RTL] PRN PAIN Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1900			
018 S) S	METOCLOPRAMIDE HCL 10 MG (REGLAN) [ORAL] Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1900		0935 K	
023 D) S	ENALAPRILAT 1.25 MG (VASOTEC I.V.) [IV] PRN SNP > 180 Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1900			
026 4) S	KETOROLAC TROMETHAMINE 30 MG (TORADOL) [IV] TORADOL, MAX DOSE= 120MG/DAY Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1900	04/29 2359	0935 K *max 2 doses/day doses	
027 D) S	LORAZEPAM 1-2 MG (ATIVAN) [IV] CONTROLLED DRUG Continue/Discontinue _____ Initials	Q4HP	PRN	04/25 1900	05/01 2359	0935 K	2315 /mg (IV)
029 D) S	HYDROCODONE BITARTRATE W/APAP 1 TAB (LORTAB 5) [ORAL] USE FOR LORTAB 5 OR VICODIN Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1900	05/01 2359		
030 D) S	HYDROCODONE/APAP 1 TAB (LORTAB 10) [ORAL] CONTROLLED DRUG-USE FOR LORTAB 10 Continue/Discontinue _____ Initials	Q6HP	PRN	04/25 1900	05/01 2359	0930 pt. refused K	2200 8 0555 8
ORD#	STAT MEDICATION/ONE TIME ORDERS	AdmRN	TIME	PHYSICIAN SIGNATURE		DATE	TIME

Site Code: R-Right L-Left D-Deltoid G-Gluteal T-Thigh AB-Abdomen
↓-Lower ↑-Upper M-Mid

kg: PENCICILLIN/PROPOXYFEE
pe: 46Y Height: 162.6cm Weight: 65.8 (54.70)kg BSA: 1.71sq m
t: HEADACHE/ACC/HIN
En: 04/25/05 DOB: [REDACTED] Dr: 1106 MORROW, SHAWN M
EX: F A1546984
12-A
ARTINER, RAQUEL 4354

KEY TO UNADMINISTERED DOSES:
R-REFUSED C-CONDITION OF PATIENT A-ABSENT DO-DOCTOR'S ORDER

INT	SIGNATURE	INT	SIGNATURE	MAR Verified by:
	[Signature]		[Signature]	[Signature]

Page: 4 (End of MAR)
Covers Doses from 04/26/05 07:00am to 04/27/05 06:59

Ord#	Drug/Dose Route, Comments	Freq	Sched	Start	Stop	0700 - 1859	1900 - 0659
	ASA 81mg po daily						2100 Jan 4/26/05
	Nicoderm patch 21gm						2100 Jg Darm deltid
	Lopressor 5mg IV q 15min X 2 then Lopressor 50mg po BID						1900 2010 Jg Jg
	ASA 325mg po X 1 Now						2000 Jg refused
	Ativan 1mg po BID						2100 Jg
	Protonix 40mg po qhs						2100 Jg
	DiFlucan 200mg IV QD						2200 2100 Jg
	Humabid 1200mg po BID						2100 Jg
STAT MEDICATION/ONE TIME ORDERS	AdmRN	TIME	PHYSICIAN SIGNATURE			DATE	TIME

Code: R-Right L-Left D-Deltoid G-Gluteal T-Thigh AB-Abdomen
I-Lower U-Upper M-Mid

KEY TO UNADMINISTERED DOSES:
R-REFUSED C-CONDITION OF PATIENT A-ABSENT DO-DOCTOR'S ORDER

4/25/05 1354 F 046Y
MARTINEZ, RAQUEL
DOB: [REDACTED] SHAWN M



1546984

INITIALS	SIGNATURE	DATE	TIME	SIGNATURE	DATE	TIME
Jg	[Signature]					

MAR Verified by:
RN

Page:
Covers Doses from 12/12/04 07:06am to 12/13/04 06:59am

Black Memorial Hospital

MEDICATION ADMINISTRATION

[illegible]

Order	Drug/Dose Route, Comments	Freq	Sched	Start	Stop	0700 - 1859	1900 - 0659
	Vasotec 1.25mg IV q6° PRN SBP > 180						
	Toradol 30mg IV x1 then q6 hrs PRN max 5 doses						given ER 2302 0515 JF JF
	Ativan 1-2mg IV q4° PRN						2302 0515 1mg JF JF 1mg
	Lorab 5-10mg po q6° PRN						
	Reglan 10mg po q6 hrs PRN						
	Mylanta 30mg po PRN						
	Ambien 10mg po nightly po Sleep						
	Infenol 650mg po pr q6 hrs PRN pain						
RN	STAT MEDICATION/ONE TIME ORDERS	AdmRN	TIME	PHYSICIAN SIGNATURE			DATE TIME

Code: R-Right L-Left D-Deloid G-Gluteal T-Thigh AB-Abdomen
↓-Lower ↑-Upper M-Mid

KEY TO UNADMINISTERED DOSES:

R-REFUSED C-CONDITION OF PATIENT A-ABSENT DO-DOCTOR'S ORDER

4/25/05 6354 F 046Y
MARTINEZ, RAQUEL
DOB: [REDACTED]
CHAWN M



1546984

SIGNATURE [Signature]
SIGNED [Signature]

MAR Verified by:
RN

Page:
Covers Doses from 12/12/04 07:00am to 12/12/04 06:55am

Black Memorial Hospital

10:37 04/26/2005

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
P.O. BOX 3217
1700 SKYLYN DRIVE
SPARTANBURG, S.C. 29304
PHONE (864) 573-3861 FAX (864) 573-3160

NAME: MARTINEZ, RAQUEL SSN: 354
AGE: 46Y DOB: [REDACTED] SEX: F ACCOUNT: 1546984
ADDRESS: SPARTANBURG, SC 29301
PHONE: 864-574-6965 ROOM: T4-0402-A

ORDER: 3099864 ADDITIONAL ORDERS:
CHEST PA & LATERAL - 71020

ORDER DATE: 04/25/2005
ORDERING PHYSICIAN: BRUCE A. BOURDON, MD

cc: BRUCE A. BOURDON, MD (19592)
fx: SHAWN M. MORROW, MD (22766)
>

CHEST 4/25/05:

Clinical history: Nausea, vomiting, diarrhea.

PA and lateral views of the chest reveal the lung fields to be clear.
The heart does not appear to be enlarged. Trachea is in midline.
Diaphragm and costophrenic angles show nothing unusual.

IMPRESSION: Negative exam.

SAID ESLAMI, MD

This document has been electronically reviewed and approved
by SAID ESLAMI, MD 04/26/2005.

\: ch /: 23 JOB: 01817 ID: 000437991
DD: 04/25/2005 DT: 04/25/2005 1812
TD: 1704

RADIOLOGY REPORT

9:12 04/26/2005

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
P.O. BOX 3217
1700 SKYLYN DRIVE
SPARTANBURG, S.C. 29304
PHONE (894) 573-3861 FAX (894) 573-3160

NAME: MARTINEZ, RAQUEL SSN: 6354
AGE: 46Y DOB: [REDACTED] SEX: F ACCOUNT: 1546984
ADDRESS: SPARTANBURG, SC 29301
PHONE: 864-574-6965 ROOM: T4-0402-A

ORDER: 3099902 ADDITIONAL ORDERS:
CT SCAN BRAIN WO CON - 70450

ORDER DATE: 04/25/2005
ORDERING PHYSICIAN: BRUCE A. BOURDON, MD
cc: BRUCE A. BOURDON, MD (19592)
fx: SHAWN M. MORROW, MD (22766)
>

UNENHANCED CT BRAIN SCAN 4/25/05:

History: Passed out at work.

Multiple axial images were obtained through the brain without intravenous contrast. No focal or diffuse abnormalities are identified.

IMPRESSION: Normal unenhanced CT brain, no intracranial bleeding or mass seen.

JOHN G. THORNBURG MD

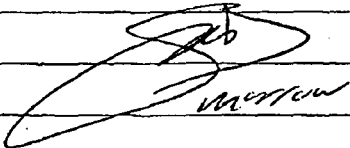
This document has been electronically reviewed and approved
by JOHN G. THORNBURG MD 04/26/2005.

\: ch /: 18 JOB: 01809 ID: 000437987
DD: 04/25/2005 DT: 04/25/2005 1808
TD: 1706

CAT SCAN REPORT

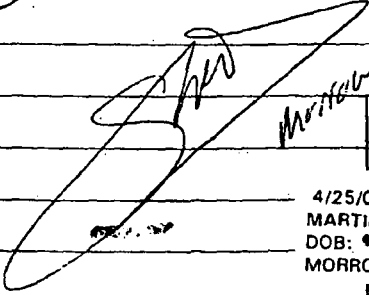
MARY BLACK MEMORIAL HOSPITAL
SPARTANBURG, SOUTH CAROLINA
PROGRESS NOTES

MB-007

DATE	TIME	NOTES
7/26/96	1045	MD/PG Q/V N/V (more for this up) JF/C B/C w/ps + PND emesis flatul. No pain c/o HTA 7/24/96 afib P96 n16 98% 130/96 Lab/pxing reviewed non growth y/dm @ Thromb CTA no JBS soft JF/C HTA OX3 1/1 @ HTN up/ing (2) J/K - explain (3) Anemia - following (4) Thromb - A to CO (5) Sinus tx - add Abx (6) await smt (7) N/V - add Reglan + Ondansetron (8) Migrain/cluster/CDHs
		 Morrow
PATIENT IDENTIFICATION		
		4/25/05 16354 F 046Y MARTINEZ, RAQUEL DOB: [REDACTED] MORROW, SHAWN M  1546984

MARY BLACK MEMORIAL HOSPITAL
SPARTANBURG, SOUTH CAROLINA
PROGRESS NOTES

MB-007

DATE	TIME	NOTES
4/25/05	1650	Hosp. Admit 1 st weider
		P/
		(1) Acc. HTN
		(2) N/V + HA - ? 2 nd to #1 & Migraine etc.
		(3) Tobacco
		(4) Chronic Daily HA.
		(5) Anxiety
		(6) Episode Syncope
		P/
		(1) Admit Tdx
		(2) ✓ Labs
		(3) Symptom Control
		(4) IUI
		(5) ✓ CT head if (-) ✓ MRI/MRA
		(6) Risk factor Mod
		(P.I.C.T.)
		
		PATIENT IDENTIFICATION
		4/25/05 1354 F 046Y MARTINEZ, RAQUEL DOB:  MORROW, SHAWN M
		 1546984

Coding Summary Form

Patient Name: MARTINEZ, RAQUEL	Facility: The Carolina Center for Behavioral Health	Payor: 40, MANAGED CARE
MRN: 000026130	Admission Dx: 311	Reimbursement:
Account #: 02025510013	Admission Date: 08/10/2005	DRG:
Sex: F	Discharge Date: 08/22/2005	MDC:
DOB: [REDACTED]	LOS: 12	Weight:
Age: 46y	Attending Provider: 00013, CASTRIOTTA, RALPH	AMLOS:
Patient Type: O		GMLOS:
Visit Type: O	Discharge Status: B, DC PHP TO IP THIS FACILITY	Coding Status: Complete

Dx Code Description

- 1 292.0 Drug Withdrawal
- 2 305.51 Opioid Abuse Continuous
- 3 309.81 Posttraumatic Stress Disorder
- 4 524.60 Temporomandibular Joint Disorder NOS
- 5 346.90 Migraine NOS w/o Intractable Migraine
- 6 401.9 Hypertension NOS
- 7 V15.81 Personal HX of Noncompliance w Med Treatment
- 8 301.4 Obsessive-Compulsive Personality Disorder
- 9 296.80 Bipolar Disorder NOS

Px Code Description

CPT Code Description

Date

Surgeon

Modifier

SVC Date

Surgeon

Notes

Note Type

Assigned Date

Memo

Coder: deass 09/06/2005

ye
10.11.05

CAROLINA CENTER FOR
BEHAVIORAL HEALTH

CONTINUING CARE/
DISCHARGE PLANNING

2025510013 PNP
08-10-05 -6354
MARTINEZ, RAQUEL

1414 S. BURG SC 29301
COLUMBIA
SC 29201
300321137

Patient Identification

DURING TREATMENT PHYSICAL PROBLEMS THAT WERE IDENTIFIED/TREATED:

SPECIAL INSTRUCTIONS:

stepped up to inpt.

PROBLEM AREAS TO BE ADDRESSED IN CONTINUING CARE:

THREE MONTH GOALS FOR CONTINUING CARE:

FINANCIAL SUPPORT
EDUCATION/

SCHOOL
Part-Time

WORK
Part-Time

SPECIAL CONDITIONS

VOCATIONAL PLANS

Full-Time Full-Time
Other (Please Explain)

BRIEF TREATMENT SUMMARY: (i.e. reason for admission, interventions, response):

DISCHARGE DIAGNOSIS:

AXIS I: (Primary)

MDD

AXIS III:

Hx of headaches

(Secondary)

a/o S/A

substance abuse

a/o PTSD

AXIS II:

depressed

AXIS IV:

AXIS V:

25

SUMMARY OF PATIENT'S CONDITION UPON DISCHARGE (RN/MHP):

Raquel was assessed to be taking meds inappropriately. S/Sx of gait pbx, confusion, mood instability, extreme grogginess. Stepped up to inpt LOC for med stabilization.

TIME PATIENT LEFT HOSPITAL:

AM
PM

URSING:

Melanie Phillips RN

DATE:

8/22/05

MSW/THERAPIST:

DATE:

PHYSICIAN:

M. L. [Signature]

DATE:

8-22-05

OTHER:

DATE:

Revised 11/01

Page 2

CAROLINA CENTER FOR BEHAVIORAL HEALTH
PSYCHIATRIC EVALUATION

PATIENT: RAQUEL MARTINEZ
MR#: 26130
DATE OF ADMISSION: 8/10/05
DATE OF EVALUATION: 8/11/05

REASON FOR ADMISSION: The patient was admitted after being hospitalized briefly at SRMC. She ended up there after having a brief reaction, possibly psychotic in nature to abruptly stopping her Xanax. She started the Xanax 2 mg a day 6 weeks ago after suffering an acute anxiety reaction to the death of a relative. She was vulnerable at this time due to stressors at work. She works as a police officer. She feels she was in an emotionally vulnerable state when the relative died. This heightened her reaction to it. She was placed on Xanax. She did reasonably well. She felt that she needed to get off the medication. She did so basically by stopping it. She then deteriorated and had poor sleep. She had decreased ability to get a sense of the world around her. She finally lost touch with reality and was hospitalized. She has little recall of events that occurred during the time she lost touch with reality.

There is some degree of abuse history. She was reluctant to talk about this.

SUBSTANCE ABUSE HISTORY: None.

MEDICAL HISTORY: The patient has hypertension and TMJ. She has severe headaches/migraines. She is allergic to Darvocet, Combivent, Penicillin and nuts.

CURRENT MEDS: She is currently on Toprol XL 100 mg a day. Lotrel 10/20 a day. Zocor 40 mg a day. Lortab 10 mg 1 ½ three to four times a day for TMJ. She is on Klonopin 1 mg at bed time. Depakote 250 bid and 500 at bed time. Neurontin 600 at night time. Furosemide 40 mg a day. Motrin as needed. Doxycycline 100 mg a day. Fludro Cortisone 0.1 mg a day.

PREVIOUS TREATMENT: She was treated 12 years ago for depression with Luvox for several years. She was at SRMC for 3 days recently.

RAQUEL MARTINEZ

PAGE -2-

PSYCHIATRIC EVALUATION

SUPPORT SYSTEM: She lives alone. She feels her family is somewhat supportive.

FAMILY HISTORY: Her brother has depression.

MENTAL STATUS EXAM: She is casually dressed but well groomed. Vitals are stable. Gait is normal. Affect is intense and somewhat mood congruent. She is fully oriented. Thoughts are logical. She is a little bit scattered. There is no looseness of association. Speech is pressured but interruptible. She does not appear as much manic as she does obsessive. She wants to make sure that I understand every detail of what she has experienced. There is no grandiosity. Concentration and focus are reasonably intact. She is not delusional, hallucinating or paranoid. She demonstrates an average fund of knowledge. Judgment and insight are fair to good. She is not suicidal or homicidal.

ASSETS: She is motivated for treatment.

DIAGNOSES:

AXIS I - Psychosis secondary to withdrawal from
Benzo's
Rule out bipolar vs OCD

AXIS II - Deferred

AXIS III - Hypertension
TMJ
Migraine headaches

AXIS IV - Loss of function

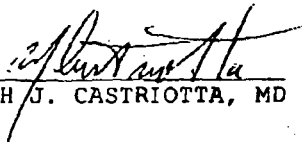
AXIS V - GAF 50-60

RECOMMENDATIONS: For now will continue her current meds. I hope to get the records from Spartanburg as quickly as possible. My sense is that she is probably more obsessive compulsive than she is bipolar. She may benefit from another trial of Luvox.

ESTIMATED LOS: 7-10 days.

RAQUEL MARTINEZ
PAGE -3-
PSYCHIATRIC EVALUATION

INITIAL DISCHARGE PLANS: Outpatient treatment with Dr.
Castens.


RALPH J. CASTRIOTTA, MD

RJC/rlv
D: 8/11/05
T: 8/11/05

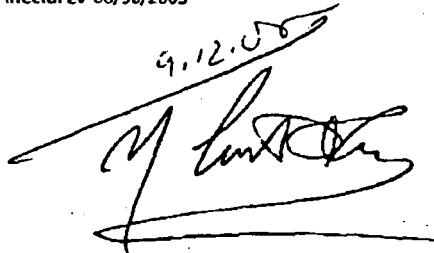
Coding Summary Form

Patient Name: MARTINEZ, RAQUEL	Facility: The Carolina Center for Behavioral Health	Payor: 40, MANAGED CARE
MRN: 000026130	Admission Dx: 304.00	Reimbursement: 2,250.99
Account #: 01124840016	Admission Date: 08/22/2005	DRG: 426 - DEPRESSIVE NEUROSES
Sex: F	Discharge Date: 08/26/2005	MDC: 19
DOB: [REDACTED]	LOS: 4	Weight: 0.4845
Age: 46y	Attending Provider: 00013, CASTRIOTTA, RALPH	AMLOS: 4.2
Patient Type: I		GMLOS: 3.1
Visit Type: I	Discharge Status: 1, Home	Coding Status: Complete

Dx	Code	Description
1	311	Depressive Disorder NEC
2	292.0	Drug Withdrawal
3	304.71	Opioid Combination Depend Continuous
4	305.90	Mixed/Unspec Drug Abuse NEC/NOS
5	309.81	Posttraumatic Stress Disorder
6	401.9	Hypertension NOS
7	346.90	Migraine NOS w/o Intractable Migraine
8	524.60	Temporomandibular Joint Disorder NOS

Px	Code	Description	Date	Surgeon	
CPT	Code	Description	Modifier	SVC Date	Surgeon
Notes					
Note Type		Assigned Date	Memo		

Coder: mcclurev 08/30/2005

9.12.05


THE CAROLINA CENTER FOR BEHAVIORAL HEALTH
DISCHARGE SUMMARY

PATIENT: RAQUEL MARTINEZ
MEDICAL RECORD NO.: 26130
DATE OF ADMISSION: 8-22-05
DATE OF DISCHARGE: 8-26-05

REASON FOR ADMISSION: Ms. Martinez was admitted after becoming increasingly confused and after she had revealed to me that she had been overtaking her Lortab. At that point, she was in the Partial Hospitalization Program and was stepped up for further treatment.

PAST MEDICAL HISTORY: Her past medical history is significant for migraine headaches. He reports hypertension.

HOSPITAL COURSE: This was a very difficult hospital course for Ms. Martinez. She was initially reluctant to come in the hospital. She revealed after she had gotten here that she basically pretty much abused all of her medications except for the Klonopin. She did not wish to go on a Buprenex taper so we used Buprenex as needed. She received several doses for what I believed were withdrawal symptoms from narcotics. At this point in time, she denies withdrawal symptoms. She is complaining of a headache. This is a chronic finding for her. I suspect that some of her headache is anxiety driven as well as potentially related to her migraines. It is apparent that she would very much like narcotics for her headache if at all possible.

Her blood pressure is actually well controlled at this point and if anything it is low. She had been on Toprol XL but her pulse had been so low we had been afraid to give her some of her medications on occasion. I have cut back on her Metoprolol and discussed these changes in length with her.

In addition, we tried to work on some post traumatic stress disorder related symptoms, particularly ways to cope with these inasmuch as I think some of this has been driving some of her behavior. Unfortunately the headaches were a predominant focus and made it difficult to specifically treat these. Also, because of her work as a police officer, she feels reluctant to open up in group in case there are some people in some way related to open cases she's working on.

At this point in time, she is complaining of headache, although her affect varies depending on the subject matter. Otherwise, she denies being depressed and denies being suicidal.

Vital signs are stable. There is no nausea or vomiting or other symptoms consistent with withdrawal.

RAQUEL MARTINEZ
PAGE 2
DISCHARGE SUMMARY

I did discuss possibilities with her and offered to have her stay longer but she declined and I have no means by which to commit her at this point in time. I think she would probably benefit from further treatment.

Nonetheless, the plan is to discharge her at this time. We are in the process of arranging follow up.

DISCHARGE INSTRUCTIONS:

PHYSICAL ACTIVITY: As tolerated. I asked her not to drive for the time being until she has an opportunity to be observed at home. I should point out at this point there is no signs of sedation.

DIET: Regular.

MEDICATIONS:

1. Lotrel 10/21 a day.
2. Metoprolol 25 b.i.d.
3. Zocor 40 mg a day.
4. Doxycycline 100 mg daily.
5. Lasix 40 mg a day.
6. Sludro Cortizone 0.1 mg daily.
7. Cymbalta 60 mg a day.
8. Depakote 250 b.i.d. She it to taper off of this. She actually abused this medication as well.
9. Potassium chloride 10 mEq b.i.d.
10. Desyrel 50 at bedtime.

FOLLOW UP CARE: The patient will follow up as noted above.

DISCHARGE DIAGNOSES:

AXIS I: Depression, not otherwise specified.
Rule out post traumatic stress disorder.
Polysubstance abuse.
Opiate withdrawal.

AXIS II: Deferred.

AXIS III: History of headaches.
Hypertension.

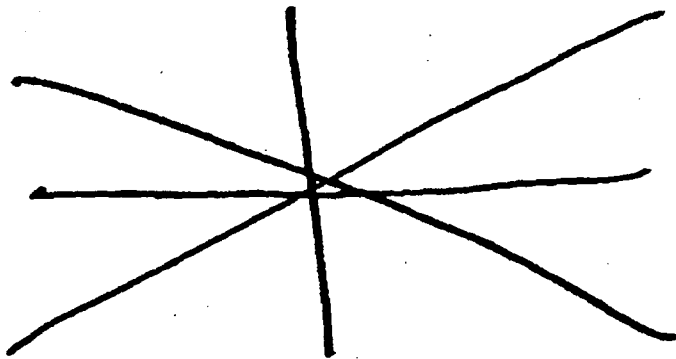
AXIS IV: Severe job related stressors.

AXIS V: 60.

PROGNOSIS: Fair.


RALPH J. CASTRIOTTA, MD

RC/lfh
T: 8-26-05



CAROLINA CENTER FOR BEHAVIORAL HEALTH
TRANSITION NOTE

PATIENT: RAQUEL MARTINEZ
MR#: 26130
DATE OF TRANSITION: 8/22/05
DATE OF EVALUATION: 8/23/05

REASON FOR ADMISSION: The patient is a patient of mine in the PHP. On 8/22 when I was interviewing her I noticed that she was extremely confused. I re-interviewed her with the Director of the PHP Program. We both concurred that she was very confused. We were concerned about her ability to drive. I questioned her further. I found out that she had been overtaking her Lortab. With her permission I called the pharmacy. She has gone through 120 Lortab since the 5th of the month which is roughly 60 mg + a day. She may have a few left over but we are not clear how much. As it turns out she has been overtaking everything including the Depakote and the Neurontin which may be why she has been periodically confused.

When I asked her why she was overtaking her medicines she returns to discussing a case she had several months back when a 2 year old was run over. She had to do the forensic evaluation. The 2 year old was run over inadvertently by a police officer who ran over his own child. The case would have been distressing but she knew the police officer and she had little support from her supervisor. She started taking Xanax and may have been overtaking it. She stopped it abruptly and became psychotic and that necessitated her first hospital stay. Since then she has been in our program trying to cope with her anxiety and I have been trying to regulate her medications but it has been very difficult given her lack of compliance with recommended treatment regimen. She is admitted for evaluation and need to detox off medication. We are concerned about her confusion and possible psychosis. She denies overtaking Klonopin. She stated "it did not do anything for me when I overtook it."

MEDICAL HISTORY: She has migraine headaches.

SUBSTANCE ABUSE HISTORY: None except for noted above.

MENTAL STATUS EXAM: At this point she is calmer, more logical and goal directed in her thinking. She is extremely emotionally labile and tearful. She was more willing to

RAQUEL MARTINEZ
PAGE -2-
TRANSITION NOTE

take responsibility for her actions and revealed to me that she had been overtaking all of her meds. She is fully oriented. Concentration is still moderately impaired but nothing to compare with yesterday. There is no evidence of delusions, hallucinations or paranoia at this point. She demonstrates an average fund of knowledge and her speech is not slurred as it was yesterday.

DIAGNOSTIC IMPRESSION:

AXIS I - Opiate abuse
Medication abuse in general
Rule out PTSD

AXIS II - None

AXIS III - Migraine headaches

AXIS IV - Severe

AXIS V - GAF 30

RECOMMENDATIONS: At this point will observe her for withdrawal symptoms. She states she has been able to withdraw from Lortab before without becoming symptomatic. I remained concerned at this point. We need to sort through the Depakote and Neurontin and figure out what to do with those as well. Also plan to start her on Cymbalta. She has been reluctant to take this. She agrees now it would be helpful. I may keep her on a little bit of Depakote.

ESTIMATED LOS: 4-5 days.


RALPH J. CASTRIOTTA, MD

RJC/rlv
D: 8/23/05
T: 8/23/05

Coding Summary Form

Patient Name: MARTINEZ, RAQUEL	Facility: The Carolina Center for Behavioral Health	Payor: 40, MANAGED CARE
MRN: 000026130	Admission Dx: 311	Reimbursement: 3,012.00
Account #: 01127710018	Admission Date: 09/28/2005	DRG: 430 - PSYCHOSES
Sex: F	Discharge Date: 10/20/2005	MDC: 19
DOB: [REDACTED]	LOS: 22	Weight: 0.6483
Age: 46y	Attending Provider: 00149, SHERBONDY, DAVID	AMLOS: 7.9
Patient Type: I		GMLOS: 5.8
Visit Type: I	Discharge Status: 1, Home	Coding Status: Complete

Code	Description
1 296.80	Bipolar Disorder NOS
2 304.70	Opioid Combination Dependence NOS
3 304.10	Sedative, Hypnotic or Anxiolytic Dependence NOS
4 599.0	Urinary Tract Infection Site NOS
5 309.81	Posttraumatic Stress Disorder
6 346.90	Migraine NOS w/o Intractable Migraine
7 354.0	Carpal Tunnel Syndrome
8 716.90	Arthropathy NOS Site NOS
9 524.60	Temporomandibular Joint Disorder NOS
10 V15.81	Personal HX Of Noncompliance W Med Treatment
11 301.83	Borderline Personality Disorder
12 401.9	Hypertension NOS
13 V14.0	Personal HX of Allergy to Penicillin

Code	Description	Date	Surgeon
Code	Description	Date	Surgeon

Notes

Visit Type	Assigned Date	Memo

Coder: moclurev 10/24/2005

M (1/20/05)

CAROLINA CENTER FOR BEHAVIORAL HEALTH
DISCHARGE SUMMARY

PATIENT: RAQUEL MARTINEZ
DATE OF ADMISSION: 09-28-05
DATE OF DISCHARGE: 10-20-05
DATE OF DICTATION: 10-20-05
MEDICAL RECORD NO.: 26130

IDENTIFICATION DATA: Raquel Martinez is a 46 year old, divorced, Hispanic, female, from Spartanburg, South Carolina.

CHIEF COMPLAINT: "I can't sleep."

HISTORY OF PRESENT ILLNESS: The patient has a history of post traumatic stress disorder and possibly borderline personality disorder or bipolar disorder. She had been mistaking her medications. She states she cannot sleep at night. She has nightmares. She is trying not to sleep. She is overtaking her trazodone and overtaking benzodiazepines and opiates again. She was referred by Dr. Diehl, her outpatient therapist.

CHILDHOOD ASSESSMENT: The patient reports a history of physical, emotional, and sexual abuse. The sexual abuse was by a family friend. She was actually assaulted at age 19.

SUBSTANCE HISTORY: The patient has been taking Lortab and Xanax in high dosages and overtaking trazodone.

PAST MEDICAL HISTORY: The patient presents with a urinary tract infection on admission, migraine headaches, hypertension, arthritis, temporomandibular joint dysfunction, and carpal tunnel syndrome.

SURGICAL HISTORY: The patient has had eye surgery, cholecystectomy, and tubal ligation.

ALLERGIES: The patient is allergic to peanuts, shellfish, nuts, Penicillin, and Darvocet.

LABS: Urine drug screen was positive for opiates. Comprehensive metabolic panel was unremarkable. Complete blood count was normal. Thyroid stimulating hormone was 5.02.

HOSPITAL COURSE: The patient was enrolled in the Adult Psychiatric Tract Unit on unit II. She was agitated. She had poor insight and poor judgment. She was suicidal and impulsive, demanding an against medical advice discharge but it was not safe to do so, so she was involuntarily committed. She was transferred to unit V due to her elopement attempts. On unit V, she continued to be difficult to manage and continued to be suicidal. She would not contract for safety. Whenever she would go to the cafeteria she would sneak back a plastic knife and try to cut herself with it, although she never actually did.

RAQUEL MARTINEZ
PAGE 2
DISCHARGE SUMMARY

She had to be placed on one to one observation several times due to manipulative behavior and threats of suicide. She was started on Seroquel titrated up to 800 mg q h.s. to help her with insomnia, nightmares, and stabilizing her mood. Cymbalta was discontinued and she was started on Zoloft titrated up to 100 mg q h.s. Ambien 10 mg h.s. with this combination seemed to work well to help her sleep. She had steady improvement of her mood. Affect was brighter. She was interacting better with peers and staff. She was less suicidal and gradually taken off precautions to now where she is on routine precautions. She is stable for discharge today. A second opinion was given by Dr. Castriotta due to the complexity of the case during the course of her hospitalization.

CONDITION ON DISCHARGE: Guarded.

ANTICIPATED PROBLEMS: There is a risk of relapse on narcotics or benzodiazepines. There is a risk of suicide.

DISCHARGE INSTRUCTIONS:

PHYSICAL ACTIVITY: Regular.

DIET: Regular.

MEDICATIONS:

1. Metoprolol 25 mg b.i.d.
2. Zocor 40 mg q a.m.
3. Seroquel 800 mg q h.s.
4. Zoloft 100 mg q h.s.
5. Ambien 10 mg h.s. p.r.n. insomnia.

FOLLOW UP CARE: The patient will follow up with Dr. Diehl and myself. We will need close outpatient follow up. She needs a lot of family support and they have agreed to do so. She has agreed to allow them to do so.

MENTAL STATUS: At discharge, the patient has euthymic affect and okay mood. She denies suicidal or homicidal ideations. There is no evidence of delusions, paranoia, or psychosis. Thought processes are logical and goal directed. She is alert and oriented times four. Abstraction ability is average. She has fair sleep, appetite, and energy. She has fair insight, judgment, and motivation. She is somewhat anxious about discharge.

DISCHARGE DIAGNOSIS:

AXIS I: Bipolar disorder, not otherwise specified.
 Post traumatic stress disorder.

RAQUEL MARTINEZ
PAGE 3
DISCHARGE SUMMARY

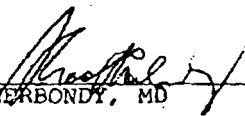
Opiate abuse, benzodiazepine abuse.

AXIS II: Borderline personality disorder.

AXIS III: History of migraines, recent urinary tract
infection, hypertension, arthritis,
temporomandibular joint dysfunction, carpal tunnel.

AXIS IV: Social, occupational, lack of support, moderate.

AXIS V: GAF on admission, 20.
GAF on discharge, 55.


SHANE SHERBONDY, MD

SS/tdc
T: 10-21-05

CAROLINA CENTER FOR BEHAVIORAL HEALTH
PSYCHIATRIC EVALUATION

PATIENT: RAQUEL MARTINEZ
MR#: 26130
DATE OF ADMISSION: 9/28/05
DATE OF EVALUATION: 9/29/05

IDENTIFYING DATA: This is a 46 year old divorced unemployed Hispanic female from Spartanburg, S.C. referred voluntarily by her outpatient therapist.

CHIEF COMPLAINT: "I can't sleep."

HPI: The patient states that she has not been able to sleep. She has nightmares. She states she has been taking 10-12 Trazodone every night. She states she has not been eating. She has been noncompliant with her psychiatric medications. She is trying to get disability. She is only bathing once every 2 weeks. She has been isolative for 2 weeks. She is irritable and blows up for no reason. She is only sleeping 1/2 to 1 1/2 hours at night for the past 2 weeks. She is not eating. She states she had not eaten for 72 hours prior to this morning. She feels dizzy. She has a history of dependence on Lortab and Xanax.

CHILDHOOD HISTORY: She has a history of physical, emotional and sexual abuse by a family friend. She was sexually assaulted at age 19. S

SUBSTANCE HISTORY: She had been taking Lortab a very high amount and Xanax. She got off the Xanax and Lortab when she was treated here in August of 2005. she recently started back.

PAST MEDICAL HISTORY: She has a current UTI, migraine headaches, hypertension, arthritis, TMJ, CTS and has had eye surgery, cholecystectomy and tubal ligation. She is allergic to peanuts, shellfish, nuts, Penicillin and Darvocet.

CURRENT MEDS: The patient has been noncompliant. She is overtaking her Trazodone.

PREVIOUS TREATMENT: She has been at CCBH as an inpatient in 2005. She has been seen as an outpatient X 2. She wanted to be put on long term disability the first time I saw her.

RAQUEL MARTINEZ

PAGE -2-

PSYCHIATRIC EVALUATION

SOCIAL HISTORY: She lives alone. She has been married 10 years. She is divorced at present. She has no children. She states her parents and siblings are supportive.

She has a college education. She had worked in law enforcement until she quit recently. She is trying to get long term disability.

FAMILY HISTORY: Her oldest brother has alcoholism. Her oldest brother has a history of bipolar disorder.

MENTAL STATUS EXAM: The patient is a 46 year old Hispanic female with short hair. She has a flat affect. Vitals are stable. Gait is slow. Thought processes are logical and goal directed. The patient is quite irritable and agitated. She felt I was calling her a liar when I was asking her questions. Concentration is poor. Judgment and insight are poor. Memory is fair. She is somewhat fair. She is a guarded historian. She is alert and oriented X 4. She has some suicidal ideation. She denies homicidal thoughts. No evidence of delusions, paranoia or psychosis. Intellectual function is average.

ROS: Reviewed H & P.

PROVISIONAL DIAGNOSES:

ASIS I - Bipolar disorder NOS
Rule out PTSD

AXIS II - Mixed personality disorder with borderline
Traits

AXIS III - Migraine headaches
Urinary tract infection
Hypertension
Arthritis
TMJ
Carpal tunnel syndrome

AXIS IV - Social, occupational, lack of
Support, moderate to severe

RAQUEL MARTINEZ
PAGE -3-
PSYCHIATRIC EVALUATION

AXIS V - GAF 20

LOS: 7-9 days.

INITIAL DISCHARGE PLAN: Home.

PLAN: Adult Psychiatric Tract Program. I asked the patient if she would allow her gun to be secured from home. She refuses to do so. Will maintain level III suicide precautions. She refuses to go to group therapy. Will try medication management. Continue Cymbalta 60 q am and Seroquel 100 q hs. Titrate to tolerable effective dose to stabilize her mood. May need to add Lithium. Continue Lotrel and Zocor. Start her on antibiotic for UTI.


SHANE SHERBONDY, MD

SS/rlv
D: 9/29/05
T: 9/29/05

504.03
296 80

Shane Sherbondy MD

Raquel Martinez

Date 9/11-1

Notes Should be Signed By Physician

9 "oh"

o. Patient with 64, guarded,
PT, etc., the report from sleep
from cognitive, physical,
senses. The patient is
depressed, he is interested
but resistant to help + doesn't
trust me after what happened
in WD + home + later
in psychosis, current psychosis
P. - of the abuse
Depression Now
P. - out current, he doesn't trust
me + doesn't want any changes.
Probably add symptoms at some
point but need to establish rapport
first. Legally to report also. (P)
etc. & others
Action
Lester 3/10 to the patient

10

PROGRESS NOTES

Shane Sherbondy MD

Requid man

Date	Notes Should be Signed By Physician
12/24/05	S- [illegible]
2005	0- flat affect, [illegible] long term disability, [illegible] nightmares or flashbacks, overall [illegible] [illegible] C/o [illegible] the [illegible] SE [illegible] & [illegible] [illegible] c/o [illegible] spells, [illegible] unable to handle stress. He is no longer working + states he doesn't want to find a new job because it won't pay as well. We talked about ways to reduce stress. Carl is is really resistant to [illegible] changes started to lose of [illegible] [illegible] [illegible] [illegible] A - [illegible] [illegible] [illegible] P- [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

PROGRESS NOTES

Shane Sherbondy MD

Requid Marty

Date	Notes Should be Signed By Physician
12/1/05	S. could be worse could be better
201	o. clear, casually dressed,
	report to room sleep, 45, 512
	still afraid to sleep
	due to nightmares & flashbacks.
	A. - 100, 130
	P. int. requid 200, 11 10 10. #11. 100
	I 100 100 100 100 100 100 100 100
	I 100 100 100 100 100 100 100 100
	A. 100 100 100 100 100 100 100 100
	A. 100 100 100 100 100 100 100 100
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Patent is not good to be 16 to
Return to law enforcement.

[Signature]

PROGRESS NOTES

Sherbondy's LLC Psychiatric Services
112 Lovett Drive
Greenville, SC 29607
Phone: (864) 987-9747 Fax: (864) 987-9770

June 16, 2006

Chadwick D. Pye
PO Box 18328
Spartanburg, SC 29318

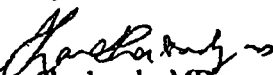
RE: Raquel Martinez, SS# [REDACTED]

Dear Mr. Pye:

The above referenced patient is currently under my care for Major Depressive Disorder and Post Traumatic Stress Disorder. It is my professional opinion that the patient's current condition is directly related to the incident that occurred in April of 2005 while employed with the Sheriff's Department. Ms. Martinez investigated the accidental death of a two year old child whose death occurred while her father was moving a car. The patient knew the father and the severity of the child's injuries, along with the patient's personal involvement with the family, created an extremely traumatic situation.

Ms. Martinez is currently unable to return to work in law enforcement and I consider her disability to be a permanent condition. If you have any questions, please feel free to contact me at the number shown above.

Sincerely,


Shane Sherbondy, MD

DSS/sc



Palmetto Family
Enrichment
Center, P.C.

Luther A. Diehl, Ph.D.
Clinical Psychology

INITIAL ASSESSMENT

Patient:	Martinez, Raquel
Sex:	Female
Ethnic Group:	Hispanic American
Age:	46 years
Date of Birth:	~~XXXXXX~~
Social Security #:	1-6354
Referred By:	Carolina Center for Behavioral Health
Date:	9/6/05

PRESENTING PROBLEMS

Ms. Martinez had recently been discharged from Carolina Center for Behavioral Health. She had been admitted there with increased use of Lortab and had described a problematic situation related to her job as a crime scene investigator. She apparently is now having increased anxiety and tension regarding her financial situation.

HISTORY OF PRESENT ILLNESS

Apparently the patient had stopped using Xanax after she had been evaluated at the emergency room at Spartanburg Regional Medical Center in early August. She reportedly had a psychotic episode and saw Dr. Caston at the emergency department and was sent to Carolina Center for Behavioral Health. She was discharged for individual therapy because she could not really participate in group therapy due to her history of law enforcement and confidentiality issues.

Records from the Carolina Center for Behavioral Health indicated that the patient had been at the partial hospital program there and became extremely confused with excessive use of Lortab, probably 60 mg per day. She apparently was over taking her Depakote and Neurontin as well. She had apparently talked to Dr. Castriotta about the case related to the two year old who was accidentally run over by her father who was a police officer. Apparently she had discontinued

1690 Skylyn Drive, Suite 240 • Spartanburg, South Carolina 29307
Phone: (864) 573 - 6908 • Fax: (864) 585 - 8808

Xanax abruptly and became psychotic and that necessitated her first hospital stay. This occurred in early August with her latter treatment being in later August and continuing in the partial hospital program.

MEDICAL HISTORY

Background provided indicated that the patient has a history of hypertension and syncopal episodes with tachycardia. She also has significant TMJ related to migraine headaches. Ms. Martinez also indicated she had a past history of torn left rotator cuff in 1998 which had been rehabbed fairly successfully though she still has some limited range of motion.

PRIOR PSYCHIATRIC HISTORY

About eight years ago the patient had an episode of depression and was apparently treated with antidepressant medication. Other than that she described her recent episode as primary difficulty of a psychiatric nature.

SUBSTANCE ABUSE HISTORY

The patient denies use of alcohol products and is taking her medication appropriately at this time by her report. Her only episode of substance abuse was apparently the excessive use of medications in the recent past associated with her treatment at Carolina Center. She does use one pack of cigarettes per day.

FAMILY PSYCHIATRIC AND SUBSTANCE ABUSE HISTORY

Ms. Martinez indicated that her oldest brother has had a history of depression. He was reportedly born in Cuba prior to the family's move to the southeast United States. She denies any history of substance abuse problems.

PSYCHOSOCIAL HISTORY

Born in Tampa, Florida, Ms. Martinez was raised in a number of states in the southeast including Florida, Alabama, South Carolina, and some time in Puerto Rico. Her father is a retired electrical engineer and was from Cuba. Mother is

Cuban and a retired homemaker. The patient has two brothers and one sister and she is the youngest of the four children. She described essentially a happy home situation. She said that the children were treated well and the parents were supportive. She denied any legal difficulties and felt that her family had been supportive through her problems.

Background in terms of education indicated that the patient graduated from high school in Greenville. She went on to obtain a bachelor's degree in international studies at University of South Carolina at Spartanburg. She said she did well in school and never had any academic problems.

Married at twenty-five years of age, Ms. Martinez indicated that she was divorced at thirty-five years of age. Apparently he was a retail manager and got into computer repair. She felt that the marriage was fairly stable up until about the last year and he basically seemed to become more distant. She does indicate that she has a good friend who is a male but has some difficulties with his wife because of distrustfulness though she denies any type of inappropriate relationship. She had two other good friends, one of whom just died of AIDS and the other of a heart attack.

WORK HISTORY

Presently the patient is still on medical leave from Spartanburg County Sheriff's Office. She said that her leave will shortly run out and she has been employed by the Sheriff's Department for about six years. She was initially a uniformed deputy and moved into the area of crime scene investigation. Prior to that Ms. Martinez had worked for Probation and Parole in South Carolina for about ten years. She has applied for disability retirement from law enforcement. She perceives the situation as problematic in terms of returning to law enforcement because of the issue related to the death of the child that she investigated.

MENTAL STATUS EXAM

Raquel Martinez is a forty-six year old Hispanic American female who has brown hair shortly trimmed and is of normal physical development. She was appropriately attired in an olive colored knit shirt and white slacks and presented good personal hygiene. Her affect was mildly constricted toward the anxious and depressed end of the scale. She describes more anxiety and agitation along with recent issues related to depression. Currently she is quite concerned about financial matters and her immediate security in regard to her capacity to support

herself.

In today's session Ms. Martinez was oriented x 4 and did not display indications of confusion. She does tend to at times be a bit tangential in regard to some aspects of her situation probably related to the hospitalization and issues associated with a traumatic experience that occurred several months ago.

In discussing primary issues at this point, Ms. Martinez did function in a crime scene investigation with a two year old child who was accidentally killed when run over by her father who is a Greenville County Deputy. Ms. Martinez knew this officer and indicated that this event took place in April of 2005. She was extensively involved in the investigation and understood the reaction quite vividly from the father. She began having problems after this death and a week later her cousin died of AIDS. This was also in April of 2005. It was at that point that she began excessive use of Lortab. She had an evaluation in the emergency department of Spartanburg Regional Hospital and was transferred to Carolina Center for Behavioral Health for inpatient treatment. She had apparently had some continued excessive use of medications and was treated on an inpatient basis briefly and then transferred to outpatient treatment.

At this point Ms. Martinez has very serious concerns about her vocational future. She states with her inpatient hospitalization she does not see it feasible that she could return to law enforcement in the future. This would even include something such as Probation and Parole. We discussed options briefly in this regard and she was advised to discuss her immediate plans about financial matters and job issues with an attorney as it would be important to understand how she should approach this in regard to her application for disability.

CONCLUSIONS/RECOMMENDATIONS

At this point it seems unlikely that Ms. Martinez could ever return to police work or at least not any type of active work in the field. Her post traumatic issues related to the death of the child that she investigated in April are going to require some significant therapeutic intervention. Utilization of cognitive behavioral intervention, and also some processing of emotions would be essential in this situation. The patient will also likely require some vocational counseling and may need some additional vocational training. The diagnostic impression at this point would be as follows.

Axis I: 309.81 Post traumatic stress disorder, acute.

305.50
311

Opiate abuse, in remission.
Depressive disorder, NOS.

Axis II:

No Axis II diagnosis.

Axis III:

History of migraine headaches; history of TMJ syndrome; hypertension; post torn left rotator cuff with surgery and rehab (1998); by medical records and patient's report.

Axis IV:

Stressors: severe.

Axis V:

GAF=50.



Luther A. Diehl, Ph.D.
Clinical Psychologist

PROCESS NOTE

Patient: Martinez: Raquel
Date: 9/14/05
Time: 50 minutes
Age: 46 years

GOALS: Cope with anxiety/depression associated with stressor experienced in recent past with cognitive behavioral therapy and medication. Maintain pattern of appropriate use of medications refraining from pain medication use.

ASSESSMENT: Spent some time today discussing more issues related to the death of the child that Ms. Martinez investigated and seemed to cause increased difficulties with her functioning. About a week after this child's death her cousin with AIDS died and this increased her focus on the issue of loss. Before the recent experience she said it was getting harder to investigate crime scenes. She was hospitalized in May of 2005 with increased blood pressure.

When she went to the scene where the little girl was killed by the car she knew that it was an officer that was involved. She said that the child's birthday party had been the night before and the father was crying and she could tell pretty quickly that this had been an accident. She had to take a number of photographs very close up of the child's body and the surrounding situation with the automobile. She said it seemed that actually moving the body was really the hardest part and she has continued intrusive images about this entire situation.

When Ms. Martinez was in the emergency room she said her mother told her that she said "look at the baby, isn't she beautiful". She had other disturbing thoughts and continues to have difficulty understanding all of this. Sleep continues to be very problematic.

Interventions included cognitive behavioral type reframing to help with issues of the future and possible career change issues. Also allowed some catharsis in this situation because of the nature of the problem which led to recent admission to the hospital.

MARTINEZ, RAQUEL

PROCESS NOTE

9/14/05

Medications: Cymbalta 60 one tablet 8 am and Lunesta 2 mg hs pm. The patient will continue with Dr. Sherbondy following with these medications.

PLAN: Continue to use cognitive behavioral interventions and allow patient to express grief issues and work through grief matters. May need to explore issues of loss in terms of the child and the fact that she has not had any children.



Luther A. Diehl, Ph.D.
Clinical Psychologist

PROCESS NOTE

Patient: Martinez, Raquel
Date: 9/27/05
Time: 50 minutes
Age: 46 years

GOALS: Cope with anxiety/depression associated stress using cognitive behavioral therapy and process oriented therapy.

ASSESSMENT: In today's session we spent most of the time attempting to deal with issues related to the stress from the patient's job with the Sheriff's Department. She said that one of the more difficult and upsetting incidents she experienced was when she had to go to a game compound where poachers had actually broken in and killed a deer and wounded another one. She had to shoot the animal that was injured and in distress as well as take pictures. This led to a great deal of anger toward the poachers. We talked some about changes she made in her career path and this included movement to the Sheriff's Department due to the challenge in dealing with the element of unknown situations which she would face. She did get a position in forensics which is what she had been interested in for a number of years. Her first call was to investigate a situation where two ponies were killed when they were hit by a tractor trailer. With her concern for animals this she took as somewhat of a negative omen.

Spent a good bit of time talking about the issues related to her problems in dealing with the stress of the two year old child who was killed in the beginning of April. Discussed factors which played into her difficulties in accepting and moving on beyond this situation. It does seem that there is probably a cumulative affect from the various experiences she has had.

Near the conclusion of the session Ms. Martinez did describe a situation in which she was sexually abused during her childhood years for some time while she lived in Cuba. She also reported a sexual assault at nineteen years of age. It seems likely that the feelings of helplessness and loss of control especially involving a very innocent young child, probably have exacerbated or rekindled her earlier traumatic stressors.

