STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM CHARLESTON COUNTY
Court of Common Pleas

Michael J. Baxley, Circuit Court Judge

Case No.: 2007-CP-10-1553

Jamesetta Washington, as Guardian ad Litem for
Jayden W., a minor.....Appellants,

v.

Edmund Rhett, Jr., M.D., Low Country Obstetrics and Gynecology, P.A.; Tenant South Carolina, Inc. d/b/a East Cooper Regional Medical Center and AMN Services, Inc. f/k/a Nurses RX, Inc.....Defendants,

Of Whom Edmund Rhett, Jr., M.D. is.....Respondent.

RECORD ON APPEAL
VOLUME 7

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Q. Unengaged means anything on the negative side of zero?

A. Minus two, minus one.

Q. Is there anything else you remember about Jayden W , Jamesetta Washington or your involvement in Jamesetta's labor and delivery that you haven't told me about?

A. No, sir.

Q. Have you ever sued anyone?

A. No, sir.

Q. Has anyone ever sued you?

A. Yes, sir.

Q. How many times?

A. Been sued twice.

Q. Is that counting this one?

A. This would be three.

Q. Tell me about the other two.

A. The first one was a closed settlement where somebody was pregnant, you know, and was on a drug called danazol for endometriosis. Baby ended up with clitoral hypertrophy. She was -- and we had not tested her for -- we had not done a pregnancy test on her. Although danazol was supposed to make her amenorrhea and not able to get pregnant but that didn't work out.

Q. Who was the Plaintiff's attorney on that case?

A. Ellis Kahn.

Q. When did he file suit, approximately?

A. '79.

Q. Who was your attorney?

A. Bobby Hood.

Q. What was the other case?

A. Case where patient came to me with -- for a tubal ligation, and she had a previous C-section. And her last menstrual period she stated was less than two weeks prior to the time I put her in the hospital. And I ended up doing a tubal ligation on her, but she had a tremendous amount of scar tissue covering the uterus. I still was able to do an effective tubal ligation. Turns out, she was pregnant; had a miscarriage.

Q. What was the outcome of that case?

A. They found for me.

Q. It went to trial?

A. It went to trial.

Q. Who was your attorney on that?

A. Bobby Hood.

Q. Who was the Plaintiff's attorney?

A. He was a judge and then he wasn't a judge

and then he tried to run for the senate. Initially it was Larry Richter, and then it became -- he had a heart attack. It became somebody else.

Q. When was that case filed?

A. '84, I think. Sometime in the '80s.

Q. On the Ellis Kahn case, let me make sure I understood you. You said a closed settlement. It was settled out of court confidentially?

A. Correct.

Q. Have you ever served as an expert witness in a case?

A. Yes, sir.

Q. How many times?

A. A few. Ten or less.

Q. Ten or less?

A. Yes. Are you talking about going to trial, or are you talking about just being deposed?

Q. We'll clarify that. What did you mean when you said ten or less? Deposed?

A. Total.

Q. How many times did you go to court?

A. I think just once that I recall.

Q. What was that case about?

A. I have no recollection.

Q. Do you remember who the attorneys were?

A. No, sir. It may have been somebody with Rutledge Young's crowd, Young, Clement, Rivers.

MR. DAVIS: Good Lord.

THE WITNESS: I'm sorry.

Was there a Smith down there with y'all? Joel?

MR. DAVIS: John Hamilton?

THE WITNESS: John Hamilton Smith. He may have been the attorney, but I'm not sure.

MR. GRAHAM: Thank you.

MR. DAVIS: You're welcome.

BY MR. GRAHAM:

Q. What was the outcome of that case?

A. That was actually thrown out of court.

Q. You don't have any recollection of what the issues were?

A. This was 25, 22, 20 years ago or something.

Q. What attorneys have you worked for when you've been deposed or reviewed cases as an expert?

A. I've reviewed cases for the Hood Law Firm, and I've reviewed cases for Young, Clement, Rivers. I've reviewed cases for Sinkler.

Q. Sinkler, Boyd?

A. Sinkler, Boyd.

Q. Haynsworth firm?

A. That may be what they call it. Haynsworth, Sinkler, Boyd, is that what they call it? I don't know. I just remember --

Q. Any others?

A. There may have been, yeah.

Q. Have you ever given a deposition before in a case relating to a brain damage following a vacuum extraction?

A. No, sir.

Q. Have you been involved in any activities in support of tort reform, change of the laws relating to medical negligence litigation, anything like that?

A. I went to Charleston County Medical Society meeting one time.

Q. Did you contribute money to that effort?

A. I think I did.

Q. Have you ever written letters to the editor of a newspaper or a politician about that subject?

A. I may have written a letter that, you know, like my local representative when we were trying to have some tort reform.

THE VIDEOGRAPHER: Ed, I'll need a disk change in two minutes.

MR. GRAHAM: Doctor, thank you for answering my questions. I believe that's all I have at this time. I would reserve the right to look over your CV. I may have some questions there. If you would kindly furnish those citations of articles to your attorney.

THE WITNESS: If I have any.

MR. GRAHAM: If you have any. Thanks.

MS. CRAIG: Let's go ahead and change tape.

THE VIDEOGRAPHER: We're going off the record at 7:36 p.m.

(A recess transpired from 7:36 p.m. until 7:44 p.m.)

THE VIDEOGRAPHER: We're going back on the record at 7:44 p.m.

EXAMINATION

BY MS. CRAIG:

Q. Doctor, how many years did you deliver babies?

A. Thirty-four.

Q. Approximately, how many babies have you delivered in your career?

A. About 7,000.

Q. How many of those 7,000 deliveries were

deliveries that needed the assistance of a vacuum?

A. At least 1,000.

Q. Why did you use a vacuum for the delivery in this case?

A. Because it was the easiest for the mother and baby; simplest and quickest way to get this baby out.

Q. You were asked by Plaintiff's Counsel some technical definitions. And you were also asked some questions about the shape and size, the specifics of the vacuum. Do those definitions have anything to do with the delivery in this case?

MR. GRAHAM: Object to the form.

THE WITNESS: Just the vacuum that I've used. I've used the same vacuum for the last 20 years, 15 to 20 years, I think. I know I've used it at least a thousand times. So I don't -- I mean, I just drew a picture of a vacuum because he asked me to. I don't think it has a thing to do with this delivery.

BY MS. CRAIG:

Q. Does the shape or the design of the vacuum have anything to do with the delivery?

MR. GRAHAM: Object to the form.

THE WITNESS: It's the vacuum I've used for literally over a thousand deliveries. I don't

think so.

BY MS. CRAIG:

Q. Did you prepare for this deposition as if you were sitting for a medical exam?

A. No.

Q. Speaking of medical exams, are you board certified?

A. I am.

Q. You passed those board certifications on the first attempt?

A. I did.

Q. In preparation for you deposition today, did you review the hospital records of Ms. Washington's delivery?

A. I did.

Q. Based upon the hospital medical records and your independent recollection of the delivery, did you act reasonably in the care of this patient?

MR. GRAHAM: Object to the form.

THE WITNESS: I thought that I acted extremely reasonably in the delivery here, and I thought that it was one of the better deliveries I've done. I actually saw a video of myself; I had never seen that. I have done 7,000 or so deliveries, and I've never seen myself deliver a baby. Kind of

interesting.

BY MS. CRAIG:

Q. Dr. Rhett, do you have an opinion as to whether or not you complied with the standard of care in the delivery that's at issue in this case?

MR. GRAHAM: Object to the form.

THE WITNESS: I do.

BY MS. CRAIG:

Q. What is that opinion, sir?

MR. GRAHAM: Object to the form.

THE WITNESS: I was following the standard of care in the delivery of this baby.

BY MS. CRAIG:

Q. Were you negligent in the care and treatment of Ms. Washington?

A. Not one little bit.

MR. GRAHAM: Object to the form.

BY MS. CRAIG:

Q. Did you do anything to cause the injuries to this child?

A. No, I didn't.

MR. GRAHAM: Object to the form.

BY MS. CRAIG:

Q. You were asked a few questions about the Low Country OB/GYN office chart and you were provided

it and just had a short time to review it and were asked if there was anything in that chart that could be the cause of the child's injuries other than what you had already indicated, which were the multiple sexually-transmitted diseases, the use of alcohol, the use of marijuana, and the use of tobacco during pregnancy. Do you recall those questions?

A. Yes.

MR. GRAHAM: Object to the form.

BY MS. CRAIG:

Q. I would like to now direct your attention to what's been previously marked as Plaintiff's Exhibit Number 3, and it's Bates stamped LC OBGYN 0046, which appears to be a report of an ultrasound of Ms. Washington. What are the abnormal findings in that report?

A. The following items are suboptimal: Face. The following items are abnormal findings: The four chamber view of the heart. Echogenic foci, left ventricle.

Q. Is this ultrasound showing an abnormality of the child's heart?

A. It does.

MR. GRAHAM: Object to the form.

THE WITNESS: It does.

BY MS. CRAIG:

Q. Thank you. Dr. Rhett, are all the opinions you've given today to a reasonable degree of medical certainty?

MR. GRAHAM: Object to the form.

THE WITNESS: Yes, ma'am.

MS. CRAIG: Thank you very much.

MR. DAVIS: I don't have any questions.

MS. SMITH-YANCY: I don't have any questions.

EXAMINATION

BY MR. GRAHAM:

Q. Dr. Rhett, earlier I asked you if you could tell me by what criteria an obstetrician's conduct should be judged. I believe you told me that you didn't know of any such criteria.

When you just told your own lawyer that you followed the standard of care, what criteria were you referring to in evaluating your own conduct in this case?

MR. DAVIS: Objection.

THE WITNESS: Well, years of clinical experience and thousands of vaginal deliveries, literally tens of thousands of prenatal visits. And the clinical experience that I've had: Did I do the

right thing? And I did the right thing.

BY MR. GRAHAM:

Q. Sir, you just told your lawyer that you thought you followed the standard of care. Please tell me what the standard of care is that you believe has any relevance to this case.

A. That another obstetrician with my similar background and training would find reasonable.

Q. Please tell me what you mean by reasonable.

A. That I was doing the right thing.

Q. Please tell me what you mean by the right thing.

A. That's what they would have done under a similar circumstance.

Q. Can you point to any criteria by which you believe the standard of care for obstetricians under these facts and circumstances is expressed?

A. I don't understand your question.

Q. It does the ladies and gentlemen of the jury no good to hear that a particular doctor violates or conforms to a standard of care unless they know what the standard of care is. Can you point to any specific writings that spell out what an obstetrician should do or refrain from doing under the facts and circumstances

of the labor and delivery involving Jayden Washington's birth.

MR. DAVIS: Objection.

MS. CRAIG: Objection. That is a misstatement of the law.

BY MR. GRAHAM:

Q. Did you understand my question?

A. No, sir.

Q. Can you point to a single written standard of care relevant to this case that you believe you conformed to?

MR. DAVIS: Objection.

THE WITNESS: Years of clinical experience said this is what I should've done, and that's what I did. I've been to full residency training. I've passed my boards. I've practiced for 30-something years. I did what was reasonable under these circumstances to deliver this baby in a safe and effective manner.

BY MR. GRAHAM:

Q. Is there anything else on which you base your opinion that you conformed to the standard of care?

A. That's all that I know to base it on. The meetings I went to, the books I've read, the journals

I've read, the articles I've read. Conversations with other doctors who do the same thing that I do, not about this case but about the general way we practice leads me to believe that I did the right thing in this circumstance.

Q. But all the obstetrical texts that tell how and when vacuum extraction should be done, you consider those to be unreliable?

A. I didn't say unreliable. I did say that you can't pick one up and say: This is a reliable source. A general opinion from that author or that group of authors, that does not make a reliable -- that's some new legal technical term that y'all have. It's not the way you can say: This is the only way to do it.

Q. Earlier you told me the texts weren't reliable. Now I'm asking: Do you consider them unreliable? Do you?

A. That would be a turnover of the way I said what I was saying. What I was told is there's no reliable source for the standard of care.

Q. Who told you that?

A. My attorney.

Q. Okay. I don't want to ask you about conversations with your attorney. I want to ask you,

as a doctor, do you consider any obstetrical textbook reliable?

A. There are reliable things in almost all the textbooks. There's no one reliable textbook or one group of books that you could say -- and it's based on clinical experience. This is an art form and that means that we are practicing medicine under as good a training and judgement as we can possibly come up with.

Q. Can you point me to any obstetrical text that you think is reliable on the subject of when and how vacuum extractions should be performed?

A. No, sir.

Q. Are you familiar with any publications of the American College of Obstetrics and Gynecology --

MS. CRAIG: Asked and answered.

BY MR. GRAHAM:

Q. -- that relate to how and when vacuum extractions should properly be performed?

A. I've read that.

Q. Did you consider that to be reliable?

MS. CRAIG: Objection.

THE WITNESS: No.

BY MR. GRAHAM:

Q. Why not?

A. There is no one reliable source,

Mr. Graham. That's not -- there's some good information in that. But you can't base your judgment on what one group of people wrote. And they're not standing there when you're ready to deliver the baby. I was. And it's my years of clinical experience, related to all the things that have been read, some of which are right and -- I mean, that have been written that I've read. Some of which are accurate and some of which have become obsolete.

Q. Would you agree with me that, if the ACOG publications are accepted as being a reliable expression of how and when vacuum extractions should be done, that you failed to live up to that?

MS. CRAIG: Objection.

THE WITNESS: No.

MR. DAVIS: Objection.

BY MR. GRAHAM:

Q. Do you contend that you followed the ACOG publications about how and when a vacuum extraction should be done?

MS. CRAIG: Objection.

MR. DAVIS: Objection.

THE WITNESS: Why would I follow something that is not considered a reliable source by me? It might have some good guidelines in it. I was standing

there, taking care of Jamesetta and her unborn baby, and I used my clinical judgement, which is what I've been trained to do, through years of experience and training and meetings and books, to get the baby born.

BY MR. GRAHAM:

Q. In what way or ways did your work on this labor and delivery depart from the ACOG teachings?

A. I have no idea.

Q. But you acknowledge that they did depart from it?

MS. CRAIG: Objection.

MR. DAVIS: Objection.

THE WITNESS: No, sir, I do not.

BY MR. GRAHAM:

Q. Earlier you said, why would I follow something that I know not to be reliable, or words to that general effect. What did you mean when you said that?

MS. CRAIG: Objection.

THE WITNESS: You asked me if there was a reliable source for the standard of care. The answer is no. That doesn't mean there isn't some reliable information in some of the things that are printed. Some of the things, but it does not make them the Bible that you have to follow 100 percent of the time. You

have to put it in with clinical judgment, and you have to do what your training and your experience says to do at the time.

BY MR. GRAHAM:

Q. Can you point me to any obstetrical literature that you believe contains anything reliable in whole or in part about when and how vacuum extraction should be performed.

MS. CRAIG: Objection. Asked and answered, and you're verging on harassment.

MR. GRAHAM: Give me a break.

THE WITNESS: No.

MS. CRAIG: This has been thoroughly explored previously. If you have any new material, would you please ask the witness.

BY MR. GRAHAM:

Q. In what way do you believe that ACOG directives about how and when vacuum extraction should be performed is unreliable?

A. I can't answer that question.

Q. In what way do you contend that Williams Obstetrics' discussion of how and when vacuum extraction should be performed is unreliable?

A. I can't answer that question.

Q. In what way do you contend that Creasy and

Resnick's description of how and when vacuum extraction should be performed is unreliable?

A. I don't know.

Q. Can you explain to me why any obstetrical teaching about when and how vacuum extraction should be performed is unreliable.

MR. DAVIS: Objection.

THE WITNESS: No.

MR. GRAHAM: Thank you. That's all I have.

EXAMINATION

BY MS. CRAIG:

Q. Dr. Rhett, were you reasonable in the care and treatment of Ms. Washington?

MR. GRAHAM: Object to the form.

THE WITNESS: Yes.

BY MS. CRAIG:

Q. Did you act appropriately?

A. Very much so.

MR. GRAHAM: Object to the form.

BY MS. CRAIG:

Q. Do you have an opinion as to whether or not you were negligent in the care and treatment of Ms. Washington?

A. -- in this case whatsoever.

Q. Could you please restate that last statement. I think Mr. Graham interrupted you.

MR. GRAHAM: Object to the form.

THE WITNESS: There was no negligence on my part whatsoever in this case.

BY MS. CRAIG:

Q. Are those opinions and all the opinions that you've rendered in this deposition today to a reasonable degree of medical certainty?

MR. GRAHAM: Object to the form.

THE WITNESS: Yes.

MS. CRAIG: Thank you, sir.

EXAMINATION

BY MR. GRAHAM:

Q. Dr. Rhett, what is negligence?

A. I don't know. What do you think it is?

Q. Sir, I'm here to ask the question.

A. I don't know.

Q. Did you tell your lawyer you didn't know what it was when she asked you if you were negligent?

A. I'm not a dictionary. I just use words when they come along. Negligence might mean something -- you know, I don't know how to define negligence.

Q. What did you mean when you told your

lawyer you didn't think you were negligent in any way?

A. I was not negligent in any way whatsoever. That means I didn't do anything wrong in this case, Mr. Graham.

Q. What is negligence?

A. Negligence would be doing something that's not right.

Q. Judged by what criteria?

A. By years of clinical experience, training, meetings, books, articles.

Q. By your criteria?

A. That's who you're asking.

MR. GRAHAM: Thank you, nothing further.

MS. CRAIG: That's it. Thank you.

THE VIDEOGRAPHER: This deposition is concluded at 8:01 p.m.

(The witness, after having been advised of his right to read and sign this transcript, does not waive that right.)

(The deposition was concluded at 8:01 p.m.)

SIGNATURE OF DEPONENT

I, the undersigned, EDMUND RHETT, JR., M.D., do hereby certify that I have read the foregoing deposition and find it to be a true and accurate transcription of my testimony, with the following corrections, if any:

PAGE	LINE	CHANGE	REASON

_____

EDMUND RHETT, JR., M.D. Date

CERTIFICATE OF REPORTER

I, Lora McDaniel, Registered Professional Reporter and Notary Public for the State of South Carolina at Large, do hereby certify that the foregoing transcript is a true, accurate, and complete record.

I further certify that I am neither related to, nor counsel for, any party to the cause pending or interested in the events thereof.

Witness my hand, I have hereunto affixed my official seal this 5th day of August, 2008 at Charleston, Charleston County, South Carolina.

_____

Lora McDaniel,
Registered Professional Reporter
My Commission expires:
September 18, 2016

07.0630
5-22-07

State of Couth Carolina

County of Charleston

I, GRANGER C OSBORNE MD, swear/affirm that the foregoing (or attached) is a true and complete copy of the document which it purports to represent, and that, to the best of my knowledge, the photocopied document is neither a public record nor a publicly recordable document, certified copies of which are available from an official source other than a notary public.

(Signature of Affiant/Custodian)

Sworn to and subscribed before me this 20th day of May, 2007, by

GRANGER C. OSBORNE.

✓ Personally Known

_____ Produced Identification

Type and # of ID _____

LORILEE L HOYLE NOTARY PUBLIC SOUTH CAROLINA

Lorilee L. Hoyle,
Notary Public, State of South Carolina
My Commission Expires: August 19, 2014

[redacted]

EXHIBIT
1
PENGAD 800-631-6989

LC OB/GYN 0001

EXH_1_001

3024

D H E C

PROMOTE PROTECT PROSPER

Postpartum Assessment

Visit Date

Discharge Date

Referral Date

Key: (✓) = assessed, no abnormalities, (X) = assessed, problems noted, comments recorded, (K)= knowledge, (SK)=some knowledge, (NK)=no knowledge, (SR)=satisfactory recall, (UR)=unsatisfactory recall.

Parameter	Assessment	Comments
Blood Pressure Reading		
Interval History/Medications		
Fever/Chills		
Breasts		
Severe Abdominal Cramping		
Bleeding/Lochia		
Bladder/Bowel Function		
Pain: Leg/Back/Perineum		
Incision		
Fundal Height		
Emotional Status		
Postpartum Checkup	When: Where:	
Contraceptive Plan	If Depo, date 1st injection:	
Method Dispensed	☐ Foam ☐ Film ☐ Condoms	

Health Education	PRE	POST
Breast Care		
Perineum Care		
Hygiene		
Activity Level		
Sleep		
Nutrition		
Risk Reduction		
S/Sx to Report to MD		
Birth Control Methods		
Options/Issues of Birth Control Methods		
Benefits/Risks Long Term Birth Control Methods		
Proper Use of Birth Control Methods		

Client Bill of Rights Reviewed ☐

Revisit Needed: Yes ☐ No ☐

If so, when: _____ Reason: _____

Additional Assessment/Comments/Plans:

AUG 21 2002

Referrals: MD ☐ FSS ☐ WIC ☐ FP ☐ Other ☐

Nurse's Signature

JAMESETTA WASHINGTON
775 CARTWRIGHT DR
CHARLESTON, SC 29407

056

110-1363397
, JAYDEN M
07/16/2002

110-1050268
WASHINGTON, JAMESETTA
07/29/1981

DHEC

HEALTH A

LC OB/GYN 0007

WORK UP SHEET
LOW COUNTRY OB GYN

☐ 1300 HOSPITAL DR., SUITE 270
MT. PLEASANT, SC 29464
(843) 884-5133

☐ 903 N. FRASER ST.
GEORGETOWN, SC 29440
(843) 546-0111

☒ 10-A FARMFIELD AVE.
CHARLESTON, SC 29407
(843) 571-1166

DATE 8/21/07 NAME Jamesetta Washington SS # 201-55-1196
AGE 27 WT 142 B/P 100/70 P ____ LMP pp G 1 P 1 A 0 LC 1
CONT 0 LAST PAP 2/03 LAST MAMO 0 PCP ____
C/O 6 wk pp visit (vaginal delivery) CURRENT MEDS: Multivit

Allergies: nka PROVIDER SIG. D. C. Dobson, MD

HgB (11.0 — 16.0g/d l) 11.0 UA (neg) ____.

Glu (60-105mg/dl 1)____. UCG (neg) ____. UC (neg) ____

JAMESETTA WASHINGTON: The patient presents for her six weeks postpartum checkup. She is doing well. She is bottle-feeding. She has no complaints. She wants an IUD.

EXAM: Vulva and vagina are normal. Uterus is normal size and shape. Adnexa are clear.

IMPRESSION: Normal postpartum examination.

PLAN: We discussed IUD. , however, we discussed also birth control pills and Depo. She is going to think about it and come back with the onset of her period.

GO/tb

WORK UP SHEET
LOW COUNTRY OB GYN

☐ 1300 HOSPITAL DR., SUITE 270
MT. PLEASANT, SC 29464
(843) 884-5133

☐ 903 N. FRASER ST.
GEORGETOWN, SC 29440
(843) 546-0111

☐ 10-A FARMFIELD AVE.
CHARLESTON, SC 29407
(843) 571-1166

DATE 7-29-02 NAME JAMESETTA WASHINGTON SS #

AGE 21 WT 141 B/P 110/70 P LMP G 1 P 1 A 0 LC 1

CONT 0 LAST PAP 2-1502 LAST MAMO PCP

C/O ODOR & DISCHARGE. CURRENT MEDS: 0

Allergies: NKDA PROVIDER SIG. MA D.C. Griffin, M.D.

____ HgB (11 0 — 16.0g/d 1) ____. ____ UA (neg) ____.

____ Glu (60-105mg/dl 1)____. ____UCG (neg)____. ____UC (neg) ____

JAMESETTA WASHINGTON: The patient presents with a malodorous discharge.

EXAM: Vulva and vagina are normal. No foreign bodies are seen. Normal lochia noted. Uterus is normal size and shape and nontender. Probably normal lochia odor noted.

PLAN: Treat with amoxicillin 500 mg t.i.d. for coverage anyway.

GO/tb

LC OB/GYN 0009

LOWCOUNTRY OB GYN

PHONE MESSAGE

Who called PT

Patient Name Domenitta Washington Date 7/17 Time of call 3:30 PM

DOB 7-29-84 Patient phone number(s) ~~X~~

Name of employee taking message Lisa J

GYN OB _____ wks

ER DKS LL LC MJ MP WA GT LSP 7/15/02

GO CJ WM CNM

MESSAGE:

Pain

Bleeding

Lab results

Refill

New Rx

Other Please call in something for hemorrhoids

Pharmacy

Pharmacy # 556-8974

Action taken (1) + called + left VM to pick up Rx + to call if not better + to call if worse (2) + called + no answer + left VM to call back (3) + called + no answer + left VM to call back (4) 7-17-02 Message pt to see Linda, PA Typed & removed poc

Nurse Signature _____ Time call returned _____

LC OB/GYN 0010

EAS. COOPER REGIONAL MEDICAL C_ ER
1200 Johnnie Dodds Blvd.
Mt. Pleasant, SC 29464

WA

DISCHARGE SUMMARY

Patient Name: WASHINGTON, JAMESETTA MRN: 1199595
Attending Physician: BARBARA STONE, CNM

Admission Date: 07/15/2002
Discharge Date: 07/17/2002

INTERPRETATION:

This is a 20-year-old black female, G-1, P-0, admitted for Dr. Osborne for post dates induction.

Prenatal care:

_. EDC 7/9/02,
A positive, rubella immune, antibody screen negative, serology nonreactive, sickle cell negative, Pap normal, urine culture negative, glucose screen 77, AFP negative, GC Chlamydia negative negative, HIV negative, GBS negative and HBSAG negative.

PAST MEDICAL HISTORY:

SOCIAL HISTORY: Negative.

ALLERGIES: None known.

MEDICATIONS: prenatal vitamins.

SOCIAL HISTORY: Single. History of alcohol.
Family present at birth.

Fetal heart tones were 140's, good beat to beat variability. Cervix closed, thick and high posterior. Cervidil placed. No Herpes lesions seen. 7/16/02 at 0740 AROM clear, cervix 2-3, 80 and -1. Pitocin started. Epidural placed. Episode of decelerations for four minutes which resolved with O2, IVF and stopping Pitocin. Fetal heart tones were okay now at 1320 on 7/16/02. Cervix was 4-5, 80 and -1. Pitocin was restarted. Complete 2000, NSVD over an intact perineum under epidural anesthesia, 7 pound 10 ounce, Apgars 6 and 9. Placenta spontaneous and intact. Nuchal cord times one. Second degree laceration repaired with 4-0 Vicryl. Mother and baby doing well. Blood gas 7.21. On 7/17/02, 0715 patient with no complaints. Physical examination was normal. The patient had planned to stay in the hospital until 7/18, however infant was transferred to MUSC with problems and patient is now requesting discharge. Physical examination has remained normal. Urine drug screen is to be done at the request of Dr. Ward prior to discharge.

JUL 19 2002

LC OB/GYN 0011

DISCHARGE SUMMARY

Patient Name: WASHINGTON, JAMESETTA MRN: 1199595

Contraceptive issues discussed prior to discharge. Self and baby care were reviewed. The patient will follow-up with Dr. Osborne in six weeks.

BARBARA STONE, CNM

Dictated on: 07/17/2002 12:13
Transcribed on: 07/18/2002 09:08
JOB#: 20206
MEDQ

LOW COUNTRY OBSTETRICS & GYNECOLOGY

Including the practice of Midwifery

PATIENT'S NAME	AGE	RACE	MARITAL STATUS	RELIGION	OCCUPATION
Jamesetta Washington	20	B	S	methodist	student / full-time

ADDRESS	HOME PHONE	WORK PHONE
775 Capt. Right Dr.	(843) 556-4032	N/A

FATHER OF BABY	AGE	OCCUPATION	PEDIATRICIAN
Christopher Bess	20	student full-time	Ashley Wood

GRAV	TERM	PREMATURE	LIVE	NAMES (ages)	ALLERGIES
		0	0		None

SIGNIFICANT HISTORY / PROBLEMS: N/A

Most recent type birth control: N/A Depo Provera

Date last used: 05-00

LMP: LMP Normal ☐ Yes ☐ No

Bleeding Since LMP: ☐ Yes ☐ No — Cycles Regular ☐ Yes ☐ No

Preg. Test: ☐ Pos. ☐ Neg. — Date: Nov. 7, 01 — Type:

EDC (dates): 7/9/02

SONO 1 _____ Date of Sono _____

EDC 2 _____ Date of Sono _____

LAB WORK: INITIAL

Date:		Rubella	Immune
TEST	RESULTS	Serology	NR
Hgb/ HCT	12.6/35.3	Antibody Screen	NEG
Plat	261	Sickle Cell	NEG
Pt Type Rh	A+	Pap	1-13-22 WNL
FOB Type Rh		Uricult (neg.)	NEG

ADDITIONAL

DATE	TEST	RESULTS	DATE	TEST	RESULTS
3-20	GLUC. SCREEN (<140 mg/dl)	97		GTT	
1-30	AFP	NEG		HIV	NEG
5-13	GC/Chl	NG/NEG	6-5	GBS	NEG
	ANTIBODY SCREEN #2				
1-21	HbSAg	NEG			

Date	Year	Headache	Nau/ Vom	Swelling	Cramp	Bleeding	Fetal Mov	Sug	Prot	Nitrites	HGB (11-15g%)	Pre-Preg Wt.	Wt.	Wt. Gain	BP	Wks Dates	Wks Sono	Fundal Height	FHT	Cervix: Dil	Cervix: % Eff	Station	Fetal Pres	Notes	Initials	Next Visit
10	10-5-02	+	—	—	—	+	+	N	N	N		155			100/64	35		36	+	0	0	-2				1
	10/12/02	+	—	+	—	—	+					155			110/70	36		N	+	0	0	-3		OK		1
CC	6/19/02	—	—	—	—	+	+	N	+			154			100/60	37		N	+	0	0	-3				2
9	6-27	—	+	—	—	+	+	N	N	N		158			110/70	38		N	+	0	0	-1		OK		2
8	7/3	—	2+	—	—	+	+	N	N	N		161			110/70	39	34	N	+	0	0	-3		OK / 1 PM		1
EE	7-10	—	1+	—	—	+	+	N	N	N		160			110/70	40		N	+	0	0	-1		OK		2
7	7/16	—	2+	—	—	+	+	N	N	N		162			110/64	40		40	+					NV NST →		1
			(F)																							

DATE	
6/13	OV 2nd. ext. to Dr. Simmons Ovid. Dr. Nichols Williamsburg Clinic
3/13	Preg. dx. signed - BJ OV
9/13	Copy sent to OC AVC

DATE	

Rev. 2/97 EC3041/246140

LC OB/GYN 0013

GYNECOLOGICAL & OBSTETRICAL ASSOCIATES
LOWCOUNTRY OBSTETRICS AND GYNECOLOGY
Including Practice Nurse Midwifery

SUMMARY OF PREVIOUS PREGNANCIES	Full Term	Premature	Now Alive	Twins/Triplets
		0	0	0

	Year	Hospital	Weeks Gestation	# hrs in labor	Vaginal or Cesarean	Sex	Birth Weight	Mother's last weight exam	Received Rhogam injection?	Complications Mother	Complications Infant
1											
2											
3											
4											
5											
6											

PAST PREGNANCIES

Complications	NO	YES	which pregnancy	Comments
Gestational diabetes				
High blood pressure				
Toxemia				
Rh problems				
Bleeding during preg.				
Excess amniotic fluid				
*Incompetent cervix				
*Premature ruptured membranes				
*Premature labor				
Kidney infection				

Complications	NO	YES	which pregnancy	Comments
Bladder infections				
Vein problems				
Anemia (low blood)				
Persistent vomiting				
Smoked				
Drug use				
Infect - birth defect				
Breech delivery				

I have completed the above sections to the best of my knowledge and will discuss any questions with my physician.

Patient's Signature [signature] Date 05/13/02

PHYSICIAN TO COMPLETE THIS NEXT SECTION

PHYSICAL EXAMINATION	Normal	Abnormal	DETAIL POS. FINDINGS BY NO.
1. Skin	✓		
2. HEENT	✓		
3. Mouth	✓		
4. Neck	✓		
5. Thyroid	✓		
6. Lungs	✓		
7. Breasts	✓		
8. Nipples (erect)	✓		
9. Heart	✓		
10. Abdomen	✓		
11. Extremities	✓		
12. Musculoskeletal	✓		
13. Neurologic	✓		
14. Ext. Genitalia	✓		

	Normal	Abnormal
15. Perineum	✓	
16. Vagina	✓	
17. Cervix	✓	
18. Cx. Erosion	✓	
19. L. Adnexa	✓	
20. R. Adnexa	✓	
21. Uterus	✓	
22. Rectum	✓	

Position 32 wk
Size

PELVIC MEASUREMENTS	Adequate	Borderline	Contracted
Inlet	✓		
Mid Pelvis	✓		
Outlet	✓		
Prognosis for delivery			

Initial overall evaluation of patient

Physician _____ Date _____

5/97 EC3046255059

LC OB/GYN 0014

LOW COUNTRY OBSTETRICS AND GYNECOLOGY
Including Practice Nurse Midwifery

For items you have checked "YES", please specify the type problem, date, and treatment received.

PRIOR MEDICAL HISTORY	Yes	No	(Include date & type treatment)
Diabetes		✓	
Bladder Infections		✓	
Kidney Problems		✓	
Heart Problems		✓	
Rheumatic Fever		✓	
High Blood Pressure		✓	
Vaginal Infections	✓		
Female Organ Problems*		✓	
Abnormal Pap Smear*		✓	
Chicken Pox	✓		age 9
German Measles or vaccine		✓	
Red Measles or vaccine		✓	
Mumps or vaccine		✓	
Epilepsy (seizures)		✓	
Sensitive to drugs (specify)		✓	
Allergies		✓	
Blood Transfusions		✓	
Anemia (low blood)		✓	
Bleeds Easily		✓	
Infertility		✓	
Migraines		✓	
Thyroid Problems		✓	
Nervous/Mental Problems		✓	
Alcohol - Abuse	✓		age 15-20 Stopped 10-20-01
Ulcers, Hernias		✓	
Gallbladder Problems		✓	
Accidents, Operations		✓	
Birth Defects		✓	
Vein Problems		✓	
Hepatitis		✓	
Other (specify)		✓	

HISTORY SINCE LAST MENSTRUAL PERIOD	Yes	No	(Include date & type treatment)
Nausea		✓	
Vomiting		✓	
Constipation		✓	
Indigestion	✓		two x a wk no med
Headache	✓		two x a wk no med
*Bleeding (specify)		✓	
Vaginal Discharge	✓		three x a wk no m
Emotional/Family Problems		✓	
Abdominal Pain		✓	
Swelling		✓	
Urinary Complaints		✓	
German Measles		✓	
Other Virus or Infections		✓	
X-Rays (specify)		✓	
Accidents, Operations		✓	
Medications (specify)		✓	
Eye Glasses or Contacts	✓		1996
Removable Dental Work		✓	
Cat Owner		✓	

	Amount & Frequency	Comments
Alcohol	YES one 18-20 twice a wk.	
Cocaine	no	
Heroin, other drugs	no age	
Caffeine	YES 5-20 four x a wk	
Artificial Sweeteners	no	
Milk Products daily	YES four x a wk.	

For items you have checked "YES", list which of your BLOOD relative(s) had the problem.

F	S	Your Family History	Who
	✓	Diabetes	
	✓	Twins	
	✓	Breast Cancer	
	✓	Uterine, Cervical Cancer	
	✓	Other Cancer (specify)	
	✓	Mental Retardation	
	✓	Birth Defects	
	✓	High Blood Pressure	
	✓	Heart Disease	
	✓	Sickle Cell	
	✓	Kidney Disease	
	✓	Mental Problems	
	✓	Allergies	
	✓	Tuberculosis	
	✓	Easy Bleeders	
	✓	Your mother took DES while pregnant*	

Genetic History Both YOUR family AND father of baby's family
For items checked "YES", note which relative and whose side of family (yours or father of baby's).

Yes	No		Relatives
	✓	Mental Retardation	
	✓	Down's Syndrome (mongoloid)	
	✓	Spina Bifida or Meningomyelocele (open spine)	
	✓	Hemophilia	
	✓	Muscular Dystrophy	
	✓	Tay-Sachs Disease	
	✓	Sickle Cell or Sickle Cell Trait	
	✓	Other Genetic or Familial Disease	
	✓	Stillborns	
	✓	Have you, or baby's father in a previous marriage had 3 or more spontaneous miscarriages?	
	✓	Have you, or baby's father had a child born dead, or alive with a birth defect not listed above?	
	✓	Do you, or baby's father have any close relatives descended from Jewish people who lived in Eastern Europe (Ashkenazic Jews)?	
	✓	Will you be aged 35 or older when baby is due?	
	✓	If you answered "YES" to any of the above, do you wish to talk with a genetic counselor?	
	✓	Do you want an AFP blood test to help detect a baby with an open spine? (see brochure)	

I have completed the above sections to the best of my knowledge and will discuss any questions with my physician.

Patient's Signature [signature] Date 05/13/02

LC OB/GYN 0015

3033

PT. NAME Jamesetta Washington SS# 251-55-1195

DATE	REASON	DATE	REASON

OB PROGRESS NOTES

LC OB/GYN 0016

Pat's Exhibit 1

PRE-DELIVERY SESSION

Name: Jamesetta Washington EDC 7/9/06 / P 1

A Emotional Support
1. Feelings regarding labor and delivery not anxious - ready
2 Support person(s) mother
3 Lamaze prepared? no

B. Signs of Impending Labor
(Lightening, mucus plug, bloody show, Braxton-Hicks contractions) discussed ✓
Instructions not to call for mucus plug or bloody show after 36 weeks

C. Notifying M.D.
1. Informed to call office number day or night ✓
2. Informed to report:
ruptured or leaking membranes immediately ✓
vaginal bleeding as much as a period ✓
regular contraction pattern: q. 5 min. lasting 45-60 seconds each
constant severe abdominal pain ✓

D. Hospital
1. Pre-registered no Gave form and encouraged to complete ASAP ✓
2. Attended tour(s) no Aware of tours ✓ Sibling tour

E Hospital Procedures Ordered by M.D. and Rationale
1. Lab work (blood drawn, urinalysis) ✓
2 INT or IV ✓
3. Fetal monitor ✓
4. Perineal shave prep (NONE); may trim pubic hair before admission ✓
5. Enema Patient desires ✓
6. Cesarean pre-op orders discussed: NPO after MN important! ✓

F. Analgesia / Anesthesia
1. Types available and effects discussed ✓
2. Past experience with analgesia / anesthesia ✓
3 Preferences: Note – Nothing is "carved in stone" ✓
4. If requesting epidural, benefits and potential risks discussed ✓

G. Couple's Special Requests:

H. Infant Feeding not sure
1. Bottle (discussed interventions to prevent engorgement, reminded to bring supportive bra to hospital)
2. Breasts
A. Follow-up on breast shields if flat or inverted nipples —
B. Aware of breastfeeding classes ✓
C Suggested reference material if does not have ✓
D. Previous experience breastfeeding mom
E Breastfeeding tips to include information on weaning process ✓

I. Cesarean Delivery
1. Possibility discussed and questions answered ✓
2. Necessity vs. Emergency Cesarean differences noted ✓
3. If Cesarean, preferences include: Regional anesthesia / husband to attend ✓
General anesthesia / husband unable to attend ✓

J. Reminders
1. Newborn care provider given pedi list
2. Infant car seat bought ✓
3. Crib safety guidelines reviewed ✓
4. Circumcision planned yes
5. Postpartum help mom
6. Sibling rivalry discussed —

9/98 TS

Barb J. Middleton, RN

LC OB/GYN 0017

Low Country OB/GYN
10-A Farmfield Avenue
Charleston, SC 29407

05/31/2002
JAMESETTA WASHINGTON: The patient is a 20-year-old black female, G-I, presents with amenorrhea. She is 32 weeks pregnant with an EDC of 07/09/2002. She has no family history, no medical history, or social history with any problems.

EXAM: Blood pressure 104/62. Urine clear.
HEENT: Normal.
NECK: Supple.
CHEST: Clear.
HEART: Normal sinus rhythm.
BREASTS: Clear.
ABDOMEN: Soft and nontender. Gravid. Good fetal heart tones noted.
PELVIC: Vulva and vagina are normal. Cervix is closed and thick. GC and cultures were obtained. Pap obtained. Adnexa clear. Rectovaginal confirms.

IMPRESSION: Intrauterine pregnancy at 32 weeks.

PLAN:
1. She was given detailed instructions for pregnancy.
2. Prenatal vitamins.
3. Return in two weeks.

GO/tb

Low Country OB/GYN
10-A Farmfield Avenue
Charleston, SC 29407

05/23/2002
~~James~~ WASHINGTON: The patient is a 20-year-old, black, G-I, who presents 32 weeks pregnant with an EDC of 07/08/2002. She has no complainis or problems.

EXAM: She is 32 weeks pregnant. Good fetal heart tones are noted. Chest is clear. Heart normal sinus rhythm. Abdomen measures 32 cm. The cervix is closed and thick. cultures and Pap are done.

IMPRESSION: Intrauterine pregnancy at 32 weeks.

PLAN:
1. She was given strict prenatal instructions and precautions.
2. She was placed on prenatal vitamins.
3. Prenatal lab work was obtained.
4. She will return in two weeks.

GO/tb

Low Country OB/GYN — moved from Columbia

☐ 1300 Hospital Drive, Suite 270
Mt. Pleasant, SC 29464

☐ 10-A Farmfield Avenue
Charleston, SC 29407

☐ 903 N. Frasier Street, Suite B
Georgetown, SC 29442

Date 6/13/01 Name Jamaletta Washington SS# 201-66-

Age 32 Wt. 100 B/P 104/62 P ___ LMP 11/1/00 G 1 P 0 A 0 LC 1

Cont. ___ Last Pap 4/02 Last Mamo ___ PCP ___

C/O NVD — Current Meds: Vito

32 wks.

EDC 7/9/02

Allergies: nka — Provider Signature: C. Ogburn MD

___ Hgb. (11.0-16.0 g/d l) ___, ___ UA (neg.) neg, ___ Chol. (<200), ___ UC ___, ___ Hemocult (neg.) ___

___ Glu (f 60-105 mg/dl 1) ___, ___ UCG (neg.) ___

HPI Location, Quality, Severity, Duration, Timing, Context, Modifying Factors, Signs / Symptoms

ROS	CONST	ENT	EYES	CV	RESP	GI	GU	MS	SKIN	BREAST	NEURO	PSYCH	ENDO	HEMA	ALLERG
-															
+															

Positive Findings:

MEDICAL HISTORY

Review current meds: ___

Serious Illnesses / Injuries:

Operations:

Hospitalizations:

Diet:

Menses:

Onset ___ Problems with ___ Missed work ___ Pad ct. ___

___ No Change Since Last Visit

IMMUNIZATIONS

Tetanus ___

DPT ___

Hep. B ___

Pneumo ___

FAMILY HISTORY

Any hereditary diseases: ___

Cancer: Breast ___ Colon ___ Gyn ___

Diabetes Heart Disease TB

Hypertension Birth Defects Clotting Disorders

Mother ___ Father ___

Brother ___ Sister ___

Brother ___ Sister ___

___ No Change Since Last Visit

SOCIAL HISTORY

Marital Status / Living Arrangements:

Employment:

Habits: Alcohol Drugs Tobacco

Sexual History:

Domestic Violence Sexual Abuse

___ No Change Since Last Visit

PALMETTO RICHLAND MEMORIAL HOSPITAL UR# 04-08-61-63

5/6/02

AUTHORIZATION TO RELEASE MEDICAL INFORMATION Clinic

FORM MUST BE COMPLETED IN FULL

MAY - 7 2002

Patient Name: Jamesetta LaNett Washington

Patient Address: PO Box 863609 USC / 775 Capt Wright Dr
Cola. SC 29225 (street, city, state and zip) Chas. SC 29414

Patient Name at Time of Treatment (if different from above): _____

Patient Address at time of Treatment (if different from above): _____

Social Security Number: 251-55-1195 Date of Birth: 07-29-81 Telephone Number: 803 544-1257 843 556-4033

Dates of Treatment: Jan. 02 - Apr. 02

Copy Sent ✓ Initial LC
Encounter 4-18-06
FS _____ DS _____
H&P _____ ER _____
OP _____ Path _____
Consult _____ X-rays _____
Lab _____ Psych _____
Immunet Clinic _____
PFS, EMG, EEG, ECG _____
Misc. 5-9-06

_____ Inpatient ✓ Outpatient ✓ Emergency Room ✓ Clinic _____ Other

Reason for Requesting: Medical ✓ Legal ___ Insurance ___ Personal ___ Other (specify) H&P

I hereby authorize Palmetto Richland Memorial Hospital, Medical Records Services, 5 Medical Park Drive, Columbia, South Carolina 29203, to release the following medical information on the above mentioned patient to:

Name of Person/Agency to obtain information: Dr. Granger Osbo[illegible]

Address: 10-A Farmfield Av. West [illegible]
Charleston SC [illegible] 29407

Telephone Number: (843) 571-1160 Fax Number: _____

Information to be released:

Discharge Summary ✓	History and Physical ✓	Operative Report ✓	Other (specify) 1801 Sunset Blvd. Records
Progress Notes ___	Laboratory Report ✓	Radiology Report ✓	
Billing Summary ___	Consultant Report ___	Pathology Report ✓	
Immunization Record ___	Blood Type ___	Entire Medical Record ___	

I understand that if my medical record contains documentation of alcohol use, drug use, psychiatric conditions and/or information regarding tests for Human Immunodeficiency Virus (HIV) and other communicable diseases, this information will/may be released as part of my medical record. I understand that this in no way relieves me of my personal responsibility to pay the hospital for its services. I direct my attorney to protect the interest of Palmetto Richland Memorial Hospital in any settlement, insurance recovery, and/or lawsuit.

I understand that I may revoke this authorization at any time except to the extent that action has already been taken on it and that it will expire automatically 90 days from the date indicated below.

Jamesetta G. Washington
Signature of Patient or Authorized Representative

05-06-02
Date

_____
Relationship

_____
Witness signature (Other than Family member)

_____
Date

PALMETTO RICHLAND
MEMORIAL HOSPITAL

Dear Requestor:

In response to your request and with proper authorizaton, we have enclosed information on the patient indicated.

NOTICE OF PROHIBITION ON REDISCLOSURE

This information has been disclosed to you from records whose confidentiality is protected by STATE and FEDERAL LAWS (2782(B) and Title 42 of the Code of Federal Regulations, Part 2). You are hereby notified that any disclosure to other parties, copying, distribution or taking of any action in reliance on the contents of the information provided is strictly prohibited.

Sincerely,
Health Information Management
CHARTOne, Inc.
(803)434-2037

JAMESETTA WASHINGTON Home: (803) 754-1257
Female DOB: 07/29/1981 SS#: XXX-XX-0861 MR#: 08616

04/18/2002 - Office Visit: OB F/U 28 wks
Provider: Patricia Carney MD
Location of Care: OB/GYN Clinic

Vital Signs
Height: 64 inches
Weight today: 148 pounds
Pulse: 81
Blood pressure: 126/76 mm Hg

Weight Change
Total weight change: 23 pounds
Weight change since last visit: 4 pounds
.....Kim Humphries RN April 18, 2002 3:12 PM

Antepartum Visit
PROBLEMS:
SINGLE ECHOGENIC FOCUS IN FETAL HEART ()
YEAST VAGINITIS (ICD-112.1)
SUPERVISION, NORMAL FIRST PREGNANCY (ICD-V22.0)

CERVICITIS (ICD-616.0)

MEDS:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

ALLERGIES:
NKA, LOW LATEX ALLERGY RISK

LMP: 10/01/2001
EDD by LMP: 07/08/2002
EDD by ultrasound: 07/13/2002
Final EDD: 07/08/2002
Total Preg: 1
Full Term: 0
Premature: 0
Living: 0
Spon. AB: 0
Ectopic: 0
Multiple Births: 0
Disposition: return to clinic

Antepartum Physical Exam
Est. Gestational Age: 32 3/7
Fundal height (cm): 33
FHR: 140's

JAMES-TIA WASHINGTON Home (803)754-1257
Female, DOB: 07/29/1981 D1085163/6

Fetal movement: active baby
Preterm Labor s/sx: absent
Vaginal bleeding: none
Fluid leakage: none
Comments: IUP at 32 weeks for regular appt. complaining of increased vaginal discharge and discomfort. Denies VB, LOF, HA, visual changes or urinary complaints. States frequent FM. Wet prep with and yeast.

Disposition: return to clinic

Assessment

Comments: IUP at 32 weeks for regular appt. complaining of increased vaginal discharge and irritation.
1) Denies VB, LOF, HA, visual changes or urinary complaints. States frequent FM.
2) Vaginal discharge--wet prep with yeast s--history of nausea/vomiting with Flagyl--gave phenergan with flagyl this time. Terazol for yeast
3) Otherwise doing well. FHTs in 140s and FH at 33.
4) Discussed in clinic today with Dr. Carney

Plan

New Prescriptions/Refills:
TERAZOL 3 CREA 0.8 % one applicatorful in vagina qhs x 3 nights. 04/18/2002 #1 tube x 0 : Andrea N. Wininger MD
PHENERGAN 12.5 MG TAB 1 poq4-6 hours prn N/V 04/18/2002 #30 x none : Andrea N. Wininger MD
FLAGYL TABS 500 MG 1 PO BID X 7d 04/18/2002 #14 x 0 . Andrea N. Wininger MD

Updated Medication List:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

Disposition: return to clinic in 2 weeks
..... Andrea N. Wininger MD April 18, 2002 4:29 PM
I have reviewed and discussed the above patient with the resident physician Agree with the assessment and plan.

Topics and Dates Discussed

Exercise: counseled
Breast Feeding: 02/06/2002

Nursing Intake

Vital Signs

Ht: 64 In. Wt: 148 lbs. P 81 BP: 126/76

JAMESE/TAWASHINGTON [illegible] Home: (803)544-1257
Female DOB:07/29/1981 [illegible] R01066165741 [illegible]

Patient Health History
Living status: with roommates
House status: dorm
Occupation: student

Signed by Patricia Carney MD on 05/02/2002 at 2:47 PM

LC OB/GYN 0025

OB/GYN Clinic
1801 Sunset Dr Columbia, SC 29203
803-434-4110 Fax. 803-434-4123

JAMESETTA WASHINGTON Home (803)544-1257
Female DOB 07/29/1981 MR# R01086 6279

03/20/2002 - Lab Report: URIN SCREEN.OB
Provider: John M. Herbert, MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) URIN SCREEN,OB (16086)

URIN PROTEIN		NEGATIVE mg/dL	(NEG)
URINE GLUCOSE		NEGATIVE mg/dL	(NEG)
URINE KETONES		NEGATIVE mg/dL	(NEG)
URINE BILIRUBIN		NEGATIVE	(NEG)
URINE BLOOD		NEGATIVE	(NEG)
URIN UROBILI		NORMAL EU	(0.1-1.0)
URIN NITRITE		NEGATIVE	(NEG)
LEUKOCYTE ESTERASE	(A)	MODERATE	(NEG)
URIN DPSTIX MSG		"Result Follows..."	

Results by dipstick only.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/20/2002 2:52 PM

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(1) Order result status: Final
Collection or observation date-time: 03/20/2002 14:40
Requested date-time:
Receipt date-time: 03/20/2002 14:50
Reported date-time:
Referring Physician:
Ordering Physician: JOHN HERBERT (JHERBERT)
Specimen Source: &&&&
Producer ID: (SQ)
Filler Order Number: 99999901
Lab site: W64840

Signed by John M. Herbert, MD on 03/20/2002 at 3:27 PM

LC OB/GYN 0026

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

JAMESETTA WASHINGTON Home (803)544-1254
Female DOB:07/29/1981 SS#:252-91-1637 MR#:20:0851637

03/06/2002 - Office Visit: OB F/U @ 22 weeks
Provider: Janice Bacon MD
Location of Care: OB/GYN Clinic

Vital Signs
Height: 64 inches
Weight today: 138 pounds
Pulse: 96
Blood pressure: 128/66 mm Hg

Weight Change
Total weight change: 13 pounds
Weight change since last visit: 7 pounds
... . .Melody Jennings March 6, 2002 1:59 PM

Antepartum Visit
PROBLEMS:
SINGLE ECHOGENIC FOCUS IN FETAL HEART ()
YEAST VAGINITIS (ICD-112.1)
SUPERVISION, NORMAL FIRST PREGNANCY (ICD-V22 0)

CERVICITIS (ICD-616.0)

MEDS:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

ALLERGIES:
NKA. LOW LATEX ALLERGY RISK

LMP: 10/01/2001
EDD by LMP: 07/08/2002
Total Preg: 1
Full Term: 0
Premature: 0
Living: 0
Spon. AB: 0
Ectopic: 0
Multiple Births: 0
Disposition: return to clinic

Antepartum Physical Exam
Est. Gestational Age: 22 2/7
Fundal height (cm): 21
Presentation: early in pregnancy
FHR: 140's
Fetal movement: active baby

JAMESETTA WASHINGTON Home:(803)544-4257
Female DOB:10/29/1981 R0186163

Preterm Labor s/sx: absent
Vaginal bleeding: none
Fluid leakage: none
Edema: none
Urine glucose: neg.
Urine albumin: neg.
Urine leukocytes: small
Disposition: return to clinic

EDD Calculations
By LMP: 07/08/2002
from LMP date. 10/01/2001 + 280 days
By initial ultrasound: 07/13/2002
from initial ultrasound date: 02/13/2002 and an est gest age of 18 5 wks.

EDD Confirmation: 07/08/2002

Assessment
Status of Existing Problems:

YEAST VAGINITIS Improved - Heather M. Irvin MD

Comments: 20 yr old G1 at 22 2/7 wks by LMP confirmed by 18 wk U/S Doing well
1. [illegible]ot states that she has been unable to take her medicine twice a day secondary to nausea and vomitting, she was only able to take three, advised her to try to eat and then take four pills and see if she could keep that down and that would be all that she needs to take, however if this doesn't work will try Metrogel
2. Glucola at next visit
D/W Dr Bacon

Plan
Updated Medication List:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

Disposition: return to clinic in 1 month
..... Heather M Irvin MD March 6, 2002 3:36 PM

I have reviewed and discussed the above patient with the resident physician. Agree with the assessment and plan.

Topics and Dates Discussed
Exercise: counseled
Breast Feeding: 02/06/2002

Nursing Intake
Vital Signs
Ht: 64 in. Wt: 138 lbs. P: 96 BP: 128/66

JAMESETTA WASHINGTON [illegible] Home (803) 544-1257
Female, DOB 07/29/1981 [illegible] MR01086163 [illegible]

Patient Health History

Living status: with roommates
House status: dorm
Occupation: student

Signed by Janice Bacon MD on 03/11/2002 at 11:43 AM

OB/GYN Clinic
1801 Sunset Dr Columbia, SC 29203
803-434-4110 Fax 803-434-4123

JAMESETTA WASHINGTON [illegible] Home (803) 544-1257
Female DOB: 07/20/1981 [illegible] MR0108637 [illegible]

02/18/2002 - Lab Report: AFP Screening neg
Provider: Cornelia de Riese MD
Location of Care: OB/GYN Clinic

Enhanced AFP Screening Report

PATIENT INFORMATION:
Age at EDC: 20 9
Weight: 130 lbs
No: 1259
Sample #: A02-00164
Drawn: 01/21/2002
Report Date: 02/08/2002
Race: Black
Diabetic: No

MATERNAL SERUM RESULTS:
Pregnancy: Singleton
AFP: 1.43 MoM
uE3: 1.02 MoM
hCG: 1.85 MoM
Inh-A: 2.28 MoM
Gestational Age: 16.0 weeks
GA By LMP: 07/08/2002
Family history of NTD: No

INTERPRETATION:
SCREEN NEGATIVE. No follow up is suggested. (REVISED)

OPEN NTD RISK ASSESSMENT:
SCREEN NEGATIVE FOR OPEN NEURAL TUBE DEFECT
Add'tl Comments: Gestational age based on menstrual dates
Recommendation: No additional follow up is suggested

DOWN SYNDROME RISK ASSESSMENT:
Down Syndrome risk using age only: 1:1170
Down Syndrome risk using age and biochemical marker: 1.2000
Screen for Down Syndrome: Negative

TRISOMY 18 RISK ASSESSMENT:
Screen for Trisomy 18: Negative

Comments:
Physicians are advised to exercise independent clinical judgement in interpreting test results and the optimal course of action to recommend to each patient. Note that correct gestational age is a critical component of interpretation.
Please contact USC Clinical Genetics if gestational age is incorrectly listed or EDC is revised.

JAMES INA WASHINGTON
Female DOB 07/29/1961 Age: 40 yr MR# P0106163 Home: (803) 544-2577

Signed by Cornelia de Riese MD on 02/21/2002 at 2:40 PM

OB/GYN Clinic
1601 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

JAMESETTA WASHINGTON Home (803)544-1257
Female DOB 07/29/1980 SS# 501-86-7637

04/18/2002 - Lab Report: URIN SCREEN,OB
Provider: Patricia Carney MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) URIN SCREEN,OB (16086)

URIN PROTEIN		NEGATIVE mg/dL	(NEG)
URINE GLUCOSE		NEGATIVE mg/dL	(NEG)
URINE KETONES		NEGATIVE mg/dL	(NEG)
URINE BILIRUBIN		NEGATIVE	(NEG)
URINE BLOOD		NEGATIVE	(NEG)
URIN UROBILI		NORMAL EU	(0.1-1.0)
URIN NITRITE		NEGATIVE	(NEG)
LEUKOCYTE ESTERASE	[A]	MODERATE	(NEG)
URIN DPSTIX MSG		"Result Follows..."	

Results by dipstick only.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 04/18/2002 3:17 PM

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(1) Order result status: Final
Collection or observation date-time: 04/18/2002 15:00
Requested date-time:
Receipt date-time: 04/18/2002 15:03
Reported date-time:
Referring Physician:
Ordering Physician: PATRICIA CARNEY (PCARNEY)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999901
Lab site: H79747

Signed by Patricia Carney MD on 04/18/2002 at 3:22 PM

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

JAMIE SENTA WASHINGTON [redacted] Home: (803)544-1257
Female DOB: 07/29/1981 [redacted] R0106163 [redacted]

04/01/2002 - Office Visit: OB F/U
Provider: Doug Addy MD
Location of Care: OB/GYN Clinic

Vital Signs
Height: 64 inches
Weight today: 144 pounds
Pulse: 82
Blood pressure: 128/62 mm Hg

Weight Change
Total weight change: 19 pounds
Weight change since last visit: 6 pounds

Antepartum Visit
PROBLEMS:
SINGLE ECHOGENIC FOCUS IN FETAL HEART ()
YEAST VAGINITIS (ICD-112.1)
SUPERVISION, NORMAL FIRST PREGNANCY (ICD-V22.0)

CERVICITIS (ICD-616.0)

MEDS:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

ALLERGIES:
NKA, LOW LATEX ALLERGY RISK

LMP: 10/01/2001
EDD by LMP: 07/08/2002
EDD by ultrasound: 07/13/2002
Final EDD: 07/08/2002
Total Preg: 1
Full Term: 0
Premature: 0
Living: 0
Spon. AB: 0
Ectopic: 0
Multiple Births: 0

Comments: 20 year old at 26 weeks lup. presents to clinic because she did not feel her baby move for a couple of hours. it has moved since waiting to be seen. bpp done 8/8 with nl afi vtx. pregnancy ubcomlicated. nl bp. previous anatomy scan normal except for single echogenic focus in heart.
told to return if happens again, or at any time she is concerned about her baby . see no reason for weekly testing now.

....Doug Addy MD April 1, 2002 4:20 PM
d/w wild

JAMESETTA WASHINGTON [illegible] Home (803)544-125[illegible]
Female, DOB 07/29/[illegible] [illegible]R019861637

Plan
Updated Medication List:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

Topics and Dates Discussed
Exercise: counseled
Breast Feeding: 02/06/2002

Nursing Intake
Vital Signs
Ht: 64 in. Wt: 144 lbs. P: 82 BP: 128/62
Comments: No fetal movement for past 2-3 hours.

.....Nydia Workman RN April 1, 2002 3:20 PM

Patient Health History
Living status: with roommates
House status: dorm
Occupation: student
I have reviewed and discussed the above patient with the resident physician. Agree with the assessment and plan.
.....Mark D. Wild MD April 8, 2002 4:03 PM

Signed by Mark D. Wild MD on 04/08/2002 at 4:03 PM

OB/GYN Clinic
1801 Sunset Dr Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

JAMESETTA WASHINGTON Home (803)544-7257
Female DOB:07/29/1981 MR# [illegible] SSN:[illegible]

03/20/2002 - Lab Report: GEST DIABETES SCR
Provider: Doug Addy MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) GEST DIABETES SCR (16208)

1	HR GLUCOSE	77 mg/dL	(70-140)
!	COMMENT	"Result Follows..."	

50 GM OF GLUCOSE GIVEN. THIS IS A SCREENING TEST ONLY.
POSITIVE RESULTS SHOULD BE CONFIRMED WITH A FASTING GLUCOSE TOLERANCE TEST.
THIS IS TO APPLY STANDARDIZED CRITERIA FOR DIAGNOSING GESTATIONAL DIABETES.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/20/2002 9:13 PM

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(1) Order result status: Final
Collection or observation date-time: 03/20/2002 16:25
Requested date-time:
Receipt date-time: 03/20/2002 16:26
Reported date-time:
Referring Physician:
Ordering Physician: JOHN HERBERT (JHERBERT)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999802
Lab site: W64971

Signed by Doug Addy MD on 04/01/2002 at 4:18 PM

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax. 803-434-4123

JAMESETTA WASHINGTON [redacted] Home: (803)544-257[redacted]
Female DOB: 07/29/1981 [redacted] R01665637 [redacted]

03/20/2002 - Lab Report: HEMATOCRIT
Provider: Doug Addy MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) HEMATOCRIT (13700)

HEMATOCRIT	35.3 %	(32.5-46)

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/20/2002 6:20 PM

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(1) Order result status: Final
Collection or observation date-time: 03/20/2002 16:25
Requested date-time:
Receipt date-time: 03/20/2002 16:26
Reported date-time:
Referring Physician:
Ordering Physician: JOHN HERBERT (JHERBERT)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999801
Lab site: W64971

Signed by Doug Addy MD on 04/01/2002 at 4:18 PM

JAMES E LAWASHINGTON Home (803)544-1257
Female DOB 07/29/196[illegible]

03/20/2002 - Office Visit: OB F/U @ 24 weeks
Provider: John M. Herbert, MD
Location of Care: OB/GYN Clinic

Vital Signs
Height: 64 inches
Weight today: 142 pounds
Pulse: 76
Blood pressure: 122/59 mm Hg

Weight Change
Total weight change: 17 pounds
Weight change since last visit: 4 pounds
.. . . Melody Jennings March 20, 2002 3:16 PM

Antepartum Visit
PROBLEMS:
SINGLE ECHOGENIC FOCUS IN FETAL HEART ()
YEAST VAGINITIS (ICD-112.1)
SUPERVISION. NORMAL FIRST PREGNANCY (ICD-V22.0)

CERVICITIS (ICD-616.0)

MEDS:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

ALLERGIES:
NKA, LOW LATEX ALLERGY RISK

LMP: 10/01/2001
EDD by LMP: 07/08/2002
EDD by ultrasound: 07/13/2002
Final EDD: 07/08/2002
Total Preg: 1
Full Term: 0
Premature: 0
Living: 0
Spon. AB: 0
Ectopic: 0
Multiple Births: 0
Disposition: return to clinic

Antepartum Physical Exam
Est. Gestational Age: 24 1/7
Fundal height (cm): 24
Presentation: early in pregnancy

JAMESETTA WASHINGTON [illegible] Room: (803)544-[illegible]
Female DOB: 07/29/198[illegible] ER[illegible]

FHR: 140's
Fetal movement: active baby
Preterm Labor s/sx: absent
Vaginal bleeding: none
Fluid leakage: none
Edema: none
Urine glucose: neg.
Urine albumin: neg.
Urine leukocytes: moderate
Disposition: return to clinic

EDD Calculations
By LMP: 07/08/2002
from LMP date: 10/01/2001 + 280 days
By initial ultrasound: 07/13/2002
from initial ultrasound date: 02/13/2002 and an est gest age of 18 5 wks.

EDD Confirmation: 07/08/2002

Assessment
Comments: 20 yr old G1 at 24 1/7 wks by LMP confirmed by 18 wk U/S Doing well and is without complaints.
[illegible]t still unable to keep Flagyl down Rx given for Metrogel for 7 days, plan to recheck at next visit to evaluate whether the [illegible] is gone
2. Glucola done today
D/W Dr Herbert

Plan
New Prescriptions/Refills:
METROGEL VAGINAL GEL 0.75 % 1 applicator Q hs x 7 days 03/20/2002 #1 tube x 0 : Andrea N. Wininger MD

Updated Medication List:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

Disposition: return to clinic in 1 month
.....Heather M Irvin MD March 20, 2002 5:15 PM
I have reviewed and discussed the above patient with the resident physician. Agree with the assessment and plan

Topics and Dates Discussed
Exercise: counseled
Breast Feeding: 02/06/2002

Nursing Intake
Vital Signs
Ht: 64 in Wt: 142 lbs. P: 76 BP. 122/59

JAMESETTA WASHINGTON Home (803)544-125
Female DOB 07/29/1981 AR1085187

Patient Health History

Living status: with roommates
House status: dorm
Occupation: student

Signed by John M. Herbert, MD on 04/06/2002 at 10:14 AM

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

JAMESETTA WASHINGTON [redacted] Home: (803)524-1257
Female DOB: 07/29/1967 [redacted] ID: R01066160

03/06/2002 - Lab Report: URIN SCREEN,OB
Provider: Janice Bacon MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) URIN SCREEN,OB (16086)

URIN PROTEIN		NEGATIVE mg/dL	(NEG)
URINE GLUCOSE		NEGATIVE mg/dL	(NEG)
URINE KETONES		NEGATIVE mg/dL	(NEG)
URINE BILIRUBIN		NEGATIVE	(NEG)
URINE BLOOD		NEGATIVE	(NEG)
URIN UROBILI		NORMAL EU	(0.1-1.0)
URIN NITRITE		NEGATIVE	(NEG)
LEUKOCYTE ESTERASE	[A]	SMALL	(NEG)
URIN DPSTIX MSG		"Result Follows..."	

Results by dipstick only.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/06/2002 1:57 PM

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(1) Order result status: Final
Collection or observation date-time: 03/06/2002 13:50
Requested date-time:
Receipt date-time: 03/06/2002 13:54
Reported date-time:
Referring Physician:
Ordering Physician: JANICE BACON (JBACON)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 95995901
Lab site: W55555

Signed by Janice Bacon MD on 03/06/2002 at 3:01 PM

OB/GYN Clinic
1801 Sunset Dr Columbia, SC 29203
803-434-4110 Fax 803-434-4123

JAMESETTA WASHINGTON (Home: (803)544-1257)
Female, DOB 7/29/1981, SS# [illegible] R01086163

02/21/2002 - Lab Report: URIN SCREEN,OB
Provider: Cornelia de Riese MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) URIN SCREEN,OB (16066)

URIN PROTEIN		NEGATIVE mg/dL	(NEG)
URINE GLUCOSE		NEGATIVE mg/dL	(NEG)
URINE KETONES		NEGATIVE mg/dL	(NEG)
URINE BILIRUBIN		NEGATIVE	(NEG)
URINE BLOOD		NEGATIVE	(NEG)
URIN UROBILI		NORMAL EU	(0.1-1.0)
URIN NITRITE		NEGATIVE	(NEG)
LEUKOCYTE ESTERASE	(!)	TRACE	(NEG)
URIN DPSTCK MSG		"Result Follows "	

Results by dipstick only.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 02/21/2002 1:58 PM

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(1) Order result status: Final
Collection or observation date-time: 02/21/2002 13:54
Requested date-time:
Receipt date-time: 02/21/2002 13:55
Reported date-time:
Referring Physician:
Ordering Physician: PATRICIA CARNEY (PCARNEY)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 9999990
Lab site: d44489

Signed by Cornelia de Riese MD on 02/21/2002 at 2:40 PM

[redacted]

02/21/2002 - Office Visit: OB F/U 20 1/7 week IUP/ Vaginal D/C
Provider: Patricia Carney MD
Location of Care: OB/GYN Clinic

Vital Signs
Height: 64 inches
Weight today: 139 pounds
Pulse: 76
Blood pressure: 129/66 mm Hg

Weight Change
Total weight change: 14 pounds
Weight change since last visit: 9 pounds

Jackie Tarver LPN February 21, 2002 1 49 PM

Antepartum Visit
PROBLEMS:

SINGLE ECHOGENIC FOCUS IN FETAL HEART 0
YEAST VAGINITIS (ICD-112.1)
SUPERVISION, NORMAL FIRST PREGNANCY (ICD-V22 0)

CERVICITIS (ICD-616 0)

MEDS:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po od

ALLERGIES:
NKA, LOW LATEX ALLERGY RISK

LMP: 10/01/2001
Total Preg: 1
Full Term: 0
Premature: 0
Living: 0
Spon. AB: 0
Ectopic: 0
Multiple Births: 0
Assessment: here for d/c and spotting a couple days ago, no obstetrical problems
Wet prep.
Pregnancy otherwise developing normally, has f/u US for echogenic focus in fetal heart
Plan: Rx Flagyl
Glucola next visit
Disposition: return to clinic

Antepartum Physical Exam
Est. Gestational Age: 20

JAMESETTA WASHINGTON [redacted] Home (803) [redacted]
Female DOB: 01/29/198[redacted] R0[redacted]

Fundal height (cm): 19
Presentation: unable to assess
FHR: 140's
Fetal movement: not noted yet
Preterm Labor s/sx: absent
Vaginal bleeding: none
Fluid leakage: none
Disposition: return to clinic in 1 month
d/w Dr. Carney
..... Cornelia de Riese MD February 23, 2002 3:46 PM
I have reviewed and discussed the above patient with the resident physician. Agree with the assessment and plan.

Assessment
New Problems:

YEAST VAGINITIS (ICD-112.1)
SUPERVISION. NORMAL FIRST PREGNANCY (ICD-V22.0)

CERVICITIS (ICD-616.0)

Plan
New Prescriptions/Refills:
FLAGYL TABS 500 MG 1 PO BID X 7d 02/21/2002 #14 x 0 : Cornelia de Riese MD

Updated Medication List:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

Disposition: return to clinic

Topics and Dates Discussed
Exercise: counseled
Breast Feeding: 02/06/2002

Nursing Intake
Vital Signs
Ht: 64 in. Wt: 139 lbs. P: 76 BP: 129/66
Comments: C/O thick yellow vaginal D/C with slight odor, lower abd pain.cramping. H/A's

Patient Health History
Living status: with roommates
House status: dorm

JAMESETTA WASHINGTON [redacted] Home: (803)544-1257
Female, DOB:07/29/198[redacted] ID:[redacted]

Occupation: student

Signed by Patricia Carney MD on 03/07/2002 at 2:59 PM

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax. 803-434-4123

JAMESETTA WASHINGTON [illegible] Home: (803) 544-2267
Female, DOB: 07/29/1981, [illegible] PID: 0861637

02/18/2002 - Diagnostic Report Other: Ultrasound Report -
Provider: Cornelia de Riese MD
Location of Care: OB/GYN Clinic

PATIENT INFORMATION:
Exam Date: 02/13/2002
LMP: 10/01/01
Visit#: 1
INDICATION: Large for dates

DATING:
GA by LMP 19 2/7 wks
Assigned GA (LMP) 19 2/7 wks
GA by US 18 3/7 wks
EDD 07/08/2002

BIOMETRY:
BPD: 42 mm 18 5/7 wks
Femur: 29 mm 18 6/7 wks
Cerebellum: 19 mm
Nuchal Fold: 2.9 mm
Cisterna Magna: 3 mm

FL/AC: .23
HC: 156 mm 18 3/7 wks
AC: 126 mm 18 1/7 wks
HC/AC: 1.23 [.99-1.23]
EFW: 268 gms 0'9"
ADDITIONAL FINDINGS: Fetal heart rate: 150 bpm

PRESENTATION/ CORD/ PLACENTA/ FLUID/ CERVIX:
Presentation: Cephalic
Umbilical Cord: 3 Vessel Cord. Suboptimal visualization of insertion.
Placenta: Posterior Grade 1
Grade 1
Amniotic Fluid: Normal
Additional Findings: Uterus: normal, Ovaries: Right: suboptimal visualization, Left: normal

FETAL ANATOMICAL SURVEY:

THE FOLLOWING ITEMS ARE NORMAL:
Calvarium, Intracranial Anatomy, Lateral Ventricles, Cerebellum, Choroid Plexus, Cisterna Magna
Neck, Nuchal Fold, Profile, Nose/Lips, Orbits
Cervical Spine, Thoracic Spine, Lumbar Spine, Sacrum, Diaphragm
Cardiac axis, Cardiac position, Fetal heart motion, Ventricle wall, LVOT, RVOT
Aortic Arch, Stomach, Lt Kidney, Rt Kidney

JAMESETTA WASHINGTON [illegible] Home (803)544-1257
Female DOB 07/29/1981 [illegible] R01086 to 87

Bladder, Bowel, Upper Extremities, Lower Extremities Genitalia(male)

THE FOLLOWING ITEMS ARE SUBOPTIMAL:
Face

THE FOLLOWING ITEMS ARE ABNORMAL FINDINGS:
Four chamber view (Echogenic foci left ventricle)

Summary:
Exam Date: 02/13/2002
Fetus #: 1
EFW 268
AMNIOTIC FLUID VOLUME: Normal
Comments: Thank you for refernng Jamesetta Weshington to our unit for evaluation of the fetus measuring large for dates Biometry suggests normal growth for gestational age Amniotic fluid is normal Anatomy appears normal with the exception of a single echogenic focus in the left ventricle of the heart We suggest correlation with MSAFP

Thank you very much for allowing us to participate in her care
Ultrasound read by. Mark Wild MD
Ultrasonographer Sandra Youngblood RDMS

Signed by Cornelia de Riese MD on 02/21/2002 at 2:40 PM

LC OB/GYN 0046

OB/GYN Clinic
1801 Sunset Dr Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

February 15. 2002

JAMESETTA WASHINGTON
USC PO BOX 86369
COLUMBIA, SC 29225

Dear Ms.WASHINGTON:

The pap smear that we did on 02/6/2002 was normal Follow up in one year is recommended for your next pap smear

Sincerely,

Kim Humphries RN,
PRMH Ob/Gyn Clinic
Palmetto Richland Memorial Hospital

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

JAMESETTA WASHINGTON [illegible] Home (803) 544-1257
Female DOB: 7/29/1961 [illegible] MRN: 0051537 [illegible]

02/13/2002 - Lab Report: Pap Smear Results 2/6/02: WNL
Provider: Cornelia de Riese MD
Location of Care: OB/GYN Clinic

Cytology Results

Pap Smear read by: Regional Medical Diagnostic Lab
Date of visit: 02/06/2002
Clinical Information: Pregnant
Specimen Source: Thin-Prep Cervix/Endocervix
Specimen Adequacy: Satisfactory for evaluation but limited by absence of endocervical cells-pregnant patient
General Category: Normal Smear
Narrative description: Within Normal Limits
Comments: nonspecficinflammatory changes are seen

Signed by Cornelia de Riese MD on 02/14/2002 at 4:37 PM

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JAMESETTA WASHINGTON [redacted] Home (803) 544-1257
Female DOB: 07/29/1981 [redacted] R01086 1687

02/08/2002 - Clinical Lists Update: MSAFP
Provider: Paul Dietz MD
Location of Care: OB/GYN Clinic

Spoke with Dr Best, weight given to him on 1/21/02, the date of MSAFP draw, recalculation completely WNL, Dr. Best sending copy for chart to clinic.

Signed by Paul Dietz MD on 02/08/2002 at 2:19 PM

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

PATIENT NAME: JAMESETTA WASHINGTON

APPT. DATE/TIME: February 13, 2002 @ 3:30 PM

EDC (IF OB PT): 07/08/02 LMP: 10/01/2001

PLEASE REPORT TO: DEPARTMENT OF OBSTRETRICS AND GYNECOLOGY
UNIVERSITY SPECIALTY CLINICS
TWO MEDICAL PARK, SUITE 106
COLUMBIA, SC 29203
803-779-4928, EXT. 212

Procedure Requested

(X) Ultrasound
( ) NST
( ) Biophysical Profile
( ) Amniocentesis (Genetic)*
( ) Amniocentesis (Other)*
( ) Chorionic villi sampling*
( ) Genetics Counseling

Hard copy confirmation of blood type is required.

Clinical Finding - OB

(X) Large for dates
( ) Small for dates
( ) Previous C/S
( ) R/O SGA vs IUGR
( ) Suspected multiple gestation
( ) Diabetic, class
( ) 1st trimester bleeding
( ) Chronic hypertension
( ) Previous stillbirth
( ) R/O placenta previa
( ) Hx prior/suspected anomaly
( ) Uninterpretable AFP result
( ) Abnormal AFP result

Clinical Findings - GYN

( ) Pelvic mass
( ) Questionable cyst
( ) R/O fibroids
( ) Follicle scan
( ) Suspected ectopic

Referring Physician: Staff

Clinical Information:

LC OB/GYN 0050

JAMESETTA WASHINGTON [redacted] Home (803) 544-1257
Female DOB:07/29/1981 [redacted] SS#:986-63[redacted]

02/06/2002 - Lab Report: GC AND CHLAMYDIA
Provider: Paul Dietz MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASRINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) GC AND CHLAMYDIA (14183)
  CHLAMYDIA BY PCR "Result Follows..."
      Negative for Chlamydia trachomatis DNA
  GC BY DNA PCR "Result Follows..."
      Negative for Neisseria gonorrhoeae DNA

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 02/07/2002 3:42 PM

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(1) Order result status: Final
Collection or observation date-time: 02/06/2002 18:44
Requested date-time:
Receipt date-time: 02/06/2002 18:44
Reported date-time:
Referring Physician:
Ordering Physician: JANICE BACON (JBACON)
Specimen Source: CERVIX&&&&&
Producer ID: (SC)
Filler Order Number: 99999702
Lab site: W38246

Signed by Paul Dietz MD on 02/08/2002 at 2:12 PM

OB/GYN Clinic
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JAMESETTA WASHINGTON Home: (803)544-1257
Female, DOB: 07/29/1983 R01086165

02/06/2002 - Lab Report: CYTO PAP, THIN PREP
Provider: Paul Dietz MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) CYTO PAP, THIN PREP (15891)
' DATE SENT 020702
' REFERRAL LABORATORY "Result Follows.. "
REGIONAL MEDICAL DIAGNOSTICS LAB
' RESULT "Result Follows..."
REPORT TO BE SENT TO PHYSICIAN BY LABORATORY PERFORMING TESTING.

Note: An exclamation mark (') indicates a result that was not dispersed into the flowsheet
Document Creation Date: 02/07/2002 8:19 AM

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(1) Order result status: Final
Collection or observation date-time: 02/06/2002 18:30
Requested date-time:
Receipt date-time: 02/06/2002 18:30
Reported date-time:
Referring Physician:
Ordering Physician: JANICE BACON (JBACON)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999702
Lab site: W38247

Signed by Paul Dietz MD on 02/08/2002 at 2:12 PM

OB/GYN Clinic
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JAMESETTA WASHINGTON Home (803)544-1257
Female DOB 07/29/1981 [illegible]

02/06/2002 - Internal Other: OB Education
Provider. Renata Plemmons RN
Location of Care: OB/GYN Clinic

Education/Birth Plans

Toxoplasm. precautions: counseled
Physical activity: counseled
Environment/work hazards: counseled
Nutrition: counseled

Alcohol/chem use: counseled
Childbirth classes: enrolled
Feeding plans: breast
Circumcision: counseled
Newborn car seat: counseled
PP birth control: counseled

Topics and Dates Discussed

Office Services & Routines: 02/06/2002
Fetal Growth and Development: 02/06/2002
Explanation of Due Date: 02/06/2002
Emotional Aspects of Pregnancy: 02/06/2002
Medications: 02/06/2002
Weight Gain: 02/06/2002
Exercise: counseled
Usual Compaints and Relief Measures: 02/06/2002
Warning Signs of Pregnancy: 02/06/2002
UTI Precautions: 02/06/2002
Preterm Labor Prevention: 02/06/2002
Breast Feeding: 02/06/2002
Back to sleep: 02/06/2002
Patient and/or Significant other verbalizes understanding. yes
Minutes spent counselling patient: 60
Pt. attended prenatal class for pregnancy education for one hour, due to first pregnancy. Good participation in class. Patient was provided with printed matenals and viewed video "Healthy Pregnancy"
No further anticipatory guidence needed at this time
Renata Plemmons RN February 6, 2002 3.04 PM

Signed by Renata Plemmons RN on 02/06/2002 at 3:04 PM

LC OB/GYN 0053

OB/GYN Clinic
1801 Sunset Dr Columbia, SC 29203
803-434-4110 Fax. 803-434-4123

JAMESETTA WASHINGTON [redacted] Home (803)544-1257
Female DOB:07/29/1981 [redacted] R0108616[illegible]

02/06/2002 - Lab Report: URIN SCREEN,OB
Provider: Janice Bacon MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) URIN SCREEN,OB (16086)

URIN PROTEIN		NEGATIVE mg/dL	(NEG)
URINE GLUCOSE		NEGATIVE mg/dL	(NEG)
URINE KETONES		NEGATIVE mg/dL	(NEG)
URINE BILIRUBIN		NEGATIVE	(NEG)
URINE BLOOD		NEGATIVE	(NEG)
URIN UROBILI		NORMAL EU	(0.1-1.0)
URIN NITRITE		NEGATIVE	(NEG)
LEUKOCYTE ESTERASE	[A]	TRACE	(NEG)
URIN DIPSTIK MSG		"Result Follows..."	

Results by dipstick only.

Note. An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 02/06/2002 2:27 PM

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(1) Order result status: Final
Collection or observation date-time: 02/06/2002 14:10
Requested date-time:
Receipt date-time: 02/06/2002 14:13
Reported date-time:
Referring Physician:
Ordering Physician: JANICE BACON (JBACON)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999901
Lab site: W37306

Signed by Janice Bacon MD on 02/06/2002 at 2:54 PM

JAMESETTA WASHINGTON Home (803)544-1257
Female DOB: 07/29/1981 R0085637

02/06/2002 - Office Visit: OBI-MD @ 18 weeks
Provider: Janice Bacon MD
Location of Care: OB/GYN Clinic

INITIAL ANTEPARTUM VISIT

Intake Information

WASHINGTON, JAMESETTA is a 20 Year Old Black Single female whose address is USC PO BOX 86369
COLUMBIA, SC 29225 US.
Referred by: RCHD
Primary Care Physician: Discussed
Hospital of delivery: PRMH
Occupation: student
Education(last grade completed): high school
Husband/Father of baby: CHRISTOPHER S. GIESS

OB History

Total Preg.: 1
Full Term: 0
Premature: 0
Ab. Induced: 0
Ab. Spontaneous: 0
Ectopics: 0
Multiple Births: 0
Living: 0

Pregnancy History

Total Preg.: 1
Full Term: 0
Premature: 0
Ab. Induced: 0
Ab. Spontaneous: 0
Ectopics: 0
Multiple Births: 0
Living: 0

Infection History

Hx of Chicken Pox: yes

Past, Family, and Social History

Past History: PMH: none
PGYN. , History of abnormal pap in distant past, normal since
OB Hx: G1
PSH: none
SH History of alcohol, first month of pregnancy--none since

JANESETTA WASHINGTON [redacted] Home (803) 544-257[redacted]
Female DOB: 07/29/[redacted] Acct: [redacted] Rec: 06/[redacted]

FH: none

EDD Calculations
By LMP: 07/08/2002
from LMP date: 10/01/2001 + 280 days

Vital Signs
Height: 64 inches
Weight today: 131 pounds
Pulse: 78
Blood pressure: 122/61 mm Hg

Weight Change
Total weight change: 6 pounds
Weight change since last visit: 1 pounds
.....Edewena Boken LPN February 6, 2002 1:46 PM

Physical Exam
Appearance: well developed, well nourished, no acute distress

HEENT
Head exam: normocephalic, no lesions or deformities

Other Exams
Thyroid: no nodules, masses, tenderness, or enlargement
Breast exam: no masses or nipple discharge
Lungs: no rales, rhonchi, or wheezes
Heart: S1, S2, no murmur, rub, or gallop
Abdomen: soft, non-tender, no masses, bowel sounds normal
Skin: no ulcers, xanthomas
Lymph: no cervical, axillary, or inguinal adenopathy
Extremities: normal alignment, no joint enlargement, crepitus, masses or tenderness; normal tone and strength

Genitourinary Exam
Vulva: normal, no lesions or discharge
Urethral meatus: normal size and location, no lesions or discharge
Urethra: no discharge
Bladder: no cystocele
Vagina: normal appearance, no discharge, lesions. No evidence of cystocele or rectocele.
Cervix: normal appearance, no lesions
Uterus: normal position, midplane, mobile
Uterus size: 20 cm weeks
Adnexa: no masses or tenderness
Diagonal conjugate: normal
Spines: average

JAMESE TAWASHINGTON Home (803)544-1254
Female DOB:07/29/1981 RD1086163

Sacrum: concave
Subpubic arch: normal
Pelvic type: gynecoid
Comments: Exam wnl
FHTs in 150s

OB Lab Test Results

Initial Labs

D (Rh) Type: Positive (01/21/2002 10:34:28 AM)
Hct: 38.9 (01/21/2002 3:55:00 PM)
Hgb: 12.6 (01/21/2002 3:55:00 PM)
Urine culture: Mixed culture, no potential pathogens present, repeat studies not indicated, mixed muco-cutaneous flora (01/21/2002 3:24:30 PM)
Hep B surface Ag: NEGATIVE
When Hepatitis B is suspected, a negative result for Hepatitis B Surface Antigen usually indicates the virus is not present. Testing for the presence of Core IgM antibody would help define a recent infection in the absence of Hepatitis B Surface Antigen. (01/21/2002 3:55:00 PM)

Optional Labs

HIV (ELISA): NON REACTIVE (01/21/2002 3:55:00 PM)
Sickle Cell Screen: NEGATIVE (01/21/2002 3:55:00 PM)

Assessment

Comments: Pt is a 20 yo G1P0 with an IUP @ 18 2/7 by LMP. She denies N/V, HA, blurry vision, vaginal bleeding, loss of fluid, and uterine contractions.
PLAN:
1. IUP @ 18 2/7 wks by LMP for OBI. Exam today consistent with 18-20 week gestation. FHTs in 150s.
2. Pap and GCC today. Will discuss results at next visit. Wet prep wnl.
3. Pt to be scheduled for US before next visit.

5. Discussed with Dr. Bacon

Plan

Updated Medication List:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

Disposition: return to clinic in 1 month
.....Andrea N. Wininger MD February 7, 2002 3:16 PM
I have reviewed and discussed the above patient with the resident physician. Agree with the assessment and plan.

Signed by Janice Bacon MD on 02/25/2002 at 10:43 AM

JAMESETTA WASHINGTON Home (803)544-1257
Female DOB 07/29/1984 R0108b7b37

LC OB/GYN 0058

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

JAMESETTA WASHINGTON [redacted] Home (803)544-1857
Female DOB 07/29/98 [redacted] R01065105

02/01/2002 - Clinical Lists Update: Obtaining maternal weight for MSAFP calculation
Provider: Paul Dietz MD
Location of Care: OB/GYN Clinic

Clinical Lists Changes

Signed by Paul Dietz MD on 02/01/2002 at 3:11 PM

OB/GYN Clinic
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JAMESETTA WASHINGTON [redacted] Home (803) 544-1257
Female DOB 07/29/1981 [redacted] RD 1086163V

01/30/2002 - Lab Report: AFP Screening Report
Provider: Paul Dietz MD
Location of Care: OB/GYN Clinic

Enhanced AFP Screening Report

PATIENT INFORMATION:
Age at EDC: 20.9
Weight: Unknown
No: 1259
Sample #: A02-00164
Drawn: 01/21/2002
Report Date: 01/24/2002
Race: Black
Diabetic: No

MATERNAL SERUM RESULTS:
Pregnancy: Singleton
AFP: 1.47 MoM
uE3: 0.95 MoM
hCG: 1.99 MoM
Inh-A: 0.82 MoM
Gestational Age: 16.0 weeks
GA By LMP: 07/08/2002
Family history of NTD: No

INTERPRETATION:
SCREEN NEGATIVE. No follow up is suggested.

OPEN NTD RISK ASSESSMENT:
SCREEN NEGATIVE FOR OPEN NEURAL TUBE DEFECT
Add'tl Comments: Maternal weight was not provided, and might influence interpretation. Gestational age based on menstrual dates.
Recommendation: No additional follow up is suggested.

DOWN SYNDROME RISK ASSESSMENT:
Down Syndrome risk using age only: 1:1170
Down Syndrome risk using age and biochemical marker: <1:10000
Screen for Down Syndrome: Negative
Add'tl Comments: Maternal weight not provided and could influence interpretation

TRISOMY 18 RISK ASSESSMENT:
Screen for Trisomy 18: Negative

Comments:
Physicians are advised to exercise independent clinical judgement in interpreting test results and the optimal course of action to recommend to each patient. Note that correct gestational age is a critical

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[redacted]

component of interpretation
Please contact USC Clinical Genetics if gestational age is incorrectly listed or EDC is revised

Signed by Paul Dietz MD on 02/01/2002 at 3.08 PM

OB/GYN Clinic
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JAMESETA WASHINGTON Home (803) 544-1257
Female, DOB 07/29/1981 R0066159

01/23/2002 - Internal Other: PPD 0 mm
Provider: Marilyn Jackman RN
Location of Care: OB/GYN Clinic

PPD/Control Interpretation

Date/Time: January 23, 2002 3:28 PM

By: Marilyn Jackman RN

PPD: 0 millimeters of induration

Signed by Marilyn Jackman RN on 01/23/2002 at 3:28 PM

OB/GYN Clinic
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JAMESETTA WASHINGTON [redacted] Home (803)544-1257
Female DOB 07/29/1981 [redacted] R0 1086163/4

01/23/2002 - Clinical Lists Update 01/21/02 Lab Result
Provider. Marilyn Samuel
Location of Care: OB/GYN Clinic

Clinical Lists Changes

Observations.
Added new observation of URINE CULTUR Mixed culture, no potential pathogens present, repeat studies not indicated, mixed muco cutaneous flora (01/21/2002 15 24)

Signed by Marilyn Samuel on 01/23/2002 at 3.25 PM

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803-434-4110 Fax. 803-434-4123

JAMESETTA WASHINGTON Home: (803) 545-1257
Female DOB: 07/29/1981 SS# [illegible] TRO1086J03

01/22/2002 - Clinical Lists Update: 01/21/02 Blood Type: A Positive
Provider: Marilyn Samuel
Location of Care: OB/GYN Clinic

Clinical Lists Changes

Observations:
Added new observation of ANTIBODY SCR: Negative (01/21/2002 10:34)
Added new observation of RH TYPE: Positive (01/21/2002 10:34)
Added new observation of ABO BLD GRP: A (01/21/2002 10:34)

Signed by Marilyn Samuel on 01/22/2002 at 10:35 AM

OB/GYN Clinic
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JAMESETTA WASHINGTON Home (803)514-125
Female DOB 07/29/1981 PID 0108516

01/21/2002 - Lab Report: (P) CULT,URINE
Provider: William A. Newman III MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) CULT,URINE (14690)

! SPECIMEN DESCRIPTION	URINE,VOID
! SPECIAL REQUESTS	NONE
! CULTURE	"Result Follows..."
MIXED CULTURE, NO POTENTIAL PATHOGENS PRESENT, REPEAT STUDIES NOTINDICATED	
MIXED MUCO-CUTANEOUS FLORA	
! REPORT STATUS	FINAL
! REPORT STATUS	01232002

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 01/23/2002 11:09 AM

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(1) Order result status: Final
Collection or observation date-time: 01/21/2002 17:55
Requested date-time:
Receipt date-time: 01/21/2002 17:55
Reported date-time:
Referring Physician:
Ordering Physician: WILLIAM NEWMAN (WNEWMAN)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999904
Lab site: M24749

Signed by William A. Newman III MD on 01/28/2002 at 10:06 AM

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

January 21, 2002

JAMESETTA WASHINGTON Date of Birth: 07/29/1981
USC PO BOX 86369
COLUMBIA SC 29225
Home Phone: (803)544-1257 Work Phone:
Social Security #: 251-55-1195 Patient ID #: R010861637

Diagnosis:

(x) 0180 Level I— Assessment/Evaluation Service Planning
Minutes:
Units: 4

( ) 0181 Level II— PSPCE- Individual
Minutes:
Units:

( ) 0182 Level II— PSPCE- Group
Minutes:
Units:

( ) 0183 Level III— RSPCE- Individual
Minutes:
Units:

( ) 0184 Level III— RSPCE- Group
Minutes:
Units:

( ) 0185 RSPCE— Paraprofessional- Individual
Minutes:
Units:

( ) 0186 RSPCE: Paraprofessional- Group
Minutes:
Units:

LC OB/GYN 0066

OB/GYN Clinic
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803-434-4110 Fax: 803-434-4123

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

INFORMED CONSENT FOR ALPHA-FETOPROTEIN SCREENING

One or two babies out of a thousand are born with a neural tube defect. This condition occurs because the tube from which the brain and spinal cord develop does not close properly. The most serious problems resulting from this are:
1) Anencephaly which means that the brain and head do not develop normally–these babies are either stillborn or die shortly after birth; 2) Spina Bifida or "open spine" which can result in death or paralysis, "curved spine", "water on the brain", or mental retardation.

No one knows why neural tube defects occur but if there is a family history for either parent, there is a 1% risk of having a baby with a neural tube defect. Once a couple has had a baby with a N.T.D., there is a 2% chance of their having another.

However, 95% of women having babies with a N.T.D. have no family history. South Carolina has a higher rate of babies born with N.T.D. than any other area of the United States, perhaps as many as four out of a thousand.

A test has been developed that can help the doctors determine whether or not you may be carrying a baby with neural tube defect. It is called Alpha-Fetoprotein test.

For this test, blood must be drawn before you are 20 weeks pregnant, usually between 15 and 20 weeks. If your baby has a neural tube defect, this test will have an elevated reading. However, 50 out of 1,000 women (5%) will have a false positive test. This may mean something else, for example, her dates of pregnancy may be wrong or she may be carrying twins. There is also the possibility that your baby could have a problem even if the test is negative.

If you have the test, you will be notified if it is elevated. Then you will need to have the test repeated. It will probably be normal. If the second test is elevated, it will be recommended that you have an ultrasound (a sound wave "picture" of the baby), and perhaps an amniocentesis (a procedure where a needle is inserted through the abdominal wall and the womb and a small amount of the fluid around the baby is withdrawn and tested), to determine whether or not your baby has this defect. If it becomes advisable, you may decide to have these additional tests.

Most babies are normal. However, if through testing, it should be determined that your baby is affected, you would be able to make a decision about whether or not to continue the pregnancy to term. If you decided to continue the pregnancy, you would be advised to make arrangements to deliver at a hospital equipped to handle problems like this.

I have been informed about the test which screens for neural tube defects and about the risks of having an affected child and I have had an opportunity to have my questions answered.

It is my decision: (x) To have A.F.P. Screening ( ) Not to have A.F.P. Screening

SIGNATURE:_____January 21, 2002

COUNSELED BY: _____
WITNESS:_____January 21, 2002

PATIENT IDENTIFICATION:
PATIENT NAME: JAMESETTA WASHINGTON
BIRTHDAY: 07/29/1981 PATIENT ID: 34558-0203001

LC OB/GYN 0067

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

JAMESETTA WASHINGTON [redacted] Home (803) 545-[redacted]
Female DOB: 07/29/1981 [redacted] ID 01086 [redacted]

01/21/2002 - Lab Report: RUBELLA IGG
Provider: William A. Newman III MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) RUBELLA IGG (14470)
RUBELLA IGG IMMUNE

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 01/22/2002 1:13 PM

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(1) Order result status: Final
Collection or observation date-time: 01/21/2002 15:55
Requested date-time:
Receipt date-time: 01/21/2002 15:59
Reported date-time:
Referring Physician:
Ordering Physician: WILLIAM NEWMAN (WNEWMAN)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99599908
Lab site: M24750

Signed by William A. Newman III MD on 01/28/2002 at 10:05 AM

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax. 803-434-4123

JAMESETTA WASHINGTON Home (803)544-1257
Final DOB:07/29/1962 [illegible]

01/21/2002 - Lab Report: HEPATITIS B SURFACE AG
Provider: William A. Newman III MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) HEPATITIS B SURFACE AG (14332)
HEPATITIS B SURFACE AG "Result Follows..."
NEGATIVE
When Hepatitis B is suspected, a negative result for Hepatitis B Surface Antigen usually indicates the virus is not present. Testing for the presence of Core IgM antibody would help define a recent infection in the absence of Hepatitis B Surface Antigen.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 01/22/2002 12:11 PM

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(1) Order result status: Final
Collection or observation date-time: 01/21/2002 15:55
Requested date-time:
Receipt date-time: 01/21/2002 15:59
Reported date-time:
Referring Physician:
Ordering Physician: WILLIAM NEWMAN (WNEWMAN)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999907
Lab site: M24750

Signed by William A. Newman III MD on 01/28/2002 at 10:05 AM

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

JAMESETTA WASHINGTON Home (803) 544-1257
Female DOB: 07/29/1981 RD1086163

01/21/2002 - Lab Report: HIV I/II Ab SC
Provider: William A. Newman III MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are final unless otherwise noted.

Tests: (1) HIV I/II Ab SC (14646)
HIV I/II Ab SC NON REACTIVE
This is only a screening procedure. EIA testing cannot be used to diagnose AIDS, even if the result suggests that the antibodies to HIV are present. A negative test result at any point in the investigation of individual patients does not preclude the possibility of exposure to or infection with HIV.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 01/22/2002 12:05 PM

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(1) Order result status: Final
Collection or observation date-time: 01/21/2002 15:55
Requested date-time:
Receipt date-time: 01/21/2002 15:59
Reported date-time:
Referring Physician:
Ordering Physician: WILLIAM NEWMAN (WNEWMAN)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999909
Lab site: M24750

The following non-numeric lab results were dispersed to the flowsheet even though numeric results were expected:

HIV I/II Ab SC, NON REACTIVE

Signed by William A. Newman III MD on 01/28/2002 at 10:05 AM

LC OB/GYN 0070

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

JAMESETTA WASHINGTON [illegible] Home (803)544-1257
Female DOB 04/29/19[illegible] PO 066153[illegible]

01/21/2002 - Lab Report: RPR/SYPHYLIS
Provider: William A. Newman III MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) RPR/SYPHYLIS (14510)
RPR/SYPHYLIS NON REACTIVE TITER

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 01/22/2002 11:56 AM

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(1) Order result status: Final
Collection or observation date-time: 01/21/2002 15:55
Requested date-time:
Receipt date-time: 01/21/2002 15:59
Reported date-time:
Referring Physician:
Ordering Physician: WILLIAM NEWMAN (WNEWMAN)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999903
Lab site: M24750

Signed by William A. Newman III MD on 01/28/2002 at 10:05 AM

OB/GYN Clinic
1801 Sunset Dr Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

JAMESETTA WASHINGTON R01056163 Home (803)[illegible]
Female, DOB: 7/29/1981

01/21/2002 - Lab Report: SICKLE CELL TEST
Provider: William A. Newman III MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) SICKLE CELL TEST (13920) (NEG)
SICKLE CELL TEST NEGATIVE

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet
Document Creation Date: 01/21/2002 8:39 PM

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(1) Order result status: Final
Collection or observation date-time: 01/21/2002 15:55
Requested date-time:
Receipt date-time: 01/21/2002 15:55
Reported date-time:
Referring Physician:
Ordering Physician: WILLIAM NEWMAN (WNEWMAN)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999905
Lab site: M24750

Signed by William A. Newman III MD on 01/22/2002 at 9:21 AM

LC OB/GYN 0072

OB/GYN Clinic
1801 Sunset Dr Columbia, SC 29203
803-434-4110 Fax 803-434-4123

JAMESETTA WASHINGTON Home (803)544-7257
Female DOB:07/29/19[illegible] R0108616370

01/21/2002 - Lab Report: CBC W DIFF
Provider: William A. Newman III MD
Location of Care: OB/GYN Clinic

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted

Tests: (1) CBC W DIFF (13611)

WBC COUNT	(H)	9.9 K/uL	(3.7-9.1)
RBC COUNT		4.60 M/uL	(3.80-5.30)
HEMOGLOBIN		12.6 g/dL	(11.1-14.5)
HEMATOCRIT		38.9 %	(32.5-46)
MCV		84.6 fL	(80-101)
MCH		27.4 pg	(27-32)
MCHC		32.3 g/dL	(32-36.5)
RDW		13.1 %	(11.5-14.5)
PLATELET COUNT		261 K/uL	(150-388)
MPV		9.5 fL	(6.4-11.0)
AUTO BASOPHIL		0 %	(0-2)
AUTO EOS		2 %	(0-6)
AUTO LYMPH		16 %	(15-45)
AUTO MONOCYTE		9 %	(0-10)
AUTO NEUTROPHIL		73 %	(40-80)
ABSOLUTE NEUT		7.2 K/uL	(2.0-8.0)

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 01/21/2002 6:03 PM

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(1) Order result status: Final
Collection or observation date-time: 01/21/2002 15:55
Requested date-time:
Receipt date-time: 01/21/2002 15:59
Reported date-time:
Referring Physician:
Ordering Physician: WILLIAM NEWMAN (WNEWMAN)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 39999908
Lab site: M24750

The following lab values were dispersed to the flowsheet with no units conversion:

RBC COUNT, 4.60 M/UL, (F) expected units: 10^6/mm3
MCHC, 32.3 G/DL, (F) expected units: %
PLATELET COUNT, 261 K/UL, (F) expected units: /mm3

Signed by William A. Newman III MD on 01/22/2002 at 9:20 AM

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

JAMESETTA WASHINGTON Home: (803)544-125
Female DOB 07/29/1968 SS# 5R01085687

LC OB/GYN 0074

OB/GYN Clinic
1801 Sunset Dr Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

JAMESETTA WASHINGTON Home (803) 544-1257
Female DOB: 7/29/1981 R0106163

01/21/2002 - Office Visit: OBI-Nursing
Provider: Faye Adams LPN
Location of Care: OB/GYN Clinic

OB INTERVIEW VISIT - NURSING

Intake Information

WASHINGTON, JAMESETTA is a 20 Year Old Black Single female whose address is USC PO BOX 86369
COLUMBIA, SC 29225 US
Referred by: RCHD
Reason for referral: pregnancy
Primary Care Physician: Discussed
Hospital of delivery: PRMH
Occupation: student
Education(last grade completed): high school
Husband/Father of baby: CHRISTOPHER S. GIESS

Vital Signs

Height: 64 inches
Weight today: 130 pounds
Pulse: 130
Blood pressure: 117/64 mm Hg
Pre-pregnant weight: 125 pounds

Weight Change
Total weight change: 5 pounds

OB History

Total Preg.: 1
Full Term: 0
Premature: 0
Ab. Induced: 0
Ab. Spontaneous: 0
Ectopics: 0
Multiple Births: 0
Living: 0

Menstrual History

LMP: 10/01/2001
LMP - Reliability: definite
LMP - Character: normal
Menses monthly: yes
Menarche (age onset): 11
On BCP's at conception: no
Assoc. sx. since LMP: amenorrhea

JAMESETTA WASHINGTON Home 803 54 257
Female DOB: 07/29/1980 MRN: R01086537

Pregnancy History
Total Preg.: 1
Full Term: 0
Premature: 0
Ab. Induced: 0
Ab. Spontaneous: 0
Ectopics: 0
Multiple Births: 0
Living: 0

Past Medical History
Diabetes: negative
Hypertension: negative
Heart Disease: negative
Autoimmune Disorder: negative
Kidney Disease/UTI: negative
Neurologic/Epilepsy: negative
Psychiatric: negative
Hepatitis/Liver Disease: negative
Varicosities/Phlebitis: negative
Thyroid Disease: negative
Trauma/Violence: negative
Blood Transfusions: negative

Alcohol Use: positive, last use 11/01. beer and liquor

D (Rh) Sensitized: negative
Pulmonary Disease: negative
Breast Disease: negative
GYN Problems: negative
Uterine Surgery (not C/S): negative
Operations: negative
Hospitalizations: negative
Anesthesia Complications: negative
Abnormal PAP: positive
Uterine Anomaly: negative
DES Exposure: negative
Infertility: negative
Relevant Family Hx: none
Medical Hx Comments: none

Infection History
HIV Risk Eval: low risk
Hepatitis B Risk Eval: low risk
Hep B Immunized: yes
TB exposure: no

JAMESE MAWASHINGTON
Female DOB:07/29/1981
RD1086163
Home: (803) 544-1257

Partner hx. of genital herpes: no
Hx of Chicken Pox: yes
Rash/viral illness since LMP: no

Genetic History

Patient's Age >35 years: no
Thalassemia
Mom: no Dad: unkn
Neural Tube Defect
Mom: no Dad: unkn
Down's Syndrome
Mom: no Dad: unkn
Tay-Sachs
Mom: no Dad: unkn
Sickle Cell Disease/Trait
Mom: no Dad: unkn
Hemophilia
Mom: no Dad: unkn
Muscular Dystrophy
Mom: no Dad: unkn
Cystic Fibrosis
Mom: no Dad: unkn
Huntington Chorea
Mom: no Dad: unkn
Mental Retardation
Mom: no Dad: unkn
Fragile X
Mom: no Dad: unkn
Other Genetic/Chromosomal Disorder
Mom: no Dad: unkn
Child w/other birth defect
Mom: no Dad: unkn
>3 Spont. AB or stillbirth: no
ETOH since LMP: yes

Patient Health History

Living status: with roommates
House status: dorm
Education level: high school
Occupation: student
Factors placing patient living situation at risk: none

Family History

The patient's parents: Both parents alive
Patient denies history of: Cancer, Heart Disease, Diabetes, ETOH/Psych
Colon Cancer: None

JAMESETTA WASHINGTON Home (803)544-25
Female DOB:07-29-98 PID:7086168

Breast Cancer: None
Prostate Cancer: None
Heart Disease: None
Stroke: None
Hypertension: None
Diabetes: None
Psychiatric History: None
Substance Abuse: None
Alcoholism: None

OB Nutrition Screening Tool

Do you have problems with nausea, vomiting, constipation, or heartburn? no
Do you have cravings for non food items? (clay, cornstarch, dirt) no
Do you eat fewer than 2 meals a day? no
Have you lost more than 5 lbs. in the first 3 months of pregnancy? no
Do you omit at least one food group from your diet? no
Do you have a new condition that requires diet education? no

Nursing Patient Education

Education was provided to: patient
Topic(s): self breast exam, PE, AFP screening, PPD placement, prenatal panel, OB class, missed appts.,
Patient expressed understanding.
Provided by: fa
Minutes spent counselling: 20

SUBSTANCE USE SCREENING

Do others who are important to you ever worry or complain about your drinking/drug use? NO

Do you sometimes feel a little guilty about your drinking/drug use? NO

Are you always able to stop drinking/using when you want to? NO

Have you ever attended a meeting of Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) for yourself? NO

Has drinking ever created problems between you and others who are important to you? NO

Have you ever had financial problems because of your drinking/drug use? NO

Have you ever neglected your responsibilities, your work/home for a day or more because of your drinking/using? NO

Have you ever wanted to talk to someone about your drinking/drug use? NO

JAMESETTA WASHINGTON Home: (803) 254-2[illegible]
Email: D.O.B: 07/29/1981 RO: 965 16[illegible]

Have you ever gone to anyone for help about your drinking/drug use? NO

Have you ever been in the hospital because of your drinking/drug use? NO

Have you ever been arrested for driving under the influence of alcohol/drugs? NO

Have you ever been arrested even for a few hours, because of other drunken or drug related behavior behavior (i e. drunk & disorderly conduct; possession of an illegal substance with or without intent to distribute. etc)? NO

Do you have a family member with an alcohol/drug problem?
NO
Does your personality change when you drink or use drugs? NO

Have you ever felt the need to cut down on your drinking/drug use? NO

Do you ever take a drink or drug in the morning to get started? NO

Do you want more information about how alcohol and other drugs may harm you and your baby? NO

CHEMICALS THAT YOU HAVE USED DURING THE PAST THREE MONTHS:
Beer,

Latex Screening Tool
1. Do you have or think you have an allergy to natural rubber latex?
(Examples: balloons,condoms,pacifiers) No
2. Do you have spina bifida* or bowel/bladder problems that have required you to have any surgeries or procedures? No
3. If your work requires you to wear rubber gloves or to handle rubber products, have you had any problems? No
4. Did you have more than 3 operations or medical procedures before you were 1 year old? No
5. Have you ever had an allergic reaction during a medical or dental procedure? No
6. Do you have an allergic reaction to any of the following foods: Avocado, banana, potato, peach, kiwi, chestnut, or tomato? No
Above information entered by: fa

4 units PSPCE

S: 20 Year Old G1 P0 presented today to start late prenatal care. Unplanned pregnancy. Wasn't using birth control. Family and FOB supportive. +upt @ RCHD.

O: Data Base

A: Pleasant and accepting pregnancy well.

P: RTC 02/06/02 for PE . Referred to prenatal care for anticipatory guidance
during pregnancy . Plan of care reviewed. Enc. pt to keep all appts All missed appointments will be

JAMESETTA WASHINGTON Home (803)544-125?
Female DOB 07/25/1951 P01086153?

followed up. Pt aware of above and agree:

AFP sign and consent on paper chart. (Drawn 01/21/02)

PPD/Control Placement

Date: January 21, 2002 3:59 PM

Given by: Faye Adams LPN

Site. LFA .1 cc ID

The following labs have been ordered per standing orders: ABO, RH, & Indirect Coombs; RPR Syphills; Culture Uricult; Sickle Cell Test; Rubella IGC Acute; Hepatitis HBS AG; S-Profile; HIV.

Signed by Faye Adams LPN on 01/21/2002 at 4:03 PM

LABORATORY CORPORATION OF AMERICA

LabCorp
Laboratory Corporation of America

SPECIMEN	TYPE	PRIMARY L...	REPORT STATUS	PAGE
156/902-3008-0	S	CR	COMPLETE	1

ADDITIONAL INFORMATION

OSBORNE G

FASTING:N
PHONE:000-556-4032 DOB: 7/29/1961

PATIENT NAME	SEX	AGE(YR./MOS.)
WASHINGTON,JAMESETTA	F	20/10

PT. ADD.: 775 CARTWRIGHT DR
CHARLESTON SC 29414-0000

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
6/05/2002		6/05/2002	6/07/2002	14:35	2562

CLINICAL INFORMATION

PHYSICIAN ID.	PATIENT ID.
OSBORNE	

ACCOUNT:LOW COUNTRY OB/GYN
10-A FARMFIELD AVE
CHARLESTON SC 29407-7756
ACCOUNT NUMBER = 39800515

TEST	RESULT	LIMITS	LAB
B STREP CULTURE, GROUP B ONLY	Final report.		CR
RESULT 1	NO BETA STREP		CR

LAB: CR LABCORP CHARLESTON DIRECTOR: MARSHALL AUSTIN MD
3825 FABER PLACE DR, N. CHARLESTON, SC 29405-0000

LAST PAGE OF REPORT

Results are Flagged in Accordance with Age Dependent Reference Ranges

JUN 10 2002

LC OB/GYN 0083

LABORATORY CORPORATION OF AMERICA

LabCorp
Laboratory Corporation of America

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	PAGE
133-102-6561-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION

IGP
OSBORNE G

DOB: 7/29/1987

PATIENT NAME	SEX	AGE(YR./MOS.)
WASHINGTON, JAMESETTA	F	14/ 9

PT. ADD.:

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
5/13/2002		5/13/2002	5/14/2002	14:38	2434

Copd Stayle

CLINICAL INFORMATION

PHYSICIAN ID.	PATIENT ID.
OSBORNE	

ACCOUNT:LOR COUNTRY OB/GYN
10-A FAIRFIELD AVE
CHARLESTON SC 29407-7756
ACCOUNT NUMBER = 39890515

TEST	RESULT	LIMITS	LAB
CHLAMYDIA/GONOCOCCUS DNA PROBE			
Chlamydia, DNA Probe			BN
NEGATIVE:			
for Chlamydia trachomatis by DNA probe.			
N gonorrhoeae by DNA Probe			BN
NEGATIVE:			
for Neisseria gonorrhoeae by DNA probe.			

Note: Test valid for male urethral and female endocervical specimens only

LAB: BN LABCORP BURLINGTON DIRECTOR: FRANK HANCOCK MD
1447 YORK COURT, BURLINGTON, NC 27215-2230

LAST PAGE OF REPORT

Results are Flagged in Accordance with Age Dependent Reference Ranges

MAY 14 2002

LC OB/GYN 0084

3100

PATIENT HISTORY

NAME Tameseha Washington AGE 20 RACE Black DATE 05-13-02
Marital Status Single Previous Marriage Yes _____ No ✓

OB HISTORY
Total # of pregnancies 1 Full term 0 Preterm 0 Miscarriages 0
Abortions 0 C/Sections 0 Number of living children 0

GYN HISTORY
Last menstrual period 10-03-01 Age menses started 11 Number of days flow 5
Do you have any problems related to your menses? (i.e. cramps. PMS, heavy flow) cramps

Are you sexually active? yes What form of birth control do you currently use n/a
Have you ever had any of the following? gonorrhea _____ chlamydia _____ HPV _____ HIV _____
genital warts _____ herpes _____ syphilis _____ Other _____
Have you ever had an abnormal pap? no How was it treated? _____
Do you have difficulty voiding? no Do you leak urine when you cough or sneeze no

PATIENT MEDICAL HISTORY
ALLERGIES N/A List current medications N/A

Do you smoke? no How much? _____ Do you drink alcohol? no How much? _____
Past Surgeries: N/A

Hospitalizations not including deliveries or surgery N/A

Have you ever been treated or had a problem with: Heart problems no Anemia no
High blood pressure no Cancer no Kidney/bladder problems no
Diabetes no Hepatitis no Depression no High cholesterol no Blood transfusion no

FAMILY HISTORY
Father Age 54 Health good Mother Age 49 Health good
Brother Age 0 Health _____ Brother Age 0 Health _____
Sister Age 21 Health good Sister Age 0 Health _____

Circle if anyone in your family has had or now has any of the following.

CANCER DIABETES HEART DISEASE HIGH BLOOD PRESSURE

KIDNEY PROBLEMS OBESITY BIRTH DEFECTS OTHER N/A

LC OB/GYN 0085

BestCare Providers

LOW COUNTRY OBSTETRICS & GYNECOLOGY

Including the practice of Midwifery

1300 Hospital Drive • Suite 270
Mt. Pleasant, SC 29464
(843) 884-5133 • FAX 849-3343

Edmund Rhett, Jr., M.D.
Granger C. Osborne, M.D.
David K. Smith, M.D.
Lori E. Lester, M.D

402 Marina Drive
Georgetown, SC 29442
(843) 546-0111 • FAX 546-0530
1-800-769-6992

10A Farmfield Avenue
Charleston, SC 29407
(843) 571-1166 • FAX 766-9857

44C Maddfield Drive
Charleston, SC 29407
(843) 763-0191

Nancy Smith, CNM
Barbara Stone, CNM
Martha Kraust, CNM
Lisa Wright, CNM

Low Country OB/GYN strives to provide optimum and individualized obstetrical care.

Our practice has established a policy concerning substance abuse during pregnancy. This is a problem that is increasing and crosses all social, racial, and economic boundaries. As a result of this phenomena Low Country OB/GYN has established a policy for screening those individuals that meet certain criteria that may be indicative of substance abuse.

It is NOT OUR INTENT to inform authorities or interrupt your prenatal care, but to insure the best possible care for you and your baby.

The following patients will be screened for substances using a urine specimen.

1. No prenatal care
2. Late prenatal care
3. Incomplete prenatal care
4. Abruptio placenta.
5. Intrauterine fetal death
6. Still birth
7. Premature labor/Premature ruptured membranes
8. Intrauterine growth retardation
9. Previous history of substance abuse
10. Unexplained congenital anomolies

Infants will be screened for substances if any evidence of abuse is present. This includes the above listed criteria as well as other criteria specific to the infant.

Any patient with a past history or that is presently abusing substances will have an evaluation done by a qualified counselor and the patient's needs will be determined from the evaluation.

I have read the above information and a pamphlet on substance abuse. I have been advised of the risk to myself and to the pregnancy. I consent to have random drug screens as deemed necessary by my physician. I understand that Low Country OB/GYN is willing to assist me in obtaining help through a qualified program.

Signature of Patient — Date: 05-13-02

Witness — Date: 5-13-02

LC OB/GYN 0086

GYNECOLOGICAL & OBSTETRICAL ASSOCIATES
&
LOW COUNTRY OBSTETRICS & GYNECOLOGY
Including the practice of Midwifery

1300 Hospital Drive • Suite 270
Mt Pleasant, SC 29464
(843) 884-5133 • FAX (843) 849-3343

803 N. Fraser
Georgetown, SC 29440
(843) 546-0111 • FAX 546-0231

10-A Farmfield Avenue
Charleston, SC 29407
(843) 763-0181
(843) 571-1166

Carium Joseph, M.D.
Molly Joseph, M.D.
Lori L. Lyles, M.D.
William M. Murphy, Jr., M.D.
Granger C. Osborne, M.D.
Edmund Rhett, Jr., M.D.
David K. Smith, M.D.
Lynn W. Crymes, M.D.

Nancy Smith, CNM
Barbara Stone, CNM
Barbara Stone, CNM

OFFICE INFORMED CONSENT

When you become a patient in this office, certain low risk procedures will be done for you. This may include pelvic exams. Pap smears, and/or other miscellaneous lab tests, rectal exams, ultrasound, breast exams, cryotherapy, colposcopy, LEEP, incision and drainage, IUD insertion/removal, injections, and any other necessary procedures and/or testing not included above.

If you have any questions at any time about what is being done for you or to you, please ask your caregiver or office personnel.

I have read the above and consent to allow Low Country OB-GYN and/or Gynecological & Obstetrical Associates to treat and/or perform low risk procedures on my behalf.

Jeanetta Washington
PATIENT SIGNATURE

Ann Frankovich
WITNESS

05.13.02
DATE

LC OB/GYN 0087

GYNECOLOGICAL & OBSTETRICAL ASSOCIATES
AND
LOW COUNTRY OBSTETRICS & GYNECOLOGY
Including the Practice of Midwifery

Lynn W. Crymes, M.D.
Carium Joseph, M.D.
Molly Joseph, M.D.
Lori L. Lyles, M.D.
William M. Murphy, Jr.. M.D.
Granger C. Osborne, M.D.
Edmund Rhett, Jr., M.D.
David K. Smith, M.D.

Nancy Smith, CNM
Barbara Stone, CNM
Pam Ferguson, CNM
Lorraine Hansen, CNM

A WORD ABOUT OUR FEES

The fee for obstetrical care is $2,412.00. This includes routine prenatal care, normal delivery, and six weeks postpartum check-up. This does not include the fee for your first visit, which will be approximately $150.00. We expect payment in full for today's services. Any required lab work will be an additional charge.

ESTIMATED FEES

The following are estimates of the additional fees that you may be charged:

Cesarean section	$2894.00
Epidural anesthesia	500.00
Non-stress test	$134.00
Ultrasounds	$217.00 - $491.00
Postpartum Pap smear	$50.00

If pregnancy becomes high risk, there will be extra charges.

I understand that if I do not pay my balance in full by the date determined by the receptionist, services with Low Country OB/GYN will be terminated. I understand that the charges above do not include the hospital and it is my responsibility to contact the admitting office of the hospital to discuss their fees.

SIGNATURE [signature] DATE 05-13-02

11/2000 Revised

LC OB/GYN 0088

HEALTHY MOTHERS, HEALTHY FUTURES

Maternity Health Education Checklist

PATIENT'S NAME: _____

INSTRUCTIONS: This format provides for written documentation of providing health education to Medicaid maternity patients and suggests the range of topics that generally would be provided.

TOPIC	COMPLETED	DATE(S)
OFFICE SERVICES AND ROUTINES: Information about hours, appointments, lab tests, and other general procedures.	☐	
GENERAL INSTRUCTION ABOUT PREGNANCY: such as hygiene, exercise, sexuality, medication, and importance of prenatal care.	☐	
FETAL GROWTH AND DEVELOPMENT: how the baby develops month by month and physical and psychological changes experienced by the mother, including comfort measures.	☐	
NUTRITION: including routine prenatal diet instruction. (Be sure to make referral to WIC PROGRAM)	☐	
EXPLANATION OF EDC: Understanding the due date.	☑	5/31/06
DANGER SIGNS OF PREGNANCY: recognizing the warning signs and significance and risk of each; including specific instructions on what to do, who to contact and where to go in an emergency.	☐	
RISKY BEHAVIORS: smoking, alcohol, substance use and abuse the risks, consequences to baby and methods for avoiding risks. NOTE: Possible referral for smoking cessation or substance abuse	☐	
PROCESS OF LABOR AND DELIVERY: discussion of physical process of labor and delivery, including psychological changes experienced.	☑	2/1/07
METHODS OF ANESTHESIA: Information on types of anesthesia with discussion of benefits, risks and alternatives; also pain medication.	☐	
CESAREAN SECTION: discussion of what it is and what are the usual indications including risks and benefits.	☐	
RELAXATION AND BREATHING EXERCISES: preparation for labor including demonstration and practice of exercises and breathing techniques	☐	
BREASTFEEDING: factors to consider in decision making and preparation of the breasts. Note: Possible referral to La Leche or Breastfeeding Support.	☐	

(Continued on Reverse)

LC OB/GYN 0091

LOW COUNTRY OB/GYN
PATIENT REGISTRATION SHEET

PATIENT INFORMATION

ACCOUNT#	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	MI
	251-55-1195		Washington	Jamesetta	L.

STREET ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE	PATIENT DATA (OFFICE USE)
775 Cartwright Drive	Charleston	SC	29414	(843) 556-4632	

BIRTHDAY (M/D/Y)	SEX (M,F)	RACE	PRIMARY DOCTOR (OFFICE USE)	MARITAL STATUS
07/29/81	F	☐ B-Black ☐ W-White ☐ H-Hispanic ☐ OT-Other		☐ S-Single ☐ M-Married ☐ D-Divorced ☐ W-Widowed ☐ X-Separated

EMPLOYMENT	STUDENT	REL. TO INSURED	EMPLOYER CODE (OFFICE USE)	EMPLOYER/SCHOOL NAME
☐ R-Retired ☐ F-Full Time ☐ P-Part ☐ N-None	☐ P-Part time ☐ F-Full Time ☐ N-None	☐ SE-Self ☐ SP-Spouse ☐ CH-Child ☐ OT-Other		University of South Caro

OCCUPATION	STREET ADDRESS	CITY	STATE	ZIP CODE	BUSINESS PHONE

FINANCIALLY RESPONSIBLE PARTY (IF OTHER THAN PATIENT)

ACCOUNT#	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	MI

STREET ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE	PATIENT DATA (OFFICE USE)

BIRTHDAY (M/D/Y)	SEX (M,F)	RACE	PRIMARY DOCTOR (OFFICE USE)	MARITAL STATUS
		☐ B-Black ☐ W-White ☐ H-Hispanic ☐ OT-Other		☐ S-Single ☐ M-Married ☐ D-Divorced ☐ W-Widowed ☐ X-Separated

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OCCUPATION	STREET ADDRESS	CITY	STATE	ZIP CODE	BUSINESS PHONE

EMERGENCY CONTACTS

NAME	ADDRESS	PHONE
Charlene Washington	775 Cartwright Dr	843 556-403

OTHER PERSONAL INFORMATION

MEDICATIONS CURRENTLY TAKING: N/A

DRUG ALLERGIES: N/A

CURRENT CONDITIONS (DIABETES, HIGH BLOOD PRESSURE, PREGNANT, AIDS/HIV, ETC.): Medicaid

REFERRED BY (DR. (NAME), TV AD, NEWSPAPER, RADIO, FRIEND (NAME), OTHER (INDICATE)): Sister Coraine Washington

METHOD OF PAYMENT (CREDIT CARD, CASH, ETC.)

PLEASE READ AND SIGN BELOW

I authorize the release of any medical information necessary to process health insurance claims. I request payment of the benefits to be made directly to Low Country OB/Gyn. Any unexpected balance left after insurance payment has been received will be due in full within 90 days of notification from this office.

JUL 1 5 2002

JUN 1 8 2002 (This authorization is valid unless rescinded in writing. A photocopy is as valid as the original.)

MAY 1 3 2002

I have read and understood all of the above and have given truthful information to the best of my knowledge.

Signature & Date: Jamesetta R Washington 05/13/02

LC OB/GYN 0093

LOW COUNTRY OBSTETRICS & GYNECOLOGY

1300 Hospital Drive, Suite 270, Mt. Pleasant, SC 29464
10-A Farmfield Rd, Charleston, SC 29407

PAYMENT PLAN AGREEMENT

I/We, the undersigned, do hereby expressly guarantee payment in full of any and all charges in consideration for medical services rendered to be rendered.

Patient Jamesetta Washington Account # 16162

Provider Dr. Osborne Balance $ 930 00

In lieu of the full payment today for any past due balances and/or full payment at the time of service, I/we, the undersigned agree to make regular monthly payments of:

$ 15 00 by the one payment a week for 2 weeks. ~~day of each month until the balance of all bills are paid in full.~~

By signing this agreement, I/we understand that it is for the balance listed above only. **ANY NEW CHARGES INCURRED AFTER THIS DATE ARE EXPECTED IN FULL AT THE TIME OF SERVICE, AND ARE NOT INCLUDED IN THIS PAYMENT AGREEMENT.**

FAILURE TO COMPLY WITH THIS SIGNED AGREEMENT MAY RESULT IN IMMEDIATE COLLECTION ACTION AND PERMANENT DISMASSAL FROM THE PRACTICE.

Should there be a delay in payment for any reason, I/we agree to contact the Billing Office immediately at 884-5133.

Guarantor Jamesetta Washington Date 07/29/02

Office Representative N Staulves Date 29 July 02

LC OB/GYN 0096

LOW COUNTRY OBSTETRICS & GYNECOLOGY
Including the practice of Midwifery

pls. send records to

1300 Hospital Drive
Suite 270
Mt. Pleasant, SC 29464
Office #: (843) 884-5133
Fax #: (843) 849-3343

10-A Farmfield Ave.
Charleston, SC 29407
Office #: (843) 571-1166
Fax #: (843) 766-9857

Edmund Rhett, Jr., M.D.
Granger Osborne, M.D.
David K. Smith, M.D.
Lorie E. Lyler, M.D.

Molly Joseph, M.D.
Lynn Crymes, M.D.
William Murphy, M.D.
Carium Joseph, M.D.

Deborah Williamson, CNM
Nancy Smith, CNM
Barbara Stone, CNM

RELEASE TO OBTAIN RECORDS

I hereby give my permission for Low Country Obstetrics and Gynecology to obtain my medical records from:

Name: Jamesetta Washington
Address: 775 Cartwright Drive
City: Charleston
State: SC
Date you were last seen: May 13, 2002
Patient Signature: Jamesetta Washington
SSN: 251-55-1195
Print Name: Jamesetta Washington
Date of Birth: 7/29/81

- If you have had a name change since you were last seen please let us know: _____

Date Records Released: _____

FAXED 5/2002 (H)

Spoke w/ Cassandra
U Thx

LC OB/GYN 0097



7/29/81

Jannette Washington

fax # 803-434-7799
803-434-2032

appt. date & time 6/3/02
for rush records
order

left message 5/28/02 @ 11:40 am
left message 5/29/02 @ 9 am

signed consent for release
per Rissa
appointment x appt. basis

CLINICAL INFORMATION

NAME.....WASHINGTON, JAMESETTA L
ACCOUNT #. 12161469
MR#.....119-95-95
ADMIT.....07/15/2002
DISCH.....07/17/2002
ATT PHYS..OSBORNE, GRANGER

DRG... 373 Vaginal delivery w/o CC
MDC...14 LOS... 2
TOTAL CHARGES. 11,030.00
AGE... 20 Y SEX..F
PAYOR.2000
DISP..1 ROUTINE (HOME)

*** CLINICAL INFORMATION ***

DIAGNOSIS CODE & DESCRIPTION

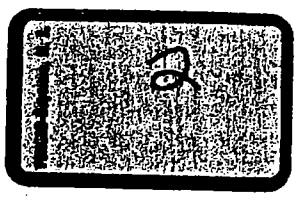
[redacted]	V221	SUPERVIS OTH NORMAL PREG
[redacted]	64511	POST TERM PREG DELIVERED
[redacted]	66331	CORD ENTANGLE NEC-DELIV
[redacted]	66411	DEL W 2 DEG LACERAT-DEL
[redacted]	V270	DELIVER-SINGLE LIVEBORN

PROCEDURE CODE & DESCRIPTION

[redacted]	7569	REPAIR OB LACERATION NEC	OSBORNE, GRANGER	07/16/2002
[redacted]	731	SURG INDUCT LABOR NEC	OSBORNE, GRANGER	07/16/2002
[redacted]	7301	INDUCT LABOR-RUPT MEMB	OSBORNE, GRANGER	07/16/2002
[redacted]	734	MEDICAL INDUCTION LABOR	OSBORNE, GRANGER	07/16/2002
[redacted]	7534	FETAL MONITORING NEC	OSBORNE, GRANGER	07/16/2002

CPT4 CODES:

[redacted] PHYSICIAN SIGNATURE IS NO LONGER REQUIRED.



ECH 0001

EXHIBIT
2
PENGAD 800-631-6989

EAST COOPER REGIONAL MED CTR | PATIENT INFORMATION FACESHEET | PHFR019 07/15/2002 17:29:05

1200 JOHNNIE DODDS BLVD
MT PLEASANT, SC 29464
Telephone: (843) 881-4318

Patient #: 12161469
Medical Record #: 119-95-95
Adv Directive: N

Admit Date	Admit Time	Mj/Mn PT	Hosp.Code	Service Code	Fin. Class	Relig Code	Age	Birth Date	Clerk
07/15/2002	17:27	I I	345	OBG	2000	MET	20 Y	07/29/1981	ECGJDRAY

Nrst/Room/Bed	VIP	Sex	Race	Marital Stat	Last Admit	Last Discharge	Patient Name
W5VC/004 /0		F	B	S	00/00/0000	00/00/0000	WASHINGTON, JAMESETTA L

MEDICAL INFORMATION

Adm Physician: 102 OSBORNE, GRANGER (843) 763-0191 Admit Dx: INDUCTION
Att Physician: 102 OSBORNE, GRANGER (843) 763-0191
Ref Physician:

Principal Diagnosis: Pregnancy @ 41 weeks

Secondary Diagnosis:

Operative/Non-Operative Procedures.

EFM.
Cervidil
P.I.T
CLE.
AROM
ESE.
IVED
Rep D' lac x T

Discharge Status AMA ____ Stable ✓ Unchanged ____ Expired ____

Discharge Summary Dictated. Yes ✓ No ____

Physician Signature EM BS Date 7-17-02

ECH 0002

EAST COOPER REGIONAL MED CTR

PATIENT INFORMATION FACESHEET

PHFR019 07/15/2002 17 29 05

1200 JOHNNIE DODDS BLVD
MT PLEASANT, SC 29464
Telephone. (843) 881-4318

Patient #. 12161469
Medical Record #. 119-95-95
Adv Directive N

Admit Date	Admit Time	MJ/Mn PT	Hosp Code	Service Code	Fin. Class	Relig Code	Age	Birth Date	Clerk
07/15/2002	17:27	I I	345	OBG	2000	MET	20 Y	07/29/1981	ECGJDRAY

Nrst/Room/Bed	VIP	Sex	Race	Marital Stat	Last Admit	Last Discharge	Patient Name
WSVC/004 /0		F	B	S	00/00/0000	00/00/0000	WASHINGTON, JAMESETTA L

P| WASHINGTON, JAMESETTA L
A| 775 CARTWRIGHT DRIVE
T| CHARLESTON, SC 29414
I|
E| Home Phone (843) 556-4032
N| Work Phone: (000) 000-0000
T| Occupation

Place of birth

Employer Information
STUDENT

County Of Residence

SSN 251-55-1195

Telephone (000) 000-0000

G| WASHINGTON, JAMESETTA L
U| 775 CARTWRIGHT DRIVE
A| CHARLESTON, SC 29414
R|
N| Home Phone (843) 556-4032
T| Work Phone (000) 000-0000
R| Occupation

Relationship SELF

Employer Information
STUDENT

SSN 251 55-1195

Telephone (000) 000-0000

[redacted]

R| WASHINGTON, CHARLENE
L| 775 CARTWRIGHT DR
| CHARLESTON, SC 29401

, Home Phone (843) 556-4032
O| Work Phone (000) 000-0000
N| Occupation

Relationship MOTHER

Employer Information
STUDENT

SSN 248-98-8098

Telephone (000) 000-0000

Admitting Physician	Attending Physician	Referring Physician	Family Physician
OSBORNE, GRANGER	OSBORNE, GRANGER		IPA GROUP
(843) 763-0191	(843) 763-0191		

Admitting Source 1 Physician/Self Referral Accident (Y/N) N Work Rlt (Y/N) Accident Date Time 00/00/0000 00 00

Admitting Diagnosis INDUCTION

Admitting Note

[redacted]

ECH 0003

3112

EXH_2_003

ADVANCED DIRECTIVES DECLARATION

LIVING WILL

Yes I have a living will, however this hospital does not have a copy. I understand that I must provide a copy of my living will to this facility in order for my decisions to be documented and carried out.

No I do not have a living will, but have received a copy of the Advance Directive pamphlet explaining my options in this matter.

Yes I have a living will and I have supplied this hospital with a copy of the document.

HEALTH CARE POWER OF ATTORNEY

Yes I have a Health Care Power of Attorney, however this hospital does not have a copy. I understand that I must provide a copy of my Health Care Power of Attorney to this facility in order for my decisions to documented and carried out.

No I do not have a Health Care Power of Attorney, but have received a copy of the Advance Directive pamphlet explaining my options in this matter.

Yes I have a Health Care Power of Attorney and I have supplied this hospital with a copy of the document.

PATIENT RIGHTS

Yes I have received and understand the information explaining my rights as a patient.

No I have not received the information explaining my rights as a patient.

CONSENT TO PLACE ON CLERGY VISITATION LIST

Yes I consent to my religious preference placed on the clergy visitation list.

My religious preference is Met.

No I don't consent to have my religious preference placed on the clergy visitation list.

Annette Washington 7/15/02

Signature of Patient *Date*

Patient unable to sign at time of admission due to unconscious/noncommunicative

Comments: OSTOMY. CRANIO 7/15/02
MED RECS 119-95-95 F.I. 1
C/S 2000 DR. 00102

ECH 0005

PH3106ZR
ACCT. #: 00012161469 PT: 0 ADVANCED DIRECTIVES 7/15/02 17:29.06
ROOM #: 0000 BED # 00

WASHINGTON ,JAMESETTA L F 8107

1. Do you have a living will? .... .N
Date Verified..... 7/15/02
Date Received/ on file..... 0/00/00

2. Do you have a durable power of attorney.. N
Date Verified..... 7/15/02
Date Received/ on file..... 0/00/00

If yes, name of DPOA,agent or advocate
Relationship.....
Address 1 Address 2

Phone..(H) 000 0000000 (W) 000 0000000 Ext. 0000

3. Alternate name.....
Relationship.....
Address 1 Address 2

Phone..(H) 000 0000000 (W) 000 0000000 Ext. 0000

Comments:

ECH 0006

EXH_2_006

3114

East Cooper Regional Medical Center

Women Service

TB SCREENING TOOL

Has the patient been screened already? YES (NO)

Was respiratory isolation ordered on admission? YES (NO)

Check all that apply. If a patient meets 4 out of 6 criteria, see Decision Tree Flow Chart for TB

1. A persistent cough (>2 weeks duration)? Hemoptysis? YES (NO)
2. A fever > 100.4 (night Sweats)? YES (NO)
3. An unexplained weight loss? YES (NO)
4. An abnormal chest X-ray ? YES (NO)
5. A recent exposure to an individual with suspected TB. History of +PPD or treatment of for TB. YES (NO)
6. Is there a physician order for an AFB smear and culture of the patient's sputum ? YES (NO)

If the patient meets 4 of the 6 criteria and respiratory isolation is not ordered on admission then:

Physician contacted? YES (NO) N/A

and

Respiratory isolation ordered? YES (NO)

Date: 7/15/02 Completed by: [signature]

Addressograph

[illegible] CC4-0
[illegible] CSETTIAL
[illegible] 7/15/02
[illegible] CHANGES
[illegible] 119-55-95 P.T. 1
[illegible] 00102

Revised 7/21/1999

ECH 0007

EAST COOPER REGIONAL MEDICAL CENTER
1200 Johnnie Dodds Blvd.
Mt. Pleasant, SC 29464

DISCHARGE SUMMARY

Patient Name: WASHINGTON, JAMESETTA MRN: 1199595
Attending Physician: BARBARA STONE, CNM

Admission Date: 07/15/2002
Discharge Date: 07/17/2002

INTERPRETATION:

This is a 20-year-old black female, G-1, P-0, admitted for Dr. Osborne for post dates induction.

Prenatal care:
Denies signs and symptoms of prodrome or lesions. EDC 7/9/02, A positive, rubella immune, antibody screen negative, serology nonreactive, sickle cell negative, Pap normal, urine culture negative, glucose screen 77, AFP negative, GC Chlamydia negative negative, HIV negative, GBS negative and HBSAG negative.

PAST MEDICAL HISTORY:

SOCIAL HISTORY: Negative.

ALLERGIES: None known.

MEDICATIONS: prenatal vitamins.

SOCIAL HISTORY: Single. History of alcohol.
Family present at birth.

Fetal heart tones were 140's, good beat to beat variability. Cervix closed, thick and high posterior. Cervidil placed.
7/16/02 at 0740 AROM clear, cervix 2-3, 80 and -1. Pitocin started. Epidural placed. Episode of decelerations for four minutes which resolved with O2, IVF and stopping Pitocin. Fetal heart tones were okay now at 1320 on 7/16/02. Cervix was 4-5, 80 and -1. Pitocin was restarted. Complete 2000, NSVD over an intact perineum under epidural anesthesia, 7 pound 10 ounce, Apgars 6 and 9. Placenta spontaneous and intact. Nuchal cord times one. Second degree laceration repaired with 4-0 Vicryl. Mother and baby doing well. Blood gas 7.21. On 7/17/02, 0715 patient with no complaints. Physical examination was normal. The patient had planned to stay in the hospital until 7/18, however infant was transferred to MUSC with problems and patient is now requesting discharge. Physical examination has remained normal. Urine drug screen is to be done at the request of Dr. Ward prior to discharge.

DISCHARGE SUMMARY

Patient Name: WASHINGTON, JAMESETTA MRN: 1199595

Contraceptive issues discussed prior to discharge. Self and baby care were reviewed. The patient will follow-up with Dr. Osborne in six weeks.

BARBARA STONE, CNM

Dictated on: 07/17/2002 12:13
Transcribed on: 07/18/2002 08:08
JOB#: 20206
MEDQ

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Hollister

ECH 0010

151469 004-0
[illegible] JANESETTA L
[illegible] F 7/15/02
GRANGER
119-99-95 P 1 1

Obstetric Admitting Record

Hollister Maternal/Newborn Record System Page 1 of 2
To order call: 1.800.323.4060 Re-order No 5710

Basic Admission Data

Date 7/15/02 Time 1750

- [X] Ambulatory
- [ ] Stretcher
- [X] Oriented to Unit
- [ ] Wheelchair
- [ ] Transfer From _____
- [X] Safety/Security

G	T	P	A	L	L M F	EDC 7 9 02	Wks/Days 40/1
1	—	—	—	—		ED By Fetal ED Assessment: / /	

Race/Ethnicity Black Age 20

Advance Directives [X] None [ ] Living Will [ ] Medical Power of Attorney

Organ Donor [X] Yes [ ] No

Pain [X] No [ ] Yes (site _____) Intensity 0 _____ 10 (none — highest)

Last Oral Intake
Fluids 7/15/02 Time 0015
Solids 7/15/02 Time 175

Medications [ ] None

Type/Dose	Last Taken	With Patient No	With Patient Yes	Disposition
Flintstones	7/15/02	[X]	[ ]	
		[ ]	[ ]	
		[ ]	[ ]	

MD/CNM Tel No: Osborne 884-5133

Support Person/Relationship Tel No: Charlene 556-4017

Allergy/Sensitivity

[X] None [ ] Latex
[ ] Other _____

Reasons for Admission

- [ ] Onset of Labor
- [X] Induction of Labor cervidil
- [ ] Spontaneous Abortion
- [ ] Cesarean Section
  - [ ] Primary [ ] Repeat
  - (reason for primary _____)
- [ ] Tubal Ligation
- [ ] Vaginal Bleeding
- [ ] ROM [ ] Premature [ ] Prolonged
- [ ] Preterm Labor

Detail Reasons for Admission _____

Observation Evaluation

- [ ] Fetal Status
  - [ ] Ultrasound
  - [ ] Amniocentesis
  - [ ] NST [ ] CST
- [ ] Medical Complications
- [ ] Obstetric Complications

Personal Effects Disposition

Item	With Patient	With Support Person	Other (Describe)
clothes/bag	✓		
Camcorder	✓		

Patient Triage Data

[ ] See Triage Record

Contractions [ ] None [ ] Palpation [ ] Tocotransducer
Frequency irregular Duration _____ Intensity _____
Began on ___/___/___ Time _____
Pain intensity 0 (none) — 10 (highest)
Membranes [X] Intact [ ] Bulging
[ ] Ruptured (Date ___/___/___ Time _____)
[ ] Nitrazine test ([ ] pos [ ] neg) [ ] Sterile Speculum Exam
[ ] Fern test ([ ] pos [ ] neg) (findings _____)

Fluid [ ] Clear [ ] Bloody [ ] Meconium Stained
[ ] Foul Odor [ ] No Foul Odor [X] None Observed
Vaginal Bleeding [X] None [ ] Normal Show
[ ] Bleeding (Describe _____)
Cervical Exam By _____
Station _____ Effacement _____ Dilatation _____ cms
Presentation [ ] Vertex [ ] Transverse Lie
[ ] Face/Brow [ ] Compound
[ ] Breech (type _____) [ ] Unknown

Physical Assessment

Height	Wt Pregrav/Grav	Temp	Pulse	Resp	BP
5'3"	120 / 150		80	20	123/77

Detail Abnormal Findings

System	Normal	Abnormal
HEENT	[X]	[ ]
Neurologic	[X]	[ ]
Skin	[X]	[ ]
Breasts	[X]	[ ]
Extremities	[ ]	[ ]
Cardiovascular	[X]	[ ]
Respiratory	[X]	[ ]
Abdomen	[X]	[ ]
Gastrointestinal	[X]	[ ]
Urinary	[X]	[ ]
Genitalia	[X]	[ ]

" nausea vomiting, migraines

Problem Identified	[X] None	Plan
1		
2		
3		

Fetal Evaluation Data

Multiple Gestation [X] No [ ] Yes

Fundal Height _____ cms
Fetal Weight (est.) _____
FHR 150's
[ ] Fetoscope [X] Fetal Monitor
[ ] Doppler [ ] Other _____

	Presentation	Position
1.		
2.		
3.		

Specimens Obtained (Check all that apply)

Urine Test	Time	Results	Blood Test	Time	Results
[X] Urinalysis	1800		[ ] Hgb		
[ ] C + S			[ ] Hct		
[ ] Glucose			[X] VDRL RPR	1600	
[ ] Albumin			[ ] Type/Screen		
[ ] Ketones			[X] CBC	1600	
[ ] pH			Cervical Culture		
[ ] Blood			[ ] GBS		
[ ] Toxicology			[ ]		

Admitting Signature A Fokkan RN Date/Time 7/15/02 Examiner Signature Date/Time

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Hollister

ECH 0011

Obstetric Admitting Record

Hollister Maternal/Newborn Record System

To order call: 1.800.323.4060 Re-order No. 5710

12161469 004-C
WASHINGTON, JAMESETTA L
7/29/1981 F 7/15/02
JOSEPH, GRANGER
MED REC# 119-95-95 P.T. I
[illegible] 02142

Significant Prenatal Data

Prenatal Records Available on Admission ☐ No ☒ Yes Source ICW Lawton

First Visit by 13 Wks ☐ Yes ☐ No

Regular Care ☐ Yes ☐ No

Prenatal Classes ☐ Yes ☒ No

Pediatric Provider Dr. Ward

General Health ☒ Healthy

☐ Functional Deficit (Type _____)

☐ Recent Exposure to Communicable Disease

Type/Date _____ __/__/__

☐ Illness (≤ 14 days prior to admission)

Type/Treatment _____

☐ Chronic Condition

Type _____

Nutritional Status ☒ Well-nourished ☐ Malnourished ☐ Obese

☐ Special Diet _____

Eating Disorder ☒ None ☐ Identify _____

Nutritional Problems ☒ None ☐ Identify _____

Lab Findings

☐ None

Blood Type & Rh	A+
Rubella Titer	Imm
Serology	NR
HBsAg	Neg
HIV	Neg
GBS	Neg

Fetal Assessment Tests

☐ None

Date	Test	Result
/	U/S	WNL
/	AFP	WNL
/		
/		

Problems Identified ☒ None

Active Resolved

1. _____ ☐ ☐
2. _____ ☐ ☐
3. _____ ☐ ☐
4. _____ ☐ ☐

Hospitalizations ☒ None

1. __/__/__ Reason _____
2. __/__/__ Reason _____

Plans for Birth and Hospital Stay ☐ Birth Plan Attached

Support Person Present in L&D ☐ No ☒ Yes Mother

Other Family Members in L&D ☐ No ☒ Yes Sister

Anesthesia ☐ None ☐ Local ☒ Epidural ☐ Spinal ☐ General

Delivery Site/Position _____

Personal Requests _____

Adoption ☒ No ☐ Yes Contact with Infant ☐ No ☐ Yes

Adoption Contact _____

Feeding Preference ☐ Breast ? ☐ Bottle ?

☐ Tubal Ligation NO Authorization Signed ☐ Yes ☐ No

☐ Circumcision Yes Authorization Signed ☐ Yes ☒ No

Psychosocial Data ☐ See Prenatal Records

Emotional Status ☒ Happy ☐ Ambivalent ☐ Concerned

☐ Depressed ☐ Angry ☐ Other _____

Communication Barriers ☒ None

☐ Language ☐ Interpreter _____

☐ Vision ☐ Reading ☐ Writing ☐ Hearing

☐ Speech ☐ Other _____

Support System

Marital Status: (S) M Sep D W Father involved ☒ Yes ☐ No

Other Support ☐ None ☒ family somewhat

Occupation Student Education HSG

Religion ☐ N/A ☒ AME

Personal/Cultural/Religious Customs Affecting Care and/or Learning

☒ None ☐ Identify _____

Basic Needs Met:	Yes	No	If No, Explain
Food	☒	☐	
Clothing	☒	☐	
Housing	☒	☐	
Transportation	☒	☐	
Finances	☒	☐	

Life Stress	No	Yes	If Yes, Explain
Physical Abuse	☒	☐	
Emotional Abuse	☒	☐	

Life Stress (Cont)	No	Yes	If Yes, Explain
Major Change	☐	☐	
Self Care Needs	☒	☐	
Serious Illness	☒	☐	
Other _____	☐	☐	

Single mom

Substance Use	No	Yes	If Yes, amt/day, last use
Tobacco	☒	☐	
Alcohol	☒	☐	
Prescribed Drugs	☒	☐	
Illicit Drugs	☒	☐	

Educational Needs	Mother	Support Person	Comments
Stages/Phases of Labor	☐	☐	1st baby
Coping Techniques	☐	☐	
Infant Feeding	☐	☐	
Infant Care	☐	☐	
_____	☐	☐	

Preferred Learning Methods	Yes	No
One-on-One Instruction	☒	☐
Group Instruction	☐	☒
Written Information	☒	☐
Audio/Visual Information	☒	☐
Demonstration/Practice	☒	☐
Other _____	☐	☐

Discharge Planning Data

Planned Length of Stay 2-3 Days

Home Setting	Yes	No
Heat, running water, refrigeration	☒	☐
Infant Care Supplies/Car Seat	☒	☐
Phone in home	☒	☐
Transportation available	☒	☐
Adult assistance available	☒	☐

Referrals

☐ RN Case Manager ☐ Utilization Review ☐ Other

☐ Home Care RN ☐ Social Service

☐ Nutritionist/Dietician ☐ Pediatric Provider

MD/CNM notified by _____ Date __/__/__ Time _____

Admitting Signature [signature] RN Date 7/15/02 Time 1810

MATERNAL RECORD COPY

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ECH 0012

Hollister

12161469 004-0
[illegible] JANESETTA L
1/29/1981 F 7/15/02
[illegible] CHANGER
[illegible] 119-95-93 P.T. 1
[illegible] OR. 00102

Labor Progress Chart

Hollister Maternal/Newborn Record System

To order call: 1.800.323.4060 Re-order No 5711

Admit Date 7/15/02 | Admit Time 1750 | Blood Type and Rh [illegible] POS | Age 20 | C 1 | T 0 | Pl 0 | A 0 | L 0 | EDD __/__/__ LMP __/__/__ | Membranes ☐ Intact ☐ Bulging ☑ Ruptured Date 7/16/02 Time 0711 | SROM AROM

Current Date 7/16/02	Time →	7				8				9				10				11					
Vital Signs																							
Temperature		98																					
Pulse		80		76		76		80		65		58		77		51		67					
Respiration / O_2 Saturation		20		20		20				18				20				20					
Blood Pressure		132/70		135/80		135/74		121/63		126/75		115/59		115/66		117/64		112/67					
Maternal																							
Deep Tendon Reflexes (L/R)		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Urine (Protein/Sugar)		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Vaginal Bleeding		E		0		0		0		0		0		0		0		0					
Pain		4-5				0		0		0		0		0		0		0					
Edema (site, extent)																							
Uterine Activity																							
Monitor Mode		External				E	E	E	E	E	E	E		E	E	E	E	E	E				
Frequency		irregular				3-5	3-5		2-4	2-4		2-3		2-4	2-4			3-4					
Duration						40-60	40-60											60	70				
Peak IUP																							
Resting Tone		soft				soft				soft		soft		soft				soft					
Intensity		mild				mod				mod		mod		mod	mod			mod					
MVUs																							
Fetal Assessment																							
Monitor Mode (Strip #___)		External				E	E	E	E	E	E	E		E	E	E	E	E	E				
Baseline (FHR)						140s	140s	140s		140		120/130			130s	130s		130					
STV																							
LTV						↓	↓	↓	↓	+		↓				+		↓					
Accelerations		effort													✓	✓							
Decelerations		—				—		—	—	—		Ø											
Membranes/Fluid		Rom				clear		R-clear				R-clear			R-clear								
Scalp pH																							
Intake/Output (cc's/Hr)																							
IV		#1 100/hr LR								#2 100/hr LR													
PO						dipb								dipb									
Urine										Foley - 50								Foley					
Emesis																							
Cont Meds																							
Pitocin mU/min				4		6	8	10	10	12	14	16	16	16	18	18	20	22	24				
$MgSO_4$ gms/hr								13	13	13	13	13	13	13	13	13	13	13	13				
Cont																							
Intervention																							
Treatments																							
Teaching/Support																							
Touch																							
Position/Activity																							
Physical Care																							
Initial		DC	DC	DC	DC	LC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC				

Behavioral State Key: 0 = No Response; +1 = Sluggish; +2 = Normal; +3 = Hyperactive; +4 = Basic + Hyperactive; C = Coma

Deep Tendon Reflexes: 0 = No Response; +1 = Sluggish; +2 = Normal; +3 = Hyperactive; +4 = Basic + Hyperactive; C = Coma

Vaginal Bleeding: NS = Normal Show; ABN = Frank Vaginal Bleeding

Pain: 0 = No Pain; 5 = Distressing Pain; 10 = Highest Intensity

Uterine Activity Monitor Mode: P = Palpation; E = External; I = Internal

MVUs Montevideo Units: The sum of the peak of each uterine contraction minus its resting tone, in a 10 minute period

Fetal Monitor Mode: A = Auscultation (Fetoscope); D = Doppler; E = External; I = Internal

STV Short Term Variability: + = Present (Roughness of Tracing Line Present); 0 = Absent (Tracing Line is Smooth)

LTV Long Term Variability: 0 = 0-2 BPM = Absent; 1 = 3-5 BPM = Minimal; 2 = 6-25 BPM = Average; 3 = >25 BPM = Marked

Hollister Incorporated, 2000 Hollister Drive Libertyville Illinois 60048

LABOR PROGRESS CHART FORM #5711 0101

Hollister

ECH 0013

12161469 004-1

WASHINGTON, JANESETTA L

7/29/1981 F 7/15.

OSBORN, GRANGER

MED REC# 119-99-03 P.T.

EXC 2000 05 00102

Labor Progress Chart

Hollister Maternal/Newborn Record System

To order call 1 800 323 4060 Re order No 5711

Current Date / / Allergy/Sensitivity ☐ Other ☒ None ☐ Latex Chart ____ of ____

	11:30	12	13	14	15	16
	6	61	65 70	64	70 78	85 94
	20	18 18	18 18	18	18 18	18 18
	114	120	123 114	112	124 125	121 124
	69	74	77 65	76	73 66	72 74
	/ /	/ / / /	/ / / /	/ / / /	/ / / /	/ / / /
	/ /	/ / / /	/ / / /	/ / / /	/ / / /	/ / / /
	bldy show				show	show
	0	2 0	0 0	0		
	E E	E E E E	E E E E	E E	E E E E	E
	3-6	2-4 2-3 2-3	2-3, 2-3 2-3	2-5 2-4	2-4, 2-3 2-3	2-4 2-4
	60-70					60-70 60-70
	soft mid	soft mid	soft mid	soft mid	mid mid	soft mid
	E E	E E E E	E E E E	E F F F	F F F F	F F F F
	135	120 130-130	125 125 130 140	130-140	130 140	140 140 140
	↓	+ ✓	✓ ✓	+	T + +	0 0
		E XS" to 40-60	E E E R→ clear	R→ clear	✓ ✓ bloody show	
			3 100cc LR			
	fully			200		
	24 26	28 off	off 15 17 18	20 22 24 26	26 26 26 28	28 28 28
	13 13	13 13 13 13	13 13 13 13	13 13 13 13	13 13 13 13	13 13 13 13
				sleepy	to ward	
	11:30	5:30	11:30		7:00	
	DR	DR DR DR	DR DR	DR DR	DR DR	

Acceleration N None E Early V Variable L Late P Prolonged

Deceleration N None E Early V Variable L Late P Prolonged

Membrane I Intact B Bulging R Ruptured

Fluid C Clear M Meconium Stained B Bloody F Foul Odor NF No Foul Odor

Treatment O2 O2 Mask IVE IV Bolus SC Straight Catheterization FC Foley Catheterization ABD Abdominal Hair Removal

Teaching/Support O Orient to Unit SR Safety Review LR Labor Review F Focusing BRT Breathing/Relaxation Techniques PrO PreOp

Touch E Encourage B Backrub CP Counterpressure M Massage

Position/Activity W Walking C Chair SQ Squatting JR Jet Hydrotherapy SH Shower K Kneeling LS Left Side RS Right Side KC Knee Chest T Trendelenburg

Physical Care MC Mouth Care SC Superficial Cold SH Superficial Heat PC Pen Care BP Bedpan

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Hollister

ECH 0014

12161469 004-0

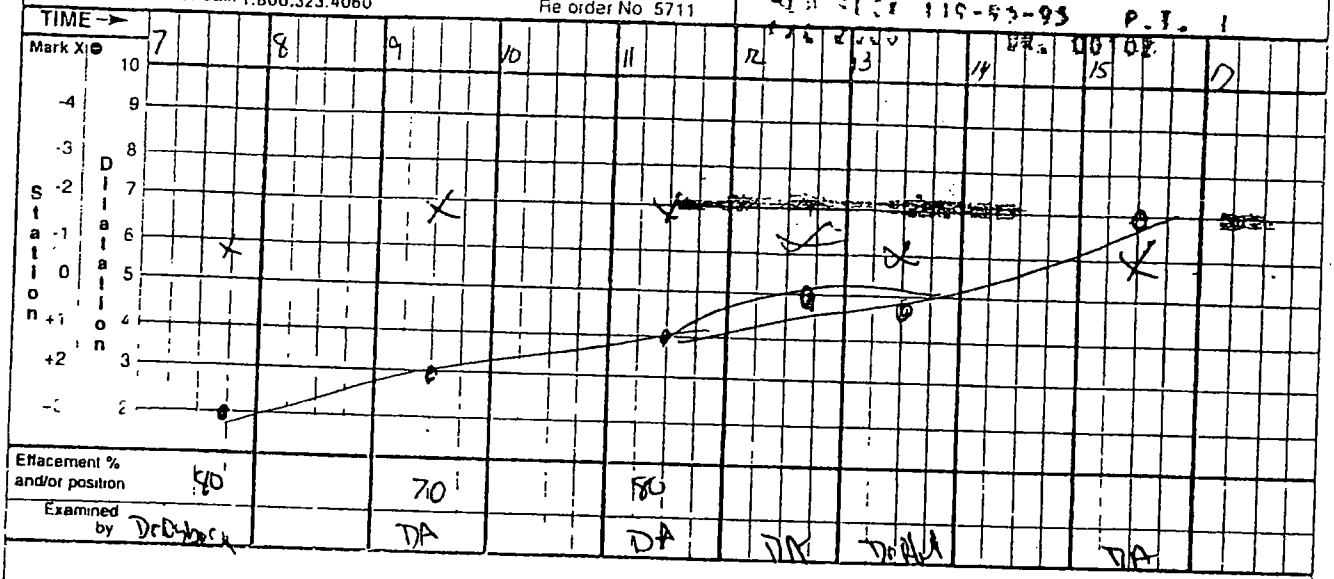
WASHINGTON, JAMESETTA L

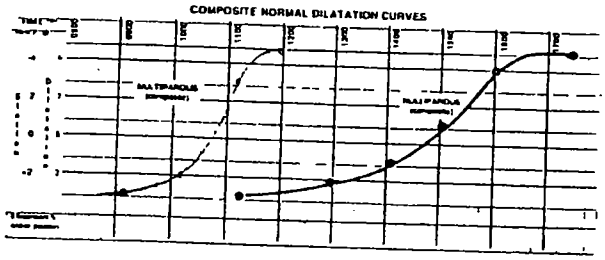
7/15/98

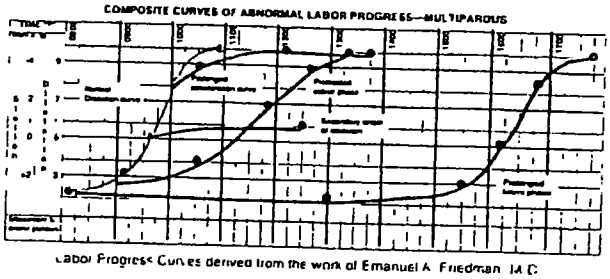
Labor Progress Chart

Hollister Maternal/Newborn Record System

To order call: 1.800.323.4060 Re order No 5711







Labor Progress Curves derived from the work of Emanuel A. Friedman, M.D.

IV Record

Start Date	Time	Site	Solution	Amount (cc's)	Medication/Dose Added	Initials	Infused Date	Time	Amount Infused
7/16	0715		LR	1000cc	—	DG	7/16	0930	1000
7/16	0745		D5LR	1000cc	30 units Pitocin	DG			
7/16	0930		LR	1000	—	DG	7/16	1300	1000
7/16	1300		LR	1000	—	DG			

Interval Medications

Date	Time	Medication/Dose	Route	Site	Initials

Signature Key

Initials	Signature
DG	Diane Grunwald RN

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LABOR PROGRESS CHART FORM #5711 0101

Hollister

ECH 0015

12161469 004-0
ASHINGTON, JAMESETTA L
7/29/1981 F 7/15/02
GEORGE, GRANGER
CASE# 119-95-95 P.T. 1
PC 2003 DR: 00102

Labor Progress Chart

Hollister Maternal/Newborn Record System

To order call: 1.800.323.4060 Re order No 5711

Progress Notes

Date	Time	Year 2002
7/15/02	1900	20 yo black female admitted to LDRP for cervidil/to be induced in AM 7/16. See admission watchchild note. J Hilman
7/16/02	0700	Report received for continued pt care. Pitocin indicated planned. Plan of care reviewed d. t pt & Mary Dewey

ECH 0016

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Hollister #2

12161969 009-0
[illegible] JAMESETTA L
[illegible] F 7/15/02
[illegible]. CRABTREE
[illegible] 119-99-95 P.T. 1
[illegible] 00102

Labor Progress Chart

Hollister Maternal/Newborn Record System

To order call 1 800 323 4060 Re order No 5711

Admit Date	Admit Time	Blood Type and Rh	Age	G	T	PI	A	L	EDD 7/8/02	Membranes ☐ Intact ☐ Ruptured SROM AROM ☐ Bulging	Date 7/16/02 Time 07
7/15/02	1750	O pos	20	1	0	0	0	0	LMP / /		

	Current Date 7/16/02 Time →																			
		17				18				19				20						
Vital Signs	Temperature	98.7																		
	Pulse	91		77		89		84		90										
	Respiration / O_2 Saturation	18		18		16		18		18										
	Blood Pressure	142/89		129/78		133/84		119/69		149/90										
Maternal	Deep Tendon Reflexes (L/R)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	Urine (Protein/Sugar)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	Vaginal Bleeding																			
	Pain	0		0		2-3														
	Edema (site extent)																			
Uterine Activity	Monitor Mode	E	E	E	E	E	E	E	E	E										
	Frequency	2-4	2-3	2-3		2-3		2-4		2-4										
	Duration		mod	40-60		mod		mod		40-60										
	Peak IUP																			
	Resting Tone	soft				soft				soft										
	Intensity	moderate				mild		hard		mod										
	MVUs																			
Fetal Assessment	Monitor Mode (Strip #____)	F	F	F	F	F	F	F	F	F										
	Baseline (FHR)	135/140				140				135										
	STV				+	+	+	+		+										
	LTV																			
	Accelerations					✓				0										
	Decelerations			V	V	V	V			0										
	Membranes/Fluid	R-clear fluid								R/C										
	Scalp pH																			
Intake/Output (cc's/Hr)	IV	3 LR (300 cc)																		
	PO																			
	Urine	Foley				→ Amber blood tinged				Foley draining										
	Emesis	10																		
Cont Meds	Pitocin mU/min	28	28	28	30	30	30	30		30										
	$MgSO_4$ gms/hr																			
	Cont Epidural	13	13	13	13	13	13	13	13	13										
Intervention	Treatments																			
	Teaching/Support																			
	Touch																			
	Position/Activity																			
	Physical Care																			

1124 - Complete

Initial [illegible]

Abbreviations Key

Deep Tendon Reflexes: 0 = No Response; +1 = Sluggish; +2 = Normal; +3 = Hyperactive; +4 = Brisk + Hyperactive; C = Clonus

Vaginal Bleeding: NS Normal Show; ABN Frank Vaginal Bleeding

Pain: 0 No Pain; 1-3 Distressing Pain; 4 Highest Intensity

Uterine Activity Monitor Mode: P Palpation; E = External; I Internal

MVUs (Montevideo Units): The sum of the peak of each uterine contraction minus its resting tone in a 10 minute period

Fetal Monitor Mode: A Auscultation (Fetoscope); D = Doppler; E External; I Internal

STV Short Term Variability: + = Present (Roughness of Tracing Line Present); 0 = Absent (Tracing Line is Smooth)

LTV Long Term Variability: 0 2 BPM = Absent; 1 3-5 BPM = Minimal; + = 6-25 BPM Average; ↑ = >25 BPM Marked

Hollister Incorporated 2000 Hollister Drive Libertyville IL 60048

LABOR PROGRESS CHART FORM #5711 0101

Hollister

ECH 0017

12161469 004-0
WASHINGTON, JANESETTA L
7/15/02
0580HEC, GRANGER
HEC #CV 119-95-95 P.T. 1
EXC 2000
GR. 00102

Labor Progress Chart

Hollister Maternal/Newborn Record System

To order call: 1.800.323.4060 Re-order No 5711

Current Date / /

Allergy/Sensitivity ☒ None ☐ Latex ☐ Other

Chart ___ of ___

assisted del

Vac

1937

Accelerations	Membranes	Treatments	Teaching/Support	Touch	Position Activity	Physical Care
+ = ≥15 BPM ↑ x 15 sec + = <15 BPM (and <15 sec) 0 = None	I = Intact B = Bulging R = Ruptured	O = O, L/min IVF = IV Bolus SC = Straight Catheterization FC = Foley Catheterization ABD = Abdominal Hair Removal	O = Orient to Unit SR = Safety Review LR = Labor Review F = Focusing BRT = Breathing/Relaxation Techniques PrO = PreOp	E = Effleurage B = Backrub CP = Counterpressure M = Massage	W = Walking C = Chair SQ = Squatting JH = Jet Hydrotherapy SH = Shower K = Kneeling LS = Left Side RS = Right Side HC = Knee Chest T = Trendelenburg	MC = Mouth Care SC = Superficial Cold SH = Superficial Heat PC = Pen Care BP = Bedpan
Decelerations N = None E = Early V = Variable L = Late P = Prolonged	Fluid C = Clear M = Meconium Stained B = Bloody F = Foul Odor NF = No Foul Odor					

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LABOR PROGRESS CHART FORM #5711 0101

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Hollister

ECH 0018

12161469 DD4-0
[illegible] JAMESETTA L
[illegible] F 7/15/02
[illegible] C. CRANDER
[illegible] 119-95-93 P.T. 1
[illegible] DR. 00102

Labor Progress Chart

Hollister Maternal/Newborn Record System

To order call. 1.800 323 4060 Re order No. 5711

TIME →

Mark X in ●

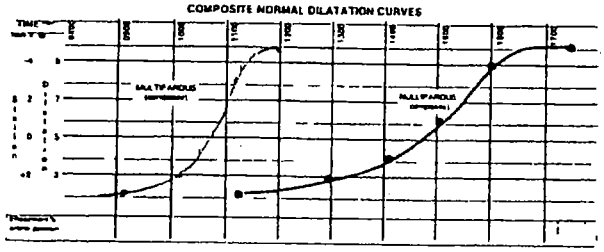
Station: -4, -3, -2, -1, 0, +1, +2, +3

Dilatation: 10, 9, 8, 7, 6, 5, 4, 3, 2

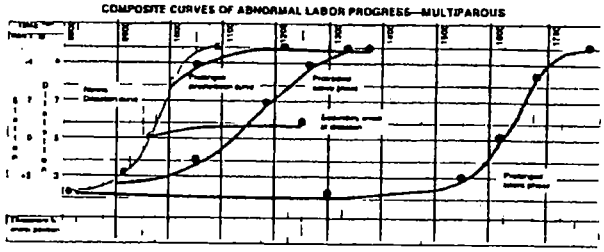
Effacement % and/or position

Examined by

COMPOSITE NORMAL DILATATION CURVES



COMPOSITE CURVES OF ABNORMAL LABOR PROGRESS—MULTIPAROUS



Labor Progress Curves derived from the work of Emanuel A. Friedman, M.D.

IV Record

Start Date	Time	Site	Solution	Amount (cc's)	Medication/Dose Added	Initials	Infused Date	Time	Amount Infused

Interval Medications

Date Time	Medication Dose	Route	Site	Initials

Signature Key

Initials	Signature
	[illegible] RN
	[illegible] RN

Hollister Incorporated 2000 Hollister Drive Libertyville Illinois 60048

LABOR PROGRESS CHART FORM #5711 0101

Hollister

ECH 0019

12161469 004-1
WASHINGTON, JAMESETTA L
7/29/1961 F 7/15/
OSBORNE, CRANCER
TO SEE 11-95-95 P.T.
F/C 2010 DR. 00102

Labor Progress Chart

Hollister Maternal/Newborn Record System

To order call: 1.800.323.4060 Re-order No 5711

Progress Notes

Date	Time	Year _____

Labor Summary

G	T	Pt	A	L	Type and RH	EDD
1	–	–	–	–	A+	7/9/02

Prenatal Events ☐None
- ☐ No Prenatal Care
- ☐ Preterm Labor (< 37 Weeks)
- ☐ Postterm Labor (> 42 Weeks)
- ☐ Previous Uterine Incision
- ☐ Prenatal Complications
- ☐ _____

Intrapartal Events Maternal
- ☐ Febrile (>100.4° / 38° C)
- ☐ Bleeding - Site Undetermined
- ☐ Preeclampsia (mild) (severe)
- ☐ Seizure Activity
- ☐ Medications ☑ None

Date	Time	Medication	Dose	Route

- ☐ Transfusion _____ units
- Blood Component _____
- ☐ _____

Amniotic Fluid
Date 7/16/02 Time 0746
- ☐ ROM ☐ Spont ☑ Artificial
- ☐ Meconium-Stained (describe) _____
- ☐ Bloody ☑ Clear
- ☐ Foul-Smelling
  - ☐ Cultures Sent _____ Time _____
- ☐ Polyhydramnios
- ☐ Oligohydramnios
- ☐ Small ☐ Moderate ☐ Large

Placenta
- ☐ Placenta Previa
- ☐ Abruptio Placenta
- ☐ Normal ☐ Abnormal, describe _____

Labor
- ☐ Precipitous Labor (< 3hrs)
- ☐ Prolonged Labor (> 20 hrs)
- ☐ Prolonged Latent Phase
- ☐ Prolonged Active Phase
- ☐ Prolonged 2nd Stage (>2.5 hrs)
- ☐ Secondary Arrest of Dilatation
- ☑ Induction ☐ None
  - ☐ AROM ☑ Oxytocin ☑ Cervidil
- ☐ Augmentation ☐ None
  - ☐ AROM ☐ Oxytocin ☐ _____

Labor Summary (Cont'd.)

Fetus
Gestational Age (Wks) 40 6/7 By Dates
_____ By Ultrasound

Presentation
- ☒ Vertex
- ☐ Face/Brow
- ☐ Breech ☐ Frank ☐ Complete
  - ☐ Single Footing
  - ☐ Double Footing

Position [ ][ ][ ]

- ☐ Traverse Lie ☐ Back-up ☐ Back -Down
- ☐ Compound
- ☐ Unknown
- ☐ Cephalopelvic Disproportion (CPD)
- ☐ Cord Prolapse

Monitor ☐ Intermittent ☐ Continuous

	FHR	UC
External	☑	☑
Internal	☐	☐

- ☐ Extended Fetal Bradycardia _____ min
  - _____ min
- ☐ Extended Fetal Tachycardia _____ min
  - _____ min
  - _____ min
- ☐ Multiple Late Decelerations
- ☐ Multiple Variable Decelerations
- ☐
- ☐
- ☐ _____

Delivery Data
Support Person Present ☑ Yes ☐ No

Delivery Location
- ☑ LDR OR
- ☐ _____

Method of Delivery
- ☑ Vaginal VBAC
- ☐ Number Previous Cesareans _____
- ☑ Vertex ☐ _____
  - ☐ Spontaneous
  - ☑ Assisted

[ ][ ][ ] to [ ][ ][ ]

- ☐ Manual Rotation
- ☐ Forceps (type _____)
  - ☐ Outlet ☐ Low ☐ Mid
- ☑ Vacuum Extraction
- ☐ Breech (type _____)
  - ☐ Spontaneous
  - ☐ Partial Extraction (assisted)
  - ☐ Total Extraction
  - ☐ Forceps Assist
    - ☐ Piper ☐ _____

Method of Delivery (Cont'd.)
- ☐ Cesarean
  - ☐ Scheduled ☐ Emergency
  - ☐ Primary ☐ Repeat (x _____)
  - ☐ Other _____

Operative Indication
- ☐ Previous Uterine Surgery
- ☐ Failure to Progress
- ☐ Placenta Previa
- ☐ Abruptio Placenta
- ☐ Fetal Malpresentation
- ☐ Fetal Distress
- ☐ Fetal Size ☐ Preterm ☐ SGA
- ☐ LGA
- ☐ Other _____

Uterine Incision
- ☐ Low Cervical, Transverse
- ☐ Low Cervical, Vertical
- ☐ Classical
- ☐ Hysterectomy ☐ No ☐ Yes
- ☐ Tubal Ligation ☐ No ☐ Yes
- ☐ Skin Incision
  - ☐ Vertical
  - ☐ Traverse

Episiotomy ☐None
- ☐ Midline
- ☐ Mediolateral L R

Laceration/Episiotomy Extension ☐ None
- ☐ Periurethral
- ☐ Vaginal anterior
- ☐ Cervical
- ☐ Uterine
- ☐ Perineal ☐ 1° ☑ 2° ☐ 3° ☐ 4°

Repair Agent Used Vicryl

Placenta
- ☑ Spontaneous
- ☐ Expressed
- ☐ Manual Removal
- ☐ Adherent (type _____)
- ☐ Uterine Exploration
- ☐ Curettage

Configuration
- ☑ Normal
- ☐ Abnormal _____

Weight _____ gms

Disposition ☐ Lab ☐ Biohazard Disposal

Cord
- ☐ Nuchal Cord (x 1)
- ☐ True Knot Length _____ cms
- ☐ 2 Vessels
- ☑ 3 Vessels

Cord Blood ☑ To Lab

Lab ☐ Type + RH ☐ Cultures ☐ Coombs ☐ pH ☐ _____

East Cooper Regional Medical Center
Mt. Pleasant, SC
ECH 0020

Labor and Delivery Summary

0345OB002 10/01 EC44036

ADDRESSOGRAPH
[illegible] 004-0
[illegible] JAMESETTA L
[illegible] F 7/15/02
[illegible] CRANGER
[illegible] 119-95-95 P.T. 1
[illegible] 00102

Delivery Data (Cont'd.)
Surgical Data

ne/Needle Counts Correct
☑ Yes ☐ No _____

Estimated Blood Loss _____ ccs

Delivery Anesthesia
☐ None
☐ Local ☐ Prudendal ☐ General
☑ Epidural ☐ Spinal

Date	Time	Medication	Dose	Route

esiologist _____
CRNA _____
Complications ☑ None

Delivery Medications ☐ None

Date	Time	Medication	Dose	Route Site	Int

Chronology

	Date	Time
EDD	7/5/02	
Admit to Hospital	7/15/02	1750
Membranes Ruptured	7/16/02	0746
Onset of Labor	7/16	?
Complete Cervical Dilation	7/16	1924
Delivery of Infant	7/16	1937
Delivery of ?a	7/16	1950

Total Time Hrs/Min

Infant Data
☑ Male ☐ Female
ID/Band No. 36895
Condition ☑ Alive
☐ Stillbirth
☐ Antepartum
☐ Intrapartum
☐ Neonatal Death
Birth Order 1 (2) 3 4

Infant Data (Cont'd.)
Repeat Apgar every 5 min until score ≤ 7

Apgar Score	1 min	5 min	10 min
Heart Rate	2	2	
Respiratory Effort	2	2	
Muscle Tone	1	2	
Reflex Irritability	2	2	
Color	0	1	
Total	7	9	

Scored by Eslewanan

Resuscitation ☐ None
_____ minutes to First Gasp
_____ minutes to Sustained Respiration
_____ minutes for HR>100
_____ Heart Rate (bpm)
_____ Time _____
_____ Time _____
_____ Time _____

☑ Bulb Suction
☐ Suction Catheter Size _____ Fr
☐ Mouth
☐ Nose
☐ Pharynx
☑ O2
☑ Mask Only (blow by)
☐ Bag/Mask
☐ Other _____
☐ Endotracheal Tube Size _____
☐ Meconium Below Cords
☐ External Cardiac Massage
Length of Time _____ min
☐ Umbilical Catheter
Person Managing Resuscitation: _____

Neonatal Medications ☐ None

Date	Time	Medication	Dose	Route Site	Int
7/16	2000	Vit K	1 mg	1/mLT	ES
7/16	2000	EES	0.4	—	ES

Lab Data ☐ None
cord blood hcba

Initial Newborn Exam
Weight 3470 gms 7 lbs 10 ozs
Length 21" _____ ins
Temp 99.6 ☑ Rectal
AP 152 Resp 76
☐ No Observed Abnormalities
☐ Gross Congenital Abnormalities
☐ Meconium Staining ☐ Trauma
☐ Petechiae ☐ Other
Describe _____

Intake ☑ None
Breast Fed ☐ Yes ☐ No
Output ☐ None
☐ Urine
☒ Stool (type term mec)
☐ Gastric Aspirate _____ ccs
Examined By Eslewanan
Transfer ☐ With Mother
☑ To Newborn Nursery
☐ _____
Date 7/16/02 Time 1945
Mode of Transport 1945/carried by RN

Delivery Personnel
RN (1) Dyan Mercer RN
(2) Eslewanan
Anesthesiologist/CRNA _____
CNM _____
MD-Attending Dr. Rott
MD-Assist (1) _____
(2) _____
Infant Care Provider _____
☐ Notified ☐ Present at Birth
Remarks

ECH 0021

RN _____
CNM _____
MD D. Rott
Date Completed ___/___/___

East Cooper Regional Medical Center
Mt. Pleasant, SC

Labor and Delivery Summary

ADDRESSOGRAPH
12161469 004-C
WASHINGTON, JANESETTA L
7/25/1981 F 7/15/02
OSTEEN, GRANGER
MD PCP 10-94-95 P.T.
I/C 2000 PC. 00102

Consulting Physician and/or Service: Clinical Social Work - Martina Kontonakos

Reason for Request: To conduct brief biopsychosocial assess. & discuss baby care issues.

✓ ASAP ____ Urgent ____ At Your Convenience ____ Other

Date Requested: 7.17.02 Requested by Dr.: ____

Date and Time Office or Service Notified ____ DATE | ____ TIME | ____ BY WHOM

LSW meets c pt. who is A/ox3 & sitting on edge of hospital bed. Pt. & baby boy will be d/c'd to parents home where pt. resides. Pt. plans to resume college @ USC-Cola in Sept '02 & will secure apt. in San. Pts sister resides in Cola & pt. has made child care arrangements. Pt. will complete college program in Biology/Chemistry in 1yr. Pt. desires to continue academic studies to become an OB/GYN. Pt.

. Pt. denies hx of ind. anxiety/depression & denies suicidal/homicidal ideations. Pt states she is "happy" about birth of baby & denies any negative feelings towards baby. LSW explores pts role & potential role. Pt. discussed pregnancy in 10/01 & contemplated terminating pregnancy for 2mo. Pt shared sisters & friends to obtain support re: decision-making process. Pt. is comfortable c decision to deliver & raise baby. Pt has scheduled D. Jones visit for pediatrician. Pt has carseat, crib & bassinet & plans to utilize WIC services. Pt reports FOB is involved & denies any concerns about baby being exposed to Pt. denies any domestic violence & current problems. LSW educates re: WIC, pts RN assessment is c cues of d/c & sleep safety. LSW consult c Dr. Ward who reports pt. and baby will be transported to MUSC this am since baby is having episodes of apnea & is "floppy". Pt. present & Dr. Ward present when MUSC transport team arrives. LSW consults & weighs of drug screen, for pt. & baby. LSW to f/u c drug screen results. ISSW c/s/i notified by Baby RN of (-) drug screen. Nursing & pediatrician's assessment & d/c. LSW provided supportive counseling re: transfer & plans. Pt appropriately conversed about baby

7.17.02 / 05:30
DATE OF CONSULTATION

Martina Kontonakos, LSW TM.D
CONSULTANT

East Cooper Regional Medical Center

CONSULTATION RECORD

1216145C 004-0
WASHINGTON, JANESETTA
7/20/1981 F 7/15/02
OSEO-OF, ORANGES
MED REC 119-95-95 P.T. I
I/C 2005 BP. 00102

ECH 0022

9/01 EC46543W/247226

DATE	TIME	
7/15		Admit
		Jameselta is a 20yo BF G1P0 @ 41w admitted to Dr Osborne for post date induction
	1900	PA

DC 7902 -

A+	Rub nl	Hep B neg
RI	Urine Cx neg	HIV neg
Ab NR	glucola 79	GBS neg
At neg	ATP neg	
pchle neg	GC/Ch neg/neg	

PMH -
PSH - o
Allergies NKDA
Meds - Valtrex PNV
Social - drinks. Hx S
- family present

EtOH ½ 4x week.

7/23/97 FHT NST's great BTBV 10-15 bpm x 1 min
Ctx 2 mod to o
SVE 2 post. soft 60% Effaced. -1
Cx - cl/th/p posterior cervical placed
by Lenbus Keen. Pt sore

Dx. 20yo BF G1P0 41w for post date induction. cervidil placement.

Plan - cervidil placed. Consulted re: cervical use -

7/16/97 0700 Plan → clear

Cpc 2-3/50/ | Pitocin started → expected to

East Cooper Regional Medical Center
Mt Pleasant, SC 29464

PROGRESS RECORD

ADDRESSOGRAPH ECH 0023

121514bc 004-0
WASHINGTON, JANISETTA L
7/23/1981 F 7/15/02
SHD-FT, GRANGER
FC 115-95-95 P.T. 1
7/23/97 PT. 00102

Rev 7/96 REW 0801

EXH_2_023

3131

DATE	TIME	
7/16/02	1320	@ Had an ep. d/sode of deceleration - 4 min which resolved ± O_2, IVF, + stopping p.t FHT's OK nst Cx 4-5 / 80-90% / PF ~ -1 ± some molding Inf: Stable for now good progress since admission. Plan: Restart P.t; ODS EM
	1545	7 / 90 / -1 FHT's OK ER
	2000	@ over intact perineum under CLC 7 ± LOQ on Aygr 6/9 Plac spa intact; Nuchal cord x ÷ 2° lac @ introitus rep 4-0 vicryl M+B for well ABC 7.21. ER
7/17/02	0715	PT w/ no complaints PE breasts soft, NOT supported abd. - fundus @ umb firm midline CVAT neg bleeding - mod rubra extrem - wl exam ~~Bottle Feeding~~ Anticipate d/c tomorrow AB, Rub Imm BStone CNM
7/17/02		D/C DICTATED. PStone

East Cooper Regional Medical Center
Mt. Pleasant, SC 29464

PROGRESS RECORD

ADDRESSOGRAPH

ECH 0024

1216146C 004-0

WASHINGTON, JANESETTA L
7/24/1961 F 7/15/02
USSERY, GRANGER
ACCT# 119-95-95 P.T. I
DR. 00132

4E568/7A Rev 7/95 EC4556BW/Z 0601

East Cooper Regional Medical Center

Mt. Pleasant, S.C.

OB Admit CHART

PHYSICIAN'S ORDER SHEET Rev 9-01

12161469 004-0
WASHINGTON, JAMESETTA L
7/29/1951 F 7/15/02
OSBORNE, GRANGER
MED REC# 119-95-95 P.T. 1
F/C 2 DR. 00102

ADDRESSOGRAPH

CHECK HERE IF THERAPEUTICALLY EQUIVALENT GENERIC DRUGS MAY NOT BE SUBSTITUTED.

Admit ☐ 24° Obs, ☐ Inpatient

Diagnosis:

1. Vital signs on admission
2. External fetal monitor - D/C @ 2 @ cervidil and @ NST
3. Sips and chips
4. Labs: CBC, RPR, UA
5. Fleets enema if patient desires
6. IV: 18g with 1000cc LR at 150cc per hour, alternate with D5LR.

Height ___ ft. ___ in. Weight _____ lbs Allergies _____

DATE	TIME	PHYSICIAN SIGNATURE	
7/15	1900		
DATE	TIME	TRANSCRIBED BY	COUNTERSIGNED BY

START NEW ORDERS BELOW

FAXED

Cervidil to floor
V.O. Dr Osborne / [illegible]

Ambien 10mg @ q hs prn sleep
Regular diet - Cervidil 7 Tab Lip
N/V ? MN —

DATE	TIME	PHYSICIAN SIGNATURE	
7/15	1900		
DATE	TIME	TRANSCRIBED BY	COUNTERSIGNED BY

12161469 004-0
WASHINGTON, JAMESETTA L
7/29/1951 F 7/15/02
OSBORNE, GRANGER
MED REC# 119-95-95 P.T. 1
F/C 2 DR. 00102

ECH 0025

CHECK HERE IF THERAPEUTICALLY EQUIVALENT GENERIC DRUGS MAY NOT BE SUBSTITUTED.

- IV fluids LR 1000cc - hydrate for epidural then run @ 100cc/hr
- Pitocin 20u in 1000cc D5LR - Start @ 4mu and ↑ 1-2 q 10-15" as required for adequate labor - Limit 40mu.
- Foley cath pm, ↑ epidural

DATE	TIME	PHYSICIAN SIGNATURE	
7/16/02	7:30 AM	VO Dr Osborne/DPingdR	
DATE	TIME	TRANSCRIBED BY	COUNTERSIGNED BY
7/16/02	07:30		Diane Smith

1216469 004-0
WASHINGTON, JAMESETTA L
7/29/1981 F 7/15/02
OSBORNE, GRANGER
MED REC # 119-95-95 P.T. 1
F/C 2111 DR. 00102

START NEW ORDERS BELOW

DATE	TIME	PHYSICIAN SIGNATURE	
DATE	TIME	TRANSCRIBED BY	COUNTERSIGNED BY

East Cooper
Regional Medical Center
Mt. Pleasant, S.C.

CHART

PHYSICIAN'S ORDER SHEET

1216469 004-0
WASHINGTON, JAMESETTA L
7/29/1981 F 7/15/02
OSBORNE, GRANGER
MED REC # 119-95-95 P.T. 1
F/C 2111 DR. 00102

ECH 0026

CHECK HERE IF THERAPEUTICALLY EQUIVALENT GENERIC DRUGS MAY NOT BE SUBSTITUTED.

Urine drug screen.

DATE	TIME	PHYSICIAN SIGNATURE	
7-17-02	12 noon		
DATE	TIME	TRANSCRIBED BY:	COUNTERSIGNED BY:
7-17-02	12:15	cp	

START NEW ORDERS BELOW

DATE	TIME	PHYSICIAN SIGNATURE	
DATE	TIME	TRANSCRIBED BY	COUNTERSIGNED BY:

12161469 OC
WASHINGTON, JAMESETTA
7/24/1981 F
OSHOSENF, GRANGER
MED REC# 119-95-95
F/C 2000 DR. 001

East Cooper
Regional Medical Center

Mt. Pleasant, S.C.

CHART

PHYSICIAN'S ORDER SHEET

ECH 0027

12161469 004-0
WASHINGTON, JAMESETTA L
7/24/1981 F 7/15/02
OSHOSENF, GRANGER
MED REC# 119-95-95 P.T. I
F/C 2000 DR. 00102

PHYSICIANS DISCHARGE ORDERS

1. May Discharge: home

2. Diet: Regular, encourage fluids

3. Activity: Walk each day; avoid heavy lifting x 6 weeks

4. Follow-up Appointments:

   a. Physician: See Dr._____ in _____ wks.; Call office for appointment

   b. Lab

   c. X-Ray

5. Wound Care: No intercourse, douching, or tampons x 6 weeks

6. Special Instructions: Shower or tub bath each day

7. Referral/Home Health: Continue prenatal vitamin (or regular multivitamin) for 6 wks or as long as breastfeeding

UDS prior to d/c.

8. Medication: (List all meds to be taken after discharge)

New	Old	Cng	(Indicate if Medication is New, Old, or a Change)	
			Tylenol #3, Darvocet N-100	
			Motrin	
			Colace 100 mg twice a day, or:	for stool softening
			Surfak once a day	(or use metamucil)
			Milk of Magnesia as need for laxative	
			V	

Date	Time	Physician Signature	
7-17-02	1200	[signature]	
Date	Time	Transcribed By:	Countersigned By:
7-17-02	1215	[signature]	[signature]

East Cooper
Regional Medical Center
Mt. Pleasant, S.C.

PHYSICIANS DISCHARGE ORDERS
WOMENS SERVICES

07/00
Form #205183 WHITE/CHART CANARY/PATIENT

ECH 0028

12161469 004-0
WASHINGTON, JACQUETTA L
7/29/[illegible] F 7/15/02
OSBORNE, CRANCER
MED REC# 119-95-95 P.T. I
F/C 2000 PG. 00162

ADDRESSOGRAPH

Age 20 Weight 150 Height 5"3

PLEASE INDICATE BY A CHECK (✓) YOUR ANSWER TO EACH QUESTION THESE ANSWERS WILL GREATLY HELP YOUR PHYSICIAN TO GIVE YOU HIS (OR HER) BEST CARE DURING YOUR PROCEDURE IF YOU DO NOT UNDERSTAND ANY QUESTION (OR YOUR ANSWER IS UNCERTAIN), SIMPLY PLACE A QUESTION MARK (?) IN THE YES OR NO COLUMN.

HAVE YOU HAD OR STILL HAVE	YES	NO	COMMENTS	HAVE YOU HAD OR STILL HAVE	YES	NO	COMMENTS
Have you had SURGERY or been put to sleep for any reason and what type		✓		Convulsions, epilepsy		✓	
Date of last anesthetic (Spinal, General, Epidural)		✓		Stroke		✓	
Have you or your family had an unusual reaction to anesthesia		✓		Polio, paralysis, meningitis		✓	
Are you allergic to anesthetics, medications, or foods		✓	LIST	Severe headaches, visual, or hearing problems, specify		✓	
A cold in past 2 weeks		✓		Thyroid trouble		✓	
Asthma, Wheezing		✓		Diabetes, sugar problems		✓	
Tuberculosis		✓		Kidney trouble		✓	
Emphysema, Bronchitis		✓		Reflux, hiatal hernia		✓	
Sleep Apnea		✓		Ulcer		✓	
Shortness of breath		✓		Do you have dentures capped teeth, or loose teeth, specify		✓	
Any other lung trouble		✓		Trouble opening mouth, specify		✓	
Do you smoke how much		✓		Due date (ECD)			
Heart failure		✓		Do you drink alcoholic beverages how much		✓	
Heart murmur		✓		Do you take (or have you taken) any addicting drugs		✓	
High blood pressure		✓		Have you taken steroids or cortisones within the past year? Specify		✓	
Chest pain, angina		✓		Have you ever been treated for a nervous condition? If so, what type		✓	
Heart attack(s)		✓		What is the last time you had anything to eat or drink and what	✓		Chicken, 4:30pm ginger ale
Irregular heart beat		✓		Obstetrician Dr. Osborne			
Anemia		✓		List all medications that you are now taking and their dosages and bring these medications with you to the hospital			
Bleeding Tendencies		✓		Name of Drug: Flinstone Vitamin			Dosage and Frequency: Once daily
Have you had blood transfusions		✓					
Jaundice, hepatitis, liver trouble		✓					
Arthritis		✓					
Stopped disc sciatica		✓					

East Cooper Regional Medical Center
1200 Johnnie Dodds Boulevard
Mt. Pleasant, SC 29464
(843) 881-0100

OBSTETRICAL PRE-ANESTHESIA EVALUATION

2/01 172523

Addressograph

2161465 004-0
[illegible] JAMESETTA L
[illegible] F 7/15/02
[illegible] GRANGER
[illegible] 119-95-95 P.T. I
DR. 00102

ECH 0029

CONSENT FOR OBSTETRICAL ANESTHESIA

I understand that with any type of anesthesia, there is always the possibility of an unexpected complication and no guarantee or promises have been made concerning the results of any procedure or treatment. I understand the possibility of complications of general anesthesia, including but not limited to, drug reactions, nausea, sore throat, headache, injury to lips or teeth, awareness under general anesthesia, permanent loss of sensation, paralysis, brain damage, and even loss of life. I understand the possibility of complications of regional anesthesia, including but not limited to, infection, drug reactions, high spinal level, spinal headache, permanent loss of sensation, paralysis, brain damage, and even loss of life.

I authorize the administration of regional anesthesia for labor and deliver, with the possibility of regional or general anesthesia in the case of an emergency cesarean section.

Patient	Date/Time	Witness
[signature]	07-15-02	[signature]

PHYSICIAN

I have explained to the patient or guardian, the nature of the anesthesia, alternative types of anesthesia, the route f administration, their usual effect, and the risks involved.

Anesthesia Plan	ASA Class	Signature

FOR ANESTHESIOLOGIST

Pertinent Physical Exam	Pre-Op Comments:
Head:	
Neck:	
Chest:	
Cardiac:	
Other:	Anesthesiologist

ntra-Operative Comments:

lecovery Room Notes:

lischarged to _____ in _____ condition.

nesthesia care terminated at: _____ (Time) _____ (Date) _____ (Anesthesiologist)

East Cooper Regional Medical Center
1200 Johnnie Dodds Boulevard
Mt. Pleasant, SC 29464
(843) 881-0100

OBSTETRICAL PRE-ANESTHESIA EVALUATION

2523

Addressograph ECH 0030

12161469 004-0
WASHINGTON, JAMESETTA L
7/29/1981 F 7/15/02
OSBORNE, GRANGER
MED REC# 119-95-95 P.T. I
PAC 2000 OB. 00102

ECH 0031

PROCEDURE:

SURGEON: | PREMED

ANESTHETIST | MD | CRNA

- ☐ PATIENT IDENTIFIED
- ☐ CHART REVIEWED
- ☐ PRE-ANESTHESIA EVALUATION DONE
- ☐ MACHINE & MONITORS CHECKED
- ☐ ALARMS FUNCTIONING

LABS:

MONITORS

EKG	☐	OXIMETER	☐
BPC	☐	O2%	☐
STETH	☐	TEMP	☐
E.t.CO2	☐	P.N.S	☐
VERBAL	☐		

ANES. BEGAN 0800 ENDED
SURG. BEGAN ENDED

PRE-OP VS BP 110/ P 80 R 12 T

REMARKS

Patient Re-evaluated
Plan of anesthesia
Unchanged ☐
Changed ☐

#1 tight fit well
↓
L2L3 plant of Tuohy needle
↓
#1 Catheter per Epi, 1.5%
↓
#2 Lidocaine per Duke .25%
Mon E + C fast
↓
#3 Ropivacaine

TIME 0800 0900 1000 1100 1200 1300

SYMBOLS
PULSE 240 220 200 180 160 140 120 100 80 60 40 20
B.P.

RESP.
TEMP.
O_2 SAT
Et. CO_2
IVF
URINE
BLOOD LOST

CONDITION AT CLOSE.
SUCTION/EXTUBATION IN OR ☐
IN RR ☐
TO R.R. AT AM / PM
VITAL SIGNS STABLE ☐
ACTIVE REFLEXES ☐

FLUIDS	AMOUNT START	AMOUNT GIVEN

TOTALS

ESTIMATED BLOOD LOSS
URINE OUTPUT
TOURNIQUET
PATIENT POSITION

ANESTHETIC TECHNIQUES

GENERAL

INDUCTION I.V. ☐ MASK ☐

MAINTENANCE MASK ☐ OPA ☐ OETT ☐ LMA ☐ NETT ☐ SIZE

REGIONAL

SPINAL ☐
EPIDURAL ☐
R B B.B. ☐
M A C. ☐
OTHER

EYE CARE ☐
ELBOW PADS ☐
HEAD CUSHION ☐
WARMING BLANKET ☐

ADDRESSOGRAPH
1216148 004-C
WASHINGTON, JAMESETTA L
7/20/1941 F 7/15/02
OSBORNE, GRANGER
MED REC # 11-95-95 P.T. I
I/C 2000 DR. 00102

East Cooper
Regional Medical Center
1200 JOHNNIE DODDS BOULEVARD MT PLEASANT SC 29464
#23907 64 803-881-0100 EXT 4170

DATE: 7/16/02

ANESTHESIA RECORD

EAST COOPER REGIONAL MEDICAL CENTER
1200 JOHNNIE DODDS BOULEVARD
MT. PLEASANT, SC 29464
(843) 881-4365

Patient: WASHINGTON, JAMESETTA L
DOB: 7/29/1981 Age: 20 Sex:F
Doctor: OSBORNE, GRANGER

Med. Rec. #: 1199595
Accnt #: 12161469
Admit Date : 7/15/02

Accession : 2196-GL4290
Ordered : 7/15/02 18:24
Collected : 7/15/02 18:30
Received : 7/15/02 18:38
Completed : 7/15/02 19:43
Coll By : RN

TEST	2196-GL4290		Units	Expt. Range
	9.6		X 10^3	4.8-10.8
	4.81		X 10^6	4.20-5.40
HGB	12.2		G/DL	12.0-16.0
HCT	38.5		%	37.0-47.0
MCV	79.9 L		FL	81.0-99.0
MCH	25.3 L		PG	27.0-31.0
MCHC	31.6 L		%	33.0-37.0
RDW	15.2 H		%	11.5-14.5
PLATELET CT	211		X 10^3	130-400
SEGS	65		%	50-75
BANDS	0		%	0-6
LYMPHS	24		%	20-45
MONOS	8		%	0-10
[illegible]S	3		%	0-5
[illegible]OS	0 L		%	1-3
[illegible]TELET EST	ADEQUATE			
HYPOCHROMASIA	1+			
POIKILOCYTOSIS	1+			
ANISOCYTOSIS	1+			

ECH 0032

HEMO
CONTINUED ON NEXT PAGE

Checked by: _____

EXH_2_032

EAST COOPER REGIONAL MEDICAL CENTER
1200 JOHNNIE DODDS BOULEVARD
MT. PLEASANT, SC 29464
(843) 881-4365

Patient: WASHINGTON, JAMESETTA L
DOB: 7/29/1981 Age: 20 Sex:F
Doctor: OSBORNE, GRANGER

Med. Rec. #: 1199595
Accnt #: 12161469
Admit Date : 7/15/02

Accession : 2196-GL4293
Ordered : 7/15/02 18:25
Collected : 7/15/02 18:30
Received : 7/15/02 18:38
Completed : 7/15/02 18:49
Coll By : RN

TEST	2196-GL4293		Units	Expt. Range
COLOR	YELLOW			STRAW - YELLOW
CLARITY	CLEAR			CLEAR
SP GRAVITY	1.015			1.010-1.020
pH URINE	6.0			6.0-7.5
U PROTEIN	NEGATIVE			NEGATIVE
U GLUCOSE	NEGATIVE			NEGATIVE
U KETONES	NEGATIVE			NEGATIVE
U BILIRUBIN	NEGATIVE			NEGATIVE
U BLOOD	NEGATIVE			NEGATIVE
U UROBIL	NORML		mg/dl	NORMAL - 1.0
NITRITE	NEGATIVE			NEGATIVE
LEUK ESTERASE	TRACE	A		NEGATIVE
RBC/HPF	0-2			0-2
EPITHELIAL	6-10	A		0-2
BACTERIA	1+	A		NONE SEEN
MUCUS	2+	A		NONE SEEN
WBC/HPF	0-2			0-2

ECH 0033

URINE
LAST PAGE OF REPORT

Checked by: _____

EAST COOPER REGIONAL MEDICAL CENTER
1200 JOHNNIE DODDS BOULEVARD
MT. PLEASANT, SC 29464
(843) 881-4365

Patient: WASHINGTON, JAMESETTA L
DOB: 7/29/1981 Age: 20 Sex:F
Doctor: OSBORNE, GRANGER

Med. Rec. #: 1199595
Accnt #: 12161469
Admit Date : 7/15/02

Accession : 2198-GL4606
Ordered : 7/17/02 12:34
Collected : 7/17/02 12:30
Received : 7/17/02 13:04
Completed : 7/17/02 14:27
Coll By : AB

TEST	2198-GL4606		Units	Expt. Range
PHENCYCLIDINE	NEGATIVE			NEGATIVE
BENZODIAZEPINES	NEGATIVE			NEGATIVE
COCAINE	NEGATIVE			NEGATIVE
AMPHETAMINE	NEGATIVE			NEGATIVE
TETRAHYDROCANNABI	NEGATIVE			NEGATIVE
OPIATES	NEGATIVE			NEGATIVE
BARBITURATE	NEGATIVE			NEGATIVE

ECH 0034

CHEM
CONTINUED ON NEXT PAGE

Checked by: _____

07/17/02
14:20

EAST COOPER REGIONAL MEDICAL CENTER
1200 JOHNNIE DODDS BOULEVARD
MT. PLEASANT, SC 29464
(843) 881-4365

SERO 1-1
Loc:WSVC 011

Patient: WASHINGTON, JAMESETTA L
DOB: 7/29/1981 Age: 20 Sex: F
Doctor: OSBORNE, GRANGER

Med. Rec. #: 1199595
Accnt#: 12161469
Admit Date : 7/15/02

Accession : 2196-GL4292
Ordered : 7/15/02 18:25
Collected : 7/15/02 18:30
Received : 7/15/02 18:38
Completed : 7/15/02 21:42
Coll By : RN

TEST	2196-GL4292		Units	Expt. Range
RPR QL	NON-REACT			NON-REACTIVE

ECH 0035

SERO
LAST PAGE OF REPORT

Checked by: _____

EAST COOPER REGIONAL MEDICAL CENTER
1200 JOHNNIE DODDS BOULEVARD
MT. PLEASANT, SC 29464
(843) 881-4365

Patient: WASHINGTON, JAMESETTA L
DOB: 7/29/1981 Age: 20 Sex: F
Doctor: OSBORNE, GRANGER

Med. Rec. #: 1199595
Accnt#: 12161469
Admit Date : 7/15/02

Accession : 2196-GL4292
Ordered : 7/15/02 18:25
Collected : 7/15/02 18:30
Received : 7/15/02 18:38
Completed : 7/15/02 21:42
Coll By : RN

TEST	2196-GL4292		Units	Expt. Range
QL	NON-REACT			NON-REACTIVE

ECH 0036

SERO
LAST PAGE OF REPORT

Checked by _____

Sheet #

East Cooper Regional Medical Center
EPIDURAL NARCOTIC ASSESSMENT SHEET

12161469 004-0
WASHINGTON, PRESETTA L
7/15/02
P.T. I
DR. 00102
Addressograph

Date Issued by Pharmacy 7/16/02 Issued By Sue Med Control # 07100294216
Drug Bupivacaine Epi Amount Issued 100cc Received By [redacted]

	Initial Set Up									
	7/16/02									
Time	0815	0915	1015	1115	1215	1315	1415	1515	1600	
Infusion Rate	13	13	13	13	13	13	13	13	13	
Bolus Dose or Rate Change	/	/	/	/	—	—	—	—	/	
Volume Used / Remaining	2/98	15/83	28/72	47/59	64/46	67/33	80/20	93/07	100/0	
Rate	20	18	18	18	18	18	18	18	18	
Level of Sedation (1 2 3 4)	1	○	○	○	○	○	○	○	○	
Pain Scale	4-5	0	0	0-2	0	0	0	2-3	0	
Side Effects	0	0	0	0	0	0	0	0	0	
Neuro Check	WNL	WNL	WNL	WNL	WNL	WNL	WNL	WNL	WNL	
Nurse Signature + Title	[illegible]	[illegible] RN	[illegible] RN	[illegible] RN	[illegible] RN	[illegible] RN	[illegible] RN	[illegible] RN	[illegible] RN	

New Bag

Time Infusion Discontinued
Total Volume Infused Acc Restarted Amount Wasted 0
Time Epidural Catheter Removed + Wasted By [illegible]
Description of Catheter tip Witnessed By [illegible]
Description of Epidural site

SEE REVERSE SIDE FOR DOCUMENTATION CODES ON LEVEL OF SEDATION, PAIN SCALE, SIDE EFFECTS, NEURO CHECKS

ECH 0037

Signature of Charge Nurse [illegible] RN Signature of Pharmacist

4-97 EC2426-251231

Sheet # 1

East Cooper Regional Medical Center
EPIDURAL NARCOTIC ASSESSMENT SHEET

12151469 004-0
WASHINGTON, JAMESETTA L
7/15/02
P.T. 1
00102
Addressograph

Date Issued by Pharmacy 7/16/02 Issued By Sine Med Control # 07100x224
Drug Bupivacaine Amount Issued 100cc Received By [redacted]

	Initial Set Up														
	7/16/02			7/17/02											
Time	1600	1700	1800	1950											
Infusion Rate	13	13	13	13											
Bolus Dose or Rate Change	✓														
Volume Used / Balance	2/98	15/95	28/72	✓											
Resp Rate	18	18	18	18											
Level of Sedation 1 2 3 4	1	1	1	1											
Pain Scale	0	0	0	3											
Side Effects	Ø	Ø	Ø	Ø											
Neuro Check	WNL	WNL	WNL	WNL											
Nurse Signature + Title	[redacted]	[redacted]	[redacted]	[redacted]											

Time Infusion Discontinued 1950
Total Volume Infused 50.7
Time Epidural Catheter Removed 2050
Description of Catheter tip Blue tip intact
Description of Epidural site Bandaid to site - WNL
Amount Wasted 19.3 cc
Wasted By [redacted] RN
Witnessed By [redacted]

SEE REVERSE SIDE FOR DOCUMENTATION CODES ON LEVEL OF SEDATION, PAIN SCALE, SIDE EFFECTS, NEURO CHECKS

ECH 0038

Signature of Charge Nurse [redacted] Signature of Pharmacist _____

4/97 ECI 426 251231

INITIALS	SIGNATURE	INITIALS	SIGNATURE
		JM	J. Mercer RN

ADMINISTRATION SITE CODE

1. Rt. Deltoid
2. Lt. Deltoid
3. Rt. Gluteus Medius
4. Lt. Gluteus Medius
5. Rt. Ventrogluteal
6. Lt. Ventrogluteal
7. Rt. Anterolateral Thig
8. Lt. Anterolateral Thigl
9. Rt. Anterior Thigh
10. Lt Anterior Thigh
11. Rt Abdomen
12. Lt Abdomen

ERGIES

	1st Shift 7:30 — 3:30	2nd Shift 3:30 — 11:30	3rd Shift 11:30 — 7:30
Ambien 10mg PO q HS PRN Sleep			
START ENT VER			
START ENT VER			
START ENT VER			
START ENT VER			
START ENT VER			
START ENT VER			
START ENT VER			
TART ENT VER			

ECH 0039

ATION ADMINISTRATION RECORD

EAST COOPER
IONAL MEDICAL CENTER

PATIENT NAME

ADMITTING DR

NUMBER

ADM DATE

BED 15/02

DOB

EFFECTIVE DATES - FROM

THRU

33843

0541 RX 005

EXH_2_039

3147

INITIALS	SIGNATURE	INITIALS	SIGNATURE
JM	J. Mercer RN		

ADMINISTRATION SITE CODE

1. Rt. Deltoid
2. Lt. Deltoid
3. Rt. Gluteus Medius
4. Lt. Gluteus Medius
5. Rt. Ventrogluteal
6. Lt. Ventrogluteal
7. Rt. Anterolateral Thig
8. Lt Anterolateral Thigl
9. Rt. Anterior Thigh
10. Lt. Anterior Thigh
11. Rt. Abdomen
12. Lt. Abdomen

ERGIES NKDA	1st Shift 7:30 — 3:30	2nd Shift 3:30 — 11:30	3rd Shift 11:30 — 7:30	
Cervidil per vagina		1900 JM		
START ENT JM VER JM				
Ambien 10mg PO q HS prn Sleep				
START ENT VER				
START ENT VER				
START ENT VER				
START ENT VER				
START ENT VER				
START ENT VER				
TART ENT VER				

ECH 0040

ATION ADMINISTRATION RECORD

EAST COOPER
IONAL MEDICAL CENTER

PATIENT NAME

ADMITTING DR

7-15-02
7-16-02

NUMBER 2161469 BED C004-0
ADM DATE [illegible] DOB
EFFECTIVE DATES FROM 7/15/02
THRU 19-05-95 P.T. 1

33843

0545 RX-005

INITIALS	SIGNATURE	INITIALS	SIGNATURE
EB	Carthalee Brown	JM	J. Mercure

ADMINISTRATION SITE CODE

1 Rt Deltoid — 7 Rt Anterolateral
2 Lt Deltoid — 8 Lt Anterolateral
3 Rt Gluteus Medius — 9 Rt Anterior Thigh
4 Lt Gluteus Medius — 10 Lt Anterior Thigh
5 Rt Ventrogluteal — 11 Rt Abdomen
6 Lt Ventrogluteal — 12 Lt Abdomen

ALLERGIES

	1st Shift 7:30 — 3:30	2nd Shift 3:30 — 11:30	3rd Shift 11:30 — 7:30
Vitamin E (or) Lasinoh cream if breastfeeding START 7/16/02	Bottle feeding ENT EB VER		
Dermaplast spray to perineum prn START 7/16	ENT EB VER		
Witch hazel for perineum care START 7/16	ENT EB VER		
Anusol HC 2.5% prn severe inflammation (or) Cortisone Cream START 7/16	ENT EB VER		
Continue IV w/ 20 Units Pitocin / liter @ 150cc/hr x 4 hours START 7/16	ENT EB VER		
Methergine 0.2 mg PO q 4/hr x 6 doses prn heavy bleeding, if diastolic <90 7/16	ENT EB VER		
RhoGAM if indicated START 7/16 A+	ENT EB VER		
Rubella vaccine at discharge if non-immune 7/16	ENT EB VER		

ECH 0041

ADMINISTRATION RECORD
Post-Partum Mar's Page 1
EAST COOPER
SIONAL MEDICAL CENTER
PATIENT NAME
ADMITTING DR
7/16/02
7/17/02
12161459 EST-C 11
NUMBER JAMESETTE
ADM. DATE 7/15/02
EFFECTIVE DATES FROM 11-30-95 P.T.

EXH_2_041

3149

NITIALS	DATE	INITIALS	DATE
BSI Cathalee Bann		M. Merson	

ADMINISTRATION SITE CODE

1 Rt Deltoid	7 Rt Anterolateral Th
2 Lt Deltoid	8 Lt Anterolateral Th
3 Rt Gluteus Medius	9 Rt Anterior Thigh
4 Lt Gluteus Medius	10 Lt Anterior Thigh
5 Rt Ventrogluteal	11 Rt Abdomen
6 Lt Ventrogluteal	12 Lt Abdomen

ALLERGIES

	1st Shift 7 30 — 3 30	2nd Shift 3 30 — 11 30	3rd Shift 11 30 — 7 30
Tylenol 2 tabs q 4/hrs prn mild headache, mild pain, or Temp > 101 START 7/16/02 ENT EB VER			
Surfak 240mg q day (or) START 7/16 ENT EB VER			
Colace 100 mg po BID START 7/16 ENT EB VER			
Ambien 10mg po q HS prn sleep START 7/16 ENT EB VER			
Motrin 800 mg q 8 hours prn pain (or) START 7/16 ENT EB VER			
Anaprox DS 1 po q 6 hours prn pain 7/16 ENT EB VER			
Tylenol #3 1 po q 3-4/hrs prn pain START (or) ENT VER			
Carvocet N-100 1 po q 3-4/hr prn pain 7/16 May Give 2 For Severe (PAIN) ENT EB VER			

ECH 0042

ADMINISTRATION RECORD Page 2
Post-Partum mar's
EAST COOPER
SIONAL MEDICAL CENTER

PATIENT NAME

ADMITTING DR

7/16
7/17

[illegible] 7/15/02
[illegible] NUMBER
[illegible] FROM DATE 10-05-05
[illegible] EFFECTIVE DATES FROM 00102

3150

EXH_2_042

INITIALS | SIGNATURE | INITIALS | SIGNATURE

FB Cathulia Rosario | Jyn Mercedes

ADMINISTRATION SITE CODE

1 Rt Deltoid | 7 Rt Anterolateral Thigh
2 Lt Deltoid | 8 Lt Anterolateral Thigh
3 Rt Gluteus Medius | 9 Rt Anterior Thigh
4 Lt Gluteus Medius | 0 Lt Anterior Thigh
5 Rt Ventrogluteal | - Rt Abdomen
6 Lt Ventrogluteal | = Lt Abdomen

ALLERGIES

	1st Shift 7 30 — 3 30	2nd Shift 3 30 — 11 30	3rd Shift 11 30 — 7 30

At discharge, if no BM: Dulcolax Tabs po,
MOM 30cc, Fleets or Dulcolax supp (cancel for 4th degree)

START 7/16/02 ENT FB VER

START ENT VER

START ENT VER

ENT VER

START ENT VER

S ENT VER

START ENT VER

T ENT VER

ECH 0043

DISPOSITION RECORD
1st Postpartum mars Page 3
PATIENT NAME
EAST COOPER
REGIONAL MEDICAL CENTER
ADMITTING DR
7/16
7/17

WASHINGTON, JANESETTA
7/15/02
FROM DATE/TIME DISCHARGED
FACILITY
EFFECTIVE DATES FROM P.T.
00102

EXH_2_043

3151

INITIALS | SIGNATURE | INITIALS | SIGNATURE

EB Cathaleen Rosum

ADMINISTRATION SITE CODE

1 Rt Deltoid	7 Rt Anterolateral Thigh
2 Lt Deltoid	8 Lt Anterolateral Thigh
3 Rt Gluteus Medius	9 Rt Anterior Thigh
4 Lt Gluteus Medius	10 Lt Anterior Thigh
5 Rt Ventrogluteal	11 Rt Abdomen
6 Lt Ventrogluteal	12 Lt Abdomen

ALLERGIES

	1st Shift 7 30 — 3 30	2nd Shift 3 30 — 11 30	3rd Shift 11 30 — 7 30
Vitamin E (or) Lasinon cream if breastfeeding START 7/16/02 ENT EB VER			Bottle Feeding
Dermaplast spray to perineum prn START 7/16 ENT EB VER			
Witch hazel for perineum care START 7/16 ENT EB VER			
Anusol HC 2.5% prn severe inflammation (or) Cortisone Cream START 7/16 ENT EB VER			
Continue IV w/ 20 Units Pitocin / liter @ 150cc/hr x 4 hours START 7/16 DC'd ENT EB VER			
Methergine 0.2 mg PO q 4/hr x 6 doses prn heavy bleeding, if diastolic <90 7/16 ENT EB VER			ECH 0044
RhoGAM if indicated START 7/16 A+ ENT EB VER			
Rubella vaccine at discharge if non-immune 7/16 ENT EB VER			

ADMINISTRATION RECORD

Post-Partum Mar's

EAST COOPER GIONAL MEDICAL CENTER

PATIENT NAME

ADMITTING DR

Page 1

7/17/02

7/18/02

1215455 004-0

ADM DATE, DISCHARGE DATE

EFFECTIVE DATES FROM 5 P.T. 1

THRU 00132

#33843

ADMINISTRATION SITE CODE

1 Rt Deltoid
2 Lt Deltoid
3 Rt Gluteus Medius
4 Lt Gluteus Medius
5 Rt Ventrogluteal
6 Lt Ventrogluteal
7 Rt Anterolateral
8 Lt Anterolateral
9 Rt Anterior Thigh
0 Lt Anterior Thigh
Rt Abdomen
2 Abdomen

	1st Shift 7 30 — 3 30	2nd Shift 3 30 — 11 30	3rd Shift 11 30 — 7 30

Tylenol 2 tabs q 4/hrs prn mild headache, mild pain, or Temp > 101

START 7/16 ENT FB VER

Surfak 240mg q day

(or)

START 7/16 ENT FB VER 0230 BMT

Colace 100 mg po BID

START 7/16 ENT FB VER

Ambien 10mg po q HS prn sleep

START 7/16 ENT FB VER

Motrin 800 mg q 8 hours prn pain

(or)

START 7/16 ENT FB VER 1100 1 1

Anaprox DS 1 po q 6 hours prn pain

7/16 ENT FB VER

Tylenol # 3 1 po q 3-4/hrs prn pain

START (or) ENT VER

Darvocet N-100 1 po q 3-4/hr prn pain

My Cove 2 for Severe pain!