At this point the patient does not appear to be able to cope with any type of work situation. She described feelings of hopelessness as well as a sense of inability to improve. She acknowledged some self destructive thoughts. We discussed return to the psychiatric unit at Carolina Center for Behavioral Health. The patient also acknowledged

that she was over taking her Trazodone. She is currently prescribed Cymbalta 60 mg q 8 am and Trazodone 300 mg hs. She apparently has been taking about 900 mg at bedtime.

PLAN: Indicated that I would be in touch with Dr. Sherbondy, her treating psychiatrist. I was recommending that she return for a short stay to re-evaluate medication and do some more intensive work in regard to post traumatic issues.



Luther A. Diehl, Ph.D.
Clinical Psychologist

PROCESS NOTE

Patient: Martinez, Raquel
Date: 10/27/05
Time: 50 minutes
Age: 46 years

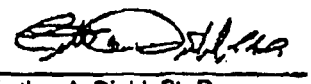
GOALS: Improve mood stability with CBT and medication. Cope with post traumatic stress issues related to previous job as crime scene investigator.

ASSESSMENT: The patient was somewhat distressed because Cigna had denied part of her hospital stay. We talked about leaving this up to Dr. Sherbondy and he indicated that he would take care of this. We spent a good bit of time on mood issues and she stated that she was still depressed and also scared. Final retirement date is supposed to be 10/22 and she will have to stay on COBRA which is fairly expensive, over \$300.00 a month. She also indicated that her house expense is \$580.00 for mortgage. These factors lead to significant reality issues that are quite problematic. Talked about looking at possible assistance from her folks and she will follow up with the Sheriff's office and Mr. Pye.

Spent some time on the issue of previous sexual assault because of the affects that this might have on PTSD. When the patient was nineteen year old she was actually raped but molestation from a neighbor apparently occurred around six years of age in Puerto Rico. She indicated that she feels that her parents were not really responsible for this and that they were supportive when they later found out. Her parents have recently taken a gun from her house. She maintains that she does not want to kill herself and does not have suicidal intent but just has a lack of caring about her life.

INTERVENTIONS: Tried to work on some cognitive reframing with the possibility of some type of plan about employment down the road. This is going to require some retraining most likely. She has a degree but has really not done anything other than police work. We discussed possible online master's degrees and teaching in some position, possibly political science. Also discussed some issues related to control of emotional responses using self calming techniques. States she particularly becomes anxious when she sees a patrol car and notices somatic/autonomic symptoms.

PLAN: Continue to work on post traumatic issues with cognitive behavioral interventions. Reality based problem solving to deal with financial matters.



Luther A. Diehl, Ph.D.
Clinical Psychologist

PROCESS NOTE

Patient: Martinez, Raquel
Date: 11/01/05
Time: 50 minutes
Age: 46 years

GOALS: Improve mood stability with cognitive behavioral therapy and medications. Cope with post traumatic stress issues using CBT and problem solving. Deal with current environmental stress issues associated with financial problems.

ASSESSMENT: The patient was seen today during the first part of the session with her mother, Mrs. Martinez. Her mother is an elderly Hispanic woman with fairly heavy accent though was primarily understandable when she talked slowly. She refused to be supportive of her daughter though does have some difficulties understanding complexities involved in this post traumatic stress issue and we talked at some length about how this problem can develop and difficulties it can cause for an individual and specifically her daughter. Her mom did say that she seems a little bit calmer since being out of the hospital. Her mother states that she will be relieved to see her daughter out of police work which has been a stressor for the mother and dad. Dad is helping out with financial matters as far as planning issues. The mother encourages Raquel to get rid of some of her cats and this is an issue of contention between them.

Another aspect of behavior that mother mentioned was a tendency toward impulsive buying. Apparently this occurred in the past when Raquel was more stressed and she would buy things for the house as well as for herself. She said she has come to the point of trying to avoid going by or into stores when she is upset because she knows she has a tendency to purchase things excessively. She didn't run up any plastic debt since her divorce but there was some problem with this during her marriage. The divorce took place in 1995. She assumed more of the debt from the marriage which after about five years resulted in her having to file for bankruptcy.

During the latter part of the session when I saw Raquel by herself, she did acknowledge that the cat issue was problematic between she and her parents. They have stated that they would not "help me" if she continues to have six cats. Apparently she has brought home stray animals from times when she was doing police work. She relates that since she does not have children these are "like my

children". We talked about the importance of animals to people, especially when they do not have kids. We also talked about issues of reality in terms of basic survival and perceptions that she had that in some way the animals would be better if she were not here, again eluding to possible self destruction. Talked about the issue of who she was keeping the animals for if she had to maintain all six of them and was doing to have to do this in a way meant she couldn't keep her own home without her parents help. She is somewhat irrational about this whole area. As far as mood issues, she continues to be depressed and is particularly focused on negative aspects of her financial matters and income changes. Tried to help her retain some cognitive interventions from our last session about possible alternatives down the road if she were to get some additional education.

PLAN: Continue to use cognitive behavioral interventions to help patient decrease her negative thoughts about her immediate situation as well as improve thoughts about the future. Continue to use cathartic interventions/ventilation about past traumatic issues and used cognitive behavioral interventions to try to help differentiate past from present and point to coping skills.



Luther A. Diehl, Ph.D.
Clinical Psychologist

PROCESS NOTE

Patient: Martinez, Raquel
Date: 11/15/05
Time: 50 minutes
Age: 46 years

GOALS: Improve mood stability with cognitive behavioral therapy and medication. Cope with post traumatic stress issues related to job situation while crime scene investigator.

ASSESSMENT: Since our last session, Ms. Martinez indicated that she had a fall, catching her left foot on the rug at home. She apparently injured her ankle and has seen an orthopedic specialist and will see a neurologist later today. The orthopedist had some concerns about her possibly having a vascular event of some type. She had noted some decreased sensation on the left forehead and scalp and he noted decreased sensation in her lower left extremity though this was after the fall.

The patient has been under significant stress. She noted that she had learned that her worker's comp case is scheduled for 12/8/05. She has always felt supported by her supervisors from the Sheriff's Department though still has a lot of anxiety about the hearing. We discussed aspects of the actual investigation of the child who was killed when the police officer father backed over her. This child was approximately the same age as the patient when she experienced the sexual abuse. Thus, the quite unusual aspects of the patient's history along with the severe trauma of seeing this situation and being a police officer herself continues to be problematic for her in coping with the events that took place.

Also dealt with some issues related to financial stress which has been problematic. Her parents are helping some in this area and she feels that on the one hand this is good but there are some strings attached as they continue to insist she should get rid of her cats. She states that in some ways she feels the cats are "what is keeping me around here".

MEDICATIONS: The patient continues to take medications as prescribed by Dr. Sherbondy and has seen him since our last visit. Records indicate she had been prescribed Seroquel, Ambien, Zoloft, and Vistaril prn for anxiety. The patient has been prescribed Lortab 10 one q 4 hrs prn by her orthopedist for pain related to injuries in her left ankle.

Continues to take blood pressure medication at home though blood pressure runs low when she is in the hospital. We talked about this in relation to possible stress issues. Her diet is generally good by her report.

INTERVENTIONS: Continued use of cognitive behavioral interventions to assist in coping with post traumatic stress issues. Continue to attempt to increase positive self statements and future orientation. Encouraged careful monitoring of medication and follow up with Dr. Sherbondy.

PLAN: Utilize coping skills to deal with short term issues related to anxiety about legal matters. Continue to cope with post traumatic stress issues related to the child's death which resulted in a PTSD response. Continue to manage stresses related to financial matters and cope with financial obligations.


Luther A. Diehl, Ph.D.
Clinical Psychologist

Dictated but not read.

PROCESS NOTE

Patient: Martinez, Raquel
Date: 1/24/06
Time: 50 minutes
Age: 46 years

GOALS: Improve mood stability with cognitive behavioral therapy in combination with medication. Cope with post traumatic stress issues related to job circumstance.

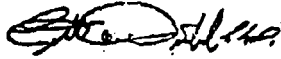
ASSESSMENT: Ms. Martinez stated that her hearing had been postponed and they are waiting for reports from various sources. Apparently Dr. Zortea had ordered an MRI which was somewhat ambiguous regarding whether she actually had a vascular event.

Mood seems to be somewhat mixed with sadness and distress but not much crying in the last few months. The patient is very anxious and apprehensive about financial situation. This seems to contribute to panic type episodes where she feels her life is "out of control". She does have apprehension about possible harm from others as she has not gotten her gun back yet. She feels she would be more secure with this and denies suicidal intent. Sleep is decreased due to fear and this is related to the gun issue. We talked about this in terms of how others are perceiving her situation and she has some rational understanding of this. Sleeping about three to four hours per night.

MEDICATIONS: Anti-hypertensive; Zocor; Potassium; Diuretic; Seraquil; Ambien; Zoloft. She does take 20 mg Ambien in order to sleep as per direction from psychiatrist.

INTERVENTIONS: Stress management regarding delay of hearing. Coping skills cognitively with increased anxiety. Cognitive behavioral interventions to help deal with loss of companionship with police officers. Worked on insight regarding control issues and feelings of decreased sense of self control after leaving the police force.

PLAN: Continue to use cognitive interventions to help decrease anxiety.
Attempt to use relaxation and medications to manage panic type symptoms.
Focus on her ability to control life situations even though she no longer has
authority associated with police role.



Luther A. Diehl, Ph.D.
Clinical Psychologist

MOBILE CRIMINAL JUSTICE 5835672 NO. 125 010

PROCESS NOTE

Patient: Martinez, Raquel
Date: 2/14/06
Time: 50 minutes
Age: 46 years

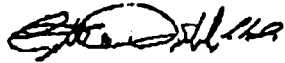
GOALS: Improve mood stability with cognitive behavioral therapy and medication. Cope with post traumatic stress issues related to job situation. Manage anxiety/panic type symptoms with physical and cognitive techniques.

ASSESSMENT: Hearing has not been rescheduled as of this point. Patient continues to experience a great deal of financial anxiety as well as fears about the future in general. Describes herself as feeling embarrassed in that she was a good officer and was not able to handle the situation that occurred. She feels that a lot of the difficulty began when she stopped the Xanax which led to "psychotic episode" and hospitalization. Still having problems with anxiety episodes. Self statements are "I should have been able to handle it". We talked about the type of interventions she had gotten after the situation where she investigated the crime scene where the sheriff's deputy ran over his daughter. The captain said that she could talk to him if she needed to. There also were two chaplains who came in to talk but this didn't seem to help much as they focused on religious matters more than personal issues. She was out of work for a month in May of 2005 when increased blood pressure occurred and she apparently had a physical exam but did not get to see a psychiatrist at that point. Her Xanax prescription was written about a day or two after her cousin's death, before the other episode. The patient had been handling the work situation up until the circumstance with the child's death and medication changes.

At eighteen years of age Ms. Martinez did see a two year old child who was killed and this was "the first body I saw on the job". We talked about this as well as issues related to her own past life situations.

INTERVENTIONS: Tried to work on self statements about negative interpretations of others and how they will think about her. This is particularly in regard to having to take medications and issues related to being strong as a police officer.

PLAN: Continue to utilize cognitive behavioral interventions to try to help offset negative self statements. Improve insight into her past life issues and circumstances which contribute to feelings of vulnerability. Continue to utilize cognitive behavioral interventions in reference to post traumatic stress issues related to child's death.



Luther A. Diehl, Ph.D.
Clinical Psychologist

5835672 NO. 099 002

PROCESS NOTE

Patient: Martinez, Raquel
Date: 4/11/06
Time: 50 minutes

GOALS: Improve mood stability with cognitive behavioral therapy in combination with medication. Cope with post traumatic stress issues related to job situation in April of 2005.

ASSESSMENT: The patient had earlier had a situation in which she attended deposition of her former Captain, Steve Denton. Apparently he was quite clear about his impressions and felt that she had been functioning very well as an excellent employee and crime scene investigator in the department. He noted the dramatic change after the incident in April of 2005.

Talked a little bit about her circumstances in terms of hospital stays and the relationship to the incident in April on a time frame. She apparently was at Mary Black Hospital in May of 2005 due to some elevated blood pressure. She went to Spartanburg Regional in August of 2005, with this situation being related to an abrupt discontinuance of Xanax and some use of Lortab resulting in confusion and altered mental state. Apparently she tend was referred to Carolina Center for Behavioral Health where she was treated on an outpatient and inpatient basis.

Spent some time discussing some medical issues. She does have a brace on her left leg. Apparently this was related to the vascular incident which occurred at some point in the recent past. Dr. Zortea has apparently told her that she is going to have some long term nerve damage which will affect her functioning. Sleep is episodic, one or two hours at a time, with both pain and discomfort in the leg

INTERVENTIONS: The patient has had a lot of negative self thoughts and this was even further compounded by hearing a lot of statements about her difficulties in coping and her decline in functioning after April of 2005. She tends to be very negative in terms of self statements and this is damaging to self esteem. She has marked problems in being able to conceptualize that she could have a life beyond law enforcement. It is extremely difficult to move beyond that point due to the ongoing worker's comp action. Hopefully some continued

outpatient therapy would be allocated so that she might be involved in some ongoing therapy. This is an individual who is likely to require at least a year to eighteen months of continued outpatient therapy, probably bi-weekly. Continued outpatient psychiatric follow up is likely to be necessary for at least another two years.

PLAN: Continue to meet as often as possible. The patient does have marked financial difficulties. Utilize cognitive behavioral interventions in the intervening time to help with self esteem issues and to deal in a realistic way with her self deprecation.



Luther A. Diehl, Ph.D.

cc: Dr. Sherbondy
Chad Pye



Palmetto Family
Enrichment
Center, P.C.

Luther A. Diehl, Ph.D.
Clinical Psychology

April 18, 2006

Chadwick D. Pye, Attorney at Law
PO Box 18328
Spartanburg, SC 29318

Re: Raquel Martinez
DOB [REDACTED]
SS# [REDACTED] 6354

Dear Mr. Pye:

I am writing in response to your request about two issues related to Ms. Martinez and her psychiatric difficulties. She did experience a significant traumatic work related situation which occurred on April 4, 2005. This situation involved investigation of a death which was of a young child and the death was a result of her father's moving of a car. The father was a former Spartanburg County Deputy and current Greenville County Deputy. The severity of injuries along with the personal involvement regarding the father were certainly an unusual and fairly unique set of circumstances. It would be my impression that Ms. Martinez had been functioning quite well in her employment situation with the Sheriff's Department for six years and prior to that in Probation and Parole in South Carolina for about ten years. While she experienced the recent death of a cousin, this individual had serious medical problems and was really considered to have a terminal prognosis. Based on these factors, it is my opinion that her current psychological difficulties and impairment in work functioning were precipitated by the work related stressor on April 4, 2005.

The second issue involves the concern about her functional abilities at this time. It would be my opinion that she presently is totally disabled in regard to capacity for gainful employment. I believe that her disability is permanent in that it will

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Phone: (864) 573-6908 • Fax: (864) 585-8808

exist for longer than eighteen months. It would be my opinion that she would not ever be able to return to work in law enforcement.

Hopefully this information will be of assistance in clarifying my view of her present psychological state and potential for employment.

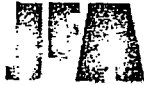
Sincerely yours,



Luther A. Diehl, Ph.D.
Clinical Psychologist

JOHN F. ABESS, M.D., P.A.

CERTIFIED AMERICAN SOCIETY OF CLINICAL PSYCHOPHARMACOLOGY
DIPLOMATE AMERICAN BOARD PSYCHIATRY & NEUROLOGY
DIPLOMATE AMERICAN BOARD FORENSIC MEDICINE



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HTTP://WWW.ABESS.COM JFABESS@ABESS.COM

INDEPENDENT MEDICAL PSYCHIATRIC EVALUATION

Individual: RAQUEL MARTINEZ
Re: Raquel Martinez vs. Spartanburg County
WCC File #: 0515098
Date of Injury: 4/4/2005
Claim #: 58-218332
WJC&B File #: 0560.00114
Age: 47 yo as of [REDACTED]
Address: Spartanburg, SC 29301-3628
Phone: 864-574-7978 hm
Date of Evaluation: June 8, 2006

IDENTIFYING INFORMATION:

Ms. Martinez is referred by Mr. Richard B. Kale, Jr., Esq for independent psychiatric evaluation. She was employed by Spartanburg County as a forensic investigator with the Spartanburg County Sheriff's Department. She has filed a worker's compensation claim alleging she suffered a mental injury on or about 4 April, 2005 as a result of investigating an accident scene in Spartanburg County.

The accident involved a Greenville County Deputy Sheriff, Anthony Johnson, who previously worked with Ms. Martinez at the Spartanburg County Sheriff's Department. Apparently, Mr. Johnson had gotten into his car to leave his house and accidentally backed over his two year old daughter. Ms. Martinez had to take photographs of the accident scene and then actually had to move the child.

THE FOLLOWING RECORDS WERE REVIEWED FOR THIS EVALUATION:

- 1) Cover Letter from Richard B. Kale, Jr., of Willson Jones Carter & Baxley, LLC dated 8 May 2006
- 2) Spartanburg Regional Medical Center outpatient testing orders dated 4/10/03 for Tilt Table Study.
- 3) Spartanburg Regional Medical Center cardiopulmonary/vascular services admission face sheet dated 5/05/03 - diagnosis was 780.2 - Syncope and collapse
- 4) Spartanburg Regional Medical Center tilt table study results dated 5 May 2003.

- 5) Spartanburg Regional Medical Center tilt table study results dated 4 June, 2003.
- 6) Spartanburg Regional Medical Center ER admission dated 24 April 2005 - diagnosis was Migraine Headache - given 25mg Demerol IV and 8mg Zofran IV
- 7) Spartanburg Regional Medical Center ER admission dated 17 November 2005 - Diagnosis was "Grief Reaction & Poly-pharmacy"
- 8) Spartanburg Regional Medical Center ER admission dated 7 August, 2005:
- 9) Psychiatric Admission History and Physical dated 7 August, 2005 - Chris Caston, MD
- 10) Psychiatric Discharge Summary dated 9 August, 2005 - Chris Caston, MD
- 11) Carolina Center for Behavioral Health Psychiatric Partial Hospital Program Evaluation dated 10 Aug 2005 - Ralph J. Castriotta, MD
- 12) Carolina Center for Behavioral Health Hospital Records Inpatient Admission from 22 to 28 August 2005. Discharge DX was Depression, NOS and PTSD
- 13) Deposition of Raquel Martinez

PROCESS NOTE:

At the beginning of our clinical interview, I explained the nature of our meeting and asked if Ms. Martinez wanted to proceed. I explained I was being hired to perform a thorough psychiatric evaluation, that I was not entering into a doctor patient relationship with her, that I was not going to give her advice about how to feel better and I was not going to tell her the findings of my evaluation. I also explained that whatever she divulged to me was not confidential and I could choose to put it in my report if I thought it would be helpful. Knowing this, I asked if she wanted to proceed with the evaluation and she indicated she wanted to proceed. I asked if she had been coached or instructed in how to answer questions during the interview or on the psychological test and she replied she had not.

DEVELOPMENTAL AND OCCUPATIONAL HISTORY:

Racquel was born in Tampa, FL. She is first generation American. Her parents were born in Cuba. According to Racquel, her parents wanted to get away from Communism and arrived in the USA when they were in their mid to late 20's. Her oldest brother was born in Cuba and her parents came to the USA when he was a few months old. Her mom was pregnant with Raquel's sister. Racquel's other brother was born in the USA and then Racquel was born. There exists 1 year separating the births of all of them. Her family moved from Tampa and lived in a variety of places such as Decatur, Columbia, Greenwood, and Guayama (Puerto Rico). She does not know what schools she attended for either Kindergarten or first grade.

She does remember attending a private school in Puerto Rico starting at age 7. It was called The Collegio San Antonio and included Kindergarten through grade 12. She attended 2nd and 3rd grade there. It was a Catholic school operated by nuns. Claimant stated, "We were not Catholic but the choices were either private school or reform school." In 4th grade she started at Stone Elementary in Greenville, SC. She moved to Washington Middle School in Greenville for 6th grade and the League Middle School for 7th and 8th and then Greenville High School from 9th until graduation.

Her father was described as a "self taught mechanical engineer." He was said to have attended some college but his knowledge was mostly experiential and he worked in Heating Ventilation and Air Conditioning. He was with Davis Mechanical, Daniel Construction Co, Yergan Construction Co, and then Amgen Pharmaceuticals. He was described by Claimant as a hard working man who was loving but very quiet. She stated, "He was more affectionate with me as I was the baby." She described him as "very much a homebody, but if he had to go someplace, he enjoyed taking me or one of us with him." He reportedly never drank alcohol, was home on weekends, and was determined to take care of his family.

Her mom is described as a "very loving home maker." Claimant stated, "She and I are very much alike." She identified her mother as being very affectionate - hugging kissing, smacking us on the bottom if we needed, it but that was rarely." She stated, "My father never would lay a hand on us." She states her parents were Catholic when younger but they did not practice their faith as they got older. She stated, "They encouraged us to educate ourselves to see which religion we wanted." Her parents became Rosa Crucians. Instead of participating in a formal liturgy, she stated, "They read literature and there are different levels of it." She described her parents as honest - "They would not lie and they lived to principals."

Claimant stated her parents were "very poor and had nothing when coming to the USA." "It was fun in my childhood although I did have some shitty moments." "My girlfriends would be jealous in high school when they came to spend time with us because my mom would build a small fire outside and we would cook little pieces of meat and vegetables - fun things like that." "Mom and I used to put food coloring in rice or grits to do crazy things like that." "Momma was really cool although daddy was more quiet."

She states, "I am extremely close to my brothers and sister. My sister lives in Riverside, CA and we talk at least once a week." Her brothers live in Spartanburg. Her oldest brother is a college professor and teaches computers. Her sister is an assistant principal at Riverside Poly High School. Her other brother is a store manager for Bi-Lo. She states about herself and her siblings that, "We were little demons but they (parents) knew how to handle us. For example, her mother would remind her, "I have a little belt at home."

She talked about sexual abuse in her childhood. "While in Puerto Rico, a male friend of the family sexually assaulted me for almost 2 years. I never told my parents until we came to the states. As result of it, I would not take any guff from anyone, especially if they were male. I have always been a head strong feminist - you have to be if you are a

police officer and female - I did not like being a victim and I was determined I would not be one again. He would kiss me, fondle me and once he put his penis in my mouth. At least it did not make me hate men. I think because I have always been in a traditional male occupation, you better learn to like them (men) or you will have a miserable life. My father taught me that men do not hit women. He sat me down at age 9 and told me that. He had a quick temper but it left quickly too. My parents are still married after 53 years. Momma was also very independent when she was young. She did not marry until age 26 or 27. Both my parents were very strong and very opinionated. They might argue but there was never any violence. They were affectionate toward each other - caress but nothing overt like French kissing."

Claimant talked about being raped at age 19. She stated, "That was how I lost my virginity. It was during the summer and I was home from college (after completing her Freshman year) in Greenville." After the rape, she dropped out of school for one year. She returned to school and then quit and did not get her degree until after getting married. "I really did not want to go to school; I was ambivalent about it. But, after getting married, I did not want to work for pennies." She graduated in HS from 1977 and got her college degree in 88. She returned to school in 1985.

Claimant was asked why she never brought charges against the perpetrator. She stated, "There is no doubt in my mind that if I had told my parents, somebody in my family would have killed this man or come close to it and they would have gone to prison. It was just not worth tearing up my family." The perpetrator was identified as a friend of her youngest brother. "I always managed to avoid contact between he and I after that event." She states she told her sister of the rape almost immediately and my sister told my oldest brother. She states her youngest brother has never found out nor has her parents. "It was enough help for me to just talk to my sister and brother." "It was a lot harder to discuss being raped - it was a lot more taboo in 1978 than it is now."

Claimant was asked if the rape affected her life. She stated that after the rape, she did not want to go out of her house. She did not want to have a relationship "with guys." "It has made me really gun shy of men - I was not comfortable with men at first - but then, being in law enforcement, I had to adapt." "I wanted to be in control and be certain I could take care of myself. Also, I wanted to help people that were in my position - it was not fun being a victim - not fun at all."

She went on to state that her father's father was a police officer. He was killed in the line of duty when her father was age 8. This occurred in Cuba. Because of this, she expected her father to object to her plans to become a police officer. She went on to say, "It was mostly my mother who objected about me going into police work." Before the rape occurred, she was studying sociology and psychology in college. After returning to school in 1985, she studied sociology and political science. "I was into Civil Rights and Liberties."

She got married in 1984 and divorced in 1994. She was asked what went wrong with her marriage. She stated, "I was a feminist and he was feminist too. Everybody said that was why you got a divorce because you did not change your name. We got along okay

and we still get along okay. He was into computers and I was real head strong - it was that we were 2 really strong personalities smacking into each other."

She admits she did develop some sexual inhibitions after the rape. "My husband knew about the rape and was very understanding about it." She stated she was afraid of sex at first but after a few years went by, having sex was no longer a problem for her "as my husband was very understanding."

She did not want children and he reportedly did not want children at first but later, he was wanting to have children. Claimant stated, "I still don't want children. I think it is sad to procreate if you don't want children. I don't think I have the patience to raise children. I know that I have a temper and I have to be very careful that I don't bully people that are weaker than I am. I think I have always had a temper. After the rape, I did not tolerate anything from anyone. I am very opinionated and if this is what I think, this is what I am going to stick with - nothing ticks me off worse than someone trying to convince me to come to their point of view. It drives me nuts that someone is determined to have me believe the way they do."

CLAIMANT'S PERCEPTION OF WORK INJURY:

Claimant was asked to provide her accounting of the work related event that has caused her difficulty. She started by saying that the sheriff was the first person who responded to the call. She stated, "The officer (who ran over his own daughter) used to work for us before going to Greenville County. The sheriff had to talk the officer down. The officer wanted to kill himself because he had killed his child. The officers from Greenville who had arrived were taking bets and trying to guess how long it would be before this man killed himself. The sheriff literally carried him out of the garage to the ambulance. The sheriff then told me, 'I am not going over there to look at her, I don't want to see her.' He was not actually working the case and had responded because the officer used to work with us, and the accident occurred in our county. The Captain also told me that he had seen enough death and was not going to look at the child. None of the officers there wanted to get near the child or help with the measurements. There was a male and female state trooper with accident reconstruction who had to respond because there was a death. They were required to look at the child. I too was required to move the child. I was the one that had to move the child to take photos." The chain of command as explained by Claimant was Sheriff, Deputy Chief, Captain, and Claimant.

CLAIMANT'S WORK EXPERIENCE IN LAW ENFORCEMENT:

She states she worked in law enforcement for 28 years. "I started with the cadet program at age 18." This involved riding on patrol (not carrying a gun) but responding to scenes and calls. She recalls her first autopsy occurred at age 18. Frequently, she has to take measurements of bullet holes. "We would have to take photos from every angle and behind from inside the skull and from inside the body." She estimates having participated in around 2 or 3 dozen autopsies. If there was an unattended death, she would have to determine if it was natural or if there was a crime. She estimates having been an investigator at 50 to 100 death scenes. "It never bothered me." "I have always

been able to take grizzly stuff."

Claimant was asked to explain why, given her familiarity with death, death investigations, and forensic autopsies, that she had a difficult time with this specific investigation. She stated, "It was horrible because it was an accident. He (the officer) had virtually taken his eyes off the child for a few seconds. I knew the father. Seeing him breaking down and when moving the child - it was like a broken doll - when you moved her, it sounded like you were tumbling over some blocks, it was not rigid like a skeleton so to speak - I remember having to get under the patrol car and on the gasoline tank were her finger marks. After taking photos, I interviewed the witness who was Hispanic and she could not speak English. Just hearing her talk about it and what had happened. She said she screamed at him but he had not heard until after he ran the child over. She had seen something horrific and nobody there could speak Spanish. Her BP (the Hispanic lady) was sky high when taken by firemen on the scene."

SYMPTOMS DEVELOPING AFTER THE WORK INJURY:

"I have had nightmares about it and not one day has passed that I have not thought about it." Just about any time she sleeps, she reports she will have a nightmare about it. "I have dreams about the call or dreams about being a police officer but going on calls and not being able to do anything. It is like I could never get the job done. I remember the child crying and the officer being in the garage with the sheriff talking to him."

She finds it hard to make any decision. "I am so afraid now - when I had that withdrawal from medication, I thought I was dreaming but I was not - I was actually doing what I was dreaming - It terrifies me now that it will happen again." "I remember I had to go into the patrol car to get some clothes for someone that was there - I have a french door in the back of my house - I broke the door that does not open and it set off my alarm - I had to break open the windshield of the car yet the key was in the door - my neighbors asked if I was fine and I said I was fine although I don't remember this." She states she she walked down the neighborhood at 5 AM and she was talking to people (who were not present.) She states she remembers waking up a woman because her dog was barking. She states she destroyed just about everything in her house - like knocking over a book case to get behind it. She went on to say, "All this was very embarrassing to me. I did not know you could not just stop Xanax. It was embarrassing to me that I even had to take Xanax."

She stated, "I am no longer so sure of myself where I used to be so opinionated. I am so afraid that something is going to happen where I again lose control - being awake or asleep doing something."

She avoids going out at all except to visit her family. She will drive her mom to the mall or store but if she sees a patrol car or patrolman, she will go the other way or refuse to get out of the car.

"When I see a sheriff's deputy car I get upset and really nervous. I will spend more time being certain I don't run into anyone I knew." She stated she feels "embarrassed about

myself. "I am ashamed about what happened. Police officers need to hold themselves to a higher standard. I think of this as a personal failure and that is why I avoid people."

She went on to say, "I carried a weapon for many years. After all this happened, my parents took my gun. Now I sleep at night without the gun and I am scared to death to be home alone day or night." She states she has a set of "num-chucks." She also states she has a machete. But she then says, "But I don't have my gun and I feel like I am naked. It makes me nervous and I hear every noise."

She continued by saying, "I never lived alone until 1994 and then I always had a gun. Now, I can not work in law enforcement again and my parents have my gun so I feel very vulnerable."

She went on to say, "I can not watch any police shows at all. I can not watch the news. I hate the program CSI. Literally, the only time the television is on is while I watch a baseball game. I spend as much time with my family as possible as I would just hermit otherwise."

She continued, "I have gone from having a lot of power to having absolutely no power, including power over myself. You're not allowed to possess a weapon if you have been committed (to a psychiatric facility for mental illness)." She states she left work in August after episode where she appeared to be in a psychotic rage.

She also stated she found herself yelling at her parents which was something she never previously would do. "I would hear these things coming out of my mouth and I could not believe I said that."

REGARDING HER FUTURE WORK PROSPECTS:

Claimant was asked about her plans for future work. She stated, "I can't make more than \$18,000 per year. But, (no matter where I work) I can not take any stress."

PRIOR PSYCHIATRIC HISTORY:

Ten years ago, she took Luvox for depression. "I took it for about 1.5 years." At the time, she went through an employee assistance program. "The medication steadied me out." She stated she was unhappy, and she thought it may have had something to do with being separated and divorced. "I thought I was a little weird that I never wanted children." She was asked if she has ever been suicidal. She said no. "I was always very vain and too important to die." "I never took myself for granted and knew I was somebody special."

She has had thoughts of suicide after the work accident. "I went to the Carolina Center for 3-4 weeks because I was suicidal." She states she has never done anything to harm herself. "The one thing I do know is that if I were to cut my wrist it would cut myself longitudinally rather than horizontally - every police officer knows that. I was taking any medication and as much as I could. I had never had a problem with that before."

FAMILY PSYCHIATRIC HISTORY:

Her oldest brother has been to a psychiatrist. He is treated for depression. He contemplated suicide about 10-15 years ago. He called his doctor who talked him down. One uncle died from dementia.

MEDICAL HX:

ALLERGIC to Carvocet, Donnatal, Penicillin

SURGERIES include Carpel Tunnel; Tubal Ligation, Cholecystectomy

CHRONIC MEDICAL PROBLEMS

Hypertension

Hypercholesterolemia

Vaso-pressor Syncope

Headaches

CURRENT MEDICATIONS:

Dr. Weider:

Metoprolol - hypertension

Toprol - hypertension

Lotrel - hypertension

Furosemide - hypertension

Flurocortisone - vaso-pressor syncope

Dr. Gaytan and Ikeman (cardiologists)

Zocor - cholesterol

Dr. Sherbondy:

Zoloft 2 yellow pills each night.

Seroquel 800mg q HS

Ambien 10mg 2 tabs q HS (the only way I can sleep > 3 hours.)

PAIN:

She had a stroke that affected some of the nerves in her left lower leg for which she wears a brace. She has lost sensation on the lateral side of her left foot and an area on her left forehead.

She states she really does not have pain. However, she does have headaches "all the time."

MMPI-2 - PSYCHOLOGICAL TEST RESULTS

VALIDITY SCALES:

L scale T score was 52. This score indicates that the Claimant did not attempt to present herself as being overly virtuous.

F scale T score was 92. This score is quite elevated and is a possible indicator of an invalid profile. Some high F profiles are obtained in psychiatric

hospital settings and reflect extreme psychopathology. Other possible explanations for extreme elevations include confusion, reading problems, random responding, symptom exaggeration, faking psychological problems and malingering.

K scale T score was 46. This score indicates the Claimant was not engaging in defensive responding where it was important to present herself in a favorable image.

VRIN scale T score was 62. This rules out inconsistent or random responding.

TRIN scale T score was 50. This rules out inconsistent responding via a "yes" or "no" response set.

CLINICAL SCALES

The clinical scale elevation pattern is below:

SC > HY > HS and D > PT and PD > PA > SI

This represents an extreme profile with 8 of 10 scales being elevated.

The most elevated is SC with a T scale score of 90. Scores in the range of 80 to 90 generally indicate blatant psychotic behavior with mental processes that are disorganized, disoriented with unusual thoughts or attitudes, delusional thoughts and hallucinations.

SC scores in the 65-70 reflect individuals who do not feel a part of the social environment. They feel isolated, alienated, misunderstood and unaccepted by peers. They are withdrawn, seclusive, secretive and inaccessible.

The next most elevated scale was HY with a T scale score of 89. People who score in this range react to stress and avoid responsibility through development of physical symptoms. Frequently, they will develop headaches, chest pains, weakness, tachycardia, anxiety attacks. Symptoms appear and disappear suddenly. Individuals lack insight about the causes of their symptoms and about their own motives and feelings. These individuals can be psychologically immature, childish, self-centered, narcissistic and ego-centric. These individuals will expect attention and affection from others. They use indirect and devious means to get attention and affection. They are socially involved, friendly, talkative and enthusiastic. They are superficial and immature in interpersonal relationships. Occasionally, they "act out" in sexual or aggressive fashion.

The next most elevated scales were HS and D which were equally elevated at a T scale score of 88.

HS high scorers manifest excessive bodily concerns. They have symptoms that tend to be vague and undefined. They complain of epigastric problems, fatigue, pain and weakness. They tend to be selfish, self-centered, narcissistic, pessimistic, defeatist and have a cynical outlook on life. They tend to function at

a reduced level of efficiency without major incapacity. They often seek out medical solutions to various life problems.

Individuals who score high on the D Scale tend to be depressed, unhappy, pessimistic, sluggish and to have somatic complaints. They can lack self-confidence, be prone to worry, feel useless and inadequate. They can be shy, timid, reclusive and avoiding interpersonal involvement. They find it difficult to make decisions.

The next most elevated scales were PD and PT.

High PD scores indicate rebelliousness toward authority figures, stormy family relationships, marital problems, impulsivity, a desire for immediate gratification, impatience, poor judgment, risk taking behavior, and narcissistic, self-centered characteristics. Such individuals tend to be ostentatious, exhibitionistic, unable to form warm attachments, extraverted, outgoing, talkative, active, energetic and spontaneous.

PT scale high scorers tend to be anxious, tense, agitated, apprehensive, jumpy, have difficulty concentrating. They tend to feel insecure and inferior. They lack self-confidence and are indecisive.

The next most elevated scale was PA with a T scale score of 70. People who score in the range of 65-74 tend to have a paranoid predisposition. They are suspicious and guarded, hostile, resentful and argumentative.

The next most elevated score was SI with a T scale score of 67. Individuals with elevations of this scale tend to be more comfortable alone or with only a few close friends. They tend to worry and to feel anxious and irritable.

REVIEW OF CRITICAL QUESTIONS:

A review of the critical item questions demonstrated that the Claimant was able to read and to understand the questions without difficulty. She did make a few mistakes in her responses because of reading and answering the questions too quickly. She took ~ 75 minutes to take the test where normally people take about 120-135 minutes. Her responses did not endorse blatantly psychotic symptoms such as delusional thoughts or auditory or visual hallucinations. She did exaggerate to some extent in her responses. For example, she answered true to having made lots of bad mistakes in her life. Yet, when I queried her about those mistakes, she acknowledged she really had not made any major mistakes. For another example, she endorsed her speech as being different. When I queried her about that response, she stated, "I don't think or talk how I used to - I can't explain it." Again, this would seem to represent an exaggeration as she is not really able to identify how her speech is different. Another example is that she answered true to having an unsatisfactory sex life. When asked to explain it, she stated that she simply does not have one presently. She affirmed that she has no

problems enjoying or participating in sex.

SUMMARY:

The profile is an extreme profile in terms of the number of symptoms endorsed. However, it is clear that the patient understood the questions therefore the extreme reporting is not due to confusion. Neither was the extreme response set due to severe pathology as clinically, the patient was too well integrated and symptom free on the day that she took the exam. Accordingly, there has occurred symptom exaggeration. I suspect this occurred because of the medical-legal nature of the symptoms as well as an underlying personality disorder.

MENTAL STATUS EXAMINATION:

Miss Martinez arrived 15 minutes late. She wore a left lower leg brace. She readily greeted staff and enjoyed interacting with the office mascot, a Black Labrador. She manifested no abnormal or involuntary motor movements. She spoke intelligibly although her volume could fluctuate from being too soft to hear to speaking too loudly. There were also times when she spoke faster than normal. It was during these times that she seemed inappropriately excited or happy for someone with her stated level of symptoms. She admitted to feelings of both anxiety and depression. She denied any current suicidal thoughts. Her affect was euthymic overall but there were times when her affect varied. She could appear depressed and anxious but she could also appear inappropriately confident and elevated - even bubbly in her affect. Especially noteworthy is that when she was providing the details of the traumatic work experience Claimant did not demonstrate any difficulty talking about the traumatic event. Neither did she manifest tears, faltering in her speech or anger. In fact, she never cried during the entire interview. She was, however, able to manifest humor and enthusiasm. Her thoughts conveyed a sense of grandiosity when she talked about knowing that she was somebody special and that she would prefer to live a life of making big mistakes rather than small ones. She also talked about how easy it is for her to feel angry when someone tries to influence her thinking, especially about religion or politics. She denied paranoia but she made it clear she has been threatened in the past and that she realizes there are specific people who would like to harm her because she arrested them. She denied auditory or visual hallucinations and there was no clear evidence of perceptual disturbances. She was alert and completely oriented.

DIAGNOSTIC IMPRESSION:

Axis I	Bipolar I Disorder, Currently Euthymic on Medication Post Traumatic Stress Disorder, Chronic Prescription Medicine Abuse
Axis II	Personality Disorder, Not Otherwise Specified, with Narcissistic and Rebellious Traits
Axis III	Hypertension S/P Cerebral-Vascular Event Hypercholesterolemia

Allergic Rhinitis
Headaches
Vaso-motor Instability with Syncope

ASSESSMENT:

PERSONALITY DISORDER:

This is an individual who from an early age thought of herself as being someone "special." She had narcissistic and grandiose ideation apparent from her childhood. She tends to think mostly of herself. She demonstrated a willingness to rebel against authority as manifested by being suspended from school. She stated with pride and laughter that she was "sent to the principal some 30 times." She forged her teacher's signature on a hall pass. She would argue with her Spanish teacher in junior and senior years of high school. She stated, "I knew more than the teacher and I would tell the teacher that I have been speaking Spanish more than she." She states her father was "more affectionate with me (than her siblings)." She stated her girlfriends in school "were jealous of me" when they came to spend time with her at her home because of how special she was treated by her parents. These traits are apparent even now, and stand out despite the trauma she identifies as occurring to her during her work. For example, she stated (again with pride) that she knows people talk about her because, "I went out in a sensational manner; I went out in a spectacular way."

Again, along similar lines, she talked about her 10 year marriage. She expressed what seemed like token gratitude toward her husband for his kindness and understanding. He helped her lose her fear of engaging in sex. Yet, when asked why the marriage seemed not to work, she stated that he wanted to have children and she did not. She also stated that his career objectives turned toward computers implying that he had less time to provide attention and affection to her. She went on to state, "I was real head strong; we were both head strong."

Regarding not wanting children, the Claimant stated, "I never wanted children and still don't want them." "I think it is sad to procreate if you don't want children." "I don't think I have the patience to raise children." "I know that I have a temper and I have to be very careful that I don't bully people that are weaker than I am." "I think I have always had a temper."

Finally, when Claimant was asked about if she had ever considered suicide, she responded, "I was always very vain and too important to die." "I never took myself for granted and knew I was somebody special."

POST TRAUMATIC STRESS DISORDER:

The Claimant does endorse experiencing sexual abuse in her childhood. She states a male friend of her parents would "kiss me, fondle me and once put his penis in my mouth." This went on for about 18 months to 2 years until the family moved back from Puerto Rico to the United States. This could have had an influence upon Claimant's development. She went on to state, "As result of it, I would not take any guff from anyone, especially if they were male. I have always

been a head strong feminist - I did not like being a victim and I was determined I would not be one again."

Yet, despite her determination to never again be a victim, she reports that at age 19 she was raped by a friend of one of her brothers. "That was how I lost my virginity." I found it curious that despite her determination to not be victimized, she never reported this to the police or to her parents. She stated, "There is no doubt in my mind that if I had told my parents, somebody in my family would have killed this man or come close to it and they would have gone to prison. It was just not worth tearing up my family."

She went on to say, "After the rape, I did not tolerate anything from anyone." "I am very opinionated and if this is what I think, this is what I am going to stick with - nothing ticks me off worse than someone trying to convince me to come to their point of view. It drives me nuts that someone is determined to have me believe the way they do."

Also, after the rape, she did not want to go out of her house. She did not want to have a relationship "with guys." "It made me really gun shy of men - I was not comfortable with men at first - but then, being in law enforcement, I had to adapt." "I wanted to be in control and be certain I could take care of myself. Also, I wanted to help people that were in my position - it was not fun being a victim - not fun at all." Also after the rape occurred, in the summer between Freshman and Sophomore years of college, Claimant states she dropped out of school for a year. She returned to school and then quit and did not return to get her degree until after getting married.

The above testimony would seem to support a diagnosis of Post Traumatic Stress Disorder by history. There is a recognized connection in the field of psychiatry between prior episodes of abuse or trauma and the development or re-development of Post Traumatic Stress Disorder. Claimant's early life experience with sexual molestation could have predisposed her to develop Post Traumatic Stress Disorder. Her description of how her behavior changed after she was raped is strongly suggestive of developing a Post Traumatic Stress Disorder at that time. This first episode of Post Traumatic Stress Disorder could have made her more vulnerable to future traumatic events.

The work event of having to investigate the death of a young child, having to move that child and having to face the reality of how the child suffered and died would certainly qualify as meeting the criteria of a legitimate traumatic event for Post Traumatic Stress Disorder. The traumatic event may have had special meaning to the Claimant in light of her having been abused as a young girl, and in light of her having worked with the father of the victim.

BIPOLAR DISORDER:

Yet, it is significant to realize that Claimant manifested no significant signs of depression or anxiety during our interview. She was superficially bright and

animated. She enjoyed talking and had no trouble elaborating on topics. At times, I had to constrain her in order to move on to other topics. She exhibited no emotional distress while discussing her childhood abuse, her rape at age 19 when she lost her virginity, or even the work related traumatic incident of investigating the death of a 2 year old. I think this is highly unusual. The Claimant did not cry or tear up once during our interview. Additionally, she was able to manifest humor a number of times.

This lack of sentimentality can possibly be accounted for 1) narcissistic and rebellious personality traits; 2) bipolar affective disorder with grandiose ideation; 3) exaggerated description of symptom severity for medical legal purposes while not genuinely experiencing that level of severity.

The patient is noted to be taking high dose Seroquel (800mg / day), an Anti-psychotic along with a high dose of Zoloft (200mg / day), an anti-depressant. This combination of medication could be useful for someone with a Major Depressive Disorder with Psychotic Features, or for Bipolar Disorder.

Bipolar Disorder can manifest itself as early as childhood and could possibly account for some of Claimant's behaviors and attitudes as previously described including rebelliousness, grandiosity, narcissism, problems managing her temper, and self-inflated ego.

A Psychosocial Assessment dated 12 August, 2005 indicates that the Claimant has been "sexually promiscuous in the past." This is behavior that frequently is associated with Bipolar Disorder. Additionally, the same Psychosocial Assessment states that the Claimant's father was "concerned about the patient becoming "too happy" 2 days before she went "out of her mind." Her father also described her as pacing in the yard and talking nonsense. "She thought she was having a baby." This swinging upward in mood often occurs in people with Bipolar Disorder just prior to a Manic Episode or Depressive Episode.

The patient herself was treated about 12 years prior to her work related trauma for depression. She was treated by her primary care physician with the antidepressant Luvox. She took this for 1-2 years and was able to stop it. The patient has one brother that has been diagnosed and treated for depression. This would seem to indicate there exists a genetic loading toward some type of affective disorder. Bipolar Disorder is one type of Affective Disorder.

The Spartanburg Regional Medical Center Emergency Department admission dated 7 August, 2005 ER describes the Claimant as being irrationally angry, having hallucinations, thinking she is on a cruise on the Mississippi. She had no recollection of destroying the police car windows. Further, the history from the ER reports indicates that Xanax had been discontinued 2 weeks ago and Zoloft had been started about that same time. This change in medication could trigger a manic episode in an individual who has an underlying bipolar disorder which was not yet clinically obvious.

During Claimant's psychiatric hospitalization for psychosis, she was treated with both Neurontin and Depakote. These medications have been useful at times in the treatment of Bipolar Disorder. Though her discharge diagnosis at the time was primarily Benzodiazepine Withdrawal Delirium, this diagnosis does not adequately explain her being elevated in her mood for 2 days preceding her psychotic break. Typically, a benzodiazepine type of withdrawal delirium does not include elevated mood. Neither does it include irrational anger such as occurred when Claimant engaged in destructive behavior, such as smashing out the windows in her patrol car, or demolishing the inside of her apartment. However, irrational anger could easily be observed as part of a Bipolar Psychosis. Finally, going against the diagnosis of Benzodiazepine Withdrawal Delirium is that the Emergency Room Records do not describe Claimant as being tremulous and neither do they show the Claimant as having elevated pulse or blood pressure. Both of these would be expected to be observed in an individual that is withdrawing from Benzodiazepines.

The psychiatric evaluation performed by Dr. Ralph J. Castriotta, psychiatrist, on 11 August, 2005 indicates the admission diagnosis included "Rule Out Bipolar Disorder." He noticed scattered thinking and pressured speech and manic and obsessive features. The Coding Summary form for discharge on 22 August, 2005 included "296.80 Bipolar Disorder NOS." The Comprehensive Assessment Tool for this partial hospitalization indicates the patient was clinically "hyper-verbal." Being hyper-verbal is a common sign of Bipolar Disorder when individuals are in a hypo-manic or manic state.

For all the above reasons, I suspect that the Claimant's first psychotic break was due to a pre-existing Bipolar Disorder that was exacerbated by stopping Benzodiazepine medication (Xanax) and starting Zoloft.

QUESTIONS TO ANSWER:

1) WHAT IS YOUR DIAGNOSIS OF MS. MARTINEZ'S PSYCHIATRIC CONDITION?

Her primary psychiatric diagnoses are:

Post Traumatic Stress Disorder, Recurrent Episode, Chronic
Bipolar I Affective Disorder

Additional psychiatric diagnoses are:

Prescription Medicine Abuse associated with Primary Diagnoses Above
Personality Disorder, NOS

2) IN YOUR OPINION, DID SHE HAVE ANY OF THESE CONDITIONS PRIOR TO 4 APRIL, 2005?

Claimant has evidence of a Bipolar Mood Disorder existing prior to her work-related trauma although the diagnosis was not officially recognized. This includes rebelliousness toward authority in her childhood, difficulty managing her anger by her own admission, and treatment for depression with the anti-depressant Luvox approximately 12 years prior to her work related trauma.

Claimant has evidence of a Post Traumatic Stress Disorder existing prior to her work related trauma. The Claimant indicates she was raped at age 19. She developed symptoms consistent with Post Traumatic Stress Disorder at that time which included dropping out of school for one year, not wanting to relate to males, not wanting to go out of her house, and feeling "gun shy" of men.

There is no evidence of alcohol, substance abuse or prescription medicine abuse prior to 4 April, 2005.

There is lifelong evidence of a personality style with narcissistic, grandiose and rebellious features as outlined in the "assessment" above..

3) IN YOUR OPINION, WAS ANY OF MS. MARTINEZ'S PSYCHIATRIC CONDITIONS CAUSED OR AGGRAVATED BY THE ACCIDENT INVESTIGATION CONDUCTED BY MS. MARTINEZ ON 4 APRIL, 2005?

Yes. Both Bipolar and Post Traumatic Stress Disorders were aggravated by the trauma experienced during the accident investigation she conducted on 4 April, 2005.

Her prescription medicine abuse developed in association with the intensification of the disorders identified above.