7/16 ENT FB VER 1100 1 1

ECH 0045

DRUG REGIMEN RECORD Page 2
Post-Partum Mar's

EAST COOPER REGIONAL MEDICAL CENTER

PATIENT NAME

ADMITTING DR

7/17
7/18

216145C 004-0

ADM DATE 7/15/02

EFFECTIVE DATES FROM 7/19-95-95 F.I. 1

00132

INITIALS	SIGNATURE	INITIALS	SIGNATURE
EB	Cathalee Brown		

ADMINISTRATION SITE CODE

1 Rt Deltoid	7 Rt Anterolateral Thigh
2 Lt Deltoid	8 Lt Anterolateral Thigh
3 Rt Gluteus Medius	9 Rt Anterior Thigh
4 Lt Gluteus Medius	10 Lt Anterior Thigh
5 Rt Ventrogluteal	11 Rt Abdomen
6 Lt Ventrogluteal	12 Lt Abdomen

ALLERGIES

	1st Shift 7 30 — 3 30	2nd Shift 3 30 — 11 30	3rd Shift 11 30 — 7 30
At discharge, if no BM: Dulcolax Tabs po, MOM 30cc, Fleets or Dulcolax supp (cancel for 4th degree) START 7/16 ENT EB VER			
START ENT VER			
START ENT VER			
START ENT VER			
START ENT VER			
ENT VER			
START ENT VER			
T ENT ER			

ECH 0046

ADMINISTRATION RECORD
Post-Partum Mars Page 3
EAST COOPER PATIENT NAME
GIONAL MEDICAL CENTER
ADMITTING DR

7/17
7/18

12161459 004-0
WASHINGTON JANESETTA L
7/20/ ACCOUNT NUMBER
DOB FROM-THRU
MED REC # EFFECTIVE DATES FROM 7/15/ THRU 7/15/95
P/C # P.I. 1
00132

	Date 7/15	Hosp Day	Post op Day	Date 7/16	Hosp Day	Post op Day	Date 7/17	Hosp Day	Post-op Day	Date	Hosp Day	Post op Day
	AM		PM	AM		PM	AM		PM	AM		PM
C° / F°	12 4 8	12 4 8		12 4 8	12 4 8		12 4 8	12 4 8		12 4 8	12 4 8	
40 6° 105°												
40 0° 104°												
39 4° 103°												
38 9° 102°												
38 3° 101°												
37 8° 100°												
37 2° 99°												
NORMAL												
36 7° 98°												
36 1° 97°												
35 0° 96°												
35 5° 95°												
PULSE			86 98	81	80	71 94		73				
RESP					20	18 18		18				
BLOOD PRESSURE S			123 113	119	132	121 124		100				
BLOOD PRESSURE D			77 69	65	76	79 74		55				
	WT			WT			WT			WT		
	11 7	7 3	3 11	11 7	7 3	3 11	11 7	7 3	3 11	11 7	7 3	3 11
INTAKE PO					240							
INTAKE IV					2500							
INTAKE OTHER					0							
TOTAL					2740							
24 HOUR TOTAL												
	11 7	7 3	3 11	11 7	7 3	3 11	11 7	7 3	3 11	11 7	7 3	3 11
OUTPUT URINE					200							
OUTPUT EME					0							
OUTPUT MISC					0							
TOTAL					200							
24 HOUR TOTAL												
BOWEL MOVEMENT					T							

East Cooper
Regional Medical Center
Mt. Pleasant, SC 29464

GRAPHIC CHART

#69114 0 45 OB 010

2/96 ECCC 44W/184303

ADDRESSOGRAPH

12161465 004-0
WASHINGTON, JAMESETTA L
7/29/1981 F 7/15/02
CONSULT, GRADER
MED REC # 115-99-05 PT. I
P/C 2001 DS 00102

ECH 0047

LOW COUNTRY OBSTETRICS & GYNECOLOGY

Including the practice of Midwifery

NAME	AGE	RACE	MARITAL STATUS	RELIGION	OCCUPATION
Jamesetta Washington	20	B	S	methodist	student / full-time

ADDRESS	HOME PHONE	WORK PHONE
775 Carteright Dr.	(843) 556-4032	N/A

FATHER OF BABY	AGE	OCCUPATION	PEDIATRICIAN
Christopher Giess	20	student full-time	NHA Ward

GRAV	TERM	PREMATURE	LIVE	NAMES (ages)	ALLERGIES
1		0	0		None

SIGNIFICANT HISTORY / PROBLEMS: N/A

Most recent type birth control: NHA Depo Provera

Date used: 05-00

LMP: Normal ☒ Yes ☐ No

Bleeding Since LMP: ☐ Yes ☒ No

Cycles: ☒ Yes

Regular: ☐ No

Preg. Test: ☒ Pos. ☐ Neg. Date: NOV. 7 01 Type:

EDC (dates): 7/9/02

SONO 1 _____ Date of Sono _____

EDC 2 _____ Date of Sono _____

LAB WORK: INITIAL

Date:			
TEST	RESULTS		
Hgb/ HCT	12.4/35.8		
Plat	261		
Pt Type Rh	A+		
FOB Type Rh			

Rubella	IMM
Serology	NC
Antibody Screen	NEG
Sickle Cell	NEG
Pap	2-13-02 WNL
Uricult (neg.)	NEG 1-21

ADDITIONAL

DATE	TEST	RESULTS	DATE	TEST	RESULTS
3-20	GLUC. SCREEN (<140 mg/dl)	97		GTT	
1-30	AFP	NEG		HIV	NEG
5-13	GC/Chl	NEG/NEG	6-5	GBS	NEG
	ANTIBODY SCREEN #2				
1-21	HbSAg	NEG			

Date	Headache	Nau Vom	Swelling	Constip	Bleeding	Fetal Mov	Urine Sug	Urine Prot	Urine Ketones	Hgb/Hct (Highest)	Pre-Preg Wt.	Wt	Wt. Gain	BP	Wks Dates	Wks Sono	Fundal Height	FHT	Cervix Dil	Cervix % Eff	Station	Fetal Pres	Notes	Initials	Next Visit
Year																									
6-5-02	+	-	-	-	+	+	N	N				155		110/64	35	36	+	+	↓	0	-3	Vtx			
6-11	-	+	-	-	+							155.5		110/70	36	36	+	+	↓	0	-3	Vtx			

DATE

5/13 Pt. sent to Stephanie via Pt's friends Mom Columbia Clinic

5/ Pre-dict. Serum + BPP

7/ Copy sent to AC Nurse

DATE

ECH 0048

GYNECOLOGICAL & OBSTETRICAL ASSOCIATES
LOWCOUNTRY OBSTETRICS AND GYNECOLOGY
Including Practice Nurse Midwifery

SUMMARY OF IOUS PREGNANCIES	Full Term	Premature	Abortions/Miscarriages	Now Alive	Twins/Triplets
		0	0	0	0

	Year	Hospital	Weeks Gestation	# hrs in labor	Vaginal or Cesarean	Sex	Birth Weight	Mother's total weight gain	Received RhoGam injection?	Complications: Mother	Complications: Infant
1											
2											
3											
4											
5											
6											

PAST PREGNANCIES

Complications	NO	YES	which pregnancy	Comments
stational diabetes				
lood pressure				
ea				
problems				
eding during preg				
cess amniotic fluid				
competent cervix				
emature ruptured membranes				
emature labor				
n				

Complications	NO	YES	which pregnancy	Comments
Bladder infections				
Vein problems				
Anemia (low blood)				
Persistant vomiting				
Smoked				
Drug use				
Infant - birth defect				
Breech delivery				

I have completed the above sections to the best of my knowledge and will discuss any questions with my physician.

Patient's Signature Jamaica Date 05/13/02

PHYSICIAN TO COMPLETE THIS NEXT SECTION

PHYSICAL EXAMINATION	Normal	Abnormal	DETAIL POS. FINDINGS BY NO.
HEENT			
Mouth			
Neck			
Thyr			
Lungs			
Breasts			
Nipples (erect)			
Heart			
bdomen			
Extremities			
keletal			
c			
rt Genitalia			

	Normal	Abnormal
15 Perineum		
16 Vagina		
17 Cervix (nullip ✓ / multip)		
18 Cx Erosion		
19 L Adnexa		
20 R Adnexa		
21 Uterus (Position 32 rd / Size)		
22 Rectum		

PELVIC MEASUREMENTS

	Adequate	Borderline	Contracted
Inlet	✓		
Mid Pelvis	✓		
Outlet	✓		

Prognosis for delivery

l overall evaluation of patient

ECH 0049

Physician _____ Date _____

LOW COUNTRY OBSTETRICS AND GYNECOLOGY
Including Practice Nurse Midwifery

ECH 0050

For items you have checked "YES", please specify the type problem, date, and treatment received.

PRIOR MEDICAL HISTORY	Yes	No	(Include date & type treatment)
Diabetes		✓	
Bladder Infections		✓	
Kidney Problems		✓	
Heart Problems		✓	
Rheumatic Fever		✓	
High Blood Pressure		✓	
Vaginal Infections	✓		
Female Organ Problems*		✓	
Abnormal Pap Smear*		✓	
Chickenpox	✓		age 9
German Measles or vaccine		✓	
Red Measles or vaccine		✓	
Mumps or vaccine		✓	
Epilepsy (seizures)		✓	
Epilepsy to drugs (specify)		✓	
Allergies		✓	
Blood Transfusions		✓	
Anemia (low blood)		✓	
Bleeds Easily		✓	
Infertility		✓	
Migraines		✓	
Thyroid Problems		✓	
Herpoid Prenatal Problems		✓	
Alcohol Abuse	✓		age 18-20 Stopped 10-20-01
Ulcers, Hernias		✓	
Gallbladder Problems		✓	
Accidents, Operations		✓	
Birth Defects		✓	
Vein Problems		✓	
Hepatitis		✓	
Other(specify)		✓	

HISTORY SINCE LAST MENSTRUAL PERIOD	Yes	No	(Include date & type treatment)
Nausea		✓	
Vomiting		✓	
Constipation		✓	
Indigestion	✓		two x awk no med.
Headache	✓		two x awk no med.
*Bleeding (specify)		✓	
Vaginal Discharge	✓		three x awk no med
Emotional/Family Problems		✓	
Abdominal Pain		✓	
Swelling		✓	
Urinary Complaints		✓	
German Measles		✓	
Other Virus or Infections		✓	
X-Rays (specify)		✓	
Accidents, Operations		✓	
Medications (specify)		✓	
Eye Glasses or Contacts	✓		1996
Removable Dental Work		✓	
Cat Owner		✓	

	Amount & Frequency	Comments
Alcohol	YES age 18-20 twice a wk.	
Cocaine	no	
Heroin, other drugs	no age	
Caffeine	YES 5-20 four x a wk	
Artificial Sweeteners	no	
Milk Products (daily)	yes four x a wk.	

For items you have checked "YES", list which of your BLOOD relative(s) had the problem.

Yes	No	Your Family History	Who
	✓	Diabetes	
	✓	Twins	
	✓	Breast Cancer	
	✓	Uterine, Cervical Cancer	
	✓	Other Cancer (specify)	
	✓	Mental Retardation	
	✓	Birth Defects	
	✓	High Blood Pressure	
	✓	Heart Disease	
	✓	Sickle Cell	
	✓	Kidney Disease	
	✓	Mental Problems	
	✓	Allergies	
	✓	Tuberculosis	
	✓	Easy Bleeders	
	✓	Your mother took DES while pregnant*	

Genetic History

Both YOUR family AND father of baby's family

For items checked "YES", note which relative and whose side of family (yours or father of baby's).

Yes	No		Relatives
	✓	Mental Retardation	
	✓	Down's Syndrome (mongoloid)	
	✓	Spina Bifada or Meningomyelocele (open spine)	
	✓	Hemophilia	
	✓	Muscular Dystrophy	
	✓	Tay-Sachs Disease	
	✓	Sickle Cell or Sickle Cell Trait	
	✓	Other Genetic or Familial Disease	
	✓	Stillborns	
	✓	Have you, or baby's father in a previous marriage had 3 or more spontaneous miscarriages?	
	✓	Have you, or baby's father had a child born dead, or alive with a birth defect not listed above?	
	✓	Do you, or baby's father have any close relatives descended from Jewish people who lived in Eastern Europe (Ashkenazic Jews)?	
	✓	Will you be aged 35 or older when baby is due?	
	✓	If you answered "YES" to any of the above, do you wish to talk with a genetic counselor?	
	✓	Do you want an AFP blood test to help detect a baby with an open spine? (see brochure)	

I have completed the above sections to the best of my knowledge and will discuss any questions with my physician.

Patient's Signature [signature] Date 05/13/02

LABORATORY CORPORATION OF AMERICA

LabCorp
Laboratory Corporation of America

SPECIMEN	TYPE	PRIMARY LA	REPORT STATUS	PAGE
156/902-3008-0	S	CR	COMPLETE	1

ADDITIONAL INFORMATION

OSBORNE G

FASTING:N
PHONE:000-556-4032 DOB: 7/29/1981

PATIENT NAME	SEX	AGE(YR./MOS.)
WASHINGTON, JAMESETTA	F	20/10

T. ADD.: 775 CARTWRIGHT DR
CHARLESTON SC 29414-0000

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
6/05/2002		6/05/2002	6/07/2002	14:35	2542

CLINICAL INFORMATION

PHYSICIAN ID.	PATIENT ID.
OSBORNE	

ACCOUNT:LOW COUNTRY OB/GYN
10-A FARMFIELD AVE
CHARLESTON SC 29407-7756
ACCOUNT NUMBER = 39800515

TEST	RESULT	LIMITS	LAB
B STREP CULTURE, GROUP B ONLY	Final report.		CR
RESULT 1	NO BETA STREP		CR

CR LABCORP CHARLESTON DIRECTOR: MARSHALL AUSTIN MD
5 FABER PLACE DR, N. CHARLESTON, SC 29405-0000

LAST PAGE OF REPORT

ECH 0051

Results are Flagged in Accordance with Age Dependent Reference Ranges

JUN 1 0 2002

24 Hr. Assessment - Check all that Apply		24 HR	8 HR	8 HR
NEUROLOGICAL	ALERT			
	ORIENTED PERSON			
	PLACE			
	TIME			
	NO			
	CONFUSED			
	INAPPROPRIATE			
	LETHARGIC			
	PEARLA			
	MOVES ALL EXTREMITIES			
	PARALYSIS			
	SPEECH CLEAR			
	SLURRED			
	APHASIC			
	DIFFICULTY SWALLOWING			
PSYCH	AFFECT APPROPRIATE			
	BEHAVIOR COOPERATIVE			
	ANXIOUS			
	TAKING IN			
	TAKING HOLD			
PAIN	PAIN			
	NO PAIN			
	PCA PUMP **			
	EPIDURAL **			
RESP	RESP UNLABORED			
	LABORED			
	EVEN			
	IRREGULAR			
	LUNG SOUNDS CLEAR			
	CONCESTED			
	RHONCHI			
	WHEEZES			
	CRACKLES			
	DIMINISHED			
	ABSENT			
	COUGH PRODUCTIVE			
	NON PROD			
OTHER	IV SITE			

8 Hr. Shift Assessment - Assess Problems & Changes		24 HR	8 HR	8 HR
CARDIO	APICAL PULSE REGULAR			
	IRREGULAR			
	PERIPH PULSES RADIAL			
	PALPABLE			
	NON PALPABLE			
	PERIPH PULSES PEDAL			
	PALPABLE			
	NON PALPABLE			
	CAP REFILL BRISK			
	PROLONGED			
SKIN	TURGOR GOOD			
	POOR			
	DRY			
	PALE			
	FLUSHED			
	CYANOTIC			
	JAUNDICE			
	WARM			
	COOL			
	BURN			
	BRUISE			
	RASH			
	SKIN TEAR			
	BREASTS SOFT			
	FULL			
	ENGORGED			
	NIPPLES ERECT			
	FLAT			
	INVERTED			
	TENDER			
	CRACKED			
	BLEEDING			
	LABIA WNL			
	EDEMATOUS			
WOUND	SURGICAL INCISION			
	CLEAN / DRY			
	DRAINAGE			
	EDEMA			
	REDNESS			
	STAPLES / SUTURES / STERI STRIP			
	DRESSING CHANGED			
	INTACT			
	PERINEUM INTACT -			
	EPISIOTOMY			
	TEAR			
	REDNESS			
	EDEMA			
	ECCHYMOSIS			
	HEMATOMA			

* See Nurses Notes ** See Flowsheet N/C No Change		24 HR	8 HR	8 HR
URINARY	VOIDING W/O COMPLAINTS			
	DISTENDED			
	INCONTINENT			
	DYSURIA			
	FOLEY # Fulton		D/C	
	URINE CLEAR			
	CLOUDY			
	CONCENTRATED			
	HEMATURIA			
	LOCHIA STAINED			
PP/P	FUNDUS FIRM			
	LOCHIA RUBRA			
	SEROSA			
GASTROINTESTINAL	ABD NON DISTENDED			
	SOFT			
	DISTENDED			
	FIRM			
	TENDER			
	BOWEL SOUNDS PRESENT			
	ABSENT			
	HYPOACTIVE			
	HYPERACTIVE			
	BOWEL MVMNT NORMAL			
	DIARRHEA			
	CONSTIPATION			
	BOWEL INCONTINENCE			
	NAUSEA			
	VOMITING			
	NG SUCTION INTERMITTENT			
	CONTINUOUS			
	NG ____ INCHES FROM NOSE			
	HEMORRHOIDS			
	FLATUS			
MOBILITY	SENSATION PRESENT			
	DECREASED			
	ABSENT			
	TINGLING			
	STRENGTH ADEQUATE			
	WEAKNESS RUE			
	RLE			
	LUE			
	LLE			
	OUT OF BED PER SELF			
	NEEDS ASSIST			
	EDEMA NON PITTING			
	PITTING			
	HOMANS NEGATIVE			
	POSITIVE			
	DTR S / CLONUS			

	DATE	TIME	SIGNATURE & TITLE
24 HR ASSESSMENT			
8 HR ASSESSMENT	DATE 7/16/02	TIME 2261	SIGNATURE & TITLE D Weaver RN
8 HR ASSESSMENT	DATE 7/17/02	TIME 6437	SIGNATURE & TITLE [illegible] RN

EAST COOPER REGIONAL MEDICAL CENTER

24-HOUR NURSING ASSESSMENT

WOMEN'S SERVICES

12153425 004-2

[illegible] 7/15/02

[illegible] P.T. [illegible]

[illegible] 00012

ADDRESSOGRAPH

ECH 0052

Rev 0/01 616001

3160

EXH_2_052

PATIENT PROBLEMS:

1. _____
2. _____
3. _____
4. _____
5. _____

PATIENT OUTCOMES:

Reports comfort at acceptable level	D ___ E ___ N ✓
Elimination (bowel/bladder) wnl for pt	D ___ E ___ N ✓
No significant changes in VS	D ___ E ___ N ✓
Pt. tolerates activity with minimal/no symptoms	D ___ E ___ N ✓
IV site patent s redenss or swelling	D ___ E ___ N ✓
Tolerates > 50% of diet	D ___ E ___ N ___
Teaching form updated	D ___ E ___ N ___
Maintain/return to previous mental status	D ___ E ___ N ✓
_____	D ___ E ___ N ___
_____	D ___ E ___ N ___
_____	D ___ E ___ N ___

TESTS / DIAGNOSTICS: (List date and test scheduled for today or in the future):

CONSULTS / REFERRALS: (From Admission Sheet or New Orders)

Name / Dept:	Notified (time).	By Whom:
_____	_____	_____
_____	_____	_____
_____	_____	_____

TREATMENTS (check if ordered): Daily Wt _____ I & O - D ___ E ___ N ___ Blood Sugars: B ___ L ___ D ___ HS ___ 12 MN ___

PROTECTIVE DEVICES: D ___ E ___ N ___ (Use Restraint Flowsheet) **

IV SITES: Assess IV / INT) SITE 1. _____ SIZE # _____ Date / Time Inserted: _____ By _____

(Peripheral sites) SITE 2. _____ SIZE # _____ Date / Time Inserted: _____ By _____

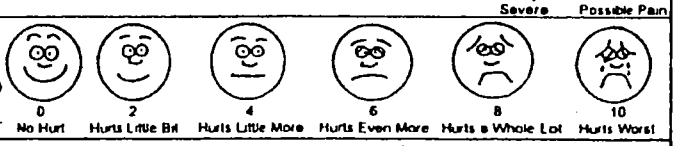
SITE 3. _____ SIZE # _____ Date / Time Inserted: _____ By _____

Assess central line 1. _____ D ___ E ___ N ___ Date / Time Inserted: _____ Drsg Changed: ☐ Y ☐ N

2. _____ D ___ E ___ N ___ Date / Time Inserted: _____ Drsg. Changed: ☐ Y ☐ N

TEACHING: See Interdisciplinary Patient Education / Learning Record

Pain Scale: 0 None 1 2 Mild 3 4 Moderate 5 6 Severe 7 8 Very Severe 9 10 Worst Possible Pain



DATE	TIME	
2/11/02	2330	Tub bath given - ambulating well & ambulated - FF (at 4 - soon ant of toilet Has not voided since Foley D/C'd - bladder non-distended - NC & pain. — j Mercer

ECH 0053

EAST COOPER REGIONAL MEDICAL CENTER

24-HOUR PLAN OF CARE

ADDRESSOGRAPH

1216469 004-0

[illegible] 7/15/02

[illegible] 11-95-95 P.T. I

[illegible] 00102

2v 10/01

E16001

Date: 7/16/07

Daily Weight: _____

Type of Scale: ☐Chair ☐Bed ☐Upright (#____)

Tube Feeding: _____ _____ _____
type cc per hr #FR

Diet Type: liquid

Consumption: Breakfast _____% Lunch _____%
Dinner _____%

DEFINITIONS:

Fundus Location:

+2
+1
U
-1
-2

Lochia Color:

R = Rubra
S = Serosa
A = Alba

Fundus Description:

F = Firm
B = Boggy
M = Massage

Perineum:

S_2 = Sitzbath
I = Ice
H = Heat Lamp

Anesthesia Level:

T_4 = Nipples
T_{10} = Umbilicus
S_4 = Perineum
L_3 = Knees
S_1 = Ankles

Definitions

0% = Refused meal completely or consumed only one or two bites of each item.

25% = Poor – Approximately 25% of entrée or 50% of one item consumed.

50% = Fair – Approximately half of food is consumed (i.e., 50% of entrée, 25% of vegetable and soup left).

75% = Good – Majority of the meal is consumed, but a significant amount of one or more items is left (i.e., 25% of vegetable and soup left).

100% = All – Entire meal is consumed except for a minimal amount of food (i.e., less than 25% of vegetable left).

	INTAKE					OUTPUT				
Time	PO	IV	TPN	Blood Products	Tube Feeding	Urine	NG	Emesis	Drains	Stool
0800										
0900		100								
1000										
1100										
1200		1000								
1300										
1400	240									
1500		500				200				
8° subtotal		1500				200				
1600										
1700										
1800										
1900										
2000										
2100										
2200						200				
2300										
8° subtotal										
2400										
0100										
0200										
0300										
0400						500				
0500										
0600										
0700										
8° subtotal										
24° total										

ECH 0054

EAST COOPER REGIONAL MEDICAL CENTER

24-HOUR NURSING FLOWSHEET

WOMEN'S SERVICES

Rev 7/99

ADDRESSOGRAPH

BLEEDING / LOCHIA	PAIN SCALE	DRESSING	SPECIMENS	SAFETY	BATH	ACTIVITY	TURN
Scant – < ¼ pad Light – ¼ pad Moderate – ¾ pad Heavy – 1 pad	0 = No pain 2 = Medium 5 = Moderate 8 = Severe 10 = Excruciating	C = Change R = Reinforce * = Nurses Notes	Sp – Sputum UC/S – Urine Culture H – Hematocult U/A – Urinalysis S – Stool P – Phlebotomy PL – Phlebotomy by Lab	X2 X4 D – Bed Down BIA – Baby in Arms B/R – Baby in Room	P – Partial C – Complete O – Oral care B – Back care / rub L – Linen Change S – Shower SH – Shave SC – Self Care	SL – Asleep C – Chair R – Resting A – Ambulate AA – Ambulate w/ assist F – Feeding Baby E – Eating BRP – Bathroom privileges ROM – Range of motion BSC – Bedside commode	R – Right L – Left S – Supine HOB ↑ ____ °

Time	Temp	Pulse	Resp	BP	Fundus Description	Fundus Location	Lochia Amount	Lochia Color	Perineum	Dressing	C&DB	O_2NC @ ____ L	Pain (Scale)	Pain Med Given	No Intervention Needed	Voided	Collected Specimen	Safety	Bath	Activity	Turn	Observation	SIGNATURE & TITLE
1000					Firm	cntr	D/c'd	—	Ice	—					tub bath	—	Ambulating						J Mercer
0000	99	94	18	146/64	Ambulated to Bathroom																		
					D/c'd bedside to Toilet																		J Mercer
0100					Resting in bed																		J Mercer
0300					Firm	cntr																	J Merc.
0430					↑ to BR - peri care done																		J Mercer
0630					Resting in bed																		J Mercer

ECH 0055

DATE _____

EAST COOPER REGIONAL MEDICAL CENTER

24-HOUR NURSING FLOWSHEET

EXH_2_055

3163

24 Hr. Assessment - Check all that Apply		24 HR	8 HR	8 HR
NEUROLOGICAL	ALERT	✓		
	ORIENTED PERSON	✓		
	PLACE	✓		
	TIME	✓		
	NO			
	CONFUSED			
	INAPPROPRIATE			
	LETHARGIC			
	PEARLA			
	MOVES ALL EXTREMITIES	✓		
	PARALYSIS			
	SPEECH CLEAR	✓		
	SLURRED			
	APHASIC			
	DIFFICULTY SWALLOWING			
PSYCH	AFFECT APPROPRIATE	✓		
	BEHAVIOR COOPERATIVE	✓		
	ANXIOUS			
	TAKING IN			
	TAKING HOLD			
PAIN	PAIN	2✓		
	NO PAIN			
	PCA PUMP **			
	EPIDURAL **			
RESP	RESP UNLABORED	✓		
	LABORED			
	EVEN	✓		
	IRREGULAR			
	LUNG SOUNDS CLEAR	✓		
	CONGESTED			
	RHONCHI			
	WHEEZES			
	CRACKLES			
	DIMINISHED			
	ABSENT			
	COUGH PRODUCTIVE			
	NON-PROD			
OTHER	IV SITE	✓		

8 Hr. Shift Assessment - Assess Problems & Changes		24 HR	8 HR	8 HR
CARDIO	APICAL PULSE REGULAR	✓		
	IRREGULAR			
	PERIPH PULSES RADIAL			
	PALPABLE			
	NON PALPABLE			
	PERIPH PULSES PEDAL	✓		
	PALPABLE	✓		
	NON PALPABLE			
	CAP REFILL BRISK	✓		
	PROLONGED			
SKIN	TURGOR GOOD	✓		
	POOR			
	DRY			
	PALE			
	FLUSHED			
	CYANOTIC			
	JAUNDICE			
	WARM			
	COOL			
	BURN			
	BRUISE			
	RASH			
	SKIN TEAR			
	BREASTS SOFT	✓		
	FULL			
	ENGORGED			
	NIPPLES ERECT			
	FLAT			
	INVERTED			
	TENDER			
	CRACKED			
	BLEEDING			
	LABIA WNL			
	EDEMATOUS	SLH		
WOUND	SURGICAL INCISION	P/P		
	CLEAN / DRY			
	DRAINAGE			
	EDEMA			
	REDNESS			
	STAPLES / SUTURES / STERI STRIP			
	DRESSING CHANGED			
	INTACT			
	PERINEUM INTACT			
	EPISIOTOMY			
	TEAR	2°		
	REDNESS			
	EDEMA	SLH		
	ECCHYMOSIS			
	HEMATOMA			

* See Nurses Notes ** See Flowsheet N/C No Change		24 HR	8 HR	8 HR
URINARY	VOIDING W/O COMPLAINTS	✓		
	DISTENDED			
	INCONTINENT			
	DYSURIA			
	FOLEY #			
	URINE CLEAR			
	CLOUDY			
	CONCENTRATED			
	HEMATURIA			
	LOCHIA STAINED			
P/P	FUNDUS FIRM	✓		
	LOCHIA RUBRA	✓		
	SEROSA			
GASTROINTESTINAL	ABD NON DISTENDED			
	SOFT	✓		
	DISTENDED			
	FIRM			
	TENDER			
	BOWEL SOUNDS PRESENT	✓		
	ABSENT			
	HYPOACTIVE			
	HYPERACTIVE			
	BOWEL MVMNT NORMAL			
	DIARRHEA			
	CONSTIPATION			
	BOWEL INCONTINENCE			
	NAUSEA			
	VOMITING			
	NG SUCTION INTERMITTENT			
	CONTINUOUS			
	NG ____ INCHES FROM NOSE			
	HEMORRHOIDS	✓		
	FLATUS			
MOBILITY	SENSATION PRESENT	✓		
	DECREASED			
	ABSENT			
	TINGLING			
	STRENGTH ADEQUATE	✓		
	WEAKNESS RUE			
	RLE			
	LUE			
	LLE			
	OUT OF BED PER SELF	✓		
	NEEDS ASSIST			
	EDEMA NON-PITTING			
	PITTING			
	HOMANS NEGATIVE	✓		
	POSITIVE			
	DTR'S / CLONUS			

24 HR ASSESSMENT	DATE 7/17/02	TIME 0820	SIGNATURE & TITLE	Bridget M. Tietz, RN
8 HR ASSESSMENT	DATE	TIME	SIGNATURE & TITLE	
8 HR ASSESSMENT	DATE	TIME	SIGNATURE & TITLE	

EAST COOPER REGIONAL MEDICAL CENTER

24-HOUR NURSING ASSESSMENT

WOMEN'S SERVICES

ECH 0056

1215145 OBH-0

ADDRESSOGRAPH 15/02

15-04-95 P.T. 1

00102

Rev 10/01

616001

EXH_2_056

3164

PATIENT PROBLEMS:

1. Pain - post partum
2.
3.
4.
5.

PATIENT OUTCOMES:

Reports comfort at acceptable level	D ___ E ___ N ___
Elimination (bowel/bladder) wnl for pt	D ___ E ___ N ___
No significant changes in VS	D ___ E ___ N ___
Pt. tolerates activity with minimal/no symptoms	D ___ E ___ N ___
IV site patent s redenss or swelling	D ___ E ___ N ___
Tolerates > 50% of diet	D ___ E ___ N ___
Teaching form updated	D ___ E ___ N ___
Maintain/return to previous mental status	D ___ E ___ N ___
_____	D ___ E ___ N ___
_____	D ___ E ___ N ___
_____	D ___ E ___ N ___

TESTS / DIAGNOSTICS: (List date and test scheduled for today or in the future):

CONSULTS / REFERRALS: (From Admission Sheet or New Orders)

Name / Dept:	Notified (time):	By Whom:

TREATMENTS (check if ordered): Daily Wt _____ I & O - D ___ E ___ N ___ Blood Sugars: B ___ L ___ D ___ HS ___ 12 MN ___

PROTECTIVE DEVICES: D ___ E ___ N ___ (Use Restraint Flowsheet) **

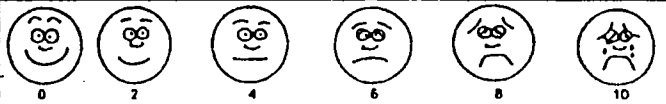
IV SITES: Assess IV / INT (Peripheral sites)

SITE 1. _____ SIZE # _____ Date / Time Inserted: _____ By _____
SITE 2. _____ SIZE # _____ Date / Time Inserted: _____ By _____
SITE 3. _____ SIZE # _____ Date / Time Inserted: _____ By _____

Assess central line
1. _____ D ___ E ___ N ___ Date / Time Inserted: _____ Drsg Changed: ☐ Y ☐ N
2. _____ D ___ E ___ N ___ Date / Time Inserted: _____ Drsg Changed: ☐ Y ☐ N

TEACHING: See Interdisciplinary Patient Education / Learning Record

Pain Scale: 0 None 1 2 Mild 3 4 Moderate 5 6 Severe 7 8 Very Severe 9 10 Worst Possible Pain



DATE	TIME	
7-17-02	0800	Pt. doesn't want pain meds at this time. Will monitor pain + pt's comfort level. Will teach pt + pain comfort measures. — A Brunson, RN

ECH 0057

EAST COOPER REGIONAL MEDICAL CENTER

24-HOUR PLAN OF CARE

ADDRESSOGRAPH 121195 OGH-O
[illegible] ESETTA L
[illegible] 7/15/02
[illegible] CHARGE
[illegible] 119-95-95 P.T. 1
[illegible] 00132

rev. 10/01

E16001

Date: _____

Daily Weight: _____

Type of Scale: ☐Chair ☐Bed ☐Upright (#____)

Tube Feeding: _____ _____ _____
type cc per hr #FR

Diet Type: _____

Consumption: Breakfast _____% Lunch _____%
Dinner _____%

DEFINITIONS:

Fundus Location:

+2
+1
U
-1
-2

Lochia Color:

R = Rubra
S = Serosa
A = Alba

Fundus Description:

F = Firm
B = Boggy
M = Massage

Perineum:

S_2 = Sitzbath
I = Ice
H = Heat Lamp

Anesthesia Level

T_4 = Nipples
T_{10} = Umbilicus
S_4 = Perineum
L_3 = Knees
S_1 = Ankles

Definitions

0% = Refused meal completely or consumed only one or two bites of each item.

25% = Poor – Approximately 25% of entrée or 50% of one item consumed.

50% = Fair – Approximately half of food is consumed (i.e., 50% of entrée, 25% of vegetable and soup left).

75% = Good – Majority of the meal is consumed, but a significant amount of one or more items is left (I e., 25% of vegetable and soup left).

100% = All – Entire meal is consumed except for a minimal amount of food (i.e., less than 25% of vegetable left).

	INTAKE					OUTPUT				
Time	PO	IV	TPN	Blood Products	Tube Feeding	Urine	NG	Emesis	Drains	Stool
0800										
0900										
1000										
1100										
1200										
1300										
1400										
1500										
8° subtotal										
1600										
1700										
1800										
1900										
2000										
2100										
2200										
2300										
8° subtotal										
2400										
0100										
0200										
0300										
0400										
0500										
0600										
0700										
8° subtotal										
24° total										

ECH 0058

EAST COOPER REGIONAL MEDICAL CENTER

24-HOUR NURSING FLOWSHEET

WOMEN'S SERVICES

Rev 7/99

[illegible] 11/5/95

ADDRESSOGRAPH

BLEEDING / LOCHIA	PAIN SCALE	DRESSING	SPECIMENS	SAFETY	BATH	ACTIVITY	TURN
Scant – < ¼ pad Light – ½ pad Moderate – ¾ pad Heavy – 1 pad	0 = No pain 2 = Medium 5 = Moderate 8 = Severe 10 = Excruciating	C = Change R = Reinforce * = Nurses Notes	Sp – Sputum UC/S – Urine Culture H – Hemalocult U/A – Urinalysis S – Stool P – Phlebotomy PL – Phlebotomy by Lab	X2 X4 D – Bed Down BIA – Baby in Arms B/R – Baby in Room	P – Partial C – Complete O – Oral care B – Back care / rub L – Linen Change S – Shower SH – Shave SC – Self Care	SL – Asleep C – Chair R – Resting A – Ambulate AA – Ambulate w/ assist F – Feeding Baby E – Eating BRP – Bathroom privileges ROM – Range of motion BSC – Bedside commode	R – Right L – Left S – Supine HOB 1 ____ *

Time	Temp	Pulse	Resp	BP	Fundus Description	Fundus Location	Lochia Amount	Lochia Color	Perineum	Dressing	C&DB	O₂NC @ ___L	Pain (Scale)	Pain Med Given	No Intervention Needed	Voided	Collected Specimen	Safety	Bath	Activity	Turn	Observation	SIGNATURE & TITLE
09 20	98.3	73	18	107/55	FF	U	Mod	Rubra	Hem				8	Percocet				SR X2		R		✓	B Tuttle, RN
10A					pt																		
1PD					FU								8	pt given pain med									
1230					UDS		to L	AB						pt ordered DC									
13					pt		DC	0 to						home									

ECH 0059

DATE 9-10-02

EAST COOPER REGIONAL MEDICAL CENTER

24-HOUR NURSING FLOWSHEET

[illegible] 11
[illegible] 7/15/02
[illegible] 10-25-93 P.T. 1
ADDRESSOGRAPH

Number:
Name: WASHINGTON, JAMESETTA

IN PROGRESS Printed at: 07/15/2002 19:23
By: Plecher, Yvette
Page: 1

Flow Sheet

Date	Time	Type	Annotated Phrase	Entered By
07/15	17:47	Annot	NIBP: 123/77,Hr:86	
07/15	17:52	Annot	20yo black female admitted to LDR 4 for cervidil -to be induced in AM. pts. mother at side.	PYP
07/15	17:55	Annot	Toco and SPM placed.	PYP
07/15	17:56	Annot	active fetal movement heard and felt.	ALC
07/15	18:00	Annot	#18 JELCO TO LEFT FORE ARM LABS DRAWN INT PLACED AND FLUSHED	ALC
07/15	18:12	Annot	active fetal movement heard and felt.	ALC
07/15	18:20	Annot	pt. denies feeling any uc's. mother at bedside.	PYP
07/15	18:21	Annot	uc palpates mild.	PYP
07/15	18:58	Annot	up to BR.	PYP
07/15	19:08	Annot	cervidil inserted per dr joseph cx closed/thick/high	JCH

+ Dr Yvette Pole-R

ECH 0060

12161469 004-0
[illegible] JAMESETTA L
[illegible] F 7/15/02
[illegible] CRANCER
[illegible] 119-45-95 P.I. 1
[illegible] 001[illegible]

EXH_2_060

3168

Numb. 19-95-95
Name: WASHINGTON, JAMESETTA

IN PROGRESS Printed at: [illegible]
By: Amanda, Diane
Page: 1

Flow Sheet

Date	Time	Type	Dil	Eff	Sta	Comments	Annotated Phrase	Entered By
07/15	17:47	Annot					NIBP: 123/77,Hr:86	
07/15	17:52	Annot					20yo black female admitted to LDR 4 for cervidil -to be induced in AM. pres. mother at side.	PYF
07/15	17:55	Annot					Toco and EFM placed.	PYF
07/15	17:56	Annot					active fetal movement heard and felt.	ALC
07/15	18:00	Annot					#18 JELCO TO LEFT FORE ARM LABS DRAWN INT PLACED AND FLUSHED	ALC
07/15	18:12	Annot					active fetal movement heard and felt.	ALC
07/15	18:20	Annot					pt. denies feeling any uc's. mother at bedside.	PYF
07/15	18:21	Annot					uc palpates mild.	PYF
07/15	18:58	Annot					up to BR.	PYF
07/15	19:08	Annot					cervidil inserted per dr joseph cx closed/thick/high	JCM
07/15	19:56	Annot					SITTING UP IN BED - DOES NOT FEEL THE OCC. CTX	JCM
07/15	20:20	Annot					SITTING UP IN BED EATING DINNER - OCC. LIGHT CTX NOTED - FHR 130S - 140S	JCM
07/15	20:20	Annot					NIBP: 113/69,Hr:98	
07/15	21:01	Annot					NIBP: 118/76,Hr:91	
07/15	22:12	Annot					TURNED TO LT SIDE - GOOD FETAL MOVEMENT NOTED - MONITOR ADJUSTED.	JCM
07/15	22:20	Annot					NIBP: 119/65,Hr:81	
07/15	22:35	Annot					UP TO BR VOIDED - THEN PLACED BACK ON FHM.	JCM
07/15	23:51	Annot					MONITOR ADJUSTED - TURNED TO RT. SIDE FOR COMFORT	JCM
07/16	00:08	Annot					C/O LIGHT CRAMPING - CTX EVERY 4 MIN. ON RT SIDE RESTING	JCM
07/16	01:05	Annot					RESTING WITH EYES CLOSED - GOOD LONG TERM VARIABLITY - FHR 130S -140S	JCM
07/16	02:00	Annot					RESTING WITH EYES CLOSED THROUGH CTX - CTX EVERY 3-4 MIN. - FHR 130S-140S	JCM
07/16	03:10	Annot					UP TO BR VOIDED W/O DIFFICULTY - IRRG. CTX - C/O LIGHT CRAMPING - RESTING WITH CTX.	JCM
07/16	04:30	Annot					RESTING WITH CTX - FHR 130S-140S	JCM
07/16	04:55	Annot					UP TO BR VOIDED - IRRG. LIGHT CTX NOTED.	JCM
07/16	06:00	Annot					CERVIDIL REMOVED - SM AMT OF BLOODY SHOW NOTED - NO CHANGE FROM LAST EXAM CLOSED/THICK/HIGH	JCM
07/16	06:15	Annot					UP TO BR FOR SHOWER	JCM
07/16	07:12	Annot					NIBP: 132/70,Hr:80	
07/16	07:15	Annot					TEMP 98.1	DEA
07/16	07:15	Annot					Dil: 2 Eff: 80 Sta: -1	DEA
07/16	07:45	Exam	2	80	-1			
07/16	07:48	Annot					DR OSBORNE PRESENT	DEA
07/16	07:48	Annot					Pitocin to 4 mu/min.	DEA

John Mercer RN 7/16/02 @ 0730

12161469 004-0
WASHINGTON, JAMESETTA L
7/29/1981 F 7/15/02
OSBO-MF, GRANGER
[illegible] 119-95-95 P.T. 1
F/C 2000 00:00:02

Diane Amanda RN 7/16/02 1930

ECH 0061

EXH 2 061

3169

3170

Numb. .9-95-95
Name: WASHINGTON, JAMESETTA

IN PROGRESS Printed at: [illegible] 2002 1:17
By: Annana, Diane
Page: 2

Flow Sheet

Date	Time	Type	Dil	Eff	Sta	Comments	Annotated Phrase	Entered By
07/16	07:49	Annot					NIBP: 138/80,Hr:76	
07/16	07:50	Annot					MODERATE AMT CLEAR, NON-FOUL FLUID	DEA
07/16	07:54	Annot					IV open.	DEA
07/16	07:54	Annot					Up for epidural.	DEA
07/16	08:06	Annot					CATH THREADED	DEA
07/16	08:11	Annot					TO SEMIFOWLERS POSITION	DEA
07/16	08:11	Annot					Epidural test dose,Xylocaine 1.5%. 5CC	DEA
07/16	08:13	Annot					NIBP: 135/74,Hr:76	
07/16	08:17	Annot					NIBP: 132/70,Hr:78	
07/16	08:18	Annot					Epidural Loading dose,Marcaine 0.25%. 10CC WITH 1CC FENTANYL	DEA
07/16	08:19	Annot					NIBP: 127/66,Hr:85	
07/16	08:21	Annot					NIBP: 119/65,Hr:85	
07/16	08:21	Annot					Continuous epidural pump at13 ml/hr.	DEA
07/16	08:25	Annot					NIBP: 123/62,Hr:79	
07/16	08:29	Annot					NIBP: 122/68,Hr:81	
07/16	08:33	Annot					NIBP: 124/72,Hr:97	
07/16	08:37	Annot					NIBP: 121/65,Hr:77	
07/16	08:37	Annot					Pitocin to 10 mu/min.	DEA
07/16	08:38	Annot					PT REPORTS A PAIN LEVEL OF "0"	DEA
07/16	08:41	Annot					NIBP: 121/63,Hr:86	
07/16	08:51	Annot					NIBP: 126/75,Hr:65	
07/16	09:01	Annot					NIBP: 120/67,Hr:59	
07/16	09:02	Annot					Pitocin to 12 mu/min.	DEA
07/16	09:11	Annot					NIBP: 119/63,Hr:63	
07/16	09:15	Annot					TEMP 97.5	DEA
07/16	09:15	Annot					Pitocin to 14 mu/min.	DEA
07/16	09:21	Annot					NIBP: 134/68,Hr:67	
07/16	09:25	Exam	3	70	-2			
07/16	09:25	Annot					Dil: 3 Eff: 70 Sta: -2	DEA
07/16	09:25	Annot					FOLEY CATH PLACED WITH 50CC CONCENTRATED URINE RETURN	DEA
07/16	09:26	Annot					PT ATTEMPTING TO NAP	DEA
07/16	09:29	Annot					IV #2 1000CCLR HUNG; INFUSING AT 100CC/HR	DEA
07/16	09:30	Annot					Pitocin to 16 mu/min.	DEA
07/16	09:36	Annot					NIBP: 115/59,Hr:58	
07/16	09:51	Annot					NIBP: 109/61,Hr:54	
07/16	10:04	Annot					CORRECTION:. Pitocin to 18 mu/min.	DEA
07/16	10:04	Annot					PT SLEEPING. Pitocin to 16 mu/min.	DEA
07/16	10:09	Annot					NIBP: 115/66,Hr:71	
07/16	10:15	Annot					Pitocin to 20 mu/min.	DEA
07/16	10:21	Annot					NIBP: 115/73,Hr:81	
07/16	10:37	Annot					NIBP: 117/64,Hr:51	
07/16	10:52	Annot					NIBP: 113/70,Hr:49	
07/16	10:57	Annot					Pitocin to 24 mu/min.	DEA
07/16	11:07	Annot					NIBP: 112/67,Hr:59	
07/16	11:22	Annot					PITOCIN REMAINS AT 24MU	DEA
07/16	11:22	Annot					MOM AT BEDSIDE	DEA

ECH 0062

EXH_2_062

Judy Mercer RN
0730 7/16/02

[illegible] 1215149 004-0
[illegible] WASHINGTON, JAMESETTA L
[illegible] 7/15/02
[illegible] GYNECOLOGY
[illegible] 112-95-95 P.T. 1
[illegible] 00102

Diane Annuda
7/16/02 1930

Numbe. 19-95-95
Name: WASHINGTON, JAMESETTA

IN PROGRESS Printed at: 0 2002 19 17
By: Annand, Diane
Page: 3

Flow Sheet

Date	Time	Type	Dil	Eff	Sta	Comments	Annotated Phrase	Entered By
07/16	11:22	Annot					NIBP: 114/64,Hr:61	
07/16	11:22	Exam	4	80	-2			
07/16	11:22	Annot					Dil: 4 Eff: 80 Sta: -2	DEA
07/16	11:22	Annot					URINE MINIMAL AND CONCENTRATED	DEA
07/16	11:22	Annot					PT REMAINS COMFORTABLE WITH EPIDURAL	DEA
07/16	11:37	Annot					NIBP: 109/59,Hr:62	
07/16	11:39	Annot					TEMP 97.9	DEA
07/16	11:40	Annot					Pitocin to26 mu/min.	DEA
07/16	11:52	Annot					NIBP: 112/60,Hr:57	
07/16	12:04	Annot					PT REPORTS FEELING CRAMPS IN HER RIGHT SIDE, THUS PT TURNED TO RIGHT LATERAL LIE	DEA
07/16	12:05	Annot					URINE NOE CLEAR YELLOW IN FOLEY TUBING	DEA
07/16	12:07	Annot					NIBP: 120/74,Hr:61	
07/16	12:07	Annot					Pitocin to 28 mu/min.	DEA
07/16	12:22	Annot					NIBP: 121/70,Hr:68	
07/16	12:36	Annot					Pitocin to 30 mu/min.	DEA
07/16	12:37	Annot					NIBP: 118/74,Hr:66	
07/16	12:37	Annot					PT STATES SHE NO LONGER FEELS THE CRAMPS	DEA
07/16	12:38	Annot					PT CONTINUES TO NAP OFF AND ON	DEA
07/16	12:42	Annot					PT TO BACK FOR EXAM	DEA
07/16	12:42	Annot					Pitocin Off.	DEA
07/16	12:43	Annot					O2 per mask at 10 liters.	DEA
07/16	12:43	Annot					Right lateral.	DEA
07/16	12:44	Annot					CALL PLACED TO PHYSICIAN FROM NURSE'S STATION	DEA
07/16	12:44	Annot					IV open.	DEA
07/16	12:44	Annot					FSE APPLIED	DEA
07/16	12:49	Annot					Dil. 5 Eff: 80 Sta: -2	DEA
07/16	12:49	Exam	5	80	-2			
07/16	12:52	Annot					NIBP: 121/79,Hr:71	
07/16	12:52	Annot					PHONE REPORT TO DR RHETT	DEA
07/16	13:02	Annot					O2 OFF	DEA
07/16	13:03	Annot					IV #3 1000CC LR HUNG	DEA
07/16	13:07	Annot					NIBP: 123/77,Hr:65	
07/16	13:20	Annot					Dil: 4.5 Eff: 90 Sta: -1	ER
07/16	13:20	Annot					Right lateral.	ER
07/16	13:20	Exam	4.5	90	-1			
07/16	13:21	Annot					Right lateral.	DEA
07/16	13:21	Annot					Pitocin to 15 mu/min.	DEA
07/16	13:22	Annot					NIBP: 127/82,Hr:75	
07/16	13:37	Annot					NIBP: 114/69,Hr:70	
07/16	13:49	Annot					Pitocin to 18 mu/min.	DEA
07/16	13:52	Annot					NIBP: 112/70,Hr:64	
07/16	13:56	Annot					PT NAPPING	DEA
07/16	14:07	Annot					NIBP: 112/68,Hr:65	
07/16	14:22	Annot					NIBP: 118/78,Hr:68	
07/16	14:26	Annot					Pitocin to 24 mu/min.	DEA

Judy Mercer RN 7/16/02 0730

12161469 004-1
WASHINGTON, JAMESETTA
7/24/1981 F 7/15/
OSBORNE, CANCER
MED REC# 119-95-95 P.I.
F/C 2333 DR. 00132

Diane Annand RN 7/16/02 1930

3171

ECH 0063

EXH_2_063

Numb[redacted]9-95-95
Name: WASHINGTON, JAMESATTA

IN PROGRESS Printed at: [redacted] 19:17
By: Ann [illegible], Diane
Page: 1

Flow Sheet

Date	Time	Type	Dil	Eff	Sta	Comments	Annotated Phrase	Entered By
07/16	14:27	Annot					200CC URINE OUT FOLEY- DR RHETT NOTIFIED OF OUTPUT	DEA
07/16	14:27	Annot					500CC BOLUS INFUSING	DEA
07/16	14:38	Annot					NIBP: 115/71,Hr:67	
07/16	14:49	Annot					PT SLEEPING	DEA
07/16	14:49	Annot					IV LR 500CC BOLUS COMPLETE. Pitocin to 26 mu/min.	DEA
07/16	14:53	Annot					NIBP: 117/68,Hr:71	
07/16	15:08	Annot					NIBP: 126/73,Hr:70	
07/16	15:23	Annot					NIBP: 125/66,Hr:78	
07/16	15:30	Annot					Dil: 7 Eff: 90 Sta: -1	DEA
07/16	15:30	Exam	7	90	-1			
07/16	15:37	Annot					PT TO SEMIFOWLERS POSITION	DEA
07/16	15:37	Annot					PT REPORTS SOME CRAMPING IN LLQAND LOWER LEFT BACK	DEA
07/16	15:37	Annot					Pitocin to 28 mu/min.	DEA
07/16	15:38	Annot					NIBP: 122/74,Hr:85	
07/16	15:53	Annot					NIBP: 123/75,Hr:90	
07/16	16:08	Annot					NIBP: 121/72,Hr:85	
07/16	16:23	Annot					NIBP: 124/74,Hr:94	
07/16	16:38	Annot					NIBP: 126/79,Hr:89	
07/16	16:53	Annot					NIBP: 142/89,Hr:91	
07/16	16:53	Annot					TEMP 98.7	DEA
07/16	16:57	Annot					Dil: 7 Eff: 90 Sta: -1	DEA
07/16	16:57	Exam	7	90	-1			
07/16	16:58	Annot					BLOODY SHOW CERVIX "SWELLING"- CAPUT PALPABLE	DEA
07/16	16:59	Annot					PT REPORTS SOME RECTAL PRESSURE WITH CONTRACTIONS ALTHOUGH SHE DOES NOT HURT WITH CONTRACTIONS	DEA
07/16	17:08	Annot					NIBP: 124/78,Hr:83	
07/16	17:23	Annot					NIBP: 129/78,Hr:77	
07/16	17:38	Annot					NIBP: 133/76,Hr:83	
07/16	17:42	Annot					Pitocin to 30 mu/min.	DEA
07/16	17:53	Annot					NIBP: 133/84,Hr:89	
07/16	17:58	Annot					DR RHETT PHONES AND REPORT PROVIDED	DEA
07/16	18:06	Annot					Dil: 9 Eff: 100 Sta: 0	ER
07/16	18:06	Exam	9	100	0			
07/16	18:07	Annot					DR RHETT PRESENT	DEA
07/16	18:08	Annot					PT REPORTS SOME RECTAL AND LOWER BACK PRESSURE	DEA
07/16	18:08	Annot					Left lateral.	DEA
07/16	18:09	Annot					NIBP: 129/68,Hr:94	
07/16	18:23	Annot					NIBP: 119/69,Hr:84	
07/16	18:38	Annot					NIBP: 123/70,Hr:85	
07/16	18:41	Annot					DELIVERY TABLE TO ROOM	DEA
07/16	18:41	Annot					MULTIPLE FAMILY MEMBERS AT BEDSIDE	DEA
07/16	18:44	Annot					SVE ANT LIP SLIPPED AWAY	DEA
07/16	18:44	Annot					PT CALLS OUT WITH URGE TO PUSH	DEA

Judy Mercer RN
7/16/02
0730

Diane Annand RN
7/16/02 1830

ECH 0064

EXH_2_064

3172

1216469 004-0
WASHINGTON, JAMESETTA L
[illegible] F 7/15/02
[illegible] 119-95-95 P.T. 1
[illegible] ND. 00102

Numb -95-95
Name: WASHINGTON, JAMESETTA

IN PROGRESS Printed at: 0 002 15:17
by: Amari t, Diane
Page: 5

Flow Sheet

Date	Time	Type	Dil	Eff	Sta	Comments	Annotated Phrase	Entered By
07/16	18:49	Annot					CERVIX STILL PRESENT- PT ENCOURAGED TO WORK WITH PRESSURE, BUT NO TO PUSH	DEA
07/16	18:54	Annot					NIBP: 109/68,Hr:95	
07/16	19:05	Annot					BABY WARMER TO ROOM	DEA
07/16	19:09	Annot					NIBP: 119/78,Hr:90	
07/16	19:17	Annot					REPORT TO JUDY MERCER, RN, FOR CONTINUED PT CARE	DEA

Diane Amand RN
7/16/02 1930

ECH 0065

12161469 001-0
WASHINGTON, JAMESETTA L
7/29/1981 F 7/15/02
JSHO-NF, GRANGER
CEN MRC# 119-95-95 P.T. 1
F/C 2000 DR. 00102

3173

EXH_2_065

Numb[redacted]19-95-95
Name: WASHINGTON, JAMESETTA

IN PROGRESS

Printed at: [redacted]2002 21.57
By: Mercer, Judy
Page: 1

Flow Sheet

Date	Time	Type	Dil	Eff	Sta	Comments	Annotated Phrase	Entered By
07/16	19:05	Annot					BABY WARMER TO ROOM	DEA
07/16	19:09	Annot					NIBP: 119/70,Hr:90	
07/16	19:17	Annot					REPORT TO JUDY MERCER, RN, FOR CONTINUED PT CARE	DEA
07/16	19:24	Annot					NIBP: 133/105,Hr:96	
07/16	19:24	Annot					VE PER COMPLETE	JCM
07/16	19:32	Annot					C/O NEEDING TO PUSH - COMPLETE	JCM
07/16	19:32	Annot					DR.RETT HERE - VE - PUSHING - PITOCIN OFF	JCM
07/16	19:35	Annot					POSITIONED FOR DEL - PUSHING - VAC.PLACED PER DR.RETT	JCM
07/16	19:37	Annot					VAC ASSISTED DEL OF VIABLE MALE INFANT	JCM
07/16	19:50	Annot					EPIDURAL TURNED OFF - SPONT DEL OF PLACENTA	JCM
07/16	19:54	Annot					NIBP: 141/114,Hr:90	
07/16	19:54	Annot					PITOCIN RAPIDLY INFUSING AFTER DEL OF PLACENTA - REPAIR OF SM LAC REPAIRED VIA DR.RETT WITH 4.0 VICRYL	JCM
07/16	20:04	Annot					BP 130/--- M 92 P 86	
07/16	20:09	Annot					NIBP: 130/78,Hr:84	
07/16	20:10	Annot					FUNDUS MASSAGED - PITOCIN 20U/1000 CC D5LR INFUSING - MOD AMT OF LOCHIA - FUNDUS AT UMB.	JCM
07/16	20:29	Annot					NIBP: 153/79,Hr:91	
07/16	20:30	Annot					FF AT UMB - ICE PACK IN PLACE ON PERINEAL AREA - MOD AMT OF LOCHIA	JCM
07/16	20:37	Annot					NIBP: 126/70,Hr:74	
07/16	20:46	Annot					NIBP: 125/64,Hr:76	
07/16	20:48	Annot					FUNDUS MASSAGED FIRM AT UMB. FOLEY CATH REMAINS IN WITH BLOODY COLORED URINE IN BAG -	JCM
07/16	20:50	Annot					EPIDURAL CATH PULLED BLUE TIP INTACT AND SHOWN TO PT. BANDAIDE APPLIED TO EPIDURAL SITE.	JCM
07/16	21:30	Annot					FF AT UMB - SM AMT OF LOCHIA - TEMP 98.9 - CONT TO HAVE ICE PACK TO PERIEUM	JCM
07/16	21:33	Annot					NIBP: 120/69,Hr:82	
07/16	21:39	Annot					SITTING UP IN BED EATING DINNER - BEGINNING TO GET FEELING BACK IN BOTTOM AND LEGS	JCM
07/16	21:45	Annot					FF AT UMB. - SM AMT OF LOCHIA - NEW ICE PACK APPLIED - CONDITION STABLE -SITTING UP IN BED WATCHING TV - FAMILY AT BEDSIDE - INFANT IN NURSEY UNDER O2 HOOD.	JCM
07/16	21:47	Annot					NIBP: 119/64,Hr:80	

7/16/02
2200 Judy Mercer

ECH 0066

EXH_2_066

3174

ADMISSION ASSESSMENT - COMPLETE ON ADMISSION

BARRIERS TO LEARNING

N = None
C = Cognitive (circle) - visual impairment, difficulty remembering, difficulty understanding
E = Emotional (circle) - depressed / anxious / fearful
F = Financial
M = Motivation (circle) - no desire / uncooperative / ready
L = Language (circle) - Foreign / speech difficulty
P = Physical (circle) - vision / hearing / amputee
R = Religious / Cultural beliefs

PERSON TAUGHT

PT = Patient F = Family
P = Parent O = Other

PREFERRED LEARNING & TEACHING METHOD CODES

A = Audiovisual PMI = Drug Info. Sheet
D = Demonstration V = Verbal Instructions
H = Handouts 1:1 = Indiv. Presentation
C = Class T = Telephone Call

Highest grade level achieved_____

EVALUATION CODES

Patient / Significant Other:
1 = Able to repeat information and/or perform return demonstration (Education complete).
2 = Needs further instruction (may require note in department record).
3 = Unable to retain information or return demonstration (may require note in department record).
4 = Not ready to learn (may require note in department record).

NEEDS CODES

1 = Knows well 3 = New material
2 = Needs Review 4 = Non-compliant

TOPIC / LEARNING NEED	DATE/ TIME	CONTENT	BARRIER CODE	NEED CODE	PERSON TAUGHT	TEACHING METHOD	EVAL CODE	INT
ORIENTATION TO UNIT AND MEDICAL EQUIP.	7/16/02 1000	☑ ID band on ☑ Nurse call bell ☑ Bed, siderails, TV, telephone ☑ Visiting hours, smoking, footwear ☐ _____ ☐ _____	N	2	PT F	V D	1	DJ
DISEASE / TX / SURGICAL PROCEDURE LAB		☐ Pre-printed discharge instructions given & explained_____						
MEDICATION DIET FOOD / DRUG INTERACTION		☐ Pre-printed discharge instructions given & explained_____						
WOUND CARE PHYSICAL THERAPY SPEECH THERAPY OT / ETN	7-17	sitz bath tx. ☐ Pre-printed discharge instructions given & explained_____	N	1	PT	V/D	1	GR
IMAGING CARDIOPULMONARY RESPIRATORY		☐ Pre-printed discharge instructions given & explained_____						
OTHER	7-17	D/C teaching reviewed ☐ Pre-printed discharge instructions given & explained_____	verbal N	1	PT	V/D	1	GR
COMMUNITY RESOURCES DISCHARGE PLANNING SOCIAL WORKER	7-17-02 0830	sleep safety WIC DME RN ☐ Pre-printed discharge instructions given & explained_____	N	3	PT	V	1	MK

SIGNATURE & TITLE	DEPT	INT	SIGNATURE & TITLE	DEPT	INT
[illegible] Social Worker, LISW	SW	MK	[illegible]	MS	DJ
			[illegible]		

EAST COOPER REGIONAL MEDICAL CENTER

INTERDISCIPLINARY PATIENT EDUCATION / LEARNING RECORD

ECH 0067

ADDRESSOGRAPH

12151459 004-0
WASHINGTON, JAMES E
7/29/[illegible] F 7/15/02
DOB [illegible], CHARLES
MR# [illegible] 115-95-95 P.T. I
F/C [illegible] RM. 00102

Rev 4/02

POST PARTUM CARE INSTRUCTION SHEET

Topics to Be Taught	Nurses Signature	Date
.. ORIENTATION TO ROOM: IE LIGHTS, T.V., CALL BELL, PHONE, ETC.	Diane Brunson RN	7/16/02
2. VISITING POLICY - INFECTION CONTROL: HAND WASHING, COVER GOWNS	Diane Brunson RN	7/16/02
3. FUNDAL MASSAGE - (HOW/WHY); LOCHIA (WHAT TO EXPECT)		
4. PERI CARE (WHY/WHEN/HOW TO) EPISIOTOMY CARE - (ICE PACKS/SPRAYS/HEAT/SITZ BATH/SOAKS) 3x Daily BLADDER/BOWEL CARE (AMBULATION/DIET HEMORRHOID CARE) A. INCREASED FLUIDS ✓ Lots of water B. HIGH FIBER DIET ✓ fresh fruits, vegetables, cereals, Protein	Angela Brunson RN May ADD Epsom salts	7/16/02
5. BREAST CARE A. ~~BREAST FEEDING~~ (Positioning, Nursing, Timing, Prevention Care, Engorgement) B. BOTTLE FEEDING (Supportive Bra, Cleansing, Prescribed Medication, Engorgement)	Breast Binder tight Bra or Sports bra	
6. CESAREAN SECTION/TUBAL LIGATION PREOPERATIVE & POST-OP TEACHING 1. WHAT TO EXPECT (PREP, FOLEY, I.V., OR PROCEDURES) 2. ANESTHESIA (EPIDURAL, DURA-MORPH) & PAIN RELIEF POST-OP 3. BREATHING EXERCISES (TRI FLOW, TCDB) 4. POSITIONING/POSTURE/AMBULATION 5. DIET		
7. WHEN TO CALL PHYSICIAN A. FEVER ABOVE 100 B. INCREASED BLEEDING C. ODOR OF DISCHARGE D. LEG PAIN OR LOCALIZED REDNESS E. BURNING ON URINATION F. WOUND CARE AT HOME A. OBSERVE REDNESS, SWELLING, DRAINAGE	Angela Brunson RN	
8. PRINTED INSTRUCTIONS FROM PHYSICIAN GIVEN TO PATIENT: APPNT: see Dr. Osborne in 6 weeks (vent periods) ACTIVITY: pelvic rest, walk daily, NO STairs VALUABLES: with pt.		
9. MEDICATIONS AND FREQUENCY: Take over the counter Motrin for pain	tylenol	

I FULLY UNDERSTAND THE ABOVE TOPICS TAUGHT TO ME CONCERNING POST PARTUM CARE.

MODE OF DISCHARGE: ☒ WHEELCHAIR ☐ STRETCHER ☐ AMBULANCE DISPOSITION: ☐ HOME ☐ AMA ☐ OTHER

DATE: 7/17/02 Janet Washington PATIENT SIGNATURE:

NURSING PATIENT INSTRUCTION SHEET
"POST PARTUM CARE"

East Cooper
Regional Medical Center
Mt. Pleasant, SC 29464

ADDRESSOGRAPH

ECH 0068

121-14-5 034-0
[illegible] 7/15/02
[illegible] 113-99-95 P.T. 1
[illegible] 00133

-E6367/5c 0345 OE 003 WHITE - Original CANARY - Patient 3 96 EC69067/1/92286

CLINICAL INFORMATION

NAME.....WASHINGTON, BABYBOY
ACCOUNT #. 12222196
MR#.....120-11-24
ADMIT.....07/16/2002
DISCH.....07/17/2002
ATT PHYS..WARD, JAMES

DRG... 385 Neonates, Died or Trans to acf
MDC...15 LOS... 1
TOTAL CHARGES. 2,245.40
AGE... 0 0 SEX..M

DISP..A OTH HOSP-ACUTE CARE

*** CLINICAL INFORMATION ***

DIAGNOSIS CODE & DESCRIPTION

1	V3000	SINGLE LIVEBORN/NO C-SEC
2	V3000	SINGLE LIVEBORN/NO C-SEC
3	7718	PERINATAL INFECTION NEC
4	0389	SEPTICEMIA NOS
5	7708	POST-BIRTH RESP PROB NEC

PT4 CODES:

PHYSICIAN SIGNATURE IS NO LONGER REQUIRED.

ECH 0079

EAST COOPER REGIONAL MED CTR | PATIENT INFORMATION FACESHEET | PHFR019 07/16/2002 20:56:05

1200 JOHNNIE DODDS BLVD
MT PLEASANT, SC 29464
Telephone: (843) 881-4310

Patient #: 12222196
Medical Record #: 120-11-24
Adv Directive: N

Admit Date	Admit Time	Mj/Mn PT	Hosp.Code	Service Code	Fin. Class	Relig Code	Age	Birth Date	Clerk
07/16/2002	19:37	I N	345	NUR	2100	MET	0 D	07/16/2002	ECOLJEFF

Nrst/Room/Bed	VIP	Sex	Race	Marital Stat	Last Admit	Last Discharge	Patient Name
NURS/280 /A		M	B	S	00/00/0000	00/00/0000	WASHINGTON, BABYBOY

MEDICAL INFORMATION

Adm Physician: 90 WARD, JAMES (843) 884-5331 Admit Dx. NEWBORN
Att Physician: 90 WARD, JAMES (843) 884-5331
Ref Physician:

Principal Diagnosis: _____

Secondary Diagnosis: _____

Operative/Non-Operative Procedures:

_____ I _____

Discharge Status AMA _____ Stable _____ Unchanged _____ Expired _____

Discharge Summary Dictated Yes_____ No_____

Physician Signature_____ Date _____

ECH 0080

EAST COOPER REGIONAL MED CTR | PATIENT INFORMATION FACESHEET | PHFR019 07/16/2002 20:56:05

1200 JOHNNIE DODDS BLVD
MT PLEASANT, SC 29464
Telephone: (843) 881-4318

Patient #: 12222156
Medical Record #: 120-11-24
Adv Directive: N

Admit Date	Admit Time	Mj/Mn PT	Hosp.Code	Service Code	Fin. Class	Relig Code	Age	Birth Date	Clerk
07/16/2002	19:37	I N	345	NUR	2100	MET	0 D	07/16/2002	ECOLJEFF

Nrst/Room/Bed	VIP	Sex	Race	Marital Stat	Last Admit	Last Discharge	Patient Name
NURS/280 /A		M	B	S	00/00/0000	00/00/0000	WASHINGTON, BABYBOY

P| WASHINGTON, BABYBOY
A| 775 CARTWRIGHT DRIVE
T| CHARLESTON, SC 29414
I|
E| Home Phone: (843) 556-4032
N| Work Phone: (000) 000-0000
T| Occupation:

Place of birth

County Of Residence

SSN: 000-00-0001

Employer Information

Telephone: (000) 000-0000

G| WASHINGTON, JAMESETTA L
U| 775 CARTWRIGHT DRIVE
A| CHARLESTON, SC 29414
R|
N| Home Phone: (843) 556-4032
T| Work Phone: (000) 000-0000
R| Occupation:

Relationship:

Employer Information
STUDENT

SSN: 251-55-1195

Telephone: (000) 000-0000

R| WASHINGTON, CHARLENE
L| 775 CARTWRIGHT DR
A| CHARLESTON, SC 29401
T|
I| Home Phone: (843) 556-4032
O| Work Phone: (000) 000-0000
N| Occupation:

Relationship:

Employer Information
STUDENT

SSN: 248-98-8098

Telephone: (000) 000-0000

Admitting Physician	Attending Physician	Referring Physician	Family Physician
WARD, JAMES	WARD, JAMES		WARD, JAMES
(843) 884-5331	(843) 884-5331		(843) 884-5331

Admitting Source: A - Normal Delivery
Admitting Diagnosis. NEWBORN

Accident (Y/N): N Work Rlt (Y/N) Accident Date/Time. 00/00/0000 00 00

Admitting Note: VAG/WELL APGARS 7/9 7 LBS 10 OZ
UNSURE BOTTLE OR BREAST FED

Comments:

ECH 0081

FOR SAFETY'S SAKE

Having a baby is a wonderful experience and we want you to enjoy it. We at East Cooper Regional Medical Center want to help assure the safety of your baby during your stay. The following are some things that you can do.

I. Familiarize yourself with the staff on Women's Services and in the Nursery. All nursing personnel should be wearing an East Cooper Regional Medical Center badge. The nursing staff will change shifts at 7:00 AM, 3:00 PM, 11:00 PM, and occasionally, 7:00 PM. Expect the oncoming nurse to come and introduce herself when she comes to bring, pick up, or check on your baby. She and the baby's physician are the only ones who would need to take your baby out of your room.

II. Other hospital staff may enter your room throughout the day. Housekeeping personnel may clean your room. Dietary and Lab personnel may come to talk with or perform tests on you only. Engineering may need to make repairs, and Volunteers may deliver mail, juice, or flowers. If you are unsure about anyone, please call the nurse's station and someone will come to assist you.

III. Do not leave your baby unsupervised in the room. If you take a shower, wish to walk, or want an undisturbed nap, return your baby to the Nursery where he/she can be closely observed. Do not carry your baby in the hall. Push him/her in the bassinet.

IV. Do not hesitate to question anyone who enters the room or asks about your baby even if they are wearing a uniform. If the nurse takes your baby for tests, feel free to question where they are going and how long it will take.

V. When you pick up your baby from the Nursery or the Nurse brings him/her to you, she will ask you to read the bold numbers on your ID bracelet to match with your baby's bracelet. Be sure this is done before receiving your baby. No Band = No Baby.

VI. All Women's Services Staff have photo ID badges with Women's Services on it. Be sure to check for proper ID before you give your baby to anyone you do not know. If you are still unsure, press your call light and ask for assistance.

VII. Keep your baby's bassinet on the side of the bed opposite the door. This allows you to see anyone who approaches the baby.

VIII. Please obey and help us to enforce visitation rules. Visiting hours for those other than siblings and grandparents are limited to the hours between 9AM to 9PM. We recommend having no more than 2 visitors at a time to avoid confusion.

IX. Your children are welcome to visit with adult supervision but **will not be permitted to stay overnight.** Children under 12, other than your own are not allowed to visit in the room

X. When you are ready for discharge, the Nursery nurse will remove one bracelet from the baby for the Medical Record and have you sign the discharge papers. Someone will assist you to your car in a wheelchair. You must have a car seat for your baby to ride home in.

XI. **Place infants on their backs to sleep.**

This is a special time for you. We want you to feel safe and relaxed as you enjoy your stay.

ECH 0082

Parent Signature [signature] Date 7/16/02

Nurse Signature [signature] Date 7/16/02

ADDRESSOGRAPH

1222196 280-A
WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

East Cooper Regional Medical Center
Mt. Pleasant, SC 29464

Rev 07/00

NEWBORN RECORD

REQUEST FOR CIRCUMCISION

I, Jamesetta, acknowledge that I have been given the pamphlet entitled, "Circumcision: A Personal Choice", published by the American College of Obstetrics and Gynecologists (copyright 1984), and hereby request that Baby Boy Washington born in East Cooper Regional Medical Center on 7-16-02, be circumcised by Dr. Ward.

not done

SIGNATURE OF PARENT: Jamesetta Washington DATE: 07-16-02

or

TIME: 2230

SIGNATURE OF AUTHORIZED PERSON IF PARENT IS INCOMPETENT

RELATIONSHIP TO NEW BORN: mother

WITNESS: Eileen Stevens DATE: 7-16-02

VERBAL CONSENT OF PARENT TELEPHONED OR WIRED BY:

RELATIONSHIP TO NEWBORN:

DATE:

ECH 0083

WITNESS:

DATE:

WITNESS:

DATE:

12222196 280-A
WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

8/96 EC1290/217548

East Cooper
Regional Medical Center

1200 Johnnie Dodds Blvd.
Mt. Pleasant, SC 29464
Tel 843.881.0100

I do ☒ do not ☐ wish to have my infant vaccinated against Hepatitis B at this time.

Parent/Guardian Date 07-16-02

Witness Date 7-16-02

Vaccine Manufacturer/Lot #

Injection Site

Name and Title of Administrator

Edition Date of Vaccine Information Materials

Washington
not given

EC 3178
Rev. 7/99

ADDRESSOGRAPH ECH 0084

12222195 280-A
WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

MEDUCARE INFANT TRANSPORT FORM

Please complete with all the available information and send this form with the patient.

A. Patient Information

Infant's Name ♂ Washington

Date and Time of Birth 3 / 16 / 02 @ 1937 (AM) PM

Home Address 77 Cartwright Dr.

Referring Physician Dr Ward Reason for Referral Apnea

B. Delivery Information

Prenatal Care (Y) N Maternal Age 20 Group B Strep Status (-) Treated ____

Antepartum/Postpartum Complications ____

EDC 7/9/02 EGA ____ ROM 7/16/02 0746

Type of Delivery: (Vag) VAC. C-Sect Anesthesia ____

Apgars: 1 7 5 9 10 ____

Vit K ✓ Erythromycin opth ✓

Blood Culture (Y) N 7/17/02 @ 0900 AM

C. Current Status (To be completed within one hour of transport)

Weight 7-10 HR 138 RR 44 BP 91 (m = 61) / 147 Glucose 92 @ 0830

Temp 99.3 HCT ____ X-Ray Y (N)

Respiratory Status: Oxygen % ____ (Hood) (Y) N

Ventilator: Rate ____ PIP ____ PEEP ____ IT ____

IV (PIV) UVC UAC

Fluid Type: D10W Rate: 10cc/hr . Amt Rec'd ____

Medications: Type Amp Dose 175 mg Time 0910 Route IV

Type Gent Dose 5.2 Time 0930 Route IV

q 12°

ECH 0065

Please send a copy of x-rays, copy of chart, and cord blood if available.

12222196 280-A

WASHINGTON, BABYBOY

7/16/2002 M 7/16/02

WARD, JAMES

MED REC# 120-11-24 P.T. N

F/C 2100 DR. 00090

EAST COOPER REGIONAL MEDICAL CENTER

PATIENT'S RESPONSE TO PROPOSED TREATMENT OR TRANSFER

PART II: COMPLETE ONLY 1, 2, 3, or 4

1. Patient Declines Treatment Recommended by this Hospital and Requests Transfer:

I acknowledge that the attending or Emergency Department physician has evaluated my condition and explained it to me and I have been offered further medical examination and treatment. The potential benefits of such further medical examination and treatment as well as potential risks associated with transfer to another facility have been explained to me and I fully understand them. In spite of this understanding, I refuse to consent to further medical treatment which has been offered to me and I request transfer to: _____

_____ _____
Witness Signature of Individual/Representative

_____ _____
Date and Time Relationship to Individual

THE PATIENT TRANSFER FORM MUST ALSO BE COMPLETED.

2. **Patient Consents to Transfer Recommended by this Hospital:**

I acknowledge that the attending or Emergency Department physician has evaluated my condition and explained it to me. The attending or Emergency Department physician has recommended that I be transferred to the service of Dr. Kapur at Medical MICU. The potential benefits of such transfer, the potential risks associated with such transfer, and the possible risks arising from not being transferred have been explained to me and I fully understand them. With knowledge and understanding, I agree and consent to be transferred.

I also authorize, East Cooper Regional Medical Center and Medical & Dr Kapur to exchange information and medical records for the purpose of providing services and medical treatment. Any and all information, including that contained in my medical record, may be released unless it is subject to the following restrictions:

_____
(specify the restrictions, if any on the information which may be released)

C. Murphy RN Janeretta Washington
Witness Signature of Individual/Representative

7-17-02 mother
Date and Time Relationship to Individual

THE PATIENT TRANSFER FORM MUST ALSO BE COMPLETED.

ECH 0086

3. **Patient Refuses Transfer Recommended by this Hospital:**

I acknowledge that the attending or Emergency Department physician has evaluated my condition and explained it to me. The Emergency Department physician has recommended that I be transferred to the service of Dr. _____ at _____ _____ based upon the potential benefits of such transfer, the potential risks associated with such transfer, and the possible risks arising from not being transferred. I have been advised of and fully understand these benefits and risks. In spite of this understanding, I refuse the suggested transfer.

_____ _____

Witness Signature of Individual/Representative

_____ _____

Date and Time Relationship to Individual

THE PHYSICIAN MUST INCLUDE IN THE PATIENT'S MEDICAL RECORD A DESCRIPTION OF THE PROPOSED TRANSFER.

4. **Patient Refuses Further Treatment Recommended by this Hospital:**

I acknowledge that the attending or Emergency Department physician or staff have evaluated my condition and explained it to me and I have been offered further medical examination and treatment. The potential benefits of such further medical examination and treatment as well as potential risks associated with such further medical examination and treatment have been explained to me and I fully understand them. In spite of this understanding, I refuse to consent to further medical treatment which has been offered to me.

I do not request a transfer.

_____ _____

Witness Signature of Individual/Representative

_____ _____

Date and Time Relationship to Individual

THE PHYSICIAN MUST INCLUDE IN THE PATIENT'S MEDICAL RECORD A DESCRIPTION OF THE PROPOSED TREATMENT.

_____ _____

Date Signature of Person Providing Explanation Title of Person Providing Explanation

Notes: _____

_____

_____

_____

ECH 0087

TRANSFERRING NURSE TO COMPLETE

Dr Ward. M.D. has authorized the transfer to Med U hospital.

The patient will go directly to NICU

Report called to: Name:_____ Time:_____

Vital signs at time of transfer: Temp 99³ Pulse 138 Resp. 44 BP 81/47 61

Data: ☑ sent with patient or ☐ faxed:
☐ Medical Record copies ☐ X-Ray ☐ Lab ☐ ABG ☐ EKG ☐ Other_____

Equipment sent with patient: ☐ IV Pump ☐ Immobilization Equipment ☐ Splint
☐ Other _____

IV Fluids/Medications during transfer

D5W @ 10cc/hr.

Disposition of Valuables/Clothing:

Transferring Nurse's Signature

7-17-02
Date

12222196 280-A
WASHINGTON, BABY BOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090
ECH 0088

PATIENT TRANSFER FORM

TRANSFERRING PHYSICIAN TO COMPLETE

Dr. Rapu has been notified of the patient's condition and agrees to accept the patient.
Patient Diagnosis Anemia — Pneh, Sepsis
☑ Receiving facility has agreed to provide available space, qualified personnel, and equipment
Mode of transportation: ☐ Private Auto ☐ Ambulance-Basic ☐ Ambulance-Advanced
☐ Law Enforcement ☐ Other _____

Benefits of Transfer
☐ Diagnostic tests/procedures/treatments indicated are not available at this facility.
☑ Physician specialty needed is not available. (Specialty not available: _____)
☐ Close proximity to advanced medical facility in event worsening condition
☐ Condition will likely deteriorate unless transferred
☐ Other (explain) _____

Risks of Transfer
☐ Discomfort during transport ☑ Possible worsening of condition or death during transport
☐ Potential for accident during transport ☐ No further treatment/improvement possible ☐ Other _____

Refusal of Transfer
☐ Patient was offered transfer but refused
☐ Transfer was offered but refused by a legally responsible person acting on the patient's behalf.
Name of person refusing transfer _____ Relationship to patient _____

Condition of Patient
☐ **Stable patient**
I have examined the patient and, based on the information available at this time, the patient's medical condition is stable such that within reasonable medical probability no deterioration in the condition of the patient (or the patient's unborn child) will result from or occur during transfer.
☑ **Unstable patient**
I have examined the patient and have concluded that the benefits, reasonably expected from treatment at another facility, outweigh the risks to the patient and, in case of labor, to the unborn child. Transfer by any other means than ambulance or helicopter could result in placing the patient's health in jeopardy. I certify that the foregoing is true to the best of my knowledge and professional judgement.

J. Wenet MD
Emergency or Attending Physician

7-17-02
Date

PATIENT/PATIENT'S FAMILY TO COMPLETE

I have been informed and understand the benefits and risks of transfer. I consent for release of medical information and authorize and consent to transfer to the facility named above.

Date: 7/17/02 Time: 1000

Jamecottal Washington
Patient or Legally Responsible Person

mother
Relationship if signed by other than Patient

Addressograph

East Cooper Regional Medical Center
Mt. Pleasant SC 29464

ECH 0089

EXH_2_089

3187

NAME Washington

Birthdate 7/16/02	Time A.M. 1937 P.M.	Father's Name Christopher Gress	
Weight 7 LBS. 10 OZ.	Length 21 INS.	Chest Circ. 13"	Head Circ. 14"
Sex M	Race AA	Discharged 7/17/02 1030	Weight TO NURSC NICU

Mother's Name Tamesetta — Mother's Age 20 — GBS Status neg — Hepatitis B Status neg

Obstetrician Dr Rhett — DELIVERY — Spontaneous ☐ — Caesarian Section ☐

Attending Pediatrician Dr Ward — Forceps: ☐ — Vacuum ☒

Apgar — Newborn RH — Blood Group

1 min- 7 — Mother's RH + — Blood Group A

5 min- 9 — Complications (Prenatal) — Coombs

Treatment of: Eyes Erythromycin Oint 7000 ou Cord Triple dye — (Labor)

Medication: V.i.t. K. 0.5/mL Im ED ULTra 2000

Breast ☐ Bottle ☐

GR 1 P 0 A EDC 7/9/02

	NO ABNORMALITIES	ADMISSION EXAMINATION Description of Abnormal Findings	DISCHARGE EXAMINATION Description of Abnormal Findings
1	General Appearance (Maturity, Activity Tone Cry, Color, Nutrition, Edema)	APNEA	Transfer
2	Skin (Rashes, Hematoma)	this AM	NURSE
3	Head, Neck (Molding, Craniotabes Cephalohematoma)	Lethargic	NICU
4	Eyes		
5	Ears, Nose, Throat, Mouth		
6	Thorax (Including Breast Hypertrophy)		
7	Lungs		
8	Heart		
9	Abdomen (Including umbilicus)	Suspect Sepsis	
10	Genitalia		
11	Trunk and Spine		
12	Extremities (Including Clavicles, Hips)		
13	Reflexes (Moro Grasp, Sucking, Swallowing)		
14	Anus		

Admission Impression: Term Infant See Above note

Final Diagnosis: Term Infant Transferred Nurse NICU

Physician's Signature J Ward — Date 7/17/02

Physician's Signature J. Ward — Date 7/17/02

Hepatitis B Vaccine Date Not given Site Initials

Manufacturer Lot # Exp Date

East Cooper Regional Medical Center
Mt. Pleasant, SC 29464
NEWBORN INFANT REPORT

WHITE / CHART YELLOW / DOCTOR

428/5D 0345NUR006 6/01 EC4642BW/182480

ADDRESSOGRAPH

ECH 0090

12222196 280- A
WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

White - Chart Copy Yellow - Doctor's Copy 0345NUR006

EXH_2_090

3188

D H E C
PROMOTE PROTECT PROSPER

Newborn Hearing Screen Results

1222219b 280-A
WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

Not Done

Dear Parents:

Newborn hearing screens are conducted so that hearing loss is identified as early as possible. Good hearing is extremely important for the proper development of speech and language skills. Early diagnosis and treatment of permanent hearing loss leads to improved language, vocabulary, and academic performance. Therefore if your baby is scheduled for follow-up with an audiologist it is very important that you keep this appointment. Please obtain pre-approval for this appointment from your doctor/primary care provider if required by your insurance.

Your baby _____ (Baby's Name) born _____ (Date of Birth):

☐ ***PASSED*** the hearing screen. No additional testing is needed.

☐ ***PASSED*** the hearing screen ***but is at risk for delayed onset or progressive hearing loss.*** Your baby's hearing needs to be screened again in three months. **An appointment has be scheduled with:**

_____ (Audiologist's Name) on _____ (Date) at _____ (Time).

Audiologist's Telephone # _____. You are responsible for the cost of this appointment if you have no other insurance coverage.

☐ ***FAILED*** the hearing screen. Your baby's hearing needs to be tested by an audiologist. **An appointment has been scheduled with:** _____ (Audiologist's Name) on _____ (Date) at _____ (Time).

Audiologist's Telephone # _____

☐ was ***NOT SCREENED.*** **An appointment has been scheduled with:**

_____ (Provider's Name) on _____ (Date) at _____ (Time).

Provider's Telephone # _____

ECH 0091

☐ was ***NOT SCREENED DUE TO TRANSFER TO ANOTHER HOSPITAL.*** A hearing screen has be scheduled at _____ hospital.

You should continue to observe your baby's hearing and speech development. Please read the ***First Sound brochure*** which outlines typical speech and hearing development. If you ever have questions about your baby's speech, hearing, or language development, contact the baby's doctor or an audiologist.

White - Chart Yellow - Parent/Guardian Blue - Pediatrician

Newborn Hearing Screen Results Form

Purpose

The form is used by hospitals to report hearing screen outcomes to parents/guardians and primary care providers.

Instructions for completing

1. Stamp the upper right hand corner of the form with the patient's addressograph.

2. Check the box that corresponds with the newborn's hearing screen result and, where applicable, fill in information about scheduled follow-up.

3. Distribute color copies as indicated on form being sure that Parents/Guardians receive their copy prior to discharge from the hospital.

Office Mechanics and Filing

Once the form is completed, designated hospital staff will separate color copies and forward as follows: white - infant's chart; yellow- parent/guardian; blue- pediatrician. SCDHEC will not receive a copy of the form.

ECH 0092

Consulting Physician and/or Service: Clinical Social Work - Natina Kontenakos

Reason for Request: To conduct brief biopsychosocial assess & discuss baby care issues.

✓ ASAP ____ Urgent ____ At Your Convenience ____ Other

Date Requested: 7.17.02 Requested by Dr.: .

Date and Time Office or Service Notified

DATE	TIME	BY WHOM

LSW meets w pt. who is [illegible] x 3 & sitting on edge of hospital bed. Pt & baby boy will be d/c'd to mom's home where pt. resides. Pt. plans to resume college @ USC-Cole in Sept 02 & will secure apt. in SM. Pt's sister resides in Cole & pt has much child care arrangements. Pt will complete college program in Biology/Chemistry - 1yr. Pt desires to continue academic studies to become an OB/GYN. Pt denies

psych hx incl anxiety/depression & denies current depression, SI/HI behaviors. Pt states she is happy about birth of baby & denies any negative feelings towards baby. LSW explores pt's current primary support. Pt reports FOB is involved & denies any concerns about his participation in care of baby. Pt reports limited family support. LSW validates pt's efforts to breastfeed baby. Pt reports she will be transferred to MUSC this am once baby is having episodes of apnea & bradycardia. Pt reports understanding of transfer & is agreeable to MUSC transport team arrives. LSW to follow up with pt re: [illegible] & thoughts of transferring primary MD to another OB/GYN. LSW to follow up re drug screen results. 1500 LSW notified by day RN, Betsy, that pt's drug screen was negative. Nursing staff will contact pediatrician.

7/17/02/0930
DATE OF CONSULTATION

Natina Kontenakos, LSW MSW
CONSULTANT

East Cooper Regional Medical Center

CONSULTATION RECORD

12161469 004-0
WASHINGTON, JAMESETTA L
7/29/1981 F 7/15/02
OSBORNE, GRANGER
MED REC# 119-95-95 P.T. I
FAC 2000 DR. 00102

ECH 0093

9/01 EC48543W/247228

CHECK HERE IF THERAPEUTICALLY EQUIVALENT GENERIC DRUGS MAY **NOT** BE SUBSTITUTED.

1. Routine admission procedures per Dr. _____
2. VS q 1° x 4, q 4° x 2, then q shift.
3. Aqua Mephyton 1 mgm IM on admission.
4. Erythromycin ophth oint. OU on admission.
5. Breast or _____ formula.
6. PKU p̄ 24° of age
7. Triple dye to cord on adm
8. VDRL on cord blood if not done in last trimester on mother.
9. Type, Rh and direct coombs on all O+ and Rh neg. mothers.
10. If direct coombs positive, order total bilirubin on cord blood and Hct c̄ next bilirubin level drawn at 6 hours of age.
    Notify M.D.
11. Accu Check as needed on any infant who comes under the criteria of high risk for hypoglycemia.
    Notify MD of results less than 30mgm%.
12. Vaseline gauze on circumcision site with each diaper change.
13. Hep B vaccine c̄ parental consent.
14. Hood O2 to keep Sats > 95, wean as tolerated.

DATE	TIME	PHYSICIAN'S SIGNATURE	
7/16/02	0200		
DATE 7/16/02	TIME 2040	TRANSCRIBED BY:	COUNTERSIGNED BY:

East Cooper
Regional Medical Center
Mt. Pleasant, SC 29464

NURSERY
PHYSICIAN'S ORDER SHEET

ADDRESSOGRAPH 1222196 280-A
WASHINGTON, BABY BOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

ECH 0096

WHITE / CHART CANARY / PHARMACY
68877 0345NUR008 Rev 8/99 EC68577W:21-7271

EXH_2_094

DIAGNOSIS: Newborn

ORDERING PHYSICIAN: Ward

INITIAL ORDERS/DATE: Oxi-Hood

PATIENT/FAMILY INSTRUCTED IN USE/HAZARDS OF OXYGEN? ☐ YES ☐ NO

IF NOT, WHY?

DATE	TIME	MODALITY	FIO_2	LPM	TEMPERATURE	O_2 ANALYZED	EQUIPMENT Δ	SPO_2	COMMENTS	INITIALS
7/14	2015	Oxi-Hood	37	12	32°			98	Stable + one	
7/15	2125	Oxi-Hood	35	12	32°			97	one	
7/16	2315	Oxi-Hood	28	12	32°			98	one	
7/17	0055	Oxi-Hood	25	12	32			98	one	
7/17	0235	D/C'd								

SIGNATURE/INITIALS			

East Cooper
Regional Medical Center
Mt. Pleasant, SC 29464

CARDIO-PULMONARY DEPT.
OXYGEN THERAPY FLOWSHEET

#68800738 5/96 EC68800/196248

Addressograph
1222196 280-A
WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

ECH 0097

PATIENT REPORT

7/16/02 19:54

EAST COOPER REGIONAL MEDICAL CENTER
Cardio-Pulmonary Services
1200 Johnnie Dodds Blvd.
Mt. Pleasant, SC. 29464 843-881-4302

Last Name	Patient ID	Date	Time
JAMESETTA	WASHINGTON	7/16/02	19:58

First Name | Sex | Date of Birth

Location | Physician Name

Date Drawn | Time Drawn | Accession No. | Type: Blood | Operator ID: Tim Jenkins

Source	Temp	F_iO_2	Flow	Mode	RespRt	CPAP	PEEP	Vt	PIP
Other	37.0	21.0							

Draw Site: CORD | Allens Test: NEG | PSV

BLOOD GAS 37.0°C

Parameter	Value		Units	Reference Range
pH	7.208	↓↓		7.350 - 7.450
pCO_2	59.4	↑↑	mmHg	35.0 - 45.0
pO_2	25.0	↓↓	mmHg	75.0 - 100.0
HCO_3^-act	23.1		mmol/L	-
BEvt	-5.9		mmol/L	-
tCO_2	24.9		mmol/L	-

OXYGENATION PARAMETERS

Parameter	Value		Units	Reference Range
tHb	16.4		g/dL	12.0 - 18.0
sO_2	43.3	↓	%	92.0 - 98.5
O_2Hb	42.4	↓	%	94.0 - 97.0
COHb	1.5		%	0.5 - 1.5
MetHb	0.5		%	0.0 - 1.5
HHb	55.6	↑	%	0.0 - 5.0
Hct	48		%	37 - 50

BLOOD GAS 37.0°C

Parameter	Value	Units	Reference Range
pH(T)	7.208		-
pCO_2(T)	59.4	mmHg	-
pO_2(T)	25.0	mmHg	-

OXYGEN STATUS

Parameter	Value	Units	Reference Range
O_2Cap	22.3	mL/dL	16.0 - 24.0
ctO_2	9.7	mL/dL	-
pO_2(A)(T)			-
$AaDO_2$			-
a/A			-

Cord Dms

7/16/02

HISTORICAL DATA

Date	Time	pH		pCO_2		pO_2		HCO_3ac	BEvt	tHb	sO_2		O_2Hb		COHb	MetHb	F_iO_2
7/16/02	19:58	7.208	↓↓	59.4	↑↑	25.0	↓↓	23.1	-5.9	16.4	43.3	↓	42.4	↓	1.5	0.5	21.0

LEGEND
↑ Value above reference range
↓ Value below reference range
↑↑ Value above action range
↓↓ Value below action range
—— ↑↑ Above reporting range
—— ↓↓ Below reporting range

122221 16 E80 A
WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

Signature: T. Jenkins RT

ECH 0098

Accession: 2198-GL4546
Patient: WASHINGTON, BABYBOY Med. Rec. #: 1201124 Ordered: 7/17/02 09:00
DOB: 7/16/2002 Age: 1D Sex: M Accnt #: 12222196 Collected: 7/17/02 09:00
Doctor: WARD, JAMES G Admit Date: 7/16/02 Received: 7/17/02 09:28
Ord Dr: WARD, JAMES G Completed: 7/17/02 09:43

PROFILE/TEST	RESULTS	UNITS		EXPECTED RANGE
BC				
WBC	22.2 C (1)	X 10^3	[ ]>>	6.0-18.0
RBC	5.00	X 10^6	[*]	4.60-6.00
HGB	16.0	G/DL	[*]	16.0-20.0
HCT	49.1	%	[*]	44.0-62.0
MCV	98.2	FL	[*]	96.0-106.0
MCH	32.0 L	PG	<[ ]	35.0-39.0
MCHC	32.6 L	%	<[ ]	35.0-39.0
RDW	15.1 H	%	[ ]>	11.5-14.5
PLATELET CT	266	X 10^3	[*]	130-400
SEGS	78 H	%	[ ]>	30-50
BANDS	6	%	[*]	0-6
LYMPHS	5 L	%	<[ ]	35-55
MONOS	11 H	%	[ ]>	0-10
EOS	0	%	[*]	0-5
BASOS	0 L	%	<[ ]	1-3
PLATELET EST	ADEQUATE			
ANISOCYTOSIS	1+			

1) REPEATED, VERIFIED, AND RESULTS CALLED.

BC WBC REPEATED AND CALLED TO JAY 0955 7-17-02 BY C. FALLAW.

Checked by: _____

MISC
LAST PAGE OF REPORT

ECH 0099

'atient: WASHINGTON, BABYBOY Med. Rec. #: 1201124 Accession: 2198-GL4546
DOB: 7/16/2002 Age: 1D Sex: M Accnt #: 12222196 Ordered: 7/17/02 09:00
Doctor: WARD, JAMES G Admit Date: 7/16/02 Collected: 7/17/02 09:00
Ord Dr: WARD, JAMES G Received: 7/17/02 09:28
Completed: 7/17/02 09:43

ROFILE/TEST	RESULTS	UNITS		EXPECTED RANGE
BC				
WBC	22.2 C (1)	X 10^3	[ ]>>	6.0-18.0
RBC	5.00	X 10^6	[*]	4.60-6.00
HGB	16.0	G/DL	[*]	16.0-20.0
HCT	49.1	%	[*]	44.0-62.0
MCV	98.2	FL	[*]	96.0-106.0
MCH	32.0 L	PG	<[ ]	35.0-39.0
MCHC	32.6 L	%	<[ ]	35.0-39.0
RDW	15.1 H	%	[ ]>	11.5-14.5
PLATELET CT	266	X 10^3	[*]	130-400
SEGS	78 H	%	[ ]>	30-50
BANDS	6	%	[*]	0-6
LYMPHS	5 L	%	<[ ]	35-55
MONOS	11 H	%	[ ]>	0-10
EOS	0	%	[*]	0-5
BASOS	0 L	%	<[ ]	1-3
PLATELET EST	ADEQUATE			
ANISOCYTOSIS	1+			

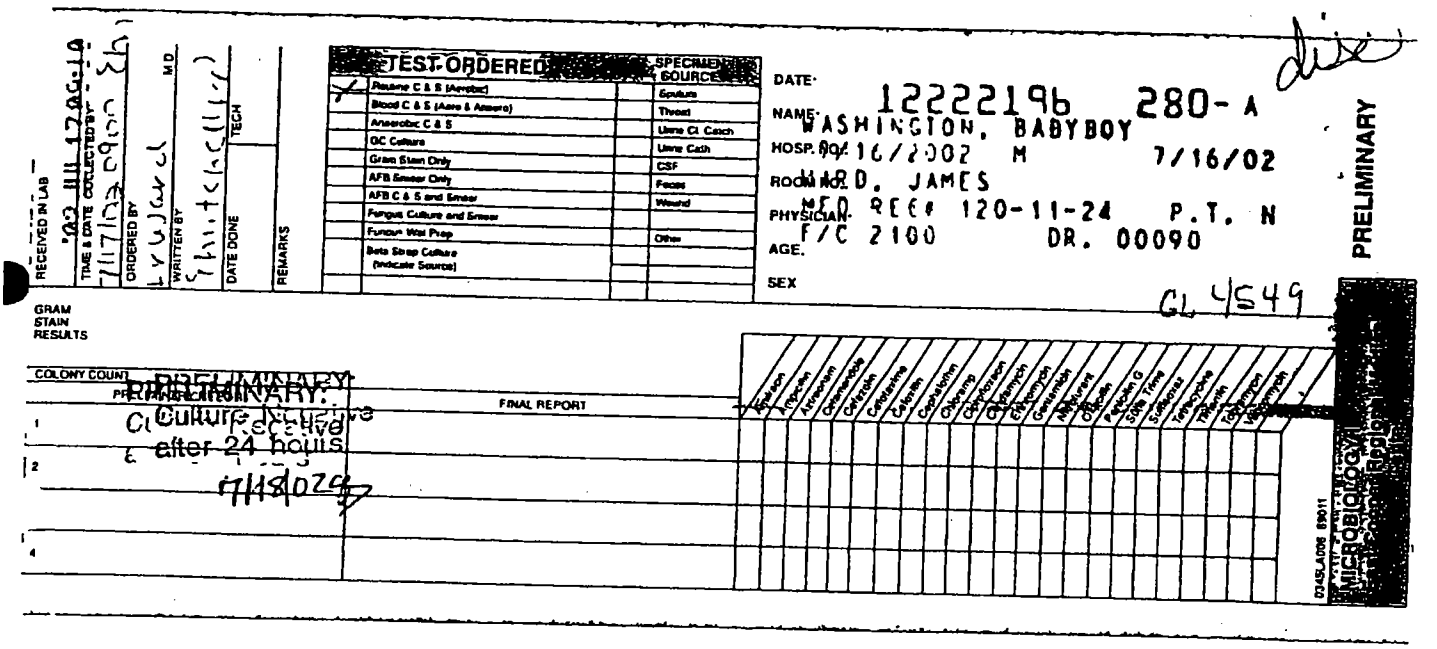
1) REPEATED, VERIFIED, AND RESULTS CALLED.

3C WBC REPEATED AND CALLED TO JAY 0955 7-17-02 BY C. FALLAW.

Checked by: _____

MISC
LAST PAGE OF REPORT

ECH 0100



Laboratory Result Mount Sheet

ECH 0101

East Cooper Regional Medical Center

1200 Johnnie Dodds Blvd. • Mt. Pleasant, SC 29464

Rev 11/97 EC47513W/272649

RECEIVED IN LAB: 7/18/02 1249:19
TIME & DATE COLLECTED BY: 7/18/02 0950 EH
ORDERED BY: Dr. Wilford M.D.
WRITTEN BY: Smithwick TECH
DATE DONE:
REMARKS:

TESTS ORDERED	SPECIMEN SOURCE
Routine C & S	Sputum
Blood C & S (Aero & Anaero)	Throat
Anaerobic C & S	Urine Cl. Catch
GC Culture	Urine Cath.
Gram Stain Only	CSF
AFB Smear Only	Feces
AFB C & S and Smear	Wound
Fungus Culture and Smear	
Fungus Wet Prep	Other
Beta Strep Culture (Indicate Source)	

DATE: 1c 219b 280-A
NAME: WASHINGTON, BABYBOY
HOSP. NO: 02/16/2002 M 7/18/02
ROOM NO: WARD, JAMES
PHYSICIAN: HFD REC# 120-11-26 P.T. B
AGE: T/C 2100 DR. 00090
SEX: GL 4549

CHART

GRAM STAIN RESULTS

COLONY COUNT	PRELIMINARY REPORT	FINAL REPORT
1		Culture Negative after 6 days. LMO 7/23/02
2		
3		
4		

Amikacin, Ampicillin, Aztreonam, Cefamandole, Cefazolin, Cefoxitin, Ceftazidime, Cefotaxime, Ceftriaxone, Cefuroxime, Cephalothin, Chloramphenicol, Ciprofloxacin, Clindamycin, Erythromycin, Gentamicin, Nitrofurantoin, Oxacillin, Penicillin G, Sulfa/Trim, Tetracycline, Ticarcillin, Tobramycin, Vancomycin, ESBL

MICROBIOLOGY
East Cooper Regional Medical Center

D345LA006 89011

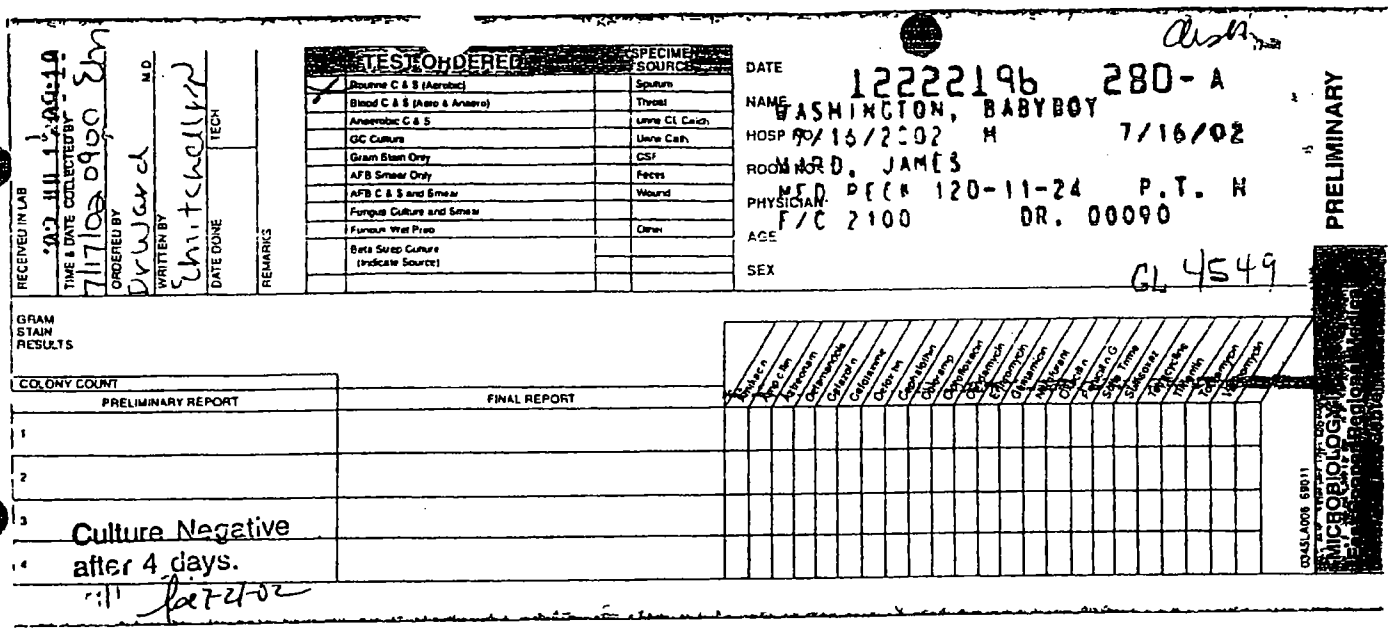
Laboratory Result Mount Sheet

ECH 0102

East Cooper Regional Medical Center

1200 Johnnie Dodds Blvd. • Mt. Pleasant, SC 29464

Rev 11/97 EC47513W/272649



RECEIVED IN LAB: '02 JUL 17 AM 9:19
TIME & DATE COLLECTED: 7/17/02 0930
ORDERED BY: Dr. Ward
WRITTEN BY: Mitchell
TECH
DATE DONE
REMARKS

TEST ORDERED		SPECIMEN SOURCE
✓	Routine C & S (Aerobic)	Sputum
	Blood C & S (Aero & Anaero)	Throat
	Anaerobic C & S	Urine CL Catch
	GC Culture	Urine Cath
	Gram Stain Only	CSF
	AFB Smear Only	Feces
	AFB C & S and Smear	Wound
	Fungus Culture and Smear	
	Fungus Wet Prep	Other
	Beta Strep Culture (Indicate Source)	

DATE 12222196 280-A
NAME WASHINGTON, BABYBOY
HOSP NO. 7/16/2002 H 7/16/02
ROOM NO. WARD, JAMES
PHYSICIAN MED PECK 120-11-24 P.T. H
AGE F/C 2100 DR. 00090
SEX GL 4549

PRELIMINARY

GRAM STAIN RESULTS

COLONY COUNT	PRELIMINARY REPORT	FINAL REPORT
1		
2		
3	Culture Negative	
4	after 4 days.	

Staphylococcus Aureus, Group C Beta Streptococcus, Group G Beta Streptococcus, Group A Beta Streptococcus, Group B Beta Streptococcus, Group D Enterococcus, Viridans Streptococcus, Corynebacterium Diphtheriae, Corynebacterium Species, Neisseria Meningitidis, Haemophilus Influenzae, Escherichia Coli, Klebsiella Species, Proteus Species, Salmonella Species, Shigella Species, Pseudomonas Species, Yersinia Species, Candida Species

MICROBIOLOGY

CD45LA006 5/01

7/17/02

ECH 0103

Laboratory Result Mount Sheet

East Cooper Regional Medical Center

1200 Johnnie Dodds Blvd. • Mt. Pleasant, SC 29464

Rev 11/97 EC47513W/272649

EXH_2_101

3199

INITIALS	SIGNATURE	INITIALS	SIGNATURE
		EM	E Mitchell RN
		JK	J. Knifflerk

ADMINISTRATION SITE CODE

1. Rt. Deltoid	7. Rt. Anterolateral Thig
2. Lt. Deltoid	8. Lt. Anterolateral Thigl
3. Rt. Gluteus Medius	9. Rt. Anterior Thigh
4. Lt. Gluteus Medius	10. Lt. Anterior Thigh
5. Rt. Ventrogluteal	11. Rt. Abdomen
6. Lt. Ventrogluteal	12. Lt. Abdomen

RGIES

	1st Shift 7:30 — 3:30	2nd Shift 3:30 — 11:30	3rd Shift 11:30 — 7:30
ampicillin 175mg Q12°			
START 7/17 ENT EM VER	0900 JK		
Gentamycin 5.2 Q12°			
START 7/17 ENT EM VER	0930 J.K.		
START ENT VER			
TART ENT VER			
TART ENT VER			
TART ENT VER			
TART ENT VER			
ART ENT VER			

ECH 0104

TION ADMINISTRATION RECORD

EAST COOPER
DNAL MEDICAL CENTER

PATIENT NAME

ADMITTING DR

NUMBER BED

ADM DATE DOB

EFFECTIVE DATES - FROM

THRU

3843

0345-RX-005

MOTHER

Gravida 1 Para 0 Blood Type A+ RH A+ Age 32 EDC 7/9/02

Delivery VVD Complications

Membranes Ruptured: Date 7/16 Time 0746 Appearance clear

INFANT

APGAR 7 / 9 Birthdate 7 / 16 / 02 Time 1937 Birthweight 7 Lbs. 10 oz. 3470

Del. Dr. Rhett Baby's Dr. Ward L&D Nurse Judy Mercer

Race Black Initial Rectal Temp. 99.6(E) HR 152 RR 76 Breath Sounds clear

Abnormalities Noted none ID Band # 36895 Head 14"

Chest 13" Length 21" Erythromycin Opth Oint. DW 2000

Aquamephyton 0.5 mls IM Mgm. Time 2000 LLT Administered by RSlevins

Color of Infant
- ☑ Pink
- ☐ Pale
- ☐ Acrocyanotic
- ☐ Cyanotic
- ☐ Jaundiced

Appearance of Skin
- ☑ Clear
- ☑ Smooth
- ☑ Peeling
- ☐ Cracked
- ☐ Petechiae
- ☐ Forcep Marks
- ☐ Mec. Stained
- ☐ Vernix Present

Respirations
- ☑ Regular
- ☐ Shallow
- ☐ Grunting
- ☐ Retracting
- OCC ☑ Nasal Flaring

Character of Cry
- ☑ Lusty
- ☐ Weak
- ☐ Shrill

Neurological
- ☑ Reflexes Good
- ☑ Active
- ☐ Lethargic
- ☐ Jittery

Umbilical Cord
- ☑ 3 Vessels
- ☐ Stained
- ☐ Other

Head
- ☑ Eyes Clear
- ☑ Face Symmetrical
- ☑ Caput
- ☐ Fontanels Normal
- ☐ Palate Intact
- ☐ Sutures Overlapping

Trunk
- ☑ Symmetrical
- ☐ Breasts Normal

Buttocks
- ☑ Symmetrical
- ☐ Sacral Dimple

Extremities
- ☑ All Digits Present
- ☐ Extra Digits
- ☑ Symmetrical
- ☑ Proper Alignment
- ☐ FX Clavicle Click
- ☑ Hip Click

equal femorals ☑ Pulses (palpable)

Genitalia
- ☑ Testicles Descended
- ☐ Scrotum Swollen
- ☑ Penis Normal
- ☐ Labia Normal
- ☐ Labia Swollen
- ☐ Labia Bruised

Gestional Age
- ☐ SGA
- ☐ LGA
- ☑ Term
- ☐ Premature
- ☐ Postmature

☐ Warmer ☐ Suctioning
☐ Isolette ☐ Oxygen

☐ Breast Feeding
☐ Bottle

Time Assessment Done: _____ AM/PM

RN Signature RSlevins

CLINICAL ESTIMATE GESTATIONAL AGE

Gestational Age	0-36 Wks.	37-38 Wks.	39-40 Wks.
Sole Creases	1 Ant Trans Crease	Occ Creases to heel	Creases to heel
Breast Nodule Diameter	2 MM.	4 MM.	7 MM.
Scalp Hair	Fine & Fuzzy	Fine & Fuzzy	Coarse & Silky
Ear Lobe	Pliable - No Cartilage	Some Cartilage	Stiffened by Thick Cartilage
Testes & Scrotum	Testes in Low Canal, Scrotum Sm. Few Rugas	Intermediate	Testes Descended Scrotum Pendulous Exten. Rugas
Labia Clitoris	Labia Wide C Clitoric Pron.	Intermediate	Labia Closed over Clitoris

CALCULATED GESTATIONAL AGE 40 WEEKS

East Cooper
Regional Medical Center
Mt. Pleasant, SC 29464

NEWBORN ADMISSION ASSESSMENT

Rev. 5/01 EC71032

1222196 280-A

ADDRESSOGRAPH WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

ECH 0105

EXH_2_103

3201

Date	7/17	7/17						
Time	0800							
Weight								
Temperature	99³	WNL						
Apical Pulse (rate / rhythm)	128	see note						
Respiration (rate / quality)	32 clear easy	see note						
Blood Pressure	T/43 56	81/47 61						
Color	pink	pink						
Tone	poor	poor						
Eye condition	clear	clear						
ABD	soft	soft						
Bowel Sounds	(+)	(+)						
Cord condition & care	moist							
Behavior State	lethargic	asleep						
Position	supine	supine						
PO	NPO							
Output: Urine	0							
Output: Stool type	0							
Output: Gastric (color, amt)								
Procedures								
Labs Glucose	92							
	CBC/Bld culture							

Time	08	09	10	11	12	13	14	15
PIV:								
Hourly Rate		10	10					
Hourly Total			14cc's					
Site & redness / edema		(L) Y hand	(L) Y hand					
C/A Monitor		✓	✓					
Pulseoximeter		✓	✓					
Pulseox site Δ		NO	NO					
SAO_2		see note	see note					
O_2: Hood %		RA	75%					

0800 lethargic ↓ RR HR. HRR 3 (N). EBBS clear + unlabored. O2 sats on room air @ 97% but desats to low 80's. Blow by O2 & stim provided c rapid improvement. Monitors on c alarms set. -BC.

0900 Continues to desat frequently. Poor tone. Bradys to low 80's. Stim + blow by O2 provided. Blood cultures + CBC c diff drawn + sent to Lab. Apnic ≈ 20 sec c sats to 60's + brady to 80's. Stimulated to breathe, slow X ≈ 45 seconds to ↑ sats. PIV D10W started in (L) hand c #24 jelco @ 10cc/hr.

0930 Amp 175 mg given IV. Line flushed - Gent. 5.1 given IV. Dr. Ward in. NNSC transport team notified - BC.

1000 NNSC transport team arrived - report given. Hood O2 @ 75%. -BC.

1030 To NNSC per transport team in stable condition BC

Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature
BC	[signature]	[signature]	[signature]				
Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature

East Cooper Regional Medical Center
Mt. Pleasant, SC 29464

LEVEL II NEWBORN FLOW RECORD

Y = Yes
N = No
N/A = Not applicable
NW = Nursed well
NF = Nursed fair
NP = Nursed poor

Addressograph

12222196 280-A
WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

ECH 0106

EXH_2_104

3202

Date								
Time								
Weight								
Temperature								
Apical Pulse (rate / rhythm)								
Respiration (rate / quality)								
Blood Pressure								
Color								
Tone								
Eye condition								
ABO								
Bowel Sounds								
Cord condition & care								
Behavior State								
Position								
P O								
output: Urine								
output: Stool type								
output: Gastric (color, amt)								
Procedures								
Labs								
Time	00	01	02	03	04	05	06	07
PIV:								
Hourly Rate								
Hourly Total								
Site $ redness / edema								
Location								
C/A Monitor								
Pulseoximeter								
Pulseox site Δ								
SAO_2								
O_2: Hood %								
-								

Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature
Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature

East Cooper Regional Medical Center
Mt. Pleasant, SC 29464

LEVEL II NEWBORN FLOW RECORD

Y = Yes
N = No
N/A = Not applicable

NW = Nursed well
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Rev. 02/00

Addressograph
12222196 280-A
WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

ECH 0107

Y= Yes
N = No
NA = Not Applicable

Breast Feeding
NW = > 10 min. sucking
NF = 5 – 10 min. sucking
NP = < 5 min. sucking
ATT = latch, no sucking, or didn't latch

Pain Scale
Brow lowered – 1
Eyes squeezed shut – 1
Deep naso-labial furrow – 1
Vertical mouth stretch – 1
Horizontal mouth stretch - 1
Open lips – 1
Tongue cupping – 1
Chin quiver – 1
Tongue protrusion – 1
Lip purse (00) - 1

Pain Management Measures
SW = Swaddling
FT = Facilitated tucking
NNS= Non-nutritive sucking
LA = Local anesthetic
A = Analgesia – (document on MAR)

2002 Date	7/16	7/16	7/16	7/16	7/16	7/17
Time	2040	2100	2140	2240	2340	0500
Weight (lbs./grams)	–	–				
Temperature	98.5 ax	warm to touch	99.5 ax	97.8 ax	97.8 AXL	
Apical pulse (rate / rhythm)	156 reg/irr 5 sec	138 per mon	136 reg/irr 3 sec	148 reg/irr 5 sec	140 reg	
Respirations (rate / quality)	67 coarse	clearing	65 clear	72 clear	58 clear	
Blood pressure	–	–	–	–		
Pain (scale)	6/10	–	–	–		
Pain Mgmt. measure	FT	–	–	–		
Muscle tone	flexed	flexed	flexed	flexed	flexed	
Skin color	pink	pink	pink	pink	pink	
Eye condition	clear OU	clear OU	clear OU	clear OU	wdb	
Abdomen / Bowel sounds	soft (+)	soft (+)	soft (+)	soft (+)	soft	
ID bands intact / #	X2	X2	X2	X2		
INTAKE					0430 10cc	
OUTPUT Urine	0	0	0	0		
OUTPUT Stool	term mec	0	0	0		
OUTPUT Gastric (ml)						
Procedures						
Labs	65			89		
Umbilical stump / care	3vess/clamped/	moist	/ 0		0840 BGT 146	
Pulse ox	✓				BGT 151	
O2 Sat	89-92	98-100	97	98	99%	
FIO2	RA	40%	33%	28%	26%	
Entries by:	ES	ES	ES	ES		

NARRATIVE NOTES

0020 Few secretions noted of H.R ↓ 90's. Oral airway cleared ∈ moderate amt of mucous. O_2 sat 96%, Resp rate 56. OO

0100 24%. few crackles in H.R 80's ∈ no drop in sat or resp effort. Color pink. Oral airway cleared. OO

0140 infant placed on abd. OO

0140 BGT 146 ∈ Repeat of 151. Petechiae noted on back. Color Pink. O_2 sat 98% OO

0200 no further Heart rate ↓'s. O_2 ↓ to 22% OO

0230 O_2 ↓ 21%. O_2 Sat 97%. H.R 128. Resp rate 40's. no increase in Petechiae noted OO

0240 BGT 130. Initial Bathquick. T 98.6. OO

0300 O_2 sat 97%. HR 120. RR 40. Lungs clear. O_2 Sat 97%. Color Pink OO

0400 98.4 Pulse 110. RR 32. Deep sigh on regular Basis noted. OO

0400 see nurses notes OO

ES ESteinsen

East Cooper Regional Medical Center
Mt. Pleasant, SC 29464

NEWBORN FLOW RECORD

47117 (9/01)

Addressograph
12222196 280-A
WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

ECH 0108

Y= Yes N = No NA = Not Applicable	**Breast Feeding** NW = > 10 min. sucking NF = 5 – 10 min. sucking NP = < 5 min. sucking ATT = latch, no sucking, or didn't latch	**Pain Scale** Brow lowered – 1 Eyes squeezed shut – 1 Deep naso-labial furrow – 1 Vertical mouth stretch – 1 Horizontal mouth stretch - 1 Open lips – 1 Tongue cupping – 1 Chin quiver – 1 Tongue protrusion – 1 Lip purse (00) - 1	**Pain Management Measures** SW = Swaddling FT = Facilitated tucking NNS= Non-nutritive sucking LA = Local anesthetic A = Analgesia – (document on MAR)

Date	/	/	/	/	/	/	NARRATIVE NOTES
Time							
Weight (lbs./grams)							
Temperature							
Apical pulse (rate / rhythm)							
Respirations (rate / quality)							
Blood pressure							
Pain (scale)							
Pain Mgmt. measure							
Muscle tone							
Skin color							
Eye condition							
Abdomen / Bowel sounds							
ID bands intact / #							
INTAKE							
OUTPUT Urine							
Stool							
Gastric (ml)							
Procedures							
Labs							
Umbilical stump / care							
Entries by:							

East Cooper Regional Medical Center
Mt. Pleasant, SC 29464

NEWBORN FLOW RECORD

47117 (9/01)

Addressograph 280- A
WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

ECH 0109

DATE-HOUR	NOTES	SIGNATURE
7/16/02-1937	One viable male delivered c vacuum assist per Dr Rhett. Suctioned p delivery copious mucous secretions obtained. Good reflex noted, tone ↓, mild central cyanosis. Dried + stimulated by Dr Rhett, cord clamped + cut + placed ↓ RHW for further assessment. HR 150's, bilateral breath sounds coarse, slight nasal flare, no grunting or retracting. Blowby O2 given x 2 mins, withdrawn slowly. At 5 mins baby appears pink but still c mild flare + very coarse breath sounds, resp 70's. ID Bands to mom + baby, + taken to nursery for observation. Placed ↓ RHW + pulse oximetry applied. Sats noted to be 80's on room air, blowby O2 reapplied + Sats ↑ to 98-100%. Withdrawn slowly p 5 mins + Sats ↓ to 89. Blowby reapplied x 15 mins, infant pink + comfortable Resp 50-60's No grunting or retracting. Withdrawn slowly c sats again decreasing ↓ 89-92% on room air. O2 by mask reapplied, Dr Ward notified. Hood O2 begun @ 2100 @ 40%. Infant remains comfortable. Mother apprised of infant's condition, appears calm + verbalizes understanding. Cord blood for hold. Apgars 7/9. - color/tone. ——— ESteverson	

East Cooper
Regional Medical Center
Tenet HealthSystem

NURSE NOTES CONTINUED

ADDRESSOGRAPH
1222196 280-A
WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

ECH 0110

Rev 7/93 #59995/7B 0345NSG025 1/96 EC59995W/181874

DATE-HOUR	NOTES	SIGNATURE
7/10/02 0400	To open crib swaddled. To mom's room & ID Bands matched. Mom held infant & attempt to feed unsuccessful. Color pink. no suck reflex on nipple.	OA
0430	To nsy. Color pink. Rectal Temp 97.3. ↓ muscle tone. BGT 158. Placed on monitor HR 110. Resp rate 40 & regular deep signs. O_2 sat 97% on room air	OA
0450	Attempt to bottle feed. Infant & good suck. O_2 sat ↓ 68% & infant drowsy. Blow by O_2 given & I ↑ O_2 sat 97%. mouth & nose suctioned & infant stimulated. HR ↓ 80. Infant Pink & HR ↑ 120 and O_2 Sat 97% by one minute	OA
LA 79/41 (61) RA 78/50 (63) LL 67/35 (41) RL 68/39 (45)		
0500	Dr. Slaughter paged for Dr. Ward on call	OA
0530	Dr. Ward Notified of heart rate drops, poor feeding, poor muscle Tone and elevated Blood sugar. No orders received.	OA
0600	Infant sleeping under radiant Warmer. Color pink. H.R 103. Resp rate 32 Temp 99.3 O_2 sat 98%	OA

East Cooper
Regional Medical Center
Tenet HealthSystem

NURSE NOTES
CONTINUED

ADDRESSOGRAPH

12222196 280-A
WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

ECH 0111

Rev 7/93 #59995/7B 0345NSG025 1/96 EC59995W/181874

EXH_2_109

3207

NEWBORN IDENTIFICATION

MOTHER – Name	INFANT – Name
Tamesatta Washington	Washington

IDENT-A-BAND® Bracelet: Printed Number	Signature, Person Applying IDENT-A-BAND® Bracelet	Infant's Birth Date	Time	Sex
36895	Eileen Stevenson	7/16/02	1937	m

PRINTS: Signature, Person Taking Prints	Color or Race	Weight	Length
Eileen Stevenson	Black	7-10	21"

MOTHER'S RIGHT INDEX FINGERPRINT

INFANT'S RIGHT FOOTPRINT (Imprint)



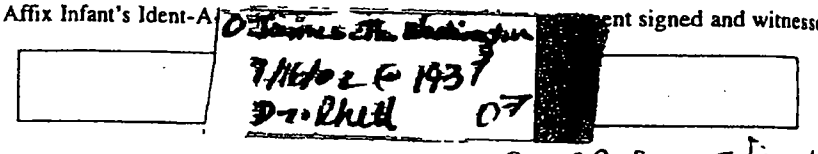
INFANT'S RIGHT FOOTPRINT (Imprint)



Signatures, Persons Confirming Sex and Identification	Physician	Delivery Room Nurse	Nursery Nurse
	ER	D. Mercer RN	Eileen Stevenson

DO BE COMPLETED IN DELIVERY ROOM

UPON DISCHARGE – Affix Infant's Ident-A-Band and Mother's Ident-A-Band. Consent signed and witnessed.



Date 36895 7/17/02
error rm

I CERTIFY that during the discharge procedure I checked the Ident-A-Band® bracelets sealed on the baby and on me and found that they were identically numbered 36895 and contained correct identifying information. I certify that I have received my baby.

ECH 0112

MUSC medicare team

Signed Laurie Herman RN
Mother

Witness E Mitchell RN
Hospital Representative

East Cooper Regional Medical Center
Mt. Pleasant, SC 29464

#30325/5C

1/96 EC30325W/182481

EXH_2_110

3208

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Hollister.

ECH 0113

2161469 004-0
STON, JAMESETTA L
'581 F 7/15/02
. GRANGER
119-95-95 P T 1

Obstetric Admitting Record

Hollister Maternal/Newborn Record System Page 1 of 2
To order call: 1.800.323.4060 Re-order No. 5710

Basic Admission Data

Date 7/15/02 Time 1750

☒ Ambulatory ☐ Stretcher ☒ Oriented to Unit
☐ Wheelchair ☐ Transfer From ☒ Safety/Security

G	T	Pt	A	L	LMP	EDD	Wks
1	—	—	—	—	/ /	7/9/02	40/7

ED By Fetal D Assessment / /

Race/Ethnicity Black Age 20

Advance Directives ☒ None ☐ Living Will ☐ Medical Power of Attorney
Organ Donor ☒ Yes ☐ No
Pain ☒ No ☐ Yes (site _____) Intensity 0 _____ 10 (none — highest)
Last Oral Intake
Fluids 7/15/02 Time 0015
Solids 7/15/02 Time 1715
Medications ☐ None

Type/Dose	Last Taken	With Patient No	With Patient Yes	Disposition
Flintstones	7/15/02	☒	☐	
		☐	☐	
		☐	☐	

MD/CNM Tel No: Support Person/Relationship Tel No
Dr. [illegible] 884-[illegible] 5133 Cousin Clinic 556-4017

Allergy/Sensitivity

☒ None ☐ Latex
☐ Other

Reasons for Admission

☐ Onset of Labor
☒ Induction of Labor cervidil
☐ Spontaneous Abortion
☐ Cesarean Section
☐ Primary ☐ Repeat
(reason for primary _____)
☐ Tubal Ligation
☐ Vaginal Bleeding
☐ ROM ☐ Premature ☐ Prolonged
☐ Preterm Labor
Detail Reasons for Admission

Observation Evaluation

☐ Fetal Status
☐ Ultrasound
☐ Amniocentesis
☐ NST ☐ CST
☐ Medical Complications
☐ Obstetric Complications

Personal Effects Item	Disposition: With Patient	With Support Person	Other (Describe)
clothes/bag	✓		
Camcorder	✓		

Patient Triage Data

☐ See Triage Record
Contractions ☐ None ☐ Palpation ☐ Tocotransducer
Frequency _____ Duration _____ Intensity _____
Began on ___/___/___ Time _____
Pain intensity 0 _____ 10 (none — highest)
Membranes ☒ Intact ☐ Bulging
☐ Ruptured (Date ___/___/___ Time _____)
☐ Nitrazine test (☐ pos ☐ neg) ☐ Sterile Speculum Exam
☐ Fern test (☐ pos ☐ neg) (findings _____)

Fluid ☐ Clear ☐ Bloody ☐ Meconium Stained
☐ Foul Odor ☐ No Foul Odor ☒ None Observed
Vaginal Bleeding ☒ None ☐ Normal Show
☐ Bleeding (Describe _____)
Cervical Exam By _____
Station _____ Effacement _____ Dilatation _____ cms
Presentation ☐ Vertex ☐ Transverse Lie
☐ Face/Brow ☐ Compound
☐ Breech (type _____) ☐ Unknown

Physical Assessment

Height	Wt Pregrav/Grav	Temp	Pulse	Resp	BP
5'3"	120/150		80	20	123/77

Detail Abnormal Findings

System	Normal	Abnormal
HEENT	☒	☐
Neurologic	☒	☐
Skin	☒	☐
Breasts	☒	☐
Extremities	☐	☐
Cardiovascular	☒	☐
Respiratory	☒	☐
Abdomen	☒	☐
Gastrointestinal	☒	☐
Urinary	☒	☐
Genitalia	☒	☐

hard suction Hx

Initial Problems Identified	☒ None	Plan
1.		
2.		
3.		

Fetal Evaluation Data

Multiple Gestation ☒ No ☐ Yes
Fundal Height _____ cms
Fetal Weight (est.) _____
FHR 150's
☐ Fetoscope ☒ Fetal Monitor
☐ Doppler ☐ Other

	Presentation	Position
1.		
2.		
3.		

Specimens Obtained (Check all that apply)

Urine Test	Time	Results	Blood Test	Time	Results
☒ Urinalysis	1800		☐ Hgb		
☐ C + S			☐ Hct		
☐ Glucose			☐ VDRL/RPR	1800	
☐ Albumin			☐ Type/Screen		
☐ Ketones			☒ CBC	1800	
☐ pH			Cervical Culture		
☐ Blood			☐ GBS		
☐ Toxicology			☐		

Admitting Signature _____ Date/Time 7/15/02 1800
Examiner Signature _____ Date/Time

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Hollister

ECH 0114

12161469 004-0
WASHINGTON, JAMESETTA L
7/29/1981 F 7/15/02
OSBORNE, GRANGER
MED REC# 119-95-95 P.T. 1

Obstetric Admitting Record

Hollister Maternal/Newborn Record System Page 2 of 2
To order call: 1.800.323.4060 Re-order No. 5710

Significant Prenatal Data

Prenatal Records Available on Admission ☐ No ☒ Yes Source LOWCC
First Visit by 13 Wks ☐ Yes ☐ No
Regular Care ☐ Yes ☐ No
Prenatal Classes ☐ Yes ☒ No

Pediatric Provider Dr Lis O.

General Health ☒ Healthy
☐ Functional Deficit (Type ____)
☐ Recent Exposure to Communicable Disease
Type/Date ____ / / /
☐ Illness (≤ 14 days prior to admission)
Type/Treatment ____
☐ Chronic Condition
Type ____

Nutritional Status ☒ Well-nourished ☐ Malnourished ☐ Obese
☐ Special Diet ____
Eating Disorder ☒ None ☐ Identify ____
Nutritional Problems ☒ None ☐ Identify ____

Lab Findings

☐ None

Blood Type & Rh	A+
Rubella Titer	1:128
Serology	NR
HBsAg	Neg
HIV	Neg
GBS	Neg

Fetal Assessment Tests

☐ None

Date	Test	Result
/	U/S	WNL
/	AFP	WNL
/		
/		

Problems Identified ☒ None

	Active	Resolved
1.		
2.		
3. ____	☐	☐
4. ____	☐	☐

Hospitalizations ☒ None
1. / / Reason ____
2. / / Reason ____

Plans for Birth and Hospital Stay ☐ Birth Plan Attached

Support Person Present in L&D ☐ No ☒ Yes Mother
Other Family Members in L&D ☐ No ☒ Yes Sister
Anesthesia ☐ None ☐ Local ☒ Epidural ☐ Spinal ☐ General
Delivery Site/Position ____
Personal Requests ____

Adoption ☒ No ☐ Yes Contact with Infant ☐ No ☐ Yes
Adoption Contact ____
Feeding Preference ☐ Breast ☐ Bottle
☐ Tubal Ligation NC Authorization Signed ☐ Yes ☐ No
☐ Circumcision Yes Authorization Signed ☐ Yes ☒ No

Psychosocial Data ☐ See Prenatal Records

Emotional Status ☒ Happy ☐ Ambivalent ☐ Concerned
☐ Depressed ☐ Angry ☐ Other ____
Communication Barriers ☒ None
☐ Language ☐ Interpreter ____
☐ Vision ☐ Reading ☐ Writing ☐ Hearing
☐ Speech ☐ Other ____

Support System
Marital Status: S M Sep D W Father involved ☒ Yes ☐ No
Other Support ☐ None ☒ family Some what
Occupation student Education USC
Religion ☐ N/A ☒ AME
Personal/Cultural/Religious Customs Affecting Care and/or Learning
☒ None ☐ Identify ____

Basic Needs Met	Yes	No	If No, Explain
Food	☒	☐	
Clothing	☒	☐	
Housing	☒	☐	
Transportation	☒	☐	
Finances	☒	☐	

Life Stress	No	Yes	If Yes, Explain
Physical Abuse	☒	☐	
Emotional Abuse	☒	☐	

Life Stress (Cont.)	No	Yes	If Yes, Explain
Major Change	☐	☐	
Self Care Needs	☒	☐	Surgeon
Serious Illness	☒	☐	
Other ____	☐	☐	

Substance Use	No	Yes	If Yes, amt/day, last use
Tobacco	☒	☐	
Alcohol	☒	☐	
Prescribed Drugs	☒	☐	
Illicit Drugs	☒	☐	

Educational Needs	Mother	Support Person	Comments
Stages/Phases of Labor	☒	☐	1st Baby
Coping Techniques	☐	☐	
Infant Feeding	☐	☐	
Infant Care	☐	☐	
____	☐	☐	

Preferred Learning Methods	Yes	No
One-on-One Instruction	☒	☐
Group Instruction	☐	☒
Written Information	☒	☐
Audio/Visual Information	☒	☐
Demonstration/Practice	☒	☐
Other ____	☐	☐

Discharge Planning Data

Planned Length of Stay 2 - 3 Days

Home Setting	Yes	No
Heat, running water, refrigeration	☒	☐
Infant Care Supplies/Car Seat	☒	☐
Phone in home	☒	☐
Transportation available	☒	☐
Adult assistance available	☒	☐

Referrals
☐ RN Case Manager ☐ Utilization Review ☐ Other ____
☐ Home Care RN ☐ Social Service
☐ Nutritionist/Dietician ☐ Pediatric Provider

MD/CNM notified by ____ Date / / Time ____
Admitting Signature [signature] Date 7/15/02 Time 19:5

Labor Summary

G	T	Pt	A	L	Type and RH	EDD
1	–	–	–	–	A+	7/5/02

Prenatal Events ☐ None
- ☐ No Prenatal Care
- ☐ Preterm Labor (≤ 37 Weeks)
- ☐ Postterm Labor (≥ 42 Weeks)
- ☐ Previous Uterine Incision
- ☐ Prenatal Complications
- ☐ _____

Intrapartal Events Maternal
- ☐ Febrile (≥100.4° / 38° C)
- ☐ Bleeding - Site Undetermined
- ☐ Preeclampsia (mild) (severe)
- ☐ Seizure Activity
- ☐ Medications ☑ None

Date	Time	Medication	Dose	Route

- ☐ Transfusion _____ units
- Blood Component _____
- ☐ _____

Amniotic Fluid
Date 7/16/02
- ☐ ROM ☐ Spont ☑ Artificial
- Time 7:41
- ☐ Meconium-Strained (describe) _____
- ☐ Bloody ☑ Clear
- ☐ Foul-Smelling
- ☐ Cultures Sent _____ Time _____
- ☐ Polyhydramnios
- ☐ Oligohydramnios
- ☐ Small ☐ Moderate ☐ Large

Placenta
- ☐ Placenta Previa
- ☐ Abruptio Placenta
- ☐ Normal ☐ Abnormal, describe _____

Labor
- ☐ Precipitous Labor (< 3hrs)
- ☐ Prolonged Labor (≥ 20 hrs)
- ☐ Prolonged Latent Phase
- ☐ Prolonged Active Phase
- ☐ Prolonged 2nd Stage (>2.5 hrs)
- ☐ Secondary Arrest of Dilatation
- ☑ Induction ☐ None
  - ☑ AROM ☑ Oxytocin ☑ [illegible]
- ☐ Augmentation ☐ None
  - ☐ AROM ☐ Oxytocin ☐ _____

Labor Summary (Cont'd.)

Fetus
Gestational Age (Wks) 40 6/7 By Dates
_____ By Ultrasound

Presentation
- ☑ Vertex
- ☐ Face/Brow
- ☐ Breech ☐ Frank ☐ Complete
  - ☐ Single Footing
  - ☐ Double Footing

Position [ ][ ][ ]

- ☐ Traverse Lie ☐ Back-up ☐ Back -Down
- ☐ Compound
- ☐ Unknown
- ☐ Cephalopelvic Disproportion (CPD)
- ☐ Cord Prolapse

Monitor ☐ Intermittent ☐ Continuous

	FHR	UC
External	☑	☑
Internal	☐	☐

- ☐ Extended Fetal Bradycardia _____ min
- _____ min
- ☐ Extended Fetal Tachycardia _____ min
- _____ min
- _____ min
- ☐ Multiple Late Decelerations
- ☐ Multiple Variable Decelerations
- ☐
- ☐
- ☐ _____

Delivery Data
Support Person Present ☑ Yes ☐ No

Delivery Location
- ☑ LDR OR
- ☐ _____

Method of Delivery
- ☑ Vaginal VBAC
- ☐ Number Previous Cesareans _____
- ☑ Vertex ☐ _____
  - ☐ Spontaneous
  - ☑ Assisted

[ ][ ][ ] to [ ][ ][ ]

- ☐ Manual Rotation
- ☐ Forceps (type _____)
  - ☐ Outlet ☐ Low ☐ Mid
- ☑ Vacuum Extraction
- ☐ Breech (type _____)
  - ☐ Spontaneous
  - ☐ Partial Extraction (assisted)
  - ☐ Total Extraction
  - ☐ Forceps Assist
    - ☐ Piper ☐ _____

Method of Delivery (Cont'd.)
- ☐ Cesarean
  - ☐ Scheduled ☐ Emergency
  - ☐ Primary ☐ Repeat (x _____)
  - ☐ Other _____

Operative Indication
- ☐ Previous Uterine Surgery
- ☐ Failure to Progress
- ☐ Placenta Previa
- ☐ Abruptio Placenta
- ☐ Fetal Malpresentation
- ☐ Fetal Distress
- ☐ Fetal Size ☐ Preterm ☐ SGA
- ☐ LGA
- ☐ Other _____

Uterine Incision
- ☐ Low Cervical, Transverse
- ☐ Low Cervical, Vertical
- ☐ Classical
- ☐ Hysterectomy ☐ No ☐ Yes
- ☐ Tubal Ligation ☐ No ☐ Yes
- ☐ Skin Incision
  - ☐ Vertical
  - ☐ Traverse

Episiotomy ☐ None
- ☐ Midline
- ☐ Mediolateral L R

Laceration/Episiotomy Extension ☐ None
- ☐ Periurethral
- ☐ Vaginal [illegible]
- ☐ Cervical
- ☐ Uterine
- ☐ Perineal ☐ 1° ☑ 2° ☐ 3° ☐ 4°

Repair Agent Used [illegible]

Placenta
- ☑ Spontaneous
- ☐ Expressed
- ☐ Manual Removal
- ☐ Adherent (type _____)
- ☐ Uterine Exploration
- ☐ Curettage

Configuration
- ☑ Normal
- ☐ Abnormal _____

Weight _____ gms

Disposition ☐ Lab ☐ Biohazard Disposal

Cord
- ☐ Nuchal Cord (x _____)
- ☐ True Knot Length _____ cms
- ☐ 2 Vessels
- ☑ 3 Vessels

Cord Blood ☑ To Lab

Lab ☐ Type + RH ☐ Cultures ☐ Coombs
☐ pH ☐ _____

East Cooper Regional Medical Center
Mt. Pleasant, SC
ECH 0115

Labor and Delivery Summary

03450B002 10/01 EC44036

ADDRESSOGRAPH
[illegible] 004-0
[illegible] JAMESETTA L
[illegible] F 7/15/02
[illegible] CPARCEE
119-95-95 P.T. 1
[illegible] 00102

EXH_2_113

3211

Delivery Data (Cont'd.)
Surgical Data

...ne/Needle Counts Correct
☑ Yes ☐ No

Estimated Blood Loss _____ ccs

Delivery Anesthesia
☐ None
☐ Local ☐ Prudendal ☐ General
☑ Epidural ☐ Spinal

Date	Time	Medication	Dose	Route

...siologist _____

Complications ☑ None

Delivery Medications ☐ None

Date	Time	Medication	Dose	Route Site	Int

...onology

	Date	Time
EDD	7/6/02	
Admit to Hospital	7/16/02	1755
Membranes Ruptured	7/16/02	0741
Onset of Labor	7/16	?
Complete Cervical Dilation	7/16	1924
Delivery of Infant	7/16	1937
D...ery of ...a	7/16	1950

Total Time Hrs/Min

Infant Data
☑ Male ☐ Female
ID/Band No. 36895
Condition ☑ Alive
☐ Stillbirth
☐ Antepartum
☐ Intrapartum
☐ Neonatal Death
Birth Order
1 of (1) 2 3 4

Infant Data (Cont'd.)
Repeat Apgar every 5 min until score ≥ 7

Apgar Score	1 min	5 min	10 min
Heart Rate	2	2	
Respiratory Effort	2	2	
Muscle Tone	1	2	
Reflex Irritability	2	2	
Color	0	1	
Total	7	9	

Scored by ESlewinson
Resuscitation ☐ None
_____ minutes to First Gasp
_____ minutes to Sustained Respiration
_____ minutes for HR>100
_____ Heart Rate (bpm)
_____ Time _____
_____ Time _____
_____ Time _____

☑ Bulb Suction
☐ Suction Catheter Size _____ Fr
☐ Mouth
☐ Nose
☐ Pharynx
☑ O2
☑ Mask Only (blow by)
☐ Bag/Mask
☐ Other _____
☐ Endotracheal Tube Size _____
☐ Meconium Below Cords
☐ External Cardiac Massage
Length of Time _____ min
☐ Umbilical Catheter
Person Managing Resuscitation:
_____

Neonatal Medications ☐ None

Date	Time	Medication	Dose	Route Site	Int
7/16	2000	Vit K	1 mg	1/m LT	ED
7/16	2000	EES	OU		ED

Lab Data ☐ None
cord blood labs

Initial Newborn Exam
Weight 3470 gms 7 lbs 10 ozs
Length 21" _____ ins
Temp 99.6 ☑ Rectal
AP 152 Resp 76
☐ No Observed Abnormalities
☐ Gross Congenital Abnormalities
☐ Meconium Staining ☐ Trauma
☐ Petechiae ☐ Other
Describe _____

Intake ☑ None
Breast Fed ☐ Yes ☐ No
Output ☐ None
☐ Urine
☒ Stool (type term mec)
☐ Gastric Aspirate _____ ccs
Examined By ESlewinson
Transfer ☐ With Mother
☑ To Newborn Nursery
☐ _____
Date 7/16/02 Time 1945
Mode of Transport 1945/carried by RN

Delivery Personnel
RN (1) Cynthia Mercer, RN
(2) ESlewinson
Anesthesiologist/CRNA _____
CNM _____
MD-Attending Dr Pratt
MD-Assist (1) _____
(2) _____
Infant Care Provider _____
☐ Notified ☐ Present at Birth
Remarks
_____

RN _____
CNM _____
MD Dr Pratt

Date Completed ___/___/___

East Cooper
Regional Medical Center
Mt. Pleasant, SC
ECH 0116

Labor and Delivery Summary

ADDRESSOGRAPH
12161469 004-0
WASHINGTON, JAMESETTA L
7/29/1981 F 7/15/02
OSBORNE, GRANGER
MED REC# 119-95-95 P.T. I
F/C 2000 DR. 00102

C545OB002 396 EC4403C2W/188060

DATE	TIME
7/16/02	

7#10 — Rough Lab + Del. APGAR's 3 7-9 Required Bulb Bag + O2 Hood - to Maintain O2 SATS. Lungs Cleared + by Intermittent Stimulation. Taken to Mother (Drive back, Color" and V mucus / Temp. WNL O2 Requirement. Blood Sugar 65. / Nurse called 5:30 or 6:30 AM... Infant back-Color.

Infant kept under observation / Muscle Tone WNL. to Nursery AM — WNL Ordered Blood Culture. Drug Screen — In Nursery — Infant requires Stimulation to O2 to Maintain O2 SAT's Resp. Amp. 175 IV — Gent 5.195 IV — Talked to Dr Pippu for Transfer to NICU —

DX: APNEA @ Prob Sepsis Neg: Transfer to NICU

J Ward MD

East Cooper Regional Medical Center
Mt. Pleasant, SC 29464

PROGRESS RECORD

ECH 0094

ADDRESSOGRAPH
1222196 280-A
WASHINGTON, BABYBOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

49566/7A Rev 7/96 EC-0568W/210801

EXH_2_115

3213

CHECK HERE IF THERAPEUTICALLY EQUILVALENT GENERIC DRUGS MAY **NOT** BE SUBSTITUTED.

	1.	Admit to Nursery per Dr. _____
	2.	VS q 1° x 4; q 2° while on O_2, then q 4°
		BP on admission, then q 4°
	3.	Cardiorespiratory monitors
	4.	Continuous pulse oximetry
	5.	Oxyhood to keep Sats ≥ 95%
	6.	PIV D _____ at _____ cc/u (80-100 cc/kg/day)
	7.	Monitor I's & O's
	8.	CBC c̄ Diff, Blood cultures
	9.	Ampicillin _____ mg (50-100 mg / kg / dose) IV q 12°
	10.	Gentamicin _____ mg (2.5 mg / kg / dose) IV q 12°
		Obtain trough p̄ 3rd dose.
	11.	Aqua Mephyton 1 mg IM on admission
	12.	Erythromycin opth. oint OU on admission
	13.	PKU on discharge.
	14.	VDRL on cord blood if not done on mother in last trimester.
	15.	Type Rh & direct coombs on all O+ & Rh neg. mothers
	16.	If DC+, order total bilirubin on cord blood & Hct c̄ next
		bilirubin level drawn. Notify physician of cord bili.
	17.	If infant appears jaundiced at any time, obtain
		bilirubin & notify MD of results.
	18.	One Touch as needed on any infant who comes under the criteria of high risk
		for hypoglycemia. Notify MD of results < 30% / hr
	19.	IV line Dextrose 10% @ 80 cc/hr · Blood Culture
	20.	Ampicillin 175 @ 12 hr. ? given
	21	Gentamicin 5.175 @ q 12 · ? given
	22.	O2 Sat monitor q
	23.	Transfer NICU
	24.	Blood Culture - Dyne - CBC

DATE	TIME	PHYSICIAN'S SIGNATURE	
7/17/02		Edward	
DATE	TIME	TRANSCRIBED BY:	COUNTERSIGNED BY:
7/17/02		Ellen Mitchell MD	

East Cooper
Regional Medical Center
Mt. Pleasant, SC 29464

NURSERY - STANDARD ADMISSION OF LEVEL II INFANT

White - Chart Copy Yellow - Pharmacy Copy

#68877 0545NUR008 12 96 EC0046/237430

ADDRESSOGRAPH

12222196 280-A
WASHINGTON, BABY BOY
7/16/2002 M 7/16/02
WARD, JAMES
MED REC# 120-11-24 P.T. N
F/C 2100 DR. 00090

ECH 0095

EXH_2_116

3214

STATE OF SOUTH CAROLINA)
COUNTY OF Richland) AFFIDAVIT

PERSONALLY appeared before me Kamisha L. Samuels (Please Print), who, being duly sworn, deposes and says:

1. I am the Records Custodian for Palmetto Health.

2. I have reviewed the records in this office relative to the patient, Jamesetta Washington.

3. The attached records are all of the records of this office meeting the description set forth in the Subpoena for Records issued to this office by Lindsay K. Smith-Yancey, Esquire, dated May 4, 2007.

4. All of the attached records are copies of records which are kept in the ordinary course of business by this office.

Palmetto Health

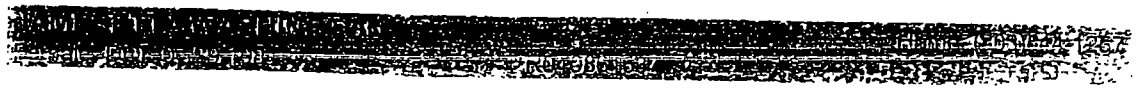
By: Jill Timmons (signature)
Its Records Custodian

SWORN to and subscribed before me
this 8th day of May, 2007.
Kamisha L. Samuels (L.S.)
NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission Expires: January 13, 2014

EXHIBIT 4

EXHIBIT 4

Palmetto Health 0001



01/21/2002 - Lab Report: (P) CULT,URINE
Provider: William A. Newman III MD
Location of Care: Palmetto Health Women's Center

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) CULT,URINE (14690)

!	SPECIMEN DESCRIPTION	URINE,VOID
!	SPECIAL REQUESTS	NONE
!	CULTURE	"Result Follows..."
	MIXED CULTURE, NO POTENTIAL PATHOGENS PRESENT, REPEAT STUDIES NOTINDICATED	
	MIXED MUCO-CUTANEOUS FLORA	
!	REPORT STATUS	FINAL
!	REPORT STATUS	01232002

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 01/23/2002 11:09 AM

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(1) Order result status: Final
Collection or observation date-time: 01/21/2002 17:55
Requested date-time:
Receipt date-time: 01/21/2002 17:55
Reported date-time:
Referring Physician:
Ordering Physician: WILLIAM NEWMAN (WNEWMAN)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999904
Lab site: M24749

Signed by William A. Newman III MD on 01/28/2002 at 10:06 AM

Ambulatory Services
1801 Sunset Drive Columbia, SC 29203
803-434-2173 Fax: 803

[redacted]

01/22/2002 - Clinical Lists Update: 01/21/02 Blood Type: A Positive
Provider: Marilyn Samuel
Location of Care: Palmetto Health Women's Center

Clinical Lists Changes

Observations:
Added new observation of ANTIBODY SCR: Negative (01/21/2002 10:34)
Added new observation of RH TYPE: Positive (01/21/2002 10:34)
Added new observation of ABO BLD GRP: A (01/21/2002 10:34)

Signed by Marilyn Samuel on 01/22/2002 at 10:35 AM

Ambulatory Services
1801 Sunset Drive Columbia, SC 29203
803-434-2173 Fax: 803

[redacted]

01/23/2002 - Internal Other: PPD 0 mm
Provider: Marilyn Jackman-Petty RN
Location of Care: Palmetto Health Women's Center

PPD/Control Interpretation

Date/Time: January 23, 2002 3:28 PM

By: Marilyn Jackman RN

PPD: 0 millimeters of induration

Signed by Marilyn Jackman-Petty RN on 01/23/2002 at 3:28 PM

Ambulatory Services
1801 Sunset Drive Columbia, SC 29203
803-434-2173 Fax: 803

[redacted]

01/23/2002 - Clinical Lists Update: 01/21/02 Lab Result
Provider: Marilyn Samuel
Location of Care: Palmetto Health Women's Center

Clinical Lists Changes

Observations:

Added new observation of URINE CULTUR: Mixed culture, no potential pathogens present, repeat studies not indicated, mixed muco-cutaneous flora (01/21/2002 15:24)

Signed by Marilyn Samuel on 01/23/2002 at 3:25 PM

Ambulatory Services
1801 Sunset Drive Columbia, SC 29203
803-434-2173 Fax: 803

[redacted]

01/30/2002 - Lab Report: AFP Screening Report
Provider: Paul Dietz MD
Location of Care: Palmetto Health Women's Center

Enhanced AFP Screening Report

PATIENT INFORMATION:
Age at EDC: 20.9
Weight: Unknown
No: 1259
Sample #: A02-00164
Drawn: 01/21/2002
Report Date: 01/24/2002
Race: Black
Diabetic: No

MATERNAL SERUM RESULTS:
Pregnancy: Singleton
AFP: 1.47 MoM
uE3: 0.95 MoM
hCG: 1.99 MoM
Inh-A: 0.82 MoM
Gestational Age: 16.0 weeks
GA By LMP: 07/08/2002
Family history of NTD: No

INTERPRETATION:
SCREEN NEGATIVE. No follow up is suggested.

OPEN NTD RISK ASSESSMENT:
SCREEN NEGATIVE FOR OPEN NEURAL TUBE DEFECT
Add'tl Comments: Maternal weight was not provided, and might influence interpretation. Gestational age based on menstrual dates.
Recommendation: No additional follow up is suggested.

DOWN SYNDROME RISK ASSESSMENT:
Down Syndrome risk using age only: 1:1170
Down Syndrome risk using age and biochemical marker: <1:10000
Screen for Down Syndrome: Negative
Add'tl Comments: Maternal weight not provided and could influence interpretation.

TRISOMY 18 RISK ASSESSMENT:
Screen for Trisomy 18: Negative

Comments:
Physicians are advised to exercise independent clinical judgement in interpreting test results and the optimal course of action to recommend to each patient. Note that correct gestational age is a critical component of interpretation.

Ambulatory Services
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803-434-2173 Fax: 803

[redacted]

Please contact USC Clinical Genetics if gestational age is incorrectly listed or EDC is revised.

Signed by Paul Dietz MD on 02/01/2002 at 3:08 PM

Ambulatory Services
1801 Sunset Drive Columbia, SC 29203
803-434-2173 Fax: 803

[redacted]

02/01/2002 - Clinical Lists Update: Obtaining maternal weight for MSAFP calculation
Provider: Paul Dietz MD
Location of Care: Palmetto Health Women's Center

Clinical Lists Changes

Signed by Paul Dietz MD on 02/01/2002 at 3:11 PM

[redacted]

01/21/2002 - Office Visit: OBI-Nursing
Provider: Faye Adams RN
Location of Care: Palmetto Health Women's Center

OB INTERVIEW VISIT - NURSING

Intake Information

WASHINGTON, JAMESETTA Is a 20 Year Old Black Single female whose address is USC PO BOX 86369
COLUMBIA, SC 29225 US.
Referred by: RCHD
Reason for referral: pregnancy
Primary Care Physician: Discussed
Hospital of delivery: PRMH
Occupation: student
Education(last grade completed): high school
Husband/Father of baby: CHRISTOPHER S. GIESS

Vital Signs

Height: 64 inches
Weight today: 130 pounds
Pulse: 130
Blood pressure: 117/64 mm Hg
Pre-pregnant weight: 125 pounds

Weight Change
Total weight change: 5 pounds

OB History

Total Preg.: 1
Full Term: 0
Premature: 0
Ab. Induced: 0
Ab. Spontaneous: 0
Ectopics: 0
Multiple Births: 0
Living: 0

Menstrual History

LMP: 10/01/2001
LMP - Reliability: definite
LMP - Character: normal
Menses monthly: yes
Menarche (age onset): 11
On BCP's at conception: no
Assoc. sx. since LMP: amenorrhea

[redacted]

Pregnancy History
Total Preg.: 1
Full Term: 0
Premature: 0
Ab. Induced: 0
Ab. Spontaneous: 0
Ectopics: 0
Multiple Births: 0
Living: 0

Past Medical History
Diabetes: negative
Hypertension: negative
Heart Disease: negative
Autoimmune Disorder: negative
Kidney Disease/UTI: negative
Neurologic/Epilepsy: negative
Psychiatric: negative
Hepatitis/Liver Disease: negative
Varicosities/Phlebitis: negative
Thyroid Disease: negative
Trauma/Violence: negative
Blood Transfusions: negative

D (Rh) Sensitized: negative
Pulmonary Disease: negative
Breast Disease: negative
GYN Problems: negative
Uterine Surgery (not C/S): negative
Operations: negative
Hospitalizations: negative
Anesthesia Complications: negative
Abnormal PAP: positive
Uterine Anomaly: negative
DES Exposure: negative
Infertility: negative
Relevant Family Hx: none
Medical Hx Comments: none

Infection History
HIV Risk Eval: low risk
Hepatitis B Risk Eval: low risk
Hep B Immunized: yes
TB exposure: no

[redacted]

Hx of Chicken Pox: yes
Rash/viral illness since LMP: no
Other:

Genetic History

Patient's Age >35 years: no
Thalassemia
Mom: no Dad: unkn
Neural Tube Defect
Mom: no Dad: unkn
Down's Syndrome
Mom: no Dad: unkn
Tay-Sachs
Mom: no Dad: unkn
Sickle Cell Disease/Trait
Mom: no Dad: unkn
Hemophilia
Mom: no Dad: unkn
Muscular Dystrophy
Mom: no Dad: unkn
Cystic Fibrosis
Mom: no Dad: unkn
Huntington Chorea
Mom: no Dad: unkn
Mental Retardation
Mom: no Dad: unkn
Fragile X
Mom: no Dad: unkn
Other Genetic/Chromosomal Disorder
Mom: no Dad: unkn
Child w/other birth defect
Mom: no Dad: unkn
>3 Spont. AB or stillbirth: no
ETOH since LMP: yes

Patient Health History

Living status: with roommates
House status: dorm
Education level: high school
Occupation: student
Factors placing patient living situation at risk: none

Family History

The patient's parents: Both parents alive
Patient denies history of: Cancer, Heart Disease, Diabetes, ETOH/Psych
Colon Cancer: None
Breast Cancer: None
Prostate Cancer: None

[redacted]

Heart Disease: None
Stroke: None
Hypertension: None
Diabetes: None
Psychiatric History: None
Substance Abuse: None
Alcoholism: None
Tobacco Use: None

OB Nutrition Screening Tool

Do you have problems with nausea, vomiting, constipation, or heartburn? no
Do you have cravings for non food items? (clay, cornstarch, dirt) no
Do you eat fewer than 2 meals a day? no
Have you lost more than 5 lbs. in the first 3 months of pregnancy? no
Do you omit at least one food group from your diet? no
Do you have a new condition that requires diet education? no

Nursing Patient Education

Education was provided to: patient
Topic(s): self breast exam, PE, AFP screening, PPD placement, prenatal panel, OB class, missed appts.,
Patient expressed understanding.
Provided by: fa
Minutes spent counselling: 20

SUBSTANCE USE SCREENING

Do others who are important to you ever worry or complain about your drinking/drug use? NO

Do you sometimes feel a little guilty about your drinking/drug use? NO

Are you always able to stop drinking/using when you want to? NO

Have you ever attended a meeting of Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) for yourself? NO

Has drinking ever created problems between you and others who are important to you? NO

Have you ever had financial problems because of your drinking/drug use? NO

Have you ever neglected your responsibilities, your work/home for a day or more because of your drinking/using? NO

Have you ever wanted to talk to someone about your drinking/drug use? NO

Have you ever gone to anyone for help about your drinking/drug use? NO

Have you ever been in the hospital because of your drinking/drug use? NO

[redacted]

Have you ever been arrested for driving under the influence of alcohol/drugs? NO

Have you ever been arrested, even for a few hours, because of other drunken or drug related behavior behavior (i.e. drunk & disorderly conduct; possession of an illegal substance with or without intent to distribute, etc.)? NO

Do you have a family member with an alcohol/drug problem?
NO
Does your personality change when you drink or use drugs? NO

Have you ever felt the need to cut down on your drinking/drug use? NO

Do you ever take a drink or drug in the morning to get started? NO

Do you want more information about how alcohol and other drugs may harm you and your baby? NO

CHEMICALS THAT YOU HAVE USED DURING THE PAST THREE MONTHS:
Beer,

Latex Screening Tool
1. Do you have or think you have an allergy to natural rubber latex? (Examples: balloons,condoms,pacifiers) No
2. Do you have spina bifida* or bowel/bladder problems that have required you to have any surgeries or procedures? No
3. If your work requires you to wear rubber gloves or to handle rubber products, have you had any problems? No
4. Did you have more than 3 operations or medical procedures before you were 1 year old? No
5. Have you ever had an allergic reaction during a medical or dental procedure? No
6. Do you have an allergic reaction to any of the following foods: Avocado, banana, potato, peach, kiwi, chestnut, or tomato? No
Above information entered by: fa

4 units PSPCE

S: 20 Year Old G1 P0 presented today to start late prenatal care. Unplanned pregnancy. Wasn't using birth control. Family and FOB supportive. +upt @ RCHD.

O: Data Base.

A: Pleasant and accepting pregnancy well.

P: RTC 02/06/02 for PE .
Plan of care reviewed. Enc. pt to keep all appts. All missed appointments will be followed up. Pt aware of above and agrees. Has an appt to apply for Medicaid.

AFP sign and consent on paper chart. (Drawn 01/21/02)

PPD/Control Placement

[redacted]

Date: January 21, 2002 3:59 PM

Given by: Faye Adams LPN

Site: LFA .1 cc ID

The following labs have been ordered per standing orders: ABO, RH, & Indirect Coombs; RPR Syphills; Culture Uricult; Sickle Cell Test; Rubella IGC Acute; Hepatitis HBS AG; S-Profile; HIV.

Signed by Faye Adams RN on 01/21/2002 at 4:03 PM

[redacted]

01/21/2002 - Lab Report: RUBELLA IGG
Provider: William A. Newman III MD
Location of Care: Palmetto Health Women's Center

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) RUBELLA IGG (14470)

RUBELLA IGG	IMMUNE

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 01/22/2002 1:13 PM

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(1) Order result status: Final
Collection or observation date-time: 01/21/2002 15:55
Requested date-time:
Receipt date-time: 01/21/2002 15:59
Reported date-time:
Referring Physician:
Ordering Physician: WILLIAM NEWMAN (WNEWMAN)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999906
Lab site: M24750

Signed by William A. Newman III MD on 01/28/2002 at 10:05 AM

[redacted]

01/21/2002 - Lab Report: HEPATITIS B SURFACE AG
Provider: William A. Newman III MD
Location of Care: Palmetto Health Women's Center

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) HEPATITIS B SURFACE AG (14332)
HEPATITIS B SURFACE AG "Result Follows..."
NEGATIVE
When Hepatitis B is suspected, a negative result for Hepatitis B Surface Antigen usually indicates the virus is not present. Testing for the presence of Core IgM antibody would help define a recent infection in the absence of Hepatitis B Surface Antigen.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 01/22/2002 12:11 PM

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(1) Order result status: Final
Collection or observation date-time: 01/21/2002 15:55
Requested date-time:
Receipt date-time: 01/21/2002 15:59
Reported date-time:
Referring Physician:
Ordering Physician: WILLIAM NEWMAN (WNEWMAN)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999907
Lab site: M24750

Signed by William A. Newman III MD on 01/28/2002 at 10:05 AM

Ambulatory Services
1801 Sunset Drive Columbia, SC 29203
803-434-2173 Fax: 803



01/21/2002 - Lab Report: HIV I/II Ab SC
Provider: William A. Newman III MD
Location of Care: Palmetto Health Women's Center

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) HIV I/II Ab SC (14646)
HIV I/II Ab SC NON REACTIVE
This is only a screening procedure. EIA testing cannot be used to diagnose AIDS, even if the result suggests that the antibodies to HIV are present. A negative test result at any point in the investigation of individual patients does not preclude the possibility of exposure to or infection with HIV.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 01/22/2002 12:05 PM

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(1) Order result status: Final
Collection or observation date-time: 01/21/2002 15:55
Requested date-time:
Receipt date-time: 01/21/2002 15:59
Reported date-time:
Referring Physician:
Ordering Physician: WILLIAM NEWMAN (WNEWMAN)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999909
Lab site: M24750

The following non-numeric lab results were dispersed to the flowsheet even though numeric results were expected:

HIV I/II Ab SC, NON REACTIVE

Signed by William A. Newman III MD on 01/28/2002 at 10:05 AM

[redacted]

01/21/2002 - Lab Report: RPR/SYPHYLIS
Provider: William A. Newman III MD
Location of Care: Palmetto Health Women's Center

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) RPR/SYPHYLIS (14510)
RPR/SYPHYLIS NON REACTIVE TITER

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 01/22/2002 11:56 AM

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(1) Order result status: Final
Collection or observation date-time: 01/21/2002 15:55
Requested date-time:
Receipt date-time: 01/21/2002 15:59
Reported date-time:
Referring Physician:
Ordering Physician: WILLIAM NEWMAN (WNEWMAN)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999903
Lab site: M24750

Signed by William A. Newman III MD on 01/28/2002 at 10:05 AM

Ambulatory Services
1801 Sunset Drive Columbia, SC 29203
803-434-2173 Fax: 803

01/21/2002 - Lab Report: SICKLE CELL TEST
Provider: William A. Newman III MD
Location of Care: Palmetto Health Women's Center

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) SICKLE CELL TEST (13920)

SICKLE CELL TEST	NEGATIVE	(NEG)

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 01/21/2002 8:39 PM

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(1) Order result status: Final
Collection or observation date-time: 01/21/2002 15:55
Requested date-time:
Receipt date-time: 01/21/2002 15:59
Reported date-time:
Referring Physician:
Ordering Physician: WILLIAM NEWMAN (WNEWMAN)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999905
Lab site: M24750

Signed by William A. Newman III MD on 01/22/2002 at 9:21 AM

[redacted]

01/21/2002 - Lab Report: CBC W DIFF
Provider: William A. Newman III MD
Location of Care: Palmetto Health Women's Center

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) CBC W DIFF (13611)

WBC COUNT	[H]	9.9 K/uL	(3.7-9.1)
RBC COUNT		4.60 M/uL	(3.80-5.30)
HEMOGLOBIN		12.6 g/dL	(11.1-14.5)
HEMATOCRIT		38.9 %	(32.5-46)
MCV		84.6 fL	(80-101)
MCH		27.4 pg	(27-32)
MCHC		32.4 g/dL	(32-36.5)
RDW		13.1 %	(11.5-14.5)
PLATELET COUNT		261 K/uL	(150-388)
! MPV		9.5 fL	(6.4-11.0)
AUTO BASOPHIL		0 %	(0-2)
AUTO EOS		2 %	(0-6)
AUTO LYMPH		16 %	(15-45)
AUTO MONOCYTE		9 %	(0-10)
AUTO NEUTROPHIL		73 %	(40-80)
ABSOLUTE NEUT		7.2 K/uL	(2.0-8.0)

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 01/21/2002 6:03 PM

---

(1) Order result status: Final
Collection or observation date-time: 01/21/2002 15:55
Requested date-time:
Receipt date-time: 01/21/2002 15:59
Reported date-time:
Referring Physician:
Ordering Physician: WILLIAM NEWMAN (WNEWMAN)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999908
Lab site: M24750

The following lab values were dispersed to the flowsheet with no units conversion:

RBC COUNT, 4.60 M/UL, (F) expected units: 10*6/mm3
MCHC, 32.4 G/DL, (F) expected units: %
PLATELET COUNT, 261 K/UL, (F) expected units: /mm3

Signed by William A. Newman III MD on 01/22/2002 at 9:20 AM

[redacted]

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

January 21, 2002

JAMESETTA WASHINGTON Date of Birth: 07/29/1981
USC PO BOX 86369
COLUMBIA SC 29225
Home Phone: (803)544-1257 Work Phone:
Social Security # : 251-55-1195 Patient ID #: R010861637

Diagnosis:

(x) 0180 Level I--- Assessment/Evaluation Service Planning
Minutes:
Units: 4

( ) 0181 Level II--- PSPCE- Individual
Minutes:
Units:

( ) 0182 Level II--- PSPCE- Group
Minutes:
Units:

( ) 0183 Level III--- RSPCE- Individual
Minutes:
Units:

( ) 0184 Level III--- RSPCE- Group
Minutes:
Units:

( ) 0185 RSPCE-- Paraprofessional- Individual
Minutes:
Units:

( ) 0186 RSPCE: Paraprofessional- Group
Minutes:
Units:

[redacted]

02/06/2002 - Office Visit: OBI-MD @ 18 weeks
Provider: Janice Bacon MD
Location of Care: Palmetto Health Women's Center

INITIAL ANTEPARTUM VISIT

Intake Information

WASHINGTON, JAMESETTA is a 20 Year Old Black Single female whose address is USC PO BOX 86369
COLUMBIA, SC 29225 US.
Referred by: RCHD
Primary Care Physician: Discussed
Hospital of delivery: PRMH
Occupation: student
Education(last grade completed): high school
Husband/Father of baby: CHRISTOPHER S. GIESS

OB History

Total Preg.: 1
Full Term: 0
Premature: 0
Ab. Induced: 0
Ab. Spontaneous: 0
Ectopics: 0
Multiple Births: 0
Living: 0

Pregnancy History

Total Preg.: 1
Full Term: 0
Premature: 0
Ab. Induced: 0
Ab. Spontaneous: 0
Ectopics: 0
Multiple Births: 0
Living: 0

Infection History

Hx of Chicken Pox: yes

Past, Family, and Social History

Past History: PMH: none
PGYN: History of abnormal pap in distant past, normal since
OB Hx: G1
PSH: none
SH: History of alcohol, first month of pregnancy--none since

[redacted]

FH: none

EDD Calculations
By LMP: 07/08/2002
from LMP date: 10/01/2001 + 280 days

Vital Signs
Height: 64 inches
Weight today: 131 pounds
Pulse: 78
Blood pressure: 122/61 mm Hg

Weight Change
Total weight change: 6 pounds
Weight change since last visit: 1 pounds
.....Edewena Boken LPN February 6, 2002 1:46 PM

Physical Exam
Appearance: well developed, well nourished, no acute distress

HEENT
Head exam: normocephalic, no lesions or deformities

Other Exams
Thyroid: no nodules, masses, tenderness, or enlargement
Breast exam: no masses or nipple discharge
Lungs: no rales, rhonchi, or wheezes
Heart: S1, S2, no murmur, rub, or gallop
Abdomen: soft, non-tender, no masses, bowel sounds normal
Skin: no ulcers, xanthomas
Lymph: no cervical, axillary, or inguinal adenopathy
Extremities: normal alignment, no joint enlargement, crepitus, masses or tenderness; normal tone and strength

Genitourinary Exam
Vulva: normal, no lesions or discharge
Urethral meatus: normal size and location, no lesions or discharge
Urethra: no discharge
Bladder: no cystocele
Vagina: normal appearance, no discharge, lesions. No evidence of cystocele or rectocele.
Cervix: normal appearance, no lesions
Uterus: normal position, midplane, mobile
Uterus size: 20 cm weeks
Adnexa: no masses or tenderness
Diagonal conjugate: normal
Spines: average
Sacrum: concave

[redacted]

Subpubic arch: normal
Pelvic type: gynecoid
Comments: Exam wnl
FHTs in 150s

OB Lab Test Results

Initial Labs

D (Rh) Type: Positive (01/21/2002 10:34:28 AM)
Hct: 38.9 (01/21/2002 3:55:00 PM)
Hgb: 12.6 (01/21/2002 3:55:00 PM)
Urine culture: Mixed culture, no potential pathogens present, repeat studies not indicated, mixed muco-cutaneous flora (01/21/2002 3:24:30 PM)
Hep B surface Ag: NEGATIVE
When Hepatitis B is suspected, a negative result for Hepatitis B Surface Antigen usually indicates the virus is not present. Testing for the presence of Core IgM antibody would help define a recent infection in the absence of Hepatitis B Surface Antigen. (01/21/2002 3:55:00 PM)

Optional Labs

HIV (ELISA): NON REACTIVE (01/21/2002 3:55:00 PM)
Sickle Cell Screen: NEGATIVE (01/21/2002 3:55:00 PM)

Assessment

Comments: Pt is a 20 yo G1P0 with an IUP @ 18 2/7 by LMP. She denies N/V, HA, blurry vision, vaginal bleeding, loss of fluid, and uterine contractions.
PLAN:
1. IUP @ 18 2/7 wks by LMP for OBI. Exam today consistent with 18-20 week gestation. FHTs in 150s.
2. Pap and GCC today. Will discuss results at next visit. Wet prep wnl.
3. Pt to be scheduled for US before next visit.

5. Discussed with Dr. Bacon

Plan

Updated Medication List:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

Disposition: return to clinic in 1 month
.....Andrea N. Wininger MD February 7, 2002 3:16 PM
I have reviewed and discussed the above patient with the resident physician. Agree with the assessment and plan.

Signed by Janice Bacon MD on 02/25/2002 at 10:43 AM

[redacted]

02/08/2002 - Clinical Lists Update: MSAFP
Provider: Paul Dietz MD
Location of Care: Palmetto Health Women's Center

Spoke with Dr. Best, weight given to him on 1/21/02, the date of MSAFP draw, recalculation completely WNL, Dr. Best sending copy for chart to clinic.

Signed by Paul Dietz MD on 02/08/2002 at 2:19 PM

[redacted]

Fetal movement: active baby
Preterm Labor s/sx: absent
Vaginal bleeding: none
Fluid leakage: none
Edema: none
Urine glucose: neg.
Urine albumin: neg.
Urine leukocytes: moderate
Disposition: return to clinic

EDD Calculations

By LMP: 07/08/2002
from LMP date: 10/01/2001 + 280 days
By initial ultrasound: 07/13/2002
from initial ultrasound date: 02/13/2002 and an est. gest. age of 18.5 wks.

EDD Confirmation: 07/08/2002

Assessment

Comments: 20 yr old G1 at 24 1/7 wks by LMP confirmed by 18 wk U/S. Doing well and is without complaints.
1.

2. Glucola done today
D/W Dr Herbert

Plan

New Prescriptions/Refills:
METROGEL VAGINAL GEL 0.75 % 1 applicator Q hs x 7 days 03/20/2002 #1 tube x 0 : Andrea N. Wininger MD

Updated Medication List:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

Disposition: return to clinic in 1 month
.....Heather M. Irvin MD March 20, 2002 5:15 PM
I have reviewed and discussed the above patient with the resident physician. Agree with the assessment and plan.

Topics and Dates Discussed

Exercise: counseled
Breast Feeding: 02/06/2002

Nursing Intake

Vital Signs

Ht: **64** in. Wt: **142** lbs. P: **76** BP: **122/59**

[redacted]

Patient Health History

Living status: with roommates
House status: dorm
Occupation: student

Signed by John M. Herbert MD on 04/06/2002 at 10:14 AM

OB/GYN Clinic
1801 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

PATIENT NAME: JAMESETTA WASHINGTON

APPT. DATE/TIME: February 13, 2002 @ 3:30 PM

EDC (IF OB PT): 07/08/02 **LMP: 10/01/2001**

PLEASE REPORT TO: DEPARTMENT OF OBSTRETRICS AND GYNECOLOGY
UNIVERSITY SPECIALTY CLINICS
TWO MEDICAL PARK, SUITE 106
COLUMBIA, SC 29203
803-779-4928, EXT. 212

Procedure Requested

(X) Ultrasound
( ) NST
( ) Biophysical Profile
( ) Amniocentesis (Genetic)*
( ) Amniocentesis (Other)*
( ) Chorionic villi sampling*
( ) Genetics Counseling

Hard copy confirmation of blood type is **required.*

Clinical Finding - OB

(X) Large for dates
( ) Small for dates
( ) Previous C/S
( ) R/O SGA vs IUGR
( ) Suspected multiple gestation
( ) Diabetic, class
( ) 1st trimester bleeding
( ) Chronic hypertension
( ) Previous stillbirth
( ) R/O placenta previa
( ) Hx prior/suspected anomaly
( ) Uninterpretable AFP result
( ) Abnormal AFP result

Clinical Findings - GYN

( ) Pelvic mass
( ) Questionable cyst
( ) R/O fibroids
( ) Follicle scan
( ) Suspected ectopic

Referring Physician: Staff

Clinical Information:

[redacted]

02/13/2002 - Lab Report: Pap Smear Results 2/6/02: WNL
Provider: Cornelia de Riese MD
Location of Care: Palmetto Health Women's Center

Cytology Results

Pap Smear read by: Regional Medical Diagnostic Lab
Date of visit: 02/06/2002
Clinical Information: Pregnant
Specimen Source: Thin-Prep Cervix/Endocervix
Specimen Adequacy: Satisfactory for evaluation but limited by absence of endocervical cells-pregnant patient
General Category: Normal Smear
Narrative description: Within Normal Limits
Comments: nonspecficinflammatory changes are seen

Signed by Cornelia de Riese MD on 02/14/2002 at 4:37 PM

OB/GYN Clinic
1601 Sunset Dr. Columbia, SC 29203
803-434-4110 Fax: 803-434-4123

February 15, 2002

JAMESETTA WASHINGTON
USC PO BOX 86369
COLUMBIA, SC 29225

Dear Ms.WASHINGTON:

The pap smear that we did on 02/6/2002 was normal. Follow up in one year is recommended for your next pap smear.

Sincerely,

Kim Humphries RN,
PRMH Ob/Gyn Clinic
Palmetto Richland Memorial Hospital

[redacted]

02/18/2002 - Diagnostic Report Other: Ultrasound Report -
Provider: Cornelia de Riese MD
Location of Care: Palmetto Health Women's Center

PATIENT INFORMATION:
Exam Date: 02/13/2002
LMP: 10/01/01
Visit#: 1
INDICATION: Large for dates

DATING:
GA by LMP 19 2/7 wks
Assigned GA (LMP) 19 2/7 wks
GA by US 18 3/7 wks
EDD 07/08/2002

BIOMETRY:
BPD: 42 mm 18 5/7 wks
Femur: 29 mm 18 6/7 wks
Cerebellum: 19 mm
Nuchal Fold: 2.9 mm
Cisterna Magna: 3 mm

FL/AC: .23
HC: 156 mm 18 3/7 wks
AC: 126 mm 18 1/7 wks
HC/AC: 1.23 [.99-1.23]
EFW: 268 gms 0'9"
ADDITIONAL FINDINGS: Fetal heart rate: 150 bpm

PRESENTATION/ CORD/ PLACENTA/ FLUID/ CERVIX:
Presentation: Cephalic
Umbilical Cord: 3 Vessel Cord. Suboptimal visualization of insertion.
Placenta: Posterior Grade 1
Grade 1
Amniotic Fluid: Normal
Additional Findings: Uterus: normal, Ovaries: Right: suboptimal visualization, Left: normal

FETAL ANATOMICAL SURVEY:

THE FOLLOWING ITEMS ARE NORMAL:
Calvaruim, Intracranial Anatomy, Lateral Ventricles, Cerebellum, Choroid Plexus, Cisterna Magna
Neck, Nuchal Fold, Profile, Nose/Lips, Orbits
Cervical Spine, Thoracic Spine, Lumbar Spine, Sacrum, Diaphragm
Cardiac axis, Cardiac position, Fetal heart motion, Ventricle wall, LVOT, RVOT
Aortic Arch, Stomach, Lt Kidney, Rt Kidney
Bladder, Bowel, Upper Extremities, Lower Extremities, Genitalia(male)

[redacted]

THE FOLLOWING ITEMS ARE SUBOPTIMAL:
Face

THE FOLLOWING ITEMS ARE ABNORMAL FINDINGS:
Four chamber view (Echogenic foci, left ventricle)

Summary:

Exam Date: 02/13/2002
Fetus #: 1
EFW: 268
AMNIOTIC FLUID VOLUME: Normal
Comments: Thank you for referring Jamesetta Washington to our unit for evaluation of the fetus measuring large for dates. Biometry suggests normal growth for gestational age. Amniotic fluid is normal. Anatomy appears normal with the exception of a single echogenic focus in the left ventricle of the heart. We suggest correlation with MSAFP.

Thank you very much for allowing us to participate in her care.
Ultrasound read by: Mark Wild MD
Ultrasonographer: Sandra Youngblood RDMS

Signed by Cornelia de Riese MD on 02/21/2002 at 2:40 PM

[redacted]

02/18/2002 - Lab Report: AFP Screening neg
Provider: Cornelia de Riese MD
Location of Care: Palmetto Health Women's Center

Enhanced AFP Screening Report

PATIENT INFORMATION:
Age at EDC: 20.9
Weight: 130 lbs
No: 1259
Sample #: A02-00164
Drawn: 01/21/2002
Report Date: 02/08/2002
Race: Black
Diabetic: No

MATERNAL SERUM RESULTS:
Pregnancy: Singleton
AFP: 1.43 MoM
uE3: 1.02 MoM
hCG: 1.85 MoM
Inh-A: 2.26 MoM
Gestational Age: 16.0 weeks
GA By LMP: 07/08/2002
Family history of NTD: No

INTERPRETATION:
SCREEN NEGATIVE. No follow up is suggested. (REVISED)

OPEN NTD RISK ASSESSMENT:
SCREEN NEGATIVE FOR OPEN NEURAL TUBE DEFECT
Add'tl Comments: Gestational age based on menstrual dates.
Recommendation: No additional follow up is suggested.

DOWN SYNDROME RISK ASSESSMENT:
Down Syndrome risk using age only: 1:1170
Down Syndrome risk using age and biochemical marker: 1:2000
Screen for Down Syndrome: Negative

TRISOMY 18 RISK ASSESSMENT:
Screen for Trisomy 18: Negative

Comments:
Physicians are advised to exercise independent clinical judgement in interpreting test results and the optimal course of action to recommend to each patient. Note that correct gestational age is a critical component of interpretation.
Please contact USC Clinical Genetics if gestational age is incorrectly listed or EDC is revised.

[redacted]

Signed by Cornelia de Riese MD on 02/21/2002 at 2:40 PM

[redacted]

02/21/2002 - Lab Report: URIN SCREEN,OB
Provider: Cornelia de Riese MD
Location of Care: Palmetto Health Women's Center

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) URIN SCREEN,OB (16086)			
URIN PROTEIN		NEGATIVE mg/dL	(NEG)
URINE GLUCOSE		NEGATIVE mg/dL	(NEG)
URINE KETONES		NEGATIVE mg/dL	(NEG)
URINE BILIRUBIN		NEGATIVE	(NEG)
URINE BLOOD		NEGATIVE	(NEG)
URIN UROBILI		NORMAL EU	(0.1-1.0)
URIN NITRITE		NEGATIVE	(NEG)
LEUKOCYTE ESTERASE	[A]	TRACE	(NEG)
URIN DPSTIX MSG		"Result Follows..."	
Results by dipstick only.			

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 02/21/2002 1:58 PM

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(1) Order result status: Final
Collection or observation date-time: 02/21/2002 13:54
Requested date-time:
Receipt date-time: 02/21/2002 13:55
Reported date-time:
Referring Physician:
Ordering Physician: PATRICIA CARNEY (PCARNEY)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999901
Lab site: H44480

Signed by Cornelia de Riese MD on 02/21/2002 at 2:40 PM

[redacted]

02/21/2002 - Office Visit: OB F/U 20 1/7 week IUP/ Vaginal D/C
Provider: Patricia Carney MD
Location of Care: Palmetto Health Women's Center

Vital Signs
Height: 64 inches
Weight today: 139 pounds
Pulse: 76
Blood pressure: 129/66 mm Hg

Weight Change
Total weight change: 14 pounds
Weight change since last visit: 9 pounds
.....Jackie Tarver LPN February 21, 2002 1:49 PM

Antepartum Visit
PROBLEMS:

SINGLE ECHOGENIC FOCUS IN FETAL HEART ()
YEAST VAGINITIS (ICD-112.1)
SUPERVISION, NORMAL FIRST PREGNANCY (ICD-V22.0)

CERVICITIS (ICD-616.0)

MEDS:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

ALLERGIES:
NKA, LOW LATEX ALLERGY RISK

LMP: 10/01/2001
Total Preg: 1
Full Term: 0
Premature: 0
Living: 0
Spon. AB: 0
Ectopic: 0
Multiple Births: 0
Assessment: here for d/c and spotting a couple days ago, no obstetrical problems.
Wet prep:
Pregnancy otherwise developing normally, has f/u US for echogenic focus in fetal heart.
Plan: Rx Flagyl
Glucola next visit
Disposition: return to clinic

Antepartum Physical Exam
Est. Gestational Age: 20
Fundal height (cm): 19

[redacted]

Presentation: unable to assess
FHR: 140's
Fetal movement: not noted yet
Preterm Labor s/sx: absent
Vaginal bleeding: none
Fluid leakage: none
Disposition: return to clinic in 1 month
d/w Dr. Carney
.....Cornelia de Riese MD February 23, 2002 3:46 PM
I have reviewed and discussed the above patient with the resident physician. Agree with the assessment and plan.

Assessment
New Problems:

YEAST VAGINITIS (ICD-112.1)
SUPERVISION, NORMAL FIRST PREGNANCY (ICD-V22.0)

CERVICITIS (ICD-616.0)

Plan
New Prescriptions/Refills:
FLAGYL TABS 500 MG 1 PO BID X 7d 02/21/2002 #14 x 0 : Cornelia de Riese MD

Updated Medication List:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

Disposition: return to clinic

Topics and Dates Discussed
Exercise: counseled
Breast Feeding: 02/06/2002

Nursing Intake
Vital Signs
Ht: **64** in. Wt: **139** lbs. P: **76** BP: **129/66**
Comments: C/O thick yellow vaginal D/C with slight odor, lower abd pain,cramping, H/A's

Patient Health History
Living status: with roommates
House status: dorm
Occupation: student



03/06/2002 - Lab Report: URIN SCREEN,OB
Provider: Janice Bacon MD
Location of Care: Palmetto Health Women's Center

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) URIN SCREEN,OB (16086)

URIN PROTEIN		NEGATIVE mg/dL	(NEG)
URINE GLUCOSE		NEGATIVE mg/dL	(NEG)
URINE KETONES		NEGATIVE mg/dL	(NEG)
URINE BILIRUBIN		NEGATIVE	(NEG)
URINE BLOOD		NEGATIVE	(NEG)
URIN UROBILI		NORMAL EU	(0.1-1.0)
URIN NITRITE		NEGATIVE	(NEG)
LEUKOCYTE ESTERASE	[A]	SMALL	(NEG)
URIN DPSTIX MSG		"Result Follows..."	

Results by dipstick only.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/06/2002 1:57 PM

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(1) Order result status: Final
Collection or observation date-time: 03/06/2002 13:50
Requested date-time:
Receipt date-time: 03/06/2002 13:54
Reported date-time:
Referring Physician:
Ordering Physician: JANICE BACON (JBACON)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999901
Lab site: W55559

Signed by Janice Bacon MD on 03/06/2002 at 3:01 PM



Signed by Patricia Carney MD on 03/07/2002 at 2:59 PM

[redacted]

03/06/2002 - Office Visit: OB F/U @ 22 weeks
Provider: Janice Bacon MD
Location of Care: Palmetto Health Women's Center

Vital Signs
Height: 64 inches
Weight today: 138 pounds
Pulse: 96
Blood pressure: 128/66 mm Hg

Weight Change
Total weight change: 13 pounds
Weight change since last visit: 7 pounds
.....Melody Jennings March 6, 2002 1:59 PM

Antepartum Visit
PROBLEMS:
SINGLE ECHOGENIC FOCUS IN FETAL HEART ()
YEAST VAGINITIS (ICD-112.1)
SUPERVISION, NORMAL FIRST PREGNANCY (ICD-V22.0)

CERVICITIS (ICD-616.0)

MEDS:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

ALLERGIES:
NKA, LOW LATEX ALLERGY RISK

LMP: 10/01/2001
EDD by LMP: 07/08/2002
Total Preg: 1
Full Term: 0
Premature: 0
Living: 0
Spon. AB: 0
Ectopic: 0
Multiple Births: 0
Disposition: return to clinic

Antepartum Physical Exam
Est. Gestational Age: 22 2/7
Fundal height (cm): 21
Presentation: early in pregnancy
FHR: 140's
Fetal movement: active baby
Preterm Labor s/sx: absent

[redacted] Telephone: (803)544-1257

Vaginal bleeding: none
Fluid leakage: none
Edema: none
Urine glucose: neg.
Urine albumin: neg.
Urine leukocytes: small
Disposition: return to clinic

EDD Calculations
By LMP: 07/08/2002
from LMP date: 10/01/2001 + 280 days
By initial ultrasound: 07/13/2002
from initial ultrasound date: 02/13/2002 and an est gest. age of 18.5 wks.

EDD Confirmation: 07/08/2002

Assessment
Status of Existing Problems:

YEAST VAGINITIS Improved - Heather M. Irvin MD

Comments: 20 yr old G1 at 22 2/7 wks by LMP confirmed by 18 wk U/S. Doing well.
-pt states that she has been unable to take her medicine twice a day secondary to nausea and vomitting, she was only able to take three, advised her to try to eat and then take four pills and see if she could keep that down and that would be all that she needs to take, however if this doesn't work will try Metrogel
2. Glucola at next visit
D/W Dr Bacon

Plan
Updated Medication List:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

Disposition: return to clinic in 1 month
.....Heather M. Irvin MD March 6, 2002 3:36 PM

I have reviewed and discussed the above patient with the resident physician. Agree with the assessment and plan.

Topics and Dates Discussed
Exercise: counseled
Breast Feeding: 02/06/2002

Nursing Intake
Vital Signs
Ht: **64** in. Wt: **138** lbs. P: **96** BP: **128/66**

[redacted]

Patient Health History

Living status: with roommates
House status: dorm
Occupation: student

Signed by Janice Bacon MD on 03/11/2002 at 11:43 AM

[redacted]

03/06/2002 - Office Visit: OB F/U @ 22 weeks
Provider: Janice Bacon MD
Location of Care: Palmetto Health Women's Center

Vital Signs
Height: 64 inches
Weight today: 138 pounds
Pulse: 96
Blood pressure: 128/66 mm Hg

Weight Change
Total weight change: 13 pounds
Weight change since last visit: 7 pounds
.....Melody Jennings March 6, 2002 1:59 PM

Antepartum Visit
PROBLEMS:
SINGLE ECHOGENIC FOCUS IN FETAL HEART ()
YEAST VAGINITIS (ICD-112.1)
SUPERVISION, NORMAL FIRST PREGNANCY (ICD-V22.0)

(ICD-616.0)

MEDS:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

ALLERGIES:
NKA, LOW LATEX ALLERGY RISK

LMP: 10/01/2001
EDD by LMP: 07/08/2002
Total Preg: 1
Full Term: 0
Premature: 0
Living: 0
Spon. AB: 0
Ectopic: 0
Multiple Births: 0
Disposition: return to clinic

Antepartum Physical Exam
Est. Gestational Age: 22 2/7
Fundal height (cm): 21
Presentation: early in pregnancy
FHR: 140's
Fetal movement: active baby
Preterm Labor s/sx: absent

[redacted]

03/20/2002 - Lab Report: URIN SCREEN,OB
Provider: John M. Herbert MD
Location of Care: Palmetto Health Women's Center

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) URIN SCREEN,OB (16086)

URIN PROTEIN		NEGATIVE mg/dL	(NEG)
URINE GLUCOSE		NEGATIVE mg/dL	(NEG)
URINE KETONES		NEGATIVE mg/dL	(NEG)
URINE BILIRUBIN		NEGATIVE	(NEG)
URINE BLOOD		NEGATIVE	(NEG)
URIN UROBILI		NORMAL EU	(0.1-1.0)
URIN NITRITE		NEGATIVE	(NEG)
LEUKOCYTE ESTERASE	[A]	MODERATE	(NEG)
URIN DPSTIX MSG		"Result Follows..."	

Results by dipstick only.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/20/2002 2:52 PM

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(1) Order result status: Final
Collection or observation date-time: 03/20/2002 14:40
Requested date-time:
Receipt date-time: 03/20/2002 14:50
Reported date-time:
Referring Physician:
Ordering Physician: JOHN HERBERT (JMHERBERT)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999901
Lab site: W64840

Signed by John M. Herbert MD on 03/20/2002 at 3:27 PM



03/20/2002 - Lab Report: GEST DIABETES SCR
Provider: Doug Addy MD
Location of Care: Palmetto Health Women's Center

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) GEST DIABETES SCR (16208)

1 HR GLUCOSE	77 mg/dL	(70-140)
! COMMENT	"Result Follows..."	

50 GM OF GLUCOSE GIVEN. THIS IS A SCREENING TEST ONLY.
POSITIVE RESULTS SHOULD BE CONFIRMED WITH A FASTING GLUCOSE TOLERANCE TEST.
THIS IS TO APPLY STANDARDIZED CRITERIA FOR DIAGNOSING GESTATIONAL DIABETES.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/20/2002 9:13 PM

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(1) Order result status: Final
Collection or observation date-time: 03/20/2002 16:25
Requested date-time:
Receipt date-time: 03/20/2002 16:26
Reported date-time:
Referring Physician:
Ordering Physician: JOHN HERBERT (JMHERBERT)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999802
Lab site: W64971

Signed by Doug Addy MD on 04/01/2002 at 4:18 PM

Ambulatory Services
1801 Sunset Drive Columbia, SC 29203
803-434-2173 Fax: 803

[redacted]

03/20/2002 - Lab Report: HEMATOCRIT
Provider: Doug Addy MD
Location of Care: Palmetto Health Women's Center

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) HEMATOCRIT (13700)

HEMATOCRIT	35.3 %	(32.5-46)

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/20/2002 6:20 PM

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(1) Order result status: Final
Collection or observation date-time: 03/20/2002 16:25
Requested date-time:
Receipt date-time: 03/20/2002 16:26
Reported date-time:
Referring Physician:
Ordering Physician: JOHN HERBERT (JMHERBERT)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999801
Lab site: W64971

Signed by Doug Addy MD on 04/01/2002 at 4:18 PM

[redacted]

03/20/2002 - Office Visit: OB F/U @ 24 weeks
Provider: John M. Herbert MD
Location of Care: Palmetto Health Women's Center

Vital Signs
Height: 64 inches
Weight today: 142 pounds
Pulse: 76
Blood pressure: 122/59 mm Hg

Weight Change
Total weight change: 17 pounds
Weight change since last visit: 4 pounds
.....Melody Jennings March 20, 2002 3:16 PM

Antepartum Visit
PROBLEMS:
SINGLE ECHOGENIC FOCUS IN FETAL HEART ()
YEAST VAGINITIS (ICD-112.1)
SUPERVISION, NORMAL FIRST PREGNANCY (ICD-V22.0)

CERVICITIS (ICD-616.0)

MEDS:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

ALLERGIES:
NKA, LOW LATEX ALLERGY RISK

LMP: 10/01/2001
EDD by LMP: 07/08/2002
EDD by ultrasound: 07/13/2002
Final EDD: 07/08/2002
Total Preg: 1
Full Term: 0
Premature: 0
Living: 0
Spon. AB: 0
Ectopic: 0
Multiple Births: 0
Disposition: return to clinic

Antepartum Physical Exam
Est. Gestational Age: 24 1/7
Fundal height (cm): 24
Presentation: early in pregnancy
FHR: 140's

[redacted]

04/01/2002 - Office Visit: OB F/U
Provider: Doug Addy MD
Location of Care: Palmetto Health Women's Center

Vital Signs
Height: 64 inches
Weight today: 144 pounds
Pulse: 82
Blood pressure: 128/62 mm Hg

Weight Change
Total weight change: 19 pounds
Weight change since last visit: 6 pounds

Antepartum Visit
PROBLEMS:
SINGLE ECHOGENIC FOCUS IN FETAL HEART ()
YEAST VAGINITIS (ICD-112.1)
SUPERVISION, NORMAL FIRST PREGNANCY (ICD-V22.0)

(ICD-616.0)

MEDS:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

ALLERGIES:
NKA, LOW LATEX ALLERGY RISK

LMP: 10/01/2001
EDD by LMP: 07/08/2002
EDD by ultrasound: 07/13/2002
Final EDD: 07/08/2002
Total Preg: 1
Full Term: 0
Premature: 0
Living: 0
Spon. AB: 0
Ectopic: 0
Multiple Births: 0

Comments: 20 year old at 26 weeks iup. presents to clinic because she did not feel her baby move for a couple of hours. it has moved since waiting to be seen. bpp done 8/8 with nl afi vtx. pregnancy ubcomlicated. nl bp. previous anatomy scan normal except for single echogenic focus in heart. told to return if happens again, or at any time she is concerned about her baby . see no reason for weekly testing now.

.....Doug Addy MD April 1, 2002 4:20 PM
d/w wild

[redacted]

Plan
Updated Medication List:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

Topics and Dates Discussed
Exercise: counseled
Breast Feeding: 02/06/2002

Nursing Intake
Vital Signs
Ht: **64** in. Wt: **144** lbs. P: **82** BP: **128/62**
Comments: No fetal movement for past 2-3 hours.

.....Nydia Workman RN April 1, 2002 3:20 PM

Patient Health History
Living status: with roommates
House status: dorm
Occupation: student
I have reviewed and discussed the above patient with the resident physician. Agree with the assessment and plan.
.....Mark D. Wild MD April 8, 2002 4:03 PM

Signed by Mark D. Wild MD on 04/08/2002 at 4:03 PM

[redacted]

04/18/2002 - **Office Visit: OB F/U 28 wks**
Provider: Patricia Carney MD
Location of Care: Palmetto Health Women's Center

Vital Signs
Height: 64 inches
Weight today: 148 pounds
Pulse: 81
Blood pressure: 126/76 mm Hg

Weight Change
Total weight change: 23 pounds
Weight change since last visit: 4 pounds
.....Kim Humphries RN April 18, 2002 3.12 PM

Antepartum Visit
PROBLEMS:
SINGLE ECHOGENIC FOCUS IN FETAL HEART ()
YEAST VAGINITIS (ICD-112.1)
SUPERVISION. NORMAL FIRST PREGNANCY (ICD-V22.0)

CERVICITIS (ICD-616.0)

MEDS:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

ALLERGIES:
NKA, LOW LATEX ALLERGY RISK

LMP: 10/01/2001
EDD by LMP: 07/08/2002
EDD by ultrasound: 07/13/2002
Final EDD: 07/08/2002
Total Preg: 1
Full Term: 0
Premature: 0
Living: 0
Spon. AB: 0
Ectopic: 0
Multiple Births: 0
Disposition: return to clinic

Antepartum Physical Exam
Est. Gestational Age: 32 3/7
Fundal height (cm): 33
FHR: 140's
Fetal movement: active baby

[redacted]

Preterm Labor s/sx: absent
Vaginal bleeding: none
Fluid leakage: none
Comments: IUP at 32 weeks for regular appt. complaining of increased vaginal discharge and discomfort. Denies VB, LOF, HA, visual changes or urinary complaints. States frequent FM. Wet prep with yeast.

Disposition: return to clinic

Assessment

Comments: IUP at 32 weeks for regular appt. complaining of increased vaginal discharge and irritation.
1) Denies VB, LOF, HA, visual changes or urinary complaints. States frequent FM.
2) Vaginal discharge--wet prep with yeast ,--history of nausea/vomiting with Flagyl--gave phenergan with flagyl this time. Terazol for yeast
3) Otherwise doing well. FHTs in 140s and FH at 33.
4) Discussed in clinic today with Dr. Carney

Plan

New Prescriptions/Refills:
TERAZOL 3 CREA 0.8 % one applicatorful in vagina qhs x 3 nights. 04/18/2002 #1 tube x 0 : Andrea N. Wininger MD
PHENERGAN 12.5 MG TAB 1 poq4-6 hours prn N/V 04/18/2002 #30 x none : Andrea N. Wininger MD
FLAGYL TABS 500 MG 1 PO BID X 7d 04/18/2002 #14 x 0 : Andrea N. Wininger MD

Updated Medication List:
FLINTSTONES COMPLETE CHW TAB (PEDIATRIC MULTIVIT-MINERALS) 1 po qd

Disposition: return to clinic in 2 weeks
.....Andrea N. Wininger MD April 18, 2002 4:29 PM
I have reviewed and discussed the above patient with the resident physician. Agree with the assessment and plan.

Topics and Dates Discussed

Exercise: counseled
Breast Feeding: 02/06/2002

Nursing Intake

Vital Signs

Ht: **64** in. Wt: **148** lbs. P: **81** BP: **126/76**

Patient Health History

Living status: with roommates

[redacted]

House status: dorm
Occupation: student

Signed by Patricia Carney MD on 05/02/2002 at 2:47 PM

04/18/2002 - Lab Report: URIN SCREEN,OB
Provider: Patricia Carney MD
Location of Care: Palmetto Health Women's Center

Patient: JAMESETTA WASHINGTON
Note: All result statuses are Final unless otherwise noted.

Tests: (1) URIN SCREEN,OB (16086)

URIN PROTEIN		NEGATIVE mg/dL	(NEG)
URINE GLUCOSE		NEGATIVE mg/dL	(NEG)
URINE KETONES		NEGATIVE mg/dL	(NEG)
URINE BILIRUBIN		NEGATIVE	(NEG)
URINE BLOOD		NEGATIVE	(NEG)
URIN UROBILI		NORMAL EU	(0.1-1.0)
URIN NITRITE		NEGATIVE	(NEG)
LEUKOCYTE ESTERASE	[A]	MODERATE	(NEG)
URIN DPSTIX MSG		"Result Follows..."	

Results by dipstick only.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 04/18/2002 3:17 PM

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(1) Order result status: Final
Collection or observation date-time: 04/18/2002 15:00
Requested date-time:
Receipt date-time: 04/18/2002 15:03
Reported date-time:
Referring Physician:
Ordering Physician: PATRICIA CARNEY (PCARNEY)
Specimen Source: &&&&&
Producer ID: (SQ)
Filler Order Number: 99999901
Lab site: H79747

Signed by Patricia Carney MD on 04/18/2002 at 3:22 PM

```
          ******PPPT DT: 04/18/2002

WININGER DB CONTIPUI      500763

1006:03?
WASHINGTON,JAKESETTA
04/02/2002  LOR  OBS  04/01/2002  CLN  OBS
03/20/2002  CLN  OBS  03/06/2002  CLN  OBS

LAST I/P VISIT:     NO INPATIENT VISITS
```

(W)

0201

PALMETTO RICHLAND MEMORIAL HOSPITAL

SS # 251-55-1145

01084163 7
Washington

ADDRESSOGRAPH

ANTENATAL ASSESSMENT RECORD

Patient Information:

Name Jamaatta Washington DOB 7-29-81 Date of Scan _____

Referring Physician Staff (Hubert)

Attending Physician _____

Ultrasonographer _____ Scan Sequence ☐ 1 ☐ 2 ☐ 3 ☐ > 3

G 1 T 0 P 0 A 0 L 0 LMP _____ RH _____ Rhogam _____

Indication Pt. c/o ↓ fetal movement triage for FHR (24 wks.)

Gestation:	Presentation:	Gender:	Fetal Activity:	Amniotic Fluid:
☐ Single	☐ Cephalic	☐ Female	Yes No	☐ Normal
☐ Twins	☐ Breech	☐ Male	☐ ☐ Heart	☐ Decreased
☐ Triplets	☐ Oblique	☐ Not Determined	☐ ☐ Body/Limb	☐ Increased
☐ Other _____	☐ Transverse		☐ ☐ Breathing	AFI _____ cm

Placenta:

☐ Anterior ☐ Fundal
☐ Posterior ☐ Complete Previa
☐ Left Lateral ☐ Partial Previa
☐ Right Lateral ☐ Low Lying

Placental Grade 0 1 2 3

Fetal Anatomy Visualized:

Yes	No	
☐	☐	Fetal Face
☐	☐	Kidney R L Both
☐	☐	Bladder
☐	☐	Extremities 1 2 3 4
☐	☐	Four Chamber View of Heart
☐	☐	Spine
☐	☐	Cord Insertion
☐	☐	3 Vessel Cord

Cranial Biometry:

Ventricles
LVW/HW _____
_____
Cerebellum _____
Cisterna Magna _____

Fetal Biometry:

BPD	_____ cm	HC	_____ cm	BPD	_____ wks
OFD	_____ cm			HC	_____ wks
T/AD	_____ cm	AC	_____ cm	AC	_____ wks
AP/AD	_____ cm			FL	_____ wks
FEMUR	_____ cm	SAC	_____ cm	CRL/SAC	_____ wks
CRL	_____ cm	Averaged Sonographic Gestational Age			_____ wks

Fetal Weight and Development:

EFW _____ gms _____ lbs _____ oz

Growth Percentile _____

☐ SGA ☐ AGA ☐ LGA

Ratios:

BPD/OFD _____ % (NL = 79 ± 8%)

HC/AC _____ FL/AC _____

BPD/FL _____ %

Biophysical Profile:

Reactive NST	☐ 0	☐ 2
Fetal Tone	☐ 0	☐ 2
Fetal Movement	☐ 0	☐ 2
Fetal Breathing	☐ 0	☐ 2
qAFV	☐ 0	☐ 2
Total Points		

Amniocentesis Data:

L/S Ratio _____
PG _____
Creatinine _____
Delta OD450 _____

Number of Taps ☐ 1 ☐ _____
Color & Clarity of Fluid _____
Amount of Fluid ☐ 30cc ☐ _____
Needle Gauge ☐ 20g ☐ _____
1% Lidocaine Anesthesia ☐ Yes ☐ No
Complications _____

Other Findings:

ADD BP- 127/57 P-72 R-20 - Pt. c/o ↓ FM + intermittent FHR Pt. to L&D 15-2. Exh monitor applied. FHR 140-145. 0115- Dr. Davis in to view strip. D/C instructions given. AVS. 0123- Pt. D/C home

Exam Technical Quality:

☐ Good
☐ Fair
☐ Poor: ☐ Maternal Obesity ☐ Fetal Position ☐ Increased/Decreased ☐ Fetal Age _____

Biophysical FHR Evaluation:

NST: ☐ Reactive (Normal) ☐ Nonreactive ☐ Noninterpretable
OCT: ☐ Negative ☐ Positive ☐ Suspicious ☐ Hyperstimulatory ☐ Unsatisfactory

Impression:

Recommendations:

Palmetto Health 0061

76016454 Rev. 10/95

Signature _____

RICHLAND MEMORIAL HOSPITAL

Jamesetta Washington
01086163?

Outpatient Discharge Instructions and Precautions for Preterm Labor:

If you experience any of the following, please return to Labor and Delivery or call your doctor.

1. Rupture of Membranes:
Gush or leaking of fluid from your vagina. Please note time, color, and if there is an odor.

2. Bleeding:
Bright red bleeding from your vagina like a period. You may have some spotting if the doctor or nurse has performed a vaginal exam to check for dilation. Spotting may be pink, red, or brown in color.

3. Contractions:
A contraction or labor pain is a tightening, balling up or hardening of your stomach. Usually contractions come and go several minutes apart. The frequency *(or how many minutes apart your contractions are)* is from the beginning of one contraction to the start of the next contraction. The duration is how many seconds the contraction lasts from start to finish. If you have 4-5 contractions in an hour, call your doctor.

Some things you can do to help your contractions slow down or stop:
1. Lay down on right or left side.
2. Drink 2-3 large glasses of water or juice.
3. Empty bladder.

If your stomach stays hard, or does not relax between contractions and is painful, call L&D or your doctor.

Other instructions:
Drink 10-12 glasses of water a day
keep next clinic appt.
Call Dr. only if you don't feel baby move 4-5 times/hr.

Medications given and instructions:

Method of discharge: ambulatory ✓ **wheelchair** ___

Please feel free to call your doctor or L&D (434-6333) for any specific questions or concerns.

These instructions have been explained to me, I understand the instructions, and I have received a copy.

Patient Signature Jamesetta Washington **Nurse Signature** S. Rhoten, RN

Date: 4-2-02 **Name** Jamesetta Washington

76016759

REGIONAL MEDICAL DIAGNOSTIC LAB.
1701 St. Julian Place, Suite 100
Columbia, South Carolina 29204
803-252-1913 No

Patient: **WASHINGTON, JAMESETT**
Birthdate: 07 29 1981 Age: 20 Sex: F
OB/GYN 1601 SUNSET DRIVE PRMH
Physician(s): JANICE BACON M.D.

GYNECOLOGICAL CYTOLOGY REPORT

Medical Director: Jacqueline A. Emery, MD

Patient ID: RM973799

Chart No.\Type: W38247-10861637
Case Accession No: **P2002-003144**
Collection Date: 02 06 2002
Received Date: 02 07 2002

Clinical Information: PREGNANT

LMP: 10-1-01
Number of slides: 1
Cytotechnologist: TJF

Specimen Source:
THIN-PREP CERVIX/ENDOCERVIX

SPECIMEN ADEQUACY:
Satisfactory for evaluation but limited by absence of endocervical cells-pregnant patient.

GENERAL CATEGORY:
NORMAL SMEAR

NARRATIVE DESCRIPTION:
WITHIN NORMAL LIMITS

(KLW)

ADDITIONAL FINDINGS:
Nonspecific inflammatory changes are seen.

TJF, CT (ASCP)
(Signed Out 02 08 2002)

The Pap Test is not a diagnostic procedure and should not be used as the sole means to detect cervical cancer. It is only a screening process designed to aid in the detection of cervical cancer and its precursors. Both false-negative and false-positive results do occur, therefore any suspicious physical findings or clinical symptoms should be investigated as appropriate.

PALMETTO HEALTH RICHLAND, COLUMBIA, SC
EDWARD W. CATALANO, MD DIRECTOR OF PATHOLOGY

NAME:WASHINGTON,JAMESETTA
ADMITTED:01/21/2002 01/21/2002 SSN:251-55-1195
H#:010861637 LOC:OBC AGE:20Y SEX:F
ACCT:0202101080 DR:NEWMAN,WILLIAM A III CODE:12379

HEMATOLOGY PROFILE

TEST:		WBC	RBC	HGB	HCT	MCV	MCH	MCHC	RDW
UNITS:		K/uL	M/uL	g/dL	%	fL	PG	%	%
LO-HI:		3.7-9.1	3.80-5.30	11.1-14.5	32.5-46	80-101	27-32	32-36.5	11.5-14.5
01/21/02									
	1555	9.9 H	4.60	12.6	38.9	84.6	27.4	32.4	13.1

HEMATOLOGY PROFILE

TEST:		MPV	PLATELET	AUTOMATED BASO	AUTOMATED EOS	AUTOMATED LYMPH	AUTOMATED MONO	AUTOMATED NEUT	AUTOMATED ABSOLUTE GRANS
UNITS:		fL	K/uL	%	%	%	%	%	%
LO-HI:		6.4-11.0	150-388	0-2	0-6	15-45	0-10	40-80	2.0-8.0
01/21	1555	9.5	261	0	2	16	9	73	7.2

MISCELLANEOUS HEMATOLOGY

TEST:		SICKLE CELL TEST
UNITS:		
LO-HI:		NEG
01/21	1555	NEGATIVE

BLOOD TYPE/ANTIBODY/ANTIGEN/INFORMATION

TEST:		ABO GROUP AND RH	ANTIBODY SCREEN/ INDIRECT COOMBS
UNITS:			
LO-HI:			
01/21	1555	A POSITIVE	
	1555		NEGATIVE

HIV TESTING

TEST:		HIV I & II ANTIBODIES
UNITS:		
LO-HI:		
01/21	1555	NON REACTIVE

Palmetto Health 0083

PALMETTO HEALTH RICHLAND, COLUMBIA, SC
EDWARD W. CATALANO, MD DIRECTOR OF PATHOLOGY

NAME:WASHINGTON,JAMESETTA
ADMITTED:01/21/2002 01/21/2002
H#:010861637 LOC:OBC AGE:20Y SEX:F
ACCT:0202101080 DR:NEWMAN,WILLIAM A III CODE:12379

---------- STD TESTING ----------

TEST:		RPR
UNITS:		TITER
LO-HI:		
01/21	1555	NON REACTIVE

---------- HEPATITIS B TESTING ----------

TEST:		HEPATITIS B SURFACE ANTIGEN
UNITS:		
LO-HI:		
01/21	1555	NEGATIVE HBNEG

---------- VIRAL SEROLOGY ----------

TEST:		RUBELLA IgG
UNITS:		
LO-HI:		
01/21	1555	IMMUNE

---------- CULTURE,URINE ----------

COLL DATE 01/21/2002 CULT,URINE
COLL TIME R1755 ACC. NO.: M24749 TRANSPORT TIME: UNKNO FINAL 01/23/2002
SPECIMEN DESCRIPTION: URINE,VOID
SPECIAL REQUESTS: NONE

CULTURE:

1. MIXED CULTURE, NO POTENTIAL PATHOGENS PRESENT, REPEAT STUDIES NOT INDICATED
2. MIXED MUCO-CUTANEOUS FLORA

---FOOTNOTES---
HBNEG When Hepatitis B is suspected, a negative result for Hepatitis B Surface Antigen usually indicates the virus is not present.Testing for the presence of Core IgM antibody would help define a recent infection in the absence of Hepatitis B Surface Antigen.

PALMETTO HEALTH RICHLAND, COLUMBIA, SC
EDWARD W. CATALANO, MD DIRECTOR OF PATHOLOGY

NAME:WASHINGTON,JAMESETTA
ADMITTED:02/21/2002 02/21/2002 SSN:251-55-1195
H#:010861637 LOC:OBC AGE:20Y SEX:F
ACCT:0205200755 DR:CARNEY,PATRICIA CODE:30069

ROUTINE URINALYSIS

TEST:	PROTEIN	GLUCOSE	KETONE	BILIRUBIN	OCCULT BLOOD	UROBIL-INOGEN	NITRITE
UNITS:	mg/dL	mg/dL	mg/dL			EU	
LO-HI:	NEG	NEG	NEG	NEG	NEG	0.1-1.0	NEG
02/21/02							
1354	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE	NORMAL	NEGATIVE

ROUTINE URINALYSIS

TEST:	LEUKOCYTE ESTERASE	URINE DIPSTICK MESSAGE
UNITS:		
LO-HI:	NEG	
02/21 1354	TRACE *	Results by dipstick only.

END OF REPORT

PALMETTO HEALTH RICHLAND, COLUMBIA, SC
EDWARD W. CATALANO, MD DIRECTOR OF PATHOLOGY

NAME:WASHINGTON,JAMESETTA
ADMITTED:03/06/2002 03/06/2002 SSN:251-55-1195
H#:010861637 LOC:OBC AGE:20Y SEX:F
ACCT:0206500873 DR:BACON,JANICE CODE:40202

ROUTINE URINALYSIS

TEST:	PROTEIN	GLUCOSE	KETONE	BILIRUBIN	OCCULT BLOOD	UROBIL-INOGEN	NITRITE
UNITS:	mg/dL	mg/dL	mg/dL			EU	
LO-HI:	NEG	NEG	NEG	NEG	NEG	0.1-1.0	NEG
03/06/02							
1350	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE	NORMAL	NEGATIVE

ROUTINE URINALYSIS

TEST:	LEUKOCYTE ESTERASE	URINE DIPSTICK MESSAGE
UNITS:		
LO-HI:	NEG	
03/06 1350	SMALL *	Results by dipstick only.

PALMETTO HEALTH RICHLAND, COLUMBIA, SC
EDWARD W. CATALANO, MD DIRECTOR OF PATHOLOGY

NAME:WASHINGTON,JAMESETTA
ADMITTED:03/20/2002 03/20/2002 SSN:251-55-1195
H#:010861637 LOC:OBC AGE:20Y SEX:F
ACCT:0207900932 DR:HERBERT,JOHN M CODE:4168

---------- HEMATOLOGY PROFILE ----------

TEST:		HCT
UNITS:		%
LO-HI:		32.5-46
03/20/02		
	1625	35.3

---------- ROUTINE URINALYSIS ----------

TEST:		PROTEIN	GLUCOSE	KETONE	BILIRUBIN	OCCULT BLOOD	UROBIL-INOGEN	NITRITE
UNITS:		mg/dL	mg/dL	mg/dL			EU	
LO-HI:		NEG	NEG	NEG	NEG	NEG	0.1-1.0	NEG
03/20	1440	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE	NORMAL	NEGATIVE

========== ROUTINE URINALYSIS ==========

TEST:		LEUKOCYTE ESTERASE	URINE DIPSTICK MESSAGE
UNITS:			
LO-HI:		NEG	
03/20	1440	MODERATE *	Results by dipstick only.

---------- GESTATIONAL DIABETES SCREENING ----------

TEST:		GLUCOSE 1 HOUR (SERUM)
UNITS:		mg/dL
LO-HI:		70-140
03/20	1625	77

========== GESTATIONAL DIABETES SCREENING ==========

TEST:		COMMENT
UNITS:		
LO-HI:		
03/20	1625	50 GM OF GLUCOSE GIVEN. THIS IS A SCREENING TEST ONLY. POSITIVE RESULTS SHOULD BE CONFIRMED WITH A FASTING GLUCOSE TOLERANCE TEST. THIS IS TO APPLY STANDARDIZED CRITERIA FOR DIAGNOSING GESTATIONAL DIABETES.

CUMULATIVE REPORT COMPLETED

D H E C
PROMOTE PROTECT PROSPER

Clinical Encounter Form

Reason For Visit: Initial

Current Medications/Treatment/Allergies	Interval History
ClaritinD - Allergies NKA	SBE - never Douche - Q3 mth C/O burning, Wants Rega.