4) IF MS. MARTINEZ'S PSYCHIATRIC CONDITIONS ARE NOT CAUSALLY RELATED TO THAT INVESTIGATION ON 4 APRIL, 2005, WHAT IS YOUR OPINION AS TO THE CAUSE OF HER CONDITIONS?

Bipolar Disorder is a hereditary or genetic disorder. It can appear de novo due to the individuals unique genetic coding, or it can be handed down from parents. The clinical expression of the illness or an exacerbations of the illness can be triggered by a variety of experiential and environmental factors. In Claimant's case, strong emotions associated with the work related accident investigation on 4 April 2005 and the death of her ex- husband's cousin in mid April 2005 were factors in the exacerbation of her pre-existing bipolar illness.

The discontinuation of Xanax along with the initiation of the antidepressant Zoloft was the actual precipitant for the development of a manic manifestation of her bipolar disorder. This psychotic reaction is better explained as a manic mood state than as a withdrawal delirium because at the time of her admission to the emergency room, her vital signs were normal. A withdrawal delirium from Xanax would be expected to cause tachycardia (fast pulse) and hypertension (elevated blood pressure.) Finally, Claimant is currently taking substantive anti-psychotic doses of Seroquel. If her psychotic mood state was attributable to a Withdrawal Delirium from Xanax, the anti-psychotic medication would be needed for only a few days. Claimant, therefore, has a persisting affective disorder which the record shows revealed itself earlier in her life. Such disorders are genetically developed and the patient has one sibling with a similar disorder.

Post Traumatic Stress Disorder occurs more frequently in individuals where there exists a prior history of abuse. Claimant described sexual abuse for about 18 months around the age of 7-8 while living in Puerto Rico. She clearly developed symptoms of Post Traumatic Stress Disorder after being raped at age 19. Once an individual develops Post Traumatic Stress Disorder, they are more at risk for re-developing it than are others who never experienced abuse or who never previously suffered from Post Traumatic Stress Disorder. Certainly the accident investigation would qualify as the type of event that could trigger a Post Traumatic Stress Disorder. In Claimant's case, this event led to a recurrence of a previously experienced Post Traumatic Stress Disorder.

Personality disorders remain an enigma. We suspect these disorders are partially genetic and partially environmental or experiential in their origin.

Substance abuse disorders are ubiquitous and frequently co-morbid with either affective or anxious disorders. Post Traumatic Stress Disorder falls in the category of Anxiety Disorders. It is well established that Post Traumatic Stress Disorder predisposes people to Substance Abuse Disorders. Bipolar Disorder is in the category of Affective Disorders. It is also well-established that people with Bipolar Disorder are predisposed to developing Substance Abuse Disorders. In Claimant's case, there exists no prior history of any type of substance abuse disorder. The development of such a disorder after a severe intensification of either her Bipolar or Post Traumatic Stress Disorder is understandable and would be considered a secondary diagnosis that should resolve once the primary diagnosis (Bipolar or Post Traumatic Stress Disorder) is properly treated.)



JOHN F. ABESS, M.D., F.A.P.A.
Board Certified Psychiatrist

May 28, 2006	4.0 hours	Critical Reading of Supplied Records
May 31, 2006	1.5 hours	Critical Reading of Supplied Records
June 8, 2006	2.25 hours	Clinical Interview
June 8, 2006		MMPI-2
June 8, 2006	1.0 hours	Preparation of Report
June 10, 2006	4.5 hours	Preparation of Report
June 14, 2006	0.75 hours	Preparation of Report
June 15, 2006	2.0 hours	Preparation of Report
June 25, 2006	3.0 hours	Final Editing of Report

19 hours at \$285 = \$5,415 PLUS \$250 for MMPI-2 = \$5,665

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0515098

Carrier File # 58-218332

Carrier Code #

Employer FEIN

Raquel Martinez

Claimant's Name

SSN

Spartanburg County

Employer's Name

P.O. Box 5666, Spartanburg, SC 29304

Address

City

State

Zip

Address

City

State

Zip

Home Phone

Work Phone

Association of Counties

Insurance Carrier

Richard B. Kale, Jr.

Preparer's Name

200 East Camperdown Way, Suite D, Greenville, SC 29601

Address

(864) 527-3272

Phone #

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
CHADWICK D. PYE, ESQUIRE, ATTORNEY FOR CLAIMANT

YOU ARE HEREBY NOTIFIED THAT DEFENDANTS, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the defendants, to wit:

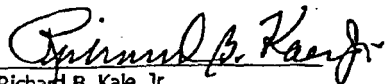
NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE
APA #7 - Spartanburg Regional Medical Center	04/24/05 - 08/07/05	167-173
APA #8 - Carolinas Center for Behavioral Health	08/10/05 - 09/28/05	174-287
APA #9 - Luther A. Diehl, Ph.D.	09/06/05	288-289
APA #10 - Mary Black Memorial Hospital	04/20/01 - 04/26/05	290-302
APA #11 - Dr. John F. Abess	06/08/06	303-304

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into the evidence on behalf of the employer-defendant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants:

CPT Neal Urch


Richard B. Kale, Jr.
Willson Jones Carter & Baxley, LLC
200 East Camperdown Way, Suite D
Greenville, SC 29601

August 11, 2006

August 23, 2006
(hearing date)

REPORT NO. 069950018		PATIENT FORM		Tr 00000937																																																													
PATIENT IDENTIFICATION																																																																	
LAST NAME MARTINEY		FIRST NAME RAQUEL	STREET 1	CITY Spartanburg	STATE SC																																																												
SEX Female		RACE Hispanic	DOB: [REDACTED]	AGE 46 YRS.	SSN: 6354																																																												
TYPE OF INCIDENT		DISPOSITION		INCIDENT LOCATION																																																													
1 TRAUMA MEDICAL		01 TREAT/NO TRANS		Street or Highway Name or Number																																																													
2 MC 2 X BEHAV		02 DOA AT SCENE		City State County																																																													
3 BONES 3 OBSCYN		03 X HOSPITAL ER		Spartanburg SC 42																																																													
4 PED 4 RESP		04 HOSP. DIR. ADMIT.		Location Zip Code 29301 (Urban)																																																													
5 ASSAULT 5 CARDIAC		05 PATIENT'S HOME		SAFETY EQP SITE OF INCIDENT																																																													
6 FALL 6 INTERFAC		06 NURSING HOME		Seabed Chikobut Roadway Recreational																																																													
7 FIRE 7 OTHER		07 DR'S OFFICE		Habitat None X Residence Agricultural Other																																																													
8 INTERFAC		08 OUTPATIENT		Airbags Unknown Industrial Other																																																													
9 OTHER		09 PT. REFUSED TREAT.																																																															
		10 EMS TRANSFER																																																															
		11																																																															
PRELIMINARY IMPRESSIONS		PATIENT STATUS																																																															
003 Seizure 024 Multiple Trauma Shock 074 Respiratory Distress		TO SCENE ON SCENE FROM SCENE																																																															
004 Diabetic 030 Head Injury 080 Coronary Problems		X Emergent Urgent Urgent																																																															
011 Abrasion/Contusions 032 Spinal Injury 083 Cardiac Arrest		Non-emergent X Non Urgent X Non Urgent																																																															
013 Laceration 084 Stroke		Code: 3 Code: 1																																																															
023 Fracture 081 GI Problems 03 OTHER OTHER		Code: 3 Code: 1																																																															
ICD9 CODE		PRIMARY IMPRESSION																																																															
294.11		43																																																															
Depressed with Behavioral disturbances		Psychiatric/Behavioral																																																															
SITE OF TRAUMA		ADVANCED PROCEDURES																																																															
1 Head		1 EXG Monitored Rhythm Time																																																															
2 Face		2 First Defib Attempted Wait Sec. Time																																																															
3 Neck		3 Post Defib Rhythm Time																																																															
4 Chest		4 Second Defib Attempted Wait Sec. Time																																																															
5 Abdomen		4 Post Defib Rhythm Time																																																															
6 Hip/Pelvis		4 Third Defib Attempted Wait Sec. Time																																																															
7 Upper Ext.		4 Post Defib Rhythm Time																																																															
8 Lower Ext.		4 Inhibited 5 Size																																																															
9 Back		4 External Pacing 15 RSI 16 LMA 17 Crico																																																															
		6 Blood Drawn Decontam BCL																																																															
		8 IV Steroid Gauge Solution																																																															
		8 Rate IV Time IV Volume																																																															
		8 IV Steroid Gauge Solution																																																															
		8 Rate IV Time IV Volume																																																															
		14 IV Attempted Total # Time																																																															
		10 Plural Decompression																																																															
		11 Intracranial Inf																																																															
		12 Autonomic Defib																																																															
		13 Patient Altered Meds																																																															
		2 Coding Physician																																																															
EXPOSURE TO PT'S BODY FLUIDS?		1. YES 2. X NO																																																															
1ST Responder 1. YES Name		2. X NO																																																															
COMMENTS (CHIEF COMPLAINTS, OBSERVATIONS, RESPONSE OF STIMULI)																																																																	
46 Yr. old Hispanic Female. Patient found sitting in drivers car. pt stated that she was on a cruise down the mississippi. Patient manifests behavior suggesting psychiatric problems including irrational anger and hallucinations. Examined with informed consent of patient. Patient cooperative with EMS. Patient presents without any signs or symptoms of trauma. 07:10 - PT Assessment #1: PT alert. Airway is patent. PT breathing unlabored. Lung Sounds present and clear bilaterally. Pulse - strong. BP not taken. No JVD noted. Skin warm/dry. 07:40 - Transport initiated to Spartanburg Regional Medical Center. 07:40 - PT Assessment #2: PT alert. Airway remains stable. PT breathing unlabored. Pulse - strong. BP present. Skin warm/dry. 07:53 - PT Assessment #3: PT alert. Airway remains stable. PT breathing unlabored. Pulse - strong. BP present. Skin warm/dry. Patient with previous medical history of: Hypertension, Psychiatric Problems and Clinical Depression. Patient prescribed fentanyl left with m at er. Patient without known drug allergies. No Delays. *** ADDITIONAL COMMENTS: pt is a officer with spartanburg county sheriff dept. pt had broken out her front windshield and all windows in her house. pt stated she does not remember doing any of this and thinks she is on a cruise ship. pts doctors have taken pt off xanax and placed on zoloft about 1-2 weeks ago. pt placed in room 80 report given to m and mnd.																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Patient Care Form Left Inc</td> <td colspan="2">X ED ICU OTHER</td> <td colspan="2">Page 1</td> </tr> <tr> <td colspan="2">TIME RECORD</td> <td colspan="2">DHEC PERMIT NO.</td> <td colspan="2">ATTENDANT'S SIGNATURE & CERTIFICATION NO.</td> </tr> <tr> <td colspan="2">RUN DATE 8/7/2005</td> <td colspan="2">10602</td> <td colspan="2">Alexander, L M</td> </tr> <tr> <td colspan="2">Call Received: 08:21</td> <td colspan="2">RECEIVING AGENCY</td> <td colspan="2">Primary Attendant</td> </tr> <tr> <td colspan="2">Call Dispatched: 08:51</td> <td colspan="2">1020</td> <td colspan="2">Jennings, R W</td> </tr> <tr> <td colspan="2">Departed Base: 08:53</td> <td colspan="2">SENDING AGENCY</td> <td colspan="2">2nd Attendant/Driver</td> </tr> <tr> <td colspan="2">Arrive Scene: 08:58</td> <td colspan="2"></td> <td colspan="2">3rd Attendant/Driver</td> </tr> <tr> <td colspan="2">Depart Scene: 07:40</td> <td colspan="2">PROVIDER TIME</td> <td colspan="2">BY: FM20261</td> </tr> <tr> <td colspan="2">Arrive Destination: 07:53</td> <td colspan="2">DATE</td> <td colspan="2">11/17/2005</td> </tr> <tr> <td colspan="2">CAUSE OF DELAY No Delays</td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>						Patient Care Form Left Inc		X ED ICU OTHER		Page 1		TIME RECORD		DHEC PERMIT NO.		ATTENDANT'S SIGNATURE & CERTIFICATION NO.		RUN DATE 8/7/2005		10602		Alexander, L M		Call Received: 08:21		RECEIVING AGENCY		Primary Attendant		Call Dispatched: 08:51		1020		Jennings, R W		Departed Base: 08:53		SENDING AGENCY		2nd Attendant/Driver		Arrive Scene: 08:58				3rd Attendant/Driver		Depart Scene: 07:40		PROVIDER TIME		BY: FM20261		Arrive Destination: 07:53		DATE		11/17/2005		CAUSE OF DELAY No Delays					
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Spartanburg Regional Healthcare System Emergency Center

101 E. Wood St., Spartanburg, SC 29303

(864)560-5400

Prescriptions Received:

Discharge Instructions Received: FAINTING (SYNCOPE), GRIEF REACTION

Drug Instructions Received:

Referral:

Important Note: Unless prior arrangements are made, the Referral Doctor does not take walk-in appointments. You are asked to call for an appointment.

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

It appears the cause of your fainting spell today is due to many factors: grief, medications, not eating. You are advised to rest, eat regular meals; do not drive or operate machinery till rechecked by your family physician.

Date/Time: 04/24/2005 18:12

Treating MD: Hilsman MD, Susan

Patient Signature: *Raquel Martinez*

Account Number: 0511400111

Medical Record Number: 000275108

I have explained the instructions and have given a copy to the patient.

Nurse's Signature: *Ormonda*

Date: 4/24/05

Patient: Martinez, Raquel

Page 4 of 4

Sunday - April 24, 2005 - 18:12

Spartanburg Regional Healthcare System Emergency Center

PRINTED BY: FM20261

DATE 11/17/2005

+ HEMATOLOGY +

Procedure:	WBC	RBC	HEMOGLOBIN	HCT	MCV	MCH	MCHC	RDW
Ref Range:	(4.5-11.0)	(3.90-5.10)	(12.0-15.6)	(36.0-46.0)	(85.0-98.0)	(28.0-33.0)	(32.5-36.0)	(11.5-14.5)
Units:	K/CMM	M/CMM	G/DL	%	FL	PG	%	
24APR05 1627	11.4 H	4.28	13.4	38.6	90.3	31.3	34.6	12.6
Procedure:	PLATELET							
Ref Range:	(130-400)							
Units:	K/CMM							
24APR05 1627	330							

+-----+
+ URINALYSIS +
+-----+

Procedure: Ref Range: Units:	COLLECTION	COLOR (STRAW)	APPEARANCE (CLEAR)	SPEC GRAV (1.005-1.030)	PH (4.5-8.0)	PROTEIN (NEG) MG/L	GLUCOSE (NEG)	KETONES (NEG)
24APR05 1633	CL CATCH	STRAW	SL HAZY	1.014	6.5	NEG	TRACE *	NEG
Procedure: Ref Range:	BILIRUBIN (NEG)	BLOOD (NEG)	LEUK ESTER (NEG)	MITRITZ (NEG)				
24APR05 1633	NEG	TRACE	NEG	NEG				

Procedure:	WBC/HFF	RBC/HFF	SQUAMOUS EPITH	BACTERIA	MUCUS
Ref Range:	(0-8)				
Units:	/HFF	/HFF	/HFF		
24APR05 1633	11 H	9	4	MODERATE	OCC

DATE 11/17/2005

 SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
 101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212
 DRs. DAVIS, LOWRY, WREN, NELSON, RAINIER, LAPHAM, MIMS, CALDWELL, BURNS \T\ KIM

 MARTINEZ RAQUEL MR#: (0001)00027-51-08 Fin.No.: 0511400111 Admitted: 24APR05
 46 YRS FEMALE DOB: [REDACTED] Office Id: [REDACTED] Page: 2
 Dr. PHYSICIANS ED CUMULATIVE Printed: 24APR05
 Location: ED - EMERGENCY VISIT SYNCOPE AND COLLAPSE 1711

 + CHEMISTRY +

----- BASIC METABOLIC PROFILE -----

Procedure:	NA4+	K+	CHLORIDE	CO2	GLUCOSE	BUN	CREAT	ANION GAP	BUN/CREAT	OSMO CALC
Ref Range:	(133-146)	(3.5-4.9)	(100-111)	(23.0-32.6)	(77-117)	(6-20)	(.6-1.2)	(6-13)	(8-23)	(271-318)
Units:	MMOL/L	MMOL/L	MMOL/L	MMOL/L	MG/DL	MG/DL	MG/DL	MMOL/L		MOSKG
24APR05 1627	140	3.9	100	28.5	96	6	.5 L	15 H	12	277

----- SINGLE CHEMISTRIES -----

Procedure:	CALCIUM
Ref Range:	(8.9-10.3)
Units:	MG/DL
24APR05 1627	9.7

----- EMERGENCY TOXICOLOGY -----

24APR05 1633	AMPH INTERP	NEGATIVE
24APR05 1633	PCP INTERP	NEGATIVE
24APR05 1633	COCAINE INTERP	NEGATIVE
24APR05 1633	BARB INTERP	NEGATIVE
24APR05 1633	BENZO INTERP	POSITIVE
24APR05 1633	OPIATE INT	POSITIVE
24APR05 1633	TEC INTERP	NEGATIVE

----- CARDIAC ENZYMES -----

Procedure:	CPK	CK-MB	CK INDEX	TROPONIN I
Ref Range:	(42-231)	(.0-6.0)	(0.0-1.8)	(< .07)
Units:	IU/L	NG/ML		NG/ML
24APR05 1627	76	1.0	1.3	<0.07

CK INTERPRET: NO ENZYME EVIDENCE OF MYOCARDIAL INJURY.

Symbols:

PRINTED BY: FM20261
 DATE 11/17/2005

 * SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE *
 * 101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212 *
 * DRS. DAVIS, LOWRY, WREN, NELSON, RADMER, LARHAM, KIMS, CALDWELL, BURKS \T\ KIM *

 MARTINEZ RAQUEL MR#: (0001)00027-51-08 Fin.No.:0511400111 Admitted: 24APR05
 46 YRS FEMALE DOB: [REDACTED] Office Id: [REDACTED] Page: 3
 DE. PHYSICIANS ED CUMULATIVE [REDACTED] Printed: 24APR05
 Location: ED - EMERGENCY VISIT SYNCOPES AND COLLAPSE 1711

 + C H E M I S T R Y +

TROPONIN I (14MAR05 -- Current)
 REFERENCE RANGE FOR NORMAL IS <0.07 NG/ML
 CUTOFF FOR POSSIBLE ACUTE MYOCARDIAL INFARCTION IS 0.50 NG/ML
 NOTE : TROPONIN MAY REMAIN ELEVATED SEVERAL DAYS AFTER MI

END

PRINTED BY: FM20261
 DATE 11/17/2005

 * SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE *
 * 101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212 *
 * DRs. DAVIS, LOWRY, WREN, NELSON, RAINIER, LAFHAM, KIMS, CALDWELL, BURNS & KIM *

 MARTINEZ RAQUEL MR#: (0001)00027-51-08 Fin.No.:0521900058 Admitted: 07AUG05
 46 YRS FEMALE DOB: Office Id: Page: 3
 Dr. CASTON J C CUMULATIVE Printed: 18AUG05
 Location: 030 -B BEHAVIORAL HLTH PSYCHOSIS NOS 2146

 + CHEMISTRY +

-----EMERGENCY TOXICOLOGY-----

07AUG05 0959 AMPH INTERP NEGATIVE
 07AUG05 0959 PCP INTERP NEGATIVE
 07AUG05 0959 COCAINE INTERP NEGATIVE
 07AUG05 0959 BARB INTERP NEGATIVE
 07AUG05 0959 BENZO INTERP NEGATIVE
 07AUG05 0959 OPIATE INT POSITIVE
 07AUG05 0959 TEC INTERP NEGATIVE
 AMPH INTERP (22JUL05 -- Current)

EMPHEDRINE MAY CAUSE FALSE POSITIVE AMPHETAMINE RESULTS.

-----REFERENCE LAB TESTS-----

Procedure: DEXAMETHAZONE @ 2-AMINO @ CYSTATHIO @ BETA ALANINE @ ETHANOLAMINE @ PHOSPHOET @
 Units: ng/dL
 08AUG05 0710 DNR DNR DNR DNR DNR
 08AUG05 0710 AMINO ACID DOB=4-5-59 AA REQUESTED-PHENYLALANINE, TYROSINE, TRYPTOPHAN
 09AUG05 0635 SEE NOTE f
 DEXAMETHAZONE. This test was performed by LCHSMS.
 LESS THAN 20 ng/dL
 Reference Ranges for Dexamethasone:
 Baseline: Less than 20 ng/dL
 1 mg dexamethasone overnight: 180-550 ng/dL (8:00-10:00 AM)
 Procedure: PHOSPHOSE @ TAURINE @ ASPARTIC ACID @ HYDROXYPROLINE @ THREONINE @ SERINE @
 08AUG05 0710 DNR DNR DNR DNR DNR DNR

Symbols:

f - Footnote
 @ - 2-AMINO, CYSTATHIO, BETA ALANINE, ETHANOLAMINE, PHOSPHOET, PHOSPHOSE, TAURINE, ASPARTIC ACID, HYDROXYPROLINE, THREONINE
 , SERINE Performed at QUEST DIAGNOSTIC LAB - 33608 ORTEGA HIGHWAY, SAN JUAN CAPRISTRANO, CA. 92690
 @ - DEXAMETHAZONE Performed at QUEST DIAGNOSTIC LAB - 33608 ORTEGA HIGHWAY, SAN JUAN CAPRISTRANO, CA. 92690
 Patient Name: MARTINEZ RAQUEL Location: 030 BEHAVIORAL HLTH Page: 3 Cont...

PRINTED BY: FM20261
 DATE 11/17/2005



SPARTANBURG REGIONAL MEDICAL CENTER

(DUPLICATE) NURSING UNIT

ATTENDING PHYSICIAN		CONSULTING PHYSICIAN		ICD-9-CM	
PRINCIPAL DIAGNOSIS <i>benzodiazepine withdrawal delirium</i>					
ADDITIONAL DIAGNOSES <i>Depression, NOS Anxiety Disorder, NOS</i>					
PRINCIPAL SURGERY					
ADDITIONAL SURGERY					
DATE <i>8/11/05</i>					
OTHER SIGNATURE <i>[Signature]</i>				ACCOMMODATION ☐ C.C.U. ☐ I.C.U. ☐ NEURO. ☐ POST C.C.U.	
OTHER SIGNATURE					
ASSEMBLED				CODED	
ANALYZED				FINAL CHECK	
SPARTANBURG REGIONAL MEDICAL CENTER					
DISCHARGED DATE <i>8-9-05</i> TIME				DISCHARGE DISPOSITION ☐ ALIVE ☐ AUTOPSY ☐ DEATH +48 ☐ DEATH -48 ☐ STILLBORN ☐ TRANSFERRED	
ACCOUNT NO. S 0521900058		ADMISSION DATE / TIME 08/07/05 1817		UNIT NUMBER 000-275108	
RESIDENT / REFERRING DOCTOR CASTON, CHRIS		ADMITTING DOCTOR CASTON, CHRIS		ACCIDENT / WORK RELATED NO	
PATIENT INFORMATION MARTINEZ, RAQUEL		SOC. SEC. NO. [REDACTED]		ACCIDENT DATE / TIME 1	
SPARTANBURG SC 29301		TELEPHONE NO. (864) 574-7978		PATIENT EMPLOYER SPTBG COUNTY OF P O BOX 5666 PERSONNEL DEPT SPARTANBURG SC 29304	
GUARANTOR NAME AND ADDRESS MARTINEZ, RAQUEL		REL. EMP. NO. 3354		GUARANTOR EMPLOYER SPTBG COUNTY OF P O BOX 5666 PERSONNEL DEPT SPARTANBURG SC 29304	
SPARTANBURG SC 29301		TELEPHONE NO. (864) 574-7978		TELEPHONE NO. (803) 596-2522	
RELATIVE 1 MARTINEZ, RAMON		RELATION PARENT		RELATIVE EMPLOYER UNEMPLOYED	
SC 29301		(864) 595-6243			
INSURANCE 1 CIGNA PPO-SCRANTON, PA P.O. BOX 5200 SCRANTON PA 18505-5200 SPTBG COUNTY MARTINEZ, RAQUEL 3314532 U0267681901		INSURANCE 2 1			
INSURANCE 3		INSURANCE 4			
DIAGNOSIS / COMPLAINT 298.9-PSYCHOSIS NOS		ARRIVAL MODE EMS		PUB / VAL N	
ADV. DIR.		PAT. CLA.		DENOM NON	
ADM. BY JMP					
STAFF ALERT: PREVIOUS ADMIT NAME / DATE MARTINEZ, RAQUEL		PRINTED BY: FM20261 DATE 11/17/2005 OBSERVATION: ☐ YES ☐ NO 07/14/05			

Y22

COMPREHENSIVE ASSESSMENT TOOL

NURSING ASSESSEMENT

Part 1 data may be collected by RN/LPN/MHT

2025510013 PHP
08-10-05 1-6354
MARTINEZ, RAQUEL

SPARTAN 006 25 29301
Patient Identification

PART 1: ADMISSION / ORIENTATION

INFORMANT:

☒ PATIENT ☐ FAMILY MEMBER / SIGNIFICANT OTHER ☐ FRIEND
☐ UNABLE TO OBTAIN REASON:

ADMIT DATE	TIME	UNIT	STATUS	SEX	AGE
8/10/05	3:00 p	PHP	<u>Voluntary</u> Involuntary	F	46

VITAL SIGNS:

Temperature 97 Weight 135
Pulse 84 Height 5'4
Respiration 18 Color of Hair brown
B/P 120/80 Color of Eyes brown

ALLERGIES Amoxicillin, Clindamycin
PCN, Dinnalal

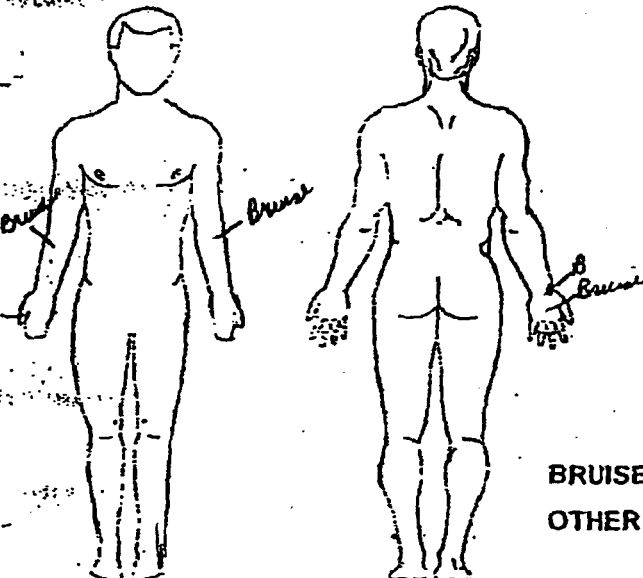
Type of Reaction Hives

PATIENT/FAMILY ORIENTATION

☒ Room ☒ Visitation
☒ Unit ☒ Phone
☒ Program ☒ Staff
☒ Smoking Policy
☒ Patient Rights Given
☒ Patient Rights Explained
☒ Picture Taken

BODY IDENTIFICATION MARKS

Label all scars, bruises, etc...



LACERATIONS Purple

ABRASIONS

SCARS

BURNS

MOLES/BIRTHMARKS

BRUISES

OTHER (SPECIFY)

ART II - PHYSICAL STATUS DATABASE
Data must be collected by licensed nurse

For "yes" responses, provide detail below

Medical/Surgical History	Yes	No
Medical/surgical hospitalizations	✓	
Recent diagnostic Testing	✓	
Recent Communicable Disease		✓
Recent Exposure to Communicable Disease		✓
Cardiovascular Problems	XXX	XXX
Chest Pain	✓ <i>DI</i>	✓
Palpitations	✓	
Irregular Heart Beat		✓
Hypertension	✓	
Hypotension		✓
Respiratory Problems	XXX	XXX
Asthma		✓
Shortness of Breath		✓
Labored Breathing		✓
Tuberculosis		✓
Sore Throat		✓
Neurological Problems	XXX	XXX
Weakness/Paralysis	✓	
Dizziness		✓
Headaches	✓	
Recent Head Injury		✓
Seizures		✓
Confusion		✓
Gastrointestinal Problems	XXX	XXX
Nausea	✓	
Hepatitis		✓
Diabetes		✓
Hypoglycemia		✓
Bowel Changes		✓
Genitourinary Problems	XXX	XXX
Bladder Changes		✓
Incontinence		✓
Burning or Discomfort		✓
Urinary Difficulty/Urgency		✓
Sexually Transmitted Disease		✓
Menstrual Difficulties		✓
Skin Disorders	✓	
Visual Problems	✓	
Hearing Problems		✓
HIV/AIDS		✓
Sleep Disturbance		✓
Other	✓	

*Orthopedic, @ carpal tunnel
BTL
SRMC 8/17/05 - lab*

asthma

migraines

*acne on back
contact*

Psychotic episode

NURSING ASSESSMENT

Data must be collected

08-10-05 RNP
MARTINEZ, RAQUEL

6354

SPARTANBURG SC 29301

CASTRO, JESSICA

MEDICATION TAKEN AT HOME (medication/dosage/frequency/reason)

see list brought in by pt. Meds. Medication divider

DISPOSITION OF MEDICATIONS NA Hospital Safe Sent Home Other

NUTRITIONAL SCREENING

	Yes	No		Yes	No
10% Above/Below Ideal Weight		☒	Feeding Tube/Parenteral Nutrition		☒
Chewing/Swallowing difficulties		☒	Diagnosed Eating Disorder		☒
Poor Intake > 5 days prior to admission		☒	Diabetic or Special Diet		☒
Poor Appetite		☒	Noncompliance with Special Diet		☒
NPO or Clear Liquids X 3 Days		☒			

* Nutritional Assessment indicated for all patients with a "yes" response on 4 or more items listed above and all patients with a diagnosed eating disorder, special diet or who are pregnant.

Score 0

Nutritional Consult Indicated and Ordered: Yes No

FALL RISK POTENTIAL

GAIT

- ☒ 0 - Patient ambulatory, gait steady
- 1 - Patient requires assistance
- 2 - Patient uses wheelchair or assistance device
- 3 - Gait unsteady

AGE

- 0 - Patient <65 Years of age
- 1 - Patient 65-74 Years of age
- 2 - Patient 74-79 Years of age
- 3 - Patient >80 Years of age

MENTAL STATUS

- 0 - Patient oriented X 3
- 1 - Patient is confused at all times
- 2 - Patient has intermittent confusion
- 2 - Patient is hallucinating

OTHER

- 1 - Detox

Patient scoring 4 or more is regarded as being at risk (implement Fall Precautions protocol)

**Fall Prevention Protocol should be implemented if score for gait is 2 or 3.

Score 1

Fall Prevention Protocol indicated and initiated: Yes No

CHEMICAL HISTORY

REVIEW NEEDS ASSESSMENT SECTION (ALCOHOL/PRESCRIPTION DRUG USE)

History of Biomedical complications from past episodes of detoxification? Yes No N/A

DESCRIBE

psychotic episode p. stopping Xanax

NICOTINE USAGE HISTORY

 Yes No Amount: 3/4 pk/day

CAFFEINE USAGE

 Yes No Amount: soda's 1-2/day

EMOTIONAL/BEHAVIORAL DATABASE

MENTAL STATUS ASSESSMENT

SPEECH: ☐ Normal ☒ Abnormal Describe: pressured

AFFECT: ☒ Normal ☐ Flat ☒ Labile ☐ Other _____

FLIGHT OF IDEAS: ☐ Yes ☐ No ☒ Unsure

JUDGMENT: ☐ Good ☐ Fair ☒ Poor

INSIGHT: ☐ Good ☐ Fair ☒ Poor "Don't know why I'm here"

MEMORY: RECENT EVENTS: ☒ Good ☐ Fair ☐ Poor (last 1-2 days)

PAST EVENTS: ☒ Good ☐ Fair ☐ Poor

ABILITY TO COMMUNICATE AND UNDERSTAND: ☐ Good ☐ Fair ☒ Poor

DESCRIPTION/NOTES

	Yes	No
Orientation to Time	☒	☐
Orientation to Place	☒	☐
Orientation to Person	☒	☐
Delusions	☒	☐
Hallucinations	☒	☐

slightly confused about situation

OK w/ P. Xanax

Have you had any of the following?

For "yes" responses, provide detail below

	Yes	No
Been Isolative	☒	☐
Feeling "Out of Touch"	☐	☒
Feeling Dependent	☐	☒
Difficulty Completing Tasks	☐	☒
Short Attention Span	☐	☒
Very Talkative	☒	☐
Feeling Anxious	☒	☐
Panic Attacks	☐	☒
Depression	☐	☒
Lack of Energy	☐	☒
Sleeping A Lot	☐	☒
Over/Under Eating	☐	☒
Feeling Hopeless	☐	☒
Tearfulness	☒	☐
Feeling Angry/Irritable	☒	☐
Loss of Interest in Usual Pleasures	☐	☐
Feeling Worthless	☐	☐
Recent Traumatic Experience	☒	☐

concerned about not having a job

COMPREHENSIVE ASSESSMENT TOOL

NURSING ASSESSMENT

2025510013 PHP
08-10-05
MARTINEZ, RIAQUEL J-6354

SPARTANBURG SC 29301
CASTRIOTTA

	Yes	No
Lost Something/Someone You Loved	☒	☐
Feelings of Guilt	☒	☐
Significant Life Changes (job, divorce, move, etc...)	☒	☐
Past/Present History of Abuse	XXX	XXX
Physical Abuse	☐	☒
Sexual Abuse <i>aged 19yo</i>	☒	☐
Emotional Abuse	☐	☒

D/M/F
0000261
*brother - 24yo phd of friend
worked on case
she worked
in job as
basic police
officer*
actually related from 6-9 yo by family member

ASSESSMENT FOR SPECIAL PRECAUTIONS

	Yes	No
Suicidal Ideation	☐	☒
Recent History of Suicide Attempt	☐	☒
Plan for Harming Self	☐	☒
Homicidal Ideation	☐	☒
Recent History of Violence	☒	☐
Elopement Risk <i>N/A</i>	☐	☐

"I don't love myself"

*It had psychotic episode & was
convinced R/T this & even
withdrawing from medication*

SPECIAL NEEDS

	Yes	No
Assistance required with ADL's	☐	☒
Obesity	☐	☒

PAIN ASSESSMENT

Do you have pain now?

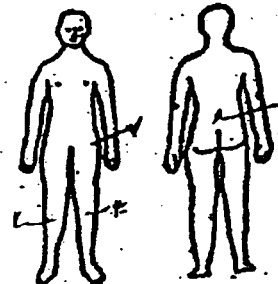
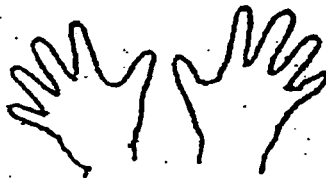
Problems with pain within past 2 months?

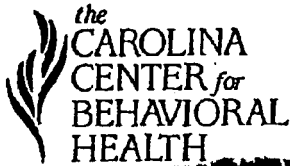
☒ Yes ☒ No
☒ Yes ☐ No

** If the answer to one of the above questions is yes, complete the following pain assessment.

DESCRIBE LOCATION OF PAIN:

Note location of pain on model. Continued on next page.





SPARTANBURG SC 29301
 CASTRIOTTA
 C/M/F [REDACTED] 46
 00026130

Patient Identification

COMPREHENSIVE ASSESSMENT TOOL

PATIENT NAME: Raquel Martinez MALE ☐ FEMALE ☒ DATE: 8-10-2005
 VOL ☒ INV ☐ DATE OF BIRTH: [REDACTED] AGE: 46 MARITAL STATUS: D TIME: Start: 0830 End: 0400
 OCCUPATION: Spinning Co. b q/s PRIMARY CARE PHYSICIAN: Dr. Wieder
 ACCOMPANIED BY: alone REFERRAL SOURCE: Cigna

CHIEF COMPLAINT (in patient's own words)
 WHY ARE YOU HERE TODAY? I became psychotic last Sunday. I tore my home up and tore my police car up. I did it didn't hurt anyone because I put a gun. I stopped taking Xanax and became psychotic.

PRECIPITATING EVENTS

EVENTS WHICH OCCURRED IN PREVIOUS 24-72 HOURS WHICH PROMPTED ASSESSMENT:

my cousin died mid April 05 and I took Xanax for my times. I stopped taking Xanax 12 weeks ago and became psychotic.

1. MAJOR LIFE AREAS	ADMIT	DENIES	D.N.A.	AS EVIDENCED BY:
PROBLEMS AT WORK OR SCHOOL	☒			<u>I tore up police car last Sunday. On trail of killing all the dead bodies.</u>
DETERIORATION IN HYGIENE AND / OR GROOMING		☒		<u>Decreased since 4-05</u>
LOSS OF ENERGY OR INTEREST IN ACTIVITIES	☒			
SOCIAL WITHDRAWAL	☒			
ABILITY TO PARENT		☒		

2. BEHAVIOR CHANGES	ADMIT	DENIES	D.N.A.	AS EVIDENCED BY:
IRRITABILITY / MOOD LABILITY / CRYING SPELLS		☒		
POOR IMPULSE CONTROL		☒		
MANIC SYMPTOMS		☒		

3. SLEEP	ADMIT	DENIES	D.N.A.	AS EVIDENCED BY:
usual number of hours: <u>5-6</u>				
INSOMNIA (initial, mid, terminal)	☒			<u>Problems going to sleep.</u>
HYPERSOMNIA		☒		

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Needs Assessment

COMPREHENSIVE ASSESSMENT TOOL

4. EATING	ADMITS	DENIES	D.N.A.	AS EVIDENCED BY:
BINGING, PURGING, COMPULSIVE OVEREATING		1		
EXCESSIVE EXERCISING, LAXATIVE / IPECAC USE				
ABSENCE OF MENSTRUATION				

CHANGES IN EATING HABITS (DESCRIBE):

Decreased

WEIGHT: GAIN: ☐ LOSS: ☒ NUMBER OF POUNDS: 5 TIME FRAME: DAYS: _____ WEEKS: _____ MONTHS: 4

5. ANXIETY	ADMITS	DENIES	D.N.A.	AS EVIDENCED BY:
GENERALIZED ANXIETY / RUMINATIONS	X			<i>When I stopped taking Xanax</i>
PANIC ATTACKS		1		
SOCIAL ANXIETY				
OBSSESSIVE/COMPULSIVE BEHAVIORS/THOUGHTS				
PTSD SYMPTOMS	X	1	7	<i>Sexual abuse</i>

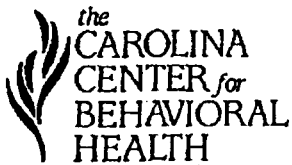
6. PSYCHOSIS	ADMITS	DENIES	D.N.A.	AS EVIDENCED BY:
HALLUCINATIONS (visual, auditory, tactile, olfactory)		X		<i>Real Smiley I was going on Steam but trip I didn't know who I was</i>
Command		X		
DISORGANIZED THOUGHT / SPEECH PATTERNS		X		
DELUSIONS				
Bizarre		1		
PARANOID IDEATIONS				

7. CHILD / ADOLESCENT	ADMITS	DENIES	D.N.A.	AS EVIDENCED BY:
RUNNING AWAY RISK				☒ ADULT: SECTION NOT RELEVANT
BEDWETTING				
DESTRUCTION OF PROPERTY / FIRE SETTING				
CRUELTY TO ANIMALS				
STEALING				
REBELLIOUS / DEFIES FAMILY / AUTHORITY				
GAAG / SATANIC INVOLVEMENT				
PROBLEMS AT SCHOOL				
LEARNING DISABILITIES / DEVELOPMENTAL DELAYS				

8. HISTORY OF PHYSICAL / SEXUAL ABUSE	ADMITS	DENIES	D.N.A.	AS EVIDENCED BY:
	X			<i>1/3/04</i>

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Needs Assessment



2025510013 PHP
 12-10-05
 MARTINEZ, RAQUEL
 Patient Identification
 CASHIOTTA
 SC 29301
 7-6354

COMPREHENSIVE ASSESSMENT TOOL

9. ALCOHOL / DRUG USAGE

☒ Denies alcohol / drug use - Proceed to Section 10

(i.e.: alcohol, cocaine, marijuana, opiates, stimulants, sedative-hypnotics, hallucinogens, inhalants, over-the-counter meds, etc.)

Substance	1 st Use	Amount / Frequency	Duration of Use	Last Use	Amount Used in Last 24 Hours

LONGEST PERIOD OF SOBRIETY (WITH DATES):

WITHDRAWAL SYMPTOMS / BEHAVIORS:

- ☐ Nausea / Vomiting ☐ Cramps ☐ Tremors ☐ Insomnia ☐ Weakness ☐ Diaphoresis
☐ Diarrhea ☐ Agitation ☐ Loss of Appetite ☐ Delirium ☐ Fever / Chills ☐ Changes in Vital Signs

Symptoms	Frequency	Duration	Most Recent Complaint

HISTORY OF MORE SEVERE WITHDRAWALS (D.T'S, BLACKOUTS, SEIZURES, ETC):

BREATHALIZER: B/P: PULSE:

10. HEALTH

PAST AND CURRENT MEDICAL CONDITIONS (indicate whether stable or unstable):

HTN, Syncope, Arthritis, TMS, Severe Headaches (migraines)

SURGICAL HISTORY:

Gall bladder, Tubal, Duvet, Conoid, PCN, nuts!

RECENT FALLS (WITH DATES AND INJURIES):

USE OF ASSISTIVE DEVICE(S): ☐ YES ☒ NO TYPE(S):

INDICATIONS OR RISKS FOR FALLS (i.e.: unsteady gait, shuffling, dizziness, etc.):

INFORMANT: ☒ PATIENT ☐ FAMILY ☐ HEALTH PROFESSIONAL ☐ OTHER:

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Needs Assessment

gabapentin 300mg PRN
 Zosyn 40mg po Day
 COMPREHENSIVE ASSESSMENT TOOL

11. MEDICATIONS					☐ Supplemental Medication List Attached
Current Medications	Dosage	Prescribed By	Last Use	Taken as Prescribed?	
Toprol XL	per Day	Dr. C...	8-10-05	4/5	
Lotrel 10/20	per Day				
Zosyn 40mg	" "				
gabapentin 10mg	1/2 3x4x 8 Day				
clonazepam 1mg	PO - HS				
Depakote 250mg	BR - 510mg HS				
Depakote 250	Q4HR PRN				

12. PREVIOUS TREATMENT: Psychiatric / Substance Abuse					
Facility	LOC	Dates	MD / Therapist	DX (if known)	Outcome
SPMC	IP	3 Days			
SPMC	OP	12 3/05	Dr. ...	Depression	
				Rx 2 Luvox	

13. SUPPORT SYSTEMS

CURRENT LIVING ARRANGEMENTS: alone

MARITAL HISTORY: ① Divorced

CHILDREN: 0

SOURCES OF SUPPORT:

14. SOCIAL AND FAMILY HISTORY

HIGHEST LEVEL OF EDUCATION COMPLETED: 16

BARRIERS TO TREATMENT (cultural, ethnic, communication, etc.): none

MILITARY SERVICE (with rank): none

LEGAL HISTORY (current and past charges, dates, disposition): Drugs

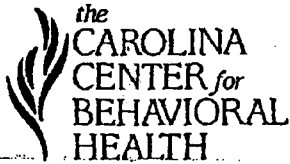
FAMILY HISTORY OF SUBSTANCE ABUSE: Denies

FAMILY HISTORY OF MENTAL ILLNESS: Brother

15. SUICIDE / HOMICIDE RISK(S) (SEE SUPPLEMENTAL INITIAL EVALUATION OF RISK TO SELF / OTHERS)

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Needs Assessment



2025510013 PHP
04-10-05
MARTINEZ, RAQUEL -6354
SPARTANBURG SC 29301
CASTELOTTA
Patient Identification
000026130 46

COMPREHENSIVE ASSESSMENT TOOL

16. CLINICAL APPRAISAL

APPEARANCE: ☐ NEAT ☒ CASUAL ☐ DISHEVELED ☐ UNCLEAN ☐ BIZARRE

COMMENTS:

MOTOR ACTIVITY: ☒ APPROPRIATE ☐ PSYCHOMOTOR AGITATION ☐ HYPERACTIVITY
☐ PSYCHOMOTOR RETARDATION ☐ CATATONIA ☐ OTHER: _____

COMMENTS:

SPEECH / LANGUAGE: ☐ APPROPRIATE ☐ GUARDED ☐ PRESSURED ☐ LIMITED ☐ ABNORMAL
☐ REPETITIVE ☐ DISORGANIZED ☒ OTHER: *Hyper verbal*

COMMENTS:

MOOD / AFFECT: ☐ APPROPRIATE ☒ LABILE ☐ BLUNTED ☐ FLAT ☐ OTHER: _____

COMMENTS:

THOUGHT PROCESS: ☐ LOGICAL ☐ CONCRETE ☒ TANGENTIAL ☐ FLIGHT OF IDEAS

COMMENTS:

CONCENTRATION: ☐ GOOD ☐ FAIR ☒ POOR

COMMENTS:

JUDGEMENT: ☐ GOOD ☐ FAIR ☒ POOR

COMMENTS:

INSIGHT: ☐ GOOD ☐ FAIR ☒ POOR

COMMENTS:

MEMORY: RECENT: ☐ GOOD ☒ FAIR ☐ POOR
REMOTE: ☐ GOOD ☒ FAIR ☐ POOR

COMMENTS:

ORIENTATION: ☒ PERSON ☒ PLACE ☒ TIME ☒ SITUATION

17. ADDITIONAL CLINICAL INFORMATION

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Needs Assessment

COMPREHENSIVE ASSESSMENT TOOL

18. LEVEL OF CARE DETERMINATION	
ACUTE MEDICAL HOSPITAL REFERRAL	☐ Life threatening or potentially life threatening medical condition which prohibits the initiation of treatment. ☐ Medical evaluation indicated based on symptoms identified at time of assessment.
INPATIENT ACUTE CARE	☐ Severe deterioration of usual level of functioning. ☐ Behavior which is life threatening, destructive or disabling to self or others. ☐ Symptoms / behaviors indicative of need for 24 hours monitoring and assessment of the patient's condition. ☐ Failure at outpatient treatment due to a clinical instability or a condition which precludes safe treatment at a lesser LOC. ☐ Active psychiatric disorder with potential to interfere with treatment of severe medical condition. ☐ Condition requires a medically monitored detoxification process.
PARTIAL HOSPITALIZATION	☒ Moderate deterioration of usual level of functioning. ☒ Moderate risk of behavior which is life threatening / destructive to self or others. ☒ Symptoms / behaviors of such severity that there is interference with social, family, vocational functioning. ☐ Failure at lower level of treatment. ☒ Partial hospitalization required to prevent an exacerbation of symptoms.
INTENSIVE OUTPATIENT	☐ Mild deterioration of usual level of functioning. ☐ Mild risk of behavior which is life threatening / destructive to self or others. ☐ Symptoms / behaviors of such severity that there is interference with social, family, vocational functioning. ☐ Failure at outpatient treatment / aftercare. ☐ Chronic mental illness requiring psychotherapy and management at a higher level of outpatient treatment. ☐ Demonstration of alcohol / drug use resulting in impairment of functioning.
OUTPATIENT	☐ Minimal deterioration of usual level of functioning. ☐ Symptoms / behaviors of such severity that there is interference with social, family, vocational functioning. ☐ Failure of other treatment programs, aftercare, support groups, etc. ☐ Increase in drug / alcohol use.

CRITERIA FOR EMERGENT MEDICAL CONDITION: ☐ PRESENT ☒ NOT PRESENT.

JUSTIFICATION FOR LEVEL OF CARE CHOSEN: *44y/o D/W/P presenting in labile, high
anxious state. Has severe depression in presence with sleep
and appetite disturbance. Denies Sx or OTH. Sees no
risk for withdrawal.*

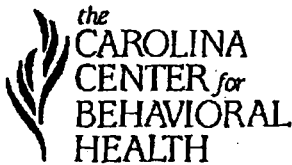
ASSESSMENT COMPLETED BY: *Dr. S. J. Smith MD* DATE: *8-10-05* TIME: *0940*
 PHYSICIAN DETERMINATION: *Psy M.D.* DISPOSITION: *Admit*
 ADMIT TO: INPATIENT UNIT: _____ PHP: *Dial* IOP: _____ OP: _____
 PROVISIONAL DIAGNOSIS
 AXIS I: *Benzodiazepine withdrawal, R/o B. Polai*
 AXIS II: *Depressed*
 AXIS III: *Alcohol, severe headache*
 AXIS IV: *Occupational, social*
 AXIS V: CURRENT GAF: *40* HIGHEST GAF IN LAST YEAR: _____

REVIEWED WITH PHYSICIAN: *Dr. Contreras* DATE: *8-10-05* TIME: *0910*
 REVIEWING PHYSICIAN'S SIGNATURE: *[Signature]* DATE: _____ TIME: _____

Revised 08/2004

8-11-05 gfm.