Assessment

Age 18 Hgt 5'4" Wgt 123 Head Circumference _____

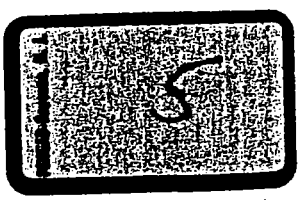
BP 122/77 Temp. _____ LMP 3-20-00 Vision R _____ L _____ Hearing R _____ L _____

	WNL	Detail Abnormal Findings
HEENT	☑	
Neck/Thyroid	☑	
Lungs	☑	
Heart	☑	
Breast	☑	
Abdomen	☑	
Extremities	☑	
Neuromuscular	☑	
Skin	☑	
Lymph Nodes	☐	(R) inguinal & bilateral Submandibular enlarged/tender.
Rectum	☐	
Genitalia	☑	

Female:

Vulva	Vagina	Cervix	Uterus/Adnexa	Male: Penis	Male: Scrotum
☐ WNL	☑ WNL	☐ WNL	☑ WNL	☐ WNL	☐ WNL
☐ Erythema	☐ Discharge	☐ Discharge	☐ Cervical Motion Tenderness	☐ Discharge	☐ Tenderness
☐ Edema	☐ Erythema	☑ Erythema	☐ Uterine Tenderness	☐ Lesions	☐ Edema
☑ Lesion	☐ Lesion	☐ Friable	☐ Adnexal Tenderness	☐ Swelling	☐ Rash
☐ Warts	☐ Warts	☐ Lesions	☐ Mass	☐ Warts	☐ Mass
			☐ Size _____		
			☑ Position RV		

Additional Comments: Wants to get Hepatitis series of immunizations



Signature of Examiner: Shelby Reals, MSN, RN, CS

DATE OF VISIT: 4-17-00

L401-029-45514
WASHINGTON, JAMESETTA
07/24/1981

Richland County
Health Department 0002
Washington

Stat Laboratory

☑ Hemoglobin 10.0 g/dl ☐ Hematocrit _____ %

☐ **Gram Stain**
Reference Value: Negative for GNID
Results: ☐ GNID ☐ No GNID
☐ >4 WBCs/OIF ☐ >10 WBCs/OIF
☐ No pathogens observed

☐ **Wet Prep**
Reference Value: No Pathogens Observed
Results: ☐ Trichomonas ☐ Yeast
☐ Clue Cells ☐ >10 WBCs/HPF
☐ Bacteria ☐ No pathogens observed

☐ **Stat RPR**
Reference Value: Non-reactive
Results: ☐ Non-reactive
☐ Reactive 1: _____

☐ **Darkfield Microscopy for T. pallidum**
Reference Value: No T. pallidum
Results: ☐ No T. pallidum
☐ Spirochetes Ind. of T. Pallidum

☐ **Pregnancy Test**
Results: ☐ Neg ☐ Pos
Internal Control: satisfactory ☐ Yes ☐ No

KOH/Whiff Test: ☐ Neg ☐ Pos
Cervical Swab Test: ☐ Neg ☐ Pos
Vaginal pH: _____
Urine S/A: _____
Urine Leucocytes/Nitrates: _____

CLIA Number: _____ **Time Test(s) Collected/Analyzed:** 9:05 AM/PM **Analyst:** M Sellers

Impression/Diagnosis: (1) Anemia

Plan (Medications, Treatments, Lab Tests Ordered, Follow-up, etc.):

Medications Administered/Dispensed/Distributed:

☐ Cefixime 400 mg po
☐ Doxycycline 100 mg po bid x _____ days
☐ Azithromycin 1.0 Gm po
☐ Erythromycin 500 mg Po qid x _____days
☐ Metronidazole 2.0 Gm Po
☐ Metronidazole 500 mg Po bid x _____days
☐ Benzathine Penicillin 2.4 m/u IM
☐ Ceftriaxone _____ mg IM
☐ Cleocin Vaginal Cream 2%
☐ MetroGel 0.75%
☐ Condylox Topical Gel. 5%
☐ Podophyllin _____%
☐ Trichloroacetic Acid
☐ Prenatal Vitamins
☑ FeSO4 1 bx
☐ _____ x _____cycles
☐ 150 mg DMPA IM site: _____
☑ Hep B Vaccine #1 @ Outfront
☐ _____
☐ _____

Barrier methods distributed:
☑ Condoms x 2 dozen
☑ 12 V.F.

Administered/Dispensed by: Shelby Rials, MSN, RN, CS

Routine Education:
☑ Medication Instructions
☑ STD Education
☑ HIV Risk Appropriate Education
☐ Age/Risk Appropriate Anticipatory Guidance
☑ Age/Risk Appropriate Nutrition Education
☑ Family Planning Education
☑ Methods of Contraception/STD/HIV Education (S0041)

Individualized Education:
SBE
Calcium Supplementation for Dep't
Anemia

Return to Clinic (Reason/Date): April 2001 annual 5/00 Hgb ✓ & Hep B #2

Signatures:

Shelby Rials, MSN, RN, CS — M Sellers

Virginia Williams pha

Richland County
Health Department 0003
Washington

D H E C
PROMOTE PROTECT PROSPER

Clinical Encounter Form

Reason For Visit:

Depo

Current Medications/Treatment/Allergies

~~DTA~~

Tovinex | WRIGHT

Interval History

Needs testing Irr-tab

Denies RHDSD

Assessment

Age ____ Hgt ____ Wgt 128 Head Circumference ____

BP 128/79 Temp. ____ LMP 4/25/W Vision R ____ L ____ Hearing R ____ L ____

	WNL	Detail Abnormal Findings
HEENT	☐	
Neck/Thyroid	☐	
Lungs	☐	
Heart	☐	
Breast	☐	
Abdomen	☐	
Extremities	☐	
Neuromuscular	☐	
Skin	☐	
Lymph Nodes	☐	
Rectum	☐	
Genitalia	☐	

Female:

Vulva
- ☐ WNL
- ☐ Erythema
- ☐ Edema
- ☐ Lesion
- ☐ Warts

Vagina
- ☐ WNL
- ☐ Discharge
- ☐ Erythema
- ☐ Lesion
- ☐ Warts

Cervix
- ☐ WNL
- ☐ Discharge
- ☐ Erythema
- ☐ Friable
- ☐ Lesions

Uterus/Adnexa
- ☐ WNL
- ☐ Cervical Motion Tenderness
- ☐ Uterine Tenderness
- ☐ Adnexal Tenderness
- ☐ Mass
- ☐ Size ____
- ☐ Position ____

Male:

Penis
- ☐ WNL
- ☐ Discharge
- ☐ Lesions
- ☐ Swelling
- ☐ Warts

Scrotum
- ☐ WNL
- ☐ Tenderness
- ☐ Edema
- ☐ Rash
- ☐ Mass

Additional Comments:

Richland County
Health Department 0004
Washington

Signature of Examiner: ____

140-0294514
WASHINGTON, JAMESETTA
07/20/1981

DATE OF VISIT: 4-28-00

Stat Laboratory ☐ Hemoglobin _____ g/dl ☐ Hematocrit _____ %

☐ **Gram Stain**
Reference Value: Negative for GNID
Results: ☐ GNID ☐ No GNID
☐ >4 WBCs/OIF ☐ >10 WBCs/OIF
☐ No pathogens observed

☐ **Wet Prep**
Reference Value: No Pathogens Observed
Results: ☐ Trichomonas ☐ Yeast
☐ Clue Cells ☐ >10 WBCs/HPF
☐ Bacteria ☐ No pathogens observed

☐ **Stat RPR**
Reference Value: Non-reactive
Results: ☐ Non-reactive
☐ Reactive 1: _____

☐ **Darkfield Microscopy for T. pallidum**
Reference Value: No T. pallidum
Results: ☐ No T. pallidum
☐ Spirochetes Ind. of T. Pallidum

☑ **Pregnancy Test**
Results: ☑ Neg ☐ Pos
Internal Control: satisfactory ☑ Yes ☐ No

KOH/Whiff Test: ☐ Neg ☐ Pos
Cervical Swab Test: ☐ Neg ☐ Pos
Vaginal pH: _____
Urine S/A: _____
Urine Leucocytes/Nitrates: _____

CLIA Number: _____ **Time Test(s) Collected/Analyzed:** 1111 AM/PM **Analyst:** [illegible]

Impression/Diagnosis:

Plan (Medications, Treatments, Lab Tests Ordered, Follow-up, etc.):
1 Depo Provera 150mg IM Q10-13wk x 5 cycles. 1st Dose today ☺ Ucg.
S Reals, MSN, RN, CS
-3 cf slip
-no aspirin/ETOH x 2 days

Lab Tests Ordered: ☐ Pap Smear ☐ Gen-Probe: GC Chl Both ☐ RPR ☐ MHA-TP ☐ HIV ☐ WB ☐ CD4
Other: _____

Medications Administered/Dispensed/Distributed:

- ☐ Cefixime 400 mg po
- ☐ Doxycycline 100 mg po bid x _____ days
- ☑ Azithromycin 1.0 Gm po
- ☐ Erythromycin 500 mg Po qid x _____ days
- ☐ Metronidazole 2.0 Gm Po
- ☐ Metronidazole 500 mg Po bid x _____ days
- ☐ Benzathine Penicillin 2.4 m/u IM
- ☐ Ceftriaxone _____ mg IM
- ☐ Cleocin Vaginal Cream 2%
- ☐ MetroGel 0.75%
- ☐ Condylox Topical Sol. 5%
- ☐ Podophyllin _____ %
- ☐ Trichloroacetic Acid
- ☐ Prenatal Vitamins
- ☐ FeSO4 _____
- ☐ _____ x _____ cycles
- ☑ 150 mg DMPA IM site: L Hip
- ☐ _____
- ☐ _____
- ☐ _____

Barrier methods distributed:
☐ Condoms x dozen
☐ _____

Administered/Dispensed by: [illegible]

Routine Education:
☑ Medication Instructions
☑ STD Education
☑ HIV Risk Appropriate Education
☐ Age/Risk Appropriate Anticipatory Guidance
☐ Age/Risk Appropriate Nutrition Education
☐ Family Planning Education
☑ Methods of Contraception/STD/HIV Education (S0041)

Individualized Education:
-Ca supp
-30 min wait

Return to Clinic (Reason/Date): 24 hr recheck 7/21/10 depo

Signatures:
[illegible] M Sellers

Richland County
Health Department 0005
Washington

D H E C
PROMOTE PROTECT PROSPER

CLINICAL ENCOUNTER FORM (ADULT SERVICES)
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

ALERT

SERVICES: ☑ FP: Initial Revisit Annual Medical Method Problem Supply ☐ HIV: Vol Contact PTC F/up Other: _____
☐ STD: Vol F/up Contact To. _____ Other. _____ ☐ Immunization ☐ TB ☐ Other: _____

Reason For Visit/Symptoms/Complaints:

PATIENT HISTORY

Age: 30

ALLERGIES:
☐ No ☐ Yes ☐ Penicillin
☐ Other Describe Allergic Reaction:

CURRENT MEDICATIONS:

MEDICAL HISTORY:
Current Health Problems.
☐ No ☐ Yes

GYN HISTORY:
First Day of LMP: 9 25 01 ? 10 01 AH
Last 2 Cycles: ☐ Normal ☐ Abn Explain:
Douche: ☐ No ☐ Yes ___ times/month
Last Pap/Results:
Last Mammogram/Results:

CONTRACEPTIVE METHOD:
☐ Condoms ☐ Diaphragm
☐ Spermicide ☐ Tubal Ligation
☐ OCs ☐ Hysterectomy
☐ Depo Provera ☐ Abstinence
☐ Norplant ☐ Vasectomy
☐ IUD ☐ None
☐ Lunelle ☐ Other:

CONTRACEPTIVE CONTRAINDICATIONS/ PRECAUTIONS/WARNING SIGNS/SIDE EFFECTS:

SEXUAL HISTORY:
Last Sexual Exposure:
Partners Past 2 Mos:
Recent New Partner: ☐ Yes ☐ No
Partners Past 12 Mos:
Lifetime Partners:
Partners: ☐ Males ☐ Females
Exposure Sites: ☐ G ☐ O ☐ R

OTHER STD/HIV/HAV/HBV/HCV/TB RISKS:
☐ Prior STDs:
☐ Blood Transfusion Date:
☐ Clotting Factor Date:
☐ Injecting Drug Use
☐ Shared Needles
☐ Other Drug Use
☐ Alcohol Use
☐ Tatoo/Body Piercing
☐ Sex When Using Non-Injecting Drugs
☐ Sex For Drugs/Money
☐ Sex Partner With STD/HIV/HAV/HBV/HCV
☐ Sex Partner With Risk Factors
☐ Child Of Woman With HIV/HBV/Syphilis
☐ Household Member With HBV/HCV
☐ TB Population Risks
☐ TB Medical Risks
☐ Recent Contact to TB Case
☐ Other:

☐ Immunization Status Assessed

Comments:

Signature: A Wingo RN

PHYSICAL EXAMINATION

Height: _____ Weight: 128 BP: 122/71 T/P/R: _____

	WNL	ABN
Mouth/Throat	☐	☐
Thyroid	☐	☐
Heart	☐	☐
Lungs	☐	☐
Breast	☐	☐
Abdomen	☐	☐
Back	☐	☐
Extremities	☐	☐
Neuromuscular	☐	☐
Skin	☐	☐
Lymph Nodes	☐	☐
Inguinal Nodes	☐	☐
Rectum	☐	☐
Other _____	☐	☐

Explain Abnormal Findings:

Vulva
☐ WNL
☐ Erythema
☐ Edema
☐ Lesion(s)
☐ Warts
☐ _____

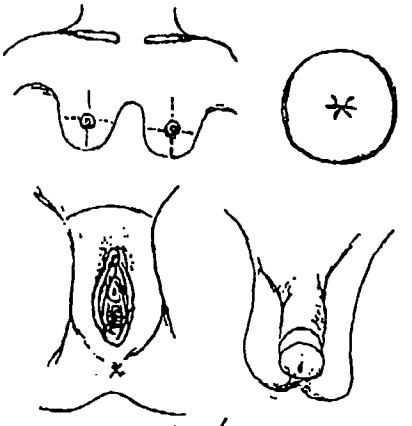
Cervix
☐ WNL
☐ Discharge
☐ Erythema
☐ Friable
☐ Lesions
☐ _____

Penis
☐ WNL
☐ Discharge
☐ Lesion(s)
☐ Edema
☐ Warts
☐ _____

Vagina
☐ WNL
☐ Discharge
☐ Erythema
☐ Lesion(s)
☐ Warts
☐ _____

Uterus/Adnexa
☐ WNL
☐ CMT
☐ Tenderness
☐ Mass
☐ Size
☐ Position _____

Scrotum
☐ WNL
☐ Tenderness
☐ Edema
☐ Rash
☐ Mass
☐ _____



Signature: A Wingo RN

DATE OF VISIT: 11-7-01

140-02-9451 4
WASHINGTON, JAMESETTA
07/29/1981

Richland County
Health Department 0006
Washington

DHEC 3212 (05/2001)

STAT LABORATORY TESTS

- ☐ Hemoglobin: _____ g/dl
- ☐ Hematocrit: _____ %
- ☐ Urine S/A: _____
- ☐ Leukocytes/Nitrates: _____
- ☑ Pregnancy Test — Faintly positive
  - ☐ Neg ☑ Pos
  - ☑ Int Control Satisfactory: ☑ Yes ☐ No
- ☐ Stat RPR
  - ☐ Non-reactive
  - ☐ Reactive 1: _____
- ☐ Darkfield For T. Pallidum
  - ☐ No T. Pallidum
  - ☐ Spirochetes Ind. Of T. Pallidum
- ☐ Gram Stain
  - ☐ No GNID ☐ ≥ 10 WBCs/OIF
  - ☐ GNID ☐ < 10 WBC/OIF
  - ☐ ≥ 4 WBCs/OIF
- ☐ Wet Prep
  - ☐ Trichomonas ☐ > 10 WBCs/ HPF
  - ☐ Clue Cells ☐ Bacteria
  - ☐ Yeast ☐ None of the Above
- ☐ KOH/Whiff Test: ☐ Neg ☐ Pos
- ☐ Cervical Swab Test: ☐ Neg ☐ Pos
- ☐ Vaginal pH: _____

Time Collected/Analyzed: 1451

Analyst: [signature]

LAB TESTS ORDERED

- ☐ Pap Smear
- ☐ GC
- ☐ Chlamydia
- ☐ RPR
- ☐ TPPA/MHA-TP
- ☐ FTA
- ☐ GC Culture
- ☐ Herpes Culture
- ☐ Orasure
- ☐ HIV
- ☐ WB
- ☐ CD4
- ☐ Viral Load
- ☐ Qual DNA PCR
- ☐ HBV Surface Antigen
- ☐ HBV Panel
- ☐ Serum Pregnancy Test
- ☐ Urinalysis
- ☐ Blood Sugar
- ☐ Lipid Panel
- ☐ Thyroid Panel
- ☐ CBC
- ☐ Prenatal Panel
- ☐ TB Panel
- ☐ Sputum for AFB
- ☐ Chest X-ray
- ☐
- ☐

ASSESSMENT/DIAGNOSIS:

PLAN:

MEDICATIONS ADMINISTERED/DISPENSED:

- ☐ Cefixime 400 mg po
- ☐ Ceftriaxone 125 mg IM
- ☐ Ceftriaxone 250 mg IM
- ☐ Azithromycin 1.0 gm po
- ☐ Azithromycin 2.0 gm po
- ☐ Azithromycin Suspension_____ gm po
- ☐ Ciprofloxacin 500 mg po
- ☐ Ofloxacin 400 mg po
- ☐ Doxycycline 100 mg po bid x _____ days
- ☐ Erythromycin 500 mg po qid x_____ days
- ☐ Amoxicillin 500 mg po tid x 7 days
- ☐ Metronidazole 2.0 gm po
- ☐ Metronidazole 500 mg po bid x 7 days
- ☐ Metronidazole 500 mg po bid x 14 days
- ☐ Metronidazole 250 mg po tid x 7 days
- ☐ Metronidazole Gel 0.75% intravag qd x 5 days
- ☐ Metronidazole Gel 0.75% intravag bid x 5 days
- ☐ Clindamycin Cream 2% intravag qd x 7 days
- ☐ Benzathine Penicillin G 2.4 mu IM inj #
- ☐ Spectinomycin 2.0 gm IM
- ☐ Clotrimazole
- ☐ Miconazole
- ☐ Terconazole
- ☐ Fluconazole 150 mg po once
- ☐ Imiquimod 5% cream - one box/12 packets
- ☐ Podofilox 0.5% solution/gel
- ☐ TCA
- ☐ Podophyllin_____%
- ☐ Acyclovir ____ mg po ____ x/day x ____ days
- ☐ Valacyclovir 500 mg po bid x 5 days
- ☐ Valacyclovir 1.0 gm po bid x_____ days
- ☐ FeSO4 325 mg po _____
- ☐ Prenatal Vitamins
- ☐ _____ X _____ cycles
- ☐ DMPA 150 mg IM Site _____ Inj # _____
- ☐ Lunelle 0.5 ml IM Site _____ Inj # _____
- ☐ Foam/Film # _____
- ☐ Vaginal Suppositories: # _____
- ☐ Condoms: # _____
- ☐
- ☐

Administered/Dispensed By: _____

General Education

- ☐ Medication Instruction
- ☐ BSE
- ☐ TSE
- ☐ HIV
- ☑ Risk Reduction
- ☐ Condom Use
- ☐ Lifestyle Changes
- ☐ Violence Prevention
- ☐ Tobacco Use
- ☑ Nutrition
- ☑ FP Education

TB Education

- ☐ TB Infection/Disease
- ☐ TB and HIV

FP Instruction/Education

- ☐ Methods of Contraception
- ☐ Options/Issues of BCM
- ☐ Benefits/Risks of LT BCM
- ☑ Appropriate Use of BCM
- ☐ Non-Compliance re. FP
- ☐ Client's Participation*

Enhanced FP/STD Counseling

- ☐ Compliance with BCM and F/up Visits
- ☐ Identification of FP Problem**
- ☐ Treatment Plan to Resolve Problem**
- ☐ Client's Response/Participation*
- ☐ Importance of FP re. Health Priority
- ☐ Benefits of Delaying Sexual Activity
- ☐ Benefits of Delaying Pregnancy
- ☐ Benefits/Risks of Sterilization
- ☐ Other Health Care Resources
- ☑ Preconception Health

OTHER EDUCATION/COUNSELING

- ☐ Contact Cards Given: # _____
- ☐ Parental Involvement: ☐ Yes ☐ No
- ☐

Next Visit (Date and Reason):

Repeat PNPT 3 wks

Patient Verbalizes Understanding of Services and Education Provided:

☑ Yes ☐ No

Signature: [signature]

Signature: [signature]

DHEC 3212 (06/2001)

Richland County
Health Department 0007
Washington

3284

EXH_5_007

D H E C
PROMOTE PROTECT PROSPER

CLINICAL ENCOUNTER FORM (ADULT SERVICES)
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

ALERT

SERVICES: ☒ FP: Initial Revisit Annual (Medical) Method Problem Supply ☐ HIV: Vol Contact PTC F/up Other: _____
☐ STD: Vol F/up Contact To: _____ Other. _____ ☐ Immunization ☐ TB ☐ Other: _____

Reason For Visit/Symptoms/Complaints: PT

PATIENT HISTORY

Age: 20

ALLERGIES:
☐ No ☐ Yes ☐ Penicillin
☐ Other Describe Allergic Reaction:

CURRENT MEDICATIONS:

MEDICAL HISTORY:
Current Health Problems:
☐ No ☐ Yes

GYN HISTORY:
First Day of LMP: 10-29-01
Last 2 Cycles: ☐ Normal ☐ Abn Explain:
Douche: ☐ No ☐ Yes ___ times/month
Last Pap/Results:
Last Mammogram/Results:

CONTRACEPTIVE METHOD:
☐ Condoms ☐ Diaphragm
☐ Spermicide ☐ Tubal Ligation
☐ OCs ☐ Hysterectomy
☐ Depo Provera ☐ Abstinence
☐ Norplant ☐ Vasectomy
☐ IUD ☒ None
☐ Lunelle ☐ Other:

CONTRACEPTIVE CONTRAINDICATIONS/ PRECAUTIONS/WARNING SIGNS/SIDE EFFECTS:

SEXUAL HISTORY:
Last Sexual Exposure:
Partners Past 2 Mos:
Recent New Partner: ☐ Yes ☐ No
Partners Past 12 Mos:
Lifetime Partners:
Partners: ☐ Males ☐ Females
Exposure Sites: ☐ G ☐ O ☐ R

OTHER STD/HIV/HAV/HBV/HCV/TB RISKS:
☐ Prior STDs:
☐ Blood Transfusion Date:
☐ Clotting Factor Date:
☐ Injecting Drug Use
☐ Shared Needles
☐ Other Drug Use
☐ Alcohol Use
☐ Tatoo/Body Piercing
☐ Sex When Using Non-Injecting Drugs
☐ Sex For Drugs/Money
☐ Sex Partner With STD/HIV/HAV/HBV/HCV
☐ Sex Partner With Risk Factors
☐ Child Of Woman With HIV/HBV/Syphilis
☐ Household Member With HBV/HCV
☐ TB Population Risks
☐ TB Medical Risks
☐ Recent Contact to TB Case
☐ Other.

☐ Immunization Status Assessed

Comments:

Signature: Mishelle D. Hayden

PHYSICAL EXAMINATION

Height: 5'4" Weight: 127 BP: 111/67 TPR: 53 Mishelle D. Hayden

	WNL	ABN
Mouth/Throat	☐	☐
Thyroid	☐	☐
Heart	☐	☐
Lungs	☐	☐
Breast	☐	☐
Abdomen	☐	☐
Back	☐	☐
Extremities	☐	☐
Neuromuscular	☐	☐
Skin	☐	☐
Lymph Nodes	☐	☐
Inguinal Nodes	☐	☐
Rectum	☐	☐
Other ____	☐	☐

Explain Abnormal Findings:

Vulva
☐ WNL
☐ Erythema
☐ Edema
☐ Lesion(s)
☐ Warts
☐ _____

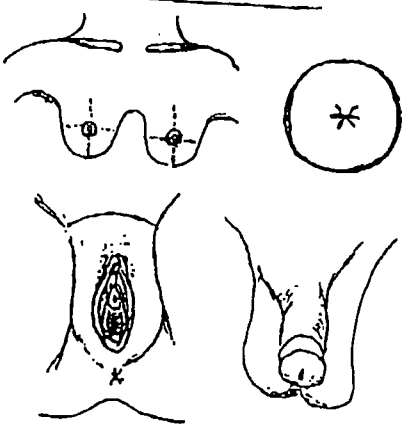
Vagina
☐ WNL
☐ Discharge
☐ Erythema
☐ Lesion(s)
☐ Warts
☐ _____

Cervix
☐ WNL
☐ Discharge
☐ Erythema
☐ Friable
☐ Lesions
☐ _____

Uterus/Adnexa
☐ WNL
☐ CMT
☐ Tenderness
☐ Mass
☐ Size
☐ Position _____

Penis
☐ WNL
☐ Discharge
☐ Lesion(s)
☐ Edema
☐ Warts
☐ _____

Scrotum
☐ WNL
☐ Tenderness
☐ Edema
☐ Rash
☐ Mass
☐ _____



Signature: _____

DATE OF VISIT
11-28-01

RICHLAND COUNTY HEALTH DEPARTMENT
[illegible]
COLUMBIA, SC 29201

110-02-9514
WASHINGTON, JAMESETTA
07/29/1981

DHEC 3212 (05/2001)

Richland County
Health Department 0008
Washington

STAT LABORATORY TESTS

- ☐ Hemoglobin: _____ g/dl
- ☐ Hematocrit: _____ %
- ☐ Urine S/A: _____
- ☐ Leukocytes/Nitrates: _____

- ☑ Pregnancy Test:
  - ☐ Neg ☑ Pos
  - ☑ Int Control Satisfactory: ☑ Yes ☐ No

- ☐ Stat RPR
  - ☐ Non-reactive
  - ☐ Reactive 1: _____

- ☐ Darkfield For T. Pallidum
  - ☐ No T. Pallidum
  - ☐ Spirochetes Ind. Of T. Pallidum

- ☐ Gram Stain
  - ☐ No GNID
  - ☐ GNID
  - ☐ ≥ 4 WBCs/OIF
  - ☐ ≥ 10 WBCs/OIF
  - ☐ < 10 WBC/OIF

- ☐ Wet Prep
  - ☐ Trichomonas
  - ☐ Clue Cells
  - ☐ Yeast
  - ☐ > 10 WBCs/ HPF
  - ☐ Bacteria
  - ☐ None of the Above

- ☐ KOH/Whiff Test: ☐ Neg ☐ Pos
- ☐ Cervical Swab Test: ☐ Neg ☐ Pos
- ☐ Vaginal pH: _____

Time Collected/Analyzed: 2:30
Analyst: [illegible]

LAB TESTS ORDERED

- ☐ Pap Smear
- ☐ GC
- ☐ Chlamydia
- ☐ RPR
- ☐ TPPA/MHA-TP
- ☐ FTA
- ☐ GC Culture
- ☐ Herpes Culture
- ☐ Orasure
- ☐ HIV
- ☐ WB
- ☐ CD4
- ☐ Viral Load
- ☐ Qual DNA PCR
- ☐ HBV Surface Antigen
- ☐ HBV Panel
- ☐ Serum Pregnancy Test
- ☐ Urinalysis
- ☐ Blood Sugar
- ☐ Lipid Panel
- ☐ Thyroid Panel
- ☐ CBC
- ☐ Prenatal Panel
- ☐ TB Panel
- ☐ Sputum for AFB
- ☐ Chest X-ray
- ☐
- ☐

ASSESSMENT/DIAGNOSIS:

[illegible] (8 + 3 weeks)

PLAN:

[illegible]

MEDICATIONS ADMINISTERED/DISPENSED:

- ☐ Cefixime 400 mg po
- ☐ Ceftriaxone 125 mg IM
- ☐ Ceftriaxone 250 mg IM
- ☐ Azithromycin 1.0 gm po
- ☐ Azithromycin 2.0 gm po
- ☐ Azithromycin Suspension _____ gm po
- ☐ Ciprofloxacin 500 mg po
- ☐ Ofloxacin 400 mg po
- ☐ Doxycycline 100 mg po bid x _____ days
- ☐ Erythromycin 500 mg po qid x _____ days
- ☐ Amoxicillin 500 mg po tid x 7 days
- ☐ Metronidazole 2.0 gm po
- ☐ Metronidazole 500 mg po bid x 7 days
- ☐ Metronidazole 500 mg po bid x 14 days
- ☐ Metronidazole 250 mg po tid x 7 days
- ☐ Metronidazole Gel 0.75% intravag qd x 5 days
- ☐ Metronidazole Gel 0.75% intravag bid x 5 days
- ☐ Clindamycin Cream 2% intravag qd x 7 days
- ☐ Benzathine Penicillin G 2.4 mu IM Inj #
- ☐ Spectinomycin 2.0 gm IM
- ☐ Clotrimazole
- ☐ Miconazole
- ☐ Terconazole
- ☐ Fluconazole 150 mg po once
- ☐ Imiquimod 5% cream - one box/12 packets
- ☐ Podofilox 0.5% solution/gel
- ☐ TCA
- ☐ Podophyllin _____ %
- ☐ Acyclovir _____ mg po _____ x/day x _____ days
- ☐ Valacyclovir 500 mg po bid x 5 days
- ☐ Valacyclovir 1.0 gm po bid x _____ days
- ☐ FeSO4 325 mg po _____
- ☑ Prenatal Vitamins
- ☐ _____ X _____ cycles
- ☐ DMPA 150 mg IM Site _____ Inj # _____
- ☐ Lunelle 0.5 ml IM Site _____ Inj # _____
- ☐ Foam/Film # _____
- ☐ Vaginal Suppositories: # _____
- ☐ Condoms: # _____
- ☐
- ☐

Administered/Dispensed By: [illegible]

General Education

- ☑ Medication Instruction
- ☐ BSE
- ☐ TSE
- ☐ HIV
- ☑ Risk Reduction
- ☐ Condom Use
- ☐ Lifestyle Changes
- ☐ Violence Prevention
- ☐ Tobacco Use
- ☐ Nutrition
- ☐ FP Education

TB Education

- ☐ TB Infection/Disease
- ☐ TB and HIV

FP Instruction/Education

- ☐ Methods of Contraception
- ☐ Options/Issues of BCM
- ☐ Benefits/Risks of LT BCM
- ☐ Appropriate Use of BCM
- ☐ Non-Compliance re. FP
- ☐ Client's Participation*

Enhanced FP/STD Counseling

- ☐ Compliance with BCM and F/up Visits
- ☐ Identification of FP Problem**
- ☐ Treatment Plan to Resolve Problem**
- ☐ Client's Response/Participation*
- ☐ STDs and STD Prevention
- ☐ Importance of FP re. Health Priority
- ☐ Benefits of Delaying Sexual Activity
- ☐ Benefits of Delaying Pregnancy
- ☐ Benefits/Risks of Sterilization
- ☐ Other Health Care Resources
- ☐ Preconception Health

OTHER EDUCATION/COUNSELING

- ☐ Contact Cards Given: # _____
- ☐ Parental Involvement: ☐ Yes ☐ No
- ☐

Next Visit (Date and Reason):

Patient Verbalizes Understanding of Services and Education Provided:
☐ Yes ☐ No

Signature: [illegible]

[illegible]

Signature: _____

DHEC 3212 (05/2001)

Richland County
Health Department 0009
Washington

3286

EXH_5_009

PLACE TOP OF REPORT #13 HERE

PLACE TOP OF REPORT #12 HERE

PLACE TOP OF REPORT #11 HERE

PLACE TOP OF REPORT #10 HERE

CONFIDENTIAL
CLIA #42-D0658606 LABORATORY REPORT
BUREAU OF LABORATORIES - DHEC (803) 935-7000 CONFID

SC40001
NAME:WASHINGTON, JAMESETTA DHEC ID:1010600268 294514 ?
BIRTH:07/29/81 SEX:F RACE:B PRINT DATE:05/02/00

SPEC NO:U0025114 PGM:4
LOC ID:03
SPEC TYP:CERVICAL
OTH TYPE:54
COLL-DT:04/17/00
RECV-DT:04/19/00

PT NO --- TEST NAME --- RESULT

3999 GYN CYTOLOGY REPORT
8150 SPECIMEN ADEQUACY:
(SUBOPTIMAL) SATISFACTORY FOR EVALUATION BUT LIMITED BY:
CELLS OBSCURED BY BLOOD

GENERAL CATEGORIZATION:
EPITHELIAL CELL ABNORMALITY: ATYPIA (SEE DESCRIPTIVE FINDINGS)

DESCRIPTIVE FINDINGS:

SQUAMOUS CELL COMPONENT:

• DHEC Laboratory, 8231 Parklane Rd., Columbia, SC •

CONT: WASHINGTON, JAMESETTA
U0025114

PT NO --- TEST NAME --- RESULT
SQUAMOUS ATYPIA BORDERING ON MILD DYSPLASIA

GLANDULAR CELL COMPONENT:
NORMAL ENDOCERVICAL CELLS PRESENT

INFLAMMATION:
MILD INFLAMMATION

INFECTION:
NO PATHOGENS IDENTIFIED

3999 COMMENT/RECOMMENDATION:
GROSSLY BLOODY SMEAR(S)
SMEAR(S) TOO THICK FOR CYTOLOGIC STUDY
A MORE SERIOUS PROCESS CANNOT BE RULED OUT FROM PRESENT CELLULAR EVALUATION. FURTHER/ADDITIONAL STUDIES ARE INDICATED.
SUGGEST REPEAT SMEAR IN 3-4 MONTHS

TEST PERFORMED BY:
KATHERINE J. JONES CT(ASCP)
MARC BUSNARDO, M.D., FCAP, FASCP

• DHEC Laboratory, 8231 Parklane Rd., Columbia, SC •

Richland County
Health Department 0010
Washington

D H E C

PROMOTE PROTECT PROSPER

M= Met
Continuation/Coordination Sheet U = Unmet
P = Partially met
N = New
R = Revised

Goals

Date	Site	Goal	Description of Activities
1-16-02			HANDOUTS:
			➢ EXPECTING PARENTS MAGAZINE
			➢ RESOURCE LIST
			➢ CONTRACEPTIVE METHODS
			➢ NUTRITION IN PREGNANCY
			➢ COMMON DISCOMFORTS IN PREGNANCY
			➢ PROVIDER LIST
			➢ "NINE MONTHS TO GET READY" 1-4
			➢ DANGER SIGNS / CDC Precautions Booklet
			MOTION MATTERS—SIGNS OF PRETERN LABOR
			➢ ***COUNSELING AND SERVICES:***
			➢ SEE ABOVE
			➢ PN VITAMINS ISSUED WITH INSTRUCTIONS
			➢ EDC STATEMENT PROVIDED
			➢
			➢ DISCUSSED RELATIONSHIPS AND SUPPORT SYSTEM
			➢ NAME AND PHONE NUMBER OF PHN PROVIDED
			Assisted Ct. with MCD and WIC requirements
			To advise provider of health hx. S. Marshall RN
2-14-02			Conf. & MAT I - Close to F+S. Ltr D/C Summary

Coordination/Reconmendation Goals met. Dss WIC. S. Marshall RN

Employee #	125	125	
Case Status/Discipline	RN	RN	
Minutes in House			
Minutes in Office			
Minutes in Travel			
Travel Miles/Code			
Arrival Time/Supplies	☐	☐	☐
ICD-9 #	V65.49	V65.49	
Rehabilitative	I 69	69	
Minutes/Units	40/3	24	
Signature/Date	S. Marshall RN	S. Marshall RN	
Supervisor's Signature/Date	1-16-02	2-14-02	

PSS ☐ Social Work

Other Services ☐

Client's Medicaid #

140-0294514
WASHINGTON, JAMESETTA
07/29/1981

Richland County
Health Department 0011
Washington

D H E C
PROMOTE PROTECT PROSPER

CLINICAL ENCOUNTER FORM (ADULT SERVICES)
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

ALERT

SERVICES: ☐ FP: Initial Revisit Annual (Medical) Method Problem Supply ☐ HIV: Vol Contact PTC F/up Other: _____
☐ STD: Vol F/up Contact To: _____ Other: _____ ☐ Immunization ☐ TB ☐ Other: _____

Reason For Visit/Symptoms/Complaints: Complete FSS

PATIENT HISTORY

Age: 20

ALLERGIES:
☑ No ☐ Yes ☐ Penicillin
☐ Other Describe Allergic Reaction:

CURRENT MEDICATIONS:
Chewable Filled at home (400mg Folate)

MEDICAL HISTORY:
Current Health Problems:
☐ No ☐ Yes

GYN HISTORY:
First Day of LMP:
Last 2 Cycles: ☐ Normal ☐ Abn Explain:
Douche: ☐ No ☐ Yes ___ times/month
Last Pap/Results:
Last Mammogram/Results:

CONTRACEPTIVE METHOD:
☐ Condoms ☐ Diaphragm
☐ Spermicide ☐ Tubal Ligation
☐ OCs ☐ Hysterectomy
☐ Depo Provera ☐ Abstinence
☐ Norplant ☐ Vasectomy
☐ IUD ☑ None
☐ Lunelle ☐ Other:

CONTRACEPTIVE CONTRAINDICATIONS/ PRECAUTIONS/WARNING SIGNS/SIDE EFFECTS:

SEXUAL HISTORY:
Last Sexual Exposure:
Partners Past 2 Mos:
Recent New Partner: ☐ Yes ☐ No
Partners Past 12 Mos:
Lifetime Partners:
Partners: ☐ Males ☐ Females
Exposure Sites: ☐ G ☐ O ☐ R

OTHER STD/HIV/HAV/HBV/HCV/TB RISKS:
☐ Prior STDs:
☐ Blood Transfusion Date:
☐ Clotting Factor Date:
☐ Injecting Drug Use
☐ Shared Needles
☐ Other Drug Use
☐ Alcohol Use
☐ Tatoo/Body Piercing
☐ Sex When Using Non-Injecting Drugs
☐ Sex For Drugs/Money
☐ Sex Partner With STD/HIV/HAV/HBV/HCV
☐ Sex Partner With Risk Factors
☐ Child Of Woman With HIV/HBV/Syphilis
☐ Household Member With HBV/HCV
☐ TB Population Risks
☐ TB Medical Risks
☐ Recent Contact to TB Case
☐ Other

☐ Immunization Status Assessed

Comments: (+) preg test 11-28-02

Signature: Marshall, RN

PHYSICAL EXAMINATION

Height: 5'4" Weight: 129½ BP: 118/60 T/P/R:

	WNL	ABN
Mouth/Throat	☐	☐
Thyroid	☐	☐
Heart	☐	☐
Lungs	☐	☐
Breast	☐	☐
Abdomen	☐	☐
Back	☐	☐
Extremities	☐	☐
Neuromuscular	☐	☐
Skin	☐	☐
Lymph Nodes	☐	☐
Inguinal Nodes	☐	☐
Rectum	☐	☐
Other _____	☐	☐

Explain Abnormal Findings:

Vulva
☐ WNL ☐ Erythema ☐ Edema ☐ Lesion(s) ☐ Warts ☐ _____

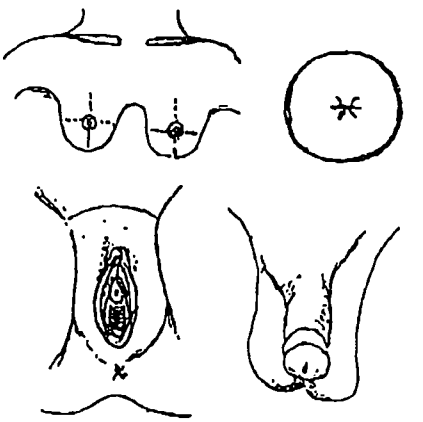
Cervix
☐ WNL ☐ Discharge ☐ Erythema ☐ Friable ☐ Lesions ☐ _____

Penis
☐ WNL ☐ Discharge ☐ Lesion(s) ☐ Edema ☐ Warts ☐ _____

Vagina
☐ WNL ☐ Discharge ☐ Erythema ☐ Lesion(s) ☐ Warts ☐ _____

Uterus/Adnexa
☐ WNL ☐ CMT ☐ Tenderness ☐ Mass ☐ Size ☐ Position _____

Scrotum
☐ WNL ☐ Tenderness ☐ Edema ☐ Rash ☐ Mass ☐ _____



Signature: Marshall, RN

DATE OF VISIT: _____

RICHLAND CO. HEALTH DEPT
LLIA # 4100655577
2000 HAMPTON ST
COLUMBIA, SC 29204

Richland County Health Department 0012 - Washington

DHEC 3212 (05/2001)

STAT LABORATORY TESTS

- [x] Hemoglobin: 12.5 g/dl
- [ ] Hematocrit: _____ %
- [ ] Urine S/A: _____
- [ ] Leukocytes/Nitrates: _____

- [ ] Pregnancy Test
  - [ ] Neg [ ] Pos
  - [ ] Int Control Satisfactory: [ ] Yes [ ] No

- [ ] Stat RPR
  - [ ] Non-reactive
  - [ ] Reactive 1: _____

- [ ] Darkfield For T. Pallidum
  - [ ] No T. Pallidum
  - [ ] Spirochetes Ind. Of T. Pallidum

- [ ] Gram Stain
  - [ ] No GNID
  - [ ] GNID
  - [ ] ≥ 4 WBCs/OIF
  - [ ] ≥ 10 WBCs/OIF
  - [ ] < 10 WBC/OIF

- [ ] Wet Prep
  - [ ] Trichomonas
  - [ ] Clue Cells
  - [ ] Yeast
  - [ ] > 10 WBCs/ HPF
  - [ ] Bacteria
  - [ ] None of the Above

- [ ] KOH/Whiff Test: [ ] Neg [ ] Pos
- [ ] Cervical Swab Test: [ ] Neg [ ] Pos
- [ ] Vaginal pH: _____

Time Collected/Analyzed: _____
Analyst: _____

LAB TESTS ORDERED

- [ ] Pap Smear
- [ ] GC
- [ ] Chlamydia
- [ ] RPR
- [ ] TPPA/MHA-TP
- [ ] FTA
- [ ] GC Culture
- [ ] Herpes Culture
- [ ] Orasure
- [ ] HIV
- [ ] WB
- [ ] CD4
- [ ] Viral Load
- [ ] Qual DNA PCR
- [ ] HBV Surface Antigen
- [ ] HBV Panel
- [ ] Serum Pregnancy Test
- [ ] Urinalysis
- [ ] Blood Sugar
- [ ] Lipid Panel
- [ ] Thyroid Panel
- [ ] CBC
- [ ] Prenatal Panel
- [ ] TB Panel
- [ ] Sputum for AFB
- [ ] Chest X-ray
- [ ]
- [ ]

ASSESSMENT/DIAGNOSIS:

7-8-02 (15+3)

PLAN:

all 3405 + 1619-A

MEDICATIONS ADMINISTERED/DISPENSED:

- [ ] Cefixime 400 mg po
- [ ] Ceftriaxone 125 mg IM
- [ ] Ceftriaxone 250 mg IM
- [ ] Azithromycin 1.0 gm po
- [ ] Azithromycin 2.0 gm po
- [ ] Azithromycin Suspension _____ gm po
- [ ] Ciprofloxacin 500 mg po
- [ ] Ofloxacin 400 mg po
- [ ] Doxycycline 100 mg po bid x _____ days
- [ ] Erythromycin 500 mg po qid x _____ days
- [ ] Amoxicillin 500 mg po tid x 7 days
- [ ] Metronidazole 2.0 gm po
- [ ] Metronidazole 500 mg po bid x 7 days
- [ ] Metronidazole 500 mg po bid x 14 days
- [ ] Metronidazole 250 mg po tid x 7 days
- [ ] Metronidazole Gel 0.75% intravag qd x 5 days
- [ ] Metronidazole Gel 0.75% intravag bid x 5 days
- [ ] Clindamycin Cream 2% intravag qd x 7 days
- [ ] Benzathine Penicillin G 2.4 mu IM Inj #
- [ ] Spectinomycin 2.0 gm IM
- [ ] Clotrimazole
- [ ] Miconazole
- [ ] Terconazole
- [ ] Fluconazole 150 mg po once
- [ ] Imiquimod 5% cream - one box/12 packets
- [ ] Podofilox 0.5% solution/gel
- [ ] TCA
- [ ] Podophyllin _____ %
- [ ] Acyclovir _____ mg po _____ x/day x _____ days
- [ ] Valacyclovir 500 mg po bid x 5 days
- [ ] Valacyclovir 1.0 gm po bid x _____ days
- [ ] FeSO4 325 mg po _____
- [ ] Prenatal Vitamins
- [ ] _____ X _____ cycles
- [ ] DMPA 150 mg IM Site _____ Inj # _____
- [ ] Lunelle 0.5 ml IM Site _____ Inj # _____
- [ ] Foam/Film # _____
- [ ] Vaginal Suppositories: # _____
- [ ] Condoms: # _____
- [ ]
- [ ]

Administered/Dispensed By: _____

General Education
- [ ] Medication Instruction
- [ ] BSE
- [ ] TSE
- [x] HIV
- [ ] Risk Reduction
- [ ] Condom Use
- [ ] Lifestyle Changes
- [ ] Violence Prevention
- [x] Tobacco Use
- [x] Nutrition
- [x] FP Education

TB Education
- [ ] TB Infection/Disease
- [ ] TB and HIV

FP Instruction/Education
- [ ] Methods of Contraception
- [ ] Options/Issues of BCM
- [ ] Benefits/Risks of LT BCM
- [ ] Appropriate Use of BCM
- [ ] Non-Compliance re. FP
- [ ] Client's Participation*

Enhanced FP/STD Counseling
- [ ] Compliance with BCM and F/up Visits
- [ ] Identification of FP Problem**
- [ ] Treatment Plan to Resolve Problem**
- [ ] Client's Response/Participation*
- [ ] STDs and STD Prevention
- [ ] Importance of FP re. Health Priority
- [ ] Benefits of Delaying Sexual Activity
- [ ] Benefits of Delaying Pregnancy
- [ ] Benefits/Risks of Sterilization
- [ ] Other Health Care Resources
- [ ] Preconception Health

OTHER EDUCATION/COUNSELING
- [ ] Contact Cards Given: # _____
- [ ] Parental Involvement: [ ] Yes [ ] No
- [ ]

Next Visit (Date and Reason):

Patient Verbalizes Understanding of Services and Education Provided:
[x] Yes [ ] No

Signature: [signature]

Signature: _____

DHEC 3212 (05/2001)

Richland County
Health Department 0013
Washington

3290

EXH_5_013

12/11/2001 TUE 15:05 FAX 579 4821 CHAS CO HEALTH CLINIC



110-1050268 WASHINGTON, JAMESETTA DOB: 07/29/1981

IMMUNIZATIONS

LIST #	VACCINE	DOSE	GIVEN	CLINIC OR DOCTOR
1 ->	DTP	1	09/29/1981	CCHD
2 ->	DTP	2	01/02/1982	CCHD
3 ->	DTP	3	08/14/1983	CCHD
4 ->	DTP	4	08/20/1984	CCHD
5 ->	DTP	5	05/02/1986	CCHD
6 ->	DTP	6	03/08/1988	CCHD
7 ->	OPV	1	09/29/1981	CCHD
8 ->	OPV	2	01/02/1982	CCHD
9 ->	OPV	3	04/14/1983	CCHD
10 ->	OPV	4	05/02/1986	CCHD
11 ->	MMR	1	01/06/1983	CCHD
12 ->	MMR	2	03/18/1992	CCHD
13 ->	Td	1	12/15/1999	EMERGICARE
14 ->	HEPB	1	08/17/2001	1011

Enter the LIST # to select this vaccine, 'A' to Add a New Immunization,
<ESC> to Return to the Program Menu....

DEC 27 2001

Richland County
Health Department 0014
Washington

D H E C

Public Health Client Assessment

ADMISSION

Other Services FP

From Date	To Date	Clinic	Home	Other (Specify)	Date Referred
		X		X SELF	1-16-02

SOURCE/REASON FOR REFERRAL/ENCOUNTER: Positive pregnancy test on 11-28-02

CLIENT STATED NEEDS/CONCERNS: FOB and I have decided to have the baby. I need help with MCD and to get information.

CLIENT DATA : 20 year-old G1 fifiteen weeks gestation by estimated LMP of 9-29-01. Ct. is in college, lives in dorm. Mom is still unaware of pregnancy, lives out of town. Ct. has been taking Flintstone chewable Vitamins that contain 400 mcg of Folate. Hx of risky behavior. Will advise Md. Of health Hx. FOB smokes. Ct. denies alcohol, use. Wt. 1291/2 Ht. 5'$' Hgb 12.5 BP 118/ 60

SUMMARY: OPTIMAL HEALTH STATUS IMPAIRED BY:
- Late entry
- Unexpected pregnancy
- Need for resources to access medical care.

MUTUALLY AGREED UPON NEEDS TO BE ADDRESSED:
Ct. wants to apply MCD and start PN care.

GOALS/TARGET DATE/DISCHARGE PLAN:
1. Ct. agrees to apply MCD 1-28-02
2. Ct. agrees to keep OBI 1-18-02
3. Ct. will receive information and counseling at this visit

PLAN (Frequency/Duration, Physician's Order):
See 1619-A F/U by MAT1. Close if goals met after 2-12-02

Report to physician at admission, closure and PRN

☐ For Provider Use: Preventive xx Rehabilitative I

Signature/Title of Practitioner:
Marshall, RN

140-0294514
WASHINGTON, JAMESETTA
07/29/1981

DHEC 3405 (03/98) C: PRNH-OB
no release

Richland County
Health Department 0015
Washington

STATE OF SOUTH CAROLINA)
)
COUNTY OF RICHLAND) AFFIDAVIT

PERSONALLY appeared before me, _____, who, being duly sworn, deposes and says:

1. I am the Records Custodian for Records County Health Department.

2. I have reviewed the records in this office relative to Jamesetta Washington.

3. The attached records are all of the records of this office meeting the following description:

> Any and all documents in your possession related to your treatment of or consultation with **Jamesetta Washington from July 18, 2008 to present.** The term "documents" as used herein shall include, but is not limited to, medical records, psychiatric records, reports, pharmacy records, correspondence, bills, consent forms, test results, x-rays (actual x-ray films taken), x-ray reports, charts, diagrams, nurses' and physicians' notes, health care questionnaires, telephone notes and any other documentary evidence pertaining to **Jamesetta Washington, DOB: 07/29/81; SSN: 251-55-1195.**

4. All of the attached records are copies of records which are kept in the ordinary course of business by this office.

_____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 2009.

_____
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: _____

6/12/09
Records do not exist for Jamesetta Washington prior to July 18, 2008 at the Richland Co. Health Dept. Thank you,
Wanda L Hilard

J:\docs\2.100\Subpoenas\L-Richland County Health Dept (sub 2).doc

Richland County Health Dept. 0016
Jamesetta Washington

Discharge Summary

Patient: W. , JAYDEN
Attending:

MRN: 001361725
Date: 7/30/2002
Status: INITIAL

Patient Name: WASHINGTON, BOY-JAMESE

MRN: 001361725

Patcom: 102427234

Admitted: 07/17/2002

Discharged: 07/30/2002

Service:

Attending: Celeste H. Patrick, MD

Referring:

ADMITTING DIAGNOSES:

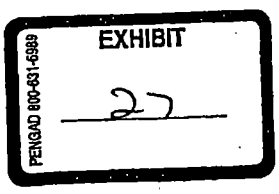
1. Respiratory distress.
2. Rule out sepsis.

HISTORY: Baby-boy Washington is a 41-1/7 week gestation infant male born on July 16, 2002, to a 20-year-old G1, P now 1 African-American female by vaginal delivery.

PRENATAL LABS: Maternal blood type is A+. Group B strep was negative. Rubella immune. RPR nonreactive. Hepatitis B negative. HIV negative. Sickle cell negative. Gonorrhea and Chlamydia negative.

Mother admits to early use of alcohol which she reports quitting once she realized that she was pregnant.

Delivery was a standard vaginal delivery with ruptured membranes approximately 12 hours prior to delivery. There was significant failure to progress and delivery was subsequently assisted with vacuum extraction. Apgar's were 7 and 9. Terminal meconium was noted at delivery. Initial resuscitation consisted of blow-by oxygen as well as bulb suctioning at delivery. The baby was taken to the level 1 nursery at East Cooper Hospital. The baby was subsequently noted to have some desaturations and hypotonia. At that point, the baby was placed under Oxyhood with 40% FiO2 but persisted to have desaturations especially



with feedings. Subsequently, the baby was transferred to MUSC for further care.

PHYSICAL EXAMINATION AT ADMISSION: Birth weight 3470 gm and length of 52 cm. Significant findings on initial physical exam: Term baby in mild respiratory distress under an Oxyhood. Small posterior cephalohematoma. Slight rhonchi in bilateral lung fields. A soft 1/6 systolic murmur at the left lower sternal border. Neurologic exam was significant for decreased tone in all 4 extremities, decreased reflexes, and minimal suck. However, the patient did have a strong gag reflex.

HOSPITAL COURSE BY SYSTEM:

1. Respiratory: Upon admission to MUSC patient continued to have respiratory distress and was intubated later on day of life 1. As patient improved, he was extubated on day of life 4 to room air.
2. Infectious Disease: Initial sepsis evaluation was started before patient left East Cooper Hospital. After bacterial cultures were negative for 48 hours antibiotics were stopped. In addition, HSV PCR was sent, and the baby was treated with Acyclovir until negative results were obtained. There have been no further infectious disease issues.
3. Cardiovascular: Secondary to the systolic murmur heard at admission, cardiology consult was obtained and they thought the murmur was secondary to branch pulmonary artery stenosis.
4. Ophthalmology: Upon examining his eyes, no red reflex was obtained in the right eye. An optho exam demonstrated a coloboma which was peripheral and not near the macula. They recommended followup in 2 month's time. Patient has followup with ophthalmology scheduled for September 16, 2002, at 8:30 a.m. at Rutledge Tower.
5. Neuro: Upon admission, patient was lethargic, with decreased reflexes. Head ultrasound was performed which was within normal limits. An EEG was then obtained which showed mild abnormality sharp spikes consistent with irritability on the left side more so than the right. A head CT was performed that revealed a large posterior fossa

bleed with intraventricular extension as well as a subdural hemstoma.

Further scanning: A MRI revealed mass effect on the 3rd or 4th ventricle and brain stem as well as 2 subdural hematomas, a subgaleal hematoma, and an absence of transverse sinus. It was unsure whether this was a thrombus versus compression. Neurosurgery evacuated this posterior fossa hemorrhage. Two repeat CT scans show a decrease in cerebella hematoma but increase in the amount of blood in the ventricles and other typical postsurgical changes. Even prior to surgery, the infant was having seizures which were controlled with phenobarbital. This medication was discontinued on July 25, 2002. Neurosurgery recommends to send the child home on no antiepileptic medications at this time.

6. Hematology: Early during his hospital course, the patient suffered from DIC which required transfusion of FFP, platelets, and packed red blood cells. The coagulopathy workup was negative including antiplatelet antibodies, lupus anticoagulants, Factor V leiden, prothrombin gene, AT3, and protein C.

7. FEN: Baby Washington did receive Hyperal for the first week of life until his enteral feedings picked up. At discharge, he was taking full enteral feeds by mouth and tolerating them well. Because of desats with feeds and CRG test which showed multiple desats with feeds (all of which resolved with self-stim). An UGI and swallow study were done on August 2, 2002 and Both were normal.

8. GU: At birth he had bilateral hydroceles that have since resolved.

9. Metabolic: Newborn screen done. Normal except hemoglobinopathy needs to be repeated in 2 months secondary to receiving blood transfusion prior to test.

DISPOSITION: The patient passed his hearing screen bilaterally and received his hepatitis B vaccine on July 29, 2002.

FOLLOWUP APPIONTMENTS: Followup appointments include:

1. Pediatric primary care with Dr. Jennifer Braden on August 6, 2002, at 9 a.m.

2. Pediatric ophthalmology September 16, 2002, at 8:30 a.m.

3. High-risk Clinic. Betty Bivens will contact family with date of appointment.

4. Neurosurgery, Dr Haines Tuesday August 20th at 1pm 4th floor Rutledge Tower..

Discharge weight was 3.385 kg on July 29, 2002.

Dictated by: Jennifer M. Braden, MD

Jennifer M. Braden, MD

Celeste H. Patrick, MD
Attending

422038 / 31850 / 33294
JOB: 23301
DD: 07/29/02 03:26 PM
DT: 07/29/02 04:35 PM

cc: Level 2 Nursery ,
Additional CC:

MUSC
MEDICAL UNIVERSITY OF SOUTH CAROLINA

WASHINGTON

IN 1361725 7/17/02
WASHINGTON BOY-JARESE
7/16/2002
P102427234

CONSULTATION

Written order in medical record Y/N Physician /Service notified by MACH Date 7/20/02

Requested by Dr FISHER Service being consulted CARDIOLOGY
Attending Name/Beeper Number

CC/Reason for Request (1)

HPI: CHILD IS 2 DAY POST-TERM INFANT S/P POSTERIOR FOSSA BLEED 2° ANEURISM RUPTURE S/P EVACUATION ON DAY 2. WHO HAS BEEN NPO SINCE DOL 9/1 93 WITH (1). AFEBRILE, STABLE. CHD CHILD HAS HAD NO SIGNIFICANT RESP OR HD COMPROMISE. NO HOE OF CYANOTIC SPELLS PRESENTLY ON RA OR OF DESATURATIONS. DURING ADMISSION TO 3CE TO TRANSFUSION TO occurred HCT of 42. (1) HAS RECEIVED (2) PRBC TRANSFUSION.

Allergies: NKA Medications: CEFADROX

PMH: AC ASTHMA

FH: NA SH: BASE ENVIRONMENT

ROS: (-) FEVER HRT All Others Negative

Exam: BP 116/65 RR 60/M HR 104/M WT 10.4KG HC 46CM LENGTH 55 CM
ALERT, ACTIVE, NAD, TODDLER IN NAD
HEENT: PERRL, NO GROSS DYSMORPHISMS
CV: RRR, NL S1S2, NORMAL MURMUR, PULSES
RESP: CTA BL (-) WORK OF BREATHING
ABD: SOFT, NT, ND, (+) BS
EXT: WARM, WELL PERFUSED
NEURO: ALERT, MOVES ALL EXT SPONT
CARE: 7/20 - 24HR EVENT REC'D ON TELEMETRY FOR 24 HRS.

Assessment/Plan: (1) S/P POSTERIOR FOSSA HEMORRHAGE
- NO NEED FOR CARDIAC F/U AT THIS TIME
- D/C MONITOR OF CHILD
- D/C PER DR. TAYLOR

Consult reviewed with and patient examined by Dr: Taylor See page 2 for attending note.

V Summers MD 1555
Resident's Signature/Beeper Number

Attending Signature/Beeper Number

7/20/02
Date of Consult

7/20/02
Date of Consult

OTC HD 415209 Rev 11/99 (1 of 2)

Medical University of South Carolina
Regional Systems Development Program

INTENSIVE CARE NURSERY DISCHARGE SUMMARY

Last Name: WASHINGTON, BOY
Baby Identification Number: 1361725
Mom Identification Number: 0000000
Admitting Hospital: MUSC
Where Born: Outside
Birth Hospital: E.Cooper
Mother's Name: WASHINGTON, JAMESETTA
Maiden Name UNKNOWN
Address: 775 CARTWRIGHT DR.
City: CHARLESTON SC 29414
County: Charleston
Census Tract of Residence:
Phone: 556-[illegible]

Mother's Date of Birth: / /
Mother's Education:
Initial Prenatal Clinic: No Clinic
Final Prenatal Clinic: No Clinic
Month of Gest Care Began:
Number of Visits:
Pregnancy Complications:
Pregnancy Complications:
Pregnancy Complications:
Pregnancy Complications:
Pregnancy Complications:

Birth Date: 07/16/2002
Admit Date: 07/17/2002
Admit Nursery: Intensive
Transport: MEDUCARE, Ground
Baby Race: Black
Infant gender: Male
Birth weight: 3470
Discharge weight: 3455
Birth head circumference: 38
Gestational Age: 42
Apgars: 07 . 09
Discharge date: 08/03/2002
Discharge Hospital:
Death: Lived
Length of Stay: 17
Autopsy: No
NICU grad: Yes
Growth on weight, head circ: AGA
Complications: Anemia
Complications: Glucose, hyper
Complications: Potassium, hypo
Complications: Calcium, hypo
Complications: Acute acidosis, respiratory
Complications: Thrombocytopenia
Complications: DIC
Complications: Sodium, hypo
Complications: 14061
Complications: Cerebral Hemorrhage, other
Days on Vent: 3
Appointed at Discharge to: MUSC Pediatrics
Appointed at Discharge to: HighRisk Followup
Appointed at Discharge to:
Discharge Disposition: Apnea
Discharge Disposition:
Discharge Disposition:

Subgaleal hemorrhage
Subarachnoid
Convulsions
Hearing screen, pass
Recurrent apnea
Hydrocele

MUSC Medical Center
HOSPITAL DISCHARGE SUMMARY
Patient Name: WASHINGTON, BOY-JAMESE
MRN: 001361725
Patcom: 102427294
Admitted: 07/17/2002
Discharged: 07/30/2002
Service:
Attending: Celeste H. Patrick, MD

Referring:

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Dictated by: Jennifer M. Braden, MD
U

Jennifer M. Braden, MD

EXH_27_008
MUSC 0764
Jayden Washington
3301

Celeste H. Patrick, MD
Attending

422038 / 31850 / 33294
JOB: 23301
DD: 07/29/02 03:26 PM
DT: 07/29/02 04:35 PM

cc: Level 2 Nursery ,
Additional CC:

Signed by CELESTE PATRICK, MD on 09-16-2002
Signed by JENNIFER BRADEN, MD on 09-20-2002

Operative Note

Patient: W ,JAYDEN MRN: 001361725
Attending: Date: 7/18/2002
Status: INITIAL

Patient Name: WASHINGTON, BOY-JAMESE

MRN: 001361725

Patcom: 102427234

Date of Surgery: 07/18/2002

Surgeon: Jeffrey W. Campbell, MD

Assistant(s): Timothy E. Hopkins, MD

PREOPERATIVE DIAGNOSIS: Intercerebral hematoma.

POSTOPERATIVE DIAGNOSIS: Intercerebral hematoma.

PROCEDURE: Posterior fossa craniotomy and evacuation of hematoma.

ANESTHESIA: General endotracheal.

INDICATIONS FOR PROCEDURE: Baby boy Washington is a newborn child noted to have a large infra cerebellar hemorrhage with a significant mass effect on the brain stem. He had decreased spontaneous movements of his extremities and was apneic, requiring intubation. After we obtained an MRI to confirm that there was no vascular malformation as the cause, we recommended surgical evacuation.

DESCRIPTION OF PROCEDURE: Explained to mom the risks, benefits and alternatives. She appeared to understand and wished to proceed. The patient was brought to the operating room and general anesthesia was induced after adequate IV access was obtained. The patient was turned prone on rolls with the face well padded on a horseshoe. We then prepped with Betadine soap and solution and then draped in the usual sterile fashion.

We opened a midline incision from median down to the base of the occiput. This was carried down to the bone, using a Bovie and a Weitlaner was placed to hold the soft tissues apart. We dissected the fascia, the periosteum off the occipital bone bilaterally until we had good exposure of the occiput. We entered through the bone, using a

curette. Once we had a small hole in the bone, we cleared up between the dura and the bone with a dental tree and then used a 2-mm Kerrison to enlarge the hole. We then moved to a 4-mm Kerrison and formed an approximately 4-cm circular craniotomy over the cerebellum. All bleeding was controlled using bone wax and Vicryl on the dura. We then opened the dura in a V-shaped fashion, starting on the patient's left side. We then crossed midline, where there was a fair amount of bleeding from the occipital thymus and extended this over to the patient's right side. The dural flap was saddled back with a suture. We then carefully dissected along the cerebellum until we entered into the clot. Generous amounts of clot were removed, using irrigation and suction. We coagulated all obvious bleeders and then placed Surgicel along the cavity as best we could. We placed several pieces of Gelfoam over the Surgicel temporarily and irrigated profusely. After we had good control of the bleeding, we removed the Gelfoam, but there was some bleeding that remained. A single piece of Gelfoam was placed back into the cavity and at that point we had good hemostasis.

The cerebellum at this point was quite lax. We decided to not attempt to close the dura and placed a piece of Duragen over the defect. We irrigated profusely and then closed with interrupted 4-0 Vicryl on the occipital fascia followed by 4-0 subcuticular and a running 4-0 Monocryl on the skin. The patient tolerated the procedure well and was transferred to the NICU in stable condition. Dr. Campbell was present for the entire procedure.

Dictated by: Jeffrey W. Campbell, MD

Jeffrey W. Campbell, MD
Surgeon

294291 / 32807 /
JOB: 21679

Operative Note

Patient: W[illegible] JAYDEN
MRN: 001361725
Attending:
Date: 7/18/2002
Status: INITIAL

DD: 07/18/02 07:46 PM

DT: 07/19/02 12:39 PM

Additional CC:

MUSC
MEDICAL UNIVERSITY OF SOUTH CAROLINA

Medical University of South Carolina
Charleston, SC
843-792-2123
Radiology Report

Patient: W[illegible], JAYDEN
Procedure: US HEAD
Accession #: 3408054

MRN: 001361725
Date Exam Completed: 07/17/2002 15:05
Last Update: 07/19/2002

EXAMINATION: #3408054, ULTRASOUND HEAD, DATED 7-17-02

INDICATION: Term infant requiring vacuum extraction now with hypotonia and apnea. METHOD: Ultrasound head. COMPARISON: None FINDINGS: The ventricles are normal in size. No evidence of a subependymal or parenchymal bleed. No focal abnormality is seen. No increase in extracerebral fluid.

IMPRESSION:
Normal head ultrasound.

VOICE DICTATED BY: Dr. Denise Mulvihill

History: NEWBORN WITH APNEA

Technologist: CHARLENE FESSLER
Interpreter 1: DENISE MULVIHILL
Interpreter 2:
Interpreter 3:
Date Dictated: 07/17/2002 16:33

Transcribed by: RHONDA WALDROP

Proxy Signer:

Authenticating Radiologist:
Date Authenticated:

This document should not be filed in the paper medical record and should be confidentially destroyed when it is no longer needed.

MUSC Hospital 0365
Jayden Washington

EXH_27_459

27-459

3306

MUSC
MEDICAL UNIVERSITY OF SOUTH CAROLINA

Medical University of South Carolina
Charleston, SC
843-792-2123
Radiology Report

Patient: W. , JAYDEN
Procedure: MRI BRAIN W/WO CONTRAST
Accession #: 3408579

MRN: 001361725
Date Exam Completed: 07/18/2002 08:48
Last Update: 07/19/2002

EXAMINATION: #3408579 MRI OF THE BRAIN WITH AND WITHOUT CONTRAST, 7/18/02

INDICATION: Traumatic delivery. HISTORY: Traumatic deliver and apnea. TECHNIQUE: T1 sagittal, T1 axial, T2 axial FLAIR, T1 axial post contrast fat sat, T1 coronal post contrast images of the brain were obtained.

COMPARISON: None.

FINDINGS: A heterogenous posterior fossa lesion is present. The area of abnormality is predominantly dark on T2 and isointense on T1 with focal areas of hyperintensity on T1. The exact location of the abnormality is uncertain but probably intraaxial. The lesion measures 3 x 3.4 x 3.4 cm and exerts mass effect within the posterior fossa resulting in anterior deviation of the fourth ventricle. This abnormality is most consistent with an acute hematoma. No discrete abnormality adjacent to the hematoma is seen such as arteriovenous malformation. A small subdural posterior fossa hematoma is also appreciated. In addition bilateral supratentorial subdural hematomas slightly greater on the right side predominantly posteriorly near the occipital lobes are visualized. The magnet resonance arteriography shows normal appearance of the internal carotids and basilar artery however the basilar artery appears tortuous secondary to the mass effect of the posterior fossa hematoma. No definite arteriovenous malformations are visualized. No aneurysms are present. The circle of Willis was not clearly visualized. The magnet resonance venography shows absent of flow within the left transverse sinus. Review of the cross sectional T1 and T2 images in that region fail to demonstrate a discrete thrombus. The absent flow may be secondary to thrombosis, or congenital absence. A subgaleal hematoma is visualized within the scalp. Within the left occipital lobe there are two subcortical focal areas of hyperintensity on T2 and hypointensity on T1 possibly related to birth trauma. These focal small areas of abnormality are seen on image #10 on T2 sequence and image #14. A separate explanation may be focal areas of edema in relationship to lack of flow in the adjacent transverse sinus.

IMPRESSION:

1. Cerebellar hematoma with mass effect on the fourth ventricle and brain stem.
2. Bilateral supratentorial and right infratentorial subdural hematomas small in volume.
3. Absence of flow in the left transverse sinus suggesting thrombosis or compression.
4. Two focal areas of subcortical hyperintense signal on T2 and hypointense signal on T1 within the left occipital lobe likely related to birth trauma or secondary to subcortical edema from lack of drainage into the adjacent transverse sinus.
5. Subgaleal hematoma.

VOICE DICTATED BY: Dr. Riyadh Al-Okaili
cc

I have reviewed the images and agree with the findings in this report.

This document should not be filed in the paper medical record and should be confidentially destroyed when it is no longer needed.

MUSC Hospital 0374
Jayden Washington

EXH_27_472

27-472

EXHIBIT
28
PENGAD 800-631-6989

FDA Public Health Advisory: Need for CAUTION When Using Vacuum Assisted Delivery Devices

(You are encouraged to copy and distribute this advisory.)

May 21, 1998

To: Obstetricians, Birthing Centers, Nurse Mid-Wives,
Pediatricians, Ultrasonographers, ObGyn Nurses,
Family Practitioners, Radiologists, Hospital Risk Managers,
Hospital ObGyn Departments

PURPOSE

This is to advise you that vacuum assisted delivery devices may cause serious or fatal complications, and to provide guidance to minimize the risk. While no instrumented delivery is risk free, we are concerned that some health care professionals who use vacuum assisted delivery devices, or those who care for these infants following delivery, may not be aware that the device may produce life-threatening complications (see attached list for sample of references). We are also concerned that if health care professionals responsible for the care of neonates are not alerted when a vacuum assisted delivery device has been used on a particular infant, they may not adequately monitor for the signs and symptoms of device-related injuries.

BACKGROUND

Over the past four years, FDA has received reports of 12 deaths and nine serious injuries among newborns on whom vacuum assisted delivery devices were used, an average of five events per year. In contrast, during the preceding 11 years there were four deaths and five serious injuries reported to us, fewer than one event per year. Part, but probably not all, of this five-fold increase can be explained by an increase in usage – based upon data from 1989-1995, it is estimated that use of vacuum assisted delivery devices increased from 3.5 percent of all deliveries to 5.9 percent.

The total number of serious complications reported to FDA from vacuum assisted delivery devices remains small in relation to the total number of births per year in which these devices are used – 228,354 in 1995, as reported to the National Center for Health Statistics. Nonetheless, we are concerned that at least some of these complications might be avoidable. This is why we are providing the recommendations below.

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At this point, FDA does not have complete information on how use patterns, the clinical environment or other specific circumstances might relate to adverse outcomes from vacuum assisted delivery devices. We will continue to investigate the possible causes of these complications.

TYPES OF COMPLICATIONS

Although all infants exposed to vacuum assisted delivery devices will have a caput succedaneum, care providers need to be aware that two major life-threatening complications following use of vacuum assisted devices have been reported to us:

- **Subgaleal hematoma (Subaponeurotic hematoma)**

This occurs when emissary veins are damaged and blood accumulates in the potential space between the galea aponeurotica (epicranial aponeurosis) and the periosteum of the skull (pericraniaum). Since the subaponeurotic space has no containing membranes nor boundaries, the subgaleal hematoma may extend from the orbital ridges to the nape of the neck. This condition is dangerous because of the large potential space for blood accumulation and the possibility of life-threatening hemorrhage.

Signs: diffuse swelling of the head and signs of hypovolemic shock (e.g., pallor, hypotension, tachycardia and increased respiration rate). The signs may be present at delivery or may not become clinically apparent until several hours or up to a few days following delivery. The swelling is usually diffuse, shifts dependently when the infant's head is repositioned and indents easily on palpation. However, in some cases the swelling is difficult to distinguish from the edema of the scalp. On occasion, the hypotension and pallor are the dominant signs while the cranial findings are unremarkable.

- **Intracranial Hemorrhage**

This may include subdural, subarachnoid, intraventricular, and/or intraparenchymal hemorrhage.

Signs: indications of cerebral irritation, including convulsions, lethargy, obtundation, apnea, bulging fontanelle, poor feeding, increased irritability, bradycardia and/or shock. The signs and symptoms are sometimes delayed until several hours after birth.

RECOMMENDATIONS

Use these devices ***ONLY WHEN A SPECIFIC OBSTETRIC INDICATION IS PRESENT*** (see device labeling and the resource and sample reference list attached).

- Be sure that persons who use vacuum devices for assisted delivery are versed in their use, and that they are aware of the indications, contraindications and precautions as supported in the accepted literature and current device labeling. See the list of sample references and resources that accompany this advisory.

- Before using a vacuum assisted delivery device, read and understand the device's instructions. Pay particular attention to the manufacturer's instructions regarding cup placement, vacuum strength to be used, cumulative duration of applications and number

of recommended extraction attempts. The recommended use for all these products is to apply steady traction in the line of the birth canal. Rocking movements or applying torque to the device may be dangerous. Since the instructions may be different for each device type or style, it is important to use the instructions provided by the manufacturer of the particular product being used.

- Alert those who will be responsible for the infant's care that a vacuum assisted delivery device has been used, so that they can monitor the infant for signs of complications.
- Educate the neonatal care staff about the complications of vacuum assisted delivery devices that have been reported to the FDA and in the literature (see references). They should watch for the signs of these complications in any infant in whom a vacuum assisted delivery device was used.
- Report reactions associated with the use of vacuum assisted delivery devices to the FDA, as described below.

REPORTING ADVERSE EVENTS TO FDA

The Safe Medical Devices Act of 1990 requires hospitals and other user facilities to report deaths, serious illnesses, and injuries associated with the use of medical devices. This includes the complications described above from vacuum assisted delivery devices. Questions about mandatory reporting can be answered by the Division of Surveillance Systems, Reporting Systems Branch. Phone 301-594-2735, FAX 301-827-0038, or write FDA, CDRH, MDR User Reporting, P.O. Box 3002, Rockville, MD 20847-3002.

When reporting adverse events, please include background information to help in the evaluation of the event(s). Let us know about the patient's general condition, concurrent complications, interventions in response to the adverse event, and any other potentially relevant circumstances. Even when a report is not mandatory, we would appreciate your reporting it on a voluntary basis, since the report may provide important information on why these adverse events are occurring. Submit voluntary reports directly to the FDA's voluntary reporting program, MedWatch, by telephone at 800-FDA-1088, by FAX at 800-FDA-0178, or by mail to: MedWatch, Food and Drug Administration, HFA-2; 5600 Fishers Lane; Rockville, MD 20857-9787.

GETTING MORE INFORMATION

If you have questions about this Public Health Advisory, contact the Issues Management Staff, Office of Surveillance and Biometrics, HFZ-510, 1350 Piccard Drive, Rockville, Maryland, 20850, by fax at 240-276-3356, or by e-mail at phann@cdrh.fda.gov. Additionally, a voice mail message may be left at 240-276-3357 and your call will be returned as soon as possible. You may print additional copies of this notice by photocopy or from the CDRH homepage at **www.fda.gov/cdrh/safety.html**.

Future FDA Public Health Advisories, Safety Alerts, and other FDA postmarket safety notifications can be obtained by list server subscription via e-mail. To subscribe, visit: http://service.govdelivery.com/service/subscribe.html?code=USFDACDRH_10

Sincerely yours,

D. Bruce Burlington, M.D.
Director
Center for Devices and
Radiological Health

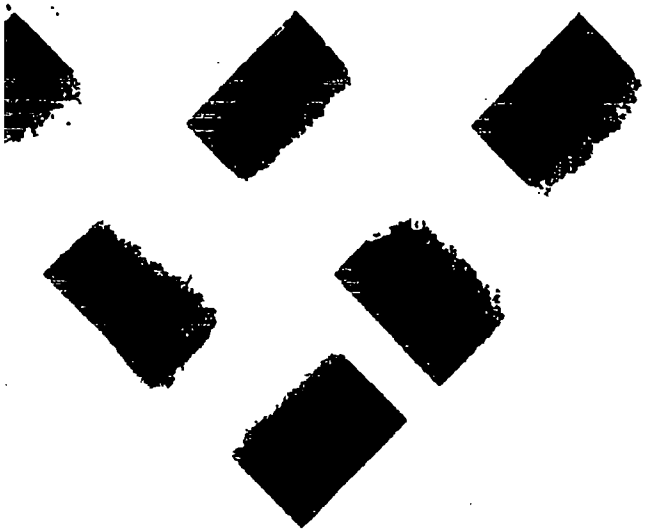
Resources and Sample of References

* For additional technical and clinical practice information the American College of Obstetricians and Gynecologists (ACOG) has given FDA permission to use them as a resource. Call 202-863-2518 or fax requests to the ACOG Resource Center at 202-484-1595.

1. Technical Bulletin #196, Operative Vaginal Delivery (August,1994), ACOG.
2. The 4th edition of Guidelines for Perinatal Care (1997), American Academy of Pediatrics and ACOG.
3. Paluska SA. Vacuum-assisted vaginal delivery. Am Fam Physician 55:2197-2203, 1997.
4. Bofill, JA., et al. A randomized prospective trial of the obstetric forceps versus the M-cup vacuum extractor. Am J Obstet & Gynecol 175(5): 1325-1330, 1996.
5. Vacca A. Birth by vacuum extraction: neonatal outcome. J Paediatr Child Health 32:204-06, 1996.
6. Chadwick LM, Pemberton PJ, Kurinczuk JJ. Neonatal subgleal haematoma: associated risk factors, complications and outcome. J Paediatr Child Health 32:228-232, 1996.
7. ** Cavlovich Faye E. Subgaleal Hemorrhage in the Neonate. Journal of Obstetric Gynecologic & Neonatal Nursing; Principles & Practice. Volume 24, No.5 :397-404, February, 1994.
8. Smith, SA., et al. Subgaleal Hematoma: The Need for Increased Awareness of Risk. J Fam Pract. V41, No.6: 569-574, December,1995.
9. Perrin RG, Rutka JT, Drake JM, et al. Management and outcomes of posterior fossa subdural hematomas in neonates. Neurosurgery 40:1190-1200, 1997.

** Note: This reference discusses in detail the recognition and treatment of subgaleal hemorrhage in neonates.

Updated May 19, 1998



ACOG PRACTICE BULLETIN

CLINICAL MANAGEMENT GUIDELINES FOR OBSTETRICIAN–GYNECOLOGISTS

NUMBER 17, JUNE 2000

(Replaces Technical Bulletin Number 196, August 1994)

This Practice Bulletin was developed by the ACOG Committee on Practice Bulletins—Obstetrics with the assistance of Michael Belfort, MD. The information is designed to aid practitioners in making decisions about appropriate obstetric and gynecologic care. These guidelines should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institution or type of practice.



Operative Vaginal Delivery

The incidence of operative vaginal delivery in the United States is estimated to be 10–15% (1), and although these procedures are safe in appropriate circumstances, controversy about them persists. Recent reports have highlighted the potential for maternal and neonatal complications associated with operative vaginal delivery, although the risks associated with alternative procedures also must be considered. This document will address specific controversial issues about the use of forceps and vacuum extractors for operative vaginal delivery and present the available information on which to base decisions concerning their use. The technical aspects of the use of forceps and vacuum extractors are beyond the scope of this publication.

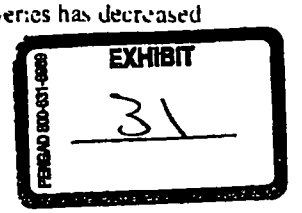
Background

Clinical studies performed before the 1970s suggested that the risk of fetal morbidity and mortality was higher when the second stage of labor exceeded 2 hours. Currently, more intensive intrapartum surveillance provides the ability to identify the fetus that may not be tolerating labor well. Thus, the length of the second stage of labor is not in itself an absolute or even strong indication for operative termination of labor. When other obstetric factors prevail, however, there is a place for forceps or vacuum assisted operations.

Operative vaginal deliveries are accomplished by applying direct traction on the fetal skull with forceps, or by applying traction to the fetal scalp by means of a vacuum extractor. The indications for operative vaginal delivery performed with either the vacuum extractor or forceps are the same (see the box, "Indications for Operative Vaginal Delivery").

The rate of cesarean deliveries in the United States has declined from 22.8% in 1987 to 20.8% in 1997 (2). During the same period, the percentage of births delivered by forceps or vacuum extraction increased slightly, from 9.0% to 9.4% (2). Of this number, the percentage of forceps deliveries has decreased





Indications for Operative Vaginal Delivery

No indication for operative vaginal delivery is absolute. The following indications apply when the fetal head is engaged and the cervix is fully dilated.

- Prolonged second stage:
  - –Nulliparous women: lack of continuing progress for 3 hours with regional anesthesia, or 2 hours without regional anesthesia
  - –Multiparous women: lack of continuing progress for 2 hours with regional anesthesia, or 1 hour without regional anesthesia
- Suspicion of immediate or potential fetal compromise.
- Shortening of the second stage for maternal benefit.

and the percentage of vacuum extraction deliveries has increased. Although some authors have suggested that operative vaginal deliveries have been replaced by cesarean deliveries, the relationship remains unclear. Geographic differences in operative delivery rates have been reported, with the lowest rate in the northeast United States and the highest rate in the South.

In 1988, ACOG redefined the classification of station and types of forceps deliveries. The revised classification uses the level of the leading bony point of the fetal head in centimeters at or below the level of the maternal ischial spines to define station (0–5 cm), instead of the previously used method of describing the birth canal in terms of thirds (0–3+).

The definitions of types of forceps deliveries also were refined to avoid the inclusion of either trivial or extremely difficult deliveries under the category of midforceps (see the box, "Criteria for Types of Forceps Deliveries"). Before this reclassification, a rotational delivery from occiput posterior at 0 station was classified the same as a delivery from left occiput anterior on the perineum. In a validation of ACOG's reclassification, investigators demonstrated that the lower the fetal head and the less rotation required, the less the risk of injury to the mother and the child (3). Assessment of clinical pelvimetry and fetal position is important in predelivery evaluation (see the box, "Predelivery Considerations").

Clinical Issues

Complications of Operative Vaginal Delivery

General statements about the applicability of operative vaginal delivery and the procedures for implementation in a particular situation are difficult. Selection of the appropriate instrument and decisions about the potential maternal and fetal consequences should be based on clinical findings at the time of delivery. Research into the complications of operative vaginal delivery is hampered by a number of potential biases, including the level of experience of the operators, the small numbers of patients studied under similar circumstances, changes in practice and definition, and the inability to achieve statistical power to answer relevant questions. The following discussion is based on currently available evidence and attempts to address maternal and fetal complications associated with operative vaginal delivery.

In a randomized trial comparing elective low-forceps delivery with spontaneous vaginal delivery in 50 term patients, there were no significant immediate differences in maternal or neonatal outcome variables. The researchers did show that in the forceps group, the mean time to delivery was shorter (10.2 minutes versus 18 minutes) and the cord arterial pH was higher (7.27 versus 7.23) (4). However, a larger randomized study comparing outlet forceps delivery with spontaneous vaginal delivery in 333 women at term showed that, although the use of forceps had no immediate adverse effects on the neonate, there was no significant shortening of the second stage of labor. However, the incidence of maternal perineal trauma increased in primiparous women (5).

Criteria for Types of Forceps Deliveries

Outlet forceps

1. Scalp is visible at the introitus without separating labia.
2. Fetal skull has reached pelvic floor.
3. Sagittal suture is in anteroposterior diameter or right or left occiput anterior or posterior position.
4. Fetal head is at or on perineum.
5. Rotation does not exceed 45°.

Low forceps

Leading point of fetal skull is at station ≥ +2 cm and not on the pelvic floor.

Rotation is 45° or less (left or right occiput anterior to occiput anterior, or left or right occiput posterior to occiput posterior).

Rotation is greater than 45°.

Midforceps

Station is above +2 cm but head is engaged.

High forceps

Not included in classification.

Predelivery Considerations

Position: the relationship of the fetal presenting part to the maternal pelvis. In a cephalic presentation the designated point is the occiput, while in a breech presentation it is the sacrum. The position always is described in relation to the maternal left and right sides of the pelvis.

Presentation: the relationship between the leading fetal part and the maternal pelvic inlet. The fetus may have a cephalic, breech, or shoulder presentation.

Lie: the relationship between the fetal and maternal longitudinal axes, which may be longitudinal, oblique, or transverse.

Engagement: the relationship that is present when the widest diameter of the fetal presenting part (biparietal diameter in a cephalic presentation, and bitrochanteric diameter in a breech presentation) has passed beyond the plane of the maternal pelvic brim. In a cephalic presentation the head usually is engaged when the leading point of the skull is at or below the maternal ischial spines.

Asynclitism: the relationship between the anterior and posterior parietal bones and the sagittal suture with the maternal pelvis. When neither of the parietal bones precedes the sagittal suture, the head is synclitic; if the anterior parietal bone precedes the sagittal suture, there is anterior asynclitism; and when the posterior parietal bone precedes the sagittal suture, there is posterior asynclitism.

Clinical Pelvimetry: assessment of the maternal pelvis before performing midpelvic delivery.

A meta-analysis comparing vacuum extraction to forceps delivery showed that vacuum extraction was associated with significantly less maternal trauma and less need for general and regional anesthesia. Overall, fewer cesarean deliveries were carried out in the vacuum extractor group (6). Other studies comparing vacuum extraction to forceps delivery indicate that more maternal morbidity (soft tissue injury, discomfort) occurs with forceps delivery (7, 8).

Both forceps delivery and vacuum extraction have been associated with the development of maternal hematomas, (9) and possibly linked to pelvic floor injury. However, other factors associated with pelvic floor injury include normal spontaneous vaginal delivery, episiotomy, prolonged second stage of labor, and increased fetal size (10).

To evaluate the risk of operative vaginal delivery with suspected fetal macrosomia, one study compared 2,924 macrosomic infants (birth weight >4,000 g) to those with a birth weight between 3,000 g and 3,999 g. Macrosomic infants delivered by forceps had a sixfold higher rate of significant injury (relative risk = 6.7; confidence interval, 6.5–6.9). Forceps delivery in this situation also was associated with a fourfold risk of clinically persistent neurologic abnormalities when compared with spontaneous vaginal delivery or cesarean delivery. The overall incidence of persistent injury was low (0.3%), and the authors calculated that as many as 258 elective cesarean deliveries would have to be performed for macrosomia to prevent a single case of persistent injury (11). In addition, a randomized study of forceps and vacuum-assisted vaginal delivery identified three factors associated with the development of shoulder dystocia: use of vacuum device ($P = 0.04$), time required for delivery ($P = 0.03$), and birth weight ($P = 0.0001$) (12). Therefore, a trial of labor and judicious use of operative vaginal delivery techniques for macrosomic infants are not contraindicated, although caution should be used given the possibility of shoulder dystocia.

Potential Newborn Complications of Vacuum-Assisted Deliveries

With forceps, almost unlimited compression and traction can be applied to the fetal head and cervical spine. Vacuum extractors are designed to limit the amount of traction on the fetal skull because detachment can occur. Nevertheless, traction achieved with vacuum extraction is substantial (up to 50 lb) (13) and can result in significant fetal injury if misused. The vacuum cup can cause scalp lacerations if torsion is excessive. In addition, separation of the scalp from the underlying structures can lead to cephalohematoma, which is more common in infants delivered by vacuum extractor (14–16%) than in those delivered with forceps (2%) (6, 7). The incidence of subgaleal hematomas (collections of blood occurring in the potential space between the cranial periosteum and the epicranial aponeurosis) following vacuum deliveries is estimated to range from 26 to 45 per 1,000 vacuum deliveries (14, 15).

Other potential neonatal complications associated with vacuum deliveries include intracranial hemorrhage, hyperbilirubinemia, and retinal hemorrhage. The higher rates of neonatal jaundice associated with vacuum delivery may be related to the higher rate of cephalohematoma (16). There is a higher rate of retinal hemorrhages (38%) with vacuum delivery than with forceps delivery (17%) (6, 7, 17, 18). However, corneal abrasions and external ocular trauma are more common with forceps delivery than with normal spontaneous delivery and are rare with vacuum extraction unless the cup is inadvertently placed over the eye. Long-term sequelae are extremely rare, and ophthalmologic screening should be reserved for specific cases (18). Overall, the incidence of serious complica-

ions with vacuum extraction is approximately 5% (19). Given the maternal and neonatal risks associated with operative vaginal delivery, it is important that the patient be made aware of the potential complications of the proposed procedure.

In 1998, the U.S. Food and Drug Administration (FDA) released a Public Health Advisory to alert individuals that vacuum extractors may cause serious or fatal complications, including subgaleal (subaponeurotic) hematoma and intracranial hemorrhage (20). The FDA indicated that between 1994 and 1998, 12 deaths and nine serious injuries were reported among neonates on whom vacuum-assisted devices had been used. This rate was greater than five times the rate for the preceding 11 years. According to the advisory, data collected from 1989 to 1995 showed that use of the vacuum cup had increased from 3.5% to 5.9% of all deliveries. Among the FDA recommendations for use of the vacuum device, two are particularly useful:

1. Rocking movements or torque should not be applied to the device; only steady traction in the line of the birth canal should be used.
2. Clinicians caring for the neonate should be alerted that a vacuum device has been used so that they can adequately monitor the neonate for the signs and symptoms of device-related injuries.

A recent study evaluating the incidence of severe birth trauma following operative deliveries assessed the outcome of 83,340 singleton infants born to nulliparous women between 1992 and 1994 in California (21). A database was created linking birth and death certificates with hospital discharge records of maternal and neonatal outcomes. The lowest risk of fetal injury was found in infants delivered spontaneously. An intermediate risk was observed for those infants delivered by forceps or vacuum alone or by cesarean delivery during labor. The highest risk of fetal injury was reported for those infants who were delivered with combined forceps and vacuum extraction or who were delivered by cesarean following failed operative vaginal delivery. There was no difference in outcome between vacuum and forceps delivery versus cesarean delivery during labor (Table 1). The morbidity that previously had been thought to be due to operative vaginal delivery actually may have resulted from the process of abnormal labor that led to the need for intervention. The study population was large, but data were collected retrospectively from medical records and hospital discharge reports. Therefore, detailed information on the operative vaginal delivery, frequency of congenital anomalies, or number of infants readmitted following the initial discharge was not available. Despite its limitations, this study confirms that injury can occur before operative delivery as a result of abnormal labor forces and that not all neonatal injuries are the result of poor operative technique.

Table 1. Effect of Delivery on Neonatal Injury

Delivery Method	Death	Intracranial Hemorrhage	Other*
Spontaneous vaginal delivery	1/5,000	1/1,900	1/216
Cesarean delivery during labor	1/1,250	1/952	1/71
Cesarean delivery after vacuum/forceps	N/R	1/333	1/38
Cesarean delivery with no labor	1/1,250	1/2,040	1/105
Vacuum alone	1/3,333	1/860	1/122
Forceps alone	1/2,000	1/664	1/76
Vacuum and forceps	1/1,666	1/280	1/58

Abbreviation: N/R indicates not reported.

*Facial nerve/brachial plexus injury, convulsions, central nervous system depression, mechanical ventilation

Data from Towner D, Castro MA, Eby-Wilkens E, Gilbert WM. Effect of mode of delivery in nulliparous women on neonatal intracranial injury. N Engl J Med 1999;341:1709–1714

Long-Term Infant Consequences

One randomized comparison of vacuum versus forceps delivery that evaluated children at 9 months of age found no statistically significant differences between the two groups regarding head circumference, weight, head-circumference-to-weight ratio, hearing, or vision (22). The study did note that infants delivered with the vacuum device were more likely to have been readmitted with jaundice than were those delivered with forceps.

In another study, the effects of forceps delivery on cognitive development were examined in a cohort of 3,413 children. No significant differences were seen in the 1,192 children delivered with forceps (114 were mid-forceps), compared with the 1,499 delivered spontaneously (23). A 10-year matched follow-up evaluation of 295 children delivered by vacuum extractor and 302 control patients who had been delivered spontaneously at the same hospital revealed no differences between the two groups in terms of scholastic performance, speech, ability of self-care, or neurologic abnormality (24).

Clinical Considerations and Recommendations

▶ *What are contraindications to operative vaginal delivery?*

Under certain circumstances, operative vaginal delivery should be avoided or, at the least, carefully considered in terms of relative maternal and fetal risk. Most authorities consider vacuum extraction inappropriate in pregnancies before 34 weeks of gestation because of the risk of fetal intraventricular hemorrhage. Operative delivery also is contraindicated if a live fetus is known to have a bone demineralization condition (eg, osteogenesis imperfecta), a bleeding disorder (eg, alloimmune thrombocytopenia, hemophilia, or von Willebrand's disease) is present, the fetal head is unengaged, or the position of the fetal head is unknown.

Operative vaginal delivery should be performed only by individuals with privileges for such procedures and in settings in which personnel are readily available to perform a cesarean delivery in the event the operative vaginal delivery is unsuccessful. One study showed that in cases in which the vacuum extractor was used to deliver fetuses with nonreassuring fetal heart rate patterns, blood gas parameters did not differ from those in cases with normal spontaneous deliveries. The authors concluded that the use of vacuum extraction is not contraindicated in cases of nonreassuring fetal heart rate patterns (25).

▶ *Is there a role for a trial of operative vaginal delivery?*

Few studies address the issue of maternal and neonatal outcome after an unsuccessful attempt at operative delivery. Earlier published reports were small retrospective studies that suggested outcome was no worse after failed operative delivery (26, 27). In a recent report of 102 cases of failed instrument delivery, almost half (43%) of cases where a trial of operative vaginal delivery was attempted resulted in the need for cesarean delivery. Of those where success was expected, only 3% went on to cesarean delivery (28). In addition, the California study previously discussed demonstrated significantly higher incidences of intracranial hemorrhage and other birth trauma following a failed operative vaginal delivery (21). Unless the preoperative assessment is highly suggestive of a successful outcome, trial of operative vaginal delivery is best avoided.

▶ *Is there a role for the use of alternative instruments after a failed attempt?*

Persistent efforts to obtain a vaginal delivery using different instruments may increase the potential for maternal and fetal injury and often indicates cephalopelvic disproportion. Although studies are limited, the weight of available evidence appears to be against attempting multiple efforts at operative vaginal delivery with different instruments, unless there is a compelling and justifiable reason (28). The California study reported that the incidence of intracranial hemorrhage was highest in infants delivered by combined vacuum and forceps compared with other reported methods of delivery (21). The incidences of other injuries also were increased with combined methods of operative vaginal delivery.

▶ *What special equipment and techniques should be considered with the use of a vacuum extractor?*

Vacuum extractors differ substantially from the original metal cup and currently vary by material, cup size and shape, and the method of vacuum application to the fetal scalp (manual or automatic). The proliferation and increased use of these instruments have resulted in the development of a number of different techniques. Randomized trials comparing soft vacuum cups to the original metal cup indicate that the pliable cup is associated with decreased fetal scalp trauma but increased rates of detachment from the fetal head (29–32). However, there are no differences between Apgar scores, cord pH, neurologic outcome, retinal hemorrhage, maternal trauma, and blood loss (32). These findings support those of another study, which found a 22% incidence of significant fetal scalp trauma with the soft cup, as opposed to a 37% incidence with the metal cup. This study also concluded the soft cup was more likely to fail than the metal cup when excessive caput was present (29).

Data show that the use of rapid vacuum application leads to a reduction in time to delivery (33, 34). No differences in detachment from the fetal scalp or in maternal or neonatal morbidity between the two techniques have been noted (33, 34). Specifically, one randomized study of 94 women comparing a one-step rapid application of vacuum with conventional stepwise application of vacuum found a significant reduction in the time from application to delivery (6 minutes) in the rapid application group without any differences in maternal or neonatal morbidity (33).

Cephalohematoma has been shown to be more likely to develop as the duration of vacuum application increases. One study demonstrated that 28% of neonates in whom the application-to-delivery time exceeded 5 minutes developed cephalohematoma (35). A further technical issue that has raised questions is whether the vacuum should be reduced between contractions to prevent fetal scalp injury. A randomized controlled trial involving 322

patients at 34 weeks or more of gestation highlighted factors involved in the development of fetal cephalohematoma from vacuum extraction using the M-cup (a semirigid plastic cup, modeled after the Malmstrom cup). To prevent fetal loss of station, 164 patients had continuous vacuum application (600 mm Hg) during and between contractions as well as during active efforts at delivery. In the comparison group, 158 patients had intermittent suction (reduction of vacuum application to 100 mm Hg between contractions) and no effort to prevent loss of station between contractions. Time to delivery, method failure, maternal lacerations, episiotomy extension, incidence of cephalohematoma, and neonatal outcome were similar between the two groups. Overall, the efficacy of the vacuum cup was 93.5%, and the cephalohematoma rate was 11.5%. The authors concluded that there are no differences in maternal or fetal outcome with intermittent reduction in vacuum or attempts to prevent loss of station. They also concluded that the results obtained with the M-cup are comparable to those reported with the stainless-steel Malmstrom cup (36).

▶ ***Is there a role for midforceps rotational deliveries in current practice?***

The decrease in experienced teachers and the increase in medical–legal concerns have reduced the number of current practitioners skilled in the art of midcavity rotational delivery. Studies comparing midforceps and cesarean deliveries indicate that midforceps delivery is not associated with worse neonatal outcome (Apgar score, cord blood gas, neonatal intensive care admissions, birth trauma) than is cesarean delivery (37, 38). In addition, outcome appeared no worse for those infants in whom Kielland's forceps rotation was attempted but was unsuccessful (38). One retrospective analysis compared 358 midforceps deliveries with 486 cesarean deliveries and found maternal morbidity (intraoperative and postoperative complications, blood loss, and length of stay) to be higher in the cesarean delivery group (37). Another study reported similar findings in a 5-year retrospective study involving 253 patients (38).

A retrospective study compared 552 deliveries with Kielland's forceps rotation, 95 cases using Scanzoni maneuver with a different type of forceps, and 160 cases using manual rotation and forceps. Investigators found no significant differences in maternal or neonatal outcomes between the groups regardless of whether the indication was relative dystocia or nonreassuring fetal status (39). An earlier study found that Kielland's forceps rotation was associated with a higher incidence of neonatal trauma, although the analysis did not specify the indications for operative delivery (40).

There are no randomized controlled studies of long-term follow-up from which to draw conclusions. However, retrospective case–control analyses seem to indicate no differences in outcome between midforceps delivery and cesarean delivery or vacuum extraction (41, 42). A matched-pairs analysis of patients 2 years after a midforceps delivery compared with a group delivered via cesarean delivery (matched for the immediate indication for operative delivery, birth weight, gestational age, sex, and race) found no difference in abnormal outcomes between the groups (41). An 18-year follow-up study of males delivered by midcavity Kielland's forceps rotation did not show any late adverse effects when subjects were compared with males delivered by vacuum extractor (42). Thus, there appears to be a role for midforceps rotational deliveries in current practice. However, given the potential complications, this procedure is only for practitioners skilled in midforceps delivery and for cases where maternal and fetal assessment prior to the operation suggest a high chance of success.

Summary

The following recommendations are based on good and consistent scientific evidence (Level A):

- Both forceps and vacuum extractors are acceptable and safe instruments for operative vaginal delivery. Operator experience should determine which instrument should be used in a particular situation.
- The vacuum extractor is associated with an increased incidence of neonatal cephalohematomata, retinal hemorrhages, and jaundice when compared with forceps delivery.

The following recommendations are based on limited or inconsistent scientific evidence (Level B):

- Operators should attempt to minimize the duration of vacuum application, because cephalohematoma is more likely to occur as the interval increases.
- Midforceps operations should be considered an appropriate procedure to teach and to use under the correct circumstances by an adequately trained individual.
- The incidence of intracranial hemorrhage is highest among infants delivered by cesarean following a failed vacuum or forceps delivery. The combination of vacuum and forceps has a similar incidence of intracranial hemorrhage. Therefore, an operative vaginal delivery should not be attempted when the probability of success is very low.

The following recommendations are based primarily on consensus and expert opinion (Level C):

- Operative vaginal delivery is not contraindicated in cases of suspected macrosomia or prolonged labor; however, caution should be used because the risk of shoulder dystocia increases with these conditions.
- Neonatal care providers should be made aware of the mode of delivery in order to observe for potential complications associated with operative vaginal delivery.

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The MEDLINE database, the Cochrane Library, and ACOG's own internal resources and documents were used to conduct a literature search to locate relevant articles published between January 1985 and November 1999. The search was restricted to articles published in the English language. Priority was given to articles reporting results of original research, although review articles and commentaries also were consulted. Abstracts of research presented at symposia and scientific conferences were not considered adequate for inclusion in this document. Guidelines published by organizations or institutions such as the National Institutes of Health and the American College of Obstetricians and Gynecologists were reviewed, and additional studies were located by reviewing bibliographies of identified articles. When reliable research was not available, expert opinions from obstetrician–gynecologists were used.

Studies were reviewed and evaluated for quality according to the method outlined by the U.S. Preventive Services Task Force:

I Evidence obtained from at least one properly designed randomized controlled trial.
II-1 Evidence obtained from well-designed controlled trials without randomization.
II-2 Evidence obtained from well-designed cohort or case–control analytic studies, preferably from more than one center or research group.
II-3 Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments also could be regarded as this type of evidence.
III Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

Based on the highest level of evidence found in the data, recommendations are provided and graded according to the following catetories:

Level A—Recommendations are based on good and consistent scientific evidence.

Level B—Recommendations are based on limited or inconsistent scientific evidence.

Level C—Recommendations are based primarily on consensus and expert opinion.

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409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920

12345/43210

[redacted]

Jayden W (MR # 1169665)

[redacted]

Patient Information	**Patient Name**	**Sex**	**DOB**		
	W Jayden	Male	7/16/2002		
Collection Information	**Accession #**	**Collection Date and Time**	**Received Date and Time**	**Specimen Type**	
	W46748	4/22/2009 1447	4/23/2009 1036	Blood	
	Specimen Source				
	BLOOD				
Result Information	**Result Date and Time**		**Status**		
	5/13/2009 11:04 AM		Final result		

Entry Date 5/13/2009

Component Results **Chromosome results:**

09-0656 W Jayden

REASON FOR REFERRAL: Developmental delay
Coloboma
SAMPLE TYPE: peripheral blood
DATE SAMPLE RCVD: 04/23/2009
FINAL REPORT DATE: 5/12/2009

REFERRING PHYS:
Dr. Barbara Burton

KARYOTYPE:
46,XY

Plaintiff's highlight →

IMPRESSION:
Normal male karyotype

DETAILS:
Band Level: GTG Resolution: 600 band level
Cells Recorded: 20 Cells Analyzed: 5 Karyotypes: 3

Defendant's highlight →

COMMENT: Normal chromosome results do not rule out other genetic etiologies which may be associated with the clinical findings in this individual. If warranted, a complete genetic evaluation should be considered.

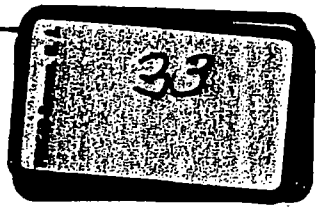
Carrie Fitzpatrick, Ph.D.
Assistant Director, Cytogenetics Laboratory

Joel Charrow, M.D.
Medical Director, Cytogenetics Laboratory

Encounter Report Patient Encounter Report

CHROMOSOME ANALYSIS, FOR CONGENITAL DISORDERS, BLOOD [80105232] (Order #: 13059984) Qty: 1

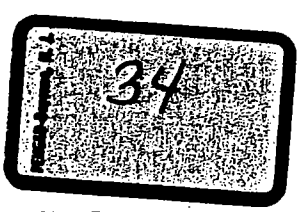
Order Providers	**Authorizing Provider**	**Encounter Provider**
	Barbara K Burton, MD	Barbara K Burton, MD

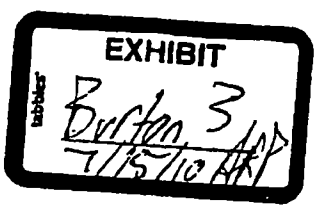


Order Information	Order Date and Time 4/22/2009 2:34 PM	Released By Katherine Kim	Department Laboratory
Associated Diagnoses	DEVELOPMENT DELAY COLOBOMA OF EYE		
Detailed Information	Priority and Order Details	Collection Information	
LAB Reprint Order Information	CHROMOSOME ANALYSIS, FOR CONGENITAL DISORDERS, BLOOD (Order#13059984) on 4/22/09		
Encounter Report	Patient Encounter Report		

MICROARRAY CGH, WHOLE GENOME(OLIGO) [80510770] (Order #: 13059985) Qty: 1

Order Providers	**Authorizing Provider** Barbara K Burton, MD	**Encounter Provider** Barbara K Burton, MD	
Order Information	**Order Date and Time** 4/22/2009 2:34 PM	**Released By** Katherine Kim	**Department** Laboratory
Associated Diagnoses	DEVELOPMENT DELAY COLOBOMA OF EYE		
Detailed Information	Priority and Order Details	Collection Information	
LAB Reprint Order Information	MICROARRAY CGH, WHOLE GENOME(OLIGO) (Order#13059985) on 4/22/09		
Encounter Report	Patient Encounter Report		





New Result MICROARRAY CGH, WHOLE GENOME(OLIGO) (Order 13059985)

Additional

Details Routing

Entry Date

5/29/2009

Component Results

Microarray CGH, Whole Genome(O:

Patient name: W Jayden
Date of Birth: 7/16/2002
Gender: M
Medical Record: 1169665
Referring Diagnosis: Coloboma
Developmental delay
Case Number: 09-0657
Physician: Dr. Barbara Burton
Date Collected: 4/22/2009
Date Received: 4/23/2009
Final Report: 5/28/2009

TEST: EmArray Cyto6000-Oligonucleotide Array Analysis

RESULT: arr cgh 1-22(39,986oligos)x2,X(2745oligos)x1,Y(367oligos)x1

INTERPRETATION: NORMAL MALE MICROARRAY ANALYSIS — Plaintiff's highlight

Array Comparative Genomic Hybridization (arr cgh) analysis was performed with an oligonucleotide array designed to detect copy number imbalances (losses or gains) of specific chromosomal regions and across the genome (EmArray Cyto6000, version 2). Ratio values and sex chromosome internal controls were within acceptable normal ranges indicative of a successful hybridization. No clinically significant imbalances were identified.
Microarray analysis should be offered as an adjunct to routine G-banding chromosome analysis. If a G-banded karyotype analysis has not been completed previously, this test should be completed to rule out other chromosomal etiologies which may be associated with the clinical findings in this individual.

METHOD AND LIMITATIONS: The EmArray Cyto6000 is a custom oligonucleotide microarray that is designed to detect gains and losses across the genome by combining targeted and genome-wide array analyses. The array contains high density coverage for clinically relevant deletion/duplication syndromes as well as telomeric and pericentromeric regions. In addition, it provides genome-wide coverage with an average probe spacing of approximately 75kb to detect gains or losses at a minimum of 500kb or smaller for regions of known microdeletion/duplication syndromes or targeted genes. The array was built using a commercial platform (Agilent Technologies) and contains approximately 44,000 oligonucleotides (60mers) that represent coding and noncoding human sequences in the genome (content sourced from the UCSC hg18 human genome: NCBI build 36.1, March 2006). A pool of at least 5 normal DNA samples is used as opposite sex controls for each analysis. Data interpretation is based on

information from the UCSC Genome Browser (http://genome.ucsc.edu/), and the database of Genomic Variants (http://projects.tcag.ca/variation/).
This test will only detect gains or losses of DNA in the genome; balanced rearrangements such as translocations or inversions will not be detected. This test is not intended to detect mosaicism. Normal results do not rule out abnormalities of regions not represented on the array, DNA sequence changes (such as point mutations, small deletions or insertions) or other genetic etiologies. All abnormal results detected by the microarray are verified using karyotype or FISH analysis.

— Defendant's highlight.

This test was developed and its performance characteristics determined by the Molecular Diagnostic and Cytogenetic Laboratories at Children's Memorial Hospital. It have not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing.

Lawrence Jennings, M.D., Ph.D.
Director, Molecular Pathology

Carrie Fitzpatrick, Ph.D.
Assistant Director, Cytogenetics

MyChart Status:

This result is currently not released to MyChart.

Status of Other Orders

	Lab Status	Result Date	Provider Status
CHROMOSOME ANALYSIS, FOR CONGENITAL DISORDERS, BLOOD	Final result	5/13/2009	Reviewed Wed May 13, 2009 7:11 PM

Canceled
MISCELLANEOUS TEST

From: Results Interface
Sent: Friday May 29, 2009 2:36 PM
To: Barbara Burton

GeneDx
207 Perry Parkway
Gaithersburg, MD 20877
Phone: 301-519-2100
Fax: 301-519-2892
E-mail: genedx@genedx.com
www.genedx.com

Genetic Testing Results

Patient Name:	W[redacted], Jayden	*Specimen Obtained:*	04/22/2009
Date of Birth:	07/16/2002	*Specimen Received:*	04/24/2009
GeneDx Accn.:	904354	*Date Test(s) Started:*	04/24/2009
Specimen Type:	Blood	*Report Date:*	07/20/2009
Submitters ID No:	1169665, W46749		

Test(s) requested: CHD7 Gene / CHARGE Syndrome

Result: **NEGATIVE**

Plaintiff's highlight

No disease-associated mutation was identified in the entire coding region (exons 2-38) of the CHD7 gene in the submitted specimen of this individual. Heterozygosity of no known clinical significance was observed, consistent with the presence of two alleles at the position(s) noted.*

Interpretation:

Defendant's highlight →

No mutation known to be associated with CHARGE syndrome was identified by this analysis of the CHD7 gene. In a study of 107 patients with clinical features suggestive of CHARGE syndrome, 69 individuals were identified as having heterozygous mutations in the CHD7 gene. Based on this study, approximately 65% of individuals with CHARGE syndrome will have a mutation in the CHD7 gene (Jongmans et al., 2006). There have been reports of partial and entire gene deletion of CHD7 causing CHARGE syndrome (Vissers et al., 2004 and Arrington et al., 2005).

The heterozygous positions observed in the CHD7 gene are not expected to be associated with the production of an abnormal protein. The presence of heterozygosity in this patient rules out a complete gene deletion as well as a partial gene deletion involving any of these positions.

Methods: Genomic DNA from this specimen was PCR-amplified for analysis of exons 2-38 of the CHD7 gene and their flanking splice sites. Bi-directional sequence was obtained and DNA sequence was analyzed and compared to the published gene sequence. The methods used by GeneDx are expected to be greater than 99% sensitive in detecting mutations identifiable by sequencing.

EXHIBIT
Burton S
7/15/10 AM

Report electronically signed by:
Sherri J. Bale, PhD, FACMG
Clinical Director

Report electronically signed by:
Bradley J. Williams, MGC
Genetic Counselor

*Heterozygous Position(s): Glu208[redacted]Glu (GAG/GAA), IVS2+34 a/g, IVS5+(43_48)dup6, IVS14-87 a/g, IVS16+51 a/c, IVS19+46 a/g, IVS30+8 c/t, IVS27+(183_166)dupATCA

cDNA RefSeq: NM_017780, counting from the ATG initiation codon.

Citations: Jongmans et al., (2006) J Med Genet 43:306-314. Vissers et al., (2004) Nat Genet 38:955-957. Arrington et al., (2005) Am J Med Genet 133:328-330.

This test was developed and its performance determined by GeneDx. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. Pursuant to the requirements of CLIA '88, this laboratory has established and verified the test's accuracy and precision. Genetic testing using the methods applied at GeneDx is expected to be highly accurate. However, the chance of a false positive or false negative result, due to laboratory errors incurred during any phase of testing can not be completely excluded. CLIA ID#: 21D0969951. MD License 953.

35

RB

LabCorp

LabCorp Burlington
1447 York Court
Burlington, NC 27215-3361
Phone: 800-735-4087

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Results
211-102-3033-0		20121836075	32999955	336-436-3302	00

Patient Last Name	Account Address
W	Atlantic LCA In-house Billable Results Transmission- Supervis 1447 York Court Burlington NC 27215
Patient First Name	**Patient Middle Name**
JAYDEN	
Patient SS#	**Patient Phone** / **Total Volume**
	843-662-3281
Age (Y/M/D)	**Date of Birth** / **Sex** / **Fasting**
7/00/14	07/16/02 / M / No
Patient Address	**Additional Information**
383 WEST CHEVES ST Florence SC 29501	CC:7739299565

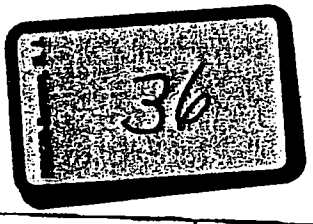
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07/30/09 11:09	07/30/09	08/06/09 11:39ET	BURTON , B		

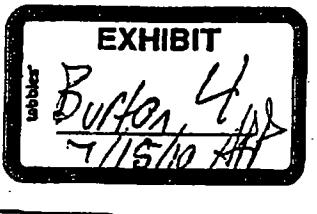
Tests Ordered
Fragile X, PCR Reflex Southern; Drawing Fee

General Comments
This is a courtesy copy of a laboratory report.

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Fragile X, PCR Reflex Southern					
Fragile X DNA					
Molecular analysis report has been mailed. This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.					01

01 TG LabCorp RTP
1912 Alexander Drive, RTP, NC 27709-9998 Dir: Arundhati Chatterjee, MD
For inquiries, the physician may contact Branch: Lab: 800-735-4087





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DOC1 Ver: 1.40

LabCorp
Laboratory Corporation of America Holdings

August 5, 2009

BARBARA K BURTON
2300 CHILDRENS PLAZA
CHICAGO, IL 60614

Test Results of: W. JAYDEN
DOB: 07/16/2002 Age: 7.0 Y Sex: M
Collected on: 07/30/2009
Received on: 07/30/2009
Reported on: 08/05/2009

Branch Number: NCB13
Account Number: 32310630
Specimen Number: 211-102-3033-0
Specimen Type: Blood

Patient ID#:

Physician: BURTON B

Test: Fragile X, PCR DNA Analysis

Result:

Plaintiff's highlight

NORMAL, Male
30 CGG repeats identified

Interpretation:
DNA studies by PCR analysis identified one allele. These results do not provide evidence of the common CGG repeat expansion observed in patients with Fragile X syndrome. Routine chromosome analysis is recommended in the diagnostic work-up for other causes of mental retardation. Due to the nature of the assay, small variations in reported repeat number may exist within and between laboratories.

Fragile X syndrome is one of the most common causes of inherited mental retardation. Some individuals with Fragile X have characteristic physical features and behaviors. There can be wide variability in phenotypic expression. Fragile X is most often caused by an expansion in the number of the CGG repeats in the Fragile X gene *(FMR1)*. People with fewer than 45 CGG repeats have alleles within the normal range. People with 45-54 repeats are considered normal but have alleles in the grey zone. Some increases and decreases in repeat number can occur in offspring of individuals with grey zone alleles, but the chance is small that grey zone alleles would expand to a full mutation in the next generation. Those with 55-200 repeats have alleles in the premutation range. These individuals are not expected to have Fragile X, but are at increased risk to have children with Fragile X syndrome. Individuals with more than 200 repeats have full mutations and are expected to be clinically affected. Exceptions can occur as there are rare forms of FMRP deficiency not caused by CGG expansion, which may not be detected by this analysis.

Methodology:
DNA analysis of the *FMR1* gene was performed by PCR amplification followed by agarose gel, as well as capillary electrophoresis. Southern blot analysis was not indicated due to the presence of one normal allele by PCR. The detection rate of this test is >99% for the common Fragile X expansion *(FRAXA)*. This test does not examine the *FRAXE* expansion. Molecular-based testing is highly accurate, but as in any laboratory test, rare diagnostic errors may occur. All test results must be combined with clinical information for the most accurate interpretation.

Defendant's highlight

This test was developed and its performance characteristics determined by Laboratory Corporation of America Holdings (LabCorp). It has not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or research.

References:

1. Park V, Howard-Peebles P, Sherman S, Taylor A, and Wulfsberg E. (1994). Am J Med Genet 53:380-381.
2. Maddalena A, et al. (2001). Genet Med 3:200-205.
3. Jacquemont, S, Hagerman, RJ, Leehey, MA, Hall, DA, Levine, RA, Brunberg, JA, Zhang, L, Jardini, T, Gane, LW, Harris, SW, Herman, K, Grigsby, J, Greco, CM, Berry-Kravis, E, Tassone, F, and Hagerman, PJ. (2004) J Amer Med Assoc 291:460-469.
4. Hagerman PJ and Hagerman RJ. (2004) Am J Hum Genet 74:805-816.

Results Released By: Val V. Zvereff, M.D., Ph.D., Director
Report Released By: Chantal N. Kelly, MS, CGC, Genetic Counselor

Arundhati Chatterjee, M.D.
Medical Director

LabCorp
1912 Alexander Drive, RTP, NC, 27709 (800) 345-GENE

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TO: DR BURTON Childrens Memorial Hospital

LabCorp
Laboratory Corporation of America®

LabCorp Burlington
1447 York Court
Burlington, NC 27215-3361
Phone: 800-762-4344

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Room
029-102-3352-0		20121840822	12276150	773-880-4000	00

Patient Last Name	Patient First Name	Patient Middle Name
W	JAYDEN	

Patient SS#	Patient Phone	Total Volume
	843-662-3281	

Age (Y/M/D)	Date of Birth	Sex	Fasting
7/06/13	07/16/02	M	No

Account Address
Childrens Memorial Hospital

2300 Childrens Plaza
CHICAGO IL 60614

Patient Address
383 WEST CHEVES ST
Florence SC 29501

Additional Information

Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID
01/29/10 14:49	01/29/10	02/02/10 05:37ET	HALL , J	1669493193	

Tests Ordered
PT and PTI; Thrombin Time; Platelet Count; Drawing Fee

General Comments
This is a courtesy copy of a laboratory report.

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
PT and PTT					
INR	1.1			0.8 - 1.2	01
Reference interval is for non-anticoagulated patients.					
Suggested INR therapeutic range for Vitamin K antagonist therapy:					
Standard Dose (moderate intensity therapeutic range):				2.0 - 3.0	
Higher intensity therapeutic range				2.5 - 3.5	
Prothrombin Time	11.5		sec	8.7 - 11.5	01
aPTT	**34**	**High**	sec	24 - 33	01
This test has not been validated for monitoring unfractionated heparin therapy. aPTT-based therapeutic ranges for unfractionated heparin therapy have not been established. For general guidelines on Heparin monitoring, refer to the LabCorp Directory of Services.					
Thrombin Time	17.5		sec	0.0 - 20.0	01
Platelet Count					
Platelets	388		x10E3/uL	150 - 440	01

01 BN LabCorp Burlington Dir: William F Hancock, MD
1447 York Court, Burlington, NC 27215-3361
For inquiries, the physician may contact Branch: 800-877-3818 Lab: 800-762-4344

Exhibit 37

EXHIBIT
tabbies
Burton 6
7/15/10 AHA

W	JAYDEN		029-102-3352-0	Seq # 0296

FINAL REPORT

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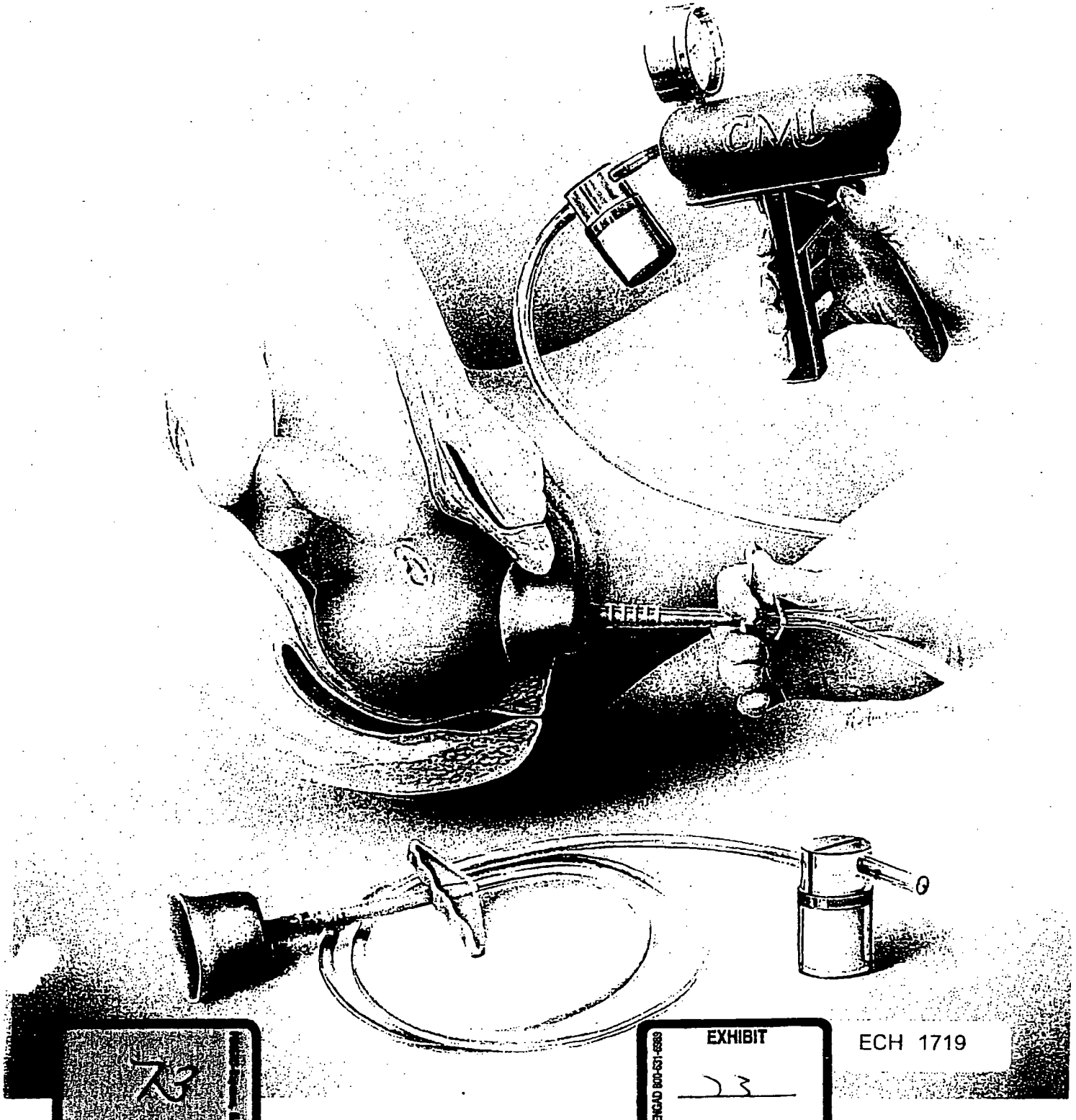
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3328

Instruction Booklet for Vacuum Delivery Systems

UTAH MEDICAL PRODUCTS INC.

Please read carefully before operating instrument.



73

EXHIBIT

PENGAD 800-631-6989

ECH 1719

Instruction Booklet for CMI® Vacuum-Assisted Delivery Systems (VADS)

This booklet includes instructions for the setup, use, cleaning and maintenance of the following products:

Manual Vacuum Pumps

1. 101A (Blue) Pump, Autoclavable or ETO Gas Sterilizable
2. 001C (White) Pump, ETO Gas Sterilizable Only

Disposable Vacuum Cups

1. 003CB Soft Touch® Cup, polyethylene bell-shaped (60mm dia.) with 4' tubing (no fluid trap).
2. 004CB Soft Touch® Cup, polyethylene bell-shaped (60mm dia.) with fluid trap and 4' tubing.
3. 303TT Tender Touch® Ultra Cup, silicone bell-shaped (60mm dia.) with fluid trap and 4' tubing.
4. 303TTL Tender Touch® Ultra Cup, silicone bell-shaped (65mm dia.) with fluid trap and 4' tubing.
5. 404TT Tender Touch® Cup, silicone deep bell-shaped (60mm dia.) with fluid trap and 4' tubing.
6. 505TT Tender Touch® Ultra Cup, silicone bell-shaped (60mm dia.) with vacuum relief valve, fluid trap and 4' tubing.
7. 505TTL Tender Touch® Ultra Cup, silicone bell-shaped (65mm dia.) with vacuum relief valve, fluid trap and 4' tubing.
8. 506TTL Tender Touch® Ultra Cup, silicone bell-shaped (65mm dia.) with vacuum relief valve, 6' tubing, adapter for electric pump (no fluid trap).
9. 444FC Flex Cup, polyurethane mushroom-shaped (60mm interior dia.) with fluid trap and 4' tubing.
10. 600TT Secure Cup® thermoplastic rubber mushroom-shaped (63mm dia.) with fluid trap and 4' tubing.
11. 606TT Secure Cup® thermoplastic rubber mushroom-shaped (63mm dia.) with vacuum relief valve, 6' tubing, adapter for electric pump (no fluid trap).

The following patents apply to one or more of the above products:
U.S. Patent Numbers 4,957,629; 5,224,947; des 320,855; and des 321,927.

UTAH MEDICAL PRODUCTS INC.

Utah Medical Products, Inc.
7043 South 300 West
Midvale, Utah, 84047 USA
Toll-free 800 533-4984
Tel 801 566-1200 Fax 801 566-2062

ECH 1720

3330

Table of Contents

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Revised May 2002

ECH 1721

3331

EXH 73 003

Introduction

Vacuum extraction, or vacuum-assisted delivery (VAD), has been practiced for obstetric indications for more than 150 years. The major clinical issues concerning VAD are the same as those encountered with forceps as a vaginal operative delivery technique. When the natural progression of childbirth becomes arrested near the end of the second stage of labor, assuming no cephalopelvic disproportion or other constraints that contraindicate a vaginal delivery, or if the physician believes the fetus is at risk of mortality during the late stages of a normal progression of labor, then an operative technique to hasten the delivery may convey great benefit, although containing inherent risk of injury. As in any instrumental delivery, the training, experience and skill of the practitioner is central to patient safety and operational success. Although the clinical indications are the same for the two methods of vaginal operative delivery, practitioner training required is quite different. In more recent years, VAD has become increasingly popular in medical schools as the preferred choice. UTMD estimates that vaginal operative techniques are currently attempted in 10-15% of U.S. births.

As an alternative to forceps, VAD risk of maternal injury is remarkably lower. Probably the best correlation to fetal risk associated with an instrumental delivery is the position of the fetal head in the birth canal prior to the initiation of the procedure, referred to as fetal station: the higher the station, the more difficult the delivery. At outlet station, the fetal skull has descended to the pelvic floor and is presenting at the introitus. This station is where operative deliveries are clinically indicated. At mid-station, the leading edge of the engaged fetal skull is less than 2 cm beyond the tip of the plane of the maternal ischial spines. At mid-station and higher in the birth canal, operative vaginal delivery techniques are contraindicated, requiring cesarean section if fetal descent has become arrested or in the case of fetal distress. Low station, the region between the outlet and mid-stations, is the region where physicians require careful consideration and skill to perform an operative vaginal delivery.

As part of its focus on providing specialized medical devices for L&D, UTMD entered the VAD arena in 1997 by acquiring Columbia Medical Inc. (CMI), an early developer of soft VAD cups. Minimizing risk of injury to the fetus relative to the use of forceps as well as other VAD devices is what differentiates Utah Medical Products, Inc.'s (UTMD's) VAD products.

If a well-trained physician correctly determines that fetal condition, station and position indicates a VAD, places a vacuum cup properly on the fetal occiput, applies vacuum within correct limits and pulls steadily in conjunction with the rise and fall of maternal contractions in a vector of force in alignment with the maternal spine, the design of the cup becomes the most important consideration for the safety of the fetal patient. The cup rigidity and shape creates a trade-off between allowed tractive force and safety for fetal tissues. By UTMD's estimate, in more than 90% of operative deliveries, the fetus is at outlet station in occiput anterior presentation. UTMD's thesis is that, since about any cup design will allow adequate tractive force to achieve a successful delivery within accepted time constraints and limits on number of pulls, the cup with the most tissue-friendly material and shape should be used. In the other 10% of cases that require careful consideration, more rigid mechanical-hold shaped cups should be available for an individual skilled physician's order. The exceptions should not put the vast majority at undue risk of injury.

The ideal case for a VAD procedure would be a physician wanting to hasten delivery for a multiparous mother having a normal progression of labor, with fetus showing non-reassuring fetal heart rate signs, presenting at the outlet station in an occiput anterior position. The patented silicone bell-shaped Tender Touch® cup is clearly the optimal cup design for this situation.

ECH 1722

3332

EXH 73 004

General Information

A VAD system is obviously only safe and effective when prescribed and employed by a skilled obstetrical practitioner. UTMD relies on the experience and knowledge of such physicians when designing its products, and completing instructions for their use. Input from the following references have been incorporated in the information in this booklet. UTMD strongly recommends that these materials be obtained and studied prior to the use of its VADS.

1. Vacuum Extraction in Modern Obstetric Practice, John Patrick O'Grady, Martin L. Gimovsky, Cyril J. McIlhargie, Copyright 1995 Parthenon Publishing Group. Available for sale, P/N 58183.

2. OBG Management, Volume 14, Issue 4, April 2002, p.88-94. "Vacuum Extraction - Optimizing Outcomes; Reducing Legal Risk." (Karen Koscica, DO, Albert Einstein College of Medicine, Bronx, NY; Martin Gimovsky, MD, Newark Beth Israel Medical Center, Newark, NJ). UTMD has purchased reprints of this article that are available to customers upon request, P/N 58181.

3. Contemporary OB/GYN, May 2002, p.114-123. "The obstetric vacuum extractor: recent innovations and best practices" (Martin Schwartz, MD, PhD, Northwest Permanente, Portland, OR; John Patrick O'Grady, MD, Baystate Medical Center, Springfield, MA). UTMD has purchased reprints of this article that are available to customers upon request, P/N 58182.

4. OBG Management, March 1999. "Cutting Your Legal Risks with Vacuum-Assisted Deliveries" (Reprint not available from UTMD)

5. "Introduction to Soft Cup V.E.," UTMD instructional VHS format video for care and use of VADS products. Available to customers upon request, P/N 58006.

6. "Vacuum-Assisted Vaginal Delivery: A Well-Accepted and Safe Way to Assist in Childbirth," Patient Disclosure Brochure, P/N 58169, available for use by UTMD customers in obtaining patients' informed consent.

ECH 1723

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EXH 73 005

Vacuum-Assisted Delivery (VAD)

Indications for Use:

1. Gestational age > 36 weeks.
2. No demonstrable cephalopelvic disproportion (CPD).
3. Full dilation and effacement of the cervix.
4. Ruptured membranes.
5. Engaged fetal head at Outlet or Low Station.

Contraindications for Use:

1. CPD.
2. Unengaged or Mid-Station fetal head.
3. All non-vertex presentations.
4. Incomplete cervical dilation.
5. Gestational age <36 weeks or estimated fetal weight (EFW) <2500 grams.
6. Cup attachment to fetal head at any other position than the occiput pivot point.
7. Lack of obvious progress in fetal descent during first two pulls (contractions).
8. Lack of delivery or lack of imminent delivery after four pulls.
9. Disengagement of the vacuum cup from the fetal head three times.
10. Failure to deliver after 20 minutes duration, or 10 accrued minutes at full applied vacuum, whichever comes first.
11. Prior use of forceps.

POSSIBLE ADVERSE REACTIONS: In addition to cephalhematoma, subconjunctival hemorrhage and vaginal lacerations, other adverse conditions may include neonatal intracranial hemorrhage, shoulder dystocia, Erb palsy, subjective jaundice and elevated bilirubin.

Use and Care of the CMI® Manual Vacuum Pump

General:

The UTMD pump with vacuum gauge is a reusable medical grade precision instrument. To retain accurate measurement of vacuum pressure, exercise care in handling to avoid dropping or knocking against hard surfaces.

To build vacuum pressure, squeeze the pump handle several times until the gauge needle reaches the desired pressure for the vacuum cup being used. To reduce vacuum pressure, pull and hold the vacuum release trigger, monitoring pressure on the gauge.

The internal mechanism of the pump must be kept free of debris from bodily fluids. Should blood or serous fluid be allowed to dry and harden within the pump mechanism, the efficiency of the pump may be compromised or rendered useless. The purpose of the fluid trap included with a disposable vacuum cup is to capture bodily fluids which may be drawn toward the pump. The capacity of the fluid trap is 65 ml. UTMD suggests that clinicians monitor the status of fill of the trap to be aware if the pump may be subject to ingress of bodily fluids.

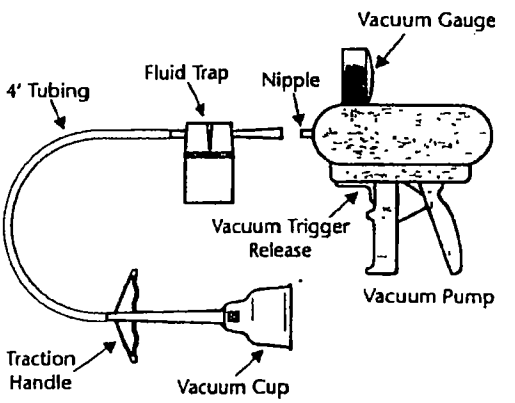
If blood or serous fluids are drawn into the internal pump mechanism, it will be necessary to flush the device IMMEDIATELY using ONLY DISTILLED OR DEMINERALIZED WATER. Failure to do so will render the pump inoperable and will void the manufacturer's warranty. Note: Use of tap water and disinfectants is NOT recommended as they may corrode the pump's internal mechanisms.

UTMD recommends use of the CMI vacuum pump ONLY with UTMD vacuum cups and tubing WITH fluid traps.

Pump Testing Instructions:

Before using the CMI vacuum pump, check vacuum pressure.
The best way to check vacuum pressure function is to:

1. Attach a two-foot piece of tubing to the tapered pump nipple.
2. Tightly clamp off the distal end of the tubing.
3. Squeeze the pump handle repeatedly, and stop when the gauge needle reaches the top of the green area on the gauge face (59 cmHg or 23 inHg). If the pump is working properly, THE GAUGE NEEDLE SHOULD REMAIN STEADY AT THE APPLIED VACUUM.
4. Release pressure by depressing the vacuum release trigger.



CAUTION: Pressing a finger over the tapered pump nipple and increasing vacuum pressure in order to test pump function is contraindicated. This method may alter pump operation and may render the pump inaccurate and/or inoperative.

ECH 1725

3335

Pump Cleaning Instructions:

In most cases, wiping the surface of the vacuum pump with disinfectant after completion of the birthing procedure is sufficient.

Following each delivery, the tubing between the fluid trap and the pump nipple should be closely examined for evidence of residual blood or serous fluid. If this material is found, the pump should be considered contaminated and flushed immediately with distilled water, as follows: Submerge the tapered pump nipple in clean distilled or demineralized water. With the pump nipple submerged, squeeze the pump handle several times to flush out any undesirable fluids. Repeat as necessary until the water expelled is clear. Do not allow body fluids to dry inside the pump. If necessary, the entire pump may be submerged. Remove the pump from the water and squeeze the handle several times until all water is expelled from the pump chamber.

Pump Sterilization:

101A (blue) CMI Vacuum Pump may be autoclaved or ETO gas sterilized. The following cycle has been qualified for sterilization using a Prevacuum steam sterilizer:

Precondition Pulses: 3
Temperature Setting: 134°C (273°F)
Full Cycle Time: 3 minutes
Minimum Dry Time: 0 minutes

For other autoclave types, follow the directions of the manufacturer of your steam sterilizer for length of time and temperature, but do not exceed 300°F.

001C (white) CMI Vacuum Pump may be ETO gas sterilized only. Do not autoclave. Follow the directions of the gas sterilizer for duration of cycle, temperature and aeration. Do not exceed 120°F.

ECH 1726

3336

EXH 73 008

VADS Instructions for Use:

1. Connect the tubing to the pump nipple, with the cup, tubing and fluid trap assembled as shown in the diagram on page 5. Be sure all connections are secure. Prior to cup placement, check for vacuum pump function per the above pump test procedure. An alternative approach is to test by pumping with assembled cup pressed to the palm of a gloved hand. The pump gauge needle should remain steady.

2. Conduct a vaginal examination to determine the degree of dilation and effacement of the cervix, the condition of the membranes, the presentation and fetal position with reference to the size and shape of the birth canal.

3. Wipe the fetal scalp as clean as possible.

4. For a bell-shaped cup, squeeze the cup rim edges together and press the leading edge of the cup into the posterior vagina. Hold the cup with the fingers of one hand, and separate the labia with fingers of the opposite hand. With the cup inserted into the vagina, allow the cup to unfold and place on the fetal occiput. For other shaped cups, follow the specific instructions on the packaging.

WARNING: APPLY CUP ONLY to the PIVOT POINT on the OCCIPUT of the FETAL HEAD, CENTERED OVER THE SAGITTAL SUTURE.

5. Press the cup to the occipital area with a slight rotating motion. Apply slight (not to exceed 5 cmHg) vacuum while this rotation is taking place.

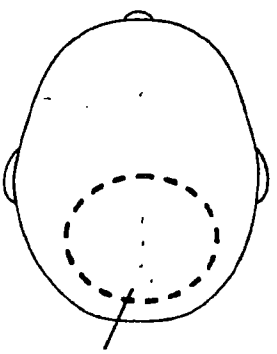
WARNING: PASS A FINGER AROUND the EDGE of the CUP to ENSURE THAT NO EXTRANEOUS MATERNAL TISSUE HAS BEEN INADVERTENTLY DRAWN UNDER THE EDGE of the CUP PRIOR to INITIATING FULL VACUUM.

6. When a contraction begins, rapidly raise vacuum to the upper portion of the green zone on the gauge (59 cmHg or 23 inHg).

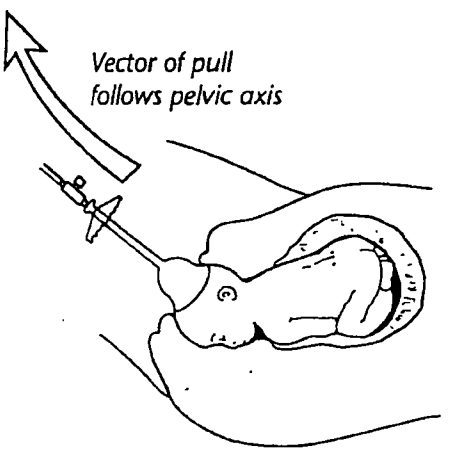
WARNING: 59 cmHg IS THE MAXIMUM RECOMMENDED VACUUM PRESSURE.

7. Begin traction. Each pull or traction should last the duration of a contraction. Always pull in synchronization with the contraction, with the vector of force following the pelvic axis.

WARNING: DO NOT ATTEMPT to MANUALLY ROTATE the FETAL HEAD. DO NOT PULL OFF-AXIS or WITH JERKY EFFORT.



Vacuum cup centered over saggital suture



ECH 1727

3337

EXH 73 009

If traction is misdirected or excessive, the cup may disengage. This acts as a built-in fetal safety factor. Should this occur, reapply the cup if it is within the accrued time limit.

WARNING: DO NOT REAPPLY CUP IF IT HAS DISENGAGED 3 TIMES.

8. When each contraction subsides, stop traction and reduce vacuum to the yellow zone on the gauge (10 cmHg or 4 inHg). Await the next contraction.

WARNING: DISCONTINUE TRACTION BETWEEN CONTRACTIONS.

WARNING: OBVIOUS PROGRESS in FETAL DESCENT SHOULD OCCUR with THE FIRST or SECOND PULL. IF NOT, ABANDON THE PROCEDURE.

9. Repeat steps #6 - #8 until delivery of the head is complete. (Usually, 2 or 3 pulls are sufficient.)

WARNING: AFTER 4 PULLS, DELIVERY SHOULD BE IMMINENT. OTHERWISE, THE PROCEDURE SHOULD BE CAREFULLY RECONSIDERED or ABANDONED.

WARNING: DO NOT EXCEED TIME LIMITS:

1) 20 MINUTES TOTAL PROCEDURE DURATION, or

2) 10 ACCRUED MINUTES at MAXIMUM VACUUM PRESSURE, WHICHEVER OCCURS FIRST.

10. Draw the fetal head gently over the perineum. When the head is delivered, release the vacuum to zero, remove the cup and proceed with the delivery of the infant's shoulders and body as in a normal vaginal delivery procedure.

11. Following the procedure, notify the pediatrician that a vacuum assisted delivery was performed in order to monitor for complications that may not be apparent at birth.

12. Dispose of the cup, tubing and fluid trap. Inspect and clean the vacuum pump according to its Instructions for Use.

ECH 1728

3338

EXH 73 010

Cesarean Section Procedures:

The UTMD VADS has been proven extremely effective during cesarean sections for controlling and delivery of a "floating head". In addition, the length of the incision may be decreased, as in most cases the vacuum cup eliminates the need to place both hands within the uterus.

In Cesarean Section procedures, prepare the VADS, heed all Warnings listed previously, and dispose/clean per the above instructions.

ADDITIONAL SUGGESTIONS FOR CESAREAN SECTION

1. Position the fetal head beneath the proposed incision site. Once the incision is made, the uterus may be entered routinely.

2. After making the uterine incision and entering the uterus, carefully determine the position of the fetal head.

WARNING: APPLY CUP ONLY to the PIVOT POINT on the OCCIPUT of the FETAL HEAD, CENTERED OVER THE SAGITTAL SUTURE.

   A. If the fetal head is high and readily accessible beneath the uterine incision, place the cup over the fetal occiput.

   B. If the fetal head is low and inaccessible, place the gloved fingers under the head and flex upward, bringing the head closer to the uterine incision. Place the cup over the fetal occiput.

3. Rapidly raise vacuum to the upper portion of the green zone on the gauge (59 cmHg or 23 inHg) and deliver the fetal head through the incision.

WARNING: 59 cmHg IS THE MAXIMUM RECOMMENDED VACUUM PRESSURE.

4. After delivery of the fetal head, reduce vacuum to zero and remove cup.

5. Delivery of the shoulders and body is continued as in a normal cesarean delivery procedure.

ECH 1729

EXH 73 011

Additional Suggestions for Achieving Optimum Results:

Care should be taken when examining the patient to be sure cephalopelvic disproportion (CPD) does not exist and engaged fetal station is low or outlet. If these conditions are marginal, immediate preparation for cesarean section should be seriously considered.

Always follow the specific instructions that accompany the vacuum cup you are using. Do not exceed recommended pressures or time limits or reapply the cup more than 3 times if disengagement occurs.

When using traction always pull so that the angle of the vacuum cup stem remains straight or "on-axis" with the maternal pelvis. If the angle of the stem is not straight, uneven scalp pressure may be produced and the vacuum cup may disengage. The technique of applying tractive force on-axis with the arm straight and pulling "from the shoulder" usually eliminates this possibility. Do not manually rotate the cup. When used correctly, the UTMD vacuum cup encourages the fetal head to follow the path of least resistance. This is often sufficient to easily correct malposition of the fetal head.

You should reduce vacuum pressure into the yellow zone (5 inHg) on the hand pump gauge between contractions. Failure to do so may cause unnecessary trauma to the fetal scalp.

VAD with Electric Pumps or Wall Suction:

UTMD provides vacuum cups and tubing sets without a fluid trap when used in conjunction with an electric vacuum pump or controllable wall suction which has its own fluid collection jar. It may be necessary to use an adapter to connect the tubing to an electric pump or wall suction apparatus. Control of the electric pump or wall suction vacuum within the guidelines provided in this booklet is essential.

Many hospitals still use a UTMD vacuum cup with fluid trap in conjunction with their electric vacuum pump, thus eliminating the need to clean the reusable glass fluid collection jar. If blood or other contaminated matter enters the electric pump fluid collection vessel, sterilization of the contaminated part of the system must be undertaken in conjunction with the policies and procedures of the hospital, and the recommendations of the electric vacuum pump manufacturer.



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P/N 58001 Rev. 052102

ECH 1730

3340

EXH 73 012

ACOG

Committee on Obstetric Practice

Committee Opinion

Number 208, September 1998

Delivery by Vacuum Extraction

The Committee on Obstetric Practice is aware of the recent Food and Drug Administration (FDA) Public Health Advisory on the "Need for Caution When Using Vacuum-Assisted Delivery Devices." Although the Committee on Obstetric Practice supports the FDA's role in informing physicians and the public of potential risks of therapeutic devices, the Committee also has concerns regarding the implications of the recent FDA advisory on vacuum-assisted delivery devices. Specifically:

- The FDA bases its concern on reports of 12 deaths and 9 serious injuries, occurring over 4 years, among newborns on whom vacuum-assisted delivery devices were used (ie, 5 events per 228,354 vacuum deliveries per year, or 1/45,455 vacuum extractions per year). Clearly, this is an extraordinarily low risk of adverse event, even in the face of possible underreporting.
- Given the decline in forceps use in the United States over the past 10 years, any decrease in the use of vacuum-assisted delivery devices resulting from the FDA advisory is likely to result in a higher cesarean delivery rate or the increased use of forceps in some cases by practitioners who have inadequate training in their use.

The Committee on Obstetric Practice believes that, as with any other obstetric procedure, obstetric care clinicians using vacuum-assisted delivery devices to effect operative vaginal deliveries should be appropriately trained and familiar with the indications and contraindications for the use of the device, as well as with its proper application and traction procedure. The Committee on Obstetric Practice strongly recommends the continued use of vacuum-assisted delivery devices in appropriate clinical settings.

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Requests for authorization to make photocopies should be directed to:

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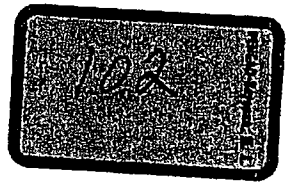
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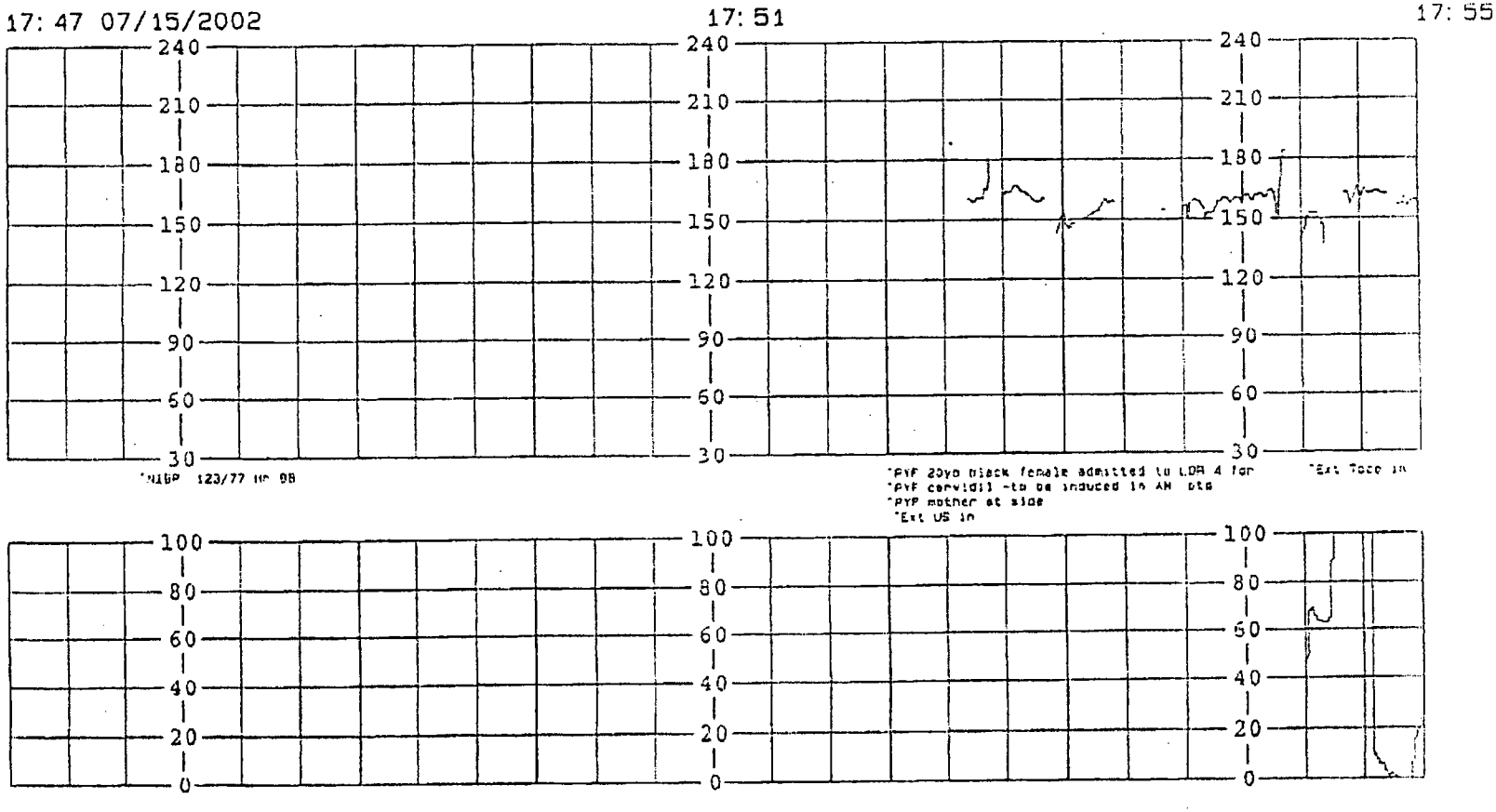
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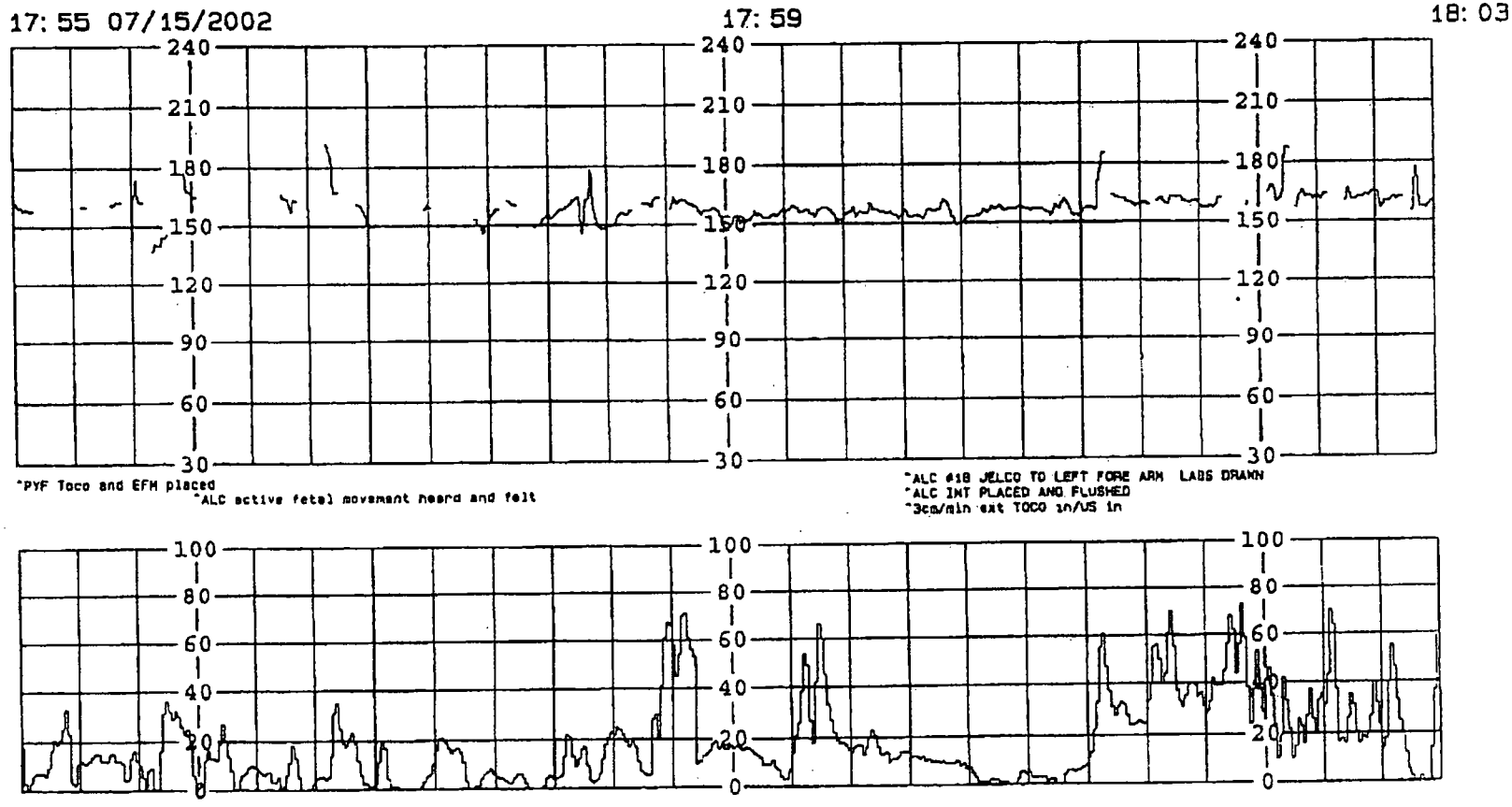


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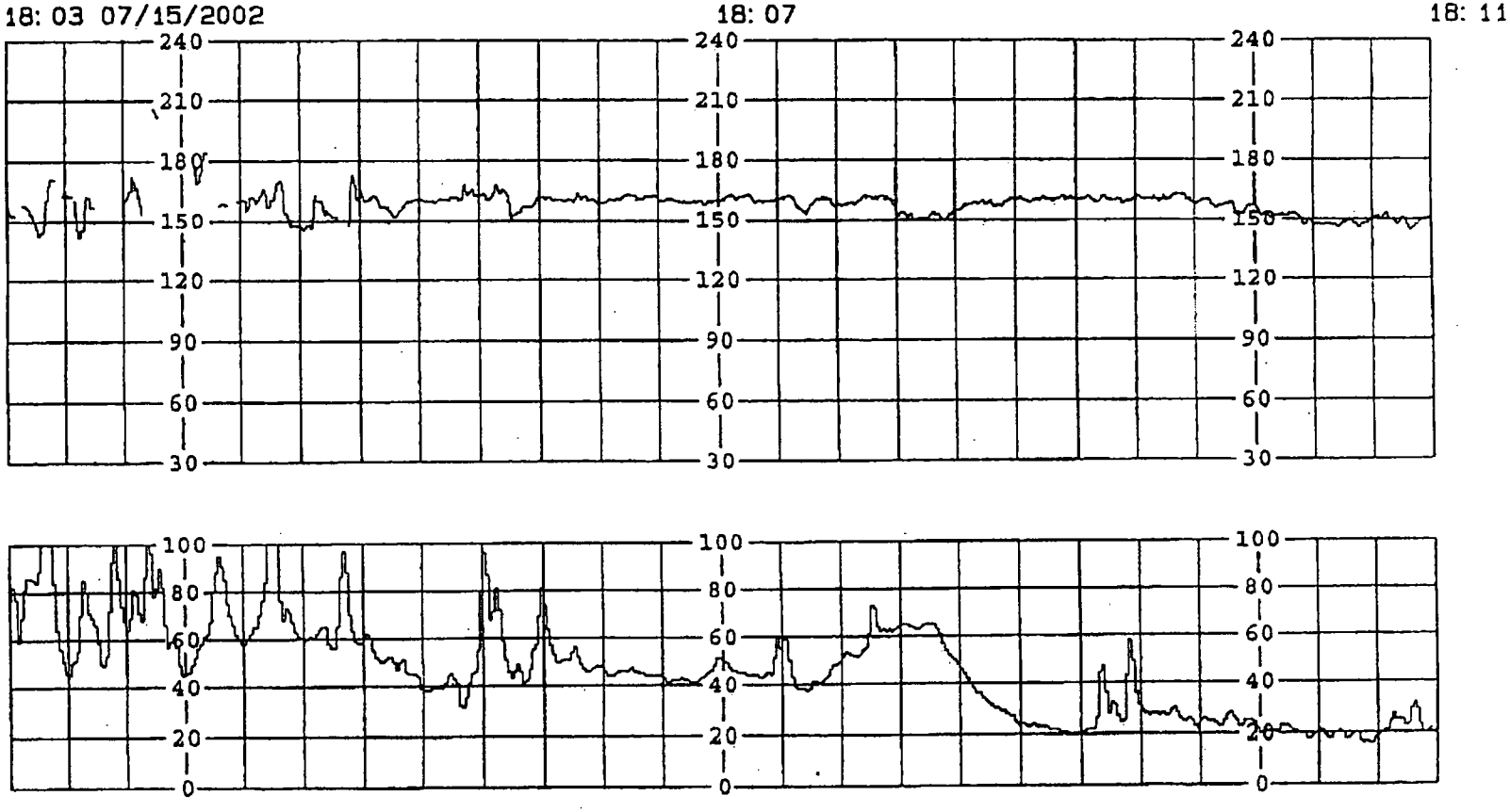
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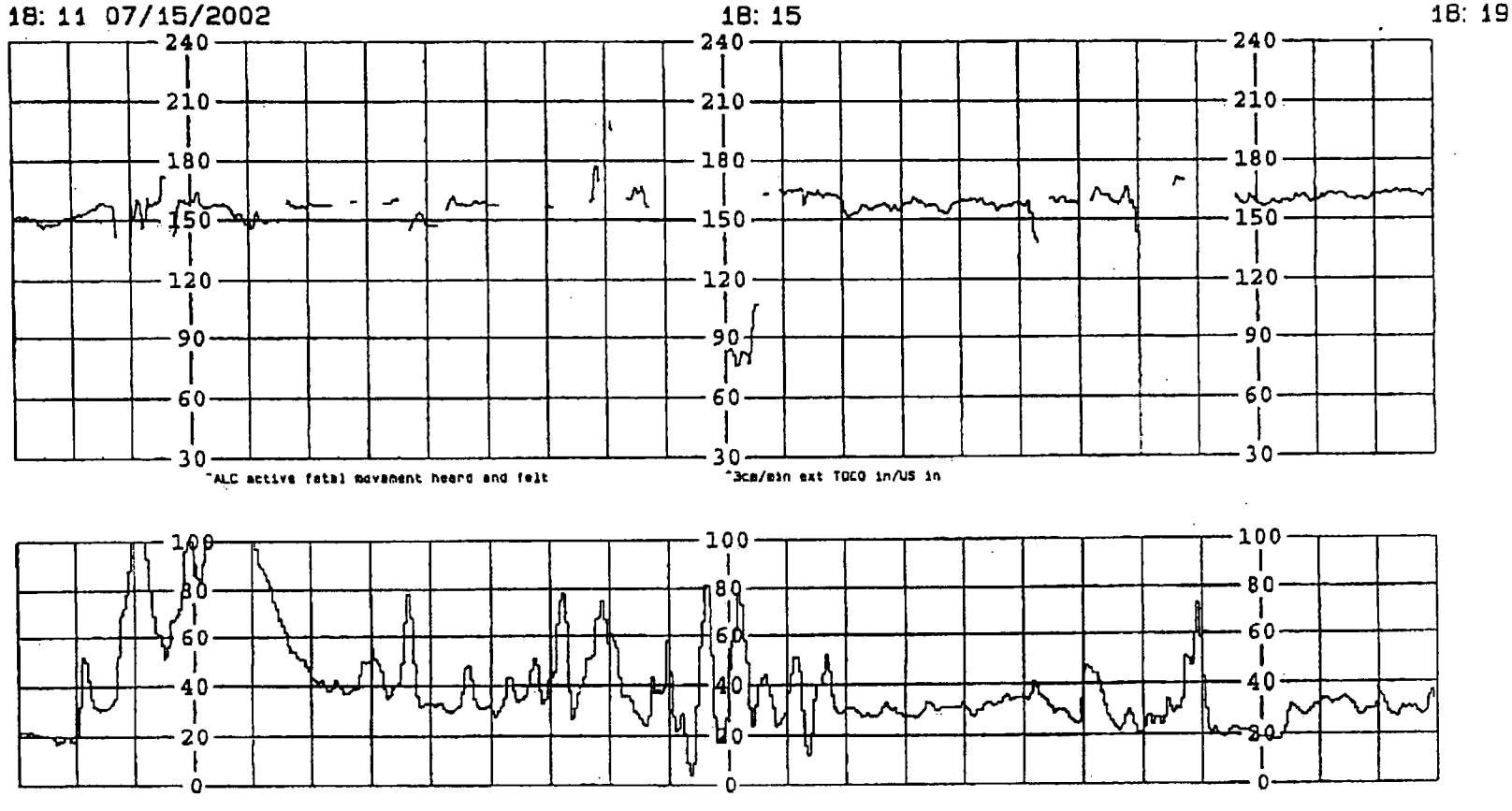


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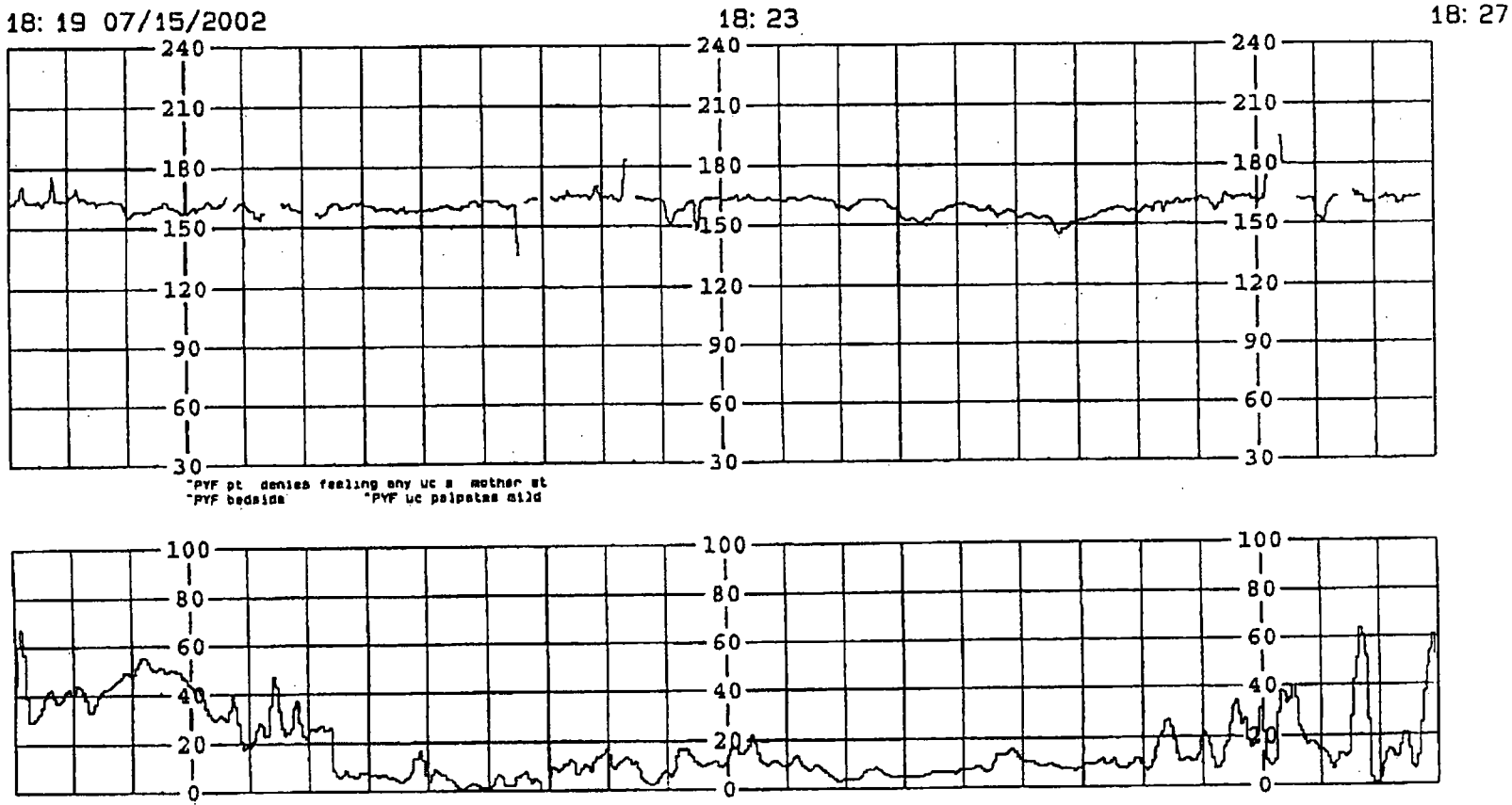
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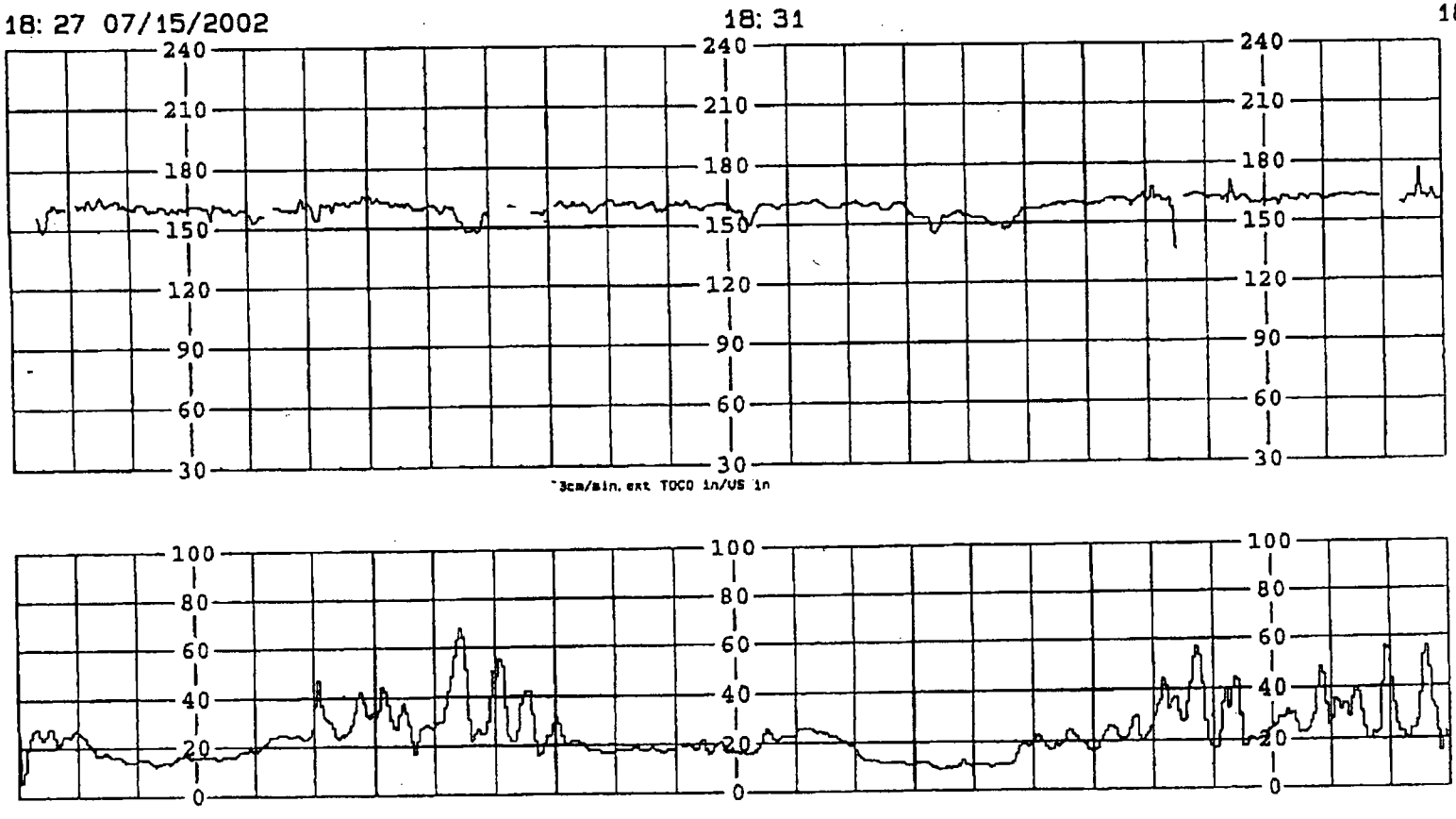
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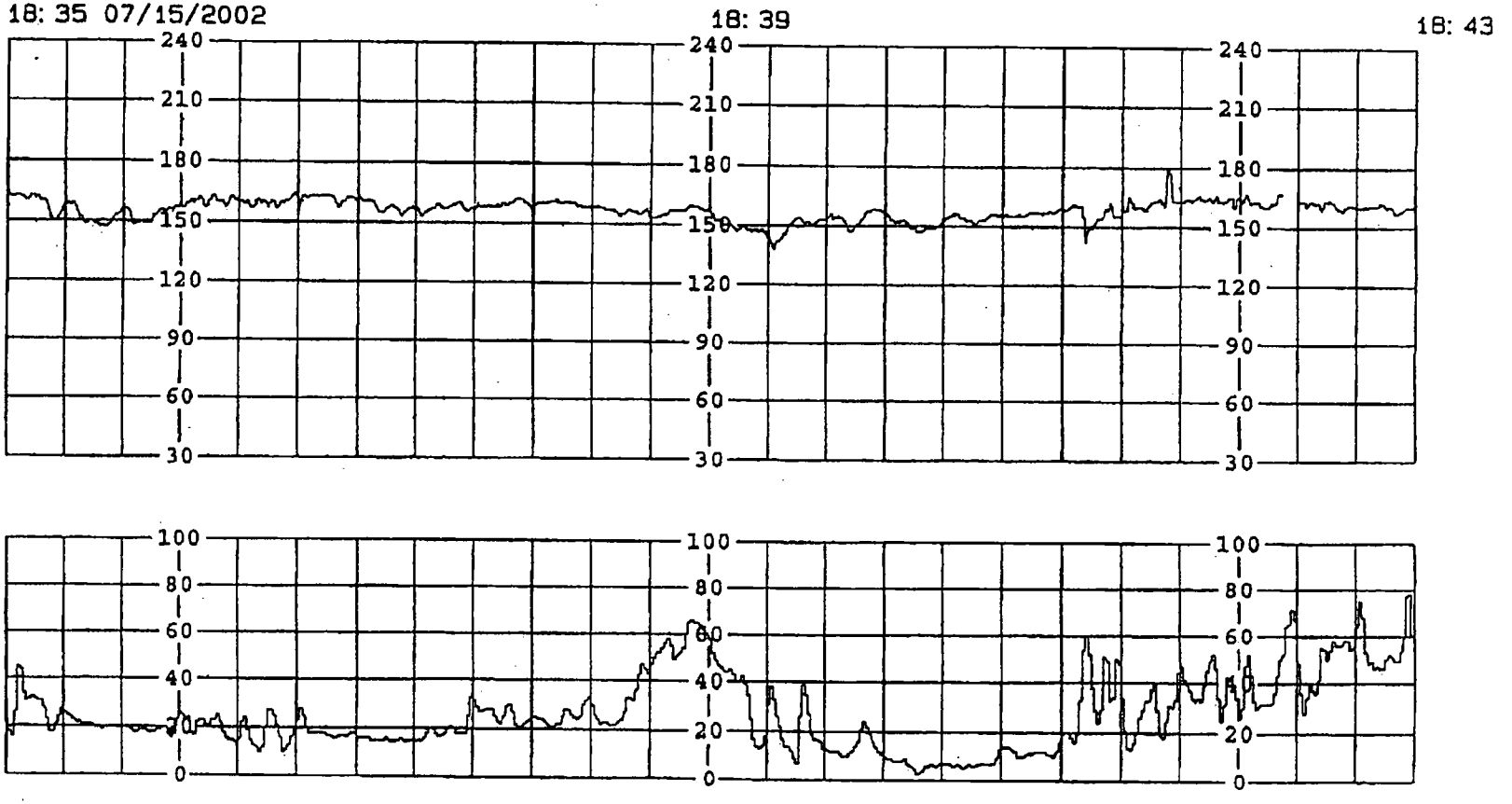
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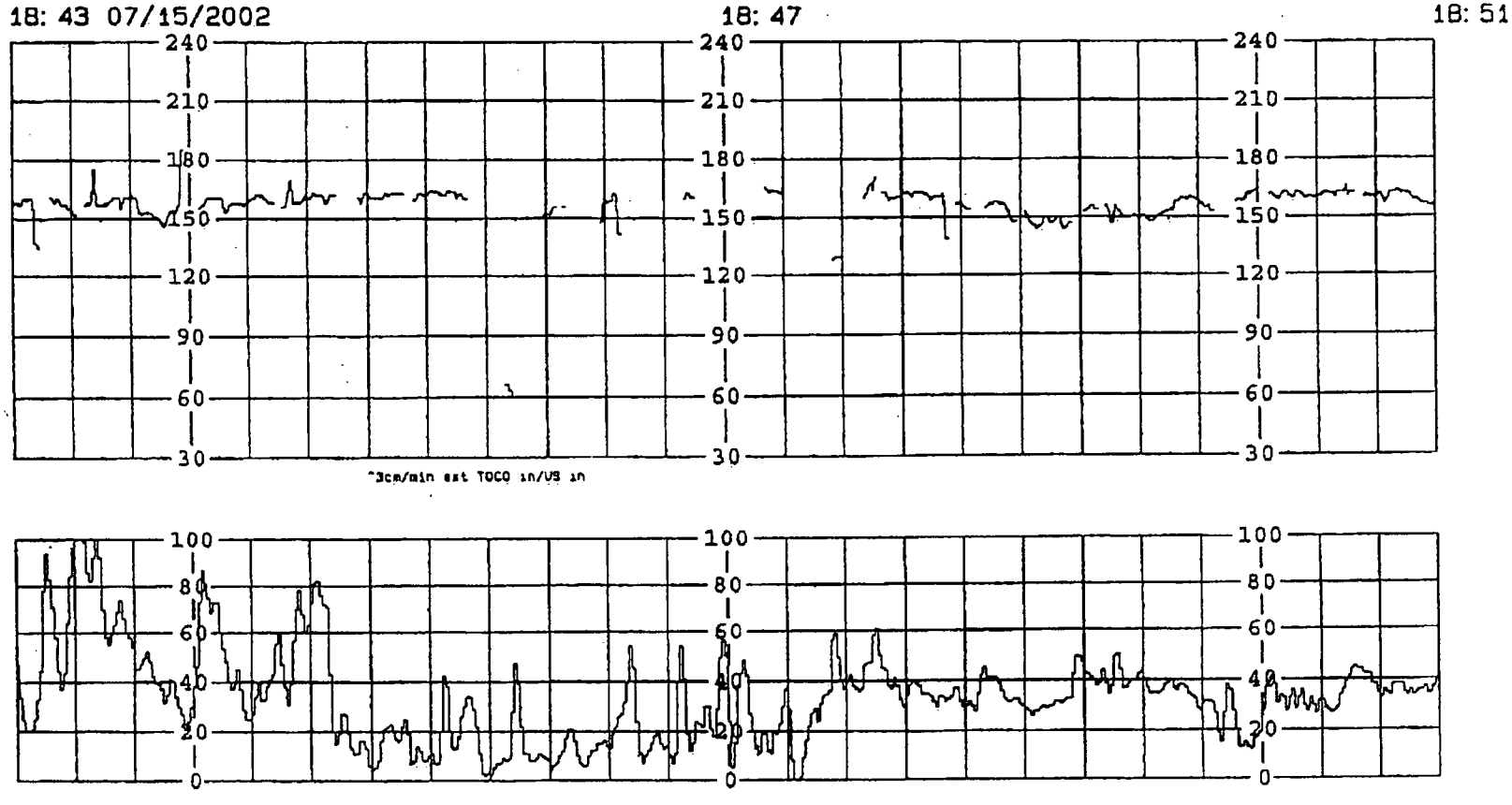
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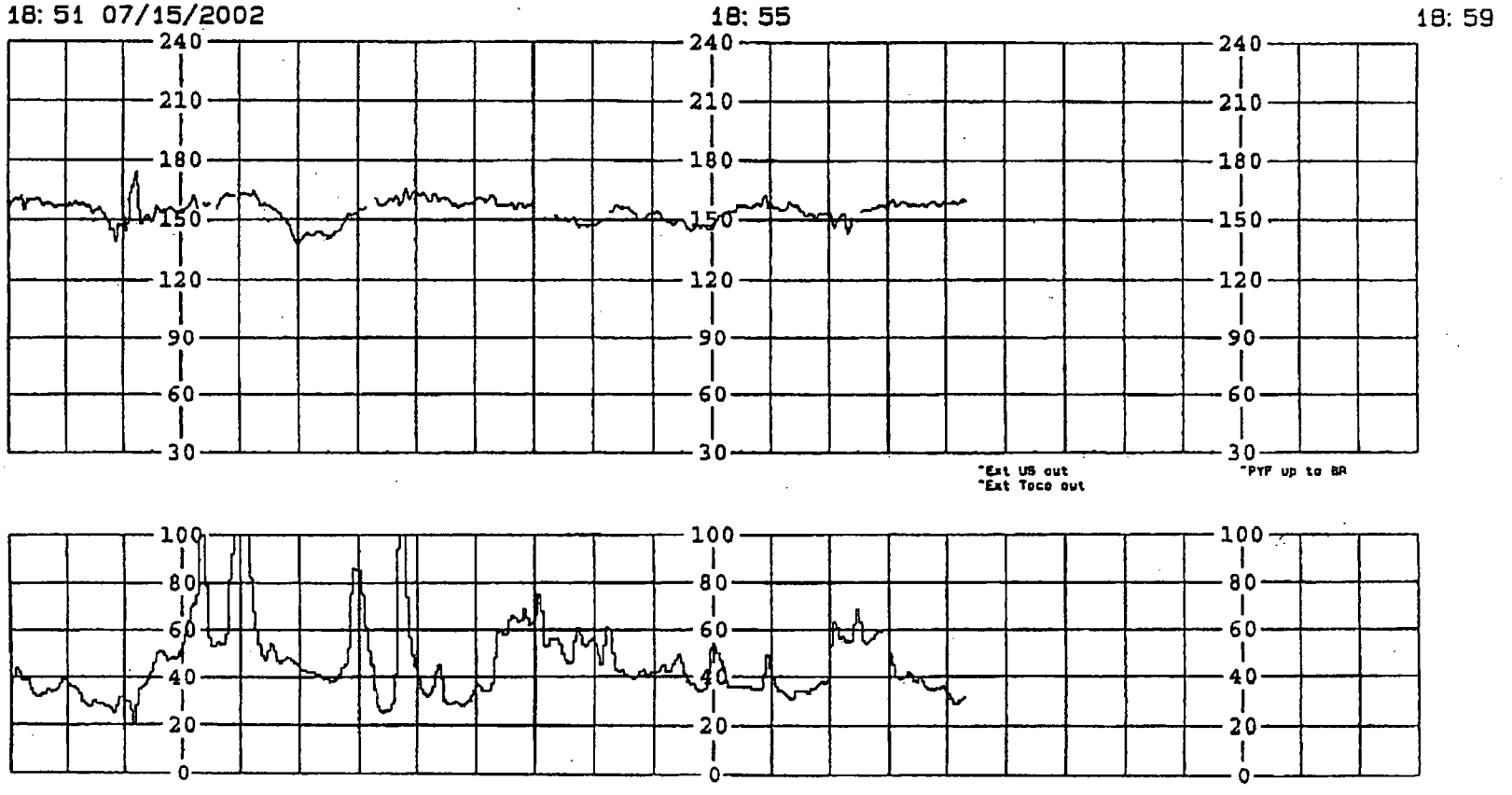
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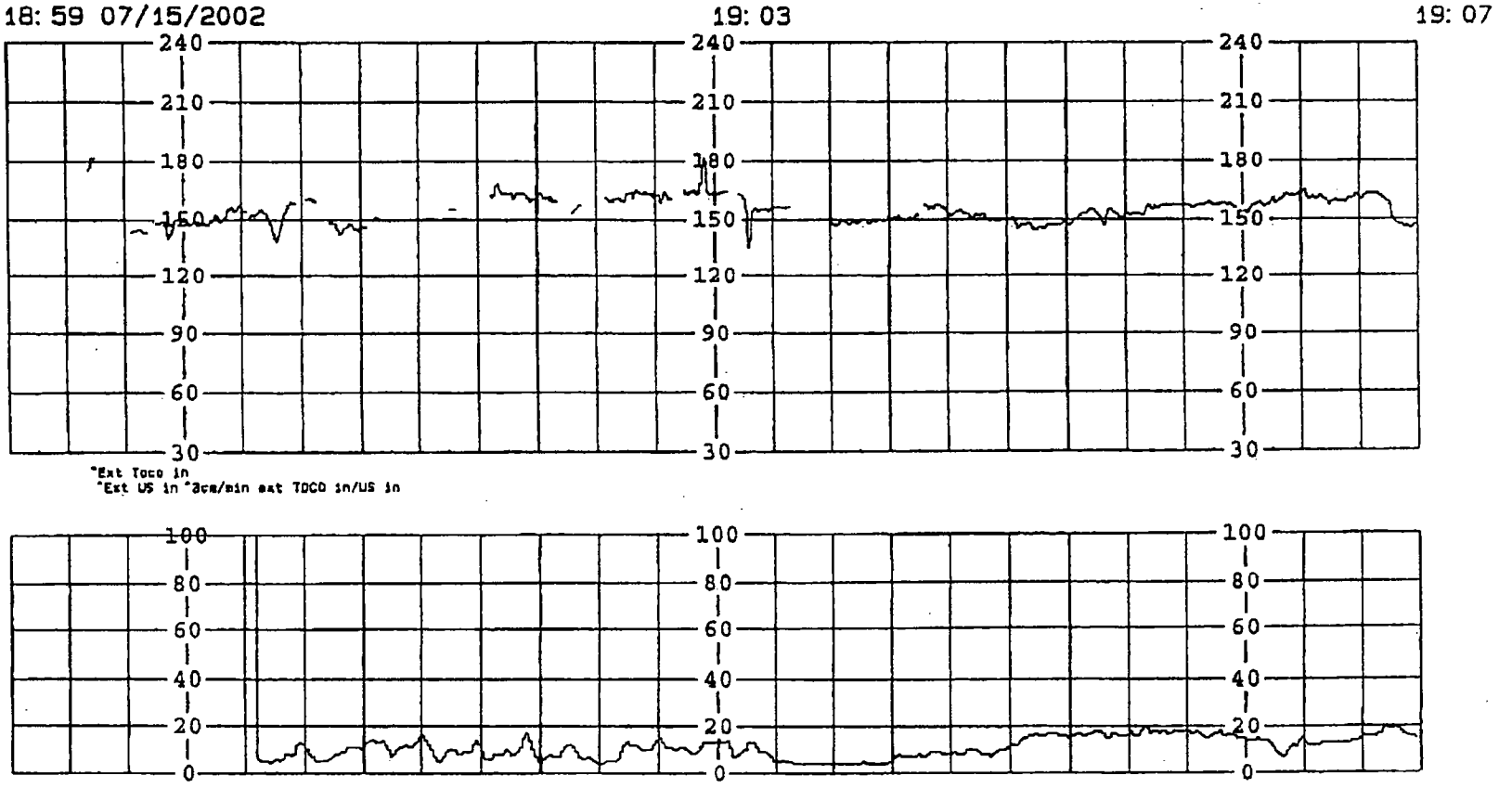
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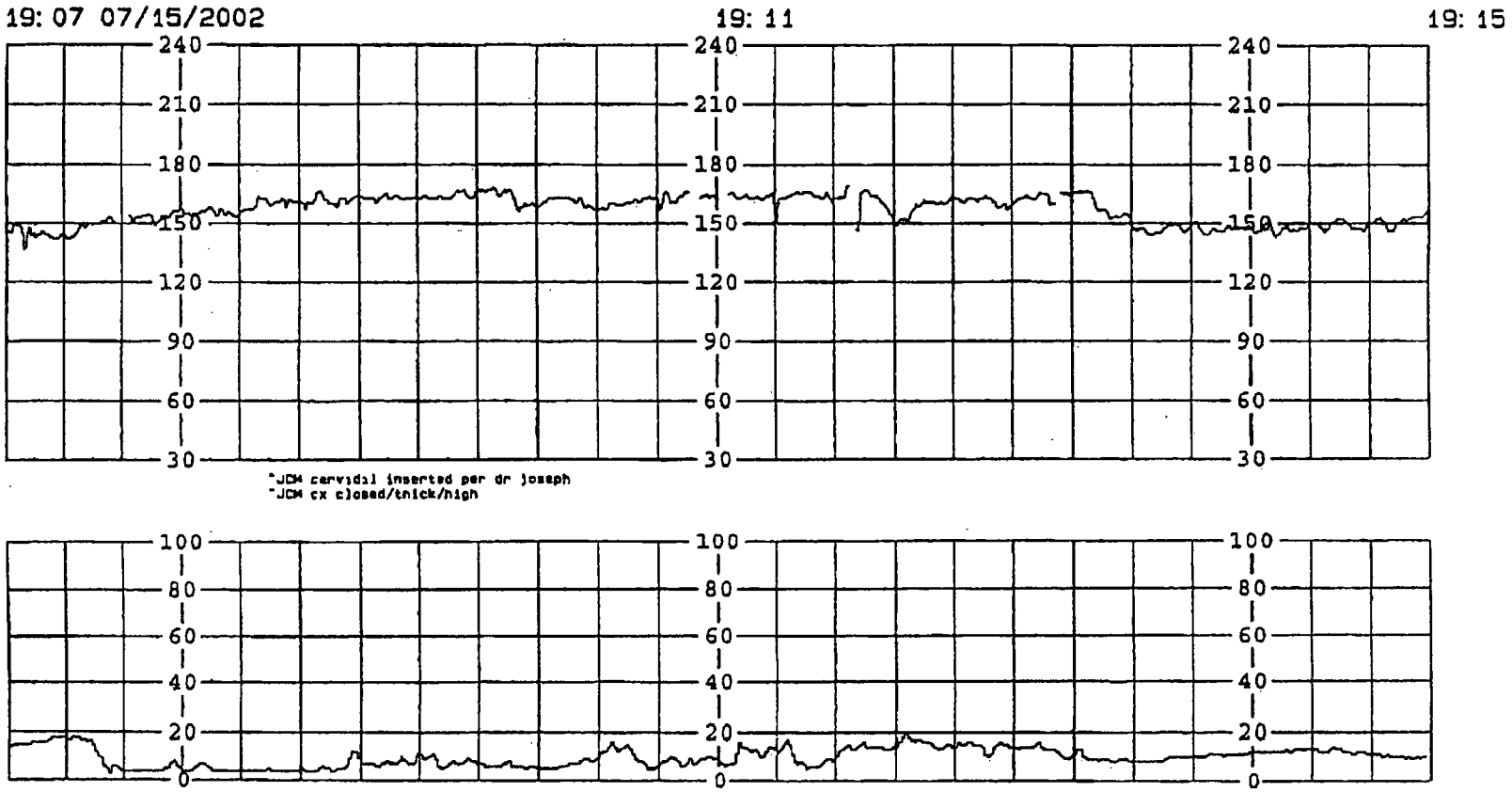
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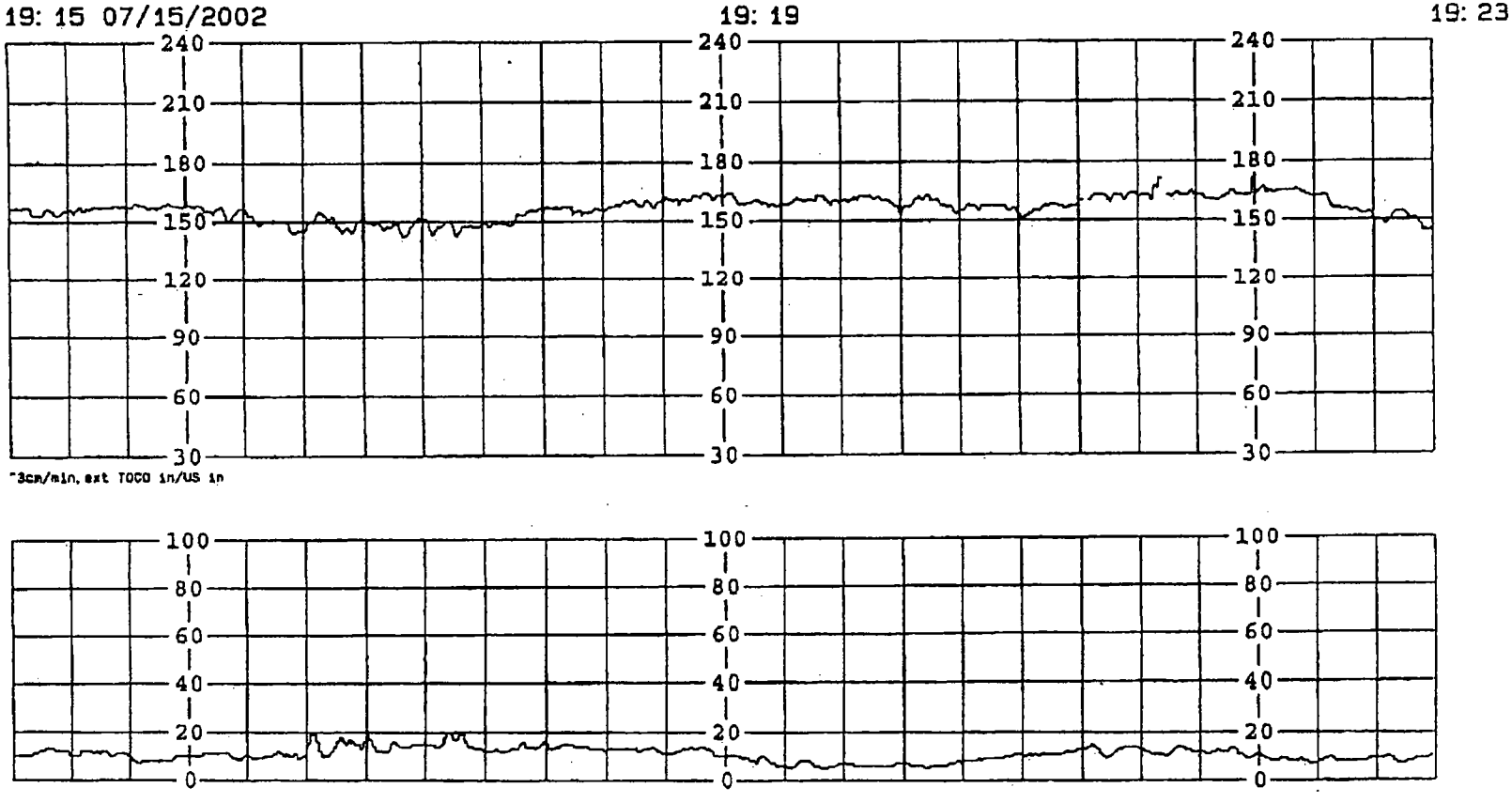


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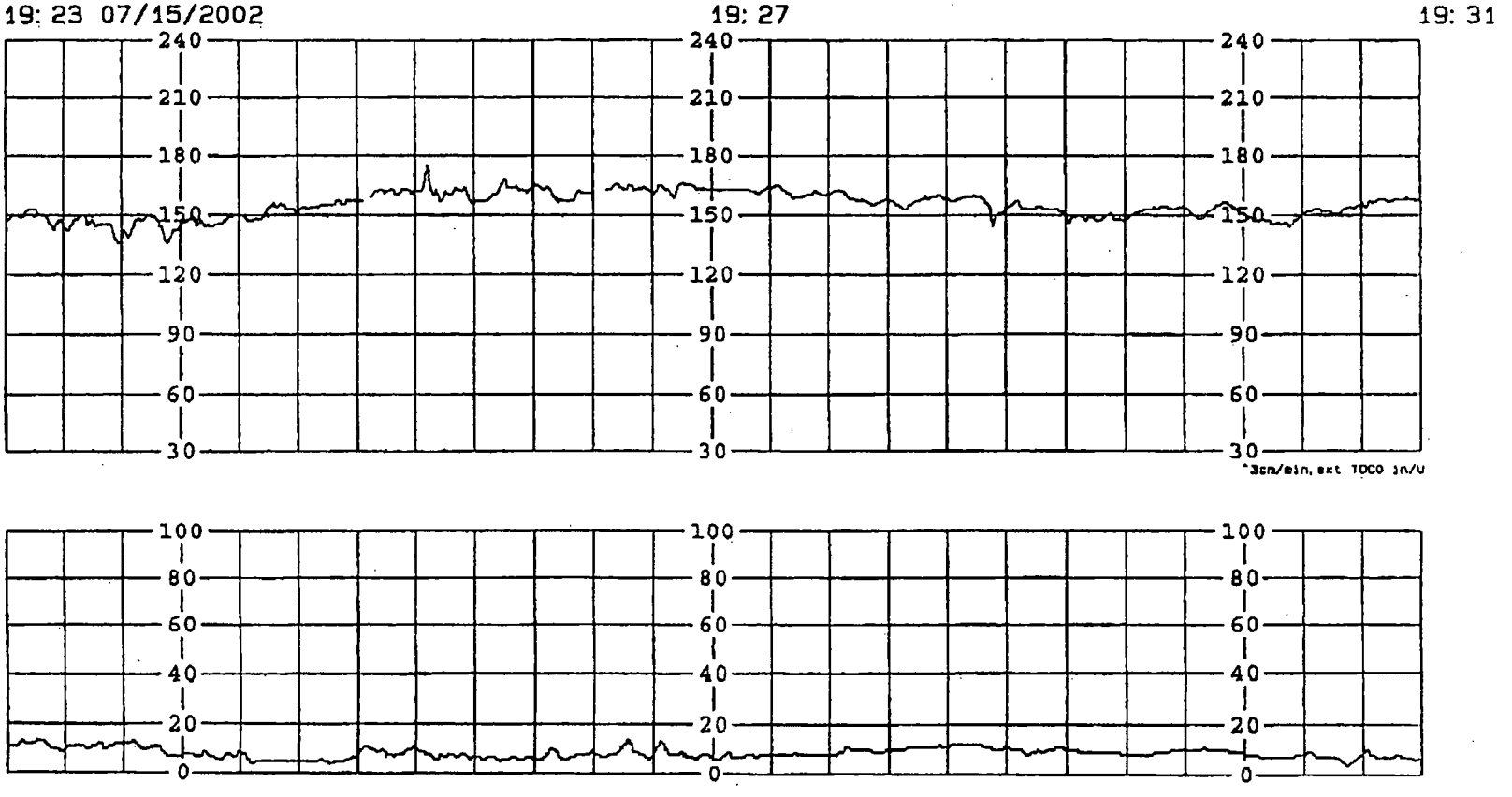
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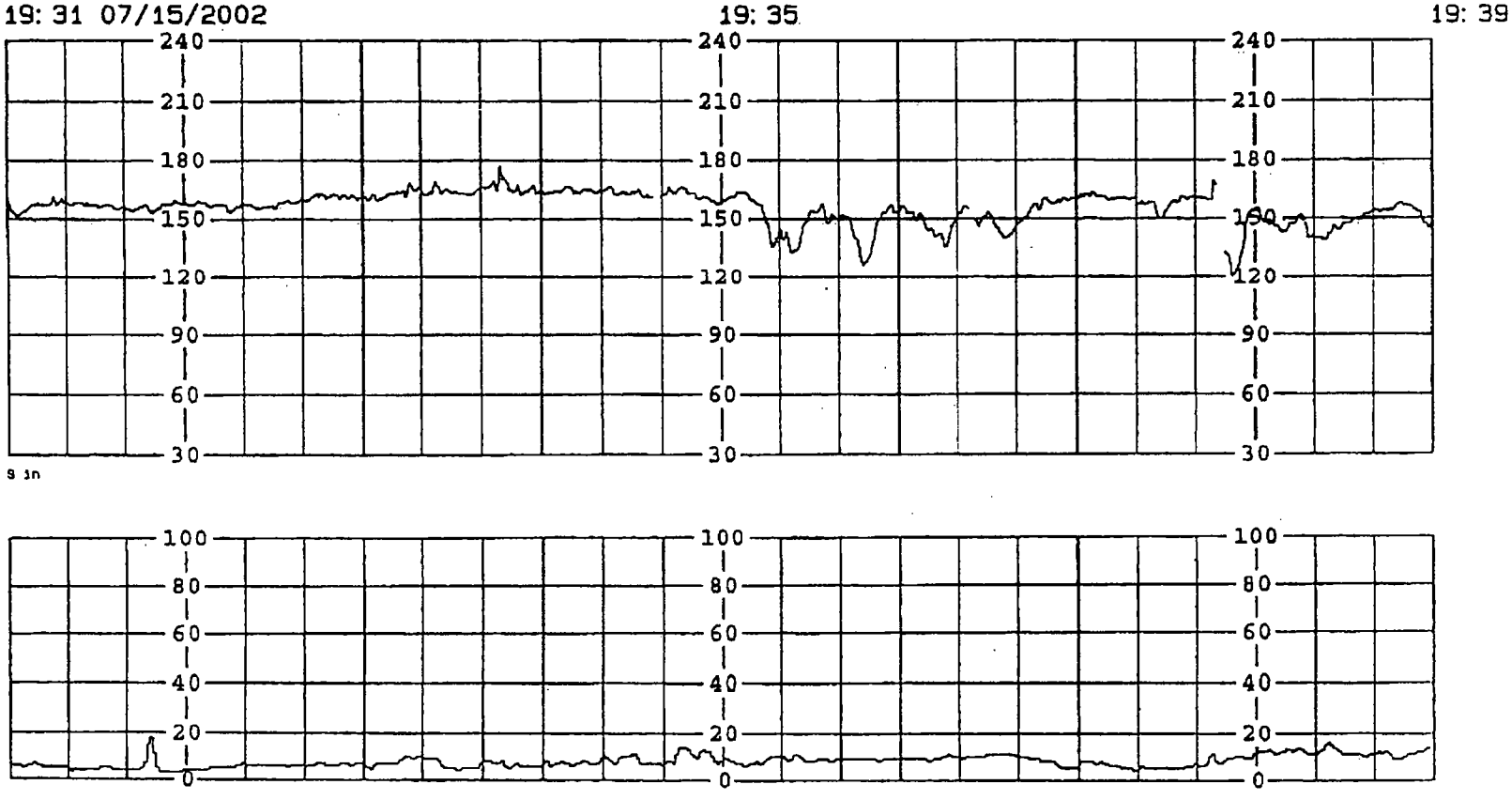


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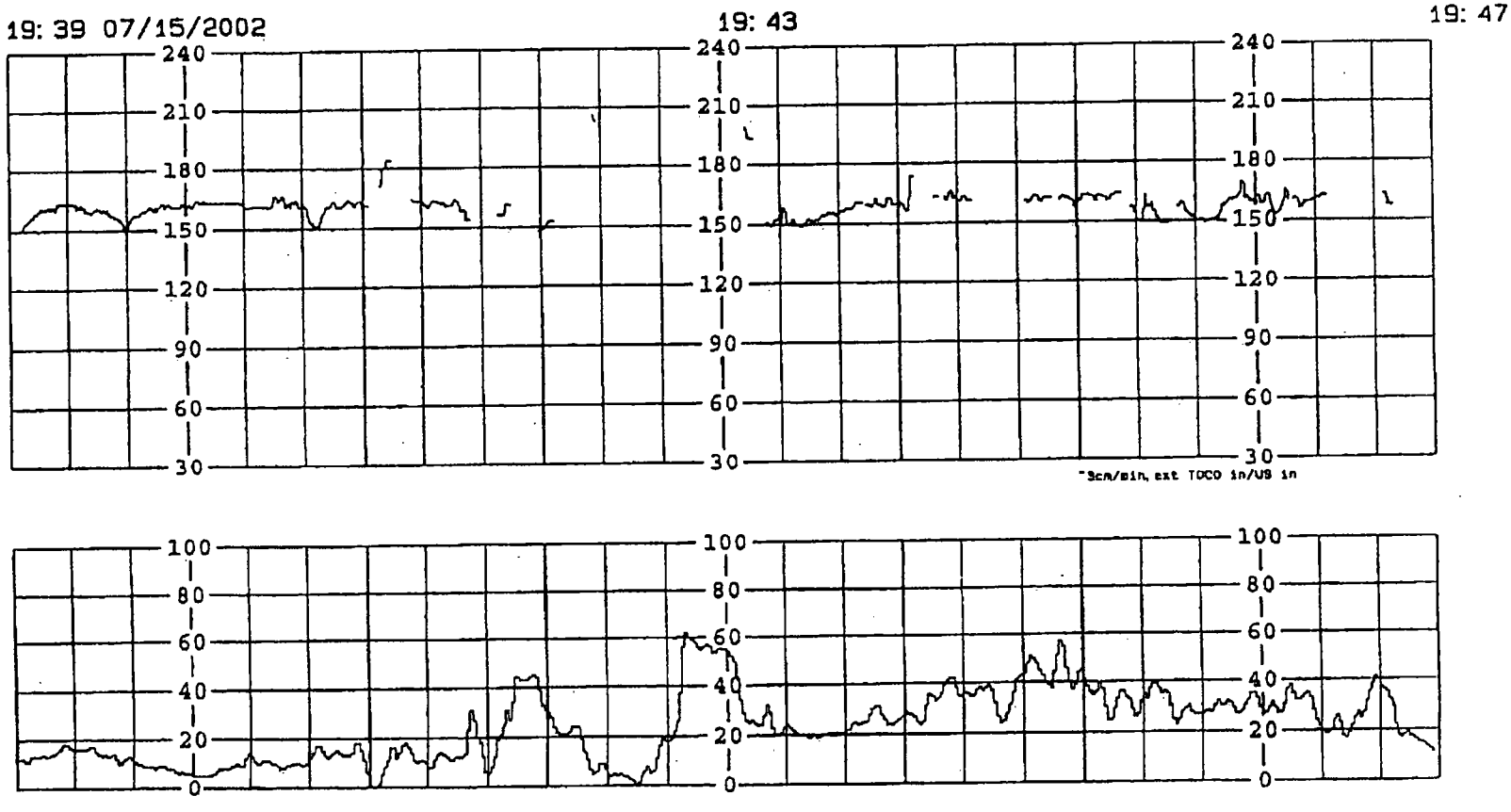
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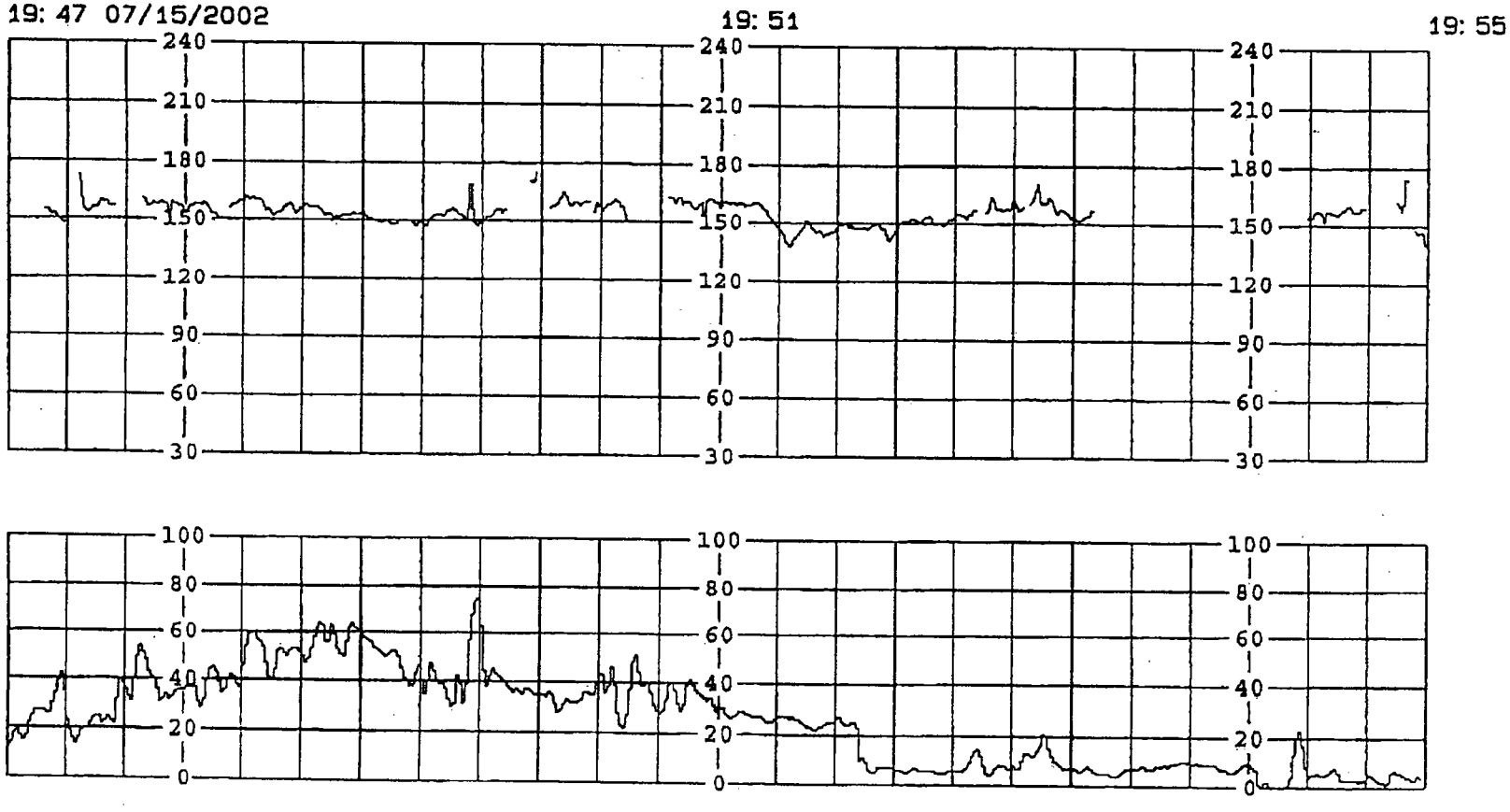


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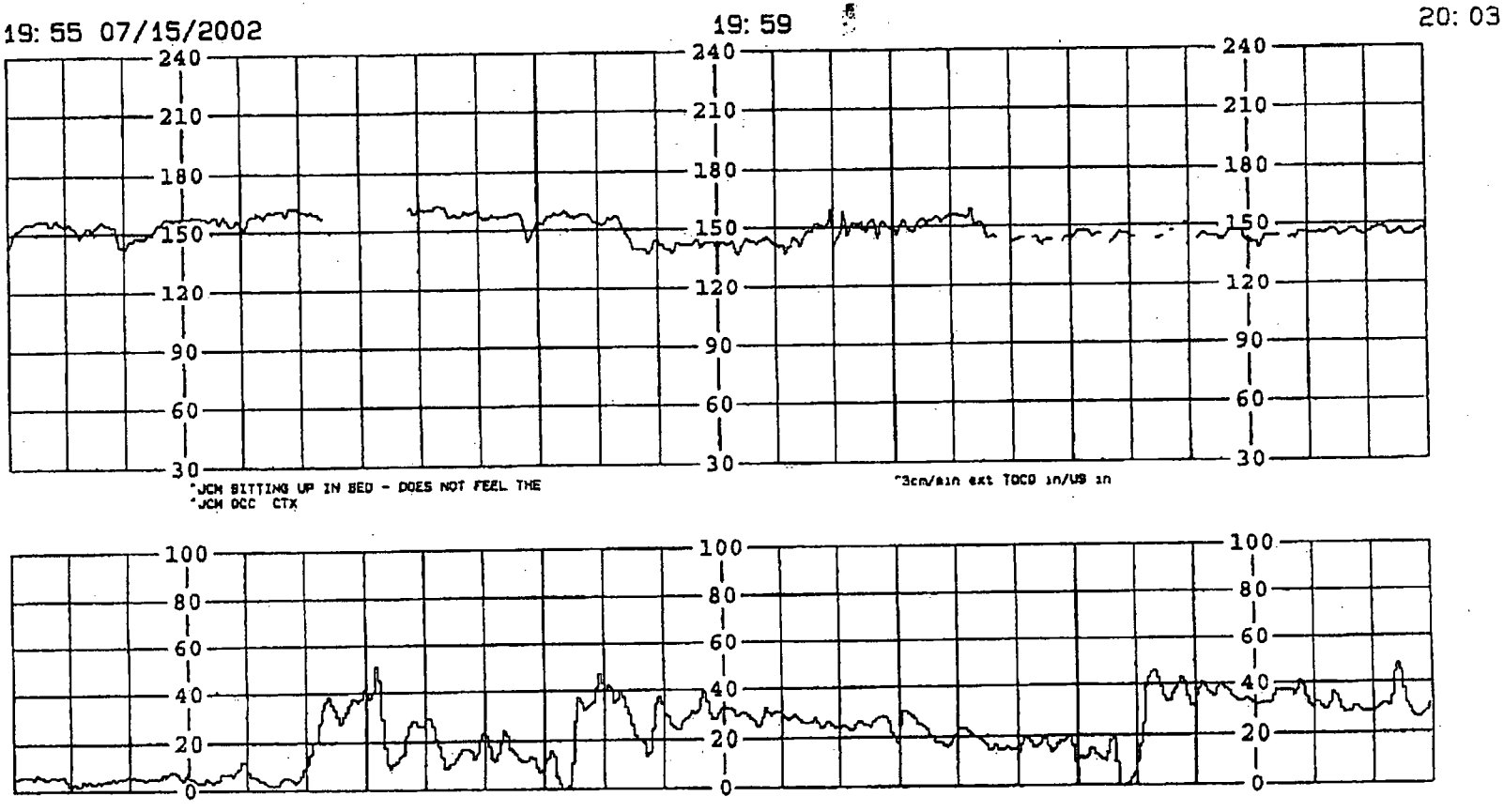


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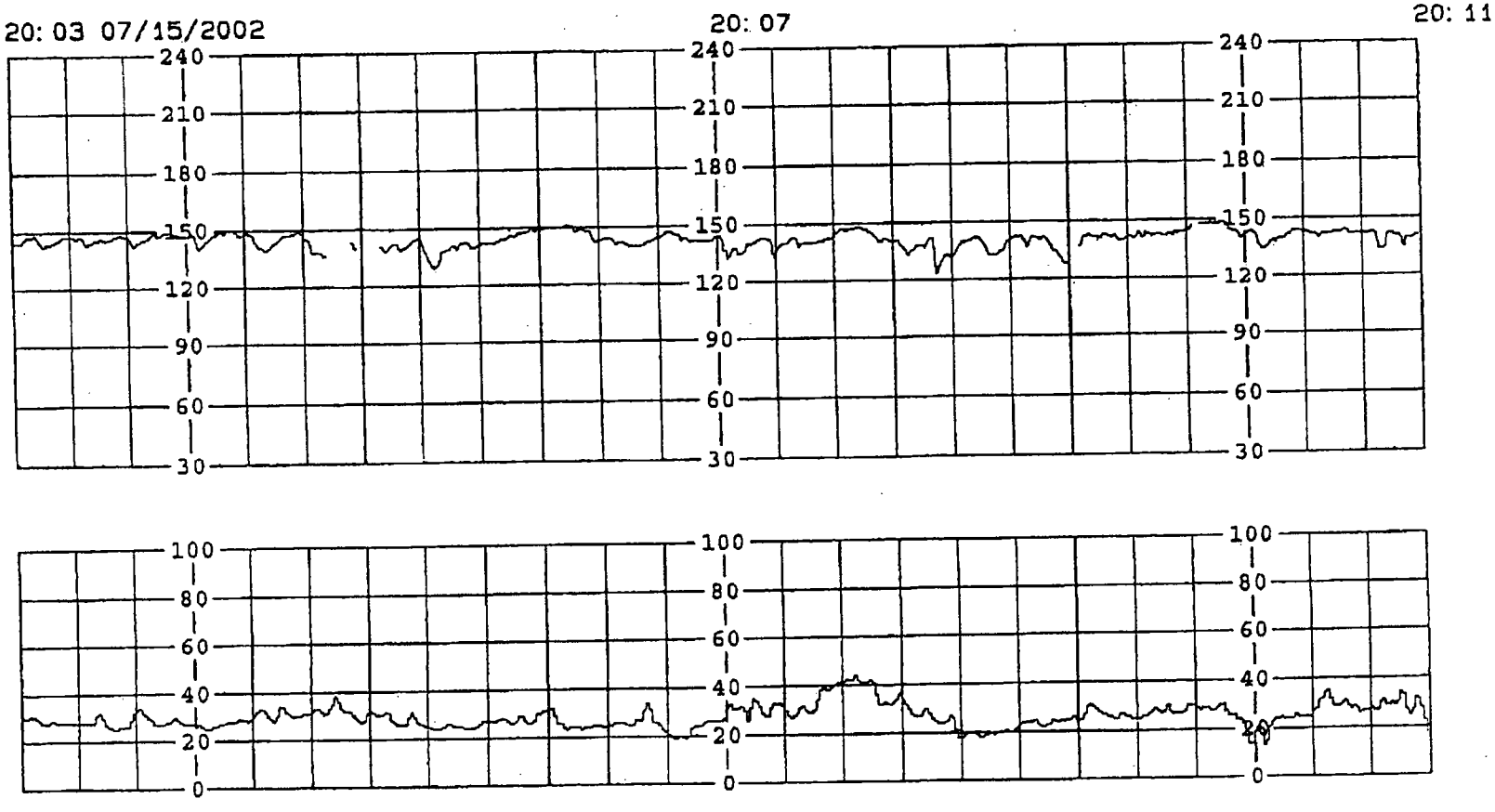