Needs Assessment



00105
2025510013 PHP
13 CS
ARTINEZ, RAQUEL -6354
Patient Identification: FURG SC 29301
TRICITA

COMPREHENSIVE ASSESSMENT TOOL

INITIAL EVALUATION OF RISK TO SELF / OTHERS (PART 1 OF 2)

INFORMANT (CHECK ALL THAT APPLY):

☒ PATIENT ☐ FAMILY / FRIEND(S) ☐ HEALTH PROFESSIONAL(S) ☐ COMMITMENT PAPERS ☐ OTHER: _____

SECTION I: CURRENT SUICIDAL / HOMICIDAL IDEATION / BEHAVIORS:

IS THE PATIENT HAVING:

SUICIDAL IDEATION / MAKING SUICIDAL THREATS / EXHIBITING SELF-INJURIOUS BEHAVIORS?

☐ YES ☒ NO

HOMICIDAL / ASSAULTIVE IDEATION OR MAKING HOMICIDAL / ASSAULTIVE THREATS?

☐ YES ☒ NO

IF THE ANSWERS TO THE ABOVE QUESTIONS ARE NO, PROCEED TO SECTION II. OTHERWISE, ANSWER THE FOLLOWING QUESTIONS:

IS THE IDEATION REPETITIVE OR PERSISTENT?

☐ YES ☒ NO

DOES THE PATIENT HAVE A SPECIFIC PLAN?

☐ YES ☒ NO

DOES THE IDEATION INVOLVE SERIOUS / LETHAL INTENT?

☐ YES ☒ NO

DOES THE IDEATION HAVE DELUSIONAL / HALLUCINATORY CONTENT?

☐ YES ☒ NO

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, THEN DESCRIBE THE BASIS FOR SUCH ANSWER(S) (DESCRIBE THE PATIENT'S PLAN, IDEATION, HALLUCINATION, ETC.):

Darius

SECTION II: HISTORY OF SUICIDAL / HOMICIDAL IDEATION / BEHAVIORS:

IS THERE A HISTORY OF SUICIDAL / SELF-INJURING / IDEATION / BEHAVIOR / THREATS?

☐ YES ☒ NO

IS THERE A HISTORY OF HOMICIDAL / ASSAULTIVE IDEATION / BEHAVIOR / THREATS?

☐ YES ☒ NO

IS THERE A HISTORY OF HARM TO SELF / OTHERS WHILE IN AN INTENSIVE TREATMENT SETTING?

☐ YES ☒ NO

IF THE ANSWERS TO ANY OF THE ABOVE QUESTIONS ARE NO, PROCEED TO SECTION III.

IF ANY ANSWER IS YES, THEN DESCRIBE THE BASIS FOR SUCH ANSWER(S):

Police officer

SECTION III: ACCURACY OF REPORTS:

ARE THERE ANY CONCERNS THAT THE PATIENT OR OTHERS MAY BE CONCEALING OR MINIMIZING CURRENT OR PAST RISK TO SELF OR TO OTHERS?

☐ YES ☒ NO

IF THE ANSWER IS YES, DESCRIBE THE EVIDENCE OR CONCERNS:

Revised 08/2004

Needs Assessment

COMPREHENSIVE ASSESSMENT TOOL
INITIAL EVALUATION OF RISK TO SELF / OTHERS (PART 2 OF 2)

SECTION IV: ~~SUICIDE~~ SELF-INJURIOUS / HOMICIDE / ASSAULT RISK FACTORS:

(CHECK ALL THAT APPLY)

☒ 19 YEARS OR YOUNGER OR 45 AND OLDER	☐ HISTORY OF SUICIDE / HOMICIDE ATTEMPTS
☒ SINGLE, SEPARATED, DIVORCED OR WIDOWED	☐ FAMILY HISTORY OF SUICIDE / HOMICIDE
☐ SEVERE PROBLEMS WITH SIGNIFICANT OTHERS	☐ HISTORY OF MAJOR DEPRESSION
☐ LACK OF SOCIAL OR RELIGIOUS SUPPORT	☒ HISTORY OF BIPOLAR / PSYCHOSIS
☒ SIGNIFICANT OCCUPATIONAL STRESSORS / LOSS	☐ PARANOID IDEATION
☐ SEVERE FINANCIAL DIFFICULTIES	☐ BORDERLINE OR ANTISOCIAL PERSONALITY DISORDER
☐ SEVERE SCHOOL DIFFICULTIES	☐ ORGANIC BRAIN SYNDROME
☐ SIGNIFICANT LEGAL DIFFICULTIES	☐ SEVERE ANXIETY / PANIC / RUMINATIONS
☐ CHRONIC OR DEBILITATING ILLNESS	☐ CALM AFTER AGITATED DEPRESSION
☐ RECENT TRAUMA OR LOSS	☐ COMMAND HALLUCINATIONS OR DELUSIONS
☐ VIOLENT SOCIAL ENVIRONMENT	☐ ORGANIZED PLAN WITH LETHAL INTENT
☐ PREVIOUS HISTORY OF VIOLENCE	☐ BLUNTED / FLAT AFFECT
☐ VIOLENCE / THREATS TOWARDS OTHERS	☐ HOPELESSNESS
☒ POSSESSION OR ACCESS TO GUN	☐ RAPID MOOD SHIFTS
☐ HEAVY ALCOHOL OR DRUG USE	☐ SEVERE INSOMNIA

SECTION V: SUMMARY EVALUATION OF RISK TO SELF OR OTHERS

PATIENT'S SUICIDAL / SELF-INJURIOUS RISK (EXPLAIN BELOW):

- ☒ LOW TO NO RISK ☐ MODERATE RISK ☐ IMMINENT RISK

PATIENT'S HOMICIDAL / ASSAULTIVE RISK (EXPLAIN BELOW):

- ☒ LOW TO NO RISK ☐ MODERATE RISK ☐ IMMINENT RISK

RISK SUMMARY:

Denis ST / HT

EVALUATION COMPLETED BY:

Den Simmons RN

DATE:

8-10-05

TIME:

0930

REVIEWED WITH PHYSICIAN:

Dr. Casella

DATE:

8-10-05

TIME:

0940

REVIEWING PHYSICIAN'S SIGNATURE:

[Signature]

DATE:

8-10-05

TIME:

0940

**PRE-DISCHARGE EVALUATION
OF RISK TO SELF / OTHERS**

CC13 PHP
-5
2. RAQUEL -6354
URG SC 29301
TA
46

PAGE 1 of 1 Patient Identification

(Please check all that apply)

Informant was ☒ Patient ☐ Family ☐ Friends ☒ Hospital Health Professional
☐ Other Health Professional ☐ Other

SECTION I - CURRENT RISK TO SELF / OTHERS AT TIME OF DISCHARGE:

Does the patient or do others report:

the patient having suicidal ideation or making suicidal threats?

☐ Yes ☒ No

the patient having homicidal / assaultive ideation or making homicidal threats?

☐ Yes ☒ No

If the answers to the above questions are NO, then go to Section II;

Otherwise answer the following questions:

Is the ideation repetitive or persistent?

☐ Yes ☐ No

Does the patient have a specific plan?

☐ Yes ☐ No

Does the ideation involve serious / lethal intent?

☐ Yes ☐ No

Does the ideation have delusional or hallucinatory content?

☐ Yes ☐ No

If the answer to any of the above questions is YES, then describe the basis for such answer below, then complete Section II. (Describe the patient's plan, ideations, hallucinations, etc. and if they represent a risk to others at time of the discharge, describe considerations regarding "duty to protect" or "duty to warn".)

Comments:

SECTION II - ADDITIONAL RISK MANAGEMENT CONSIDERATIONS:

Does the patient have a history of suicidal attempts soon after a past discharge?

☐ Yes ☐ No

Does the patient have a history of concealing or denying past suicide / homicide / assaultive ideation / behaviors?

☐ Yes ☒ No

Were clinical indications for a second opinion concerning discharge risk present?
(If yes, please comment below)

☐ Yes ☒ No

Comments:

Physician's Signature:

[Handwritten Signature]

Date / Time: 10.11.06

This guideline is not intended to preclude any additional assessment tool, nor is it a substitute for clinical judgement.
CS003-02 Rev. 7/97

CAROLINA CTR FOR BHS 259
2700 EAST PHILLIPS ROAD

PATIENT DEMOGRAPHIC PROFILE

Date Printed: 082401

GREER, SC 296504815
(864) 235-2335

Patient Name..... MARTINEZ, RAOUEL
Address.....
City, State, Zip..... SPARTANBURG, SC 29301
Phone..... 864 574-7978
Social Security No..... 354
Birth Date.....
Age..... 046Y
Sex..... F
Race..... W White
Religion.....
Marital Status..... DIVORCED
Spouse/Parent.....

Financial Class..... 4034

Doctor Name..... CASTRIOTTA, RALPH
NPP Signed..... P

Account No/Type..... 112484001-6 I - INPATIENT
Medical Record No... 000026130
County.....
Admit Date/Time..... 8/22/05 18:17
Disch Date/Time..... 8/21/05
Adm. Dx..... OPIOID DEPENDENCE-UNSPEC 30400

Readmit.....
Service..... ICL
Occupation.....
Employer..... SPARTANBURG COUNTY
Address.....
Phone.....

Emergency Contact Information

Name.....
Address.....
City, State, Zip.....
Phone.....
Relationship.....

*** Insurance Information ***

Primary Insurance Holder/Guarantor

Name..... MARTINEZ, RAOUEL
Address.....
City, State, Zip..... SPARTANBURG, SC 29301
Phone..... 864-574-7978
Relationship..... SELF
D.O.B..... 04/05/1959
Occupation.....
Employer..... SPARTANBURG COUNTY
Address.....
City, State, Zip.....

Spouse/Parent

Name.....
Relationship.....
Address.....
City, State, Zip.....
Phone.....
Occupation.....
Employer.....

*** Insurance Carrier 1 Information ***

Carrier..... MCC - CIGNA
Group Name.....
Policy..... 354
Policy Holder.. MARTINEZ, RAOUEL
Address..... P O BOX 46270
City/St/Zip.... EDEN PRAIRIE, MN 55344

*** Insurance Carrier 2 Information ***

Carrier..... SELF PAY BALANCES
Group Name.....
Policy..... 354
Policy Holder.. MARTINEZ, RAOUEL
Address.....
City/St/Zip....

*** Insurance Carrier 3 Information ***

Carrier..... UP FRONT CASH
Policy.....
Policy Holder..

*** Insurance Carrier 4 Information ***

Carrier..... UP FRONT CREDIT CARD PYMT
Policy.....
Policy Holder..

Notes:

AXIS I: _____ ICD9: _____
AXIS II: _____
AXIS III: _____
AXIS IV: _____

Physician Signature: _____ Date: _____

DESCRIBE PAIN TYPE: (Sharp, Dull, Pressing, Throbbing, etc...) migraine - sharp - throbbing
 ONSET: migraine - years ago - frequency, arthritis, TMD arthritis - throbbing ache
 DURATION: _____
 INTENSITY: (Use scale to rate pain)

NUMERICAL PAIN SCALE (USE WITH ALL PATIENTS WITH ABILITY TO COMPREHEND)

0 1 2 3 4 5 6 7 8 9 10

0-10, Zero equals no pain, 10 equals worst pain

PAIN AFFECT FACES SCALE (USE WITH PATIENTS UNABLE TO COMPREHEND ABOVE)



CURRENT PAIN SCALE RATING 0

WHAT IS THE BEST PAIN GETS 0

WHAT IS THE WORST PAIN GETS 10 - migraine

What relieves the patient's pain? limited

What causes or increases patient's pain? staying in one place too long

What effect does pain have on:

Symptoms (Nausea/vomiting, etc...) migraine - N/V

Appetite: ↓ appetite

Physical Activity: ↓ r

Concentration: ↓ conc

Emotions ↑

Sleep: ↓ - if awakened

Relationships with others: unstable

What previous methods of pain control have been effective? limited, limited

What previous methods of pain control have been ineffective? migraine only, respond to chronic

Patient's and family's preferences for Pain Management? limited, limited

NURSING SUMMARY: (Other comments, discrepancies in data, etc...)

46 yow f adm to P&P p release from SRMC +
referred here by Legian to ed over W/E
for psychotic episode p stopping Xanax
which she had perceived was a pk + "I was
doing something good" - Pt is calmer on 2nd
day of p adm - on 8/10/05 she was
hyperbolic and confused about leading events
to her adm she
seem to have more insight now.
States she is "embarrassed about
past event of psychosis"

RN Signature

Date/Time

the CCBH

PHYSICIAN ADMISSION NOTE - PHP

2025510013 PHP
02-10-05
MARTINEZ, RAQUEL 1-6354

SPARTANBURG SC 29301
CASTLE 1077A
L/4/E Patient Identification
03226133

BRIEF HISTORY OF PRESENT ILLNESS and SYMPTOMS (to support diagnosis and severity of illness):

pt is here 29 for a rxn to D/Cing her
Xanax - Hospitalized briefly - now here for
further diagnosis, assessment. - got approved -
1-2 mg 9 day before D/Cing it.

Criteria Justifying Admission:

- ☒ Patient has failed to respond to previous attempts at treatment at a lesser level of care (need to document previous treatment attempts and treatment failures).
- ☐ Need to prevent further deterioration in psychiatric condition/psychiatric symptoms.
- ☒ Need to prevent inpatient hospitalization or rehospitalization.
- ☐ Acute onset/exacerbation of psychiatric disorder.
- ☐ Structured treatment needed in order to prevent relapse.
- ☐ Decrease in ability to care for self/attend to activities of daily living (eating, hygiene, thinking, judgment).
- ☒ Need for specialized treatment(s) and/or diagnosis procedures, not being accomplished at a lesser level of care.
- ☐ Requires transition from inpatient care to a lesser level of care to prevent decompensation.
- ☐ Need to control inappropriate and intolerable behavior (bizarre, aggressive, self-destructive).

Preliminary Diagnosis:

Axis I Psychosis w/ bipolar D.O vs OCD
Axis II
Axis III mg, Htr, Headache
Axis IV
Axis V Current GAF 50 Past GAF 75-80

Recommended Treatment Goals During Partial Hospitalization Program (check all that apply):

- ☒ Monitor closely for medication compliance, effects and side effects.
- ☐ Develop effective coping skills, which support ability to function in community setting.
- ☒ Improve social skills to foster successful community living.
- ☐ Decrease hallucinations/delusions in order to promote increased independent functioning.
- ☐ Increase ability to manage aggressive or self-destructive behaviors.
- ☐ Develop individualized relapse prevention plan to promote sobriety outside of structured treatment setting.
- ☐ Improve family functioning in order to support ongoing recovery needs.
- ☐ Improve self-esteem in order to promote independent functioning.
- ☐ Improve functional behaviors, which will support independent living.

Preliminary Discharge Plan (check all that apply): ☐ IOP ☐ Therapist ☒ Physician ☐ Group (AA, etc.)

ADMISSION CERTIFICATION:

I certify that this patient would require inpatient psychiatric care if the Partial Hospitalization services were not provided. Services will be furnished under the care of a Physician and under the Physician approved written Plan of Treatment.

Physician Signature: [Signature] Date: 8-11-05 Time: 10:12

Revised 02/05



PHYSICIAN ADMISSION ORDERS - PHP

PHP
TINEZ, RAQUEL -6354
AXBURG SC 29301
46
Patient Identification

PHYSICIAN ADMISSION ORDERS

Admit to CCBH:

1. Admit to CCBH PHP: ☒
 2. Diet: ☒ Regular ☐ Other ☐ Dietary Consult
 3. History and Physical ☐ Yes ☒ No
 4. Laboratory: ALL

☐ Comp. Metabolic	☐ Urine Drug Screen	☐ HIV	☐ Tegretol
☐ Basic Metabolic	☐ Urinalysis	☐ RPR	☐ Lithium
☐ and Creatinine	☐ CBC	☐ Ceruloplasmin	☐ Digoxin
☐ TSH with Reflex FT	☐ Urine Pregnancy Test	☐ Hgb A1C	☐ Depakote
☐ Hepatic Panel	☐ Vit B12/Folic Acid	☐ GGT	☐ Lipid Panel
☐ PT/PTT	☐ Other:		
 5. Treatment Modalities: ALL

☐ Group Therapy	☐ Activity Therapy	☐ 12 Step Program
☐ Psych Educational Groups	☐ Family Therapy	☐ Other:
 6. Diagnostic Tests: EKG Rationale: sklonopin long qhs.
gabapentin 300mg qhs.
 7. Allergies: none
 8. Meds: need records from Georgia bupropion XL 300mg
Depakote 500mg po bid
gabapentin 300mg qhs
lortab 10mg q 6 hr prn
Topamax XL 100mg qday
Lasix 40mg q day
lortab 10/10 mg q 4 hr
gabapentin 800 mg q 8 hr prn
- Physician Signature: [Signature] Date: 8-11-05 Time: 9:45
RN Signature: [Signature] Date: 8/12/05 Time: 4p

Revised 02/05

The Carolina Center for Behavioral Health
Psychosocial Assessment
Page 1 of 3

2025510013 PRP
08-10-09 -6714
MARTINEZ, RAQUEL
SPARTANBURG SC 29301
CASTRIOTTA
D/M/J 46
000029130
Patient Identification

1. Informant Rachel Martinez 2. Relationship pt 3. Admission: ☒ Voluntary ☐ Involuntary

4. Family of Origin

Patient was raised by ☒ Biological Parents ☐ Adoptive Parents ☐ Grandparents ☐ Other

Is Father: ☒ Living ☐ Deceased If living, his present age 75 If deceased, your age at time of his death: _____

Cause of death: _____

Give a description of your relationship with him (past and present):

Wonderful

Is Mother: ☒ Living ☐ Deceased If living, her present age 79 If deceased, your age at time of her death: _____

Cause of death: _____

Give a description of your relationship with her (past and present):

Wonderful

Number of Siblings (Indicate if they are deceased): 2 Brothers, 1 Sister

Describe Relationship with Siblings: close

Atmosphere of Childhood Home: ☒ Loving ☐ Comfortable ☐ Chaotic ☐ Abusive ☐ Supportive
☐ Other

Discipline Used with Children: spanked with belt on occasion; usually
threats of spanking; punishment; restriction

Significant Issues from Childhood Impacting Current Illness: lack of awareness
of past issues affecting her now.

5. History of Physical/Sexual/Emotional Abuse

☐ Patient has a history of physical abuse

☐ Patient has a history of sexual abuse

☐ Patient has a history of emotional abuse

Details of abuse: neglected from 6-8 years by family friend (male);
raped at age 19 by brother friend.

6. Current Living Situation

Atmosphere of Home: ☐ Loving ☒ Comfortable ☐ Chaotic ☐ Abusive ☐ Supportive ☐ Other

Patient's Marital Status: ☐ Never Married ☐ Married ☐ Separated ☒ Divorced ☐ Widow(er) ☐ Other

Describe

Does patient have children: ☐ Yes ☒ No If Yes, Number/Ages

How has current illness affected family relationships? family members are stressed +
feared - want to fix patient

7. Sexual History

Sexual Orientation: ☒ Heterosexual ☐ Gay ☐ Lesbian ☐ Homosexual ☐ Bi-Sexual ☐ Other: _____
Impact of illness on Sexual Functioning: Denies

History of High Risk Sexual Behavior: ☒ Yes ☐ No If Yes, describe: _____

sexually promiscuous in past

8. Leisure/Recreation/Interests

reading, quilting, writing, time with pets, watching baseball

9. Education

Highest Level of Education Completed ☐ Elementary ☐ Jr. High ☐ High School ☒ College 4 yrs - BA in
☐ Graduate School ☐ GED ☐ Other _____ Phil. Science +
Patient is currently a student. Name of School: _____ Degree Sought: social work
☐ Academic performance has been impacted. Describe: _____
☐ Learning Disability: Denies

10. Occupation

Patient is: ☒ Employed ☐ Unemployed ☐ Underemployed ☐ Retired ☐ Disabled
Patient is employed by: King Co Sheriff's Office sheriff's deputy +
Position: Police Officer Length of Employment: 6 yrs forensic specialist
☐ Patient has a history of job instability? Describe: _____

☒ Occupation has been impacted by current illness? How: lost return to work - will have to go on disability w. early retirement

11. Military History: Branch: ☐ USMC ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard
Dates of Service: N/A Type of Discharge: ☐ Honorable ☐ General ☐ Less Than Honorable

12. Legal History

☒ Patient has never been arrested.
☐ Patient has been arrested. What charges and when: _____
☐ Patient is currently on Probation/Parole. Who is the probation/parole officer? _____
☐ Current illness has impacted legal history. Describe: _____

13. Social Support System

Describe: family, Sheriff + Captain

14. Cultural/Religious/Spiritual Support System

Primary Source of Recovery Support: Parents + Youngest (B)
Religious/Spiritual Belief System, if any: Denies
Childhood Religious/Spiritual Belief System, if different from current: Denies
Cultural/Ethnic Factors that may impact treatment/recovery: Denies
Impact of current illness on religious/spiritual belief system: Denies

15. Family Assessment

attempted 11/10 - unable to make contact
Family member interviewed: ☒ Yes - Date: 5-16-05 ☐ No If No, why _____
Indicated need for family involvement: ☐ Yes ☒ No If yes, explain: Family education
☒ Family Member is supportive of patient and willing to be involved in treatment.
☐ Family Member is unwilling to be involved in treatment because _____
☒ Family perception of illness Denies both now than accepted as Agent + since starting T.Y.
☒ Impact of illness on Family Father concerned about him.

16. Financial Resources

Because "too happy" 2 days before "she went out of his mind"
☒ Patient is able to support self without assistance. Partner in yard + talking nonsense. Thought she was having a baby.
☐ Patient requires referral for financial aid/credit counseling.
☒ Current illness has impacted financial situation. Describe: _____

17. Patient's Assessed Readiness for Change

☒ Pre-Contemplation ☐ Contemplation ☐ Preparation ☐ Action ☐ Maintenance ☐ Relapse

SPARTANBURG SC 29301
CASTRIOTTA

D/M/RR. *Copy for Treatment*
0000261/As identified by patient

As identified by family

19. Summary/Clinical Analysis: Include precipitating event(s), high risk issues requiring early intervention, reason for hospitalization, emotional/psychological symptoms (SI, HI, ability to function), substance abuse, social supports and stressors, and medical issues.]

*pt not really like
sure abt here.*

Regul to a direct admit into VTH for psychosis
due to Bz withdrawal. R/o bipolar disorder OCB.
Hist: TMD, HTN, headaches. Pt denies CD
issues. Denies SI + HI. Precipitating events include
death of mother & cousin from AIDS at 34 y/o +
having responded to accidental death of 2 y/o,
who's P, also a police officer, just turned her.
Pt unable to see need for the level of care, if it
was cooperative + pleasant during this assessment.
Pt is currently staying with parents due to their
concern about her. Pt is wanting to return to her
own home. Pt reported that the sheriff's office have already
secured her guns. Pt unable to return to work.

Treatment Plans

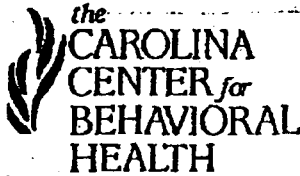
- ☐ Chemical Dependency Track ☒ Psychiatric Track ☐ Dual Track
☐ Suicide Precautions ☐ Detox ☒ Stabilize Mood/Medications ☒ Integrate into Unit/Group Milieu
☐ Ed Re: Disease Model of Addiction, Recovery, Relapse Prevention ☒ Ed Re: Med Mgmt, Dx.
☐ Problem solving ☒ Coping skills ☐ Development/utilization of Support Systems ☐ Communication
☐ Cognitive restructuring ☒ Encourage (+) Self-perspective/nurturing ☒ Improve Sleep Patterns
☒ Improve Appetite ☐ Other:

Discharge Plans

- Where will patient live? ☒ Home ☐ With Family ☐ Needs Placement ☐ Nursing Home ☐ Group Home
☐ Foster Care ☐ Other:
☐ Partial Hospitalization ☐ Intensive Outpatient ☐ Attend Aftercare
☒ Follow-up with Individual Therapist ☐ Family Therapy ☐ Marital Therapy
☐ Residential Treatment ☒ MD for Med Mgmt.

P. Amfinculus
Social Services Signature/Title

8/12/05 2:45p.
Date/Time



PHYSICIAN PROGRESS
NOTE

2025510013 PHP
08-10-05
MARTINEZ, RAQUEL 6353

SPARTANBURG SC 29301
CASTRIOTTA Addressograph
D/W/E 46
000026150

1 Very Mild Impairment 2 Mild Impairment 3 Moderate Impairment 4 Severe Impairment
5 Very severe Impairment

I. Interval History / Changes

☒ Mood ☒ Anxiety level ☐ Hallucinations ☐ Sleep ☐ Suicidal ☒ Homicidal
☒ Hopelessness ☐ Helplessness ☒ Appetite ☐ Paranoia ☒ Behavior

pt reports good sleep, she has been
anxious & somewhat obsessive.

II. Examination

☒ Affect ☐ Isolation ☐ Reality Contact ☒ Orientation
☒ Behavior ☐ Speech ☐ Thought Process ☐ Memory Remote
☒ Insight ☒ Language ☒ Associations ☐ Memory Recent
☒ Judgment ☒ Fund of Knowledge ☐ Concentration

pt is anxious, but very logical & goal
directed.

III. Detoxification/Withdrawal: Please circle all that apply today:

☒ Not applicable ☐ Cravings ☐ Cramps ☐ Denies All ☐ Diaphoresis
☐ Diarrhea ☐ Headache ☐ Increased Anxiety ☐ Irritability ☐ Isolation
☐ Poor Concentration ☐ Restlessness ☐ Tremor ☐ Nausea/Vomiting ☐ Elevated Vital Signs

Other:

IV. Medical Issues/Vital Signs: VSS

V. Diagnosis Change/Addition/New Problem:

VI. Plan:

A. Labs and Tests:

B. Medication changes:

Consent and Risks/Benefits discussed:

☐
☐
☐
☐

C. Family Involvement Recommended:

D. Precautions: (Please Circle) Suicidal Homicidal Elopement Fall Detox Seizure

E. Levels: (Please Circle) I II III 1:1 Visual 1:1 Touch

F. Continued ELOS: Discharge Plans:

MD Signature:

[Signature] 8.12.08
Date: *[Signature]*

Time:

**CENTER for
BEHAVIORAL
HEALTH**
PHYSICIAN'S ORDERS

INSTRUCTIONS:

1. USE IMPRINTER PLATE
2. SEND PART 2 TO PHARMACY AFTER FIRST MEDICATION ORDER IS NOTED. PARTS 3 & 4 ARE FOR SUBSEQUENT ORDERS.
3. RULE OFF UNUSED LINES AFTER LAST COPY HAS BEEN SENT TO PHARMACY, IMPRINT NEW SET - PLACE ON CHART.

RAQUEL 0354
SC 29301
46

Patient Identification

DIAGNOSIS: Paroxysm 3rd to 6th w/d ALLERGIES: Penicillin, Cefixime, PCN Donated
AGE: 41 HEIGHT: 5'9 WEIGHT: 135 DIABETES: ☐ YES ☒ NO ROOM NUMBER: PH1

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As Indicated)
8/16/05	10:00 AM	Depakote 8 to 300mg qhs Melanie Phillips RN 8/16/05 9A	
8/18/05	3:00 PM	Klonopin 0.5mg po qhs X 7 days Melanie Phillips RN 8/18/05 4p	
8/19/05		Prep for Jfk - pt would like to see MD in San Antonio Melanie Phillips RN 8/19/05 3p	
8/22/05		Step up to inpatient LOC Melanie Phillips RN v.o. Dr. Costriotta 8/22/05 3p	

CS007A Rev. 8/00

DO NOT USE THIS SHEET
UNLESS RED NUMBER SHOWS

PHYSICIAN PROGRESS
NOTE

HARRINEZ, RAQUEL
SPARTANBURG SC 29301
CASTRIOTTA
D/M/F
000026130

Addressograph

1 Very Mild Impairment 2 Mild Impairment 3 Moderate Impairment 4 Severe Impairment
5 Very severe Impairment

I. Interval History / Changes

4 Mood 4 Anxiety level 0 Hallucinations 0 Sleep 0 Suicidal 0 Homicidal
0 Hopelessness 0 Helplessness 0 Appetite 0 Paranoia 3 Behavior
pt has been taking more for table
then prescribed - c/o feeling very
dizzy

II. Examination

0 Affect 0 Isolation 0 Reality Contact 0 Orientation
4 Behavior 0 Speech as interview Thought Process Memory Remote
4 Insight 1 Language progressed Associations Memory Recent
3 Judgment Fund of Knowledge Concentration
It is sad to see you - can't do anything
to drive. When you're distressed -
can't work as a police officer any
more.

III. Detoxification/Withdrawal: Please circle all that apply today:

Not applicable Cravings Cramps Denies All Diaphoresis
Diarrhea Headache Increased Anxiety Irritability Isolation
Poor Concentration Restlessness Tremor Nausea/Vomiting Elevated Vital Signs

Other:

IV. Medical Issues/Vital Signs:

WSS very childlike
like

V. Diagnosis Change/Addition/New Problem:

ADD 12.5mg PRN qid

VI. Plan:

A. Labs and Tests: 0 ↓ initiate the prescribed ones

B. Medication changes: 0/2 Am depakote Consent and Risks/Benefits discussed:

0/2 ↓ Narcan to 30mg qly

C. Family Involvement Recommended:

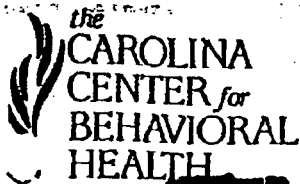
D. Precautions (Please Circle) Suicidal 0 Homicidal 0 Elopement 0 Fall 0 Detox 0 Seizure

E. Levels: (Please Circle) 1 II 0 1:1 Visual 0 1:1 Touch

F. Continued ELOS: Discharge Plans:

MD Signature:

Date: 8-16-08 Time: 11:00



PHYSICIAN PROGRESS
NOTE

MARTINEZ, RAQUEL
SPARTANBURG SC 29301
CASTRUITA
D/OB 11/11/46
000026130

Addressograph

1 Very Mild Impairment 2 Mild Impairment 3 Moderate Impairment 4 Severe Impairment
5 Very severe Impairment

I. Interval History / Changes

Mood 4 Anxiety level 6 Hallucinations 0 Sleep 0 Suicidal 0 Homicidal
Hopelessness 0 Helplessness 0 Appetite 0 Paranoia 2 Behavior
pt c/o continued awareness

II. Examination

Affect 9 Isolation 9 Reality Contact 9 Orientation 9
Behavior 9 Speech 9 Thought Process 9 Memory Remote
Insight 9 Language 9 Associations 9 Memory Recent
Judgment 9 Fund of Knowledge 9 Concentration 9

depressed dystonic - a bit scattered
reviewed needs in detail

III. Detoxification/Withdrawal: Please circle all that apply today:

Not applicable Diarrhea Cravings Headache Increased Anxiety Tremor Denies All Chills Irritability Nausea/Vomiting Diaphoresis Isolation Elevated Vital Signs

Other:

IV. Medical Issues/Vital Signs:

VS

V. Diagnosis Change/Addition/New Problem:

ND

VI. Plan:

A. Labs and Tests:

B. Medication changes:

teger Honegan

Consent and Risks/Benefits discussed:

☐

☐

☐

C. Family Involvement Recommended:

(7)

D. Precautions: (Please Circle) Suicidal Homicidal Elopement Fall Detox Seizure

E. Levels: (Please Circle) I II III 1:1 Visual 1:1 Touch

F. Continued ELOS:

Discharge Plans:

MD Signature:

[Signature]

Date:

8-18-05

Time:

9am

Rev. 02/05

NURSING FLOW SHEET / PROGRESS RECORD

1124840016
08/22/05
MARTINEZ, RAQUEL

212A
6354

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/I
26130

Patient Identification

DATE 8-22-05

Diet: Percent Eaten				Activities Attended		Hygiene - Self = S, Assisted = A		
Type	Bkfst	Lunch	Supper	AM	PM	Nights	Days	Evening
Reg	/		90%	Community Meeting				5
Dietary Concerns:				AAVA Meeting				
Elimination - V: Void, BM				School				
	Nights	Days	Evening	Wrap-Up Group				
			✓	Other: <u>New Admit</u>				
				Other: <u>Nursing Assessment</u>				
				Other:				
				Other:				

Nights: Hours of Sleep: _____ Restless _____ Insomnia _____ Nightmares _____ Enuresis _____ EMA _____ Slept All Night _____
 Sleep Medication: ☐ Yes ☐ No Last Dose: _____ Date/Time: _____
 Other Observations: _____

 RN Signature: _____

Days				Evenings			
Affect: ☐ Bright ☐ Flat ☐ Blunted ☐ Hostile	☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate	Affect: ☐ Bright ☐ Flat ☐ Blunted ☐ Hostile	☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate				
Mood: ☐ Euphoric ☐ Angry ☐ Sad ☐ Depressed	☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty	Mood: ☐ Euphoric ☐ Angry ☐ Sad ☐ Depressed	☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty				
Cognition: ☐ Oriented x 3 ☐ Disoriented ☐ Confused		Cognition: ☐ Oriented x 3 ☐ Disoriented ☐ Confused					
Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations	☐ Concrete ☐ Disorganized ☐ Delusions	Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations	☐ Concrete ☐ Disorganized ☐ Delusions				
Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors	☐ Hopelessness ☐ Denies Suicidal Ideations	Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors	☐ Hopelessness ☐ Denies Suicidal Ideations				
Aggression: ☐ Ideations ☐ Verbal Threats ☐ Aggressive Behavior		Aggression: ☐ Ideations ☐ Verbal Threats ☐ Aggressive Behavior					
Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive	☐ Anxious ☐ Hyperactive ☐ Psy. Retardation	Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive	☐ Anxious ☐ Hyperactive ☐ Psy. Retardation				
☐ Oppositional ☐ Isolate ☐ Withdrawn	☐ Negative ☐ Pacing ☐ Yelling Out	☐ Oppositional ☐ Isolate ☐ Withdrawn	☐ Negative ☐ Pacing ☐ Yelling Out				
☐ Drug-Seeking ☐ Participating in Treatment		☐ Drug-Seeking ☐ Participating in Treatment					

Initials	Signature	Initials	Signature
		Em	Karen Madlock RN

CS004 Rev. 5/98

PROGRESS RECORD

1124840016 212A
06/22/05 /6354
KARTINE7. R10HFI
SPARTANBURG, SC 29211
DR. CASTRIOTTA
S/M/F
26130

Patient Identification

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

	Date	Time	Prob. #	Disc	Progress Notes
PROBLEM:	6/22	5:30 PM	0	N	Admit Note: Admitted to unit
Diagnosed Condition					2 this 46 y.o. D.W.F. stepping
Presenting Complaint					up from PHH 2° ? opiate abuse
Complication					vs medication reaction. Pt. is
New Management Problem					on (V) status. Prior psych hxs
New Condition Present					of SRMK IP + DP 12 yrs ago
Side Effects					unsure of practitioner, + PHH @
					CCBH. (allergies PCN, Dopanol
EVALUATION:					Lawocat, Combivent). Medical Rx
Discussion with Patient					of Migraine, HA'S, TMS, arthritis
Consultation with Other					in knees. Pt. is a police officer
Clinicians					+ has many job interviews @
Physical Examination					this time. Oriented to unit +
Discussion of Risk /					room, contraband check by
Benefits of Medication					Jiffany A. MHT/Therapist, pt
Formal Conference					anxious on unit, Orders per
Conference with Family					Dr. Stephens. Placed on level
Review of Lab /					3, DT. Will continue to observe.
Testing Results					Karen Nallock RN
ASSESSMENT / FINDINGS:					
Patient Progress:					
Change in Sx. / Behavior					
Change in Relationships					
Change in Medical Status					
Need for Continued					
Treatment					
Necessity for Level of Care					
THERAPEUTIC PLAN:					
Medication					
Laboratory Tests					
Specialty Consultation					
Psychotherapy:					
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS DOCUMENTATION					
Patient Behavior					
Interventions Provided					
Patient Response					
to Interventions					
Plan					

CS005 Rev. 5/98

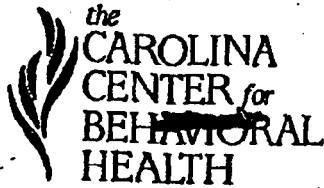
**THE CAROLINA CENTER
FOR BEHAVIORAL HEALTH**

PHYSICIAN ADMISSION ORDERS

1124840016 212A
08/22/05 16354
MARTINEZ, RAQUEL

1. Admit to: ☒ Adult Psychiatric Track ☐ Adult Addictive Disease ☐ Dual Diagnosis Track Type: ☒ Voluntary ☐ Adolescent Services ☐ Crisis ☐ Geriatric
2. Vital Signs: ☐ Detox: 3x daily ☒ TID x 3 days, then daily (Adult and Crisis) ☐ Adolescent: BID ☐ TID (Geriatric) ☐ Erect/Supine BP (↑ ↓) for pts 60 and over ☐ Hypertensive: BID
3. Diet: ☒ Regular ☐ Other ☐ Dietary Consult
4. Weight: ☒ On admission, then q week ☐ Other
5. Medical Consult for: ☐ Management of medical condition of ☐ Identify co-morbid conditions requiring further medical management. ☐ Rule out contributory disease processes. ☐ Assess potential contraindications to psychotropic medication management and/or potential drug interactions/allergies. ☒ Medical clearance for psychiatric treatment. ☐ Other indications:
6. Psychiatric Evaluation by: ☒ Attending Physician ☐ Consulting Physician ☐ Admitting Physician
7. Laboratory: ☒ Comp. Metabolic ☒ Urine Drug Screen ☐ HIV ☐ Tegretol ☐ Basic Metabolic ☒ Urinalysis ☐ RPR ☐ Lithium ☒ and creatinine ☒ CBC ☐ Ceruloplasmin ☐ Digoxin ☒ TSH w/ Reflex T4 ☐ Urine Pregnancy Test ☐ Hbg A1C ☒ Depakote ☐ Hepatic Panel ☐ Vit B12/Folic Acid ☐ GGT ☐ Lipid Panel ☐ PT/PTT ☐ Other:
8. Treatment Modalities: ☒ Group Therapy ☒ Activity Therapy ☐ 12 Step Program ☒ Psych Educational Groups ☒ Family Education ☐ Other:
9. Diagnostic Tests: ☐ EKG Rationale: ☐ CXR Rationale:
10. Precautions: ☐ Suicide ☒ Delox ☐ Elopement ☐ Fall ☐ Seizure ☐ 1:1 (visual) (touch) ☐ Level II (every 30 minutes) ☒ Level III (every 15 minutes) ☐ Admission Evaluation X ☐ Hours (15 minute checks)
11. Allergies: PCN, Darvocet, Donnatal, Combivent.
12. Communication: * Justification required for all restrictions
Visitors: ☒ Restricted to: List ☒ Telephone ☐ Mail ☐ Unrestricted ☐ Unrestricted ☐ Restricted ☐ No mail ☐ No mail
Restriction Justification:
13. Activity Level: ☒ Unrestricted Exercise ☐ Limited Exercise/Activity

8/22/05 8:30 PM
Date/Time Physician Signature Date/Time Orders Transcribed by:
Revised 9/04



PSYCHIATRIC ADMISSION NOTE

1124840016 212A
08/22/05 354
MARTINEZ, RAQUEL
SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F
26130

Patient Identification

Brief history of present illness and symptoms:

pt. is here 2nd to overdose of
her antidepressant
Tearful, distraught.
"If I have it, I'll overdose it."

MEDICAL NECESSITY OF INPATIENT PSYCHIATRIC HOSPITALIZATION (circle all the apply)

1. Threat to self requiring 24-hours professional observation:
a. suicidal ideation of gesture within 72 hours prior to admission
b. self mutilation (actual or threatened) within 72 hours prior to admission
c. chronic and continuing self destructive behavior (e.g., bulimic behaviors, substance abuse) that poses a significant and/or immediate threat to life, limb, or bodily function
- Threat to others requiring 24-hours professional observation:
a. assaultive behavior threatening others within 72 hours prior to admission
b. significant verbal threat to the safety of others within 72 hours prior to admission
3. Command hallucinations directing harm to self or others where there is the risk of the patient taking action on them
4. Acute disordered/bizarre behavior or psychomotor agitation or retardation that interferes with the activities of daily living (ADLs) so the patient cannot function at a less intensive level of care during evaluation and treatment.
5. Cognitive impairment (disorientation or memory loss) due to an acute Axis I disorder that endangers the welfare of the patient or others.
6. Evaluation or treatment of a psychiatric comorbidity (e.g., risk of suicide, violence, severe depression) warranting inpatient admission for patients with dementing disorder.
7. A mental disorder causing major disability in social, interpersonal, occupational, and/or educational functioning, and that can only be addressed in an acute inpatient setting.
8. A mental disorder that causes an inability to maintain adequate nutrition or self-care, and family/community support cannot provide reliable, essential care, so that the patient cannot function at a less intensive level of care during evaluation and treatment.
9. Failure of outpatient psychiatric treatment so that the beneficiary requires 24-hour professional observation and care. Reasons for the failure of outpatient treatment could include:
a. increasing severity of psychiatric symptoms;
b. noncompliance with medication regimen due to the severity of psychiatric symptoms;
c. inadequate clinical response to psychotropic medications;
d. due to the severity of psychiatric symptoms, the patient is unable to participate in an outpatient psychiatric treatment program.

related to
the 2yo child
forensic case.

M. OTHER:

Medical Diagnosis:

Axis I: Primary: opiate abuse in rel., PTSD

Secondary: AS

Axis II: depressed.

Axis III: miscellaneous.

Axis IV: 0

Axis V: 600 30

Estimated Length of Inpatient Treatment: 4-5 days.

Preliminary Discharge Plan:

☒ Home

☐ Placement

☐ Other

☐ Treatment

Initial Plan of Care: see admit orders.

1 Discharge Plan:

Physician Signature: [Signature]

Date/Time: 8-23-05 9am.

I certify that inpatient psychiatric hospitalization is medically necessary for either (1) treatment which could reasonably be expected to improve the patient's condition, or (2) diagnostic study.

the CAROLINA CENTER for BEHAVIORAL HEALTH

MARTINEZ, RAQUEL

1/6354

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F
26130

CONSULTATION / PHYSICAL EVALUATION

Page 1 of 7

Patient Identification

REASON FOR CONSULTATION:

PRESENTING COMPLAINT:

HISTORY OF PRESENT ILLNESS:

PAST MEDICAL HISTORY (Check illnesses or conditions patient has had):

- ☐ High Blood Pressure ☐ Mononucleosis ☐ Heart trouble ☐ Lung Disease ☐ Thyroid trouble ☐ Venereal Disease
☐ Kidney Disease ☐ Vein Trouble ☐ Arthritis ☐ Diabetes ☐ Bleeding tendencies
☐ Nervous disorder ☐ Tuberculosis ☐ Jaundice ☐ Cancer ☐ Digestive or Intestinal Disorders
☐ Autoimmune disease

SURGICAL HISTORY:

SUBSTANCE ABUSE HISTORY (quantity and duration):

Alcohol:

Illegal Drugs:

Prescription Drugs:

Cigarettes/Tobacco:

CURRENT ALLERGIES:

CURRENT PRESCRIPTION MEDICATIONS (including OTC and Herbal Remedies):

CONSULTATION/PHYSICAL EVALUATION

Page 2 of 7

ADDITIONAL SOCIAL HISTORY (Include social issues contributing to condition):

depressed

FAMILY MEDICAL / PSYCHIATRIC HISTORY (Check illnesses which have occurred in blood relatives of patient):

- ☐ Bleeding tendency ☐ Kidney Disease ☐ Tuberculosis ☐ Diabetes ☐ Cancer ☐ Heart Disease
☐ Allergy ☐ Stroke ☐ High Blood Pressure ☐ Nervous Illness ☐ Autoimmune disease

depressed

REVIEW OF SYSTEMS:

ALLERGIC / IMMUNOLOGIC:

CARDIOVASCULAR:

GASTROINTESTINAL:

RESPIRATORY:

HEENT:

PSYCHIATRIC:

INTEGUMENTARY:

GENITOURINARY:

ENDOCRINE:

NEUROLOGICAL:

MUSCULOSKELETAL:

HEMATOLOGIC/LYMPHATIC:

headache, TMS

bone pain, deep pain

PHYSICAL EXAM: Key: (-) Negative Findings (+) Positive Findings - see notes, circle words of importance and explain

General Appearance	(+) Patient is a well-developed, well-nourished individual who does not appear to be acutely or chronically ill. Posture is appropriate. No observable disturbance of gait. Other: <i>unsteady gait</i>
Vital Signs	() BP _____ P <i>78</i> R <i>18</i> Temp _____ Ht _____ Wt _____
Skin	(+) Palpation is warm, moist, elastic. Inspection - without significant corrugations or discoloration. No fresh needle tracks. List identifying marks - tattoos, birthmarks, signs of trauma: Other: <i>eczema on both arms</i>
Head/Scalp	() Scalp is clean. Hair is of normal distribution and color, not significantly fine or coarse to touch. Other: _____

CSC-07 Rev. 8-99

CONSULTATION / PHYSICAL EVALUATION

SPARTANBURG, SC 29301

DR. CASTRIOTTA

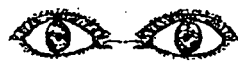
3/M/E

26130

46

Page 3 of 7

Patient Identification

Eyes	() Pupils equal, round, regular and react to light and accommodation. Extraocular movements are normal. Conjunctiva: sclera is white, free from infection. Cornea and lens are clear. Fundi: Fundoscopic exam reveals sharp disc margins. Vessels are of normal caliber. No hemorrhages or exudates. ☐ Wears Glasses ☐ Wears Contacts Other: _____	
Ears	() Canals are clear. Tympanic membranes intact and noninfected. Hearing is adequate for normal conversation. External canals are free from topth or other abnormalities. Other: _____	
Nose/Sinuses	() No obvious deformity. Mucous membranes are not inflamed. Turbinates are not swollen. Airways are patent. There is no septal perforation. There is no significant rhinitis. Other: _____	
Mouth/Throat	() Good dentition. Gums appear healthy. No evidence of swelling or exudate. No unusual breath odors. Pharynx and tonsils are clear. No significant change in the color or texture of lips, tongue or buccal membranes. Tongue protrudes in the mid-line without unusual tremor. Other: _____	
Neck	() Supple without nodes or thyromegaly. Trachea is mid-line. No limitation of lateral, anteroposterior or rotating motion. No significant lymph gland enlargement in neck, axillae, epitrocheal area, suprastavicular area or groin. Muscle Spasm/Pain: _____ Other: _____	
Musculoskeletal	() No spine or peripheral joint deformity. Full range of motion of joints in upper and lower extremities, spine. Scoliosis / Kyphosis: _____ Muscle Spasm/Pain: _____ Feet: _____ Circulation: _____ Other: _____	

CONSULTATION / PHYSICAL EVALUATION

Page 4 of 7

Breasts ()	Free from masses and tenderness/discharge, dimpling, wrinkling or discoloration of the skin. Other: <u>not done</u>	
Heart ()	Not enlarged to percussion. Heart sounds are regular in rhythm and of normal rate. No murmurs, thrills, clicks, or rubs. Other:	
Respiratory ()	Normal contour and movement on inspiration/expiration. Breath sounds are audible. No rales, rhonchi, or wheezes are noted. Resonant in all fields. Other:	
Gastrointestinal / Renal ()	Normal contour, no masses or tenderness, no palpable organomegaly (kidney, spleen, liver). There is no costovertebral angle tenderness. No guarding. Peristaltic sounds audible in four quadrants and normal. No bruits. No palpable mass. Other:	
Male Genitalia ()	Both testes are descended and palpable. No abnormal masses. No hernia. No urethral discharge. No lesions of head of glans or shaft noted. Not performed because: ☐ Patient is less than 18 and parental consent not given ☐ Recent exam completed on: _____ ☐ Patient wishes to have own physician perform exam ☐ Patient unable to cooperate due to psychiatric condition. Exam deferred until: _____ ☐ Other: _____	
Female Genitalia ()	No hernia. No lesions of the labia or introitus are noted. The vaginal mucosa is moist and normally elastic. Uterus is normal size, shape, position, freely movable. Cervix is without lesions. There is no significant vaginal discharge. Last menstrual period: _____ Menses: ☐ Regular ☐ Irregular Birth control method used: _____ Number of pregnancies: _____ Number of miscarriages: _____ Not performed because: ☐ Patient is less than 18 and parental consent not given ☐ Recent exam completed on: _____ ☒ Patient wishes to have own physician perform exam ☐ Patient unable to cooperate due to psychiatric condition. Exam deferred until: _____ ☐ Other: _____	

CSC01-07 Rev. 7/99

1124840016
08/22/05
MARTINEZ, RAQUEL

212A
/6354

CONSULTATION / PHYSICAL EVALUATION

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F
Patient Identification

Page 5 of 7

Rectal Exam ()	(All patients age 45 or older, or if specific symptoms indicates need for examination) No evidence of hemorrhoids, fissures, bleeding or masses. Sphincter tone is normal. In male, prostate is smooth, non-tender, free from nodules, and of normal size. Normal scrotal appearance. Not performed: ☒ Patient is less than 45 and absence of specific symptoms indicating need for exam ☐ Recent exam completed on: _____ ☐ Patient wishes to have own physician perform exam ☐ Patient unable to cooperate due to psychiatric condition. Exam deferred until: _____ ☐ Other: _____
Level of Consciousness ()	Patient is alert and oriented to person, place, and time. Memory for remote events intact. No speech impediments or evidence of aphasia. Other: _____
Circulation ()	No significant varicosities. Pulses are palpable in neck, wrist, groin, pedal, popliteal and tibial arteries. Other: _____
Extremities ()	No discoloration, tenderness, edema or evidence of impaired function or restricted range of motion. Other: <i>eczema of feet</i>

CRANIAL NERVES:

Olfactory I ()	Smells freshly burned match, fresh coffee, or alcohol swab. Other: _____
Optic II ()	Distinguishes number of fingers in central field. Distinguishes movements in peripheral field. Other: _____
Ocular-Motor III Trochlear IV Abducens VI ()	Gazes symmetrically up, down, sideways. No diplopia. No disconjugate gaze. Other: _____
Trigeminal V ()	Distinguishes 1 from 2 point touch symmetrically on forehead, cheek, and chin. Chews symmetrically. Opens mouth symmetrically. Clenched teeth - force of contraction and bulk. Other: _____

CSQ01-07 Rev. 2/99

CONSULTATION / PHYSICAL EVALUATION

Page 6 of 7.