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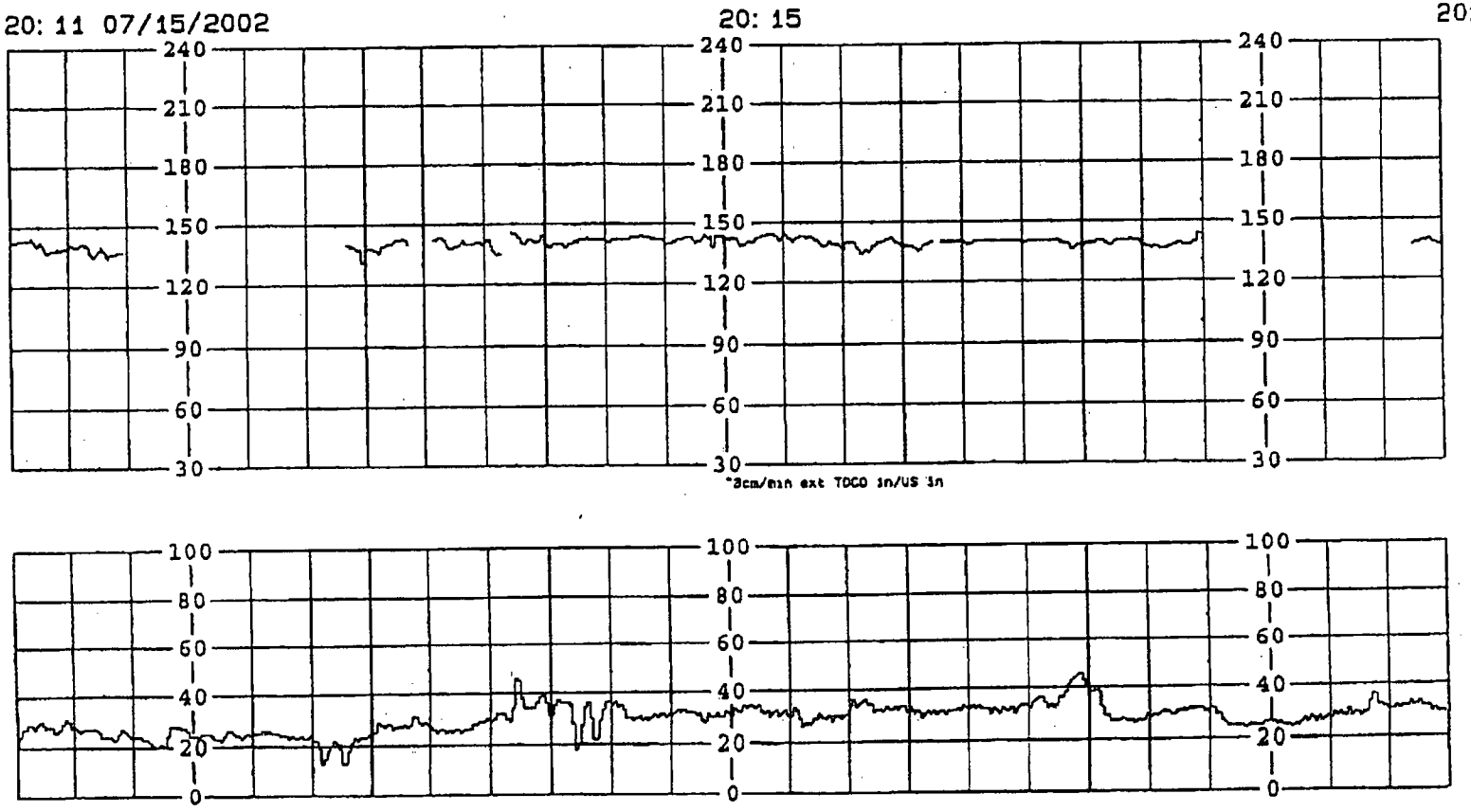
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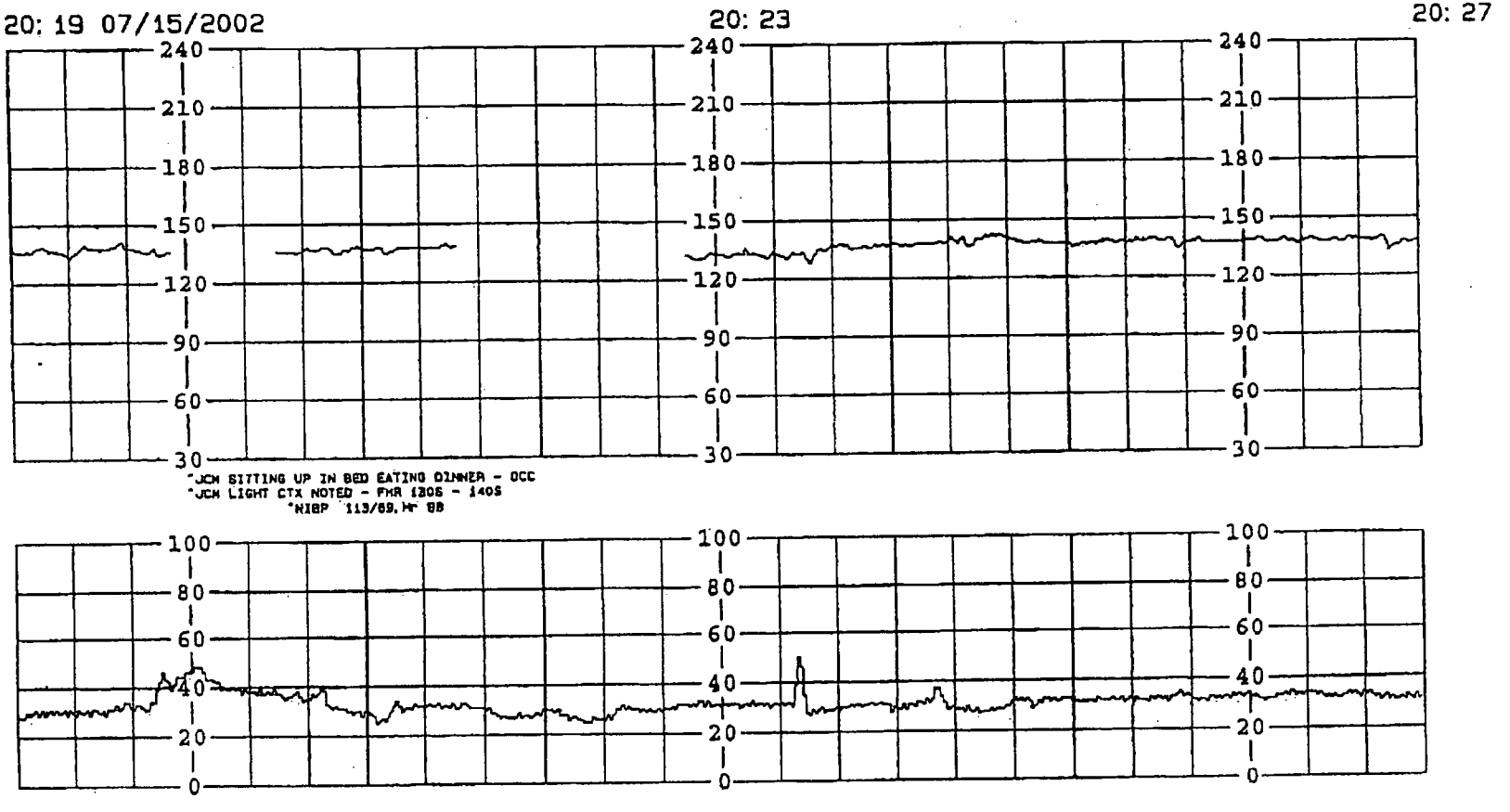
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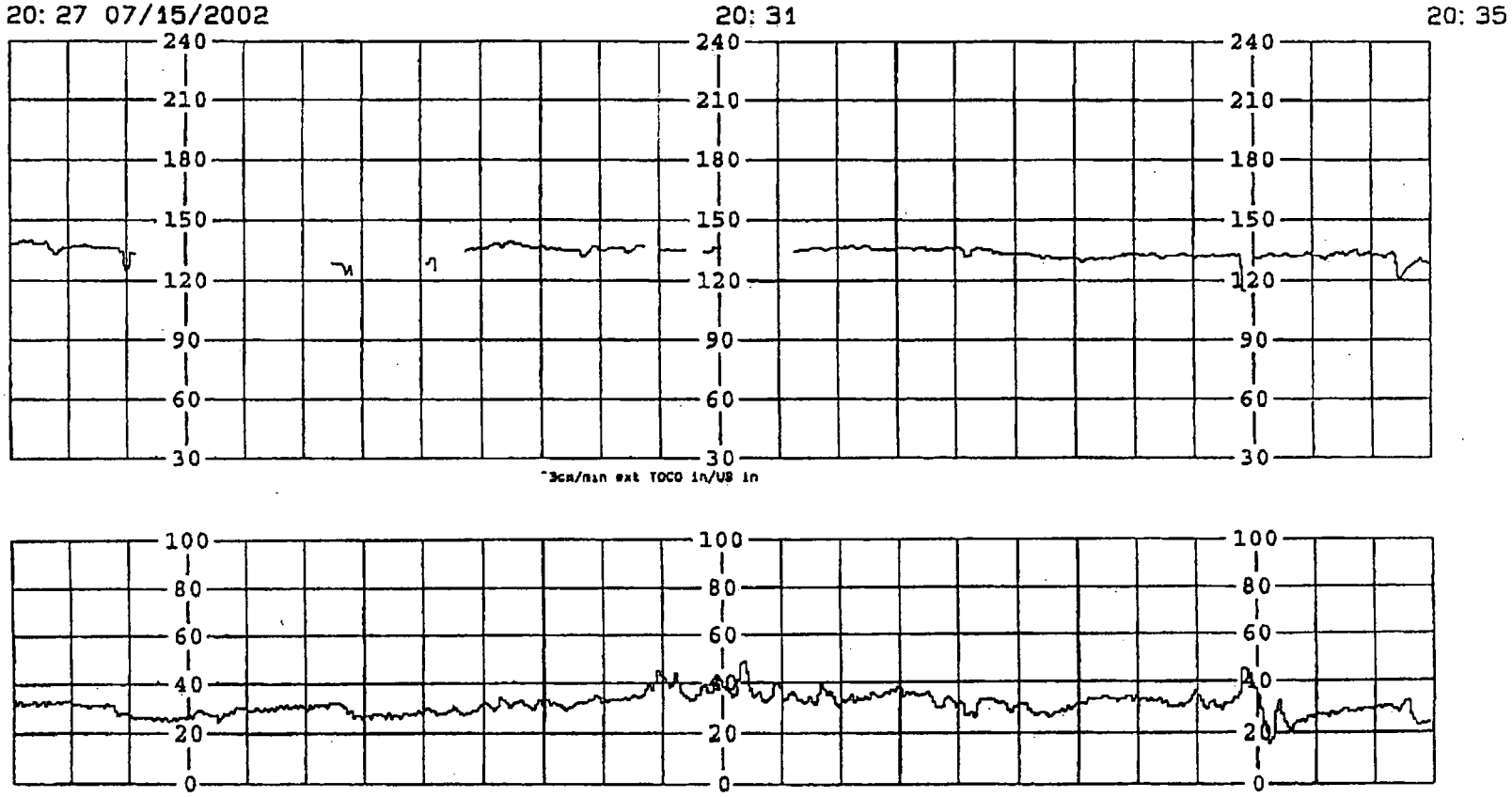
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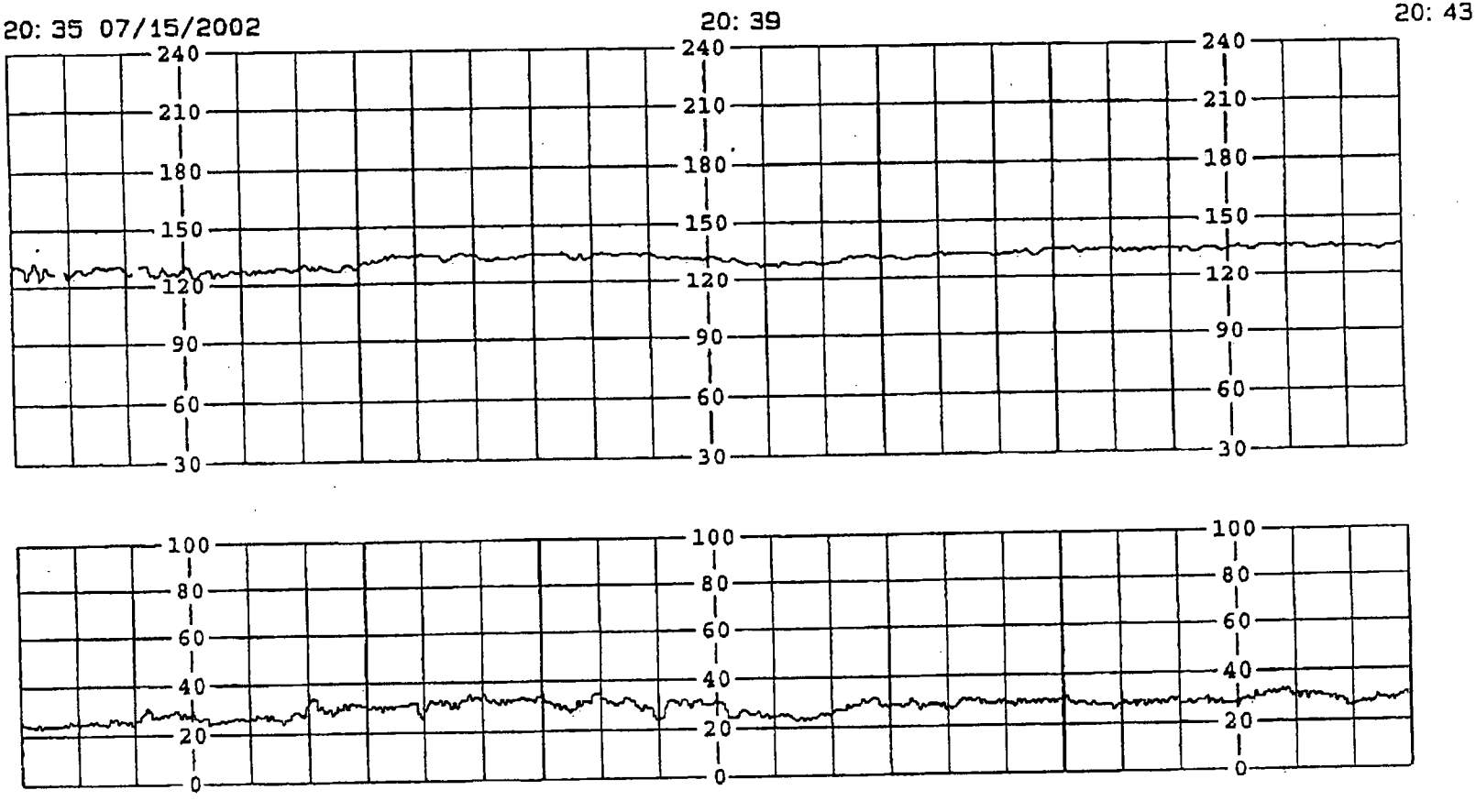
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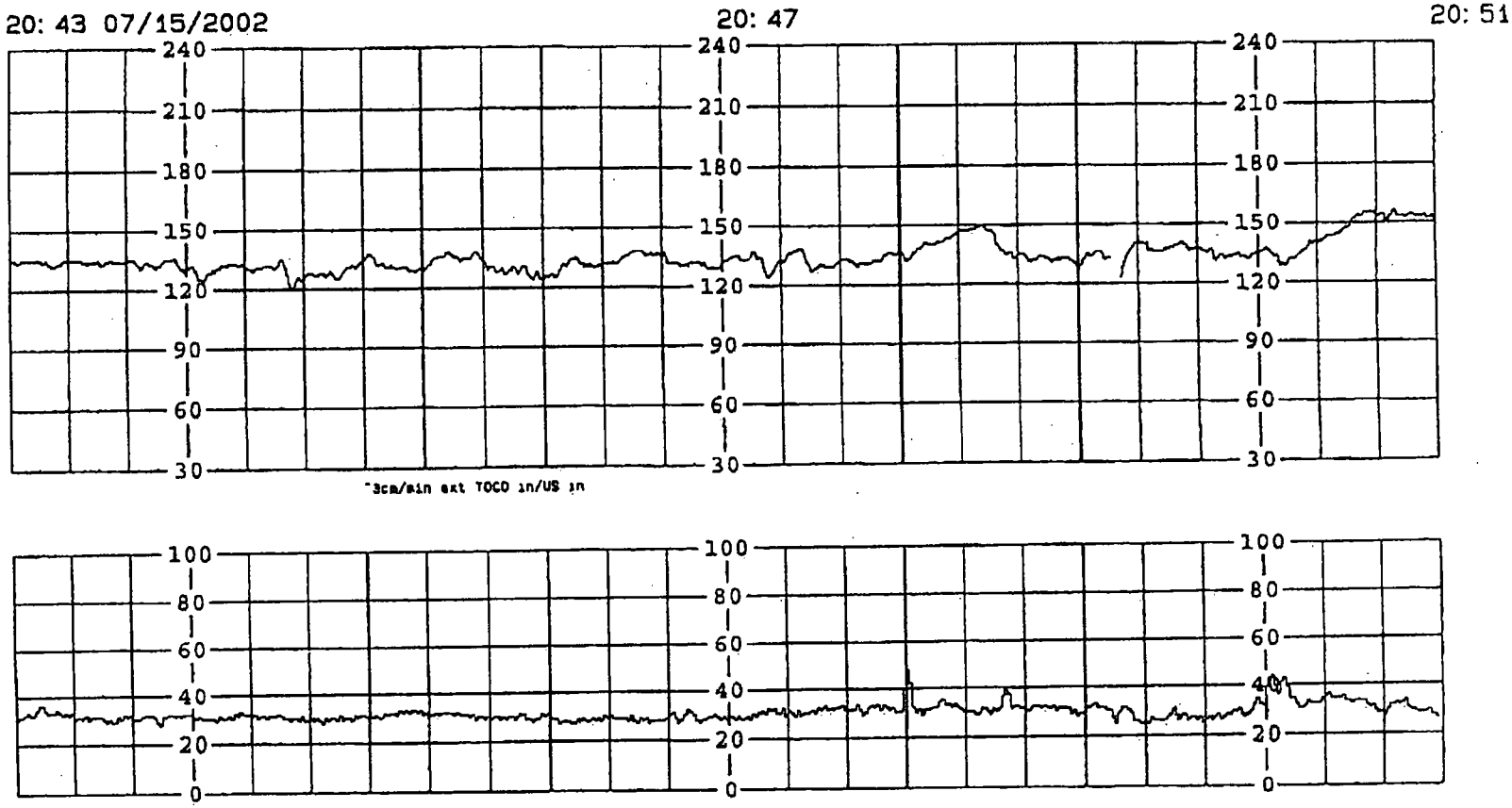
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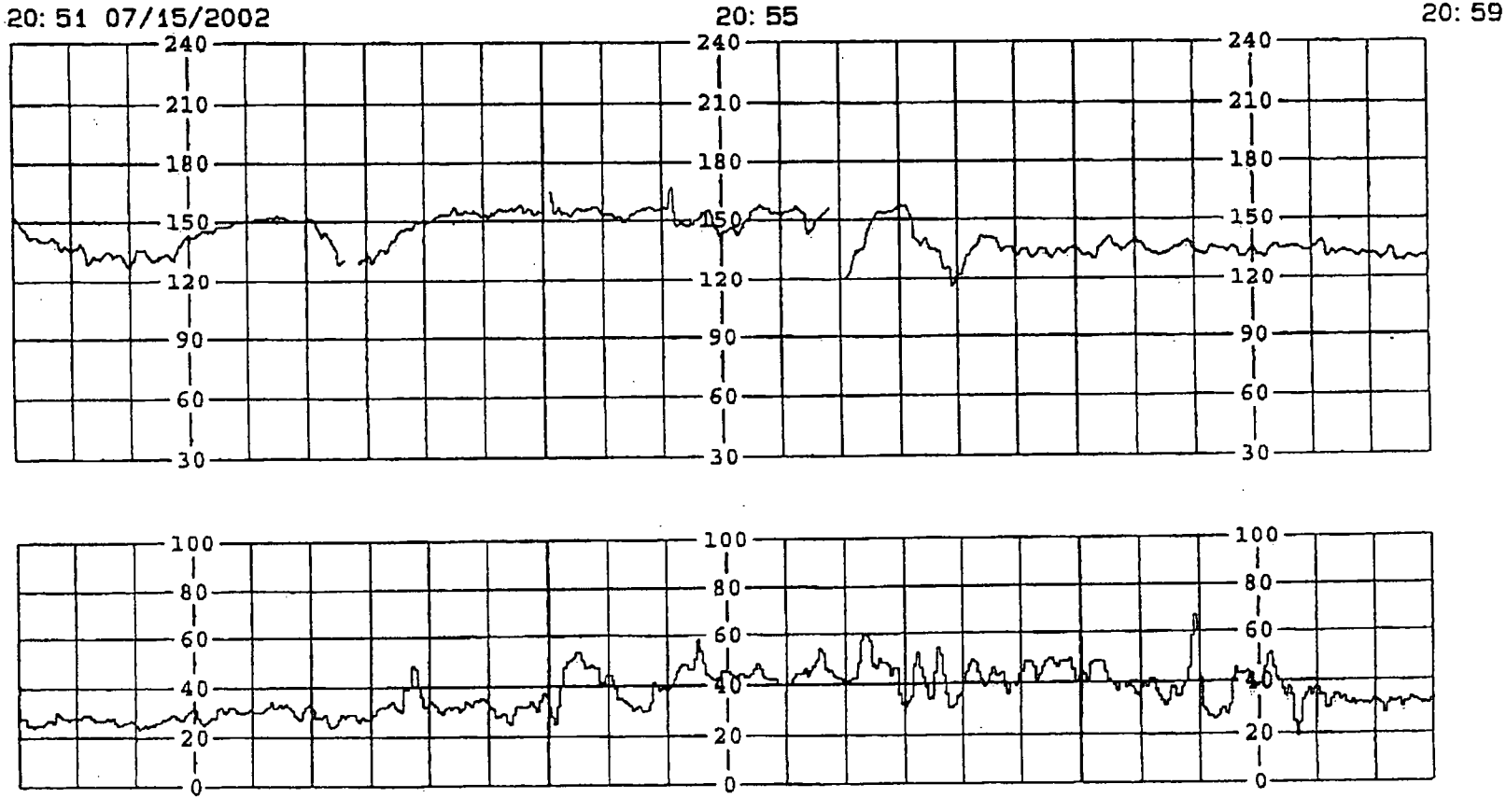


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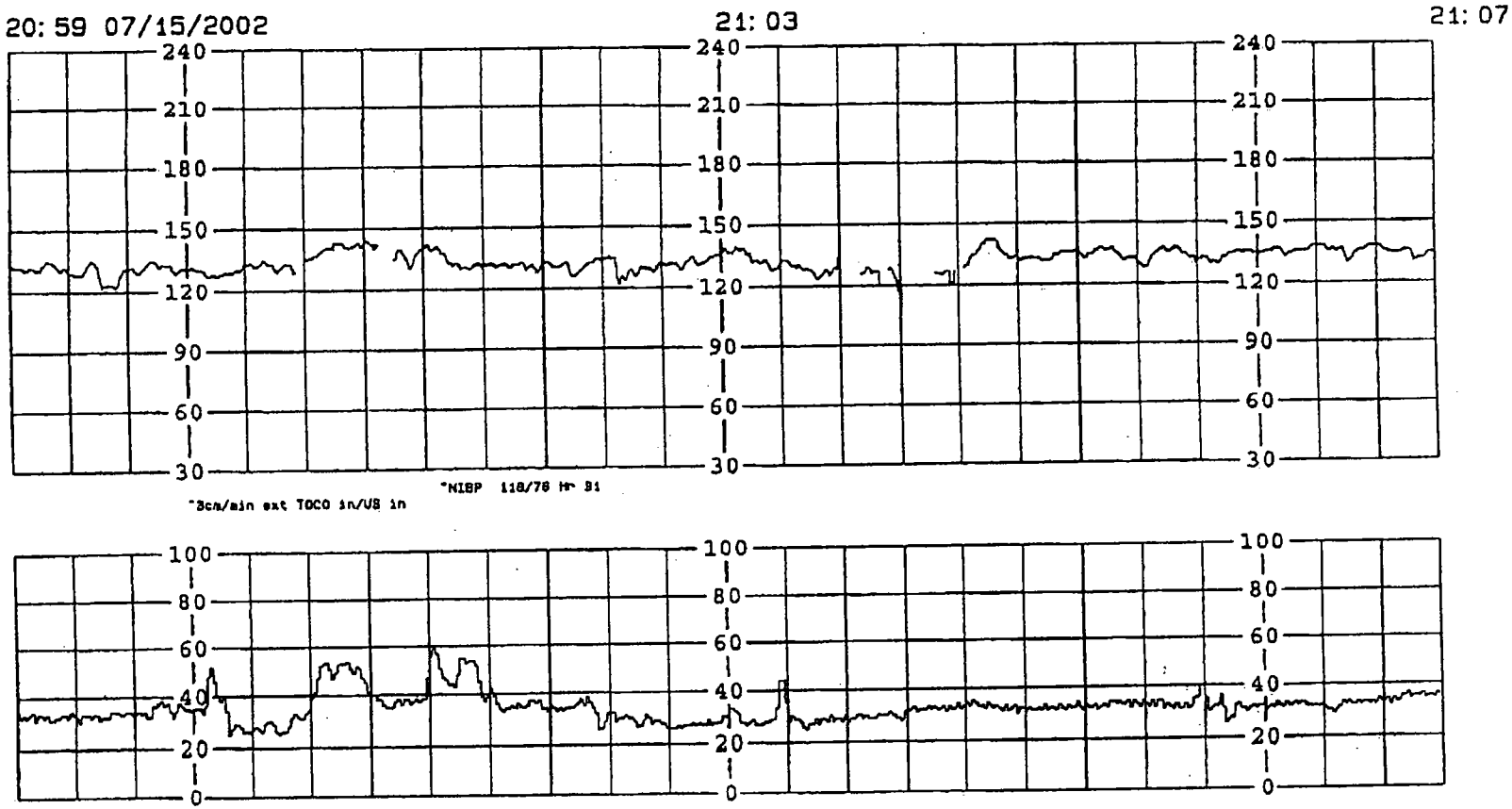
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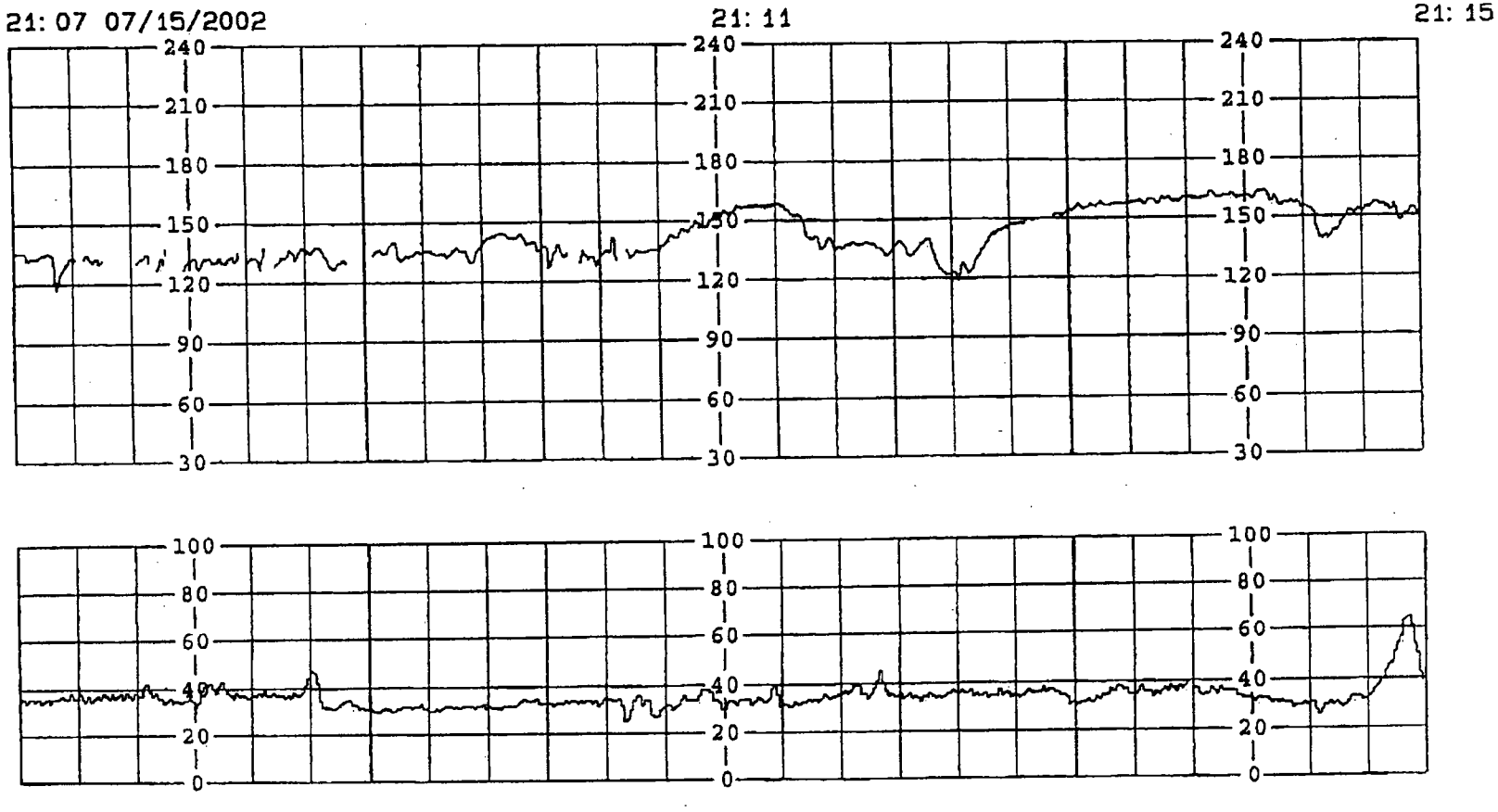
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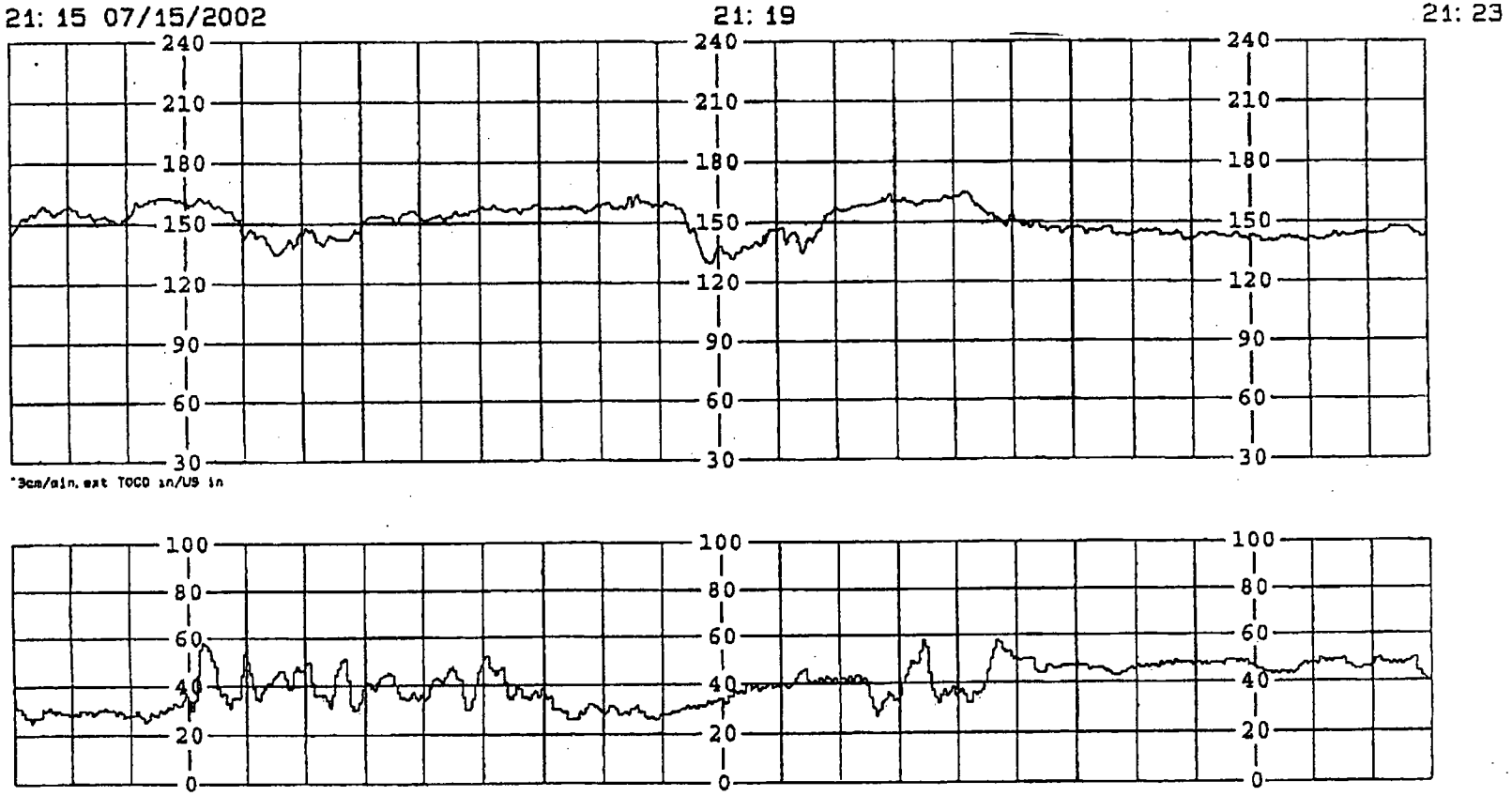
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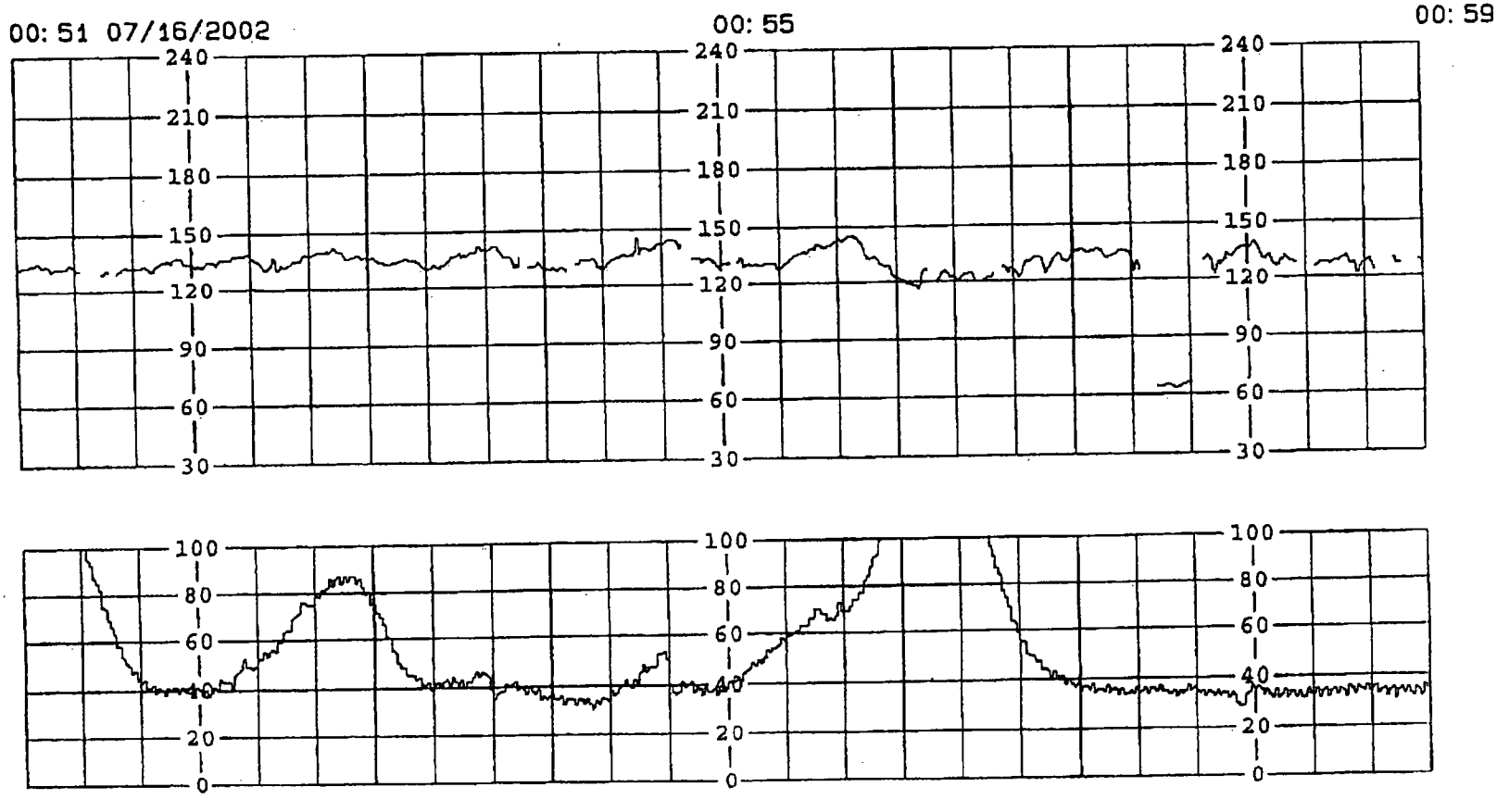


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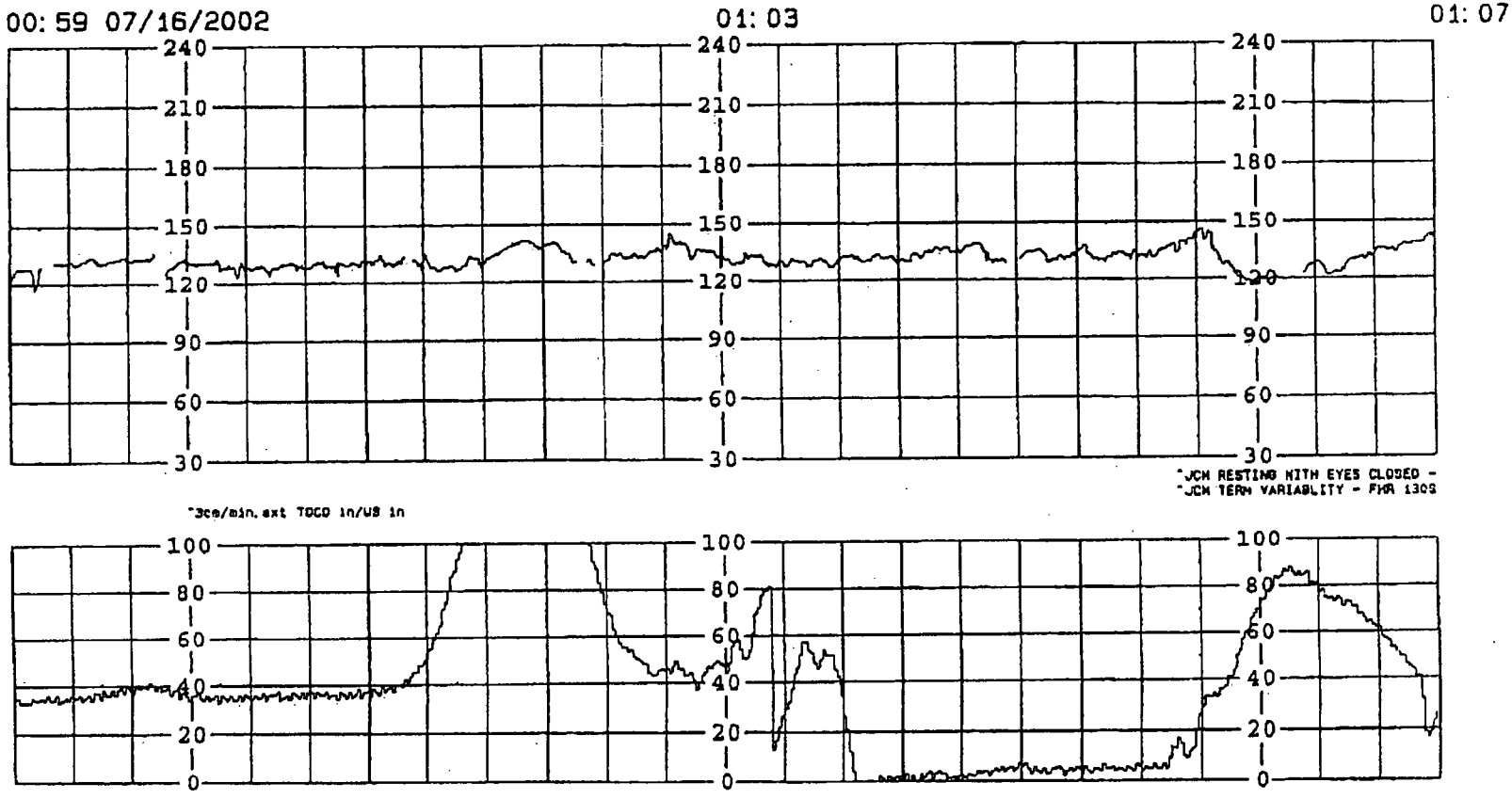
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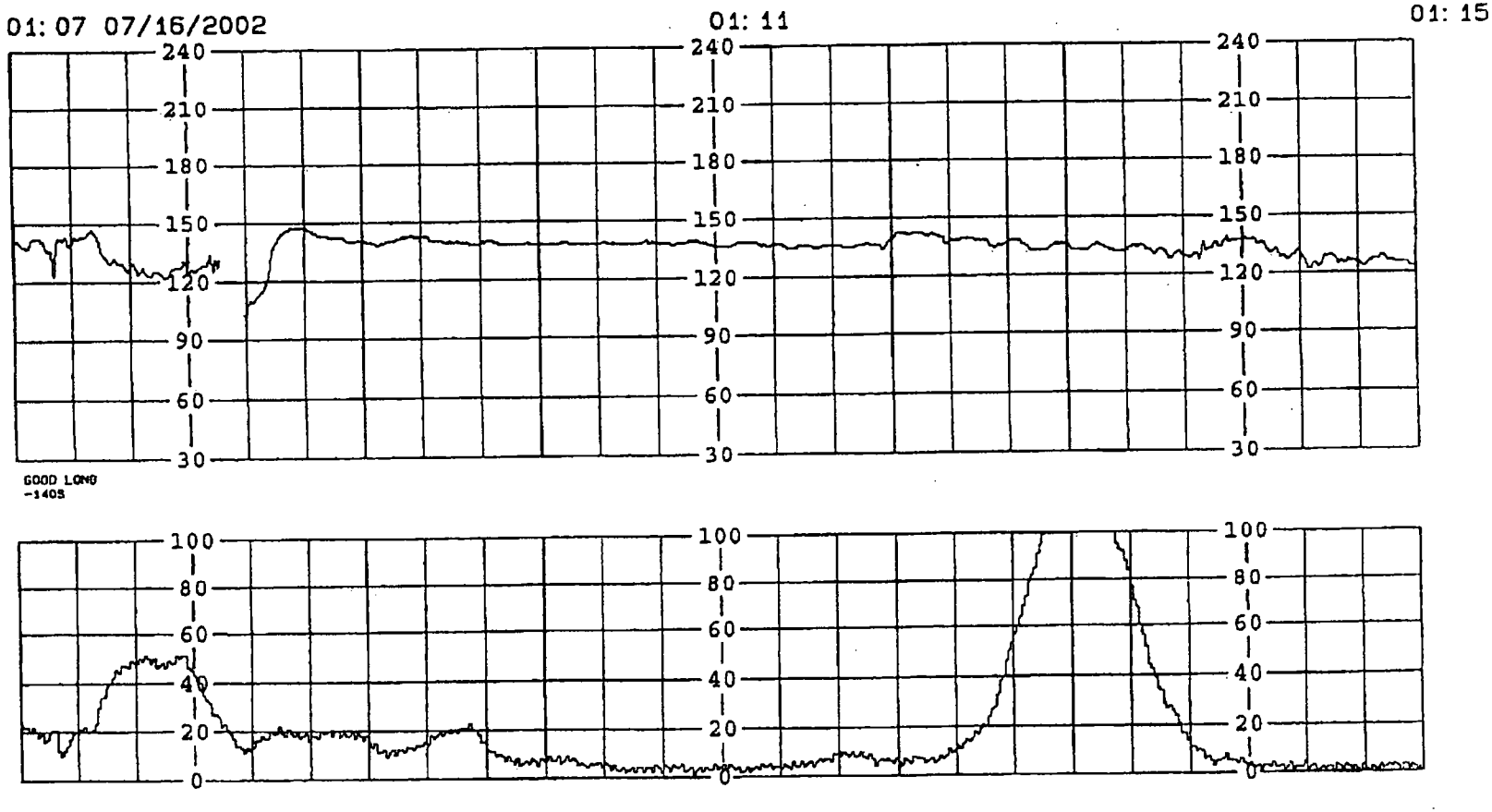


ECH 0172

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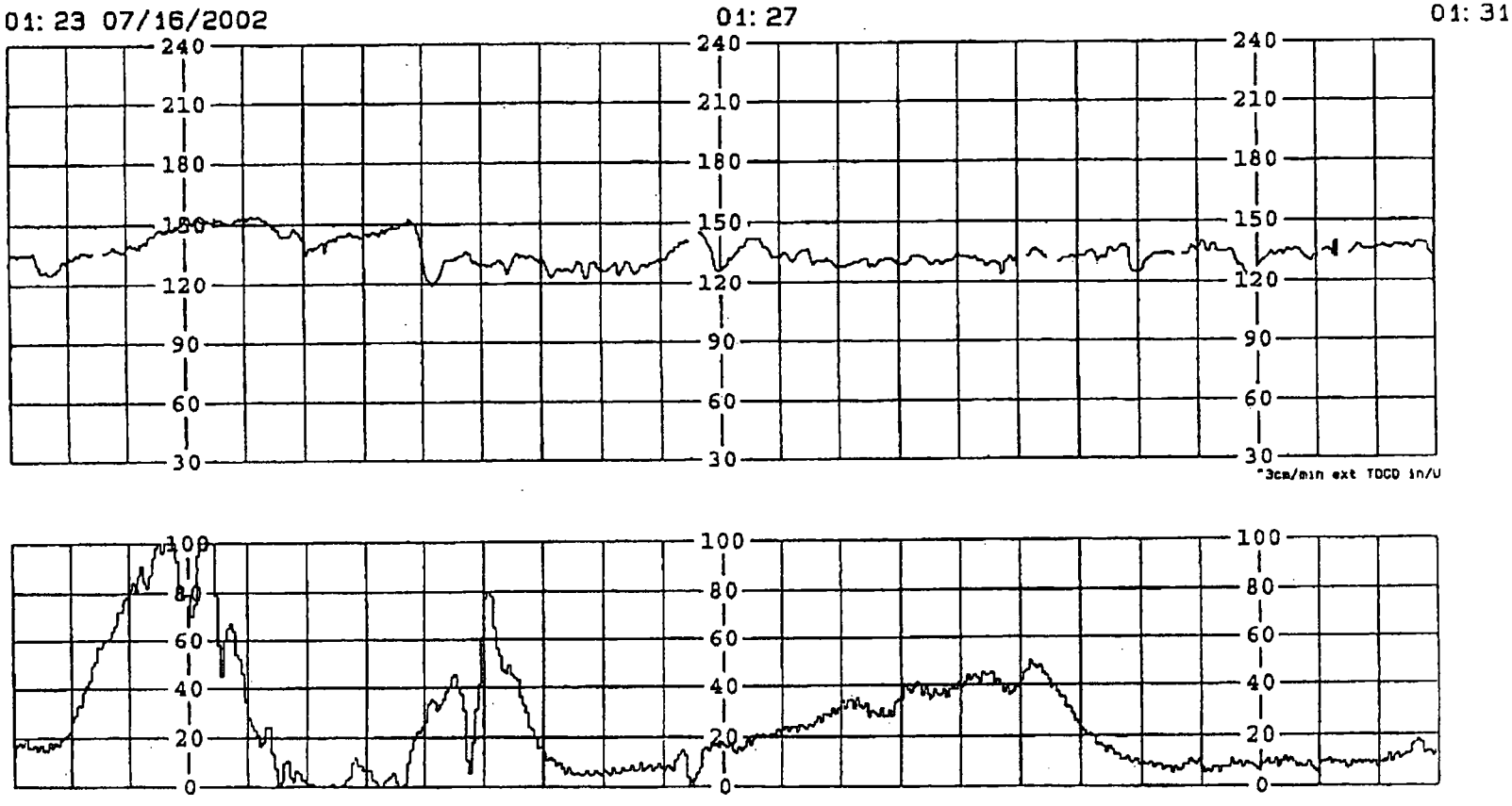
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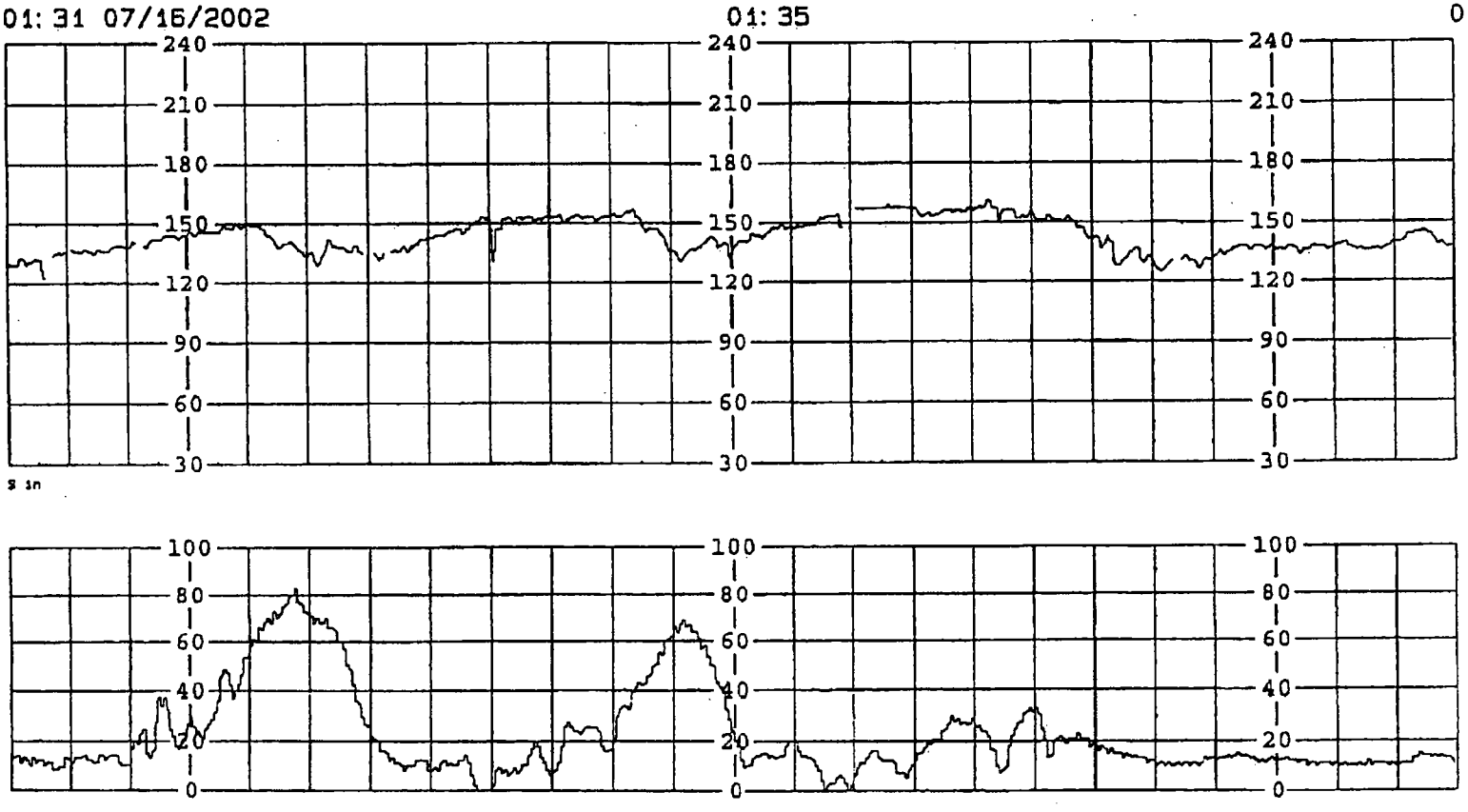
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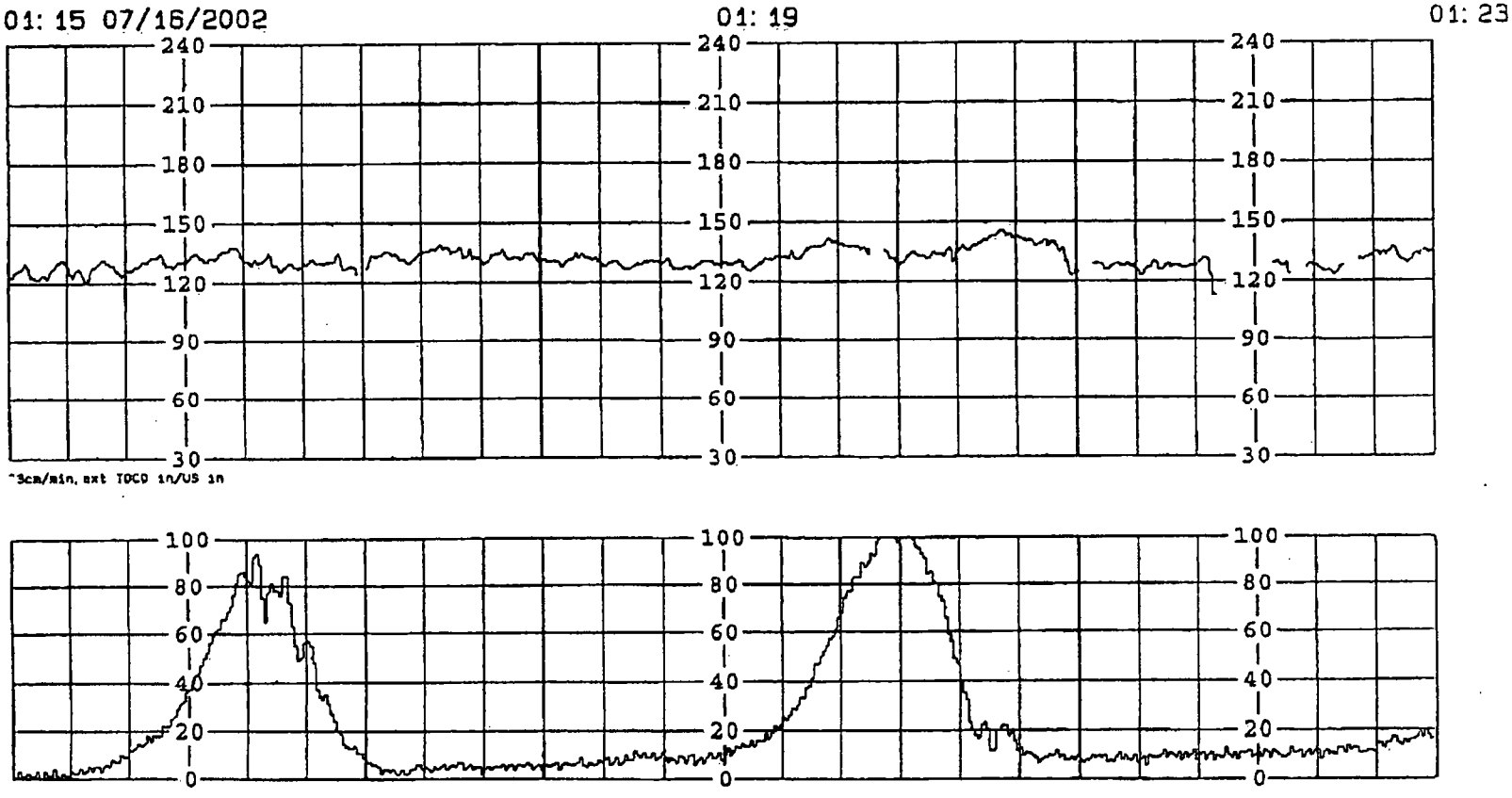
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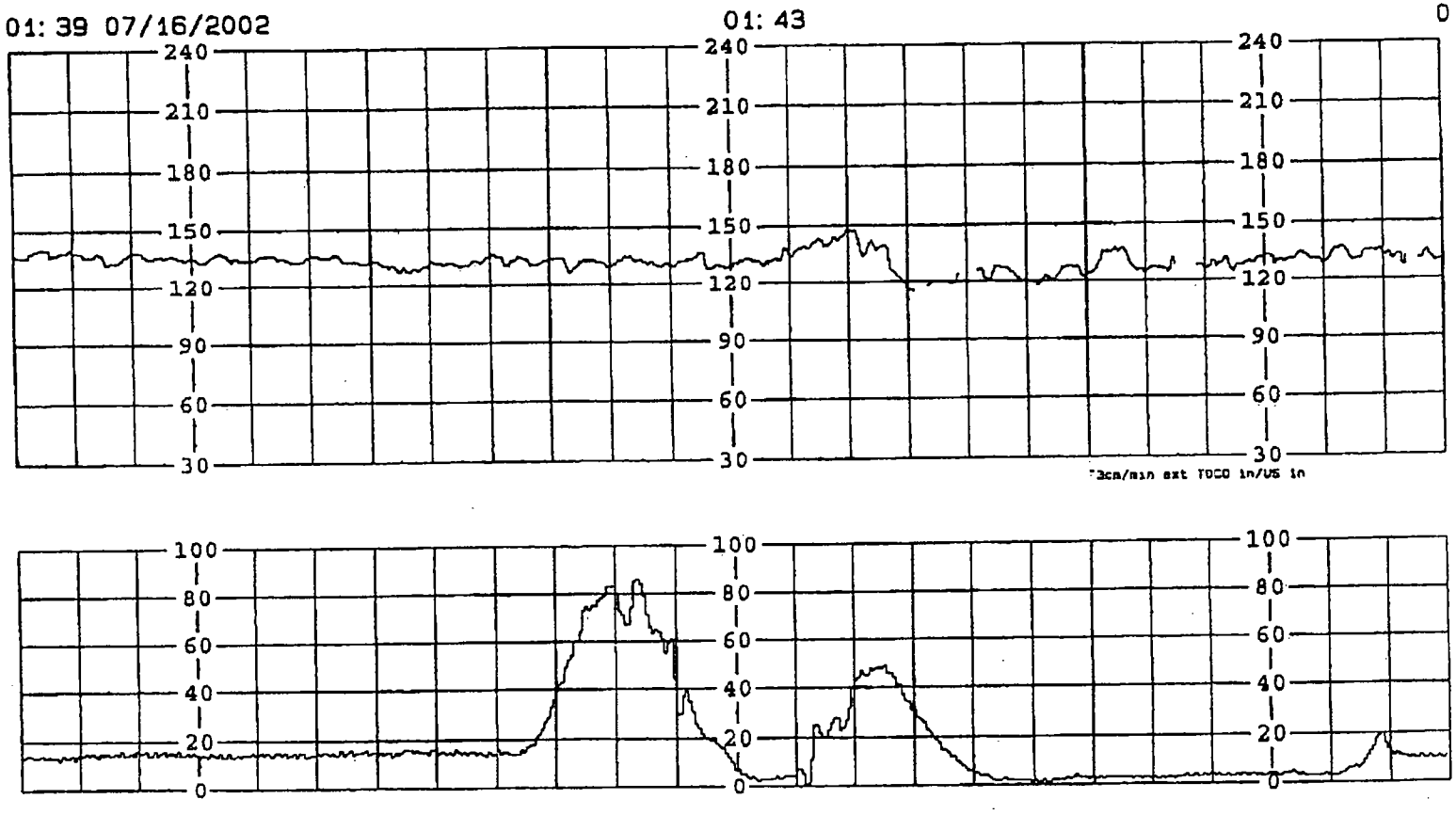
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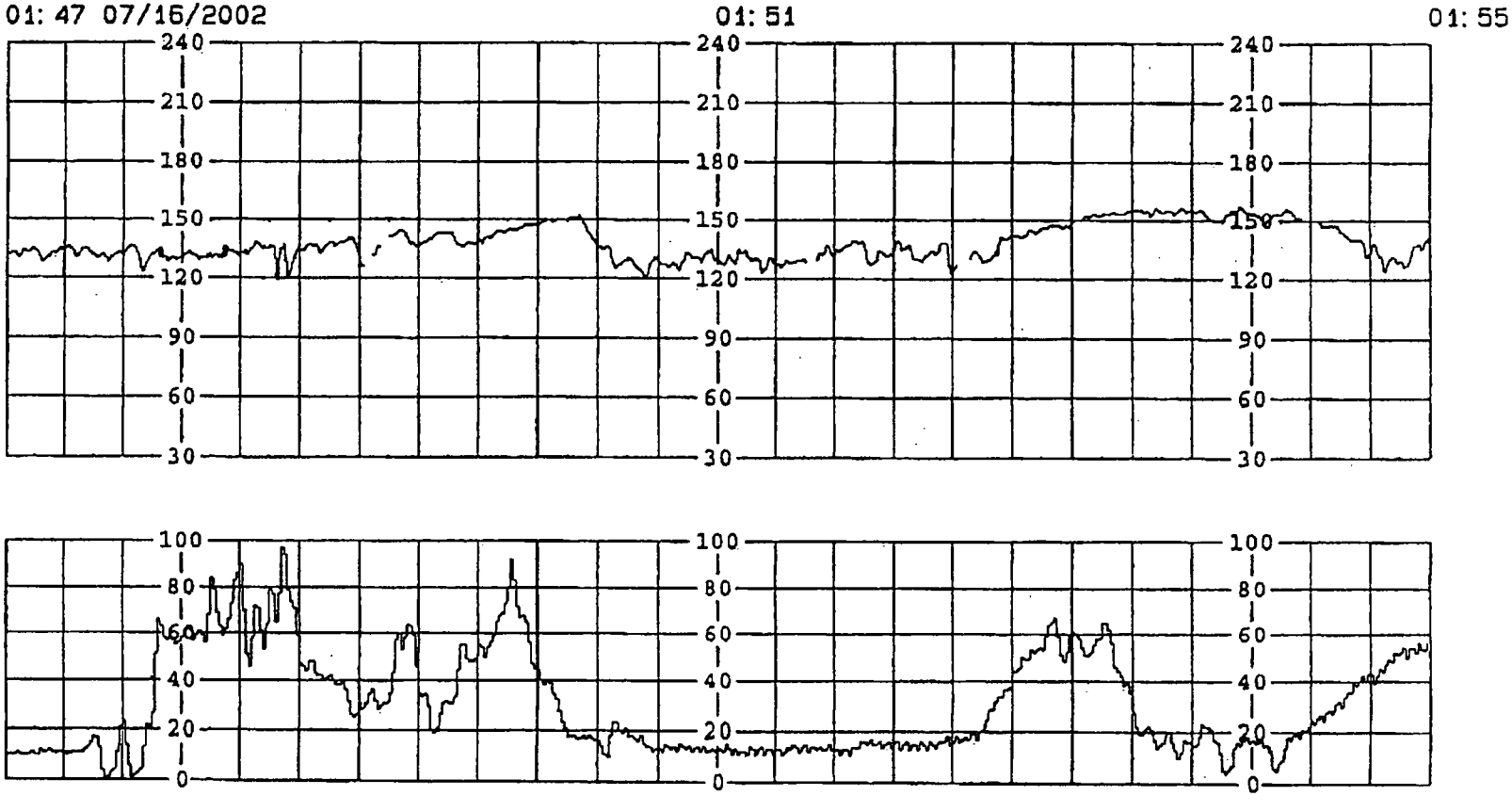
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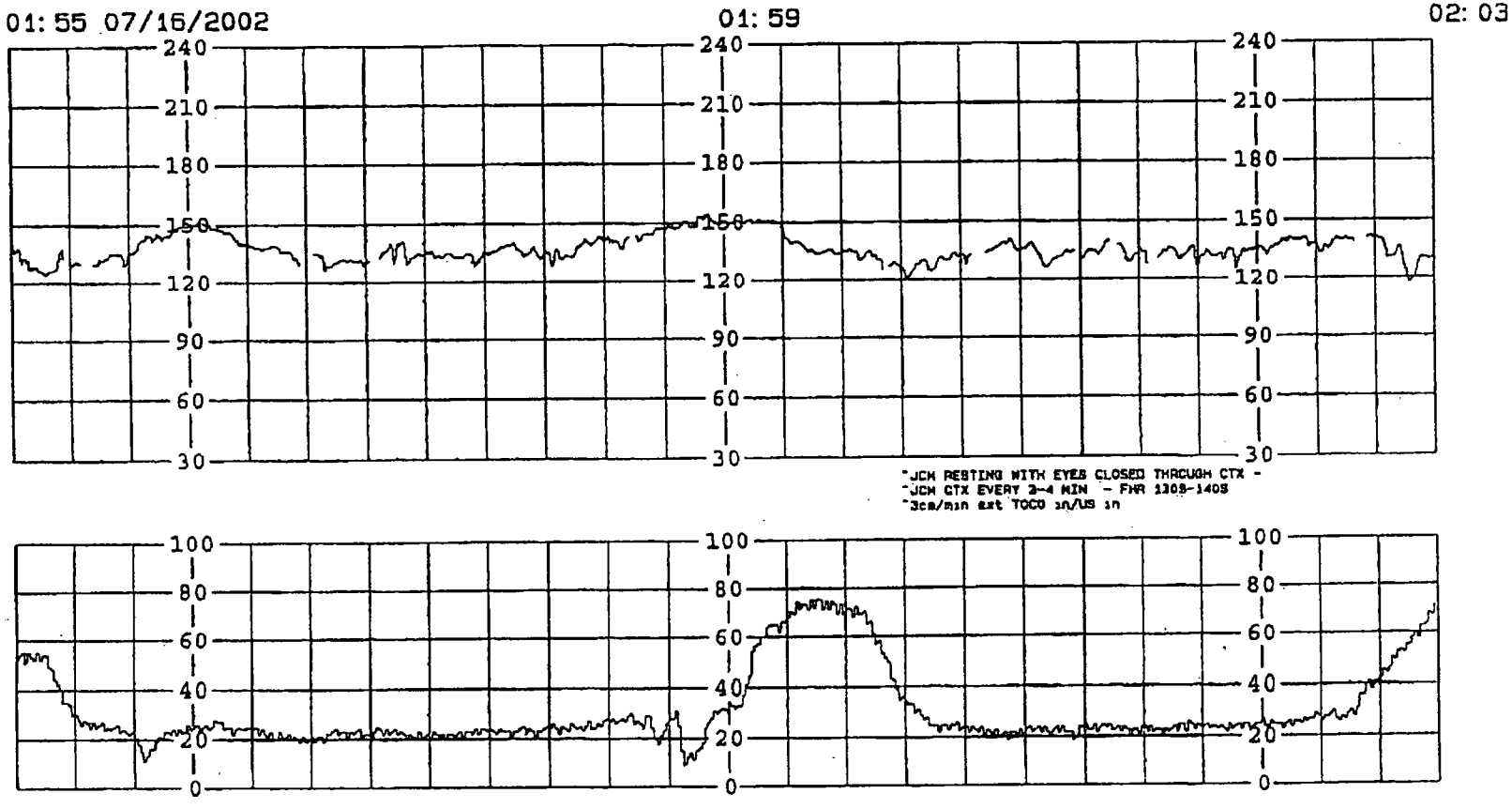
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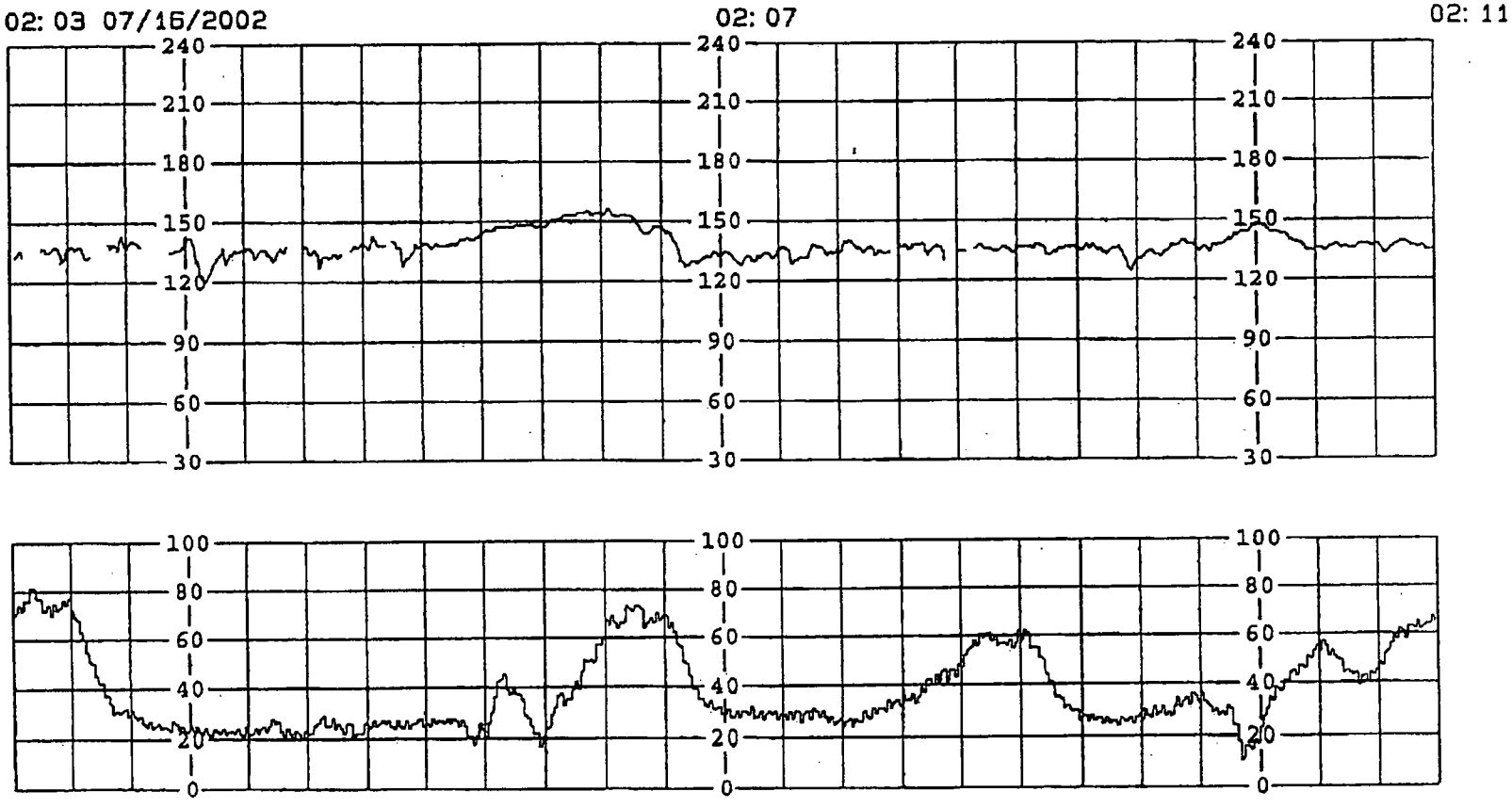
EXH 2_179

3377

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 63

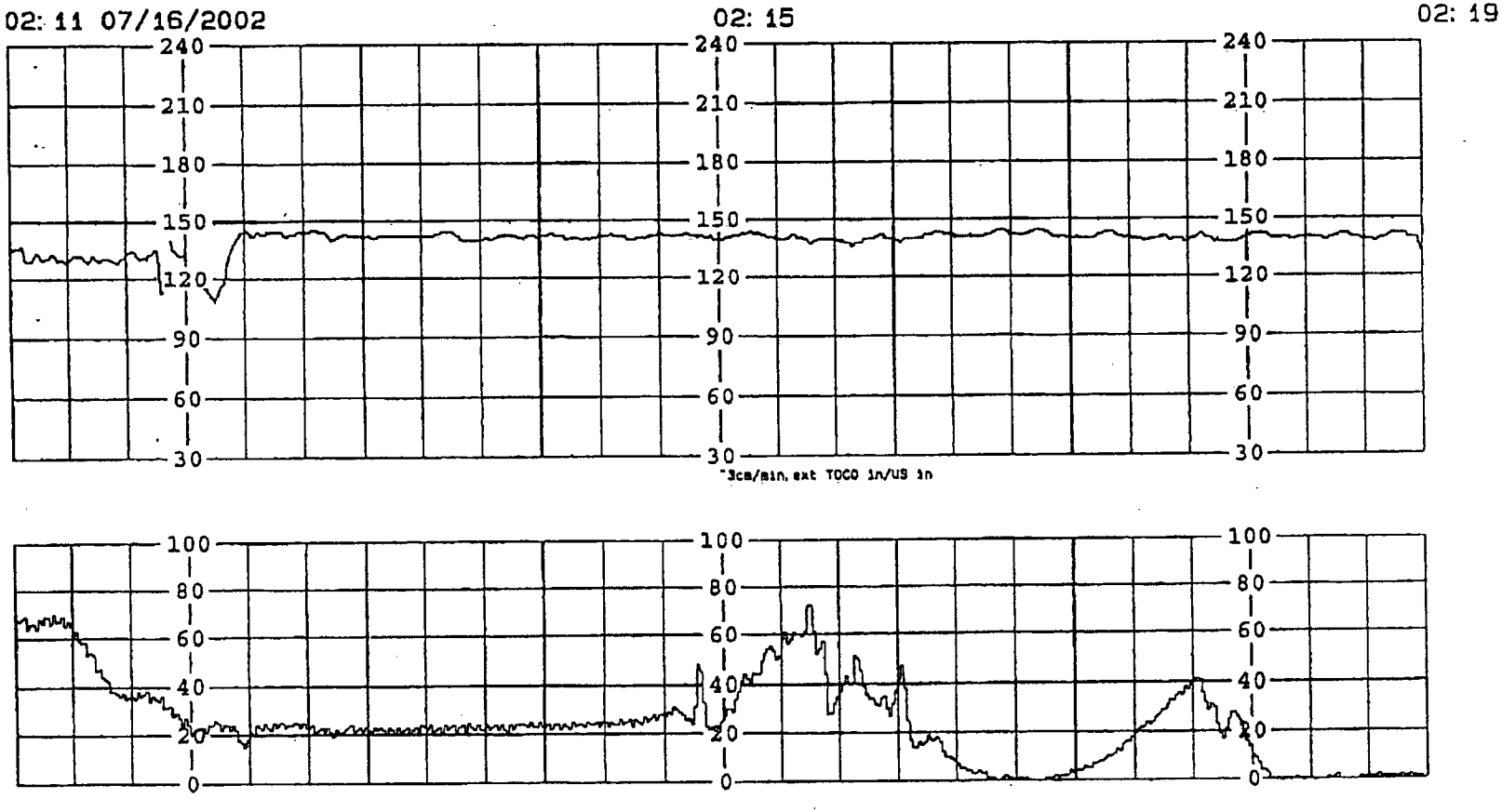


EXH 2_180

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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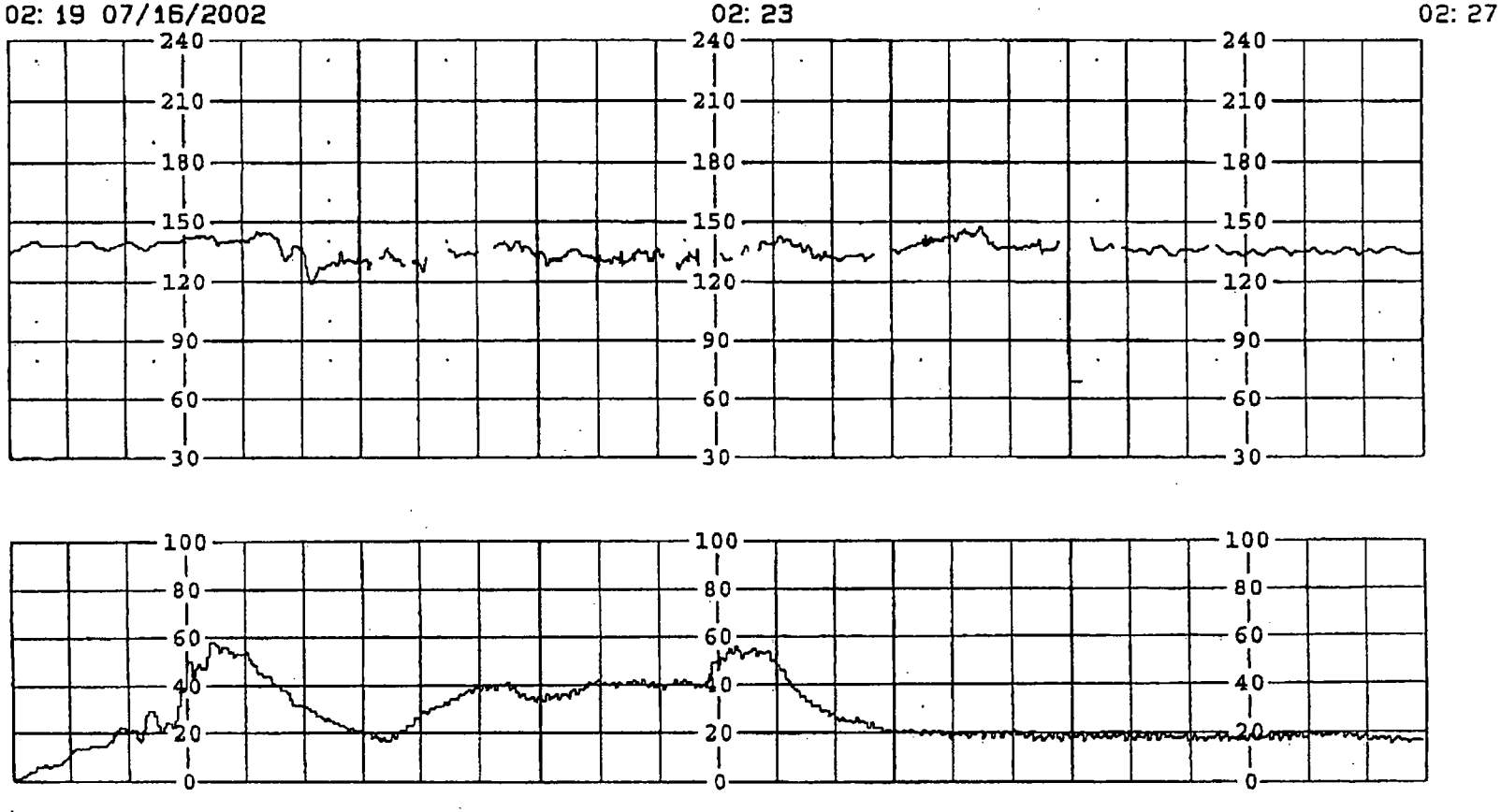
3380

ECH 0181

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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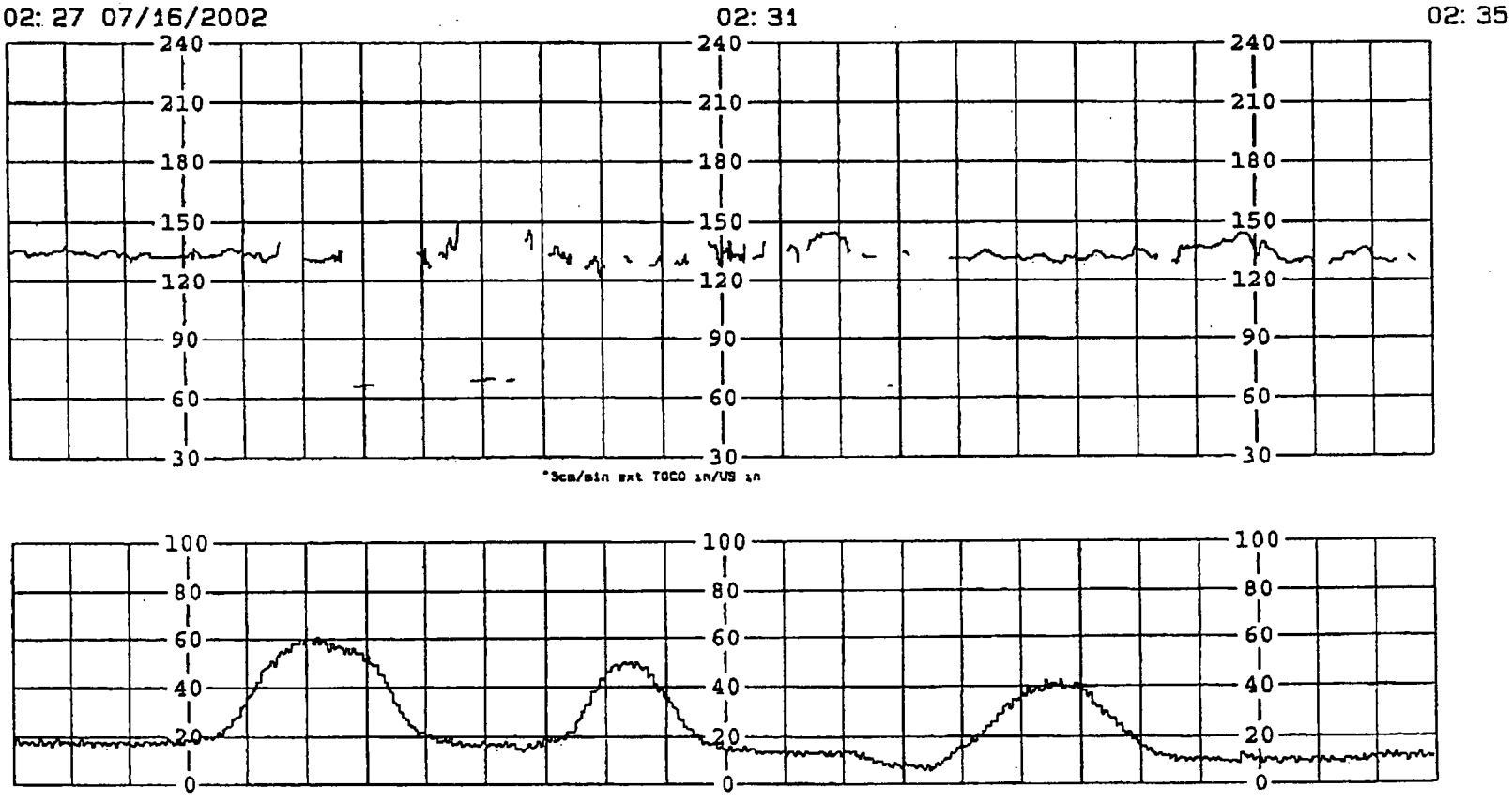


EXH_2_182

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_183

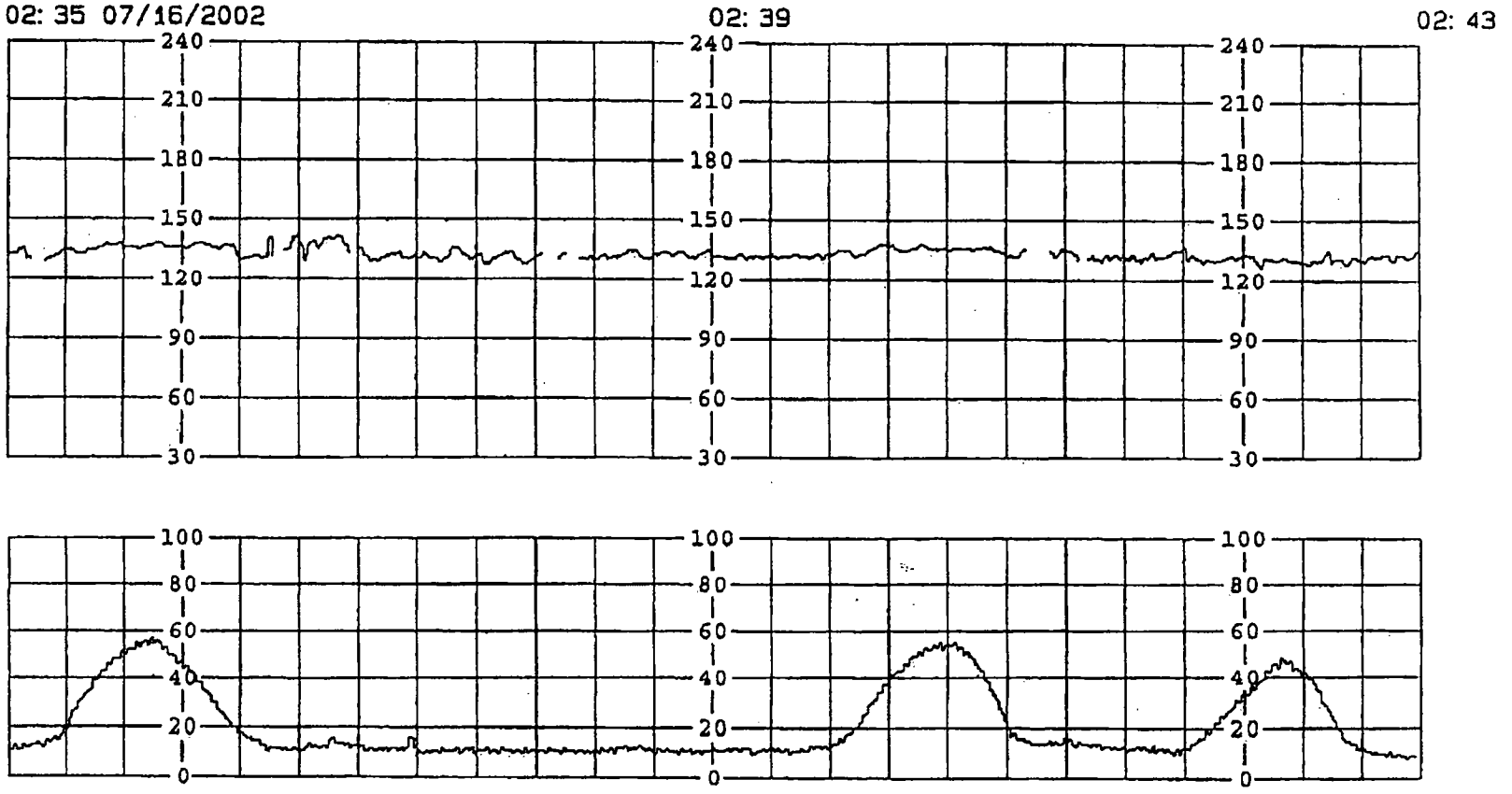
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ECH 0183

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

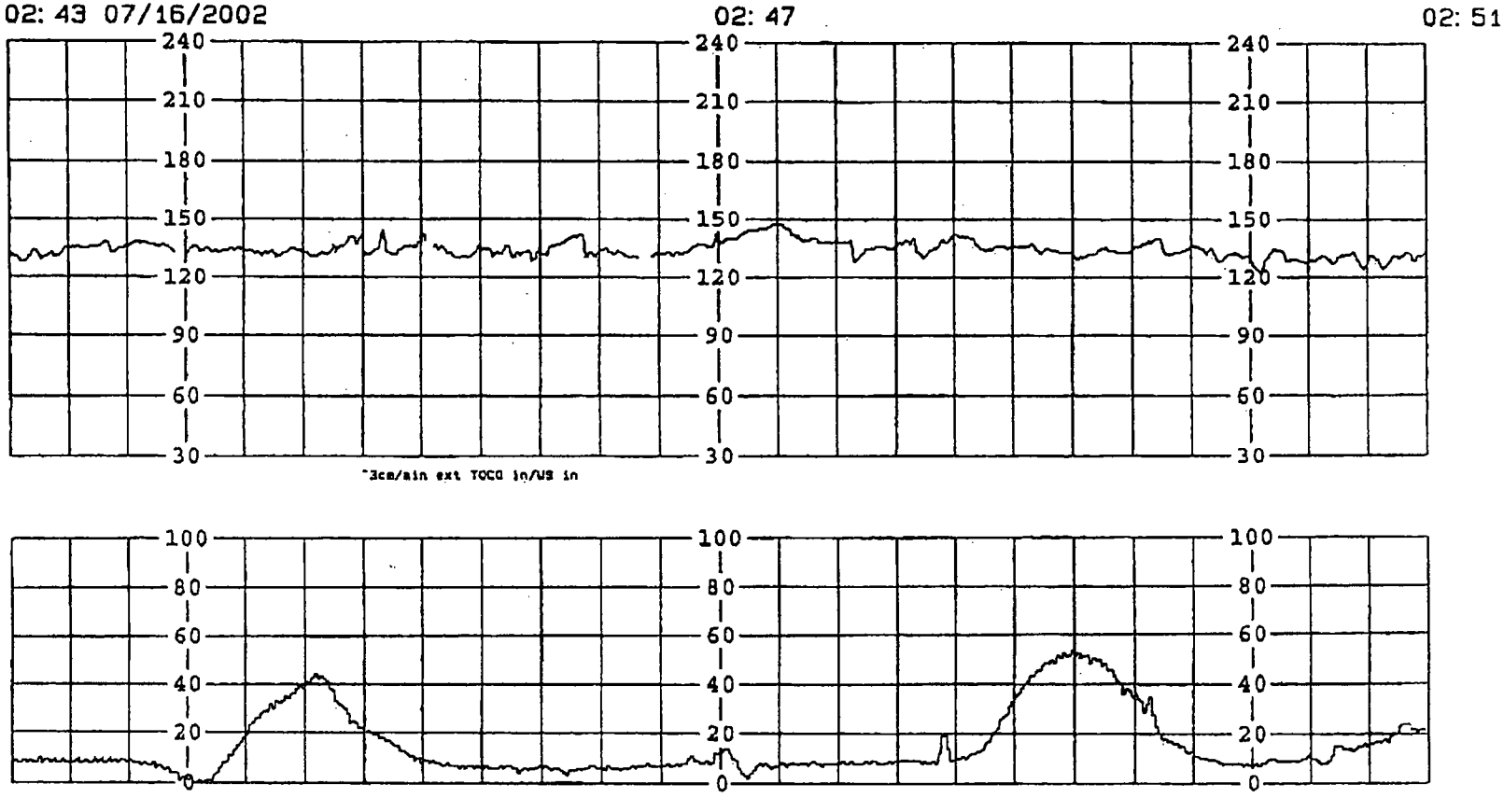
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Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

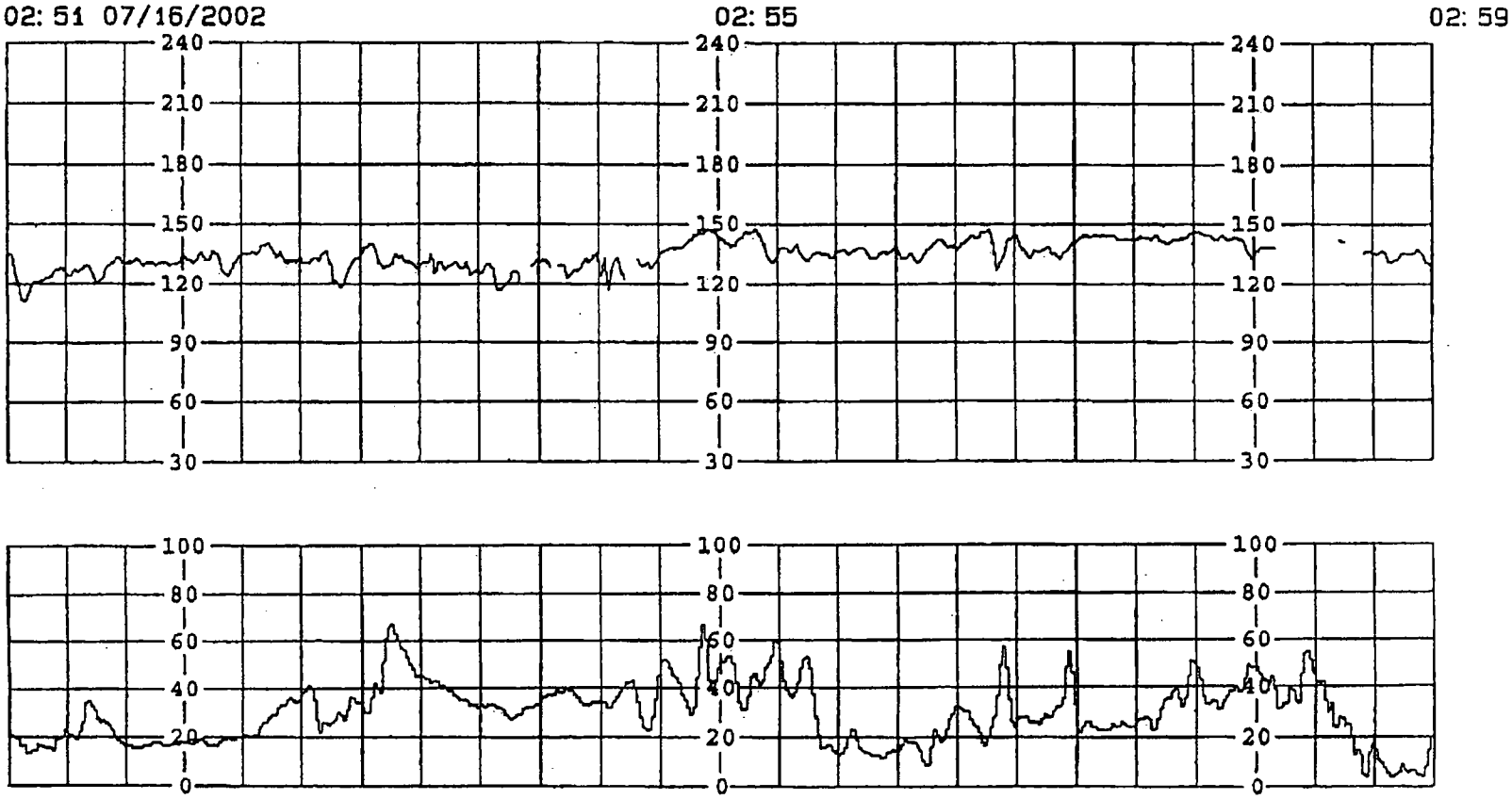
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Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

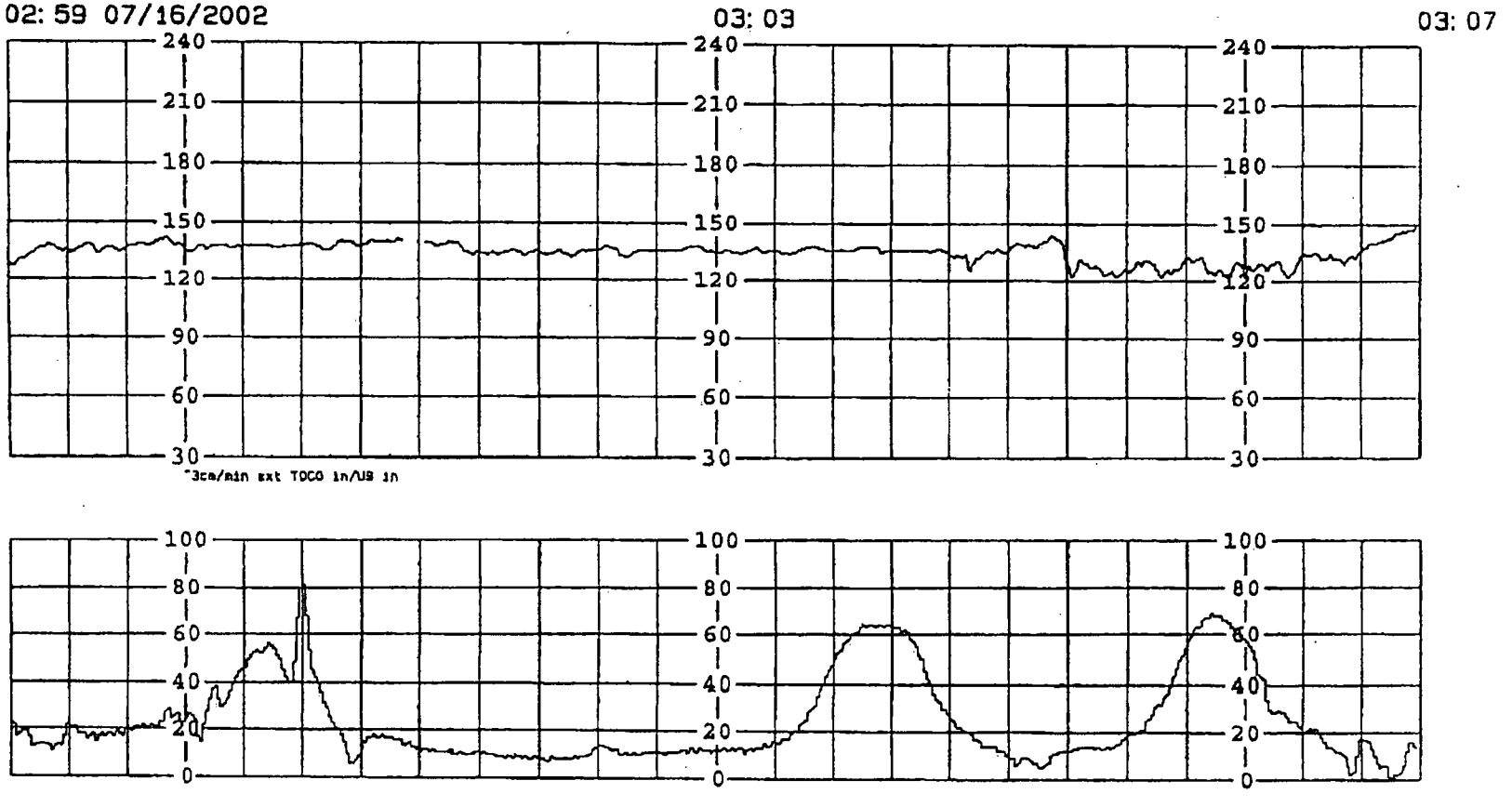
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Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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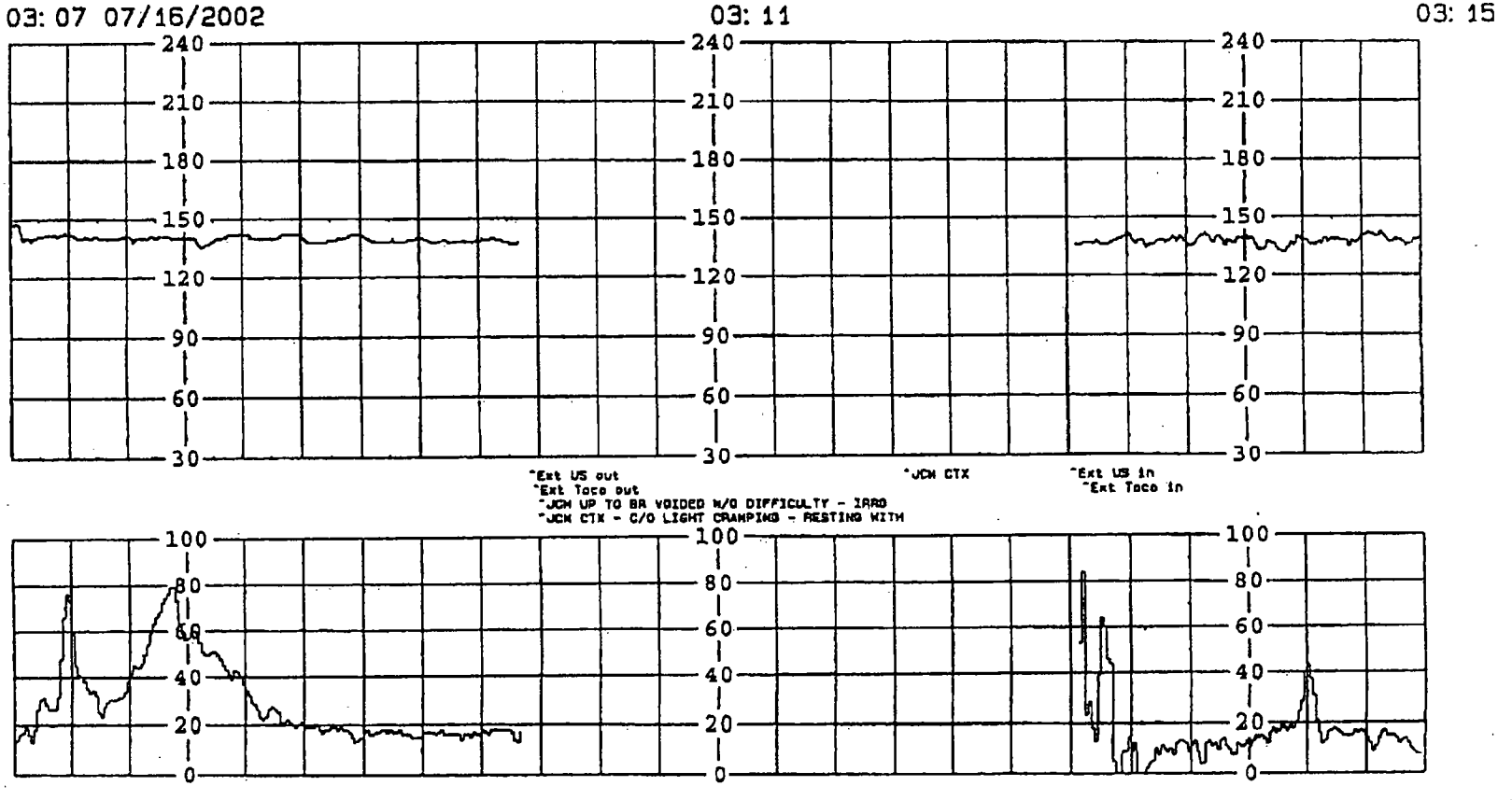
EXH_2_187

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Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

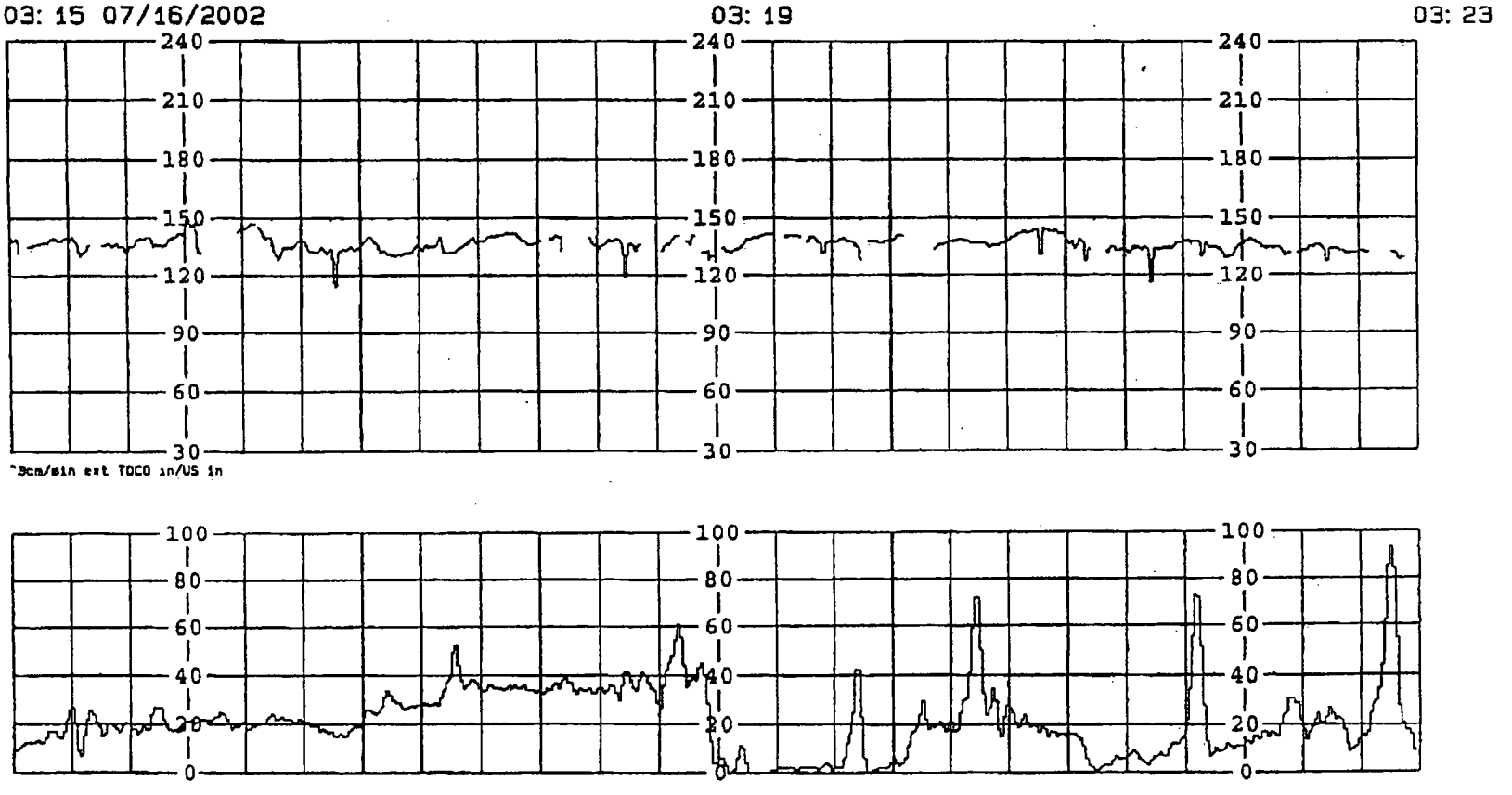
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Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_189

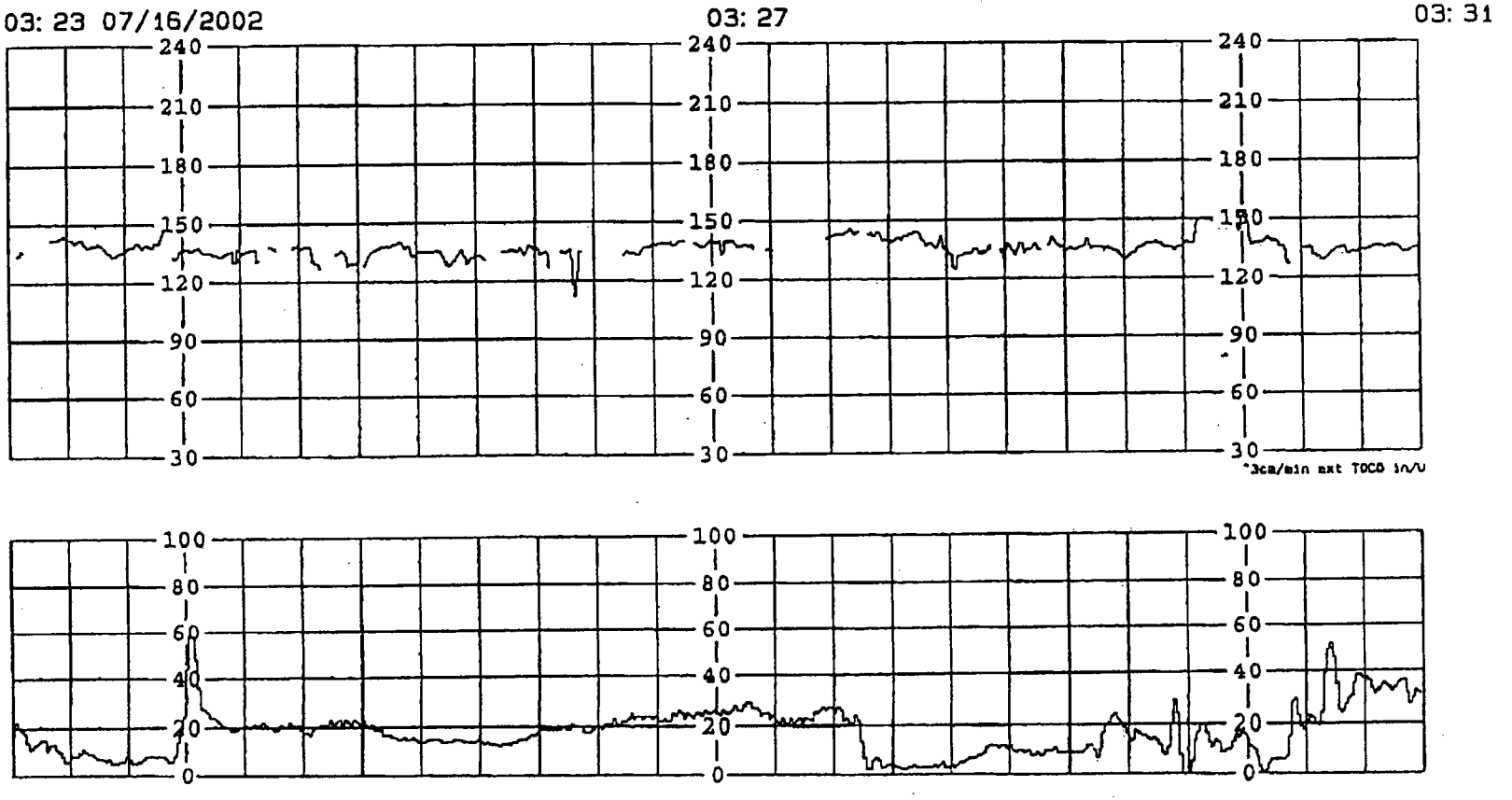
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ECH 0189