Facial VII	()	✓	Upper: frowns symmetrically. Lower: smiles symmetrically. Both eyelids close on touching of cornea.
			Other: _____
Auditory VIII	()	✓	Hears fingers rubbing or snapping equally in both ears. Hears watch ticking. Hears whispered voice.
			Hears tuning fork.
			Other: _____
Glosso-Pharyngeal IX Vagus X	()	✓	Has gag reflex. Says "Ah" and uvula elevates symmetrically. Can make guttural sounds.
			Other: _____
Accessory XI	()	✓	Shrugs shoulders symmetrically.
			Other: _____
Hypoglossal XII	()	✓	Can stick tongue out straight without tremors or fasciculation.
			Other: _____

MOTOR FUNCTIONS:

	()	✓	Gait and station are normal.
			Other: _____
	()	✓	Romberg test is negative.
			Other: _____
	()	✓	Muscle tone is normal. No abnormal movements.
			Other: _____
	()	✓	There is no limb weakness, atrophy or fasciculation seen.
			Other: _____
	()	✓	Deep tendon reflexes are 2+ and symmetrical
			Other: _____
	()	✓	Plantar responses down going.
			Other: _____
	()		Finger-to-nose and heel-to-shin is normal
			Other: <i>not done</i>

CS001-07 Rev. 9/99

CAROLINA CENTER FOR BEHAVIORAL HEALTH

CONSULTATION / PHYSICAL EVALUATION

1124840016
08/22/05
MARTINEZ, RAQUEL

212A
76354

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/M/F
26150

Page 7 of 7

Patient Identification

SENSORY:

☒	Sensory examination to pinprick and vibration is normal.
	Other: _____

CONSULTATION / PHYSICAL EXAMINATION IMPRESSIONS:

Functional Assessment: (PT, OT) Based on findings of the physical evaluation and review of the Nursing Assessment, the patient ☐ does ☒ does not require a full functional assessment. Pertinent findings:

Diagnoses (Physiologic and Psychiatric):

Medical problems which should be addressed during this episode of treatment:

Medical problems which should be addressed after discharge or patient's earliest convenience (Dr. - please order follow-up):

Patient is medically cleared to participate in program, including Activities Therapy: ☒ Yes ☐ No

If no, list restrictions:

Examiner's Signature

Date/Time

Attending Physician's Signature

Date/Time

COMPREHENSIVE ASSESSMENT TOOL

1124840016 1 2128
6/22/05 6354
MARTINEZ, RAQUEL

NURSING ASSESSMENT

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/N/T

	Yes	No
Lost Something/Someone You Loved	☒	☐
Feelings of Guilt	☒	☐
Significant Life Changes (job, divorce, move, etc...)	☐	☐
Past/Present History of Abuse	XXX	XXX
Physical Abuse	☐	☒
Sexual Abuse	☒	☐
Emotional Abuse	☐	☒

26/35
Brother
embarrassed
job concerns.
sexually molested by a
family member 6-9 y.o.

ASSESSMENT FOR SPECIAL PRECAUTIONS

	Yes	No
Suicidal Ideation	☐	☒
Recent History of Suicide Attempt	☐	☒
Plan for Harming Self	☐	☒
Homicidal Ideation	☐	☒
Recent History of Violence	☐	☒
Elopement Risk	☐	☒

SPECIAL NEEDS

	Yes	No
Assistance required with ADL's	☐	☒
Obesity	☐	☒

PAIN ASSESSMENT

Do you have pain now?

Problems with pain within past 2 months?

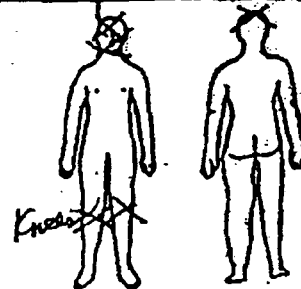
☒ Yes ☐ No
☒ Yes ☐ No

If the answer to one of the above questions is yes, complete the following pain assessment.

DESCRIBE LOCATION OF PAIN:

Migraine, TMS arthritis knee

Note location of pain on model. Continued on next page.





Migraine



throb

DESCRIBE PAIN TYPE: (Sharp, Dull, Pressing, Throbbing, etc...) Migraine: Sharp
 ONSET: Migraine was app, arthritis frequency
 DURATION: IMS ache
 INTENSITY: (Use scale to rate pain)

NUMERICAL PAIN SCALE (USE WITH ALL PATIENTS WITH ABILITY TO COMPREHEND)

0 1 2 3 4 5 6 7 8 9 10

0-10, Zero equals no pain, 10 equals worst pain

PAIN AFFECT FACES SCALE (USE WITH PATIENTS UNABLE TO COMPREHEND ABOVE)



1

2

3

6

7

CURRENT PAIN SCALE RATING 7 migraine

WHAT IS THE BEST PAIN GETS 0 WHAT IS THE WORST PAIN GETS 10

What relieves the patient's pain? Immitrex

What causes or increases patient's pain? remaining in one place too long

What effect does pain have on:

Symptoms (Nausea/vomiting, etc...) ✓

Appetite: ↓

Physical Activity: ↓

Concentration: ↓

Emotions ↑

Sleep: ↓

Relationships with others: invariable

What previous methods of pain control have been effective? Lortab, Immitrex

What previous methods of pain control have been ineffective? Migraine, Immitrex

Patient's and family's preferences for Pain Management? Lortab, Immitrex

NURSING SUMMARY: (Other comments, discrepancies in data, etc...)

Karen Mallock RN
RN Signature

8-22-05 6pm
Date/Time

EMOTIONAL/BEHAVIORAL DATABASE

MENTAL STATUS ASSESSMENT

SPEECH: ☐ Normal ☒ Abnormal Describe: slow

AFFECT: ☐ Normal ☒ Flat ☐ Labile ☐ Other

FLIGHT OF IDEAS: ☐ Yes ☒ No ☐ Unsure

JUDGMENT: ☐ Good ☐ Fair ☒ Poor

INSIGHT: ☐ Good ☐ Fair ☒ Poor

MEMORY: RECENT EVENTS: ☒ Good ☐ Fair ☐ Poor

PAST EVENTS: ☒ Good ☐ Fair ☐ Poor

ABILITY TO COMMUNICATE AND UNDERSTAND: ☐ Good ☐ Fair ☒ Poor

DESCRIPTION/NOTES

	Yes	No
Orientation to Time	☒	☐
Orientation to Place	☒	☐
Orientation to Person	☒	☐
Delusions	☒	☐
Hallucinations	☒	☐

*some confusion
difficulty staying focused*

Have you had any of the following?

For "yes" responses, provide detail below

	Yes	No
Been Isolative	☒	☐
Feeling "Out of Touch"	☐	☒
Feeling Dependent	☐	☒
Difficulty Completing Tasks	☐	☒
Short Attention Span	☐	☒
Very Talkative	☒	☐
Feeling Anxious	☒	☐
Panic Attacks	☐	☒
Depression	☐	☒
Lack of Energy	☐	☒
Sleeping A Lot	☐	☒
Over/Under Eating	☐	☒
Feeling Hopeless	☐	☒
Tearfulness	☒	☐
Feeling Angry/Irritable	☒	☐
Loss of Interest in Usual Pleasures	☐	☒
Feeling Worthless	☐	☒
Recent Traumatic Experience	☒	☐

COMPREHENSIVE ASSESSMENT TOOL

NURSING ASSESSMENT

Data must be collected

MARTINEZ, RAQUEL

SPARTANBURG, SC 29301

DR. CASTRIOTTA

S/W/F

41

Patient Identification

MEDICATION TAKEN AT HOME (medication/dosage/frequency/reason)

See chronological list.DISPOSITION OF MEDICATIONS: ☐ Hospital Safe ☐ Sent Home ☒ Other none

NUTRITIONAL SCREENING

	Yes	No		Yes	No
10% Above/Below Ideal Weight		☒	Feeding Tube/Parenteral Nutrition		☒
Chewing/Swallowing difficulties		☒	Diagnosed Eating Disorder		☒
Poor Intake > 5 days prior to admission		☒	Diabetic or Special Diet		☒
Poor Appetite		☒	Noncompliance with Special Diet		☒
NPO or Clear Liquids X 3 Days		☒			☒

* Nutritional Assessment indicated for all patients with a "yes" response on 4 or more items listed above and all patients with a diagnosed eating disorder, special diet or who are pregnant.

Score 0 Nutritional Consult Indicated and Ordered: Yes No

FALL RISK POTENTIAL

GAIT

- ☒ 0 - Patient ambulatory, gait steady
☐ 1 - Patient requires assistance
☐ 2 - Patient uses wheelchair or assistance device
☐ 3 - Gait unsteady

AGE

- ☒ 0 - Patient <65 Years of age
☐ 1 - Patient 65-74 Years of age
☐ 2 - Patient 74-79 Years of age
☐ 3 - Patient >80 Years of age

MENTAL STATUS

- ☒ 0 - Patient oriented X 3
☐ 1 - Patient is confused at all times
☐ 2 - Patient has intermittent confusion
☐ 2 - Patient is hallucinating

OTHER

- ☒ 1 - Detox

Patient scoring 4 or more is regarded as being at risk (implement Fall Precautions protocol)

**Fall Prevention Protocol should be implemented if score for gait is 2 or 3.

Score 1 Fall Prevention Protocol indicated and initiated: Yes ☒ No

CHEMICAL HISTORY

REVIEW NEEDS ASSESSMENT SECTION (ALCOHOL/PRESCRIPTION DRUG USE)

History of Biomedical complications from past episodes of detoxification? ☒ Yes ☐ No ☐ N/ADESCRIBE psychotic episode p stopping Xanax

NICOTINE USAGE HISTORY

CAFFEINE USAGE

☒ Yes ☐ NoAmount: 3/4 pps☒ Yes ☐ NoAmount: 1-2/day

COMPREHENSIVE ASSESSMENT TOOL

1124840016 212A
08/22/05 /6354
MARTINEZ, RAQUEL

NURSING ASSESSMENT

art 1 data may be collected by RN/LPN/MHT

SPARTANBURG, SC 29301
DR. CASTRIOTTA

Patient Identification

PART 1: ADMISSION / ORIENTATION

INFORMANT:

☒ PATIENT ☐ FAMILY MEMBER / SIGNIFICANT OTHER ☐ FRIEND
☐ UNABLE TO OBTAIN REASON:

ADMIT DATE	TIME	UNIT	STATUS	SEX	AGE
8/22/05	5:00 pm	2	Voluntary Involuntary	F	46

VITAL SIGNS:

Temperature 98.7 Weight 135
Pulse 59 Height 5'4"
Respiration 16 Color of Hair Brown

B/P 115/72 Ocular/Eyes Brown/Black
ALLERGIES AKDA - Comb, Donnatal, PCN

Not Products Donnatal

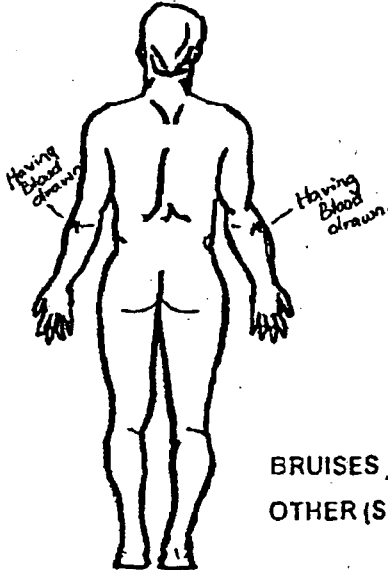
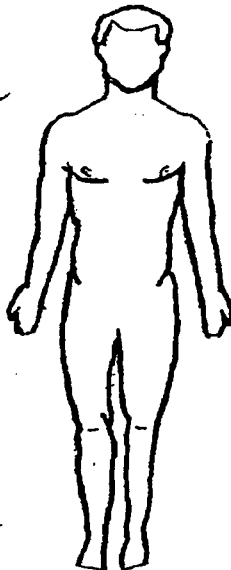
Type of Reaction Hives - Shock

PATIENT/FAMILY ORIENTATION

☒ Room ☐ Visitation
☒ Unit ☐ Phone
☒ Program ☐ Staff
☐ Smoking Policy
☒ Patient Rights Given
☒ Patient Rights Explained
☒ Picture Taken

BODY IDENTIFICATION MARKS

Label all scars, bruises, etc...



LACERATIONS 0

ABRASIONS 0

SCARS 0

BURNS 0

MOLES/BIRTHMARKS

BRUISES R + L AC from blood draws

OTHER (SPECIFY) 0

PART II - PHYSICAL STATUS DATABASE
Data must be collected by licensed nurse

For "yes" responses, provide detail below

Medical/Surgical History	Yes	No
Medical/surgical hospitalizations	✓	
Recent diagnostic Testing	✓	
Recent Communicable Disease		✓
Recent Exposure to Communicable Disease		✓
Cardiovascular Problems	XXX	XXX
Chest Pain		✓
Palpitations		✓
Irregular Heart Beat	✓	
Hypertension	✓	
Hypotension		✓
Respiratory Problems	XXX	XXX
Asthma		✓
Shortness of Breath		✓
Labored Breathing		✓
Tuberculosis		✓
Sore Throat		✓
Neurological Problems	XXX	XXX
Weakness/Paralysis	✓	
Dizziness		✓
Headaches	✓	
Recent Head Injury		✓
Seizures		✓
Confusion		✓
Gastrointestinal Problems	XXX	XXX
Nausea	✓	
Hepatitis		✓
Diabetes		✓
Hypoglycemia		✓
Bowel Changes		✓
Genitourinary Problems	XXX	XXX
Bladder Changes		✓
Incontinence		✓
Burning or Discomfort		✓
Urinary Difficulty/Urgency		✓
Sexually Transmitted Disease		✓
Menstrual Difficulties		✓
Skin Disorders	✓	
Visual Problems	✓	
Hearing Problems		✓
HIV/AIDS		✓
Sleep Disturbance		✓
Other	✓	

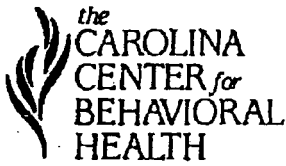
cholecystectomy, (R) carpal tunnel BTL, SRMC 8/1/05 - (labs)

by HTN -

migraines

acne on back contacts

psychotic episodes



2025510013 PHP
06-13-05 -6384
MARTINEZ, RAQUEL

SFATIANBURG SC 29301
CASTRIOTTA
E/h/f
Patient Identification 043026133

ASSESSMENT / CLINICAL UPDATE

PATIENT NAME: Raquel Martinez MALE ☐ FEMALE ☒ DATE: 8-22-05
VOL ☒ INV ☐ DATE OF BIRTH: [REDACTED] AGE: 46 MARITAL STATUS: D TIME: 13:00 PM
ACCOMPANIED BY: REFERRAL SOURCE: PHP

CHIEF COMPLAINT (in patient's own words) / PRECIPITATING FACTORS

WHY ARE YOU HERE TODAY? I confusion, irritability, slurred speech, concern about medication reaction vs. Lorazepam dependence

CURRENT SYMPTOMOLOGY	ADmits	DENIES	D.N.A.	AS EVIDENCED BY:
CHANGES IN FAMILY / WORK / SOCIAL FUNCTIONING		☒		
<u>IRITABILITY</u> / MOOD LABILITY / CRYING SPELLS			☒	<u>observed by staff</u>
POOR IMPULSE CONTROL		☒		
MANIC SYMPTOMS		☒		
CHANGES IN SLEEPING PATTERNS		☒		
CHANGES IN EATING HABITS		☒		
CHANGES IN ANXIETY SYMPTOMS		☒		
DELUSIONAL THINKING / HALLUCINATIONS		☒		
CHILD / ADOLESCENT RISK FACTORS			☒	

ALCOHOL / DRUG USAGE SINCE LAST ASSESSMENT

☐ Denies alcohol / drug use

Substance	Current Amount / Frequency	Last Use	Amount Used in Last 24 Hours
<u>Lorazepam</u>	<u>Suspect overeating - 1st Level</u>		

CURRENT WITHDRAWAL SYMPTOMS / BEHAVIORS:

☐ Nausea / Vomiting ☐ Cramps ☐ Tremors ☐ Insomnia ☐ Weakness ☐ Diaphoresis
☐ Diarrhea ☐ Agitation ☐ Loss of Appetite ☐ Delirium ☐ Fever / Chills ☐ Changes in Vital Signs
 BREATHALIZER: B/P: PULSE:

CHANGES IN MEDICATIONS / MEDICAL CONDITIONS SINCE LAST ASSESSMENT:

TREATMENT SINCE LAST ASSESSMENT:

Revised 09/2004

Needs Assessment Update

ASSESSMENT / CLINICAL UPDATE

APPEARANCE: ☐ NEAT ☒ CASUAL ☐ DISHEVELED ☐ UNCLEAN ☐ BIZARRE
 COMMENTS: _____

MOTOR ACTIVITY: ☒ APPROPRIATE ☐ PSYCHOMOTOR AGITATION ☐ HYPERACTIVITY
☐ PSYCHOMOTOR RETARDATION ☐ CATATONIA ☐ OTHER: _____
 COMMENTS: _____

SPEECH / LANGUAGE: ☐ APPROPRIATE ☐ GUARDED ☐ PRESSURED ☒ STUTTERED ☐ ABNORMAL
☐ REPETITIVE ☒ DISORGANIZED ☒ OTHER: Slurred
 COMMENTS: _____

MOOD / AFFECT: ☐ APPROPRIATE ☐ LABILE ☐ BLUNTED ☐ FLAT ☒ OTHER: irritable
 COMMENTS: _____

THOUGHT PROCESS: ☐ LOGICAL ☐ CONCRETE ☐ TANGENTIAL ☐ FLIGHT OF IDEAS
 COMMENTS: confused

CONCENTRATION: ☐ GOOD ☒ FAIR ☐ POOR
 COMMENTS: _____

JUDGEMENT: ☐ GOOD ☐ FAIR ☒ POOR
 COMMENTS: _____

INSIGHT: ☐ GOOD ☐ FAIR ☒ POOR
 COMMENTS: _____

MEMORY: RECENT: ☐ GOOD ☐ FAIR ☒ POOR
 REMOTE: ☒ GOOD ☐ FAIR ☐ POOR
 COMMENTS: _____

ORIENTATION: ☒ PERSON ☒ PLACE ☒ TIME ☐ SITUATION

JUSTIFICATION FOR LEVEL OF CARE:

Confusion about medication
Displaying confused thinking, slurred speech, fragmented &
disorganized thinking as evidenced by speech, irritability

ASSESSMENT COMPLETED BY: Keith S. Mendenhall LPC DATE: 8-22-05 TIME: 4:15 PM
 PHYSICIAN DETERMINATION: _____ DISPOSITION: Admit to Unit II

PROVISIONAL DIAGNOSIS

AXIS I: _____
 AXIS II: _____
 AXIS III: _____
 AXIS IV: _____

AXIS V: CURRENT GAF: _____ HIGHEST GAF IN LAST YEAR: _____

REVIEWED WITH PHYSICIAN: _____ DATE: _____ TIME: _____

REVIEWING PHYSICIAN'S SIGNATURE: _____ DATE: _____ TIME: _____

Revised 09/2004

Needs Assessment Update

CAROLINA CENTER FOR
BEHAVIORAL HEALTH

CONTINUING CARE/
DISCHARGE PLANNING

NAME: RAQUEL

ADDRESS: 11412 S. 11th St.

GREENVILLE, SC 29615

DATE: 8/22/05

Patient Identification

NAME: Raquel Martinez ADMISSION DATE: 8/22/05 DISCHARGE DATE: 9/26/05 CURRENT LEVEL OF CARE: INPT

PATIENT TELEPHONE #: 574-7078 PHYSICIAN TELEPHONE #: 864-235-2325

DISCHARGE TO: Home TRANSFER TO: Unit 14 DATE OF NEXT ATTENDANCE: _____

☒ ROUTINE ☐ AMA ☐ AT PATIENT'S OR FAMILY'S REQUEST ☐ OTHER (Explain): _____

TRANSPORTATION: ☐ PERSONAL CAR ☒ PARENT/RELATIVE ☐ PUBLIC ☐ SELF ☐ OTHER (Explain): _____

ACCOMPANIED BY: Family (Parents) RELATIONSHIP: _____

NAME	ADDRESS	TELEPHONE	DATE OF NEXT APPT	TIME
PSYCHIATRIST: <u>Dr. Sherbondy</u>	<u>125 The Parkway</u> <u>Suite 104</u> <u>Greenville SC 29615</u>	<u>525-1584</u>	<u>9-7-05</u>	<u>3:15pm</u>
PRIMARY CARE PHYSICIAN:				
THERAPIST: <u>Luther Diehl</u>		<u>John Epps</u>	<u>9-6-05</u>	<u>10:00 AM</u>
OTHER:				
☐ CONTINUING CARE ☐ PHP				
☐ IOP ☐ RES TREATMENT CTR				

Other treatment recommendations such as Support Groups, Specific Exercise Programs, Etc. Also address Social Services Components such as appointment with State Disability, Social Security, Welfare, Home Health, Supportive Living, Etc.

PERSONS IN RECOVERY ARE EXPECTED TO ATTEND 90 AA/NA MEETINGS IN THE NEXT 90 DAYS FOLLOWING DISCHARGE:

AA/NA SPONSOR ESTABLISHED: ☐ YES ☐ NO
AA/NA SCHEDULE PROVIDED: ☐ YES ☐ NO

Prescription Given	D/C MEDICATIONS	DOSE	FREQUENCY	ROUTE	Prescription Given	D/C MEDICATIONS	DOSE	FREQUENCY	ROUTE
☒	<u>Lotrel</u>	<u>10/20</u>	<u>1 daily</u>	<u>PO</u>	☒	<u>Depakote</u>	<u>250mg</u>	<u>1 twice daily</u>	<u>PO</u>
☒	<u>Zocor</u>	<u>40mg</u>	<u>1 daily</u>	<u>PO</u>	☒	<u>X 4 days</u>	<u>then discontinue</u>		
☒	<u>Cymbalta</u>	<u>60mg</u>	<u>1 daily</u>	<u>PO</u>					
☒	<u>Metoprolol</u>	<u>25mg</u>	<u>1 twice daily</u>	<u>PO</u>					
☒	<u>KCl</u>	<u>10 MEQ</u>	<u>1 twice daily</u>	<u>PO</u>					
☒	<u>Desurel</u>	<u>50mg</u>	<u>1 at bedtime</u>	<u>PO</u>					
☒	<u>Doxycycline</u>	<u>60mg</u>	<u>1 daily</u>	<u>PO</u>					
☒	<u>Fluoxetine</u>	<u>0.1mg</u>	<u>1 daily</u>	<u>PO</u>					

Prescriptions have been given to patient: ☐ YES ☐ NO ☐ N/A (If no, explain why) _____

Prescribed medications are indeed available through insurance, self-pay, etc. ☐ YES ☐ NO ☐ N/A

Special instructions/additional information: 1 take meds as prescribed
2 attend all followup appts

I understand and agree with the preceding instructions, including referral and placement. Personal items and valuables have been returned. Medication administration/side effects/importance have been explained to my satisfaction and understanding.

Patient Signature: [Signature] Family/Guardian (as appropriate): _____

Staff Signature: [Signature]

Revised 11/01

Page 1

**CAROLINA CENTER FOR
BEHAVIORAL HEALTH**

CONTINUING CARE/
DISCHARGE PLANNING

1:24540016 2128
08/27/05 176354
HARTING? RAGNET

SPARTANBURG, SC 2930
DR CASTRIOTTA
S/W/F
2 Patient Identification

DURING TREATMENT PHYSICAL PROBLEMS THAT WERE IDENTIFIED/TREATED: None

SPECIAL INSTRUCTIONS: Follow up c family MD c medical
concern

PROBLEM AREAS TO BE ADDRESSED IN CONTINUING CARE: Substance abuse

THREE MONTH GOALS FOR CONTINUING CARE:

FINANCIAL SUPPORT
EDUCATION

SCHOOL
Part-Time

WORK
Part-Time

SPECIAL CONDITIONS

VOCATIONAL PLANS

Full-Time

Full-Time

Other (Please Explain)

BRIEF TREATMENT SUMMARY: (i.e. reason for admission, interventions, response): Pt stepped up from PMP.
Problems w/ medication abuse. Sublycine, dexam 80-100
at dosage, thinking clear

DISCHARGE DIAGNOSIS:

AXIS I: (Primary)

Depressed mood
PTSD

AXIS III:

Major depression
PTSD

(Secondary)

AXIS IV:

AXIS II:

Defendant

AXIS V:

60

SUMMARY OF PATIENT'S CONDITION UPON DISCHARGE (RN/MHP):

46 yo SWF admitted
c depression, PTSD, ? Lytard abuse - 5/5 status
to transition to inpt w/

TIME PATIENT LEFT HOSPITAL:

4:00 AM

NURSING:

BBQ DATE: 8/26/05

MSW/THERAPIST:

Jane D. Jones

DATE: 8/26/05

PHYSICIAN:

M. Jones

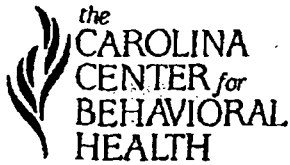
DATE: 8.26.05

OTHER:

DATE:

Revised 11/01

Page 2



MARTINE, RADHEI -6384
SPARTANBURG SC 29301
CASTAICITA
D/M/F [REDACTED] 46
000026130
Patient Identification

ASSESSMENT / CLINICAL UPDATE

EVALUATION OF RISK TO SELF / OTHERS (PART 1 OF 2)

INFORMANT (CHECK ALL THAT APPLY):

☐ PATIENT ☐ FAMILY / FRIEND(S) ☒ HEALTH PROFESSIONAL(S) ☐ COMMITMENT PAPERS ☐ OTHER: _____

SECTION I: CURRENT SUICIDAL / HOMICIDAL IDEATION / BEHAVIORS:

IS THE PATIENT HAVING:

SUICIDAL IDEATION / MAKING SUICIDAL THREATS / EXHIBITING SELF-INJURIOUS BEHAVIORS?

☐ YES ☒ NO

HOMICIDAL / ASSAULTIVE IDEATION OR MAKING HOMICIDAL / ASSAULTIVE THREATS?

☐ YES ☒ NO

IF THE ANSWERS TO THE ABOVE QUESTIONS ARE NO, PROCEED TO SECTION II. OTHERWISE, ANSWER THE FOLLOWING QUESTIONS:

IS THE IDEATION REPETITIVE OR PERSISTENT?

☐ YES ☐ NO

DOES THE PATIENT HAVE A SPECIFIC PLAN?

☐ YES ☐ NO

DOES THE IDEATION INVOLVE SERIOUS / LETHAL INTENT?

☐ YES ☐ NO

DOES THE IDEATION HAVE DELUSIONAL / HALLUCINATORY CONTENT?

☐ YES ☐ NO

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, THEN DESCRIBE THE BASIS FOR SUCH ANSWER(S). (DESCRIBE THE PATIENT'S PLAN, IDEATION, HALLUCINATION, ETC.):

N.A.

SECTION II: HISTORY OF SUICIDAL / HOMICIDAL IDEATION / BEHAVIORS:

IS THERE A HISTORY OF SUICIDAL / SELF-INJURING / IDEATION / BEHAVIOR / THREATS?

☐ YES ☒ NO

IS THERE A HISTORY OF HOMICIDAL / ASSAULTIVE IDEATION / BEHAVIOR / THREATS?

☐ YES ☒ NO

IS THERE A HISTORY OF HARM TO SELF / OTHERS WHILE IN AN INTENSIVE TREATMENT SETTING?

☐ YES ☒ NO

IF THE ANSWERS TO ANY OF THE ABOVE QUESTIONS ARE NO, PROCEED TO SECTION III.

IF ANY ANSWER IS YES, THEN DESCRIBE THE BASIS FOR SUCH ANSWER(S):

N.A.

SECTION III: ACCURACY OF REPORTS:

ARE THERE ANY CONCERNS THAT THE PATIENT OR OTHERS MAY BE CONCEALING OR MINIMIZING CURRENT OR PAST RISK TO SELF OR TO OTHERS?

☐ YES ☒ NO

IF THE ANSWER IS YES, DESCRIBE THE EVIDENCE OR CONCERNS:

ASSESSMENT / CLINICAL UPDATE
EVALUATION OF RISK TO SELF / OTHERS (PART 2 OF 2)

SECTION IV: SUICIDE / SELF-INJURIOUS / HOMICIDE / ASSAULT RISK FACTORS:

(CHECK ALL THAT APPLY)

☐ 19 YEARS OR YOUNGER OR 45 AND OLDER	☐ HISTORY OF SUICIDE / HOMICIDE ATTEMPTS
☒ SINGLE, SEPARATED, DIVORCED OR WIDOWED	☐ FAMILY HISTORY OF SUICIDE / HOMICIDE
☐ SEVERE PROBLEMS WITH SIGNIFICANT OTHERS	☐ HISTORY OF MAJOR DEPRESSION
☐ LACK OF SOCIAL OR RELIGIOUS SUPPORT	☐ HISTORY OF BIPOLAR / PSYCHOSIS
☒ SIGNIFICANT OCCUPATIONAL STRESSORS / LOSS	☐ PARANOID IDEATION
☐ SEVERE FINANCIAL DIFFICULTIES	☐ BORDERLINE OR ANTISOCIAL PERSONALITY DISORDER
☐ SEVERE SCHOOL DIFFICULTIES	☐ ORGANIC BRAIN SYNDROME
☐ SIGNIFICANT LEGAL DIFFICULTIES	☐ SEVERE ANXIETY / PANIC / RUMINATIONS
☐ CHRONIC OR DEBILITATING ILLNESS	☐ CALM AFTER AGITATED DEPRESSION
☐ RECENT TRAUMA OR LOSS	☐ COMMAND HALLUCINATIONS OR DELUSIONS
☐ VIOLENT SOCIAL ENVIRONMENT	☐ ORGANIZED PLAN WITH LETHAL INTENT
☐ PREVIOUS HISTORY OF VIOLENCE	☐ BLUNTED / FLAT AFFECT
☐ VIOLENCE / THREATS TOWARDS OTHERS	☐ HOPELESSNESS
☒ POSSESSION OR ACCESS TO GUN	☐ RAPID MOOD SHIFTS
☐ HEAVY ALCOHOL OR DRUG USE	☐ SEVERE INSOMNIA

SECTION V: SUMMARY EVALUATION OF RISK TO SELF OR OTHERS

PATIENT'S SUICIDAL / SELF-INJURIOUS RISK (EXPLAIN BELOW):

- ☐ LOW TO NO RISK ☐ MODERATE RISK ☒ IMMINENT RISK

PATIENT'S HOMICIDAL / ASSAULTIVE RISK (EXPLAIN BELOW):

- ☐ LOW TO NO RISK ☐ MODERATE RISK ☐ IMMINENT RISK

RISK SUMMARY: Pt admitted to inpt program - Questionable control
 dependence vs. medication reaction - Dislike, depression, poor
 insight, irritability, disorganized speech. Not exposed S/HI, but
 not safe to drive or self-administer medication.

V/S 138/90 - 64 - 22

EVALUATION COMPLETED BY: Kethuquash, VR DATE: 8-22-05 TIME: 4:20pm

REVIEWED WITH PHYSICIAN: Dr. Capompoli DATE: 8-22-05 TIME: 3pm

REVIEWING PHYSICIAN'S SIGNATURE: [Signature] DATE: _____ TIME: _____



PHYSICIAN'S ORDERS

INSTRUCTIONS:

1. USE IMPRINTER PLATE
2. SEND PART 2 TO PHARMACY AFTER FIRST MEDICATION ORDER IS NOTED. PARTS 3 & 4 ARE FOR SUBSEQUENT ORDERS.
3. RULE OFF UNUSED LINES AFTER LAST COPY HAS BEEN SENT TO PHARMACY. IMPRINT NEW SET - PLACE ON CHART.

1124840016

08/22/05

MARTINEZ, RAQUEL

212A

1/6354

SPARTANBURG, SC 29201

DR. CASTRIOTTA

5/4/11

2613

Patient Identification

Raquel Martinez

DIAGNOSIS: 7 Lorazepam vs medication reaction
psychosis 2. W/D. Depression
ALLERGIES: Darvocet, PCN, Combivent
AGE: 46 HEIGHT: 5'4" WEIGHT: 134 DIABETES: ☐ YES ☒ NO ROOM NUMBER: 212A

PHYSICIAN'S ORDERS

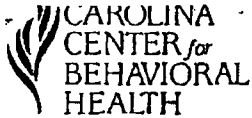
RATIONALE

(As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE
8/22/05	8:30 AM	Admit y room PHP to Unit 2	
		Lorazepam 10/20 PO Q AM	HTN
		Toprol XL 100mg PO q day	HTN
		Zosyn 40mg PO daily	Hypercholesterolemia
		Depakote 500mg PO q HS	Depression
		Nerontin 300mg PO q HS	
		Doxycycline 100mg po q day	AST 10 done ✓
		Zosyn 40mg PO q AM	diuretic
		Fludoc Cortisone 0.1mg q day	
		Motril 800mg PO Q 8 PM	Spinal-HA
		O/C Monopin & O/C Lorazepam 10mg 2° med reaction	
		Cytarabine 15mg PO Q 6° pt to see own Doc in AM	
		Buprenex 1.5cc IM Q 6° pt to see own Doc in AM	
		Routine Labs	for W/D sy
		T.O.R.B Dr. Stephenson / Dr. Medlock PH	
		Dr. Jennifer Cannon 8/22/05 10:30 PM	
8/22/05	5:30 PM	Yale preparations	Depression, unsteady gait
		U/S 20 Dr. Stephenson / Dr. P. Morgan	
		Dr. P. Morgan	
		8/22/05 5:35 PM	
		8/22/05 2:05 PM	
		8/22/05 2:05 PM	

CS007A Rev. 8/00

DO NOT USE THIS SHEET
CHAR. COPY UNLESS RED NUMBER SHOWS



PHYSICIAN'S ORDERS

INSTRUCTIONS:

1. USE IMPRINT NEW SET - PLACE ON CHART.
2. SEND PART 2 TO PHARMACY AFTER FIRST MEDICATION ORDER IS NOTED. PARTS 3 & 4 ARE FOR SUBSEQUENT ORDERS.
3. RULE OFF UNUSED LINES AFTER LAST COPY HAS BEEN SENT TO PHARMACY. IMPRINT NEW SET - PLACE ON CHART.

112440016 212A
08/22/05 6354
MARTINEZ, RAQUEL

SPARTANBURG, SC 29301
DR. CASTRIOTTA
5/6/11
2413

Patient Identification

DIAGNOSIS: Psychosis 2° w/o Depressed ALLERGIES: Codeine, PCN, Combuvent
AGE: 46 HEIGHT: 5'4" WEIGHT: 134 DIABETES: ☐ YES ☒ NO ROOM NUMBER: 212A

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As Indicated)
8/22/05		<u>D/C Transxene</u>	
8/22/05		<u>D/C Bupropion</u>	
8/22/05		<u>D/C Depakote</u>	
8/22/05		<u>D/C Neurontin</u>	
8/22/05		<u>Amotam 600mg po q6hrs prn</u>	
8/22/05		<u>Amotam 7mg rect 30mg po q6hrs prn</u>	
8/22/05		<u>Combutin 30mg po q6hrs prn</u>	
8/22/05		<u>Bupropion 0.9cc q6hrs prn with alcohol</u>	
8/22/05		<u>Depakote 250mg po bid</u>	
8/22/05		<u>Unotad 200mg po bid</u>	

CS007A Rev. 8/00

DO NOT USE THIS SHEET
UNLESS RED NUMBER SHOWS



PHYSICIAN'S ORDERS

INSTRUCTIONS:

1. USE IMPRINTER PLATE
2. SEND PART 2 TO PHARMACY AFTER FIRST MEDICATION ORDER IS NOTED. PARTS 3 & 4 ARE FOR SUBSEQUENT ORDERS.
3. RULE OFF UNUSED LINES AFTER LAST COPY HAS BEEN SENT TO PHARMACY. IMPRINT NEW SET - PLACE ON CHART.

1124840014
08/22/05
MARTINEZ, RAQUEL

212A
16354

SPARTANBURG, SC 29301

DR. CATHY LOTT

5/2/05
2:15

46

Patient Identification

DIAGNOSIS: *2004/05/05 vs medication reaction. Committed.*
Asphixia 2 w/ Depressed ALLERGIES: *Darvocet, PCN, Combivent,*
AGE: *46* HEIGHT: *5'4"* WEIGHT: *134* DIABETES: ☐ YES ☒ NO ROOM NUMBER: *212A*

PHYSICIAN'S ORDERS

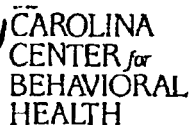
RATIONALE
(As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As Indicated)
8/22	10:30	<i>D/C per Bregman</i>	
8/22	10:30	<i>Noted 2nd incident</i>	
8/22	10:30	<i>2 midline now</i>	
8/22	10:30	<i>Aspirin 100mg</i>	
8/22	10:30	<i>20mg</i>	
8/22	10:30	<i>NO Numbness unless written by</i>	
8/22	10:30	<i>20mg 4mg more every 4h</i>	
8/22	10:30	<i>D/C per Bregman</i>	
8/22	10:30	<i>F/u: Therapist</i>	

CS007A Rev. 8/00

Kay Griggs M
5/2/05 @ 11AM.

DO NOT USE THIS SHEET
1 COPY UNLESS RED NUMBER SHOWS



06/22/05
MARTINEZ, RAQUEL

DR. CASIGLIOTA

5/6/6

25133

Raque Martinez
Patient Identification

INSTRUCTIONS:

1. USE ~~PRINT~~ PRINTER PLATE
2. SEND PART 2 TO PHARMACY AFTER FIRST MEDICATION ORDER IS NOTED. PARTS 3 & 4 ARE FOR SUBSEQUENT ORDERS.
3. RULE OFF UNUSED LINES AFTER LAST COPY HAS BEEN SENT TO PHARMACY, IMPRINT NEW SET - PLACE ON CHART.

DIAGNOSIS: Psychosis 2° Lx tab abuse. ALLERGIES: Dummatal, Parvax, PCW
AGE: 46 HEIGHT: 5'4" WEIGHT: 131 DIABETES: ☐ YES ☒ NO ROOM NUMBER: 212A

AGE: 46 HEIGHT: 5'4" WEIGHT: 131 DIABETES: ☐ YES ☒ NO ROOM NUMBER: 212A

CS007A Rev. 8/00

DO NOT USE THIS SHEET
UNLESS RED NUMBER SHOWS

NURSING FLOW SHEET / PROGRESS RECORD

1124840016 212A
08/22/05 /6354
MARTINEZ DIANE

SPARTANBURG, SC 29301
DR. CASTRIOTTA

Patient Identification

46

DATE: 8-23-05

Diet: Percent Eaten			
Type	Breakfast	Lunch	Supper
R	60	20	20
Dietary Concerns:			

Elimination - V: Void, BM			
	Nights	Days	Evening
	✓	✓	

Activities Attended	AM	PM
Community Meeting	✓	✓
AANA Meeting		
School		
Wrap-Up Group		
Other: <i>Celexa</i>	-	✓
Other: <i>1:1</i>	-	✓
Other: <i>2:1</i>	-	✓

Hygiene - Self = S, Assisted = A			
	Nights	Days	Evening
	S	S	S

Visitors	
Days	Evening
S	S

Nights: Hours of Sleep: 6 Restless Insomnia Nightmares Enuresis ☒ Slept All Night
 Sleep Medication: ☐ Yes ☒ No Last Dose: _____ Date/Time: _____
 Other Observations: Level 3 ST - 40 minutes, 10 minutes @ 530 AM - feed
on full prescription
 RN Signature: Brenda D. Mason

Days				Evenings			
Affect: ☐ Bright ☐ Flat ☐ Blunted ☐ Hostile ☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate				Affect: ☐ Bright ☐ Flat ☐ Blunted ☐ Hostile ☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate			
Mood: ☐ Euphoric ☐ Angry ☐ Sad ☐ Depressed ☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty				Mood: ☐ Euphoric ☐ Angry ☐ Sad ☐ Depressed ☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty			
Cognition: ☒ Oriented x 3 ☐ Disoriented ☐ Confused				Cognition: ☒ Oriented x 3 ☐ Disoriented ☐ Confused			
Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations ☐ Concrete ☐ Disorganized ☐ Delusions ☐ Phobic ☐ Loose Associations ☐ Illogical ☐ Paranoid ☐ Poor Concentration ☐ Tangential				Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations ☐ Concrete ☐ Disorganized ☐ Delusions ☐ Phobic ☐ Loose Associations ☐ Illogical ☐ Paranoid ☐ Poor Concentration ☐ Tangential			
Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors ☐ Hopelessness ☐ Denies Suicidal Ideations				Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors ☐ Hopelessness ☐ Denies Suicidal Ideations			
Aggression: ☒ Ideations ☐ Verbal Threats ☐ Aggressive Behavior				Aggression: ☒ Ideations ☐ Verbal Threats ☐ Aggressive Behavior			
Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive ☐ Anxious ☐ Hyperactive ☐ Psy. Retardation ☐ Oppositional ☐ Isolative ☐ Withdrawn ☐ Negative ☐ Pacing ☐ Yelling Out ☐ Drug-Seeking ☐ Participating in Treatment				Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive ☐ Anxious ☐ Hyperactive ☐ Psy. Retardation ☐ Oppositional ☐ Isolative ☐ Withdrawn ☐ Negative ☐ Pacing ☐ Yelling Out ☐ Drug-Seeking ☐ Participating in Treatment			

Initials	Signature	Initials	Signature
<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

CS004 Rev 5/98

SECRET

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F [REDACTED]
2613)

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

CS005 Rev. 598

PROGRESS RECORD

1124840016 212A
08/22/05 6354
MARTINEZ, RAQUEL

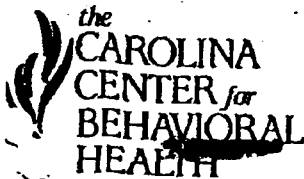
SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/M/F
26132

Patient Identification

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

	Date	Time	Prob. #	Disc	Progress Notes
PROBLEM:					
Diagnosed Condition	8/23	10p	1		Patient is alert and oriented x3. Affect is flat and mood is labile. I'll assess and allow pt to vent feelings. Pt. denies suicidal ideations. Pt. is withdrawn and isolative. Pt. did attend group this morning and shortly after complained of a migraine. For this reason pt. stayed in bed most of the day. Pt. states she has not slept well and complained of nightmares. Pt. states appetite is low and only consumed 60% at breakfast, & dinner. Pt's symptoms of migraine and pain levels expressed may be due to med. seeking. Continue current tct plan. - Just Place
Presenting Complaint					
Complication					
New Management Problem					
New Condition Present					
Side Effects					
EVALUATION:					
Discussion with Patient					
Consultation with Other Clinicians					
Physical Examination					
Discussion of Risk / Benefits of Medication					
Formal Conference					
Conference with Family					
Review of Lab / Testing Results					
ASSESSMENT / FINDINGS:					
Patient Progress:					
Change in Sx. / Behavior					
Change in Relationships					
Change in Medical Status					
Need for Continued Treatment					
Necessity for Level of Care					
THERAPEUTIC PLAN:					
Medication					
Laboratory Tests					
Specialty Consultation					
Psychotherapies:					
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS DOCUMENTATION					
Patient Behavior					
Interventions Provided					
Patient Response to Interventions					
Plan					

CS005 Rev. 5/98



PHYSICIAN PROGRESS
NOTE

1124840016 212A
08/22/05 /6354
MARTINEZ, RAQUEL

SPARTANBURG, SC 29301

DN. CAS R10871

S/M/T

1 Very Mild Impairment 2 Mild Impairment 3 Moderate Impairment 4 Severe Impairment
5 Very severe Impairment

I. Interval History / Changes

1 Mood 4 Anxiety level 0 Hallucinations 0 Sleep 0 Suicidal 0 Homicidal
2 Hopelessness 0 Helplessness 0 Appetite 0 Paranoia 0 Behavior

*I had a very difficult day yesterday
- probably had one episode of withdrawal.*

II. Examination

4 Affect 0 Isolation 0 Reality Contact 0 Orientation
1 Behavior 0 Speech 0 Thought Process 0 Memory Remote
1 Insight 0 Language 0 Associations 0 Memory Recent
1 Judgment 0 Fund of Knowledge 0 Concentration

*more logical - she is still not
into it - she has limited insight
into it - she is still not
talking about it*

III. Detoxification/Withdrawal: Please circle all that apply today:

Not applicable Cravings Cramps Denies All
Diarrhea Headache Increased Anxiety Irritability Diaphoresis
Poor Concentration Restlessness Tremor Nausea/Vomiting Isolation
Elevated Vital Signs

Other:

IV. Medical Issues/Vital Signs:

V. Diagnosis Change/Addition/New Problem:

Plan:

A. Labs and Tests:

B. Medication changes:

*typen dopamine
↓ tyrol*

Consent and Risks/Benefits discussed:

C. Family Involvement Recommended:

D. Precautions: (Please Circle) Suicidal

Homicidal

Elopement

Fall

Detox

Seizure

E. Levels: (Please Circle)

I

II

III

1:1 Visual

1:1 Touch

F. Continued ELOS:

3 1-2 days

Discharge Plans:

Thurs or Friday

MD Signature:

[Signature]

8/23/05

Date: 8/23/05

Time:

NURSING FLOW SHEET / PROGRESS RECORD

1124840016 212A
6/22/05 /6354
MARTINEZ DAHNEI

SPARTANBURG, SC 29301
DR CASTRIOTTA
S/W/I
2613

Patient Identification

DATE: 8-24-05

Diet: Percent Eaten				Activities Attended		AM		PM		Hygiene - Self = S, Assisted = A			
Type	Bkfst	Lunch	Supper										
R	50	0	40	Community Meeting						Nights		Days	
Dietary Concerns:				AA/NA Meeting						5		5	
				School									
				Wrap-Up Group									
				Other:									
				Other:		1:1		✓					
				Other:									
				Other:									

Elimination - V: Void, BM				Visitors	
	Nights	Days	Evening	Days	Evening
	✓	V	✓	0	4

Nights: Hours of Sleep: 4 1/2 Restless Insomnia Nightmares Enuresis EMA Slept All Night

Sleep Medication: ☐ Yes ☒ No Last Dose: Date/Time:

Other Observations: Level 3 D/F

RN Signature: Brenda A. Meyer RN

Days				Evenings			
Affect: ☐ Bright ☐ Flat ☒ Blunted ☐ Hostile				Affect: ☐ Bright ☐ Flat ☐ Blunted ☐ Hostile			
☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate				☐ Apathetic ☐ Restricted ☐ Labile ☒ Appropriate			
Mood: ☐ Euphoric ☐ Angry ☐ Sad ☒ Depressed				Mood: ☐ Euphoric ☐ Angry ☐ Sad ☒ Depressed			
☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty				☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty			
Cognition: ☒ Oriented x 3 ☐ Disoriented ☐ Confused				Cognition: ☒ Oriented x 3 ☐ Disoriented ☐ Confused			
Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations				Thought Processes: ☒ Organized ☐ Preoccupied ☐ Hallucinations			
☐ Concrete ☐ Disorganized ☐ Delusions				☐ Concrete ☐ Disorganized ☐ Delusions			
☐ Phobic ☐ Loose Associations ☐ Illogical				☐ Phobic ☐ Loose Associations ☐ Illogical			
☐ Paranoid ☒ Poor Concentration ☐ Tangential				☐ Paranoid ☐ Poor Concentration ☐ Tangential			
Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors				Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors			
☐ Hopelessness ☒ Denies Suicidal Ideations				☐ Hopelessness ☒ Denies Suicidal Ideations			
Aggression: ☒ Ideations ☐ Verbal Threats ☐ Aggressive Behavior				Aggression: ☒ Ideations ☐ Verbal Threats ☐ Aggressive Behavior			
Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive				Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive			
☐ Anxious ☐ Hyperactive ☐ Psy. Retardation				☐ Anxious ☐ Hyperactive ☐ Psy. Retardation			
☐ Oppositional ☐ Isolative ☐ Withdrawn				☐ Oppositional ☐ Isolative ☐ Withdrawn			
☐ Negative ☐ Pacing ☐ Yelling Out				☐ Negative ☐ Pacing ☐ Yelling Out			
☐ Drug-Seeking ☒ Participating in Treatment				☐ Drug-Seeking ☒ Participating in Treatment			

Initials	Signature	Initials	Signature
2H	Don Henderson M	MB	Maggie Berryman RN

CS004 Rev. 5/98

PROGRESS RECORD

1124840016 212A
GB/22/05 /6354
MARTINEZ, RAQUEL

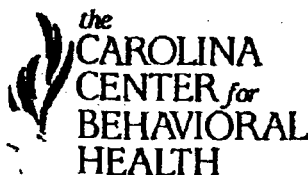
SPARTANBURG, SC 2931
DR CASTRIOTTA
S/W/F

Patient Identification

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:	Date	Time	Prob. #	Disc	Progress Notes
Diagnosed Condition	8/24	10 ⁵⁰	1	N	Alert + oriented / Attended An
Presenting Complaint			2		group this morning. Appears
Complication					drowsy Eye Contact fleet
New Management Problem					1:1 to assess + enc. verify
New Condition Present					1) Pt. clb poor sleep last
Side Effects					night woke up early + couldn't
EVALUATION:					go back to sleep. Report 3 +
Discussion with Patient					Appetite. Thoughts still scattered
Consultation with Other Clinicians					@ X's. VSS & HR still Brady @ 57
Physical Examination					this Am Toprol XL 100 held until
Discussion of Risk / Benefits of Medication					HR T: Pt. requests Co-tab for
Formal Conference					migraines. P. sent to monitor
Conference with Family					for Handrails -
Review of Lab / Testing Results					
ASSESSMENT / FINDINGS:					
Patient Progress:	8/24	10 ⁵⁰	1-2	N	Raquel has been present &
Change in Sx / Behavior					active in milieu. Pleasant,
Change in Relationships					interacting. Attending group.
Change in Medical Status					monitored Behaviors + assessed
Need for Continued Treatment					mood. Raquel visited family.
Necessity for Level of Care					Denies ST. HR was 59 @ 4pm.
THERAPEUTIC PLAN:					
Medication					Grooming adequate. Able to
Laboratory Tests					come to staff appropriately to
Specialty Consultation					get needs met. M. Berman, RN
Psychotherapist:					
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS DOCUMENTATION					
Patient Behavior					
Interventions Provided					
Patient Response to Interventions					
Plan					

CS005 Rev. 5/98



PHYSICIAN PROGRESS
NOTE

1124840016
08/22/05
MARTINEZ, RAQUEL

212A
6354

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F
26130 Addressograph

1 Very Mild Impairment
5 Very severe Impairment

2 Mild Impairment

3 Moderate Impairment

4 Severe Impairment

I. Interval History / Changes

Mood ☒ Anxiety level ☒ Hallucinations ☒ Sleep ☒ Suicidal ☒ Homicidal
Hopelessness ☒ Helplessness ☒ Appetite ☒ Paranoia ☒ Behavior

II. Examination

Affect ☒ Isolation ☒ Reality Contact ☒ Orientation ☒
Behavior ☒ Speech ☒ Thought Process ☒ Memory Remote ☒
Insight ☒ Language ☒ Associations ☒ Memory Recent ☒
Judgment ☒ Fund of Knowledge ☒ Concentration ☒

III. Detoxification/Withdrawal: Please circle all that apply today:

Not applicable ☒ Cravings ☒ Cramps ☒ Chills ☒ Diaphoresis ☒
Diarrhea ☒ Headache ☒ Increased Anxiety ☒ Irritability ☒ Isolation ☒
Poor Concentration ☒ Restlessness ☒ Tremor ☒ Nausea/Vomiting ☒ Elevated Vital Signs ☒

Other: _____

IV. Medical Issues/Vital Signs:

V. Diagnosis Change/Addition/New Problem:

Plan:

A. Labs and Tests: ☒

B. Medication changes: ☒

Consent and Risks/Benefits discussed: ☒

C. Family Involvement Recommended: ☒

D. Precautions: (Please Circle) Suicidal ☒ Homicidal ☒ Elopement ☒ Fall ☒ Detox ☒ Seizure ☒

E. Levels: (Please Circle) I ☒ II ☒ III ☒ 1:1 Visual ☒ 1:1 Touch ☒

F. Continued ELOS: ☒ Discharge Plans: ☒

MD Signature: *[Signature]*

Date: 8-25-05 Time: _____

Rev. 02/05

NURSING FLOW SHEET / PROGRESS RECORD

1124840016 212A
08/22/05 /6354
MARTINEZ, RAQUEL

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F
26130

Patient Identification

DATE: 8/25/05

Diet: Percent Eaten				Activities Attended		AM		PM		Hygiene - Self = S, Assisted = A		
Type	Bkfst	Lunch	Supper	Community Meeting						Nights	Days	Evening
R	70	60	0	AANA Meeting						S	S	S
Dietary Concerns:				School						Visitors		
				Wrap-Up Group						Days	Evening	
				Other:						0	0	
				Other:	1:1	✓		✓				
				Other:								
				Other:								

Nights: Hours of Sleep: 4 1/2 Restless Insomnia Nightmares Enuresis EMA Sept All Night
Sleep Medication: ☒ Yes ☐ No Last Dose: 8/24/05 Date/Time: 8/24 at 9pm
Other Observations: 2003 SP
RN Signature: Kimberly Lannette

Days				Evenings									
Affect: ☐ Bright ☐ Flat ☒ Blunted ☐ Hostile ☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate	Affect: ☐ Bright ☐ Flat ☒ Blunted ☐ Hostile ☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate	Mood: ☐ Euphoric ☐ Angry ☐ Sad ☒ Depressed ☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty	Mood: ☐ Euphoric ☐ Angry ☐ Sad ☒ Depressed ☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty	Cognition: ☒ Oriented x 3 ☐ Disoriented ☐ Confused	Cognition: ☒ Oriented x 3 ☐ Disoriented ☐ Confused	Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations ☐ Concrete ☐ Disorganized ☐ Delusions ☐ Phobic ☐ Loose Associations ☐ Illogical ☐ Paranoid ☒ Poor Concentration ☐ Tangential	Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations ☐ Concrete ☐ Disorganized ☐ Delusions ☐ Phobic ☐ Loose Associations ☐ Illogical ☐ Paranoid ☒ Poor Concentration ☐ Tangential	Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors ☐ Hopelessness ☒ Denies Suicidal Ideations	Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors ☐ Hopelessness ☒ Denies Suicidal Ideations	Aggression: ☒ Ideations ☐ Verbal Threats ☐ Aggressive Behavior	Aggression: ☒ Ideations ☐ Verbal Threats ☐ Aggressive Behavior	Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive ☒ Anxious ☐ Hyperactive ☐ Psy. Retardation ☐ Oppositional ☐ Isolative ☐ Withdrawn ☐ Negative ☐ Pacing ☐ Yelling Out ☐ Drug-Seeking ☐ Participating in Treatment	Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive ☒ Anxious ☐ Hyperactive ☐ Psy. Retardation ☐ Oppositional ☐ Isolative ☐ Withdrawn ☐ Negative ☐ Pacing ☐ Yelling Out ☐ Drug-Seeking ☐ Participating in Treatment

Initials	Signature	Initials	Signature
2H	Zuri Mendez RN		

1124840016 . 2121
 08/22/05 16354
 MARTINEZ, RAQUEL
 SPARTENBURG, SC 29581
 DR. CASTROTTA
 S/W/ 2613

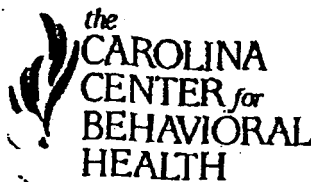
PROGRESS RECORD

Patient Identification

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

	Date	Time	Prob. #	Disc	Progress Notes
PROBLEM:					
Diagnosed Condition	8/25	11A	1	N	Pt alert & oriented x 4. ADLS
Presenting Complaint					complete early this am.
Complication					Refused Am groups little
New Management Problem					insight re. importance of groups.
New Condition Present					to 1:1 to assess R/O
Side Effects					quest S/S of WD. USS
EVALUATION:					
Discussion with Patient					Denies SI @ present withdrawn
Consultation with Other Clinicians					& isolative minimal interaction
Physical Examination					little insight re. long term
Discussion of Risk / Benefits of Medication					recovery. Still 2 clo slight
Formal Conference					HA. P) lost to monitor
Conference with Family					
Review of Lab / Testing Results					
ASSESSMENT / FINDINGS:					
Patient Progress:	8/25/08		(1)	N	Pt alert & oriented x 4. P/O
Change in Sx / Behavior			(2)	N	to 1:1 to assess R/O
Change in Relationships					night through monitor
Change in Medical Status					med effects remain for
Need for Continued Treatment					wd's S/O monitor for
Necessity for Level of Care					to 1:1 to assess R/O
THERAPEUTIC PLAN:					
Medication					0 21/1 P/O or high Cath
Laboratory Tests					USS O/E & wd's S/O
Specialty Consultation					Refused to attend group
Psychotherapy:					& continue to 1:1
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS DOCUMENTATION					
Patient Behavior					
Interventions Provided					
Patient Response to Interventions					
Plan					

CS005 Rev. 5/98



PHYSICIAN PROGRESS
NOTE

1124840016
08/22/05
MARTINEZ, RAQUEL

212A
/6354

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F
26130 Addressograph 46

1 Very Mild Impairment 2 Mild Impairment 3 Moderate Impairment 4 Severe Impairment
5 Very severe Impairment

I. Interval History / Changes

4 Mood 3 Anxiety level 0 Hallucinations 2 Sleep 3 Suicidal 2 Homicidal
0 Hopelessness 1 Helplessness 2 Appetite 0 Paranoia 2 Behavior
① Headaches - can't disclose in group

II. Examination

4 Affect 9 Isolation 9 Reality Contact 1 Orientation
Behavior 9 Speech 9 Thought Process 1 Memory Remote
Insight 9 Language 9 Associations 1 Memory Recent
Judgment 9 Fund of Knowledge 1 Concentration
help to prepare and to be put
in a room

III. Detoxification/Withdrawal: Please circle all that apply today:

Not applicable

Diarrhea

Poor Concentration

Cravings

Headache

Restlessness

Cramps

Increased Anxiety

Tremor

Denies All

Chills

Irritability

Nausea/Vomiting

Diaphoresis

Isolation

Elevated Vital Signs

Other:

IV. Medical Issues/Vital Signs: VSS

V. Diagnosis Change/Addition/New Problem: NP

VI. Plan:

A. Labs and Tests: NP

B. Medication changes: NP

Consent and Risks/Benefits discussed:

☐

☐

☐

☐

C. Family Involvement Recommended: ①

D. Precautions: (Please Circle) Suicidal ① Homicidal Elopement ① Detox Seizure

E. Levels: (Please Circle) I II ① 1:1 Visual 1:1 Touch

F. Continued ELOS: Discharge Plans:

MD Signature:

Date:

Time:

1124840016 212A
C8/22/05 /L354
MARTINEZ. RAQUEL
SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F
2613

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

CS005 Rev. 5'98

The Carolina Center for Behavioral Health 29301
Adult Psychiatric Partial Hospitalization Program

Treatment Agreement and Initial Care Plan

I am entering an intensive program for the treatment of a serious psychiatric condition.
Due to the severity of this illness, I agree to the following conditions:

1. I will be present and on time for all scheduled group activities.
2. I will notify staff if unable to attend or if I will be late. Unexcused absences may cause me to be discharged from the program and will hamper my recovery.
3. I will report the use of any non-prescribed medications and will report any changes or additions of prescribed meds.
4. I will submit to urine drug screens or breathalyzer tests as requested.
5. I will be honest, open minded, and willing to communicate and explore my struggles and symptoms.
6. I will keep confidential all knowledge gained about other group members or anyone I meet on the premises. I will not discuss personal, private health information with family, friends, or other patients.
7. I will notify staff if I develop thoughts, plans, or intentions to harm myself or anyone else.
8. I will do my best to keep my attention on the group process, and to be attentive and courteous to others.

Initial Care Plan

I will attend the program Monday through Friday from 9:00 am-2:30 pm.
I will work to acquire and practice skills to manage the problem(s) listed below:
(please check all those that apply)

☐ Depression	☐ Mood Swings	☐ Anxiety
☐ Destructive Anger	☐ Problems with drugs and/or alcohol	
☐ Impulsive Behaviors	☒ Other (describe) <u>physiological reaction to</u> <u>stopping medication (Xanax)</u>	

Patient Signature Ryne Martin Date/Time 08005 10/5am

Staff Signature Debbie D. Hudson, MD Date/Time 8/10/05 10:30A

The Carolina Center for Behavioral Health
2700 E. Phillips Road
Greer, SC 29650

1124840016 212A
08/22/05 6354
MARTINEZ, RAONFI
E
SPARTANBURG, SC 29307
DR. CASTRIOTTA
S/W/T
26131

**PRE-DISCHARGED EVALUATION
OF RISK TO SELF / OTHERS**

PAGE 1 of 1 Patient Identification

(Please check all that apply)

Informant was ☒ Patient ☐ Family ☐ Friends ☐ Hospital Health Professional
☐ Other Health Professional ☐ Other

SECTION 1 - CURRENT RISK TO SELF / OTHERS AT TIME OF DISCHARGE:

Does the patient or do other report:

the patient having suicidal ideation or making suicidal threats?

☐ Yes ☒ No

the patient having homicidal / assaultive ideation or making homicidal threats?

☐ Yes ☒ No

If the answers to the above questions are NO, then go to Section II;

Otherwise answer the following questions:

Is the ideation repetitive or persistent?

☐ Yes ☐ No

Does the patient have a specific plan?

☐ Yes ☐ No

Does the ideation involve serious / lethal intent?

☐ Yes ☐ No

Does the ideation have delusional or hallucinatory content?

☐ Yes ☐ No

If the answer to any of the above questions is YES, then describe the basis for such answer below, then complete Section II. (Describe the patient's plan, ideations, hallucinations, etc. and if they represent a risk to others at time of the discharge, describe considerations regarding "duty to protect" or "duty to warn.")

Comments:

SECTION II: ADDITIONAL RISK MANAGEMENT CONSIDERATIONS:

Does the patient have a history of suicidal attempts soon after a past discharge?

☐ Yes ☒ No

Does the patient have a history of concealing or denying past suicide / homicide / assaultive ideation / behaviors?

☐ Yes ☒ No

Were clinical indications for a second opinion concerning discharge risk present?
(if yes, please comment below)

☐ Yes ☒ No

Comments:

Physician's Signature:

This guideline is not intended to preclude any additional assessment tool, nor is it a substitute for clinical judgement.
CS003-02 Rev. 03/04

Date/Time:

the CAROLINA CENTER for BEHAVIORAL HEALTH

PARTIAL HOSPITALIZATION PROGRAM PROGRESS NOTES

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2025510013 PHP
08-10-05
MARTINEZ, RAQUEL

6354

SPARTANBURG SC 29301
CASTRIOTTA
D/W/F [REDACTED] 46
000026130

ADDRESSOGRAPH ONLY

Date: 8-10-05

Psychoeducational Groups: Attended: Education: ☐ No ☒ All ☐ Part Topic: <u>CBT</u> Group Time: <u>10</u> Method: <u>A,B</u> PL Response: <u>25</u> Staff Signature/Time: <u>Kohund...</u>	Teaching Methods: A- Parent Education B- Written Material C- Audio/Video	Parent Response 1- Unable to state knowledge 2- Able to state some knowledge 3- Able to state full knowledge 4- Unable to show skill	5- Able to show some skill 6- Able to show full skill 7- Refused teaching 8- See note below
	Education: ☐ No ☐ All ☐ Part Topic: _____ Group Time: _____ Method: _____ PL Response: _____ Staff Signature/Time: _____		

Attended: Group therapy: ☒ No ☐ All ☐ Part
Group therapy: ☒ No ☒ All ☐ Part

Sleep: ☐ good ☐ insomnia ☐ difficulty falling asleep ☐ frequent awakening ☐ early awakening _____
 Appetite: ☐ good ☐ poor ☐ fluctuates _____
 ADLs: ☐ OK ☐ impaired _____
 Mood/Affect: ☐ angry ☐ anxious ☐ appropriate ☐ bright/cheerful ☐ depressed ☐ labile _____
 Cognitions: ☐ poor concentration ☐ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre _____
 Support: ☐ yes ☐ no ☐ limited _____
 SHT: ☐ yes ☐ no ☐ contracts for safety _____
 Meds: ☐ compliant ☐ non compliant _____
 Appearance: ☐ casual ☐ unkempt ☐ unclean _____
 Speech: ☐ normal ☐ rapid ☐ slow ☐ sturred ☐ pressured _____
 Insight/Judgment: ☐ good ☐ fair ☐ poor _____
 Behavior/Participation: ☐ appropriate ☐ monopolizing ☐ drowsy ☐ resistant ☐ hostile _____
 Level of Participation: ☐ active ☐ minimal ☐ when cued ☐ none _____

[illegible]

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~~FHP~~ GRAPH ONLY

-6354

Date: 8-11-69

1-704EZ. RAQUEL

Psychoeducational Groups:		Teaching Methods:	Patient Response:
		A=Patient Education	1=Unable to state knowledge
		B=Written Material	2= Able to state some knowledge
		C=Audio/Video	3= Able to state full knowledge
			4= Unable to show skill
			5= Able to show full skill
			6= Able to show full skill
			7= Refused teaching
			8= See note below
Attended:			
Education:	☐ No ☒ All ☐ Part	Topic:	<u>Marijuana Use</u>
Group Time:	<u>1p</u>	Method:	<u>A/B</u>
		Pt. Response:	<u>2/5</u>
		Staff Signature/Time:	<u>Delia D. Hudson MD</u>
Education:	☐ No ☒ All ☐ Part	Topic:	<u>Insulin</u>
Group Time:	<u>2p</u>	Method:	<u>A/B</u>
		Pt. Response:	<u>2/5</u>
		Staff Signature/Time:	<u>C. Hollingsworth</u>

Attended: Group therapy. ☐ No ☐ All ☒ Part

Group therapy: ☐ No ☒ All ☐ Part

Sleep: ☐ good ☐ insomnia ☐ difficulty falling asleep ☐ frequent awakening ☐ early awakening _____

Appetite: ☐ good ☐ poor ☐ fluctuates _____

ADLs: ☐ OK ☐ impaired _____Mood/Affect: ☐ angry ☐ anxious ☐ appropriate ☐ bright/cheerful ☐ depressed ☐ labile _____

Cognitions: ☐ poor concentration ☐ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre _____

Support: ☐ yes ☒ no ☐ limited

SI/NI: ☐ yes ☐ no ☐ contracts for safety

Med: ☐ compliant ☐ non compliant

Appearance: ☒ casual ☐ unkempt ☐ unclean

Speech: ☐ normal ☐ rapid ☐ slow ☐ slurred ☐ pressured

Insight/Judgment: ☐ good ☐ fair ☐ poor _____

Behavior/Participation: ☐ appropriate ☐ monopolizing ☐ drowsy ☐ resistant ☐ hostile _____

Level of Participation: ☐ active ☐ minimal ☐ when cued ☐ none

Time of Session	Prob. #	Disc	Progress Note
9a	all	51	Mixed most of group - i.e. D. Castriotta for psychiatric eval. - Kilmurdoe Co.
11a	all	55	Participated actively and appropriately in group therapy discussion of RBT thought distortion and common check. Raised appropriate question and made appropriate comments. - Kilmurdoe Co.

Rev 12/01

SP. STANBURG SC 29301
CASTS 1077A

ADRESSOGRAPH ONLY

Date: 8-12-05

Psychoeducational Groups: Attended: Education: ☐ No ☒ All ☐ Part Topic: "Stop Omeprazole" Group Time: 1p Method: A/B Pt. Response: 2/5 Staff Signature/Time: Debbie D. Hudson 1/5/95	Teaching Methods: A=Patient Education B=Written Material C=Audio/Video Patient Response 1=Unable to state knowledge 2= Able to state some knowledge 3= Able to state full knowledge 4= Unable to show skill 5= Able to show some skill 6= Able to show full skill 7= Refused teaching 8= See note below
Education: ☐ No ☒ All ☐ Part Topic: W/E Plan Group Time: 2p Method: A/B Pt. Response: 2/5 Staff Signature/Time: Debbie D. Hudson RN 5/95	

Attended: Group therapy: ☒ No ☐ All ☐ Part
Group therapy: ☐ No ☐ All ☒ Part

Sleep: ☐ good ☐ insomnia ☐ difficulty falling asleep ☐ frequent awakening ☐ early awakening _____
 Appetite: ☐ good ☐ poor ☐ fluctuates _____
 ADLs: ☐ OK ☐ impaired _____
 Mood/Affect: ☐ angry ☐ anxious ☐ appropriate ☐ bright/cheerful ☐ depressed ☐ labile _____
 Cognitions: ☐ poor concentration ☐ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre _____
 Support: ☐ yes ☐ no ☐ limited _____
 Stilt: ☐ yes ☐ no ☐ contraindicated for safety _____
 Meds: ☐ compliant ☐ non compliant _____
 Appearance: ☐ casual ☐ unkempt ☐ unclean _____
 Speech: ☐ normal ☐ rapid ☐ slow ☐ slurred ☐ pressured _____
 Insight/Judgment: ☐ good ☐ fair ☐ poor _____
 Behavior/Participation: ☐ appropriate ☐ monopolizing ☐ drowsy ☐ resistant ☐ hostile _____
 Level of Participation: ☐ active ☐ minimal ☐ when cued ☐ none _____

Time of Session	Prob. #	Disc.	Progress Note
9	-		absent - Kluender
11	Oct 93		Arrived late. Participated actively and appropriately in group therapy discussion of 5 internal rules of thinking and behaving. Gave good feedback to another member by stating that she could not have children but carried herself well. - Kluender

the CAROLINA CENTER for BEHAVIORAL HEALTH

PARTIAL HOSPITALIZATION PROGRAM
PROGRESS NOTES

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2025510013 PHP
08-10-05
MARTINEZ, RAQUEL

-6354

SPARTANBURG SC 29301
CASTRIOTTA
D/W/F 46
00026139

ADDRESSOGRAPH ONLY

Date: 8-15-05

Psychoeducational Groups:		Teaching Methods: A- Patient Education B- Written Material C- Audio/Video		Patient Response: 1- Unable to state knowledge 2- Able to state some knowledge 3- Able to state full knowledge 4- Unable to show skill 5- Able to show some skill 6- Able to show full skill 7- Refused teaching 8- See note below	
Attended: ☒ error		Topic: <u>Stress Reaction / Stress Response</u>			
Education: ☒ No ☒ All ☐ Part		Group Time: <u>1p</u> Method: <u>A, B</u> Pt. Response: Staff Signature/Time			
Education: ☒ No ☒ All ☐ Part		Topic: <u>Pt left early - meeting c supervisor</u>			
Group Time: <u>ap</u> Method		Pt. Response: Staff Signature/Time			

Attended: Group therapy: ☐ No ☒ All ☐ Part
Group therapy: ☐ No ☒ All ☐ Part

Sleep: ☒ good ☐ insomnia ☐ difficulty falling asleep ☐ frequent awakening ☐ early awakening
Appetite: ☒ good ☐ poor ☐ fluctuates
ADLs: ☒ OK ☐ impaired
Mood/Affect: ☐ angry ☒ anxious ☐ appropriate ☐ bright/cheerful ☐ depressed ☐ labile
Cognitions: ☒ poor concentration ☐ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre
Support: ☒ yes ☐ no ☐ limited family + job
SAH: ☐ yes ☒ no ☐ contracts for safety
Meds: ☒ compliant ☐ non compliant
Appearance: ☒ casual ☐ unkempt ☐ unclean
Speech: ☒ normal ☐ rapid ☐ slow ☐ slurred ☐ pressured
Insight/Judgment: ☐ good ☒ fair ☐ poor
Behavior/Participation: ☒ appropriate ☐ monopolizing ☐ drowsy ☐ resistant ☐ hostile
Level of Participation: ☐ active ☐ minimal ☒ when cued ☐ none

Time of Session	Prob.	Disc.	Progress Note
9a	all	SS	Pt. left early, feeling light-headed & headache. "Takes it day by day" shared that she had impulsive ideas sometimes when she stopped taking Xanax abruptly. - K. M. M. v. c.
11a	all	SS	Absent for first 1/2 of group. Attention to group discussion of dealing with stress, about mental illness from family, friends, & co-workers. Did not share information to group. No participation. - K. M. M. v. c.
11a	all	Nsg	(late entry) Pt reported having swatted @ a bee while out on smoke break; felt that she had just barely touched the stinger & one finger but not really stung. Pt is allergic - did not have her epi-pen. Notified nursing supervisor & had epinephrine dose (over)

PARTIAL HOSPITALIZATION PROGRAM PROGRESS NOTES

PAGE 2 OF 2

ADDRESSOGRAPH ONLY

Time of Session	Prob. #	Doc	Progress Note
11A	all	MSg	(cont'd) readied to bring out for pt. Monitored pt's respirations, pulse & BIP - all of which remained stable: R - 16 - 18, P - 62 - 68, BIP 129/82 - 124/80. Pt did have minor swelling & inflammation @ site, but kept ice to area which helped ↓ pain & swelling. Returned to group @ 30 minutes of monitoring - no further difficulty. Left @ lunch for a required meeting w/ her supervisor ——— Melanie Phillips RN

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PARTIAL HOSPITALIZATION PROGRAM
PROGRESS NOTES

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202510013 rnr
08-10-05 1-6354
MARTINEZ, RAQUEL

SPARTANBURG SC 29301
CASTRICOTTA
D/V/F 46
000026130

ADDRESSOGRAPH ONLY

Date: 8-16-05

Psychoeducational Groups: Attended: Education: ☐ No ☒ All ☐ Part Topic: <u>Roles I</u> Group Time: <u>11am</u> Method <u>ABC</u> Pt Response <u>1, 4, 8</u> Staff Signature/Time <u>Melanie Phillips RU4p</u> Education: ☐ No ☐ All ☐ Part Topic: _____ Group Time: _____ Method _____ Pt Response _____ Staff Signature/Time _____	Teaching Methods: A-Patient Education B-Written Material C-Audio/Video	Patient Response 1-Unable to state knowledge 2-Unable to state some knowledge 3-Unable to state full knowledge 4-Unable to show skill 5-Unable to show some skill 6-Unable to show full skill 7-Refused teaching 8-Say note below

Attended: Group therapy: ☐ No ☒ All ☐ Part

Group therapy: ☐ No ☒ All ☐ Part

Sleep: ☒ good ☐ insomnia ☐ difficulty falling asleep ☐ frequent awakening ☐ early awakening

Appetite: ☒ good ☐ poor ☐ fluctuates

ADLs: ☐ OK ☒ impaired lethargic

Mood/Affect: ☐ angry ☐ anxious ☒ appropriate ☐ bright/cheerful ☐ depressed ☐ labile

Cognition: ☒ poor concentration ☐ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre

Support: ☒ yes ☐ no ☐ limited

SMH: ☐ yes ☒ no ☐ contraindicated for safety

Meds: ☒ compliant ☐ non compliant discontinue d. concentration

Appearance: ☒ casual ☐ unkempt ☐ unclean

Speech: ☐ normal ☐ rapid ☐ slow ☒ slurred ☐ pressured

Insight/Judgment: ☐ good ☒ fair ☐ poor

Behavior/Participation: ☐ appropriate ☐ monopolizing ☒ drowsy ☐ resistant ☐ hostile

Level of Participation: ☐ active ☐ minimal ☒ when cued ☐ none

Time of Session	Prob. #	Date	Progress Note
9a	all	8/16/05	Reported feeling well-which, but in classroom. Stated that she met a person yesterday, who was very supportive. Feels better, but still has some trouble staying awake for groups. Very apologetic about classroom. - K. Hunsley, etc.
2p	all	8/16/05	Pt. participated actively and appropriately in group therapy. Shared positive support & greater number who shared similar feelings. Offered positive solution & encouragement. - K. Hunsley, etc.
11a	all	8/16/05	(late entry) Raquel was very sleepy in group. Able to participate @ brief intervals, but falls asleep in between times, possibly d/t meds. - Melanie Phillips RU

PARTIAL HOSPITALIZATION PROGRAM PROGRESS NOTES

PAGE 1 OF 2

SPARTANBURG SC 29301
CASTRIOTTA
G/W/F [REDACTED] 46
000026130

ADDRESSOGRAPH ONLY

Date: 8-17-03

Psychoeducational Groups:

Teaching Methods:
A-Parent Education
B-Written Material
C-Audio/Video

Part of Responses
1-Unable to state knowledge
2-Able to state some knowledge
3-Able to state full knowledge
4-Unable to show skill

5-Able to show some skill
6-Able to show full skill
7-Refused teaching
8-See note below

Attended: _____

Education: ☒ No ☐ All ☐ Part Topic: alcohol

Group Time: 11A Method _____ PL Response _____ Staff Signature/Time _____

Education: ☒ No ☐ All ☐ Part Topic: _____

Group Time: _____ Method _____ PL Response _____ Staff Signature/Time _____

Group therapy: ☒ No ☐ All ☐ Part

Level of Participation: ☐ active ☐ minimal ☐ when cued ☐ none

Time of Session	Prob. #	Disc.	Progress Note
9a 9:00 9:15	-		about - called Zeph, very reliable. - Blum ex Respect called this AM several times & left messages - she really had some distorted thoughts about sch. to injt but then stated she would not be attending PHP - she requested Klonopin be called to pharmacy - It sounds good on phone. Debbie D. Hudson & Called at back & told Reg p talking - Dr. Ashtute that her med (Klonopin) could not be called in & he's coming to td - told her that she would need to get someone to drive her & she agrees. Debbie D. Hudson
2:30 2:45	1		

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PARTIAL HOSPITALIZATION PROGRAM
PROGRESS NOTES

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08-10-05 -6354
MARTINEZ, RAQUEL

SPARTANBURG SC 29301
CASTRICOTTA
E/W/F 46
000026130

ADDRESSOGRAPH ONLY

Date: 8-18-05

Psychoeducational Groups:	Teaching Methods: A-Parient Education B-Written Material C-Audio/Video	Patient Response: 1-Unable to state knowledge 2-Able to state some knowledge 3-Able to state full knowledge 4-Unable to show skill 5-Able to show some skill 6-Able to show full skill 7-Refused teaching 8-See note below
Attended:		
Education: ☐ No ☒ All ☐ Part	Topic: Relaxation + Meditation	
Group Time: 1p	Method: ABC	Pt. Response: 2,5 Staff Signature/Time: Melanie Phillips RN 4p
Education: ☐ No ☒ All ☐ Part	Topic: Self Esteem Exercise	
Group Time: 2p	Method: 46	Pt. Response: 2/5 Staff Signature/Time: Jan 7 Mon 330p

Attended: Group therapy: ☐ No ☒ All ☐ Part
Group therapy: ☐ No ☒ All ☐ Part

Sleep: ☐ good ☐ insomnia ☐ difficulty falling asleep ☒ frequent awakening ☐ early awakening
Appetite: ☒ good ☐ poor ☐ fluctuates route to eat. (distal hemis).
ADLs: ☐ OK ☐ impaired
Mood/Affect: ☒ angry ☐ anxious ☐ appropriate ☐ bright/cheerful ☐ depressed ☐ labile
Cognitions: ☐ poor concentration ☐ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre frustrated.
Support: ☐ yes ☐ no ☒ limited Parents
SI/MI: ☐ yes ☒ no ☐ contracts for safety
Med: ☒ compliant ☐ non compliant
Appearance: ☒ casual ☐ unkempt ☐ unclean
Speech: ☒ normal ☐ rapid ☐ slow ☒ slurred ☐ pressured
Insight/Judgment: ☐ good ☐ fair ☒ poor
Behavior/Participation: ☐ appropriate ☐ monopolizing ☒ drowsy ☐ resistant ☒ hostile
Level of Participation: ☐ active ☐ minimal ☒ when cued ☐ none

Item of Interest	Prob. #	Date	Progress Note
9a all SS			To hemisphere and diagnosis. Grab- try to get medical records. Stick to me thing a finish. Shared having argument & parents - had to ensure when she was well enough to finish. I tried getting frustrated that some one not want records. - K. M. M. K.
11a all SS			Actively and appropriately participated in group therapy discussion of communication styles. She identified herself as primarily affecting in social interaction and sociality. Explored implications for communication and possible problems. - K. M. M. K.

THE CAROLINA CENTER FOR BEHAVIORAL HEALTH

PARTIAL HOSPITALIZATION PROGRAM
PROGRESS NOTES

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2025510013 PHP
08-10 CS -6354
MARTINEZ, RAQUEL

SPASTANBURG SC 29301
CASTRIGTA

D/W/F 46
030324-130 ADDRESSOGRAPH ONLY

Date: 8-19-05

Psychoeducational Groups:	Teaching Methods: A- Patient Education B- Written Material C- Audio/Video	Patient Responses: 1- Unable to state knowledge 2- Able to state some knowledge 3- Able to state full knowledge 4- Unable to show skill 5- Able to show some skill 6- Able to show full skill 7- Refused teaching 8- See note below
Attended:		
Education: ☐ No ☒ All ☐ Part Topic: <u>Self Esteem Exercise</u>		
Group Time: <u>11A</u> Method <u>A/B</u> Pt. Response <u>2/5</u> Staff Signature/Time <u>Debbie D. Hudson MD 1:30</u>		
Education: ☐ No ☒ All ☐ Part Topic: <u>Progress in TX</u>		
Group Time: <u>2p</u> Method <u>A/B</u> Pt. Response <u>2/5</u> Staff Signature/Time <u>Debbie D. Hudson MD 3:30</u>		

Attended: Group therapy: ☐ No ☒ All ☐ Part
Group therapy: ☐ No ☒ All ☐ Part

Sleep: ☐ good ☐ insomnia ☐ difficulty falling asleep ☐ frequent awakening ☐ early awakening
Appetite: ☐ good ☒ poor ☐ fluctuates Wants to eat
ADLs: ☒ OK ☐ impaired
Mood/Affect: ☐ angry ☐ anxious ☐ appropriate ☐ bright/cheerful ☒ depressed ☐ labile
Cognitions: ☐ poor concentration ☒ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre
Support: ☒ yes ☐ no ☐ limited
Suicidal: ☐ yes ☒ no ☐ contracts for safety
Meds: ☒ compliant ☐ non compliant
Appearance: ☒ casual ☐ unkempt ☐ unclear
Speech: ☒ normal ☐ rapid ☐ slow ☒ slurred ☐ pressured
Insight/Judgment: ☐ good ☒ fair ☐ poor
Behavior/Participation: ☐ appropriate ☐ monopolizing ☐ drowsy ☐ resistant ☐ hostile fearful
Level of Participation: ☒ active ☐ minimal ☐ when cued ☐ none

Time of Session	Prob #	Disc	Progress Note
9a-11:55			Reported heartburn, feeling well until last sleep. Shared that she feels "freaked out" that she has no weapons in her home. Shared thinking about dead toddler that she was involved in at work - goal - to stop thinking about toddler, re-expressing event - distressed because she knew officer involved. Really vulnerable not having a weapon. Became agitated & fearful talking about vulnerability - K. M. M. D. R.
11a-1:55			Pt states she has a positive self-esteem. Debbie D. Hudson MD
1p-3:55			Pt participated in a weekend plan to write weekend contract. Had difficulty writing well-balanced contract, eventually coming up with healthy thoughts. Declined to share in group. K. M. M. D. R.

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PARTIAL HOSPITALIZATION PROGRAM
PROGRESS NOTES

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202510010 FHE
04-10-05 -6354
MARTINEZ, RAQUEL
SPARTANBURG SC 29301
CASTRIOTTA
D/W/F [REDACTED] 46
000026130

ADDRESSOGRAPH ONLY

Date: 8-22-05

Psychoeducational Groups: Attended: Education: ☐ No ☒ All ☐ Part Topic: Affirmations Group Time: 1p Method A,B Pt Response 2.5 Staff Signature/Time Melanie Phillips RN 4p Education: ☐ No ☒ All ☐ Part Topic: Meditation Group Time: 2p Method A,B Pt Response 2.5 Staff Signature/Time M Phillips RN 4p	Teaching Methods: A-Patient Education B-Written Material C-Audio/Video	Patient Response: 1=Unable to state knowledge 2= Able to state some knowledge 3= Able to state full knowledge 4= Unable to show stuff 5= Able to show some skill 6= Able to show full skill 7= Refused teaching 8= See note below

Attended: Group therapy: ☐ No ☒ All ☐ Part
Group therapy: ☐ No ☒ All ☐ Part

Sleep: ☐ good ☐ insomnia ☒ difficulty falling asleep ☒ frequent awakening ☐ early awakening

Appetite: ☐ good ☐ poor ☐ fluctuates "OK"

ADLs: ☒ OK ☐ impaired

Mood/Affect: ☒ angry ☐ anxious ☐ appropriate ☐ bright/cheerful ☐ depressed ☐ labile "helplessness?"

Cognition: ☒ poor concentration ☒ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre "confused"

Support: ☐ yes ☐ no ☒ limited "disagreements, parents"

SI/MI: ☐ yes ☒ no ☐ contracts for safety

Meds: ☒ compliant ☐ non compliant

Appearance: ☒ casual ☐ unkempt ☐ unclean

Speech: ☐ normal ☒ rapid ☐ slow ☒ slurred ☐ pressured

Insight/Judgment: ☐ good ☐ fair ☒ poor

Behavior/Participation: ☐ appropriate ☐ monopolizing ☐ drowsy ☐ resistant ☒ hostile "about parents"

Level of Participation: ☒ active ☐ minimal ☐ when cued ☐ none

Time of Session	Prob	Obs	Progress Note
9a	8/25		Hand pain, rt nerve headache. Hand disfigurements i parents about organizing her clothing. Ca stress-car, circadian and aquarium broke down etc. Ca "just about same attack because 2 fear side effects". -Klemmer etc
11a	8/25		Pt completed Buss scales. rated 7 (moderate) on dysmoria and 22 (moderate) on anxiety. Displayed irritability & confusion, sometimes forgetting what she was talking about. -Klemmer etc
12p	8/25		Pt stayed up to visit. too aggressive detor from total. Has displayed ↑ confused thinking & speech today. -Klemmer etc

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08-10-05

-6354

MARTINEZ, RAQUEL

The Carolina Center for Behavioral Health

SPARTANBURG SC 29301

INTERDISCIPLINARY TREATMENT PLAN/
PARTIAL HOSPITALIZATION

CASTROTTA

D/M/F

46

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ADMITTING DIAGNOSES (DSM-IV)

AXIS I Psychosis secondary to withdrawal	AXIS III Hypertension
From Benzodiazepines	TMJ Disorder
Rule out Bipolar Disorder vs OCD	Migraine Headaches
	AXIS IV None Mild x Mod Sev Ext Catast
AXIS II Deferred	AXIS V GAF Past Year: unknown Current: 50 - 60

PROBLEM LIST

1. Stress Management
2. Anxiety

TREATMENT PLAN Prescribed Treatment Modalities (as ordered by Attending Physician)

Status Codes: 1-Open/Active 2-Deferred 3-Resolved/Achieved

Treatment/Interventions	Prob #	Date	Desired Outcome of Interventions (STGs)	Target	Met
Name of Intervention: Group Therapy Frequency: Daily Duration: 1 ½ hours daily # of Sessions: 20 Responsible Person:	1	8/18/05	1. Raquel will identify and begin using 3 skills used to manage current stressors.	9/1/05	
Social Services					

Date Reviewed: _____
Status Code: _____Date Reviewed: _____
Status Code: _____Date Reviewed: _____
Status Code: _____Date Reviewed: _____
Status Code: _____

2025510013 PHP
08-10-05 -6354
MARTINEZ RAQUEL

The Carolina Center for Behavioral Health

SPARTANBURG SC 29301
CASTRIOTTA

**INTERDISCIPLINARY TREATMENT PLAN/
PARTIAL HOSPITALIZATION**

D/W/F 46

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Patient Identification

Treatment/Interventions	Prob #	Date	Desired Outcome of Interventions (STGs)	Target	Met
Name of Intervention: Healthy Life Skills Frequency: Daily Duration: 1 hour # of Sessions: 10 Responsible Person:	2	8/18/05	2. Raquel will identify and begin using 3 self nurturing skills to manage feelings of anxiety.	9/1/05	
Nursing					

Date Reviewed: _____ Date Reviewed: _____ Date Reviewed: _____ Date Reviewed: _____
Status Code: _____ Status Code: _____ Status Code: _____ Status Code: _____

Treatment/Interventions	Prob #	Date	Desired Outcome of Interventions (STGs)	Target	Met
Name of Intervention: Frequency: Daily Duration: 1 hour # of Sessions: 10 Responsible Person:			3.		
Nursing					

Date Reviewed: _____ Date Reviewed: _____ Date Reviewed: _____ Date Reviewed: _____
Status Code: _____ Status Code: _____ Status Code: _____ Status Code: _____

03-10-05 -6354
MARTINEZ, RAQUEL

The Carolina Center for Behavioral Health
INTERDISCIPLINARY TREATMENT PLAN/
PARTIAL HOSPITALIZATION

SPARTANBURG SC 29301
CASTRIOTTA
D/W/F 46
Page 3 of 3 000026130 Patient Identification

Treatment/Interventions	Prob #	Date	Desired Outcome of Interventions (STGs)	Target	Met
Name of Intervention:					
Frequency:					
Duration:					
# of Sessions:					
Responsible Person:					

Date Reviewed: _____ Date Reviewed: _____ Date Reviewed: _____ Date Reviewed: _____
Status Code: _____ Status Code: _____ Status Code: _____ Status Code: _____

Treatment/Interventions	Prob #	Date	Desired Outcome of Interventions (STGs)	Target	Met
Name of Intervention:					
Frequency:					
Duration:					
# of Sessions:					
Responsible Person:					

Date Reviewed: _____ Date Reviewed: _____ Date Reviewed: _____ Date Reviewed: _____
Status Code: _____ Status Code: _____ Status Code: _____ Status Code: _____

I have participated and agree with the goals of my treatment plan. I have been given the opportunity to ask questions and make suggestions concerning my treatment.

DISCHARGE CRITERIA: I understand that the criteria for determining my appropriateness for discharge include my ability to manage the problems identified during my treatment in PHP. I further understand that when I experience an improvement in level of functioning and a decrease in symptoms that no longer require treatment in PHP, that I will be considered for discharge.

Patient Signature: Raquel Martinez Date/Time 03/18/05 / 02:12pm
Staff Signature/Discipline: Kathy Smith, RN Date/Time 3-18-05 / 2:11pm

the CAROLINA CENTER for BEHAVIORAL HEALTH

ACTIVITIES THERAPY ASSESSMENT

1124840016
08/22/05
MARTINEZ, RAQUEL212A
6354SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F
26130 46

Page 1 of 2

Patient Identification

I. PATIENT INFORMATION: Name: <u>Racquel M.</u> Unit: <u>2</u>						
Physical Restriction / Precautions: <u>Note Noted</u>						
Strengths / Weaknesses: <u>"Think quick on my feet" "Remember names"</u>						
II. GENERAL BEHAVIOR	Appropriate	Minimal	Moderate	Disabled	Severe Dysfunction	Comments
A. Appearance / Grooming	Appropriate grooming and dress	<u>Minimally Unkempt</u>	Adequate Hygiene Poor Dress	Poor Hygiene Poor Dress	Severely Disheveled	
B. Attitude Toward Hospitalization	Motivated	<u>Somewhat Motivated</u>	Indifferent	Uncooperative	Involuntary Hostile	
C. Affect	Full Range	<u>Restricted</u>	Blunted Flat	Not Congruent	Labile Hostile	
III. PERFORMANCE						
A. Decision Making / Problem Solving	Independent	<u>Needs Support</u>	Intermittent Req. Moderate Support	Impulsive / Apathetic	Totally Dependent Poor Judgment	
B. Socialization Skills	Initiates Interaction	<u>Responsive to Interaction</u>	Occasional Interaction	Needs Prompting Initiates	Isolative Dominating	
C. Communication Skills	Assertive Verbalizes Feelings	<u>Assertive</u>	Difficulty Identifying Feelings	Passive Aggressive Manipulative	Aggressive Withdrawn	
D. Coping Skills	Constructive Outlets	<u>Limited Positive Outlets</u>	Unable to Identify Positive Outlets	Destructive	Bullying Homicidal	
E. Attention Span / Concentration	Able to Focus for Duration of Task	<u>Difficult</u>	Frequent Distraction Required	Easily Distracted Preoccupied	Unable to Focus	
F. Frustration Tolerance	Verbalizes and Adapts	<u>Difficulty Adapting</u>	Derailing Self Derails Others / Task	Abandons Task	Destructive	
G. Memory / Orientation	<u>Oriented x 4</u>	Occasionally Inconsistent to Situation	Intermittently Confused	Requires Frequent R/O	Psychotic Severely Confused	
H. Insight	Acknowledges Own Problems	<u>Partially Recognizes Own Problems</u>	Recognizes Own Problems/Confronted	Displaces Responsibility (Denial)	Unable to Acknowledge Problems	
I. Self-Esteem	Acknowledges Strength / Skills	<u>Difficulty Identifying Strength / Skills</u>	Self Depreciating Rejecting	Worthlessness Grandiosity	Self Destructive	
J. Leisure Skills	Varied Interests Regularly Involved	<u>Limited Interests Regularly Involved</u>	Interests But Involved Sporadically	Interests But Not Currently Involved	No Current Interests or Involvement	
K. Independent Living Skills / Vocational Skills	<u>Independent</u>	Minimal Assistance Unknown or Vague Goals	Lacks Initiative / Motivation	Requires Positive Education & Direction	Totally Dependent	
IV. DESCRIBE HOW AND WHERE PATIENT SPENDS LEISURE TIME / ANY IDENTIFIED VOCATIONAL ISSUES OR CONCERNS AND LEISURE ED. REQUIREMENTS:						
<u>"Spend time in cats, quilt, read"</u>						
V. SUMMARY OF TREATMENT PROBLEMS AND GOALS: <u>Pt states she has a problem getting off the meds in an, and</u>						
<u>wants to get / stay off medication, deal issues that caused it. Pt will attend</u>						
<u>group to develop coping skills through structured activities and</u>						
<u>social interaction.</u>						

CS001-04 Rev. 8/99

Judyann Adams, AT
Signature: [Signature]

8/25/05
Date / Time:

212A
/6354

INTERDISCIPLINARY TREATMENT PLAN

PAGE 1 of 2 Patient Identification

CARE PLAN INITIATED BY: Karen Medlock RN DATE: 8-22-05
DATE OF ADMISSION: 8-22-05 PROGRAM: Adult psych

DIAGNOSES:
AXIS I: Psychosis 2° to Wernicke's Encephalopathy, R/O Bipolar vs OCP, depressed.
AXIS II: depressed
AXIS III: HTN, Migraine, HA, TMJ, arthritis
AXIS IV: occupational, social, loss of job
AXIS V: 40

PATIENT'S ASSETS:
☐ General Fund of Knowledge
☐ Average or Above Intelligence
☐ Supportive Family / Friends
☐ Motivation for Treatment / Growth
☐ Capable of Independent Living
☐ Work Skills
☐ Religious Affiliation
☐ Physical Health
☐ Active Sense of Humor
☐ Ability for Insight
☐ Communication Skills
☐ Financial Means
☐ Special Hobby / Interest
☐ Other: _____

PATIENT'S STRESSORS:
☐ Loss (of Whom or What): _____
☐ Legal Issue
☐ Marital or Family Conflict
☐ Financial Difficulties
☐ Traumatic Event
☐ Educational Concerns
☐ Substance Abuse
☒ Medication Change or Non-Compliance
☐ Occupational Concerns
☐ Health Problems
☐ Other: _____

[illegible]

The Carolina Center for Behavioral Health
2700 E. Phillips Road
Greer, SC 29650

1124840016 212A
08/22/05 2 6354
MARTINEZ, RAQUEL

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F
2613

TREATMENT PLAN - PROBLEM SHEET

PAGE 1 of 2 Patient Identification

PROBLEM: ALTERATION IN MOOD: DEPRESSED

PROBLEM #: ①

AS MANIFESTED BY:
(Please specify)

- ☒ Poor Concentration: ↑ confusion, slurred speech
- ☒ Insomnia: ~~Phys~~ difficulty to sleep 5-7?
- ☒ Crying Spells: @ X's
- ☒ Hopelessness: on admission from PHP
- ☒ Withdrawn: socially
- ☒ Anhedonia:
- ☒ Poor Appetite: decreased
- ☒ Weight Loss (# of lbs.): 5 lbs in last couple of months
- ☒ Fatigue: Phys to work
- ☒ Other: Irritability, fragmented, disorganized thoughts.

LONG-TERM GOALS: (Discharge Criteria)

- ☒ Patient's depressive signs and symptoms will stabilize to the point patient can safely be discharged.
- ☒ Patient will report and demonstrate improved mood and absence of suicidal ideation.
- ☒ Patient will state there is purpose and hope in life.
- ☒ Patient is using new way to decrease depression.
- ☒ Patient will be able to discuss options for future beyond feelings of hopelessness and helplessness.

SHORT-TERM GOALS:

Date	Number	Goals	Target Date	Date Resolved
8-22-05	N/A	☐ Patient will not harm self and will report any SI to staff.	9-1-05	8/20
	①	☒ Patient will express how his/her behavior increases and decreases depressed mood.		
	②	☒ Patient will identify life situations that contribute to depressed mood.		
	③	☒ Patient participates actively and appropriately in groups as indicated by		
	④	☐ Patient will develop a plan including 3 new coping skills to manage depressed mood more effectively.		
8-22-05	N/A	☐ Patient will report absence of suicidal or homicidal thoughts.	9-1-05	8
	⑤	☒ Patient will sleep 7-8 hrs. per night restfully for 3 consecutive days.		

TREATMENT PLAN - PROBLEM SHEET

PAGE 2 of 2

SHORT-TERM GOALS:

Date	Number	Goals	Target Date	Date Resolved
8-22-05	6	☒ Patient will be able to say why he/she is taking meds and identify possible side effects.	9-1-05	
	N/A	☐ Patient will report no crying spells for _____ days.		
	7	☒ Patient will report appetite has returned to normal.		
	8	☒ Patient demonstrates ability to implement new problem solving skills.		
8-22-05	9	☒ Patient will initiate interactions or offer feedback in groups at least _____ per day.	9-1-05	

INTERVENTIONS:

Date	Intervention	Frequency	Initiating Responsible Staff	Discipline
8/22/05	☒ Special observation to observe and assess mood feelings of hopelessness. 30 min. Checks Routine Checks	daily	Natasha P. MFT Nbg	
8/23/05	☒ Group Therapy 7 x per week. Individual Contact Daily	Daily	J. Juffs R	SS
8-22-05	☒ Medication Management with _____	daily	Jennifer C. RN Nbg	
8/22/05	☒ contact to allow ventilation of thoughts and feelings re: <u>feelings, concerns</u>	daily	D. Castriotta M.D.	
8/22/05	☒ Provide restful environment, monitor sleep patterns, provide sleep medications as appropriate.	q shift	Gwendolyn M. RN Nbg	
8-22-05	☒ Assist patient to identify goals daily and evaluate progress towards goals.	daily	Barbara D. RN Nbg	
8/23/05	☒ Coping skills group to assist patient in identifying alternative ways of coping with <u>depression</u>	1x/wk	Barbara D. RN Nbg	
	☐ Family therapy to address _____			
8/22/05	☒ Expressive therapy 7 x per week to address <u>healthy coping skills</u>	daily	Kmcox	AT

Quest Diagnostics Incorporated

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.677.2805

LABORATORY INFORMATION
PATIENT: AT4166901
LABORATORY: 7331916

PATIENT INFORMATION
MARTINEZ, RAQUEL

DOB: [REDACTED] AGE: 46
GENDER: F
SSN: 1-6354
ID: U2484
PHONE:

REPORT STATUS FINAL

ORDERING PHYSICIAN
CASTRIOTTA, RALPH J

CLIENT INFORMATION
A185329
CAROLINA CTR FOR BEHAV HEALTH
2700 E PHILLIPS RD
GREER, SC 29650-4815

COLLECTED: 08/23/2005 06:10 ET
RECEIVED: 08/24/2005 01:11 ET
REPORTED: 08/24/2005 05:53 ET

Test Name	In Range	Out of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL				AT
GLUCOSE	135	H	65-99 MG/DL FASTING REFERENCE INTERVAL	
UREA NITROGEN (BUN)	11		7-25 MG/DL	
CREATININE	0.7		0.5-1.2 MG/DL	
BUN/CREATININE RATIO	16		6-25 (CALC)	
SODIUM	141		135-146 MMOL/L	
POTASSIUM	3.9		3.5-5.3 MMOL/L	
CHLORIDE	102		98-110 MMOL/L	
CARBON DIOXIDE	26		21-33 MMOL/L	
CALCIUM	9.1		8.5-10.4 MG/DL	
PROTEIN, TOTAL	6.9		6.0-8.3 G/DL	
ALBUMIN	4.3		3.5-4.9 G/DL	
GLOBULIN	2.6		2.2-4.2 G/DL (CALC)	
ALBUMIN/GLOBULIN RATIO	1.7		0.8-2.0 (CALC)	
BILIRUBIN, TOTAL	0.4		0.2-1.3 MG/DL	
ALKALINE PHOSPHATASE	34		20-125 U/L	
AST	12		2-35 U/L	
ALT	11		2-40 U/L	
CBC (INCLUDES DIFF/PLT)				AT
WHITE BLOOD CELL COUNT	7.6		3.8-10.8 THOUS/MCL	
RED BLOOD CELL COUNT	4.12		3.80-5.10 MILL/MCL	
HEMOGLOBIN	12.9		11.7-15.5 G/DL	
HEMATOCRIT	38.1		35.0-45.0 %	
MCV	92.4		80.0-100.0 FL	
MCH	31.2		27.0-33.0 PG	
MCHC	33.7		32.0-36.0 G/DL	
RDW	13.4		11.0-15.0 %	
PLATELET COUNT	207		140-400 THOUS/MCL	
ABSOLUTE NEUTROPHILS	4393		1500-7800 CELLS/MCL	
ABSOLUTE LYMPHOCYTES	2493		850-3900 CELLS/MCL	
ABSOLUTE MONOCYTES	593		200-950 CELLS/MCL	
ABSOLUTE EOSINOPHILS	122		15-500 CELLS/MCL	
ABSOLUTE BASOPHILS	0		0-200 CELLS/MCL	

MARTINEZ, RAQUEL - AT4166901

Page 1 - Continued on Page 2

Quest Diagnostics Incorporated

QUEST DIAGNOSTICS INCORPORATED
NY SERVICE 800.877.8605

SPECIMEN INFORMATION
PATIENT ID: AT4163181
RELATIONSHIP: 7331917

COLLECTED: 08/23/2005 11:00 ET
RECEIVED: 08/24/2005 00:35 ET
REPORTED: 08/24/2005 08:30 ET

PATIENT INFORMATION
MARTINEZ, RAQUEL

DOB: [REDACTED] AGE: 46
GENDER: [REDACTED]
SSN: 6354
ID: 112484
PHONE:

Room: 212A

REPORT STATUS: FINAL

ORDERING PHYSICIAN
CASTRIOTTA, RALPH J

CLIENT INFORMATION
A185329 QGSP005
CAROLINA CTR FOR BEHAV HEALTH
2700 E PHILLIPS RD
GREER, SC 29650-4815

Test Name	In Range	Out of Range	Reference Range	Lab
URINALYSIS, COMPLETE W/REFLEX TO CULTURE				AT
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.019		1.001-1.035	
PH	7.5		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
~~OCCULT BLOOD~~	~~TRACE~~		~~NEGATIVE~~	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
WBC	0-5		< OR = 5 /HPF	
RBC	0-5		< OR = 5 /HPF	
SQUAMOUS EPITHELIAL CELLS	0-5		< OR = 5 /HPF	
BACTERIA	NONE SEEN		NONE SEEN /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	
REFLEXIVE URINE CULTURE	NO CULTURE INDICATED			AT
DRUG ABUSE PANEL 10-50 NO CONFIRM				AT

* THESE RESULTS ARE FOR MEDICAL TREATMENT ONLY *
* ANALYSIS WAS PERFORMED AS NON-FORENSIC TESTING *

AMPHETAMINES
(1000 ng/mL SCREEN) NEGATIVE
BARBITURATES NEGATIVE

~~BENZODIAZEPINES~~ POSITIVE
COCAINE METABOLITES NEGATIVE
MARIJUANA METABOLITES
(50 ng/mL SCREEN) NEGATIVE
METHADONE NEGATIVE

Handwritten signature and date: 8/26/05

P. MARTINEZ, RAQUEL - AT4163181

Page 1 - Continued on Page 2

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QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION
MARTINEZ, RAQUEL

REPORT STATUS FINAL

ORTED: 08/24/2005 08:30 ET

DOB: [REDACTED] AGE: 46
GENDER: F

ORDERING PHYSICIAN
CASTRIOTTA, RALPH J

Test Name	In Range	Out of Range	Reference Range	Lab
METHAQUALONE	NEGATIVE			
OPIATES		POSITIVE		
PHENCYCLIDINE	NEGATIVE			
PROPOXYPHENE	NEGATIVE			

* Reference footnote 1

Footnote 1

THE SUBMITTED URINE SPECIMEN WAS TESTED AT THE CUTOFFS LISTED BELOW.

DRUG CLASS	INITIAL TEST CUTOFF
AMPHETAMINES	1000 ng/mL
BARBITURATES	300 ng/mL
BENZODIAZEPINES	300 ng/mL
COCAINE METABOLITES	300 ng/mL
MARIJUANA METABOLITES	50 ng/mL
METHADONE	300 ng/mL
METHAQUALONE	300 ng/mL
OPIATES	300 ng/mL
PHENCYCLIDINE	25 ng/mL
PROPOXYPHENE	300 ng/mL

Handwritten: 2/c
6.28.05

PLEASE READ THIS IMPORTANT MESSAGE:

THIS DRUG SCREEN IS FOR MEDICAL USE ONLY. THE RESULTS ARE PRESUMPTIVE; BASED ONLY ON SCREENING METHODS, AND THEY HAVE NOT BEEN CONFIRMED BY A SECOND INDEPENDENT CHEMICAL METHOD. THESE RESULTS SHOULD BE USED ONLY BY PHYSICIANS TO RENDER DIAGNOSIS OF TREATMENT, OR TO MONITOR PROGRESS OF MEDICAL CONDITIONS.

PERFORMING LABORATORY INFORMATION

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084. Laboratory Director: WILLIAM N MILLER, MD
CLIA: 10C1255931

MARTINEZ, RAQUEL - AT4163181

Page 2 - End of Report

Quest Diagnostics Incorporated

PATIENT INFORMATION
MARTINEZ, RAQUEL

REPORT STATUS **FINAL**

QUEST DIAGNOSTICS INCORPORATED

REPORTED: 08/24/2005 05:53 ET

DOB: [REDACTED] AGE: 46
GENDER: F

ORDERING PHYSICIAN
CASTRIOTTA, RALPH J

Test Name	In Range	Out of Range	Reference Range	Lab
NEUTROPHILS	57.8		%	
LYMPHOCYTES	32.8		%	
MONOCYTES	7.8		%	
EOSINOPHILS	1.6		%	
BASOPHILS	0.0		%	
TSH W/REFLEX TO FT4	1.56		MIU/L	AT

> 20 YEARS: 0.40-5.50

FOR PREGNANT PATIENTS:

FIRST TRIMESTER 0.30-4.50
SECOND TRIMESTER 0.50-4.60
THIRD TRIMESTER 0.80-5.20

ALPROIC ACID 78 50-100 MG/L AT

PERFORMING LABORATORY INFORMATION

QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084, Laboratory Director: WILLIAM M. MILLER, MD
CLIA: 11DC255931

Handwritten signature and date: 8.25.05

MARTINEZ, RAQUEL - AT4166901

Page 2 - End of Report

2025510013 PHP
05-10-05 -6354
MARTINEZ, RAQUEL

OUTPATIENT ATTENDANCE

010025 Psych PHP ☒ IOP ☐
ADT IOP ☐
Adol. PHP ☐ IOP ☐

[illegible]

Notes:

✓ = Present ✕ = Absent

The Carolina Center for Behavioral Health

24840016-2121
STINEZ, RAQUEL

SPARTANBURG, SC 29301
CASTRIOTTA

Problem # 2 Potential for Physical Injury. not given

Evidenced by: ☐ frequent falls (explain) _____

☐ orthostatic hypotension (explain) _____

Other see Engineering, weekly report

Goals:

Patient will verbalize understanding of fall precautions while hospitalized

Patient will be able to request assistance when needed.

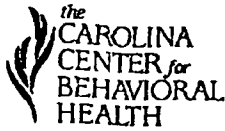
Patient will experience no falls while hospitalized

Others: _____

Interventions:

	Frequency	Discipline	Start	Stop
1. Staff will initiate fall precautions:	<u>11 per</u>	<u>Cardiac</u>	<u>MD 8/25</u>	<u>8/25</u>
2. Staff will educate patient re: fall precautions.	<u>11 per</u>	<u>Nsg</u>	<u>/</u>	<u>/</u>
3. Staff will document patient compliance with fall precautions.	<u>q shift</u>	<u>Nsg</u>	<u>/</u>	<u>/</u>
4. Staff will monitor effectiveness and side effects of medications.	<u>q shift</u>	<u>Nsg</u>	<u>/</u>	<u>/</u>
5. Staff will assist patient when out of bed.	<u>q shift</u>	<u>Nsg</u>	<u>/</u>	<u>/</u>
6. Identify assistive devices needed.	<u>11 per</u>	<u>MD</u>	<u>/</u>	<u>/</u>
7. Monitor vitals signs as ordered and as needed.	<u>11 per</u>	<u>Nsg</u>	<u>U</u>	<u>U</u>

Other Interventions:



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2700 E. Phillips Rd.
Greer, SC 29650

1124840016 212A
08/22/05 7635
MARTINEZ, RAQUEL
1
SPARTANBURG, SC 293
DR. CASTRIOTTA
S/W/F
26137

TREATMENT PLAN - PROBLEM SHEET

PAGE 1 of 2

Patient Identification

PROBLEM: OUT OF CONTACT WITH REALITY

PROBLEM #: 3

AS MANIFESTED BY: ☒ CONFUSION:

(Please specify)

☒ DELUSIONS:

☒ PARANOIA:

☒ HALLUCINATIONS:

☒ OTHER: inability to focus

LONG-TERM GOALS: (Discharge Criteria)

- ☒ Patient's symptomatology will be controlled to the point that patient can be discharged back to an independent living or structured living situation in the community.
- ☒ Patient and/or family verbalizes understanding of medication compliance for continued stabilization.

SHORT-TERM GOALS:

Date	Number	Goals	Target Date	Date Resolved
7-24	#1	☐ Patient accepts help from staff and others.	8-31	8/20
	#2	☒ Patient is oriented x 4 for 3 consecutive days.		
		☒ Patient states hallucinations are decreased or eliminated.		
		☐ Patient will no longer state delusions related to _____.		
		☐ Patient will no longer display paranoid behavior of _____.		
	#3	☒ Patient will state why he/she is taking meds and side effects to look for.		
	#4	☒ Patient can tell when thoughts / conversation is becoming delusional.		
	#5	☒ Patient knows 2 ways to distract self from hallucinations / delusional thinking.		

TREATMENT PLAN - PROBLEM SHEET

AGE 2 of 2

INTERVENTIONS: (Update with changing GTGs)

Date	Intervention	Frequency	Initiating Responsible Staff	Discipline
8-24	Special observation to observe and assess orientation. ☐ 15 min. checks ☐ 30 min. checks ☐ Routine checks ☐ Other:	q 15 mins	Dr. B. M. H. T.	N. S. J.
8-24	Individual therapy to assess psychosis / confusion. Medication to treat psychosis / confusion. Monitor results. Evaluation for other causes of confusion via CT, EEG, MRL Other:	Daily	Constance	M. S.
	☐ Group Therapy _____ x per week. ☐ Current Events / Orientation Group to improve orientation. ☐ ADL group to help patient continue to take care of self. ☐ Coping Skills Group. ☐ _____ Therapy to orient and assist in building coping skills.			
8-24	☐ Self-awareness Group to get patient involved in helping self, to keep patient involved and to meet with other people. ☒ Educate patient about their illness. ☐ Social activities daily to decrease isolation and to promote orientation. ☐ Administer meds as ordered. Educate re: benefits and side effects. ☐ Encourage patient to come to staff when having hallucinations, unreal thoughts. Interrupt hallucinations by calling patient's name and talking re: here and now. ☐ Talk with patient about the feelings experienced when having unreal thoughts and how real the thoughts seem. ☐ Talk clearly to avoid misunderstanding. ☐ Give feedback when patient can stay in reality. ☐ Educate about anxiety and how anxiety can increase unreal thoughts. ☐ Encourage patient to tell voices to go away. ☐ Keep patient active to distract him/her and stay in reality. ☐ Minimize anxiety by consistent staff assignment and establish trust and rapport. ☐ Keep patient oriented with clocks, signs, calendars, newspapers and talk with patient often to re-orient. ☐ Start and follow a routine with the patient daily. ☐ Encourage patient to wear a watch, eyeglasses, hearing aid if he / she has them. ☐ Call patient by name and speak in clear terms. Explain tasks to patient in simple, short steps. ☐ Offer the patient clear, simple explanations of environmental events, activities and behavior of other patients when necessary. ☐ Keep patient active and prevent isolation which can lead to confusion. ☐ Teach patient and/or family re: medication compliance with ☐ Provide decreased stimulation by:	1/2 hr	Barbara D. H.	N. S. J.

The Carolina Center for Behavioral Health
2700 E. Phillips Road
Greer, SC 29650

24840016 212A
8/22/05 176354
ANTINEZ, RAQUEL

SPARTANBURG, SC 29301
CASTRIOTTA

TREATMENT PLAN - PROBLEM SHEET

PAGE 1 of 2 Patient Identification

PROBLEM: CURRENT MEDICAL PROBLEM: PT in health maintenance PROBLEM #: 4

AS MANIFESTED BY: 4/10 8-2
(Please specify)

LONG-TERM GOALS: (Discharge Criteria)

- ☒ 4-10 will be sufficiently stabilized.
☐ can be managed on an outpatient basis.

SHORT-TERM GOALS:

Date	Number	Goals	Target Date	Date Resolved
8-24	#1	☒ Patient will verbalize understanding of medical recommendations.	8-31	8-30
	#2	☒ Patient will follow medical recommendations.		
		☐ Patient will verbalize understanding of disease process and ongoing treatment for		
	#3	☒ Patient can identify <u>3</u> symptoms that would warrant further treatment.		
		☐ Patient will participate in the management, stabilization, resolution of		
		☐ Patient demonstrates the ability to operate (appropriate medical self assessment equipment).		
		☐ Patient demonstrates ability to perform (self medical care).		

TREATMENT PLAN - PROBLEM SHEET

PAGE 2 of 2

INTERVENTIONS:

Date	Intervention	Frequency	Initiating Responsible Staff	Discipline
8-24	☒ Monitor <u>W/S JCS diagnosis, tra</u> ☐ Provide disease / treatment education: re (including signs and symptoms)	q 4 hr	Bruce M. Lee	NSF
8-24	☒ Provide medical education including side effects. ☐ Appropriate consultation and work-up for via	x 1 q 4 hr	Mary P. Lee	NSF
8-24	☒ Assess patient's condition and response to treatment via <u>daily assessment</u> ☐ Provide education on appropriate method of (equipment) use. ☐ Schedule medical follow-up appointments and provide these to patient in writing.	daily	Carl Smith	NSF

The Carolina Center for Behavioral Health
2700 E. Phillips Rd.
Greer, SC 29650

INTERDISCIPLINARY TREATMENT PLAN
UPDATE - INPATIENT

1124840016 2121
08/22/05 /6354
MARTINEZ, RAQUEL

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/M/F
26133

Patient Identification

DATE REVISED: 8/23/05 DX CHANGED? Yes ☒ No ☒
If Yes: Axis I _____ Axis II _____ Axis III _____

INDICATE REASON(S) PATIENT CONTINUES TO NEED HOSPITALIZATION:

____ Suicidal Ideation _____ Danger to Self or Others _____ Severely Impaired Disorder of Thoughts or Perception
____ Severe Impairment of Level of Functioning _____ Severe Depression / Anxiety _____ Medication Stabilization
____ Discharge May Exacerbate Illness _____ Post-Acute Detox Symptoms _____ Conduct Requires 24 Hour Supervision
Other: _____

PROGRESS IN TREATMENT	PROBLEM NUMBER									
	1	2	3	4	5	6	7	8	9	10
A. Progress as Expected	☒	☒								
B. No Progress. Continue Objectives										
C. Revise Objectives (Goals).										
D. Revise Interventions										
E. Problem Resolved										

(If Problems are Coded as C, D or E, Refer to the Problem List)

DESCRIBE PATIENT'S PROGRESS TOWARD GOALS IN BEHAVIORAL TERMS:

Precautions Continued/Initiated: Suicidal _____ Homicidal _____ Elopement _____ Fall ☒ Detox ☒

ESTIMATED CONTINUED LENGTH OF STAY: _____

DISCHARGE PLAN: (Circle relevant aftercare plan)

IOP _____ Aftercare Group _____ Outpatient Therapy ☒ 12 Step Recovery Group _____ Medication Management ☒ Family Therapy _____

OTHER: _____

REFERRALS INDICATED: _____

PATIENT / FAMILY INVOLVEMENT:

This Treatment Plan has been presented to and reviewed with the patient and/or family member. The patient and family have been given the opportunity to ask questions and make suggestions.

PATIENT SIGNATURE: _____ DATE / TIME: _____

FAMILY SIGNATURE (as applicable): _____ DATE / TIME: _____

PARTICIPATING TEAM MEMBERS:

Physician [Signature] DATE / TIME: 8-23-05 3:10 _____ DATE / TIME: _____

Nursing [Signature] DATE / TIME: 8/23/05 1:00 _____ DATE / TIME: _____

Activities Therapy _____ DATE / TIME: _____ Social Work _____ DATE / TIME: _____

Education _____ DATE / TIME: _____ Other _____ DATE / TIME: _____

Rev. 01-03

PAIN MANAGEMENT TREATMENT PLAN

Problem No.: 5 Open Date: 8-24-05 Resolved Date: _____
 Problem Name: Alteration in Comfort; Pain Related to: Myelogram, 10/1/05, 10/1/05
 As Manifested By: Initial Pain Assessment Score = 7
 Site/Symptoms: all over

Open Date: <u>8-24</u>	Short Term Goal(s):	Target Date	Achieved Date
1. Patient will articulate factors that intensify pain and modifies behaviors		<u>8-31</u>	
2. Patient expresses a feeling of comfort and decrease in pain to Level <u>4</u>			
3. Patient will complete Pain Assessment Comfort Guide, if pain is greater than or equal to four(4) upon admission.			

Date Added	Interventions (Include Frequency):	Date Closed	Staff Discipline
<u>8-24</u>	☒ Administer Medication <u>as ordered</u>	<u>8/26</u>	<u>NSG</u>
	Monitor effectiveness. Document Pain Assessment and Reassessment. Reasses every: <u>q4h</u>		<u>NSG</u>
	☐ Implement cognitive/ behavior/ techniques: ☐ Relaxation ☐ Guided Imagery Frequency: _____		
	☐ Exercise and Movement Therapy Frequency: _____		
	☒ Physical Agents: Hot/Cold Treatment, Frequency: <u>as ordered</u>		<u>MD</u>
	☐ Assess hours of sleep Onight		
	Teaching Approach: ☒ 1:1 ☐ Group ☒ Handouts ☐ Pictures ☐ Other: _____	<u>8/26</u>	<u>NSG</u>

The Carolina Center for Behavioral Health

Interdisciplinary Treatment Plan

T:\Pain\Painmgmt_Lpn 8/10/01

04/05/ADDRESSOGRAPH

SATERN

**PSYCH IOP AND PHP
DAILY CHECK-IN SHEET**

NAME RAQUEL "Rachel" MARTINEZ DATE 06-15-03

1. PHYSICAL WELL-BEING:

How does your body feel? Example: "Physically I feel well-rested, and I have a knot in my stomach. I have low energy." low energy, light-headed, dizzy, headachy

Are you in any pain? headachy

How well did you sleep last night? ok

How is your appetite? ok

2. ACTIVITIES OF DAILY LIVING:

How is your ability to perform daily functions (such as cleaning, driving, personal hygiene, parenting, etc.)? normal

3. EMOTIONAL WELL-BEING:

What emotions have you been experiencing? Some core feelings are *mad, sad, glad, and scared*. Are you having mood swings? Example: "I feel hopeless and sad." or "My moods change rapidly from sad to angry." nervous & lucky (no one knows why I'm here; family support is outstanding)

4. THOUGHTS PROCESSES:

Describe any impairment in your thought processes (for example, poor concentration, racing thoughts, poor memory, etc.) poor concentration

5. SUPPORT SYSTEM:

Describe any support, or lack of support, you received yesterday from family or friends. _____

incredible support from family & friends

THOUGHTS OF SUICIDE OR HOMICIDE:

Have you had any thoughts of killing yourself or others? ☐ Yes ☒ No If yes, what coping skills can you use to redirect these thoughts and keep from acting on them? _____

MEDICATION:

If you are on medications, are you taking them as prescribed and are you experiencing any possible side effects? yes

SETTING A GOAL:

Set a specific, attainable, and measurable goal for today that relates to your treatment. You should be able to determine at the end of the day if you accomplished your goal and, if not, what you need to do differently tomorrow. This also allows you to determine if your goal was appropriate for where you are and what you are capable of doing right now. take it day to day.

PARTICIPATION:

What needs to change in order for you to feel that you are progressing in your treatment process? What skills are you utilizing in order to meet your overall treatment goal? _____

10. MULTI-FAMILY SESSION:

We offer an optional multi-family session every Wednesday at 3:00 for as long as you attend this program. Do you have any family or a significant other who plan to attend the multi-family session with you? You only need to attend this session if family or a significant other is attending also.

11. PLEASE RATE YOUR SATISFACTION WITH THE PROGRAM SO FAR:

1	2	3	4	5	6	7	8	9	10
Dissatisfied		Not Sure			Pretty Good				Great

STAFF USE ONLY:

Reviewed by: K. Wunders Date: 5-15-05

**PSYCH IOP AND PHP
DAILY CHECK-IN SHEET**

NAME Raguel Martinez DATE 08/16/05

1. PHYSICAL WELL-BEING:

How does your body feel? Example: "Physically I feel well-rested, and I have a knot in my stomach. I have low energy."

Are you in any pain? headache

How well did you sleep last night? very well

How is your appetite? average

2. ACTIVITIES OF DAILY LIVING:

How is your ability to perform daily functions (such as cleaning, driving, personal hygiene, parenting, etc.)? _____

3. EMOTIONAL WELL-BEING:

What emotions have you been experiencing? Some core feelings are *mad*, *sad*, *glad*, and *scared*. Are you having mood swings? Example: "I feel hopeless and sad." or "My moods change rapidly from sad to angry." _____

4. THOUGHTS PROCESSES:

Describe any impairment in your thought processes (for example, poor concentration, racing thoughts, poor memory, etc.) _____

5. SUPPORT SYSTEM:

Describe any support, or lack of support, you received yesterday from family or friends. _____

THOUGHTS OF SUICIDE OR HOMICIDE:

Have you had any thoughts of killing yourself or others? ☐ Yes ☒ No If yes, what coping skills can you use to redirect these thoughts and keep from acting on them? _____

MEDICATION:

If you are on medications, are you taking them as prescribed and are you experiencing any possible side effects? hard to concentrate

SETTING A GOAL:

Set a specific, attainable, and measurable goal for today that relates to your treatment. You should be able to determine at the end of the day if you accomplished your goal and, if not, what you need to do differently tomorrow. This also allows you to determine if your goal was appropriate for where you are and what you are capable of doing right now. _____

PARTICIPATION:

What needs to change in order for you to feel that you are progressing in your treatment process? What skills are you utilizing in order to meet your overall treatment goal? _____

D. MULTI-FAMILY SESSION:

We offer an optional multi-family session every Wednesday at 3:00 for as long as you attend this program. Do you have any family or a significant other who plan to attend the multi-family session with you? You only need to attend this session if family or a significant other is attending also.

1. PLEASE RATE YOUR SATISFACTION WITH THE PROGRAM SO FAR:

1 2 3 4 5 6 7 8 9 10
Dissatisfied Not Sure Pretty Good Great

STAFF USE ONLY:

Reviewed by: K. Munder, LPC Date: 8-16-05

**PSYCH IOP AND PHP
DAILY CHECK-IN SHEET**

NAME Raquel Martinez DATE 08/18/05

1. PHYSICAL WELL-BEING:

How does your body feel? Example: "Physically I feel well-rested, and I have a knot in my stomach. I have low energy." heartburn, low energy, sleepy

Are you in any pain? yes

How well did you sleep last night? very well; kept waking up

How is your appetite? good- but hurts to eat

2. ACTIVITIES OF DAILY LIVING:

How is your ability to perform daily functions (such as cleaning, driving, personal hygiene, parenting, etc.)? very well

3. EMOTIONAL WELL-BEING:

What emotions have you been experiencing? Some core feelings are *mad, sad, glad, and scared*. Are you having mood swings? Example: "I feel hopeless and sad." or "My moods change rapidly from sad to angry." Had argument w/ mom & dad - had to ensure them I was okay enough to function.

4. THOUGHTS PROCESSES:

Describe any impairment in your thought processes (for example, poor concentration, racing thoughts, poor memory, etc.) want my records; frustration over no records.

5. SUPPORT SYSTEM:

Describe any support, or lack of support, you received yesterday from family or friends. See #3 above

6. THOUGHTS OF SUICIDE OR HOMICIDE:

Have you had any thoughts of killing yourself or others? ☐ Yes ☒ No If yes, what coping skills do you use to redirect these thoughts and keep from acting on them? _____

7. MEDICATION:

If you are on medications, are you taking them as prescribed and are you experiencing any possible side effects? heartburn, lightheadedness

8. SETTING A GOAL:

Set a specific, attainable, and measurable goal for today that relates to your treatment. You should be able to determine at the end of the day if you accomplished your goal and, if not, what you need to do differently tomorrow. This also allows you to determine if your goal was appropriate for where you are and what you are capable of doing right now. stick to one thing & finish. Try to organize myself. Trying to get my records from same

9. PARTICIPATION:

What needs to change in order for you to feel that you are progressing in your treatment process? What skills are you utilizing in order to meet your overall treatment goal? listening

10. MULTI-FAMILY SESSION:

We offer an optional multi-family session every Wednesday at 3:00 for as long as you attend this program. Do you have any family or a significant other who plan to attend the multi-family session with you? You only need to attend this session if family or a significant other is attending also.

STAFF USE ONLY:

Reviewed by: _____

K. Munnick

Date: _____

8-18-03

PSYCH IOP AND PHP
DAILY CHECK-IN SHEET

NAME Raquel Martinez DATE 082205

1. PHYSICAL WELL-BEING:

How does your body feel? Example: "Physically I feel well-rested, and I have a knot in my stomach. I have low energy." ok

Are you in any pain? yes

How well did you sleep last night? badly

How is your appetite? ok

2. ACTIVITIES OF DAILY LIVING:

How is your ability to perform daily functions (such as cleaning, driving, personal hygiene, parenting, etc.)? ok

3. EMOTIONAL WELL-BEING:

What emotions have you been experiencing? Some core feelings are *mad, sad, glad, and scared*. Are you having mood swings? Example: "I feel hopeless and sad." or "My moods change rapidly from sad to angry." anger, helplessness, emotional

4. THOUGHTS PROCESSES:

Describe any impairment in your thought processes (for example, poor concentration, racing thoughts, poor memory, etc.) poor concentration due to being angry

5. SUPPORT SYSTEM:

Describe any support, or lack of support, you received yesterday from family or friends. yesterday, for once, it sucked. otherwise, it was great

6. THOUGHTS OF SUICIDE OR HOMICIDE:

Have you had any thoughts of killing yourself or others? ☐ Yes ☐ No If yes, what coping skills do you use to redirect these thoughts and keep from acting on them? _____

7. MEDICATION:

If you are on medications, are you taking them as prescribed and are you experiencing any possible side effects? yes on meds, no side effects yet

8. SETTING A GOAL:

Set a specific, attainable, and measurable goal for today that relates to your treatment. You should be able to determine at the end of the day if you accomplished your goal and, if not, what you need to do differently tomorrow. This also allows you to determine if your goal was appropriate for where you are and what you are capable of doing right now. find out if I'm here voluntarily or involuntarily.

9. PARTICIPATION:

What needs to change in order for you to feel that you are progressing in your treatment process? What skills are you utilizing in order to meet your overall treatment goal? knowing when I'll leave, what's expected of me, what exactly happened when I had the episode.

10. MULTI-FAMILY SESSION:

We offer an optional multi-family session every Wednesday at 3:00 for as long as you attend this program. Do you have any family or a significant other who plan to attend the multi-family session with you? You only need to attend this session if family or a significant other is attending also.

n/a

STAFF USE ONLY:

Reviewed by: K. Mundy, etc. Date: 8-22-07

Rev. 01/94

the CAROLINA CENTER for BEHAVIORAL HEALTH

**PATIENT SELF INVENTORY/
ADULT**

1124840016

08/22/05

MARTINEZ, RAQUEL

I

SPARTANBURG, SC 29201

DR. CASTRIOTTA

S/W/F

26130

212A

3/6354

Page 1 of 2

Patient Identification

Patient Name: Raquel M. Date: 8/23/05

We would like to know how you are doing. Please check the answers that best describe your present situation. If questions do not apply to you, just ignore or write N/A (not applicable) in the appropriate space. Thank you.

1. How did you sleep? ☐ Well ☐ Fair ☒ Poor ☐ Requested medication
If your sleep was poor, please check the answers that best describe your sleep pattern or sleep difficulty.
☒ Restless ☒ Had difficulty getting to sleep
☒ Awoke early; couldn't get back to sleep ☒ Woke up on/off throughout the night
☐ Had difficulty awakening ☐ Didn't sleep at all
☒ Nightmares/flashbacks (describe) _____
2. My appetite is: ☐ Good ☐ Improving ☒ Poor
If poor, about what percentage of each meal did you eat?
50% Breakfast ☐ Lunch ☐ Dinner
3. My energy level is: ☐ Low ☒ Normal ☐ High ☐ Hyper
4. My ability to concentrate is: ☒ Good ☐ Improving ☐ Poor
5. If you are here for depression:
If "1" is the worst and "10" is the best, please rate how you are feeling today 5
6. Have you had suicidal thoughts today? ☐ Yes ☒ No ☐ On/Off
Constant - Please describe _____
*Please come and talk to staff right away about suicidal thoughts.
7. If you are here for anxiety:
If "1" is the worst and "10" is the best, please rate how you are feeling today _____
8. Panic/Anxiety Attack:
Have you had a panic attack today? ☐ Yes ☐ No
Have you had an Anxiety attack today? ☐ Yes ☒ No
How many times? _____ What preceded them? _____
9. Do you feel you are having any side effects from your medications? ☐ No ☒ Yes
Explain: anti-anxiety
10. Do you feel your current medications are effective? ☐ Yes ☐ No
Explain: ask Dr. Castriotta

Patient Self Inventory / Adult
Page 2 of 2

11. What issues are you currently working on with your therapist or doctor? _____

medication withdrawal; death issues
Do you feel you are making progress? thought so, still think
so, ask & Castriotta

12. What are your specific goals for today? get through therapy about
being sent to Unit 5.

How can we help you achieve them? _____

13. Did you meet yesterday's goal(s)? _____

14. Following discharge, what plans or life changes have you made to better take care of yourself? use coping skills that I have learned
here.

15. Would you like to talk about your treatment plan or suggest any changes to your plan?
____ Yes ☒ No

16. Is there anything else you would like to tell staff or questions you have? _____

17. If you begin discharge today, what are your specific plans after hospitalization?
the coping skills that I have learned here

18. Are you experiencing pain today? ☒ Yes ☐ No
Please describe the type of pain and location of pain you are experiencing.

headache, dizziness

Please rate your current level of pain

Please circle:

0 1 2 3 4 5 6 7 8 9 10

0 equals no pain, 10 equals worst pain

CD Patients Only:

19. If you are withdrawing from drugs or alcohol, how are you feeling physically, with "1" being the worst and "10" being the best?

Are you experiencing: ☐ Tremors ☒ Diarrhea ☐ Cravings ☐ Agitation
☐ Sedation ☐ Chilling

Reviewed by: [Signature] Date/Time: 8/23/05 10:00

**PATIENT SELF INVENTORY/
ADULT**

Page 1 of 2

1124840016 212A
08/22/05 /6354
MARTINEZ, RAQUEL

SPARTANBURG, SC 2930
DR. CASTRIOTTA
S/W/T
26130

Patient Identification

Patient Name: Raquel M. Date: 8/24/05

We would like to know how you are doing. Please check the answers that best describe your present situation. If questions do not apply to you, just ignore or write N/A (not applicable) in the appropriate space. Thank you.

1. How did you sleep? ☐ Well ☐ Fair ☒ Poor Requested medication _____
If your sleep was poor, please check the answers that best describe your sleep pattern or sleep difficulty.
☐ Restless ☐ Had difficulty getting to sleep
☒ Awoke early; couldn't get back to sleep ☐ Woke up on/off throughout the night
☐ Had difficulty awakening ☐ Didn't sleep at all
☐ Nightmares/flashbacks (describe) _____
2. My appetite is: ☐ Good ☐ Improving ☒ Poor
If poor, about what percentage of each meal did you eat?
☐ Breakfast ☐ Lunch ☐ Dinner
3. My energy level is: ☐ Low ☒ Normal ☐ High ☐ Hyper
4. My ability to concentrate is: ☒ Good ☐ Improving ☐ Poor
5. If you are here for depression:
If "1" is the worst and "10" is the best, please rate how you are feeling today _____
6. Have you had suicidal thoughts today? ☐ Yes ☐ No ☐ On/Off
Constant - Please describe _____
*Please come and talk to staff right away about suicidal thoughts.
7. If you are here for anxiety:
If "1" is the worst and "10" is the best, please rate how you are feeling today _____
8. Panic/Anxiety Attack:
Have you had a panic attack today? ☐ Yes ☐ No
Have you had an Anxiety attack today? ☐ Yes ☐ No
How many times? _____ What preceded them? _____
9. Do you feel you are having any side effects from your medications? ☒ No ☐ Yes
Explain: _____
10. Do you feel your current medications are effective? ☒ Yes ☐ No
Explain: _____

Patient Self Inventory / Adult
Page 2 of 2

11. What issues are you currently working on with your therapist or doctor? _____

drug dependence PTSD

Do you feel you are making progress? yes

12. What are your specific goals for today? get through work today

anxiety medication

How can we help you achieve them? _____

13. Did you meet yesterday's goal(s)? _____

14. Following discharge, what plans or life changes have you made to better take care of yourself? live with family close

15. Would you like to talk about your treatment plan or suggest any changes to your plan?

yes Yes no No

16. Is there anything else you would like to tell staff or questions you have? yes

able to take medication now and can't take it before

17. If you begin discharge today, what are your specific plans after hospitalization?

18. Are you experiencing pain today? ☒ Yes ☐ No

Please describe the type of pain and location of pain you are experiencing.

shoulder R. mid-chest area headache

Please rate your current level of pain

Please circle:

0 1 2 3 4 5 6 7 8 9 10

0 equals no pain, 10 equals worst pain

CD Patients Only:

19. If you are withdrawing from drugs or alcohol, how are you feeling physically, with "1" being the worst and "10" being the best?

Are you experiencing: ☐ Tremors ☒ Diarrhea ☐ Cravings ☐ Agitation
☐ Sedation ☐ Chilling

Re

ed by:

[Signature]

Date/Time:

8/24/05 9:21

the CAROLINA CENTER for BEHAVIORAL HEALTH

**PATIENT SELF INVENTORY/
ADULT**

1124840016

08/22/05

MARTINEZ, RAQUEL

212A

6354

SPARTANBURG, SC 29101

DR. CASTRIOTTA

S/W/F

26130

Page 1 of 2

Patient Identification

Patient Name: Raquel M. Date: 8/25/05

We would like to know how you are doing. Please check the answers that best describe your present situation. If questions do not apply to you, just ignore or write N/A (not applicable) in the appropriate space. Thank you.

1. How did you sleep? ☒ Well ☐ Fair ☐ Poor ☐ Requested medication
If your sleep was poor, please check the answers that best describe your sleep pattern or sleep difficulty.
☐ Restless ☐ Had difficulty getting to sleep
☐ Awoke early; couldn't get back to sleep ☐ Woke up on/off throughout the night
☐ Had difficulty awakening ☐ Didn't sleep at all
☐ Nightmares/flashbacks (describe) _____
2. My appetite is: ☒ Good ☐ Improving ☐ Poor
If poor, about what percentage of each meal did you eat?
25% Breakfast 50% Lunch 50% Dinner
3. My energy level is: ☐ Low ☒ Normal ☐ High ☐ Hyper
4. My ability to concentrate is: ☒ Good ☐ Improving ☐ Poor
5. If you are here for depression:
If "1" is the worst and "10" is the best, please rate how you are feeling today _____
6. Have you had suicidal thoughts today? ☐ Yes ☐ No ☐ On/Off
Constant - Please describe _____
*Please come and talk to staff right away about suicidal thoughts.
7. If you are here for anxiety:
If "1" is the worst and "10" is the best, please rate how you are feeling today _____
8. Panic/Anxiety Attack:
Have you had a panic attack today? ☐ Yes ☐ No
Have you had an Anxiety attack today? ☐ Yes ☐ No
How many times? _____ What preceded them? _____
9. Do you feel you are having any side effects from your medications? ☐ No ☐ Yes
Explain: _____
10. Do you feel your current medications are effective? ☒ Yes ☐ No
Explain: _____

Patient Self Inventory / Adult
Page 2 of 2

11. What issues are you currently working on with your therapist or doctor? removal
of medications
Do you feel you are making progress? yes
12. What are your specific goals for today? keep improving
How can we help you achieve them? keep supporting me
13. Did you meet yesterday's goal(s)? yes
14. Following discharge, what plans or life changes have you made to better take care of yourself? keep off medications
15. Would you like to talk about your treatment plan or suggest any changes to your plan?
Yes ☒ No
16. Is there anything else you would like to tell staff or questions you have? no
17. If you begin discharge today, what are your specific plans after hospitalization?
18. Are you experiencing pain today? ☒ Yes ☐ No
Please describe the type of pain and location of pain you are experiencing.
I seem to keep low-grade headache
Please rate your current level of pain
Please circle:
0 1 2 3 (4) 5 6 7 8 9 10
0 equals no pain, 10 equals worst pain

CD Patients Only:

19. If you are withdrawing from drugs or alcohol, how are you feeling physically, with "1" being the worst and "10" being the best? 8-9
- Are you experiencing: ☐ Tremors ☒ Diarrhea ☐ Cravings ☐ Agitation
☐ Sedation ☐ Chilling

Reviewed by: [Signature] Date/Time: 8/2/05 9:10

Patient's Name: Raquel M (2) MR#: 26/36

ACTIVITY THERAPY NOTE: WEEKLY PROGRESS DISCHARGE

GROUPS ATTENDED (Number): 0/3

GROUP CONTENT:

Music	Exercise	Stress Management
Leisure Skills	Anger Management	Leisure Education
Reminiscence	Self Esteem	Communication Skills
Relaxation	Other _____	

PARTICIPATION LEVEL:

PBX # 1 GOAL # 4

None Minimal Active

PROGRESS TOWARD GOAL:

None Minimal Partial Achieved

pt refused to attend AT groups offered

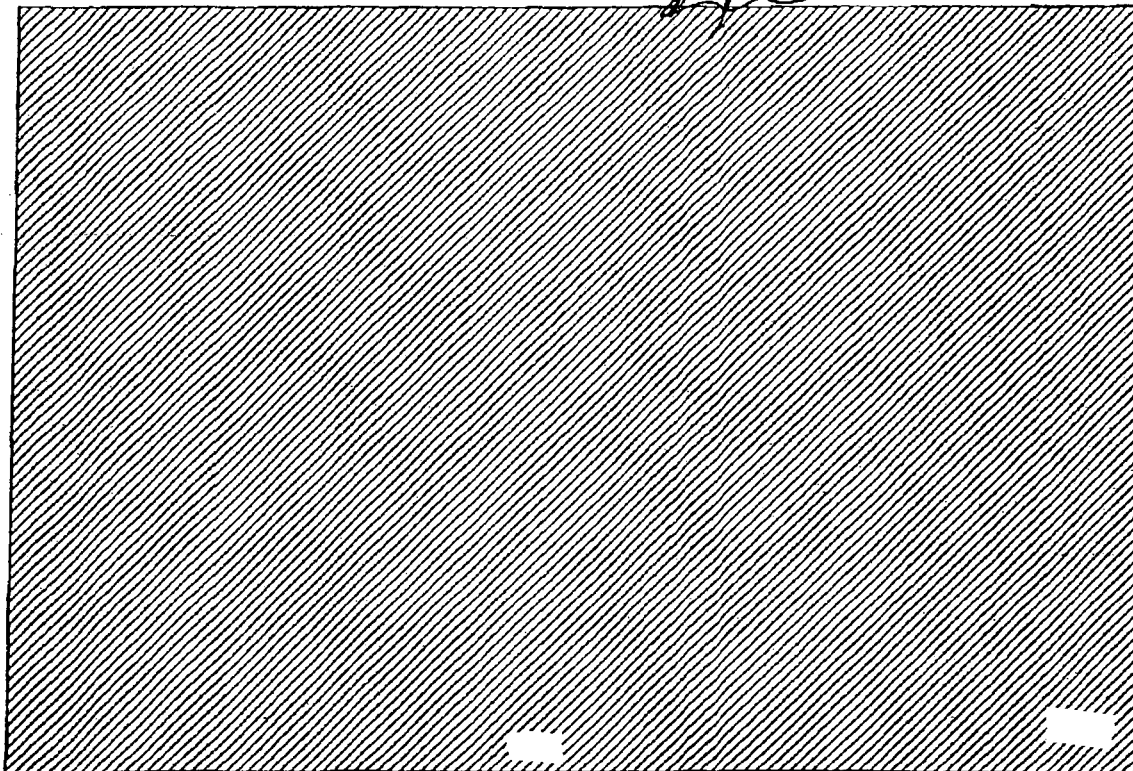
RECOMMENDATIONS:

☐ Continue interventions
☐ Revised/New Intervention
☒ Follow-up with Luther Drexler
☐ Other _____

8-26-05
Date/Time

Michael G.
Staff Signature

REV: 10/02



the CAROLINA CENTER for BEHAVIORAL HEALTH

**PATIENT SELF INVENTORY/
ADULT**

1124840016
08/22/05
MARTINEZ, RAQUEL

212A
/6354

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/M/F
26135

Page 1 of 2

Patient Identification

Patient Name: Raquel M. Date: 8-26-05

We would like to know how you are doing. Please check the answers that best describe your present situation. If questions do not apply to you, just ignore or write N/A (not applicable) in the appropriate space. Thank you.

1. How did you sleep? Well ☒ Fair ☐ Poor ☐ Requested medication
If your sleep was poor, please check the answers that best describe your sleep pattern or sleep difficulty.
Restless ☐ Had difficulty getting to sleep ☐
Awoke early; couldn't get back to sleep ☐ Woke up on/off throughout the night ☐
Had difficulty awakening ☐ Didn't sleep at all ☐
Nightmares/flashbacks (describe) wake up in terror crying ☐
2. My appetite is: Good ☐ Improving ☐ Poor ☒
If poor, about what percentage of each meal did you eat?
25% Breakfast ☐ Lunch ☐ 0 Dinner ☐
3. My energy level is: Low ☐ Normal ☒ High ☐ Hyper ☐
4. My ability to concentrate is: Good ☒ Improving ☐ Poor ☐
5. If you are here for depression:
If "1" is the worst and "10" is the best, please rate how you are feeling today _____
6. Have you had suicidal thoughts today? Yes ☐ No ☐ On/Off ☐
Constant - Please describe _____
*Please come and talk to staff right away about suicidal thoughts.
7. If you are here for anxiety:
If "1" is the worst and "10" is the best, please rate how you are feeling today _____
8. Panic/Anxiety Attack:
Have you had a panic attack today? Yes ☐ No ☐
Have you had an Anxiety attack today? Yes ☐ No ☐
How many times? _____ What preceded them? _____
9. Do you feel you are having any side effects from your medications? No ☒ Yes ☐
Explain: _____
10. Do you feel your current medications are effective? Yes ☒ No ☐ except for migraines
Explain: Unfortunately, I am not allowed any more of the
migraine med other than the Im. ref. to d. m., which are relative!

Patient Self Inventory / Adult
Page 2 of 2

11. What issues are you currently working on with your therapist or doctor? PTSD,
drug dependence
Do you feel you are making progress? yes
12. What are your specific goals for today? get through day without my
my migraines get worse
How can we help you achieve them? ✓ w/ Dr. C.
13. Did you meet yesterday's goal(s)? yes
14. Following discharge, what plans or life changes have you made to better take care of yourself? stay off med's when possible
15. Would you like to talk about your treatment plan or suggest any changes to your plan?
Yes No
16. Is there anything else you would like to tell staff or questions you have?
Please ✓ w/ Dr. C. for a stronger med w/ z-meds for my migraines
17. If you begin discharge today, what are your specific plans after hospitalization?
seek recommended counseling for PTSD & stay off med's
18. Are you experiencing pain today? ✓ Yes No
Please describe the type of pain and location of pain you are experiencing.
migraine from yesterday
Please rate your current level of pain
Please circle:
0 1 2 3 4 5 6 7 8 9 10
0 equals no pain, 10 equals worst pain

CD Patients Only:

19. If you are withdrawing from drugs or alcohol, how are you feeling physically, with "1" being the worst and "10" being the best?

Are you experiencing: Tremors Diarrhea Cravings Agitation
 Sedation Chilling

Reviewed by: [Signature]

Date/Time: 8/20/05

AROLINA CT R FOR BHS 259
100 EAST PHILLIPS ROAD

PATIENT DEMOGRAPHIC PROFILE

Date Printed: 092905

GREER, SC 296304815
(864) 235-2335

Patient Name..... MARTINEZ, RAQUEL
Address.....
City, State, Zip..... SPARTANBURG, SC 29301
Phone..... 864 574-7978
Social Security No..... 7-6354
Birth Date.....
Age..... 046Y
Sex..... F
Race..... W White
Religion.....
Marital Status..... DIVORCED
Spouse/Parent.....

Account No/Type..... 112771001-8 I - INPATIENT
Medical Record No.... 000026130
County.....
Admit Date/Time..... 9/28/05 18:39
Disch Date/Time..... 10/20/05
Adm. Dx..... DEPRESSIVE DISORDER NEC 311
Readmit.....
Service..... IPL
Occupation.....
Employer..... COBRA-SPARTANBURG CO
Address.....
Phone.....

Financial Class..... 4034

Doctor Name..... SHERBONDY, SHANE
NFP Signed..... P

Emergency Contact Information

Name.....
Address.....
City, State, Zip.....
Phone.....
Relationship.....

*** Insurance Information ***

Primary Insurance Holder/Guarantor

Name..... MARTINEZ, RAQUEL
Address.....
City, State, Zip..... SPARTANBURG, SC 29301
Phone..... 864-574-7978
Relationship..... SELF
D.O.B..... 04/05/1959
Occupation.....
Employer..... COBRA-SPARTANBURG CO
Address.....
City, State, Zip.....

Spouse/Parent

Name.....
Relationship.....
Address.....
City, State, Zip.....
Phone.....
Occupation.....
Employer.....

*** Insurance Carrier 1 Information ***

Carrier..... MCC - CIGNA
Group Name.....
Policy..... 6354
Policy Holder.. MARTINEZ, RAQUEL
Address..... P O BOX 46270
City/St/Zip.... EDEN PRAIRIE, MN 55344

*** Insurance Carrier 2 Information ***

Carrier..... SELF PAY BALANCES
Group Name.....
Policy..... 354
Policy Holder.. MARTINEZ, RAQUEL
Address.....
City/St/Zip....

*** Insurance Carrier 3 Information ***

Carrier..... ACCESS ONE
Policy.....
Policy Holder.. MARTINEZ, RAQUEL

*** Insurance Carrier 4 Information ***

Carrier..... UP FRONT CREDIT CARD PYMT
Policy.....
Policy Holder..

Notes:

AXIS I: 296.80 ICD9: _____
309.81 V15.81
AXIS II: 304.70 301.83
304.10 401.9
AXIS III: 346.90 599.0
354.0 V14.0
AXIS IV: 716.90
524.60

Physician Signature: _____

Date: _____

10/11/2005

15:54

UPSTATE PSYCHIATRIC ASSOC → 2356015

NO. 084

D14

SOCIAL HISTORY/PALMETTO FAMILY ENRICHMENT CENTER, P.C.

SSN: 76354

DATE 090605

REFERRED BY: Caro. Ctr. Beh. Health

NAME: Jaime Martinez

SEX: MALE

FEMALE ☒

ADDRESS: _____

CITY: South SC ZIP: 293013623DATE OF BIRTH: 090605 AGE: 46PHONE NO. 8645344428WHERE WERE YOU BORN? Tamara FLWHERE WERE YOU RAISED? Southwest ALA, FL, SC, Puerto RicoARE YOU ADOPTED? No

BY WHOM WERE YOU RAISED? _____

FATHER'S OCCUPATION: Retired Pilot EngineerMOTHER'S OCCUPATION: Retired HousewifeHOW MANY BROTHERS? 2HOW MANY SISTERS? 1WHAT NUMBER WERE YOU? oldestHOW MANY HALF-BROTHERS? 0STEP-BROTHERS? 0HOW MANY HALF-SISTERS? 0STEP-SISTERS? 0

FAMILY HISTORY (CHECK ONE) HAVE YOUR RELATIVES HAD?

Emotional Problems

☒ Yes

No

0/1st & 2nd - Depression (Bia Cuba)

Drug or Alcohol Problems

☒ Yes☒ No

Medical Problems

☒ Yes

No

Describe what your family situation was like when you were growing up. (Examples: Stable Happy, Secure, Abusive).

How did the family get along? Happy. Got along very well.No legal pt. at his pt. PuertoEDUCATIONAL HISTORY: Highest Grade Completed in SchoolBA → USCMS (Sideral)How did you do in school? Very well(Good Studies)If you repeated any Grade(s), which one(s)? NOMS - GradeAny Special Classes? NOCURRENT MARITAL STATUS: (Check One) Married ☐ Single ☐ Divorced ☒ Separated ☐ Widowed ☐How many times have you been married? 1If married now, how long? 10 yrsHow is your marriage now? #1 at 25; Dr. & Frank, Catholic.He got into constant repairsNumber of Children: 0 Boys

Girls

(Deceased)

Prior marital history: marriage - 1st year → he gotmore into computer - 2nd year - 1st to 3rd; 1st to 2ndfrom 1st year - wife to 2nd - 1st to 2nd (OVER)

Received Time Oct. 11. 4:50PM

SOCIAL HISTORY - PAGE 2

PRESENT PHYSICAL HEALTH:

Excellent _____ Good ☒ Fair _____ Poor _____

Please explain any current health problems you have: blood pressure, heart

syncope / tachycardia;

4 x 5 → migraine plx

(Hypertension - 5/05)
(3 day Pdx.)

Any history of head injury or loss of consciousness? loss of consciousness

WORK HISTORY: "Lutty cot"

Present Occupation Spillo Co Sheriff's Office

Place of Employment Home will run out How long at present job? 6 yrs

Present Spouse's (Partner's) Occupation _____

Spouse's (Partner's) Place of Employment _____

What was your previous job and employer? Probation: Parole Dept How long? 10 yrs

When was the last time you worked? 09/11/05

What other jobs have you had? Have applied for disability: not started

Which is the longest job you have had and how long did you keep it? Prob. & Parole, 10 yrs

How would you describe your overall work activity? stressful dangerous

How would you describe your problems? diagnosed w/ PTSD Lutty cot 5/05

Killed son of Grille Co Deputy Wagoner child 2/05. Pdx after death.

Ruh later caused death of AIDS, also 7/05. Then began p Lutty cot.

Have you had any past treatment for psychological problems? yes, depression 10 yrs

ago, → had been on antidepressant.

Received Time Oct. 11. 4:50PM

PATIENT HISTORY AND PHYSICAL EXAMINATION
GASTROENTEROLOGICAL ASSOCIATES

DATE: 4/20/01 APPT TIME: 3:30pm AGE: 42
NAME: Raquel Martinez SSN: 6354 REFER MD: Wieder

HISTORY:

42yog w/ H/O rectal polyp that required surgical excision. This became infected & then was admitted & had 'fordp' (Done about 8 yrs ago @ Mary Black Hospital by Wallace-Wilson-Baird.) Now she is asymptomatic. No bleeding & no L in bowel habits. No FH colon CA or polyps. No abd or rectal ROS: see visit.

PMH	SURG	MEDS	ALLY	PH	SH
"Rectal Polyp" BTL		-Luvor	EN	No Colon Cancer	Deputy Sheriff
Depression	Rectal Polyp	-Inderal	AST	DM	Spokane County
Gallstones	CAIOP				Enjoys Quitting
Endometriosis	Endoscopy				Potacco
					4 E6h

PHYSICAL: WT: 158 1/2 BP: 124/80 P: 68 R: 16

HEENT: No JVD or jaundice ABDOMEN: Soft, NT/ND, BSO
LUNGS: CTA @ RECTAL: (Given Cards today)
HEART: RRR EXT: No LE edema
Pulses 2+

LABS-XRAY:

IMPRESSION:

H/O "rectal / Polyp" Removed 8 yrs ago.

PLAN:

Path. Reports & Records
- Hemoccult Cards

2/7/93
1993

WVJ

Date

4/20/01

Patient Name

Raguel Martinez

Birthdate

Occupation

Wholesale Deputy

☐ Married

☐ Divorced

☐ Single

☐ Widowed

Chief Complaint

colon/rectal

Dehydration

Illnesses

Year:

colon polyps hx

Depression

irregular heart beat

Family History:

Relation:

☐ Cancer

☐ Polyps

☐ Ulcer

☐ Liver Disease

☐ Pancreatitis

Note any illnesses, if deceased, give age and cause of death:

Father

62W

Mother

62W DM

Brothers

Sisters

1 brother has DM

Spouse

Children

0

SURGERIES

Colon Ligation

Rectal polyp removed / hemorrhoidectomy

Gallbladder

Medicines:

(list all prescriptions, over-the-counter drugs and vitamins, etc)

Quercetin

Indinavir

Allergies:

Drug:

Donnatal, PCN, ASA (HAWK)

Other:

penicillin

PCN's

nut products, Best Buy

Reviewed by:

RB 4/20/01

Signature

Do you smoke?

☐ Yes ☒ No

packages per day

of years smoked

Do you use alcohol?

☐ Yes ☒ No

drinks per week

463

MARY BLACK HEALTH SYSTEM LLC
Spartanburg, South Carolina

5/24

MARTINEZ, RAOUEL, "RACHEL"
Patient Name

: _____
Patient SS#

PROCEDURE NOTE
Report

DATE: 5/02/01

PHYSICIAN: Mark A. Lijewski, M.D.

PRIMARY CARE PHYSICIAN: Dr. Wieder.

PROCEDURE: Colonoscopy.

BRIEF HISTORY: 42-year-old female with a history of reported rectal polyp which the patient said was removed at the Wallace Wilson Brailsford Clinic 8 years ago. She also had a hemorrhoidectomy done. We brought her for colonoscopy today.

PROCEDURE IN DETAIL: After obtaining informed consent, the patient was medicated with 100 mg IV Demerol and 10 mg IV Versed. The colonoscope was inserted per rectum and advanced to the cecum. We identified the cecal valve and appendiceal orifice, confirming our location. The prep was not great in the right colon. There were some areas where the pill fragments obscured our view, but we were able to irrigate this and look underneath at the mucosa. The mucosa in the ascending colon, transverse colon and descending colon, sigmoid colon and rectum was all normal in appearance. On retroflex view, we did find an internal hemorrhoid and a hypertrophied rectal papilla. No polyps were found. Recommended that the patient follow-up with her primary care physician, Dr. Wieder.

DD: 5/02/01/1051
DT: 5/2/01/1459
BY: sm

SIGNATURE: _____

Mark A. Lijewski, M.D. (41)

cc: Primary Care Physician

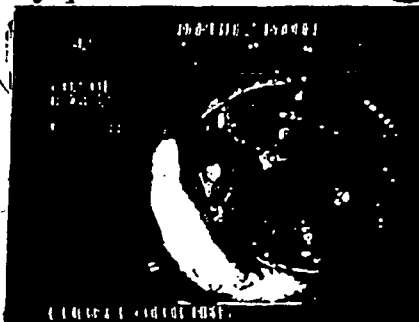
PROCEDURE NOTE

(V-10/D-100)

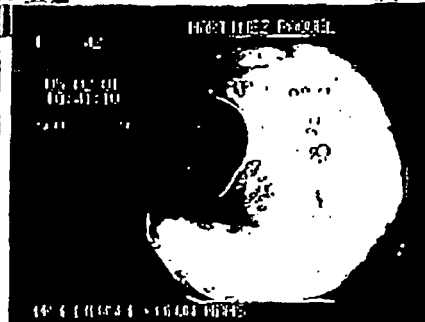
Mary Black Memorial Hospital
PHYSICIAN ENDOSCOPY NOTES

MB-120

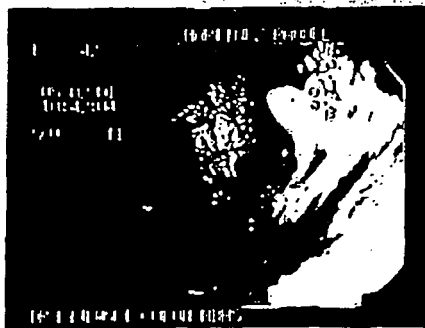
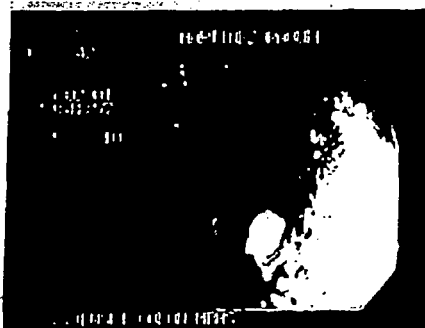
Cecal
Valve



Rectum



Hypertrophied
Rectal
Papilla



Procedure: Colonoscopy.

Meds: Demerol 100mg IV.
Versed 10mg IV.

Findings:

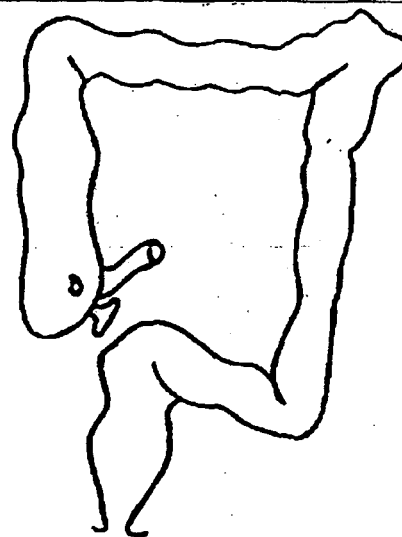
- 1) Hemorrhoids.
- 2) Hypertrophied Rectal Papilla.

Rec:

Flu w/ B.C.P. (Dr. Wieder)

Jmz A

Physician Signature



1116570
VACUUM F242Y
112355 LIJENSKI, MARK
SPARTANBURG SO
(5/2/01)

MARY BLACK MEMORIAL HOSPITAL

OPERATIVE & OTHER PROCEDURES

Date 5/2/01 Time 0945 IP OP

Patient Arrived Via Stretcher W/C Ambulatory

Patient ID Confirmed Consent Signed

Current IV Site/Fluids NS - Rt arm

Previous Problems with Anesthesia or Sedation No

History of Apnea No Dentures No Loose Teeth No

15/50/70 10/20/15

1240J 1300V8 1300V8 10/20/15
1 0LS9TTT

(Donnatal, Darvocet ASA, Nuts Bees)

LMP 1 Whage

Airway Anomalies No

Dentures removed Prep Done

I. Pre-Procedure Assessment

LOC: Alert/Appropriate Confused
CV: Rhythm Angina Other
Skin: Color-Good/Adequate Warm and Dry
Pale/Dusky Cool/Slightly Moist
Cyanotic/Mottled Cold/Diaphoretic Hot

Peripheral Pulses:

Breath Sounds: Clear Other

GI: Abdomen: Soft Flat Distended Rigid

Obese Non-Tender Tender

Bowel Sounds: Present Absent

Vital Signs: T 98.2 P 57 R 20 B/P 100/62 sat. 99

Hx. Hx p. l. (rectal) - Had FFS before

NPO Since 5/1/01 HT. 5'4" WT. 140

ASA Classification:

- X I. Healthy Patient
- II. Mild systemic disease
- III. Severe systemic disease that limits activity, but is not incapacitating
- IV. Incapacitating systemic disease constant threat to life
- V. Patient not expected to survive 24 hours with or without operations

Options and Plans Discussed:

Plan for Conscious Sedation: IV IM PO

Other

Patient deemed appropriate candidate for Conscious Sedation? Y

The risks, benefits, and alternatives of this sedation/analgesic have been discussed with the patient and/or responsible party.

Immediate Pre-Procedure Assessment Time: 1015

M.D. Signature:

II. Procedure

Colon

(Place a * * next to the start of the post-procedure time)

TIME	LOC/COMFORT	B/P	PULSE	RESP	SAO2	RHYTHM	MEDS	DOSE	RT	SIGNATURE
1020	2,3	124/75	61	20	99%	SR	Versed	5mg	IV	KOR
1023							Dermal	50mg	IV	KOR
1025	2,3	124/62	60	20	99%	SR	Versed	2mg	IV	KOR
1027							Dermal	50mg	IV	KOR
1030	2,3	130/61	64	18	99%	SR	Versed	2mg	IV	KOR
1033							Versed	1mg	IV	KOR
1035	2,3	107/57	65	20	98%	SR				
1040	2,3	101/48	68	18	99%	SR				
* 1045	2,3	98/46	66	20	99%	SR				
1100	2,3	100/55	60	20	99%					
1115	2,3	110/60	60	20	99%					

LOC/COMFORT: 1. Anxious, Agitation, Restless 2. Cooperative, Tranquil, Oriented 3. Responds to commands
4. Responds to general shaking 5. Responds to noxious stimuli 6. No response to noxious stimuli

Reversal Agent: Y N Protective reflexes maintained: Y N
Complications: Y N Describe:

RN Signature

ORIGINAL ON CHART * YELLOW COPY TO NURSING ADMINISTRATION

5/02/01 11B570 Y
RADIOL F042Y
6354 LJIHSKI. HBRK
05/59

DISCHARGE GUIDELINE FOR POST CONSCIOUS SEDATION USING ADULT/PEDIATRIC ALDRETTE SCORING SYSTEM

A SCORE OF AT LEAST 10 OR ACHIEVEMENT OF BASELINE IS NEEDED TO MEET DISCHARGE CRITERIA

☒ Post sedation printed discharge instructions given and patient/family verbalizes understanding. Y N

Date _____

10/22/01
TTT65701
RABDEL 1137.
4354 RABDELSKI, MARK
FO42T
05/59

[illegible]

Demand (100) Versus (10)

INITIAL	SIGNATURE	TITLE	INITIAL	SIGNATURE	TITLE
IP	Ingrid Phillips	RN	KG	Katherine	RN
			CUK	Cheryl	RN

[illegible]

MARY BLACK MEMORIAL HOSPITAL				ENDOSCOPY ASSESSMENT			
ADMIT TIME: 0945		DATE: 5/2, 01		T 982 P 65 R 18		BP 145/80 LOCKER # 97%	
MOBILITY: ☒ Unassisted ☐ Assisted ☐ Steady ☐ Unsteady				ALLERGIES		TYPE OF REACTIONS	
USES: Walker, Cane, Crutches, Wheelchair				Dental / tachycardia			
LOC: ☒ Awake ☒ Alert ☐ Oriented ☐ Confused				Provocative / sweating, SOB			
BEHAVIOR and AFFECT: ☐ Withdrawn ☒ Calm ☐ Anxious				Nuts / ASA, Bee Stings			
Resilient, Agitated, Age Appropriate				CURRENT MEDS/O.T.C. MEDS. AND LAST DOSE			
HEARING IMPAIRED: YES or ☒ NO				LEVOR			
Explain:				nderal			
SKIN: ☒ Warm ☐ Dry ☐ Cool ☐ Pink ☐ Cyanotic ☐ Dusky				Hydrocodone prn			
Flushed, Moist, Pale							
TOBACCO PRODUCTS: YES or ☒ NO Type:							
EDUCATIONAL LEVEL: Grade School, High School, College, G.E.D.							
PAIN: No Complaints, Mild, Moderate, Severe				PRE-OP MED, TIME ROUTE SITE NURSE SIGN.			
Explain:							
ABDOMEN: ☒ Soft ☐ Distended ☐ Flat ☐ Obese, N/A							
PSYCHOSOCIAL/SPIRITUAL NEEDS: Non-denial							
Comments: Parents w/ pt.							
PAST/CURRENT MEDICAL HISTORY		Y N		Y N		Y N	
HEART DISEASE		☒		PEDIATRIC USE		OR CROWN	
LUNG DISEASE		☒		CODE BLUE CHART		PT. BRACELET	
DIABETES		☒		IMMUNIZATIONS CURRENT		ALLERGY BRACELET	
HYPERTENSION		☒		D.A.S.A.		DENTURES/CONTACTS	
CANCER		☒		WEIGHT (Actual)		HISTORY AND PHYSICAL	
PREGNANT		☒				OPERATIVE PERMIT	
BLEEDING (Tendency)		☒		TB SCREEN		LAB WORK	
HEPATITIS		☒		POSITIVE PPD		X-RAY	
GLAUCOMA		☒		COUGHING UP BLOOD		ENG	
SEIZURES		☒		CHRONIC COUGH		NPO	
PATIENT EDUCATION		☒		NIGHT SWEATS			
PROCEDURE DISCUSSED		☒		SIGNIF. WGT. LOSS (10 lbs in one month)		BOWEL PREP	
D.C. INSTRUCTIONS IMPLEMENTED		☒				Pills	
VERBALIZES UNDERSTANDING		☒				COLYTE LAX. ENEMAS	
						AMOUNT TAKEN	
IV LINE/FLUID		TIME		ROUTE/SITE		NURSE	
NS 22g		0950		rt arm		D. Phillips en	
CHIEF COMPLAINT:		Hx polyps				STAMP PLATE	
Previous Procedure?		LFO					
Comments:							
NURSE SIGNATURE: D. Phillips		TIME: 0945				Revised: May, 1996	

MB-280

MARY BLACK MEMORIAL HOSPITAL ENDOSCOPY RECORD

MARY BLACK MEMORIAL ENDOSCOPY RECORD										MB-218
Date: <u>5/2/01</u>		Time: <u>0745</u> (Circle One) via W/C, Stretcher, Ambulatory		Discharge Time: <u>1110</u>						
PROCEDURE (Circle One) EGD COLON FFS BRONCH ERCP PEG DILATION BANDING ESOPHAGEAL MANOMETRY PH PROBE										
(Circle One) Outpatient Inpatient		Rm# <u>11</u>		Endo Room: <u>11</u>						
Allergies and Reactions: <u>Dawicort, Donnaflo, ASA, Nuts, Bee stings</u>										
INTRAPROCEDURE:		Time to Room: <u>1015</u>		Procedure Started: <u>1020</u>		Completed: <u>1045</u>				
Pre-Op Diagnosis: <u>hr. polyps</u>										
Post-Op Diagnosis: <u>Hypertrophied rectal papilla, Hemorrhoids</u>										
Physician: <u>Lijewski</u>		Assistant: <u>P. Barrier, CST</u>		Circulator: <u>K. Glen RN</u>						
Anesthesia: (Circle One) Topical Local IV Sedation None Oxygen @ <u>3</u> L/Min via <u>NC</u> Time-DIG: <u>1020</u>										
Monitors: (Circle One) Cardiac Oximeter B/P Monitor None Baseline Vital Signs: _____										
Cardiac Rhythm: <u>SR</u>										
Skin Type Condition: (1) Warm/Dry (2) Diaphoretic (3) Clammy (4) Flushed (5) Cool (6) Pink (7) Cyanotic (8) Pale (9) Jaundiced										
IV Type: <u>NS</u> Amount: _____ Absorbed: _____										
MEDICATION RECORD		TIME	ROUTE	BY WHOM	TIME	BP	PULSE	O2 SAT	SKIN	
~~Demerol~~	~~Mg.~~		~~IV~~							
~~Versed~~	~~Mg.~~		~~IV~~							
			~~IV~~							
			~~IV~~							
			~~IV~~							
			~~IV~~							
			~~IV~~							
			~~IV~~							
MEDICATIONS GIVEN UNDER DIRECT SUPERVISION OF DOCTOR: <u>Lijewski</u>										
Electrosurgical Bowie# <u>BS267</u> Coag. Level: <u>20</u> Pad Site: <u>(1)</u> Condition Skin: <u>(1)</u> Fulgerations: <u>(0)</u>										
Specimens: Biopsy: <u>(0)</u> Polyp: <u>(0)</u> Washings: <u>(1)</u> Brushings: <u>(1)</u> Needle Aspirate: <u>(1)</u>										
(Circle One) Photo Heater Probe Schlerotherapy F. B. Removal Fluro Sphincterotomy										
LOCUTOLERANCE: (Circle One) Slept <u>(Drowsy)</u> Alert <u>(Cooperative)</u> Resistive Coughing										
(Circle One) Retching Vocal Hiccups Gagging Cramping Uncooperative Restless										
Nurse's Narrative					Equipment					
<u>ASA# (1)</u> <u>Delly# (23) Odelay</u>					Dilation Size		Peg/Pej		ERCP	
					Maoney		Brand		Stent	
					Sargol		Size		Orin	
					Balon		Other		Balon	
R.N. Signature: <u>K. Glen</u>					Stamp Plate <u>111557J Y</u> <u>111557J Y</u> <u>111557J Y</u>					

MARY BLACK MEMORIAL HOSPITAL
Endoscopy Discharge Instructions

SC 0806K18745
X88H 1XSM3C17 4517
1354 L1JMSX1. MARK
12404 RAQUEL
10/20/95
116570

ACTIVITY:

- ☒ A. Because you have had sedation today:
Do not drive a car for the rest of the day.
Do not go to work today.
Do not operate hazardous equipment for the rest of the day.
You may resume your normal activity tomorrow.

The Medications You Received For Sedation Today Were:

- ☒ Demerol 100 mg ☐ Fentanyl ☐ Valium
☒ Versed 10 mg ☐ Morphine ☐ Other
☐ B. Because you received no medications today, you may resume your normal activity.

DIET:

Before eating solid foods, try liquids to make sure you can tolerate solid food without any problems.
Avoid eating greasy or spicy food today.

Call Dr. Lijewski At 573-3893 if you experience any of the following:

EGD/ERCP/PEG

Fever
Vomit Blood
Abdominal/Chest Pain
Shortness of Breath

COLON/FFS

Fever
Abdominal Pain
Rectal Bleeding
Shoulder Pain

BRONCHOSCOPY

Fever
Cough up Blood
Chest Pain
Shortness of Breath

EPIDURAL

Fever
Severe Headache
Extreme Back Pain
Extreme Leg Pain

IF UNABLE TO REACH YOUR PHYSICIAN, CONTACT THE MARY BLACK EMERGENCY ROOM AT 573-3885

MEDICATION/OTHER INSTRUCTIONS:

- ☐ No aspirin products for days.
☐ No alcohol for days.
☐ Comments:

APPOINTMENT:

See Dr. Lijewski In the office for a follow up appointment on:

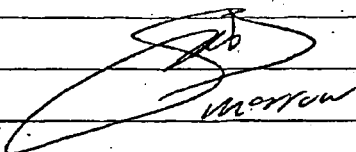
to clean up with Dr. Lijewski

I acknowledge that I have received discharge instructions for the above named patient.

Signature: [Signature]

Witness: Angie Phillips

PROGRESS NOTES

DATE	TIME	NOTES
4/26/15	1045	mailed c/o NTV (more for this up) p/c @Cough + PND Denies Flats, no pain c/o HTA 7 Parrot apb 196 mlb 98, 13/96 labs/kary normal non grassh 4.5m @Thrush CTA or 135 fold p/c/c HTA OX3 1/1 @ HTA upping (2) V/L - replace (3) Amunio - Galleries (4) Thrush - A to C.O (5) Sins 1x - add Abx (6) await amt (7) N/c - add Refen + Anticofax (8) Nigain / Claster / CDHT  Morrow
PATIENT IDENTIFICATION		
4/25/01 MARTINEZ, RAQUEL DOB: XXXXXXXXXX MORROW, SHAWN M		3354 F 046Y  1546984

MB-001

473

Softcover Answer Sheet
Handscoring

MMPI-2

Minnesota Multiphasic
Personality Inventory-2™

D.R. Hathaway and J.C. McKinley

NATIONAL
COMPUTER
SYSTEMS



DIRECTIONS:

Please follow these directions when completing the identification areas on this page and responding to the MMPI-2 items on page 3.

1. Print your name, birth date, age, sex, and testing date in the area on the right side of this page.
2. Use a pencil only and make a dark mark when responding to the items on page 3.
3. If you make a mistake or change your mind, please erase the mark fully and then fill in the correct circle.
4. Please do not make any marks outside the circles.

Martinez Raquel
Last Name First Middle

[REDACTED] 47 F
Birth Date Age Sex

06/08/06
Test Date

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY-2
Copyright © by THE REGENTS OF THE UNIVERSITY OF MINNESOTA
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Printed in the United States of America.

DO NOT SEND TO NATIONAL COMPUTER SYSTEMS
USE ONLY FOR HANDSCORING

24018

**MARKING
DIRECTIONS:**

- Make dark, heavy marks that completely fill the circle.
- Use a soft, black lead pencil.
- Erase mistakes cleanly.

81	136	191	246	301	356	411	466	521
82	137	192	247	302	357	412	467	522
83	138	193	248	303	358	413	468	523
84	139	194	249	304	359	414	469	524
85	140	195	250	305	360	415	470	525
86	141	196	251	306	361	416	471	526
87	142	197	252	307	362	417	472	527
88	143	198	253	308	363	418	473	528
89	144	199	254	309	364	419	474	529
90	145	200	255	310	365	420	475	530
91	146	201	256	311	366	421	476	531
92	147	202	257	312	367	422	477	532
93	148	203	258	313	368	423	478	533
94	149	204	259	314	369	424	479	534
95	150	205	260	315	370	425	480	535
1	56	111	166	221	276	331	386	441
2	57	112	167	222	277	332	387	442
3	58	113	168	223	278	333	388	443
4	59	114	169	224	279	334	389	444
5	60	115	170	225	280	335	390	445
6	61	116	171	226	281	336	391	446
7	62	117	172	227	282	337	392	447
8	63	118	173	228	283	338	393	448
9	64	119	174	229	284	339	394	449
10	65	120	175	230	285	340	395	450
11	66	121	176	231	286	341	396	451
12	67	122	177	232	287	342	397	452
13	68	123	178	233	288	343	398	453
14	69	124	179	234	289	344	399	454
15	70	125	180	235	290	345	400	455
16	71	126	181	236	291	346	401	456
17	72	127	182	237	292	347	402	457
18	73	128	183	238	293	348	403	458
19	74	129	184	239	294	349	404	459
20	75	130	185	240	295	350	405	460
21	76	131	186	241	296	351	406	461
22	77	132	187	242	297	352	407	462
23	78	133	188	243	298	353	408	463
24	79	134	189	244	299	354	409	464
25	80	135	190	245	300	355	410	465
26	81	136	191	246	301	356	411	466
27	82	137	192	247	302	357	412	467
28	83	138	193	248	303	358	413	468
29	84	139	194	249	304	359	414	469
30	85	140	195	250	305	360	415	470
31	86	141	196	251	306	361	416	471
32	87	142	197	252	307	362	417	472
33	88	143	198	253	308	363	418	473
34	89	144	199	254	309	364	419	474
35	90	145	200	255	310	365	420	475
36	91	146	201	256	311	366	421	476
37	92	147	202	257	312	367	422	477
38	93	148	203	258	313	368	423	478
39	94	149	204	259	314	369	424	479
40	95	150	205	260	315	370	425	480
41	96	151	206	261	316	371	426	481
42	97	152	207	262	317	372	427	482
43	98	153	208	263	318	373	428	483
44	99	154	209	264	319	374	429	484
45	100	155	210	265	320	375	430	485
46	101	156	211	266	321	376	431	486
47	102	157	212	267	322	377	432	487
48	103	158	213	268	323	378	433	488
49	104	159	214	269	324	379	434	489
50	105	160	215	270	325	380	435	490
51	106	161	216	271	326	381	436	491
52	107	162	217	272	327	382	437	492
53	108	163	218	273	328	383	438	493
54	109	164	219	274	329	384	439	494
55	110	165	220	275	330	385	440	495
56	111	166	221	276	331	386	441	496
57	112	167	222	277	332	387	442	497
58	113	168	223	278	333	388	443	498
59	114	169	224	279	334	389	444	499
60	115	170	225	280	335	390	445	500
61	116	171	226	281	336	391	446	501
62	117	172	227	282	337	392	447	502
63	118	173	228	283	338	393	448	503
64	119	174	229	284	339	394	449	504
65	120	175	230	285	340	395	450	505
66	121	176	231	286	341	396	451	506
67	122	177	232	287	342	397	452	507
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69	124	179	234	289	344	399	454	509
70	125	180	235	290	345	400	455	510
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75	130	185	240	295	350	405	460	515
76	131	186	241	296	351	406	461	516
77	132	187	242	297	352	407	462	517
78	133	188	243	298	353	408	463	518
79	134	189	244	299	354	409	464	519
80	135	190	245	300	355	410	465	520
81	136	191	246	301	356	411	466	521
82	137	192	247	302	357	412	467	522
83	138	193	248	303	358	413	468	523
84	139	194	249	304	359	414	469	524
85	140	195	250	305	360	415	470	525
86	141	196	251	306	361	416	471	526
87	142	197	252	307	362	417	472	527
88	143	198	253	308	363	418	473	528
89	144	199	254	309	364	419	474	529
90	145	200	255	310	365	420	475	530
91	146	201	256	311	366	421	476	531
92	147	202	257	312	367	422	477	532
93	148	203	258	313	368	423	478	533
94	149	204	259	314	369	424	479	534
95	150	205	260	315	370	425	480	535
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97	152	207	262	317	372	427	482	537
98	153	208	263	318	373	428	483	538
99	154	209	264	319	374	429	484	539
100	155	210	265	320	375	430	485	540
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102	157	212	267	322	377	432	487	542
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105	160	215	270	325	380	435	490	545
106	161	216	271	326	381	436	491	546
107	162	217	272	327	382	437	492	547
108	163	218	273	328	383	438	493	548
109	164	219	274	329	384	439	494	549
110	165	220	275	330	385	440	495	550
111	166	221	276	331	386	441	496	551
112	167	222	277	332	387	442	497	552
113	168	223	278	333	388	443	498	553
114	169	224	279	334	389	444	499	554
115	170	225	280	335	390	445	500	555
116	171	226	281	336	391	446	501	556
117	172	227	282	337	392	447	502	557
118	173	228	283	338	393	448	503	558
119	174	229	284	339	394	449	504	559
120	175	230	285	340	395	450	505	560
121	176	231	286	341	396	451	506	561
122	177	232	287	342	397	452	507	562
123	178	233	288	343	398	453	508	563
124	179	234	289	344	399	454	509	564
125	180	235	290	345	400	455	510	565
126	181	236	291	346	401	456	511	566
127	182	237	292	347	402	457	512	567
128	183	238	293	348	403	458	513	
129	184	239	294	349	404	459	514	
130	185	240	295	350	405	460	515	
131	186	241	296	351	406	461	516	
132	187	242	297	352	407	462	517	
133	188	243	298	353	408	463	518	
134	189	244	299	354	409	464	519	
135	190	245	300	355	410	465	520	

THE STATE OF SOUTH CAROLINA
In The Court Of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Case No. 2007-CP-42-1966

Raquel Martinez, ... Respondent,

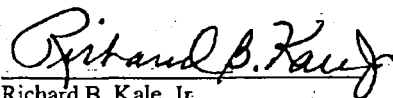
v.

Spartanburg County and
S.C. Association of Counties Self-Insurance Fund, ... Appellants.

NOTICE OF APPEAL

Spartanburg County and S.C. Association of Counties Self-Insurance Fund appeal the Order of the Honorable J. Mark Hayes, II, dated February 25, 2009. Appellants received written notice of entry of the Order of February 25, 2009 on March 12, 2009.

March 16, 2009



Richard B. Kale, Jr.
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
(864) 527-3272
Attorney for Appellants

Other Counsel of Record:

Chadwick D. Pye, Esquire
Pye & Talley, P.A.
959 John B. White Sr. Blvd.
Spartanburg, South Carolina 29306
Attorney for Respondent
(864) 583-5658

Kevin B. Smith, Esquire
The Steinberg Law Firm
P.O. Box 9
Charleston, South Carolina 29402-0009
Attorney for Respondent
(843) 720-2800

STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG

IN THE COURT OF COMMON PLEAS

Raquel Martinez, Employee
Claimant,

C.C.P No.: 2007-CP-42- 1946

v.

W.C.C. File No.: 0515098

Spartanburg County Sheriff's Office,
Employer
SC Association of Counties Self- Insurance
Fund
Defendants.

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
POST OFFICE BOX 1715, COLUMBIA, SOUTH CAROLINA
29202-1715; and

RICHARD B. KALE, JR.
Attorney for Respondent / Employer

YOU WILL PLEASE TAKE NOTICE that the Claimant-Appellant, does hereby
appeal to the Court of Common Pleas for Spartanburg County from the Full Commission
Decision and Order dated May 22, 2007, upon the following grounds:

IT IS RESPECTFULLY SUBMITTED that the Full South Carolina Workers'
Compensation Commission erred in affirming the Single Commissioner's Order:

1. In finding as a fact that the claimant's job required her to collect evidence in homicide, suicide and other death cases on a regular basis; that the claimant testified, to seeing accident victims who were decapitated, without arms and legs, and the worst imaginable, the error being the substantial evidence fails to support such a finding.
2. In finding as a fact that the claimant was not a close friend of fellow officer, Anthony Johnson and that they would only occasionally see each other and that claimant did not socialize with Anthony Johnson, the error being the substantial evidence fails to support such a finding.
3. In finding as a fact that the claimant stated that she never would have been a forensics investigator if the death of the child she investigated at age 18 had bothered her, the error being the substantial evidence fails to support such a finding.
4. In finding as a fact that the claimant had investigated and worked up approximately 100-150 death cases in her 3-4 years as a forensic investigator; that she had investigated 24

FILED
CLERK OF COURT
2007 JUN -5 PM 4:57
MARCO KITCHENS

suspicious death/homicide cases and participated in approximately 24-26 autopsies; and that that was a usual and ordinary part of her job, the error being the substantial evidence fails to support such a finding.

5. In finding as a fact that it was usual and ordinary to the claimant's job to put up a barrier to prevent people from seeing the accident scene as she did at the scene of the child's death, the error being the substantial evidence fails to support such a finding.

6. In finding as a fact that the claimant had other stressors in April 2005 including her ex-husband's cousin dying from AIDS and that she was treated for anxiety, insomnia, and depression from multiple non-work related stressors including medications and hospitalizations, the error being the substantial evidence fails to support such a finding.

7. In finding as a fact that the claimant did not mention the investigation involving the death of a child on April 4, 2005 until approximately four months later after being hospitalized for an emotional breakdown, the error being the substantial evidence fails to support such a finding.

8. In finding as a fact that Captain Steve Denton testified that the claimant was doing her ordinary job that day investigating the death of the child and that the fact that the scene involved a former Spartanburg County Deputy Sheriff did not remove the situation from being a part of her regular job, the error being the substantial evidence fails to support such a finding.

9. In finding as a fact that Captain Steve Denton testified that he had always maintained and still maintained that no matter whom the victim was, the Sheriff's Department investigators were required to work the accident scene, the error being the substantial evidence fails to support such a finding.

10. In finding as a fact that investigating the death of a child, even the child of a former Sheriff's Deputy, was not an unusual or extraordinary condition of the claimant's employment, the error being the substantial evidence fails to support such a finding.

11. In finding as a fact that the claimant failed to prove that she encountered an unusual or extraordinary condition in her employment on April 4, 2005, while employed by the Spartanburg County Sheriff's Department, the error being the substantial evidence fails to support such a finding.

12. In finding as a fact that the claimant failed to prove that the accident investigation of April 4, 2005 was the proximate cause of her mental breakdown, the error being the substantial evidence fails to support such a finding.

13. In concluding as a matter of law that pursuant to § 42-1-160, S.C. Code Ann. (1976), claimant did not sustain a mental injury by accident arising out of and in the course of her employment with Spartanburg County, the error being the substantial evidence fails to support such a conclusion.

14. In ordering that this case is denied and shall be dismissed with prejudice, the error being the substantial evidence fails to support such a finding.

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

By virtue of the above Notice of Appeal, you are hereby required to certify the record of
this case to the Clerk of Court for Spartanburg County, South Carolina

RESPECTFULLY SUBMITTED,



Chadwick D. Pye, Esq.
PYE & TALLEY, P.A.
Attorneys for Claimant
959 John B. White Sr. Blvd.
Spartanburg, SC 29306
(864) 583-5658

Dated: 6-5-07
Spartanburg, South Carolina

David T. Pearlman, Esq.
THE STIENBERG LAW FIRM, LLP
Attorneys for Claimant
P.O. Box 9
Charleston, SC 29402-0009
(843) 720-2800

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0515098

Carrier File # 58-218332

Carrier Code # SF930

Employer FEIN 576000401

Raquel Martinez -6354
Claimant's Name SSN
Address City State Zip
(864) 574-7978 ()
Home Phone Work Phone

Spartanburg County (Respondent)
Employer's Name
P.O. Box 5666 Spartanburg SC 29304
Address City State Zip
Association of Counties
Insurance Carrier

Chadwick D. Pye
Preparer's Name

(864) 583-5658
Phone #

Request for Commission Review by ☒ claimant ☐ employer (check one) Date of injury: April 4, 2005

The undersigned makes application for review of the findings of the Commissioner in the above captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages, if necessary).

IT IS RESPECTFULLY SUBMITTED that the Single Commissioner erred in:

1. In finding as a fact that the claimant's job required her to collect evidence in homicide, suicide and other death cases on a regular basis; that the claimant testified, to seeing accident victims who were decapitated, without arms and legs, and the worst imaginable, the error being the preponderance of the evidence fails to support such a finding.
2. In finding as a fact that the claimant was not a close friend of fellow officer, Anthony Johnson and that they would only occasionally see each other and that claimant did not socialize with Anthony Johnson, the error being the preponderance of the evidence fails to support such a finding.
3. In finding as a fact that the claimant stated that she never would have been a forensics investigator if the death of the child she investigated at age 18 had bothered her, the error being the preponderance of the evidence fails to support such a finding.
4. In finding as a fact that the claimant had investigated and worked up approximately 100-150 death cases in her 3-4 years as a forensic investigator; that she had investigated 24 suspicious death/homicide cases and participated in approximately 24-26 autopsies; and that that was a usual and ordinary part of her job, the error being the preponderance of the evidence fails to support such a finding.
5. In finding as a fact that it was usual and ordinary to the claimant's job to put up a barrier to prevent people from seeing the accident scene as she did at the scene of the child's death, the error being the preponderance of the evidence fails to support such a finding.
6. In finding as a fact that the claimant had other stressors in April 2005 including her ex-husband's cousin dying from AIDS and that she was treated for anxiety, insomnia, and depression from multiple non-work related stressors including medications and hospitalizations, the error being the preponderance of the evidence fails to support such a finding.
7. In finding as a fact that the claimant did not mention the investigation involving the death of a child on April 4, 2005 until approximately four months later after being hospitalized for an emotional breakdown, the error being the preponderance of the evidence fails to support such a finding.
8. In finding as a fact that Captain Steve Denton testified that the claimant was doing her ordinary job that day investigating the death of the child and that the fact that the scene involved a former Spartanburg County Deputy Sheriff did not remove the situation from being a part of her regular job, the error being the preponderance of the evidence fails to support such a finding.
9. In finding as a fact that Captain Steve Denton testified that he had always maintained and still maintained that no matter who the victim was, the Sheriff's Department investigators were required to work the accident scene, the error being the preponderance of the evidence fails to support such a finding.

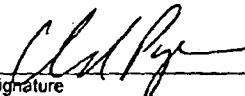
10. In finding as a fact that investigating the death of a child, even the child of a former Sheriff's Deputy, was not an unusual or extraordinary condition of the claimant's employment; the error being the preponderance of the evidence fails to support such a finding.
11. In finding as a fact that the claimant failed to prove that she encountered an unusual or extraordinary condition in her employment on April 4, 2005, while employed by the Spartanburg County Sheriff's Department, the error being the preponderance of the evidence fails to support such a finding.
12. In finding as a fact that the claimant failed to prove that the accident investigation of April 4, 2005 was the proximate cause of her mental breakdown, the error being the preponderance of the evidence fails to support such a finding.
13. In concluding as a matter of law that pursuant to § 42-1-160.S.C. Code Ann. (1976), claimant did not sustain a mental injury by accident arising out of an in the course of her employment with Spartanburg County, the error being the preponderance of the evidence fails to support such a conclusion.
14. In ordering that this case is denied and shall be dismissed with prejudice, the error being the preponderance of the evidence fails to support such a finding.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

I certify that _____ I have served this document pursuant to R.67-211 by delivering a copy to Richard B. Kale, Esq.
Name

Willson Jones Carter & Baxley, LLC, 200 East Camperdown Way, Suite D, Greenville, SC 29601
Address

on the 1st day of December, 2006 by ☒ first class mail; ☐ personal service; ☐ certified mail.

 Attorney December 1, 2006
Preparer's Signature Title Date

Check this box if you are not represented by an attorney. ☐

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701 B. Otherwise, file the original and 4 copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0515098

Raquel Martinez, Employee

Claimant,

vs.

Spartanburg County Sheriff's
Office, Employer,
and S.C. Assoc. of Counties, Carrier

Defendants.

CERTIFICATE OF SERVICE

The undersigned employee of Chadwick D. Pye, LLC, Attorney at Law, Post Office Box 18328, Spartanburg, South Carolina 29318, does hereby certify that he has served the following named individual(s) with a copy of the pleading indicated below by mailing a copy of the same to all counsel of record, in the United States mail, with sufficient postage affixed thereto and return address clearly marked on the date indicated below:

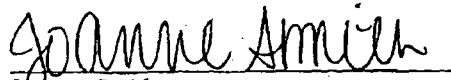
PARTIES SERVED:

Ashley Jacobs Bloom
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Richard B. Kale, Esquire
200 Camperdown Way, Suite D
Greenville, SC 29601

PLEADINGS:

FORM 30


JoAnne Smith

Spartanburg, South Carolina

Dec 1, 2006

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0515098
Carrier File # 58218332
Carrier Code # 00930
Employer FEIN 576000401

Raquel Martinez Claimant's Name		4-6354 SSN	Spartanburg County Sheriff's Office Employer's Name	
Spartanburg City		SC 29301 State Zip	366 North Church Street Spartanburg SC 29303 Address City State Zip	
() Home Phone		() Work Phone	S.C. Assoc. of Counties (Companion TPA) Insurance Carrier	
Chadwick D. Pye Preparer's Name		(864) 583-5658 Phone #		

Complete each information blank. To request a hearing, check box 13 b., Indicate the kinds of benefits claimed by checking the box(es) at lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for worker's compensation benefits is made based on the following grounds:

1. a. The claimant sustained an accidental injury to psychiatric on April 4, 2005 in
part of body hurt month day year
Spartanburg County, State of South Carolina
1. b. Describe briefly how the accident occurred Ms. Martinez was the lead investigating officer at the scene of an accident wherein a fellow officer / friend had run over and killed his two year old daughter and she suffered extreme mental stress and ultimately it built up to the point where she had to be involuntarily committed.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on April 5, 2005 in the following manner:
month day year
Notified supervisor Steve Denton
- ☒ 6. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for mental breakdown, depression, anxiety
☐ (b) additional medical examination and treatment for _____
- ☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work
And wages for the period of: August 7, 2005 and continuing
- ☒ 8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)
☒ (1) General Disability: ☒ Total ☐ Partial ☒ (2) Specific Disability: ☒ Total ☐ Partial
Body part(s) affected are: mental status
- ☐ 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of _____
10. a. At the time of injury, the claimant was paid weekly wages of \$ Form 20 Requested; and demands accounting of days worked and wages earned as provided by law.
10. b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.
Spartanburg County Sheriff's Office
11. a. Further grounds of claim: Lump sum and Utica-Mohawk Mills v. Orr, 227 S.C. 226, 87 S.E.2d 589 (1955) and as further provided by law.
11. b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident: Dr. Castriotta, 2700 East Phillips Road, Greer, SC 29650; Dr. Diehl, 1690 Skylyn Dr., Sptbg., SC; Dr. Sherbondy, 125 The Parkway, Suite 104, Greenville, SC 29615.
11. c. To the best of your knowledge, did you have any prior permanent disability? no
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☐ 13. a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 13. b. I am requesting a hearing.

Signature of Claimant Representative

Date

Refer to R.67-205, R.67-206, R.67-207, and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0515098

Carrier File # 58-218332

Carrier Code #

Employer FEIN

Raquel Martinez		-6354	Spartanburg County
Claimant's Name		SSN	Employer's Name
Spartanburg, SC 29301			P.O. Box 5666, Spartanburg, SC 29304
Address	City	State	Zip
Home Phone		Work Phone	S.C. Association of Counties SIF
		Richard B. Kale, Jr.	Insurance Carrier
		Preparer's Name	(864) 527-3272
			Phone #

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part.
The employer-insurance carrier in answer to the claim, respectfully shows:

1. It is (denied) that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: No injury by accident arising out of and in the course of employment. See #11
2. It is (admitted) that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: But see #1 and #11
3. It is (admitted) that the relationship of employer and employee existed at the time in question. The reasons for denial are: But see #1 and #11
4. It is (denied) that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: See #1 and #11
5. It is (denied) that notice of injury was given the employer. The reasons for denial are: See #1 and #11
6. It is (denied) that the employee needs or is entitled to additional medical care as a result of injury. The reasons for denial are: See #1 and #11; No medical evidence.
7. It is (denied) that the employee is entitled to temporary total disability for the period(s) of: _____
8. It is (denied) that the employee is permanently disabled. The reasons for denial are: See #1 and #11; No medical evidence.
9. It is (denied) that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$ 694.35 applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: Section 42-15-20 (notice); McDevitt & Street defense, if applicable.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Chadwick D. Pye, Esquire,

Name

213 Magnolia Street, Spartanburg, SC 29306

Address

on the 12th day of May, 2006 by ☒ first class mail; ☐ personal service; ☐ certified mail.

Preparer's Signature

Richard B. Kale, Jr.

Willson Jones Carter & Baxley, LLC

200 East Camperdown Way, Suite D

Greenville, SC 29601

Attorney for Defendants

Title

May 12, 2006

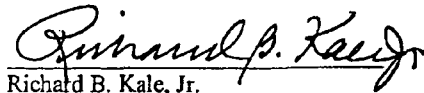
Date

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

December 11, 2009



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