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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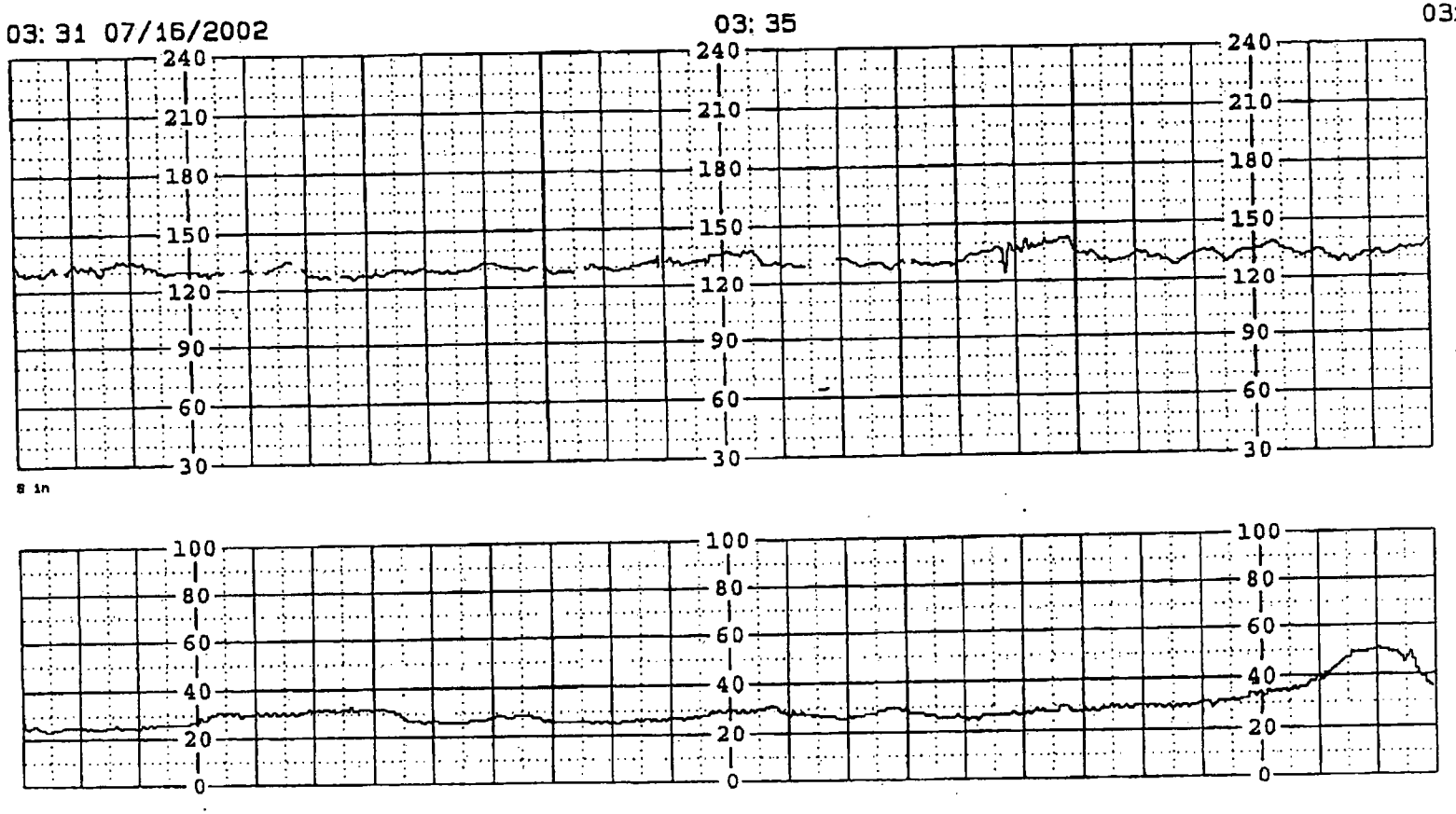
EXH 2_190

ECH 0190

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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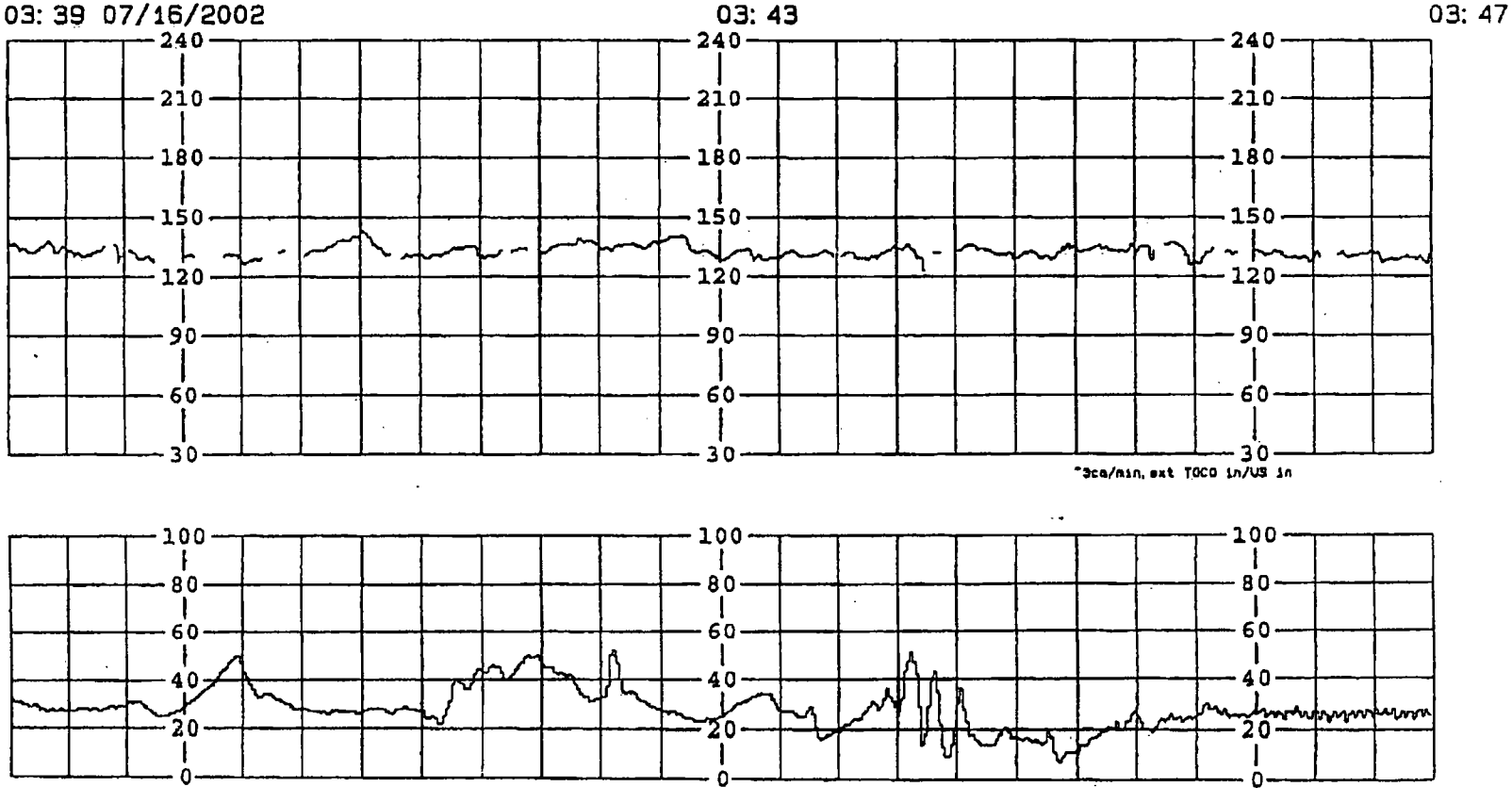
EXH 2_191

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Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

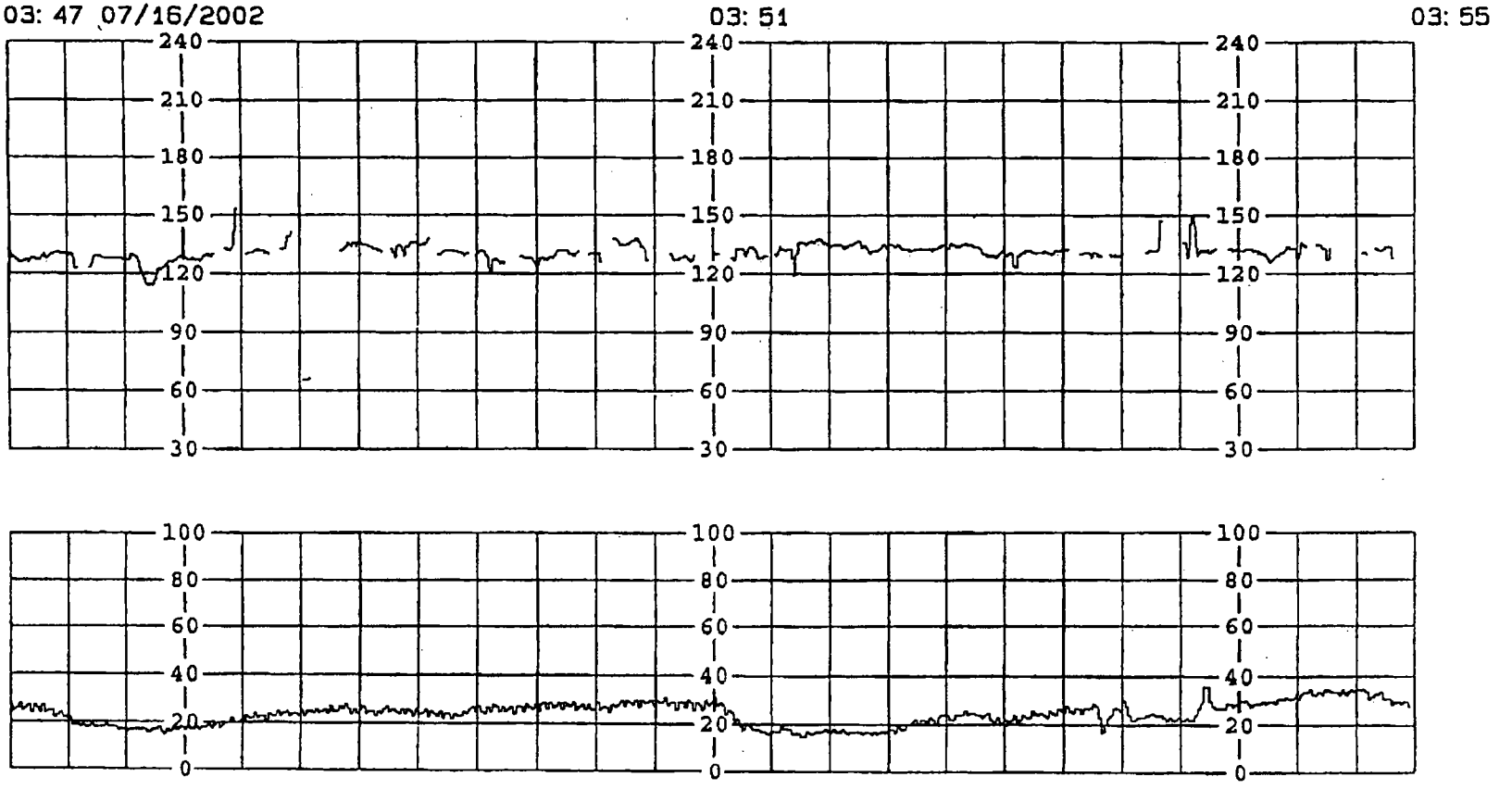
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Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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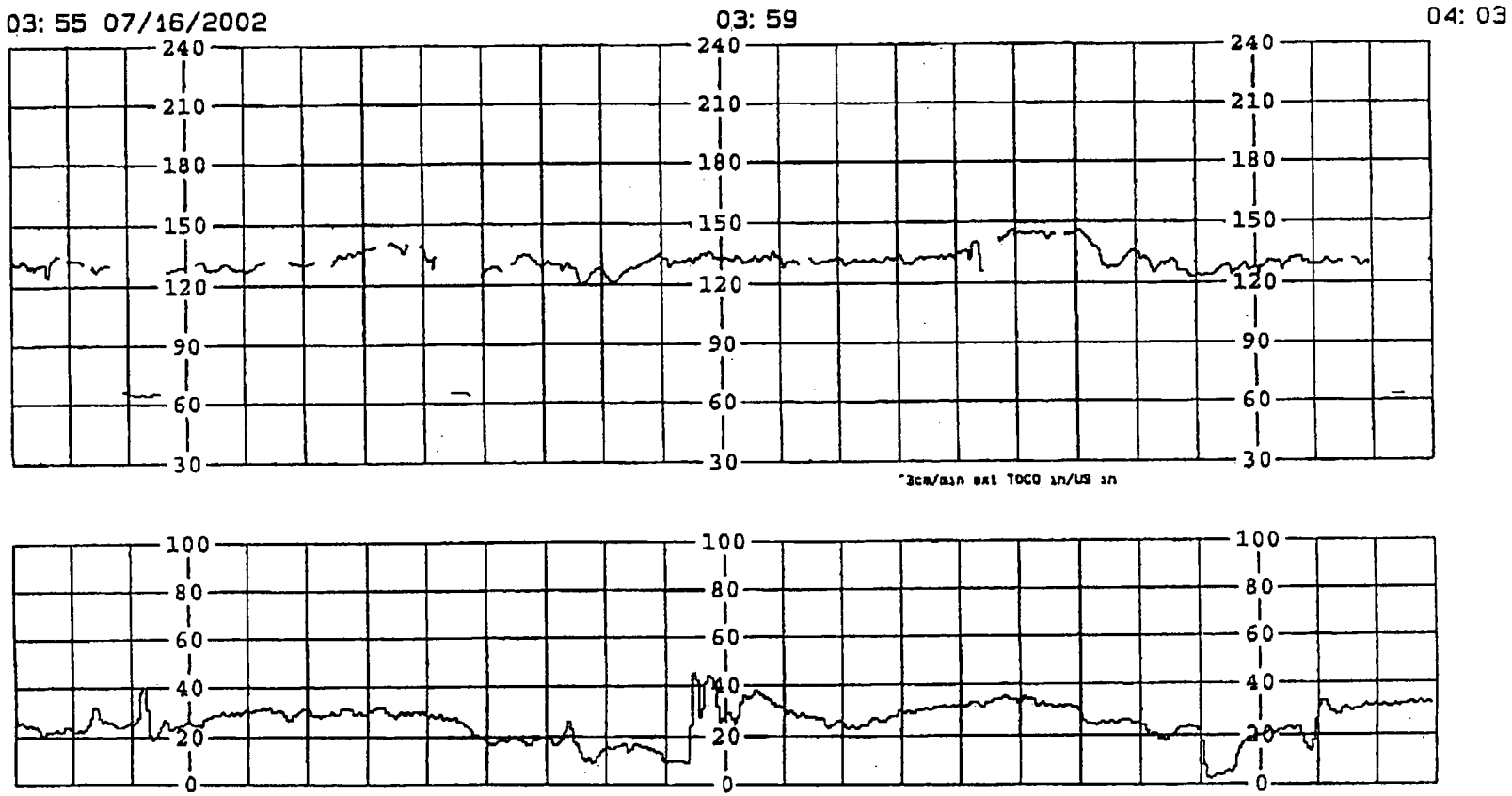
EXH 2_193

ECH 0193

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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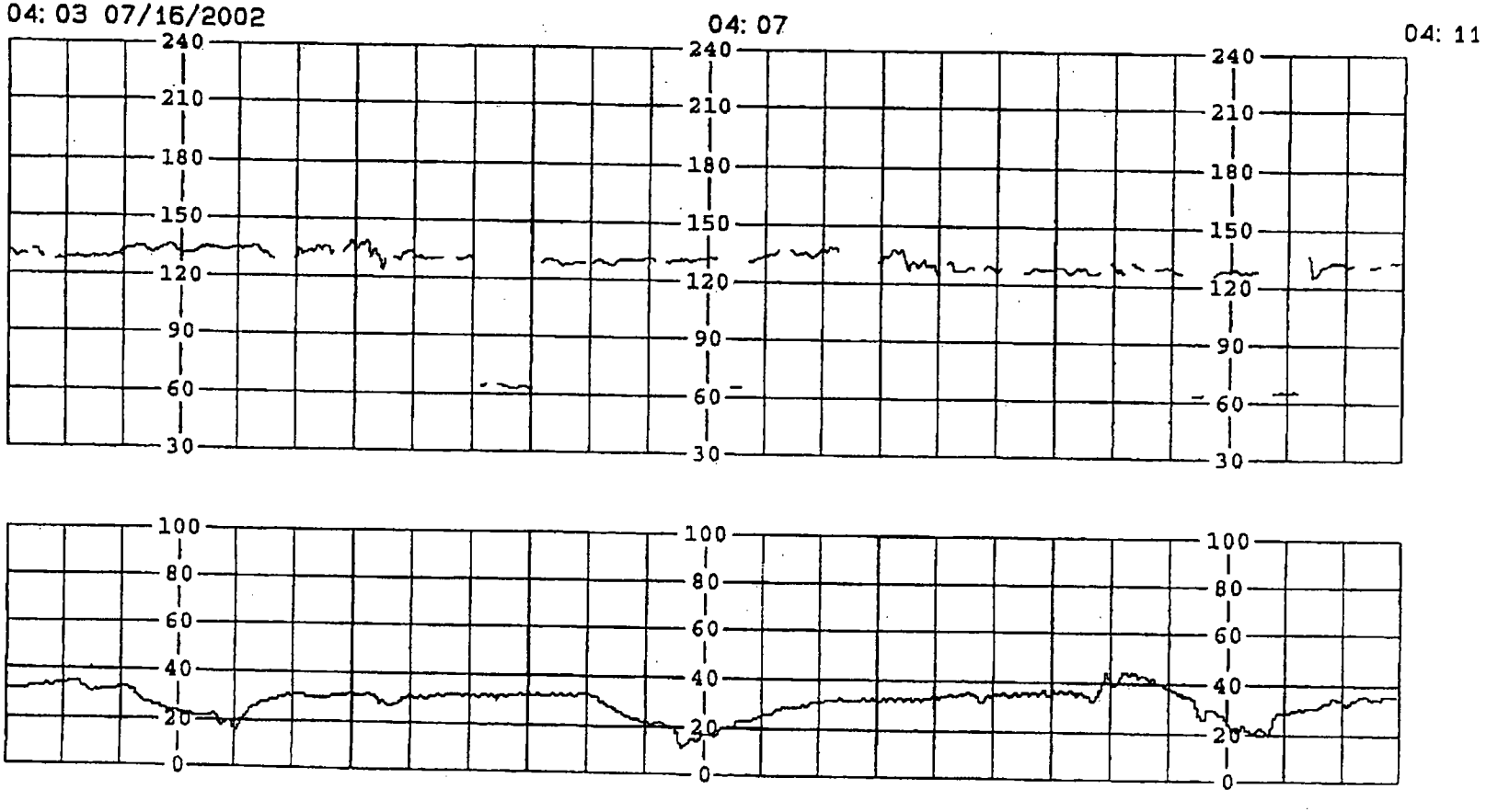


EXH 2_194

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 78

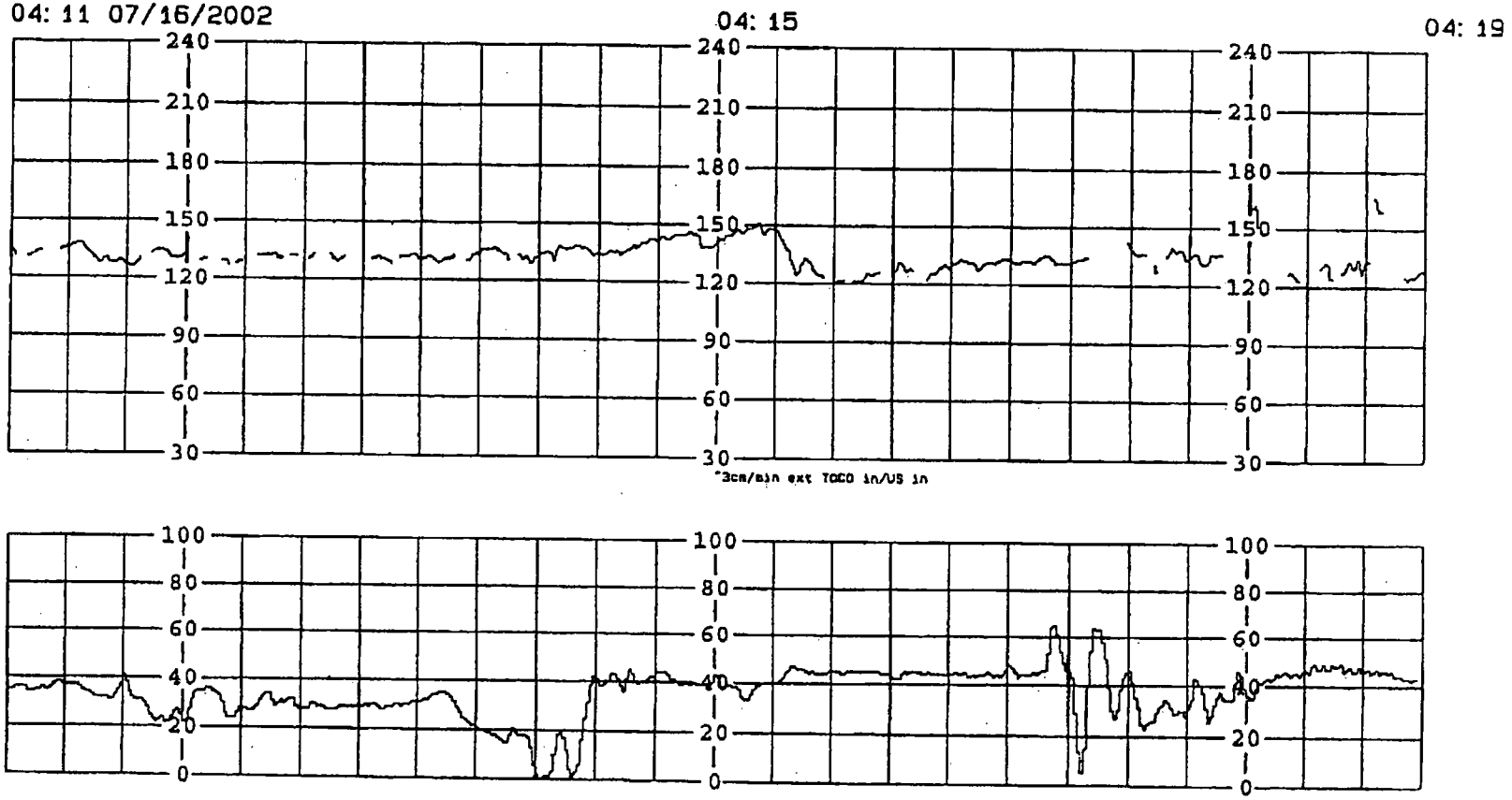


ECH 0195

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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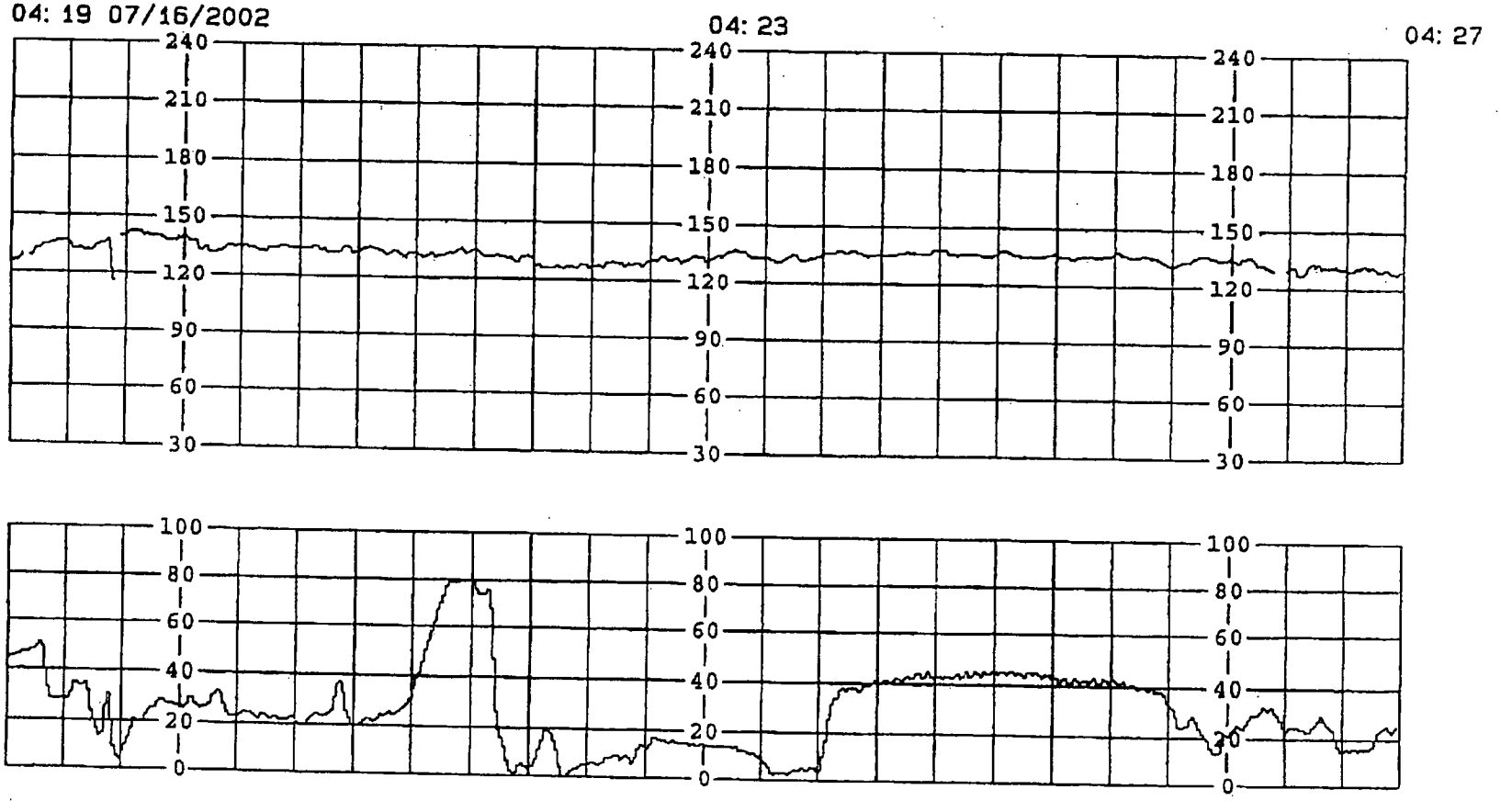
EXH_2_196

ECH 0196

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_197

3395

3396

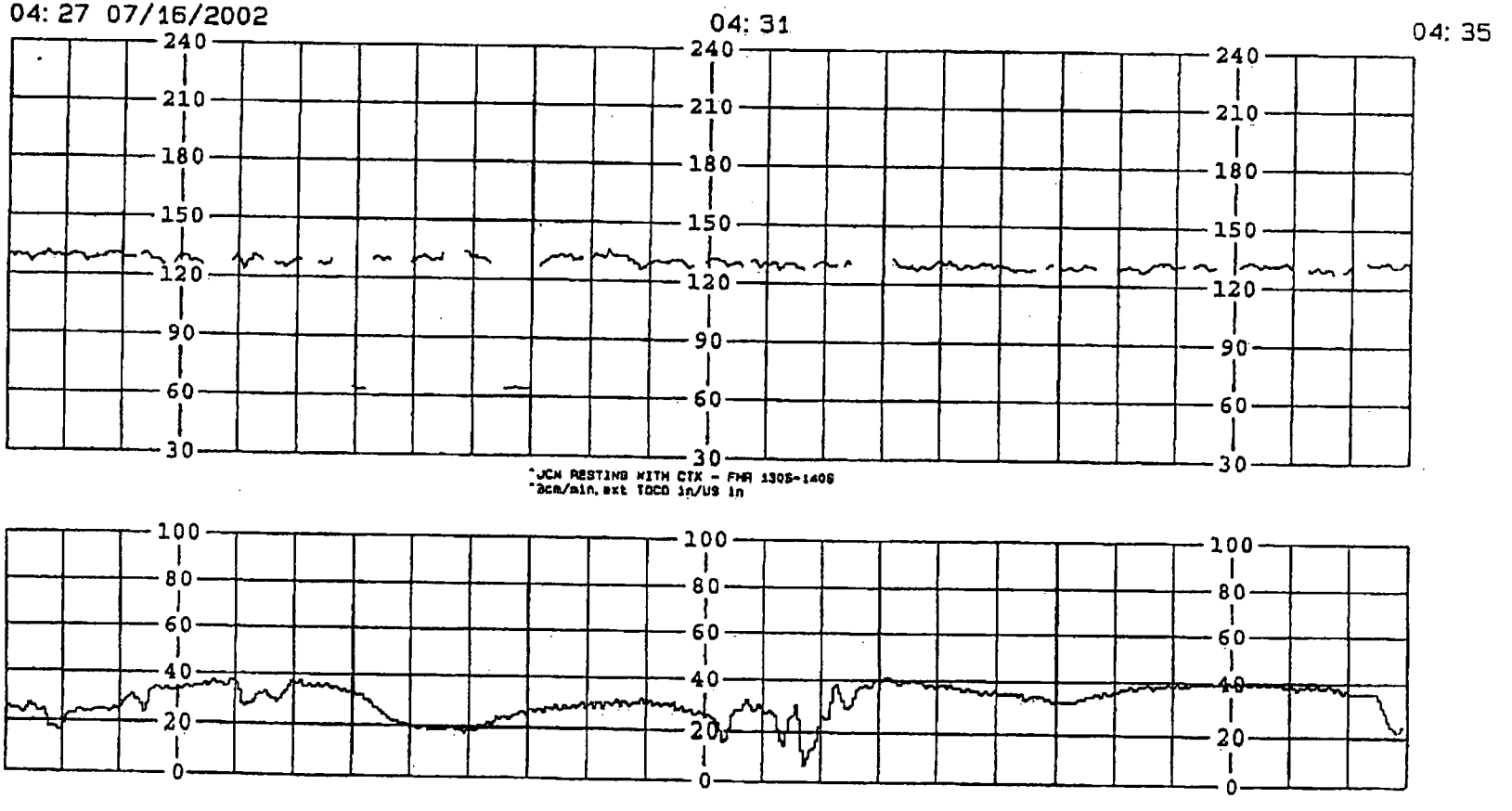
ECH 0197

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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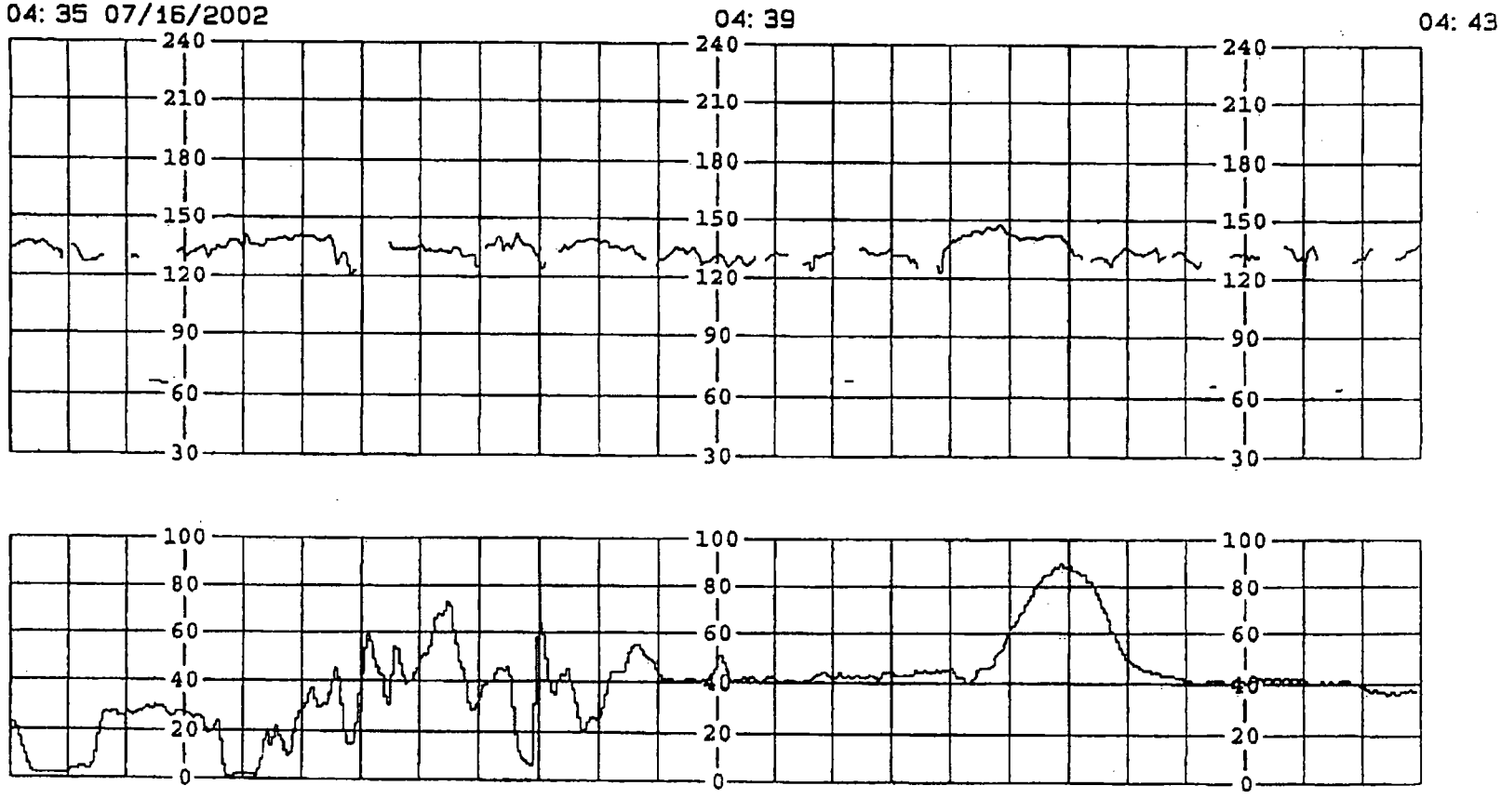
EXH_2_198



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_199

3397

3398

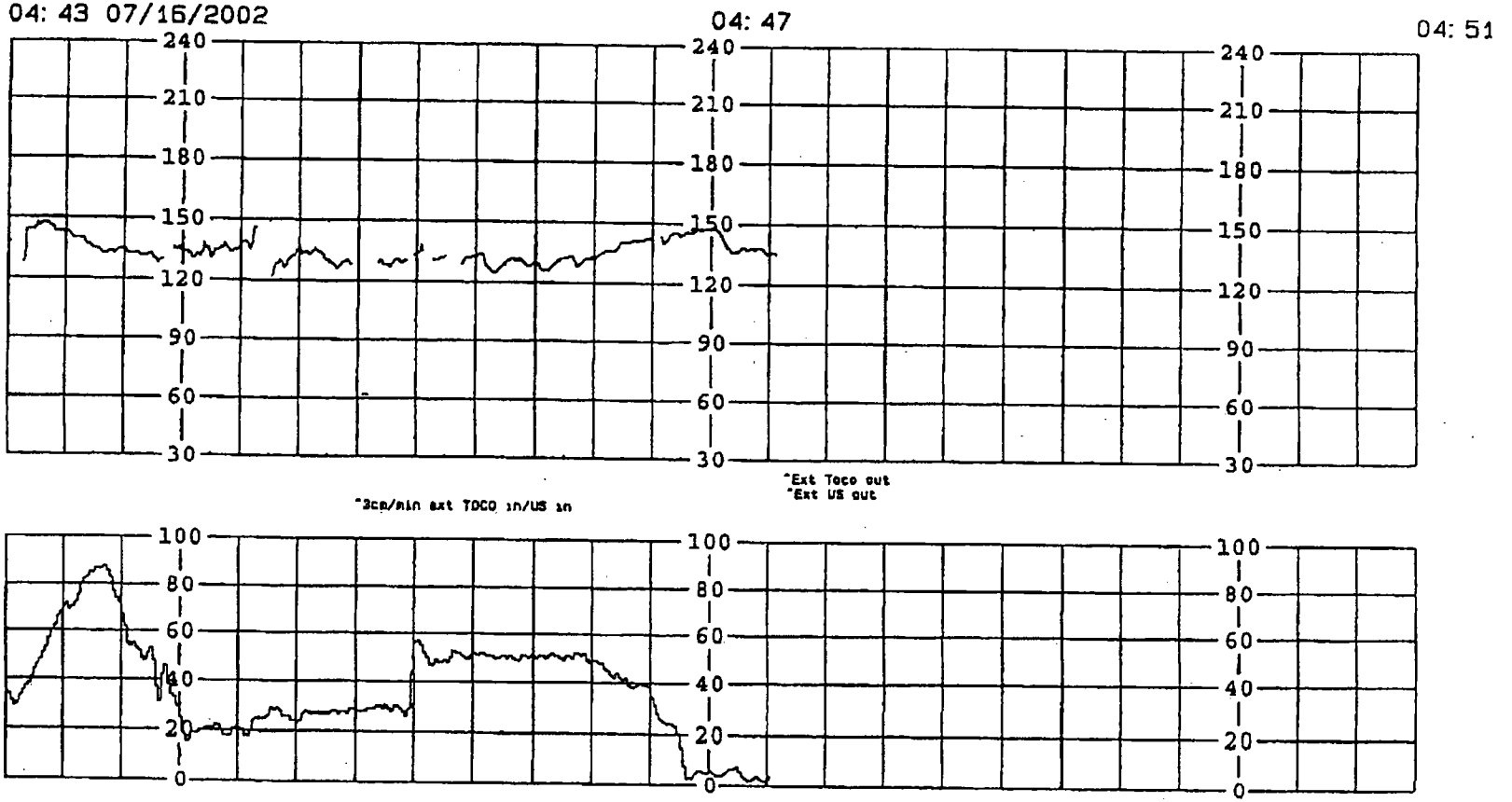
ECH 0199

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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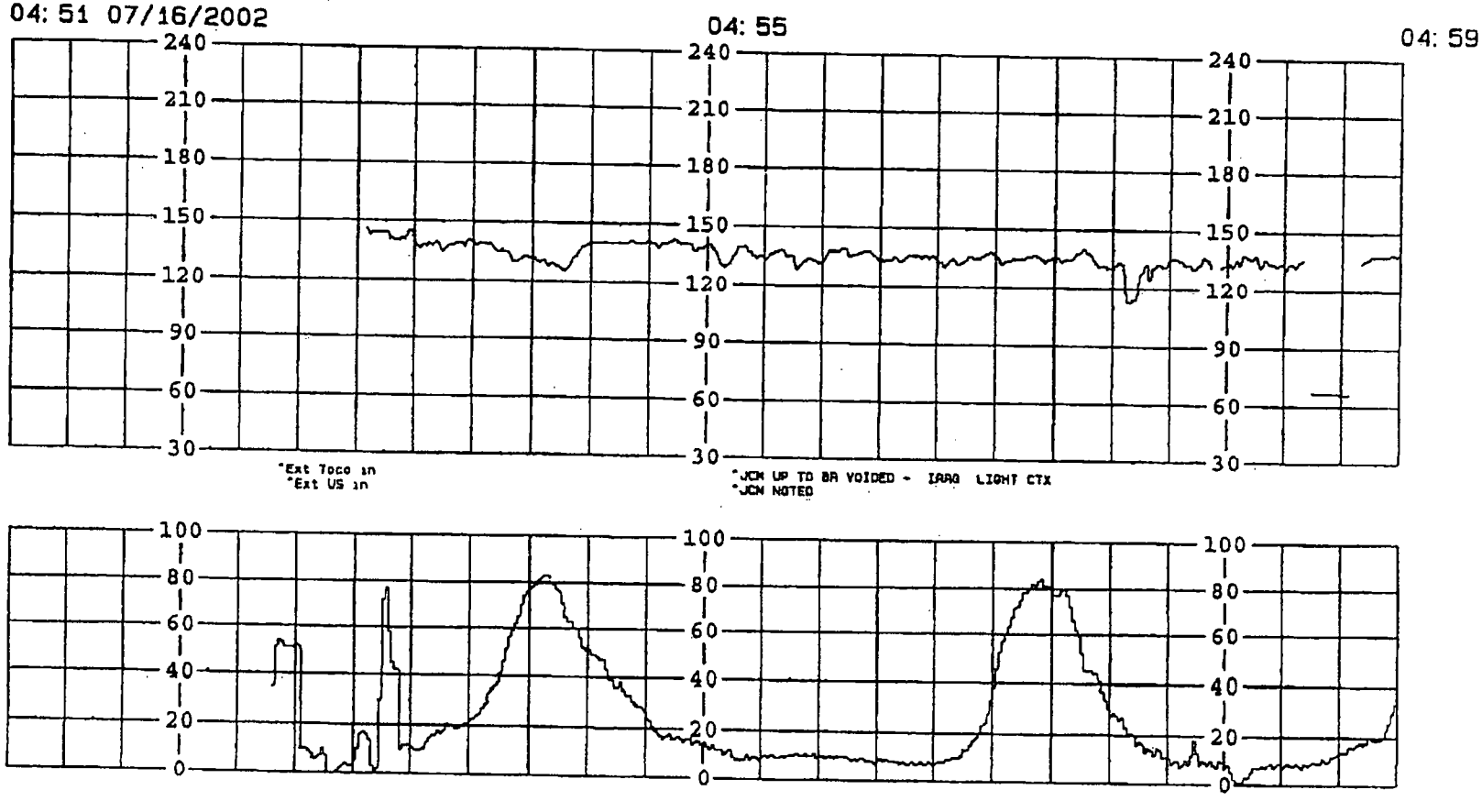
EXH 2_200



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_201

3399

3400

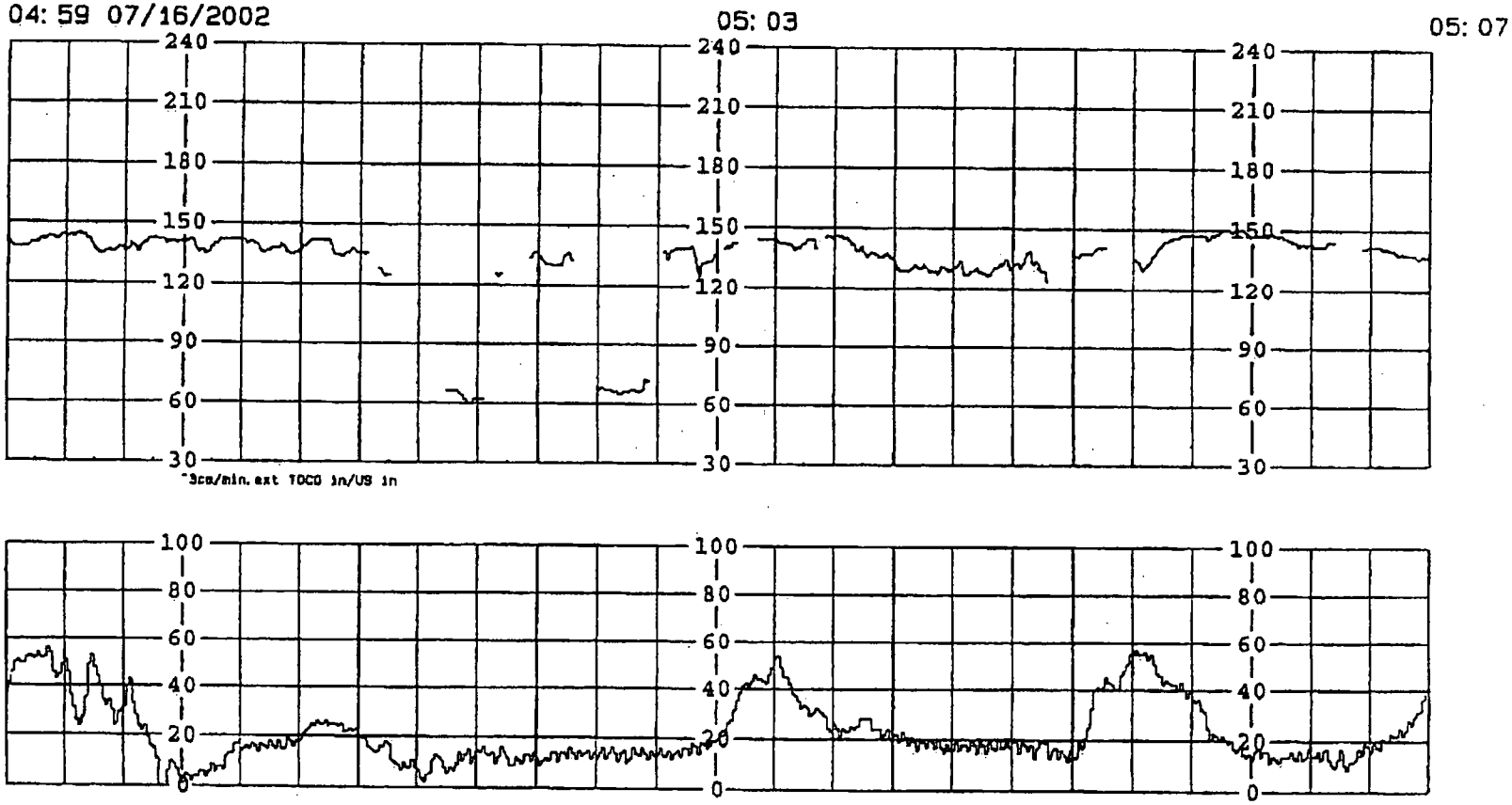
ECH 0201

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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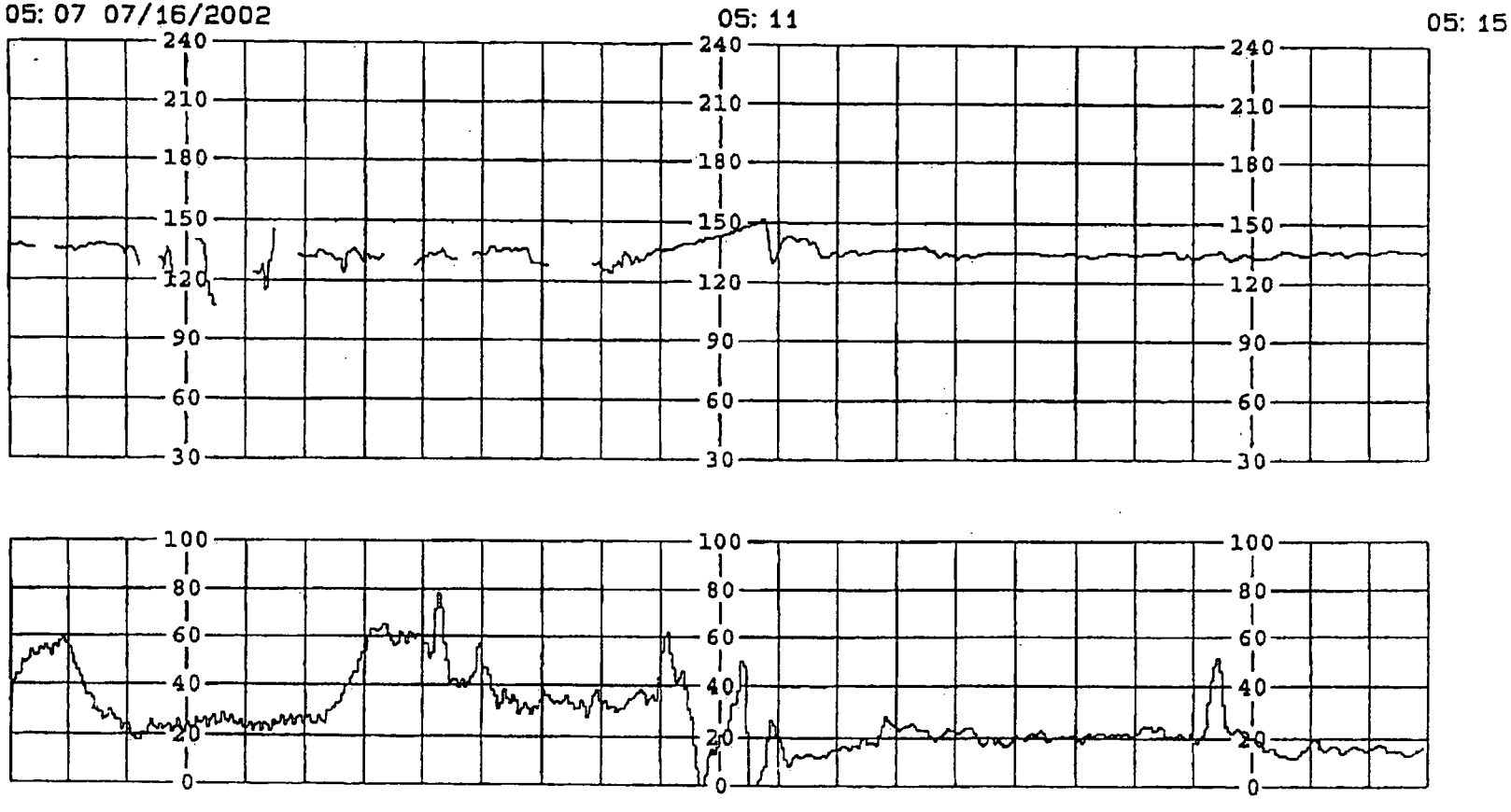
EXH_2_202



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_203

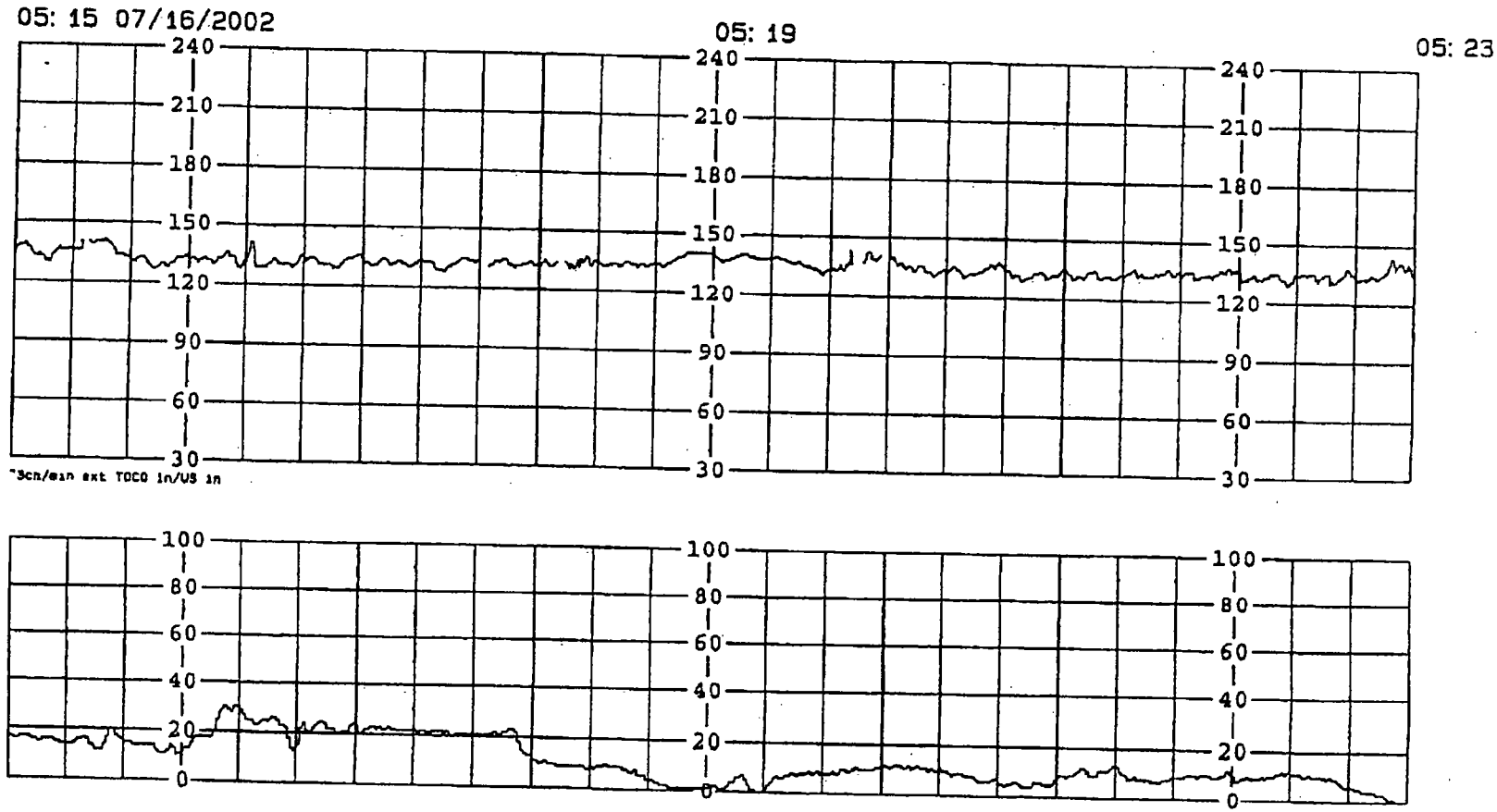
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ECH 0203

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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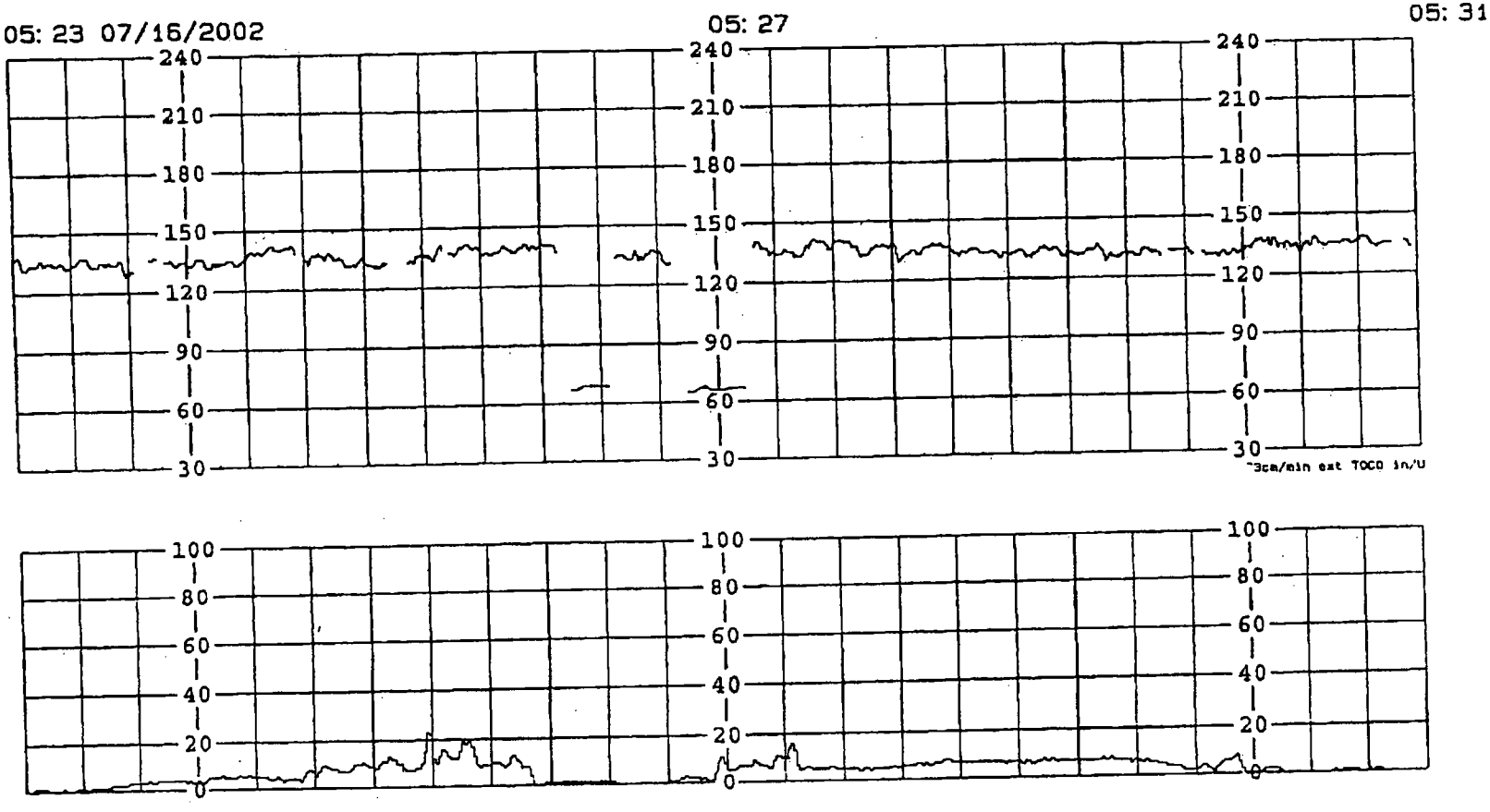


EXH_2_204

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_205

3403

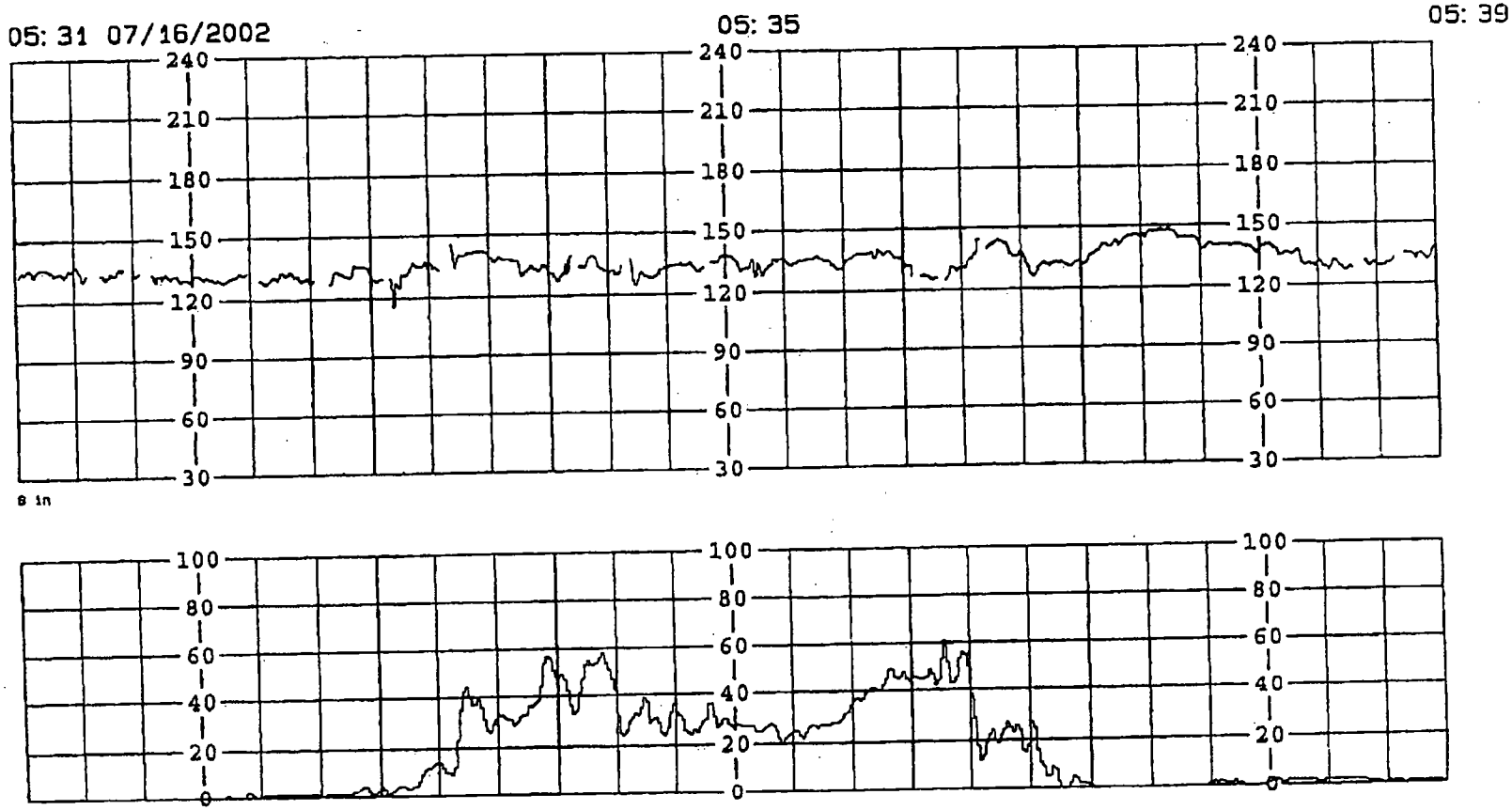
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ECH 0205

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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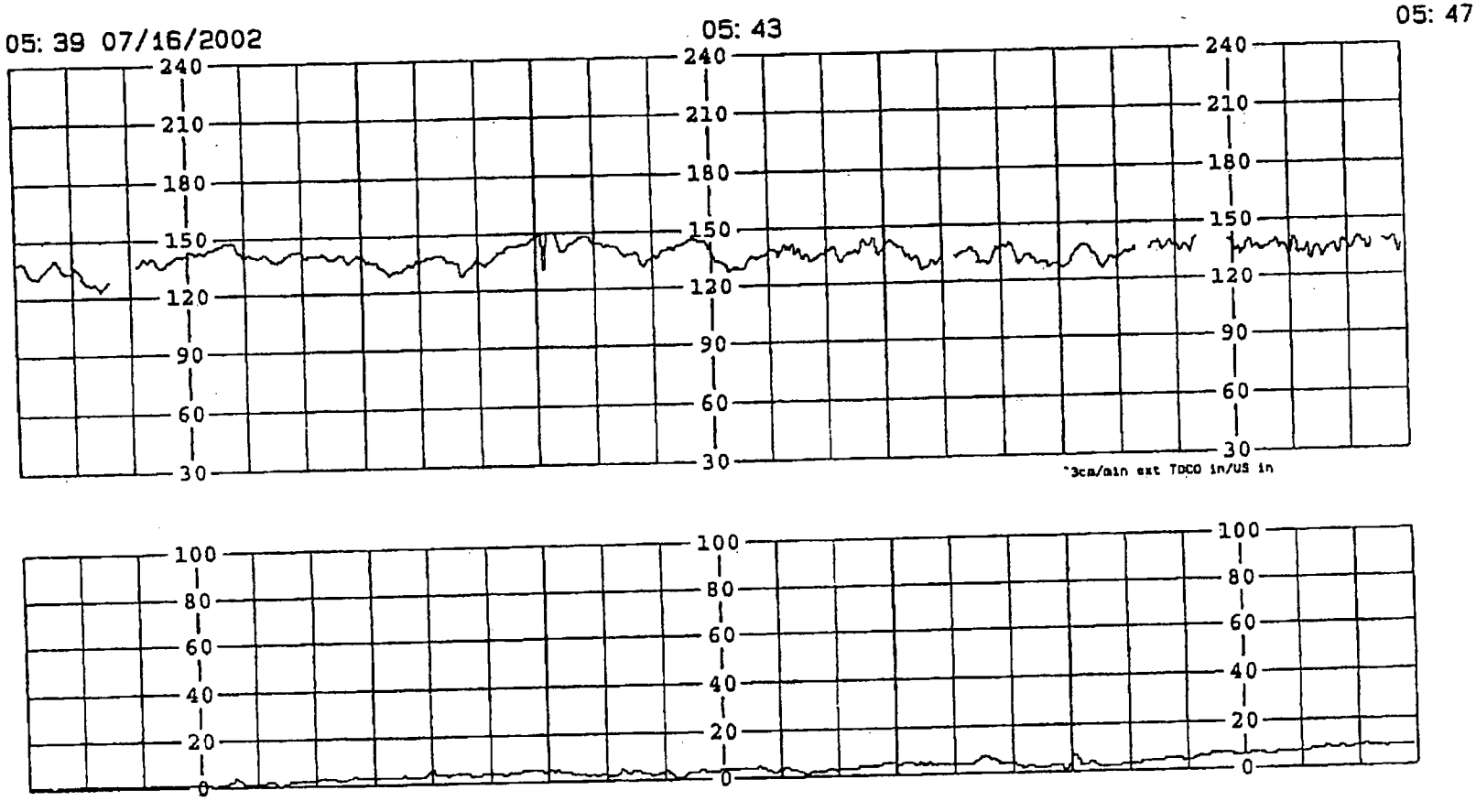


EXH_2_206

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Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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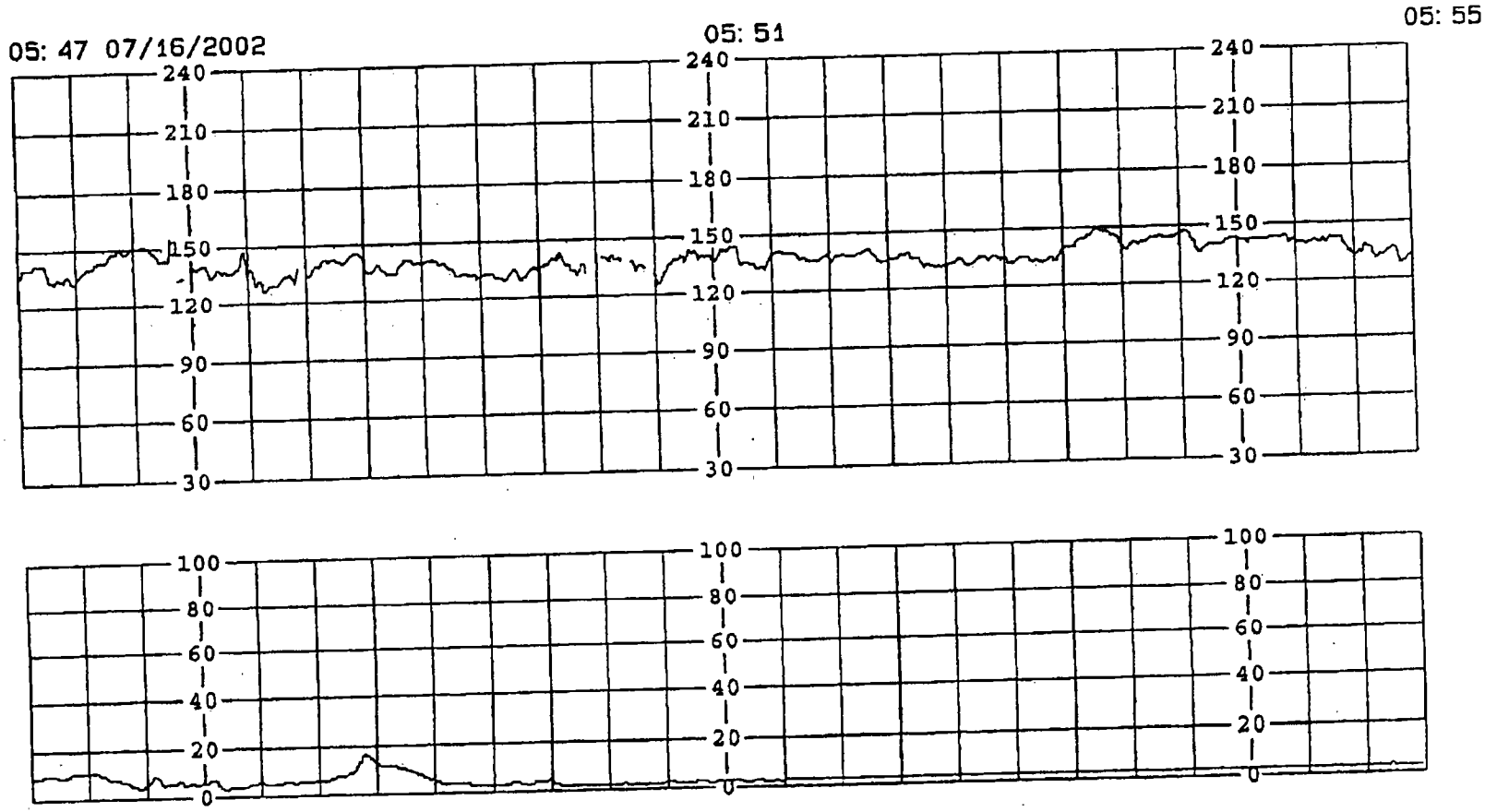
EXH_2_207

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Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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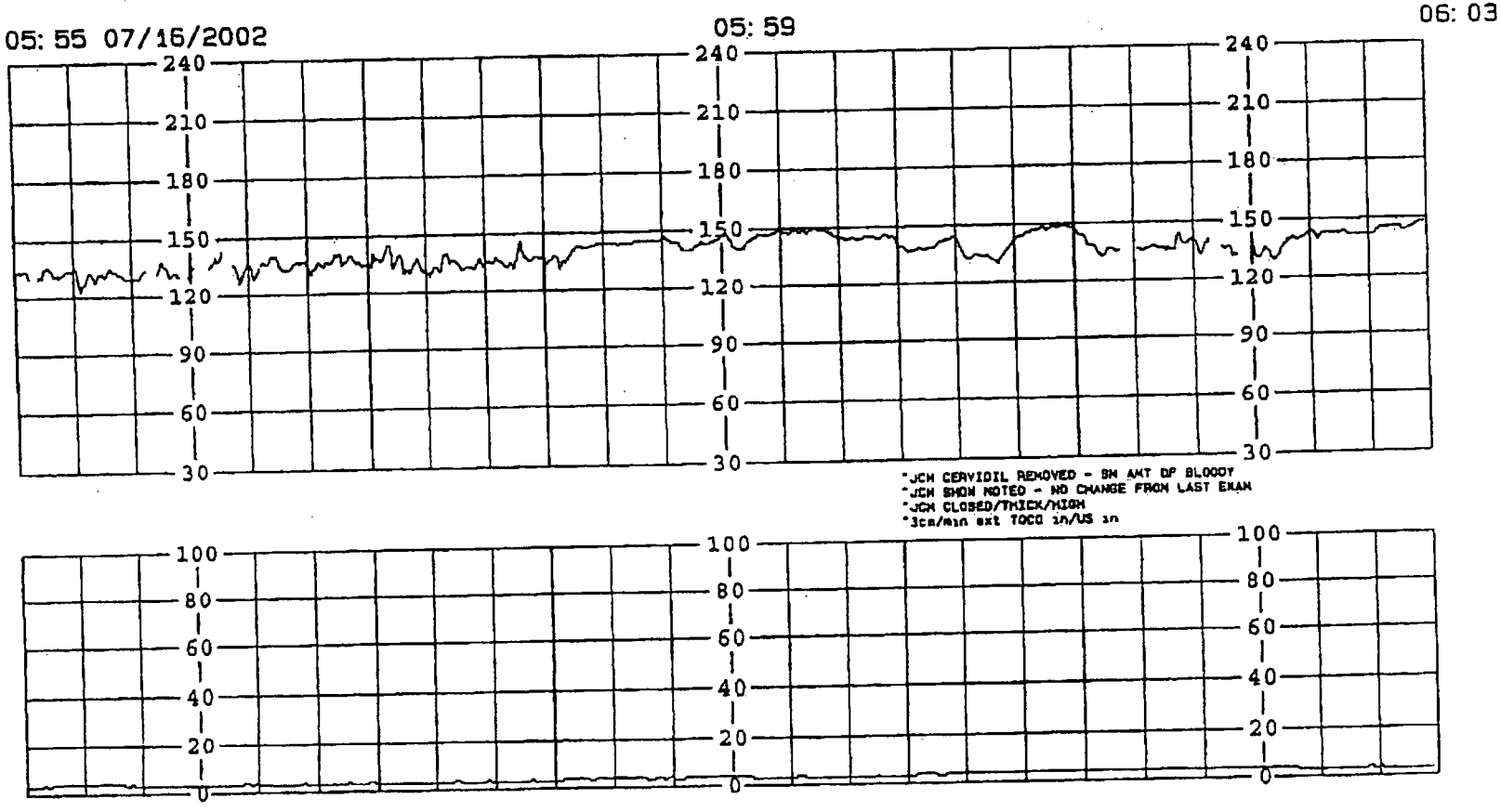
EXH 2_208

ECH 0208

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_209

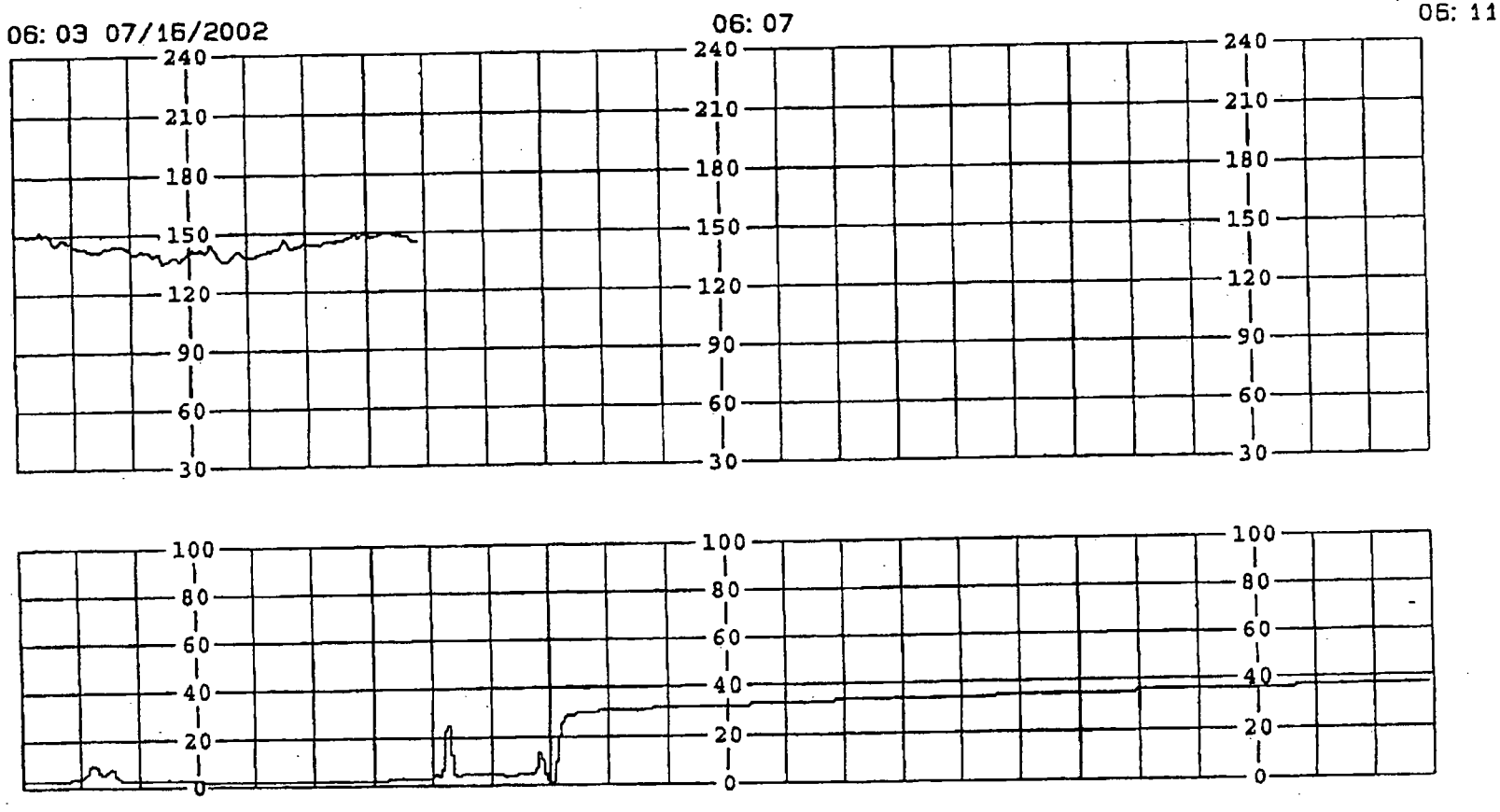
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ECH 0209

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH 2_210

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

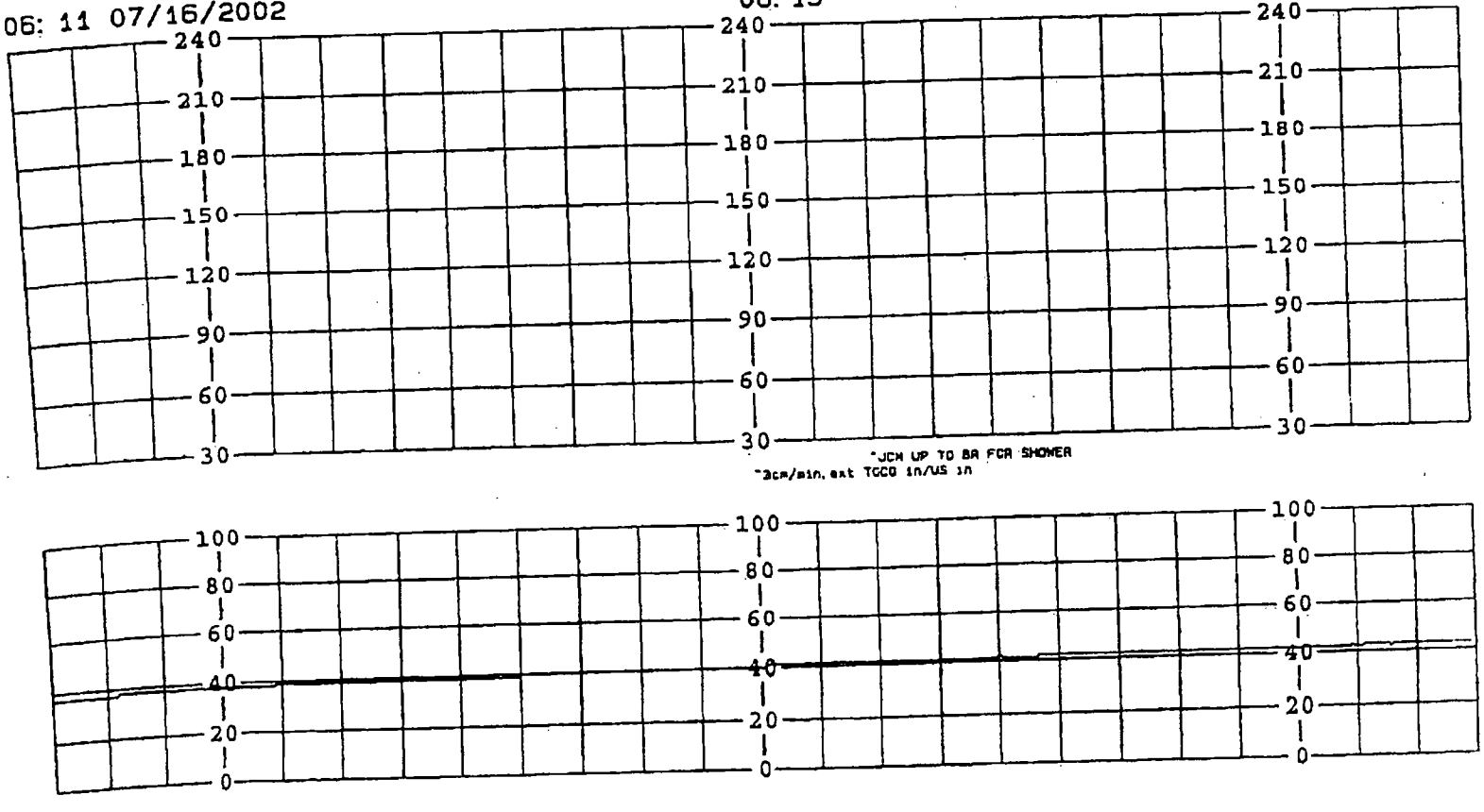
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06: 11 07/16/2002

06: 15

06: 19



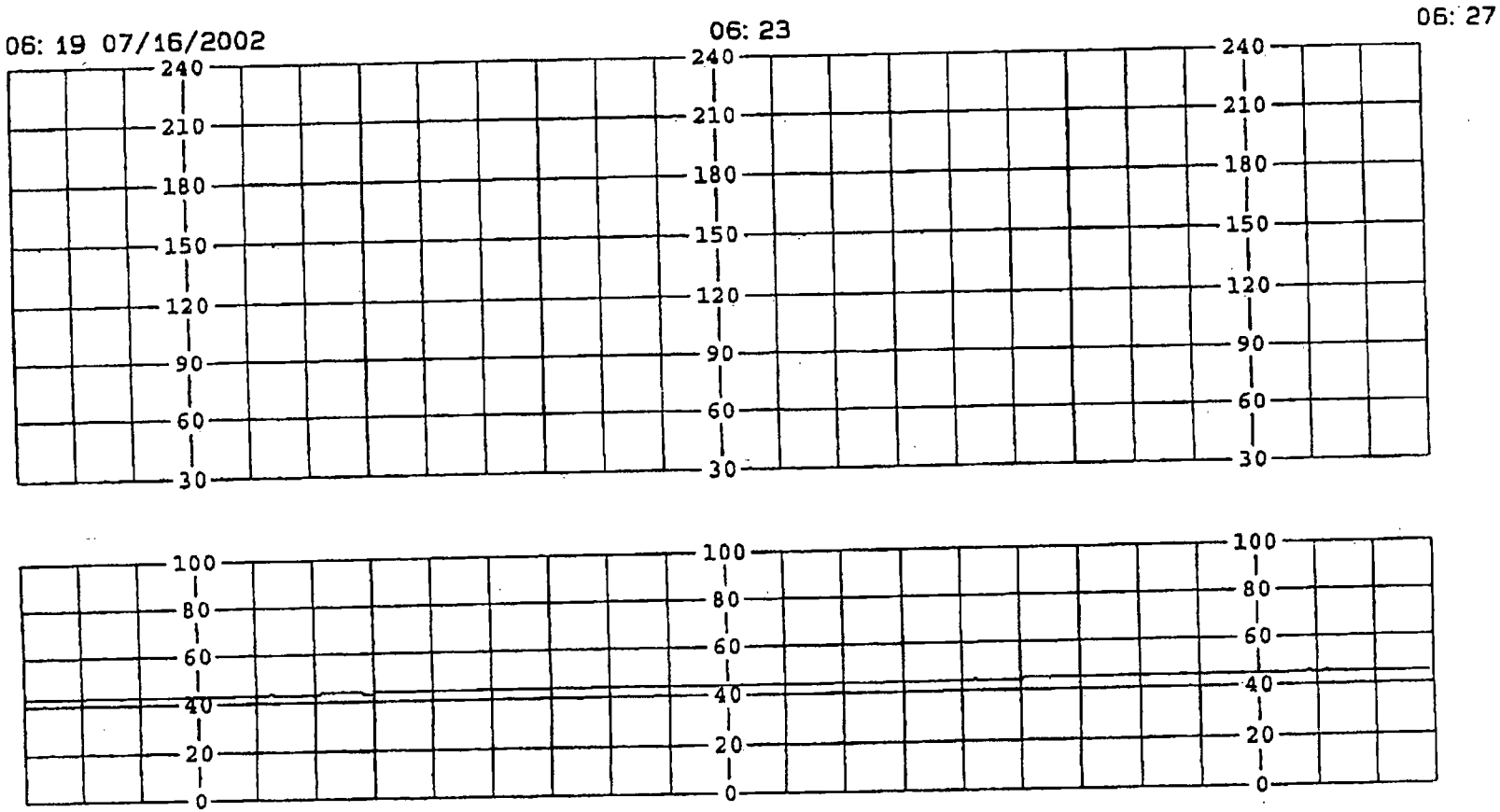
EXH_2_211

ECH 0211

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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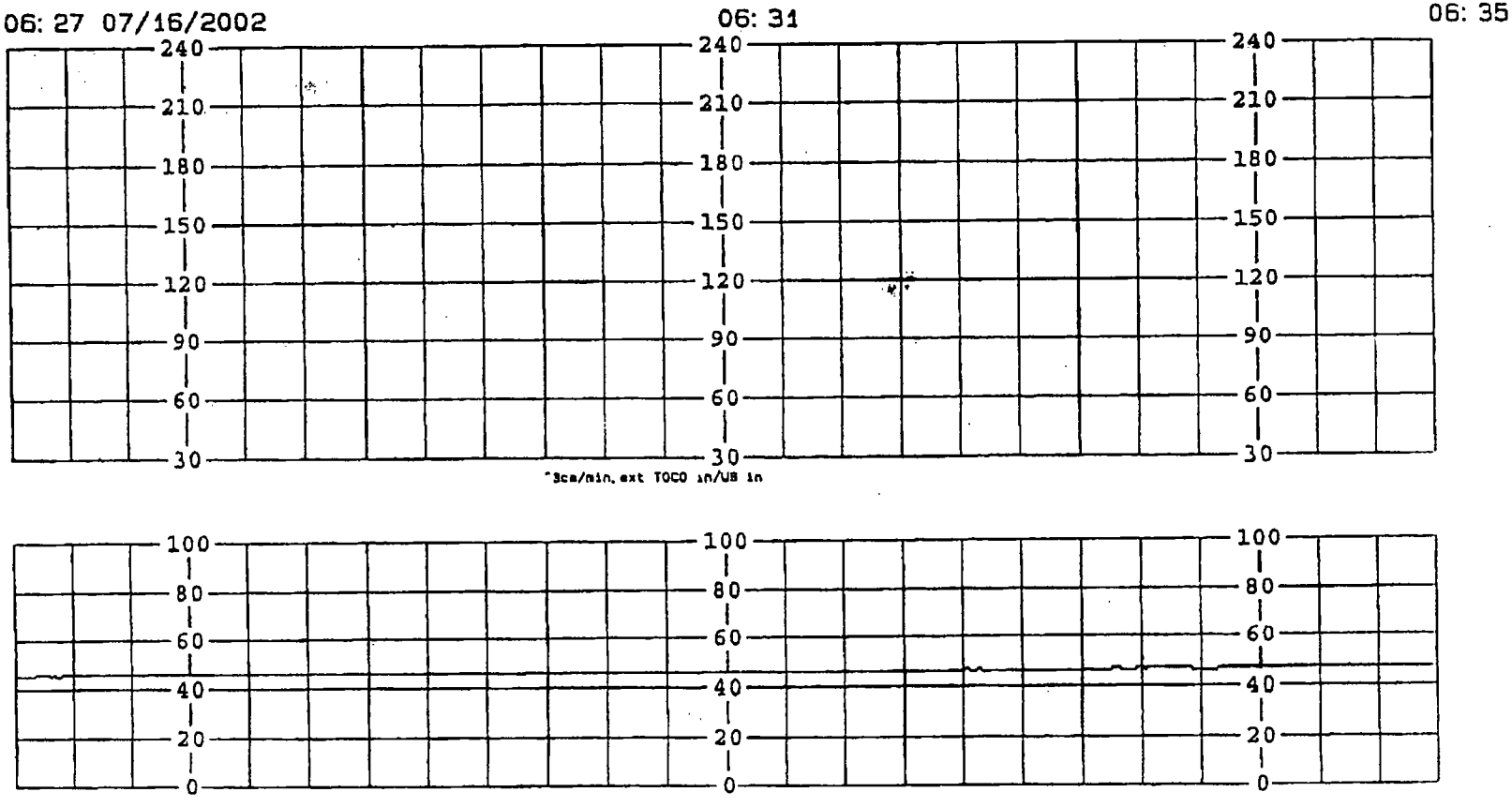
EXH_2_212

ECH 0212

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_213

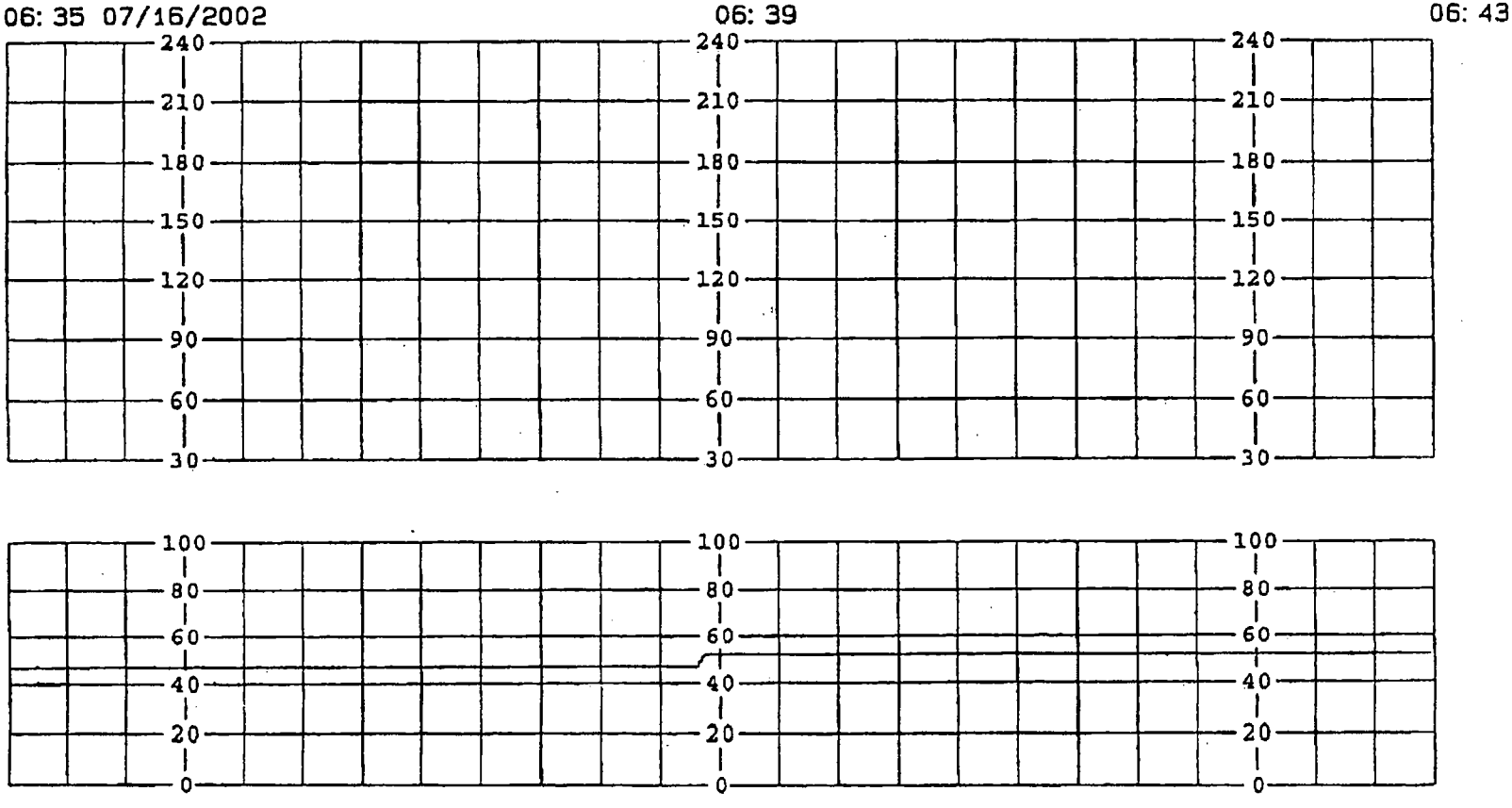
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ECH 0213

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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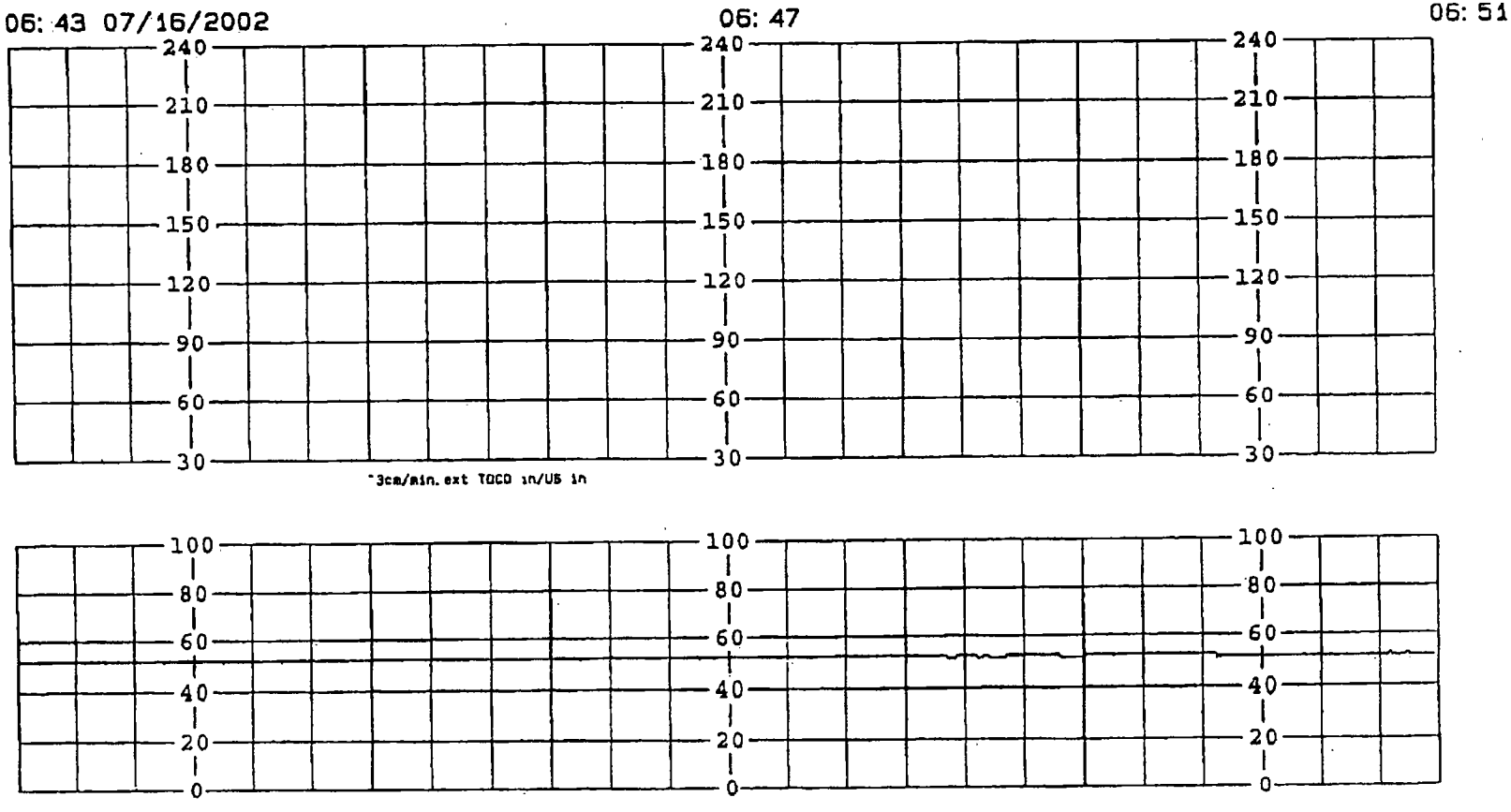


EXH_2_214

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_215

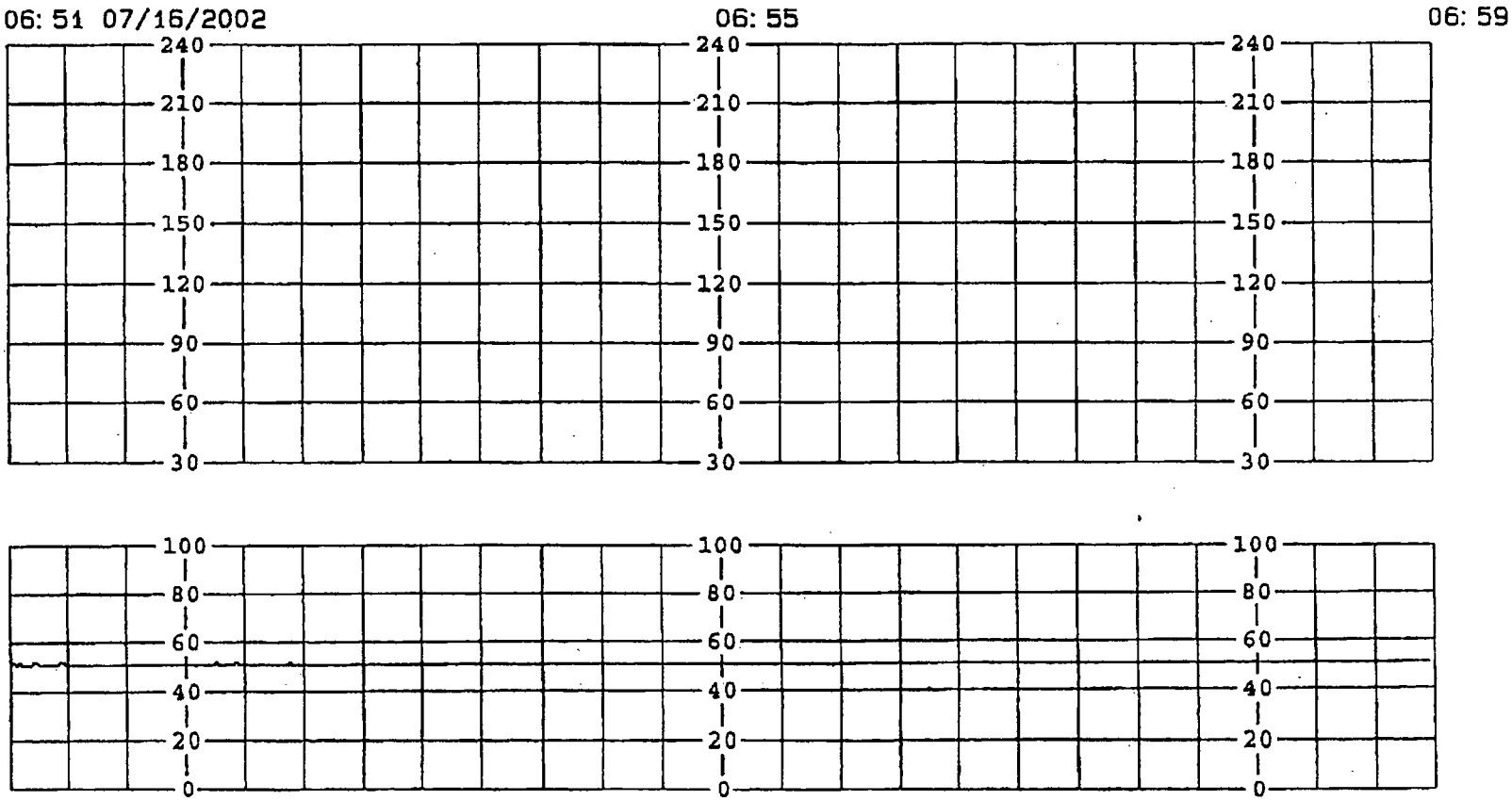
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ECH 0215

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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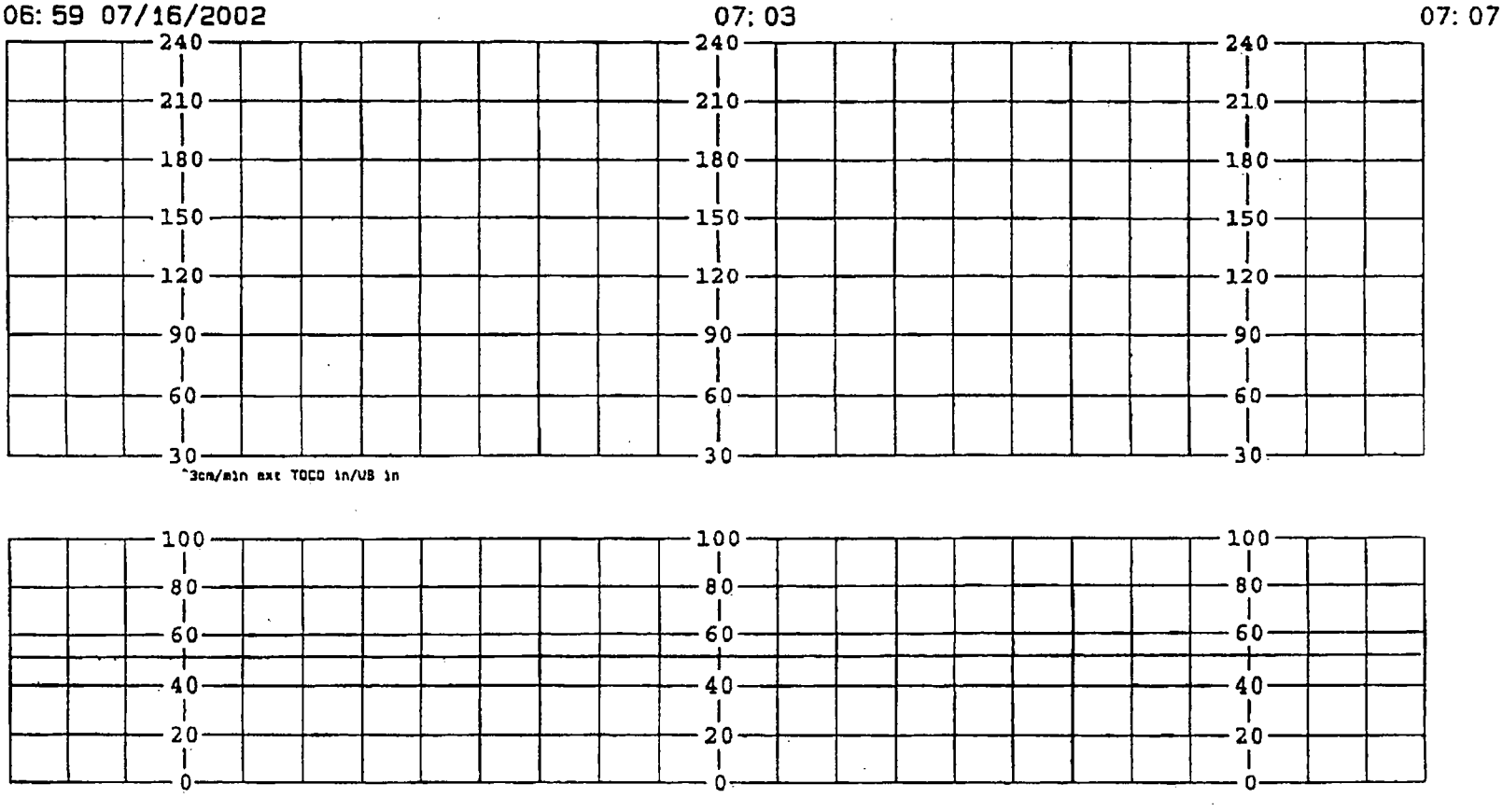


EXH 2_216

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 100

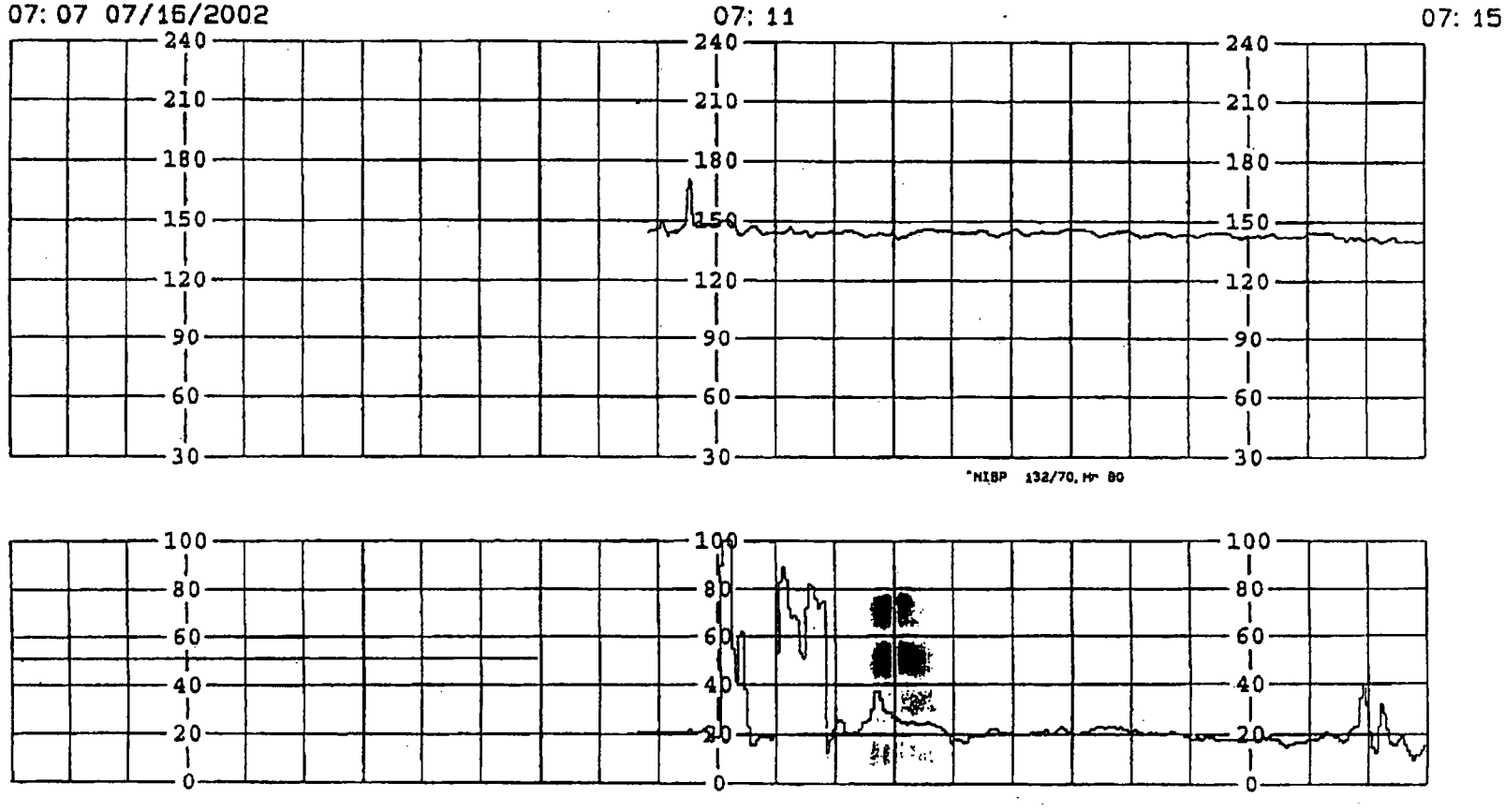


ECH 0217

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 101

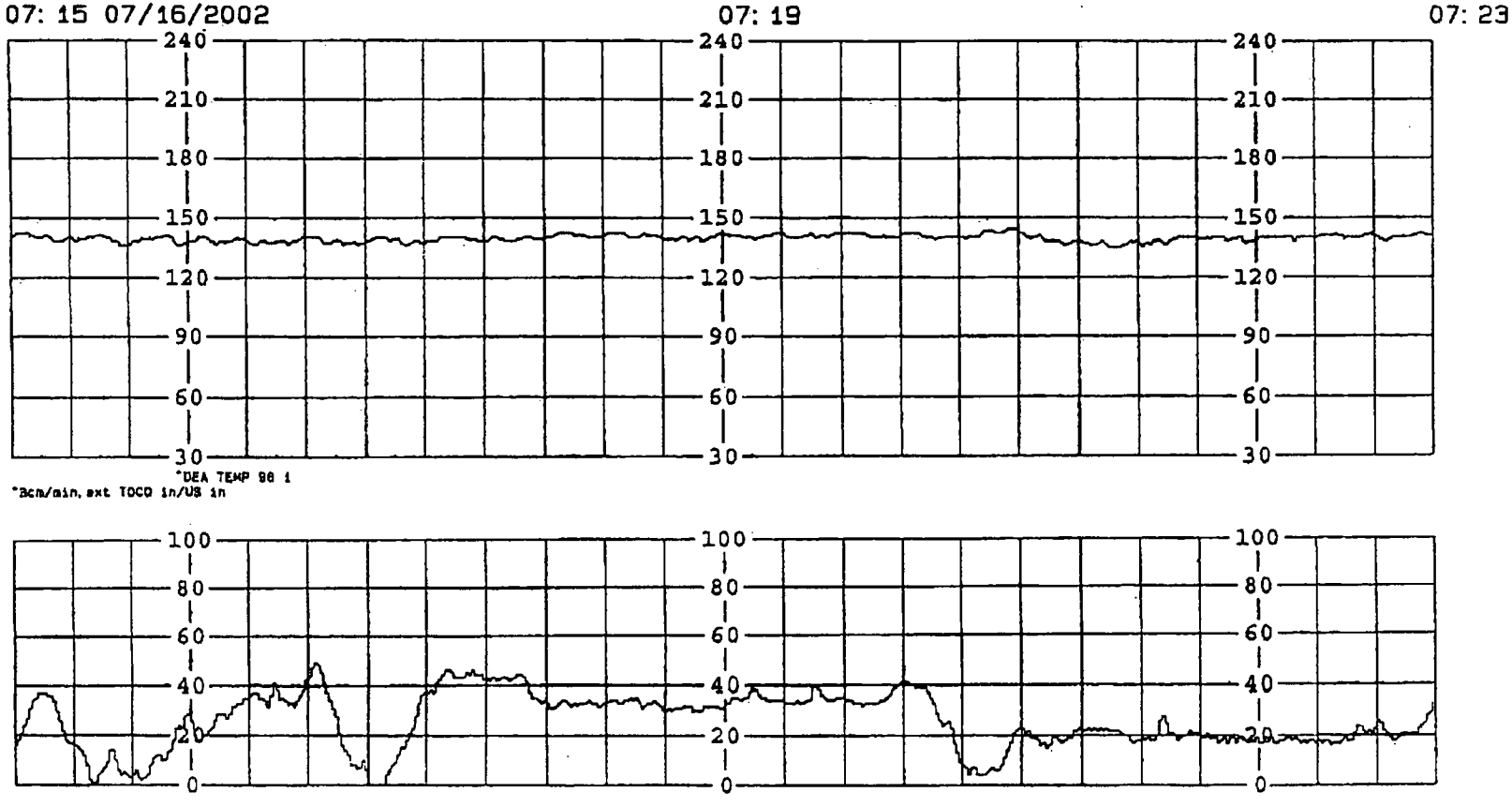


EXH_2_218

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Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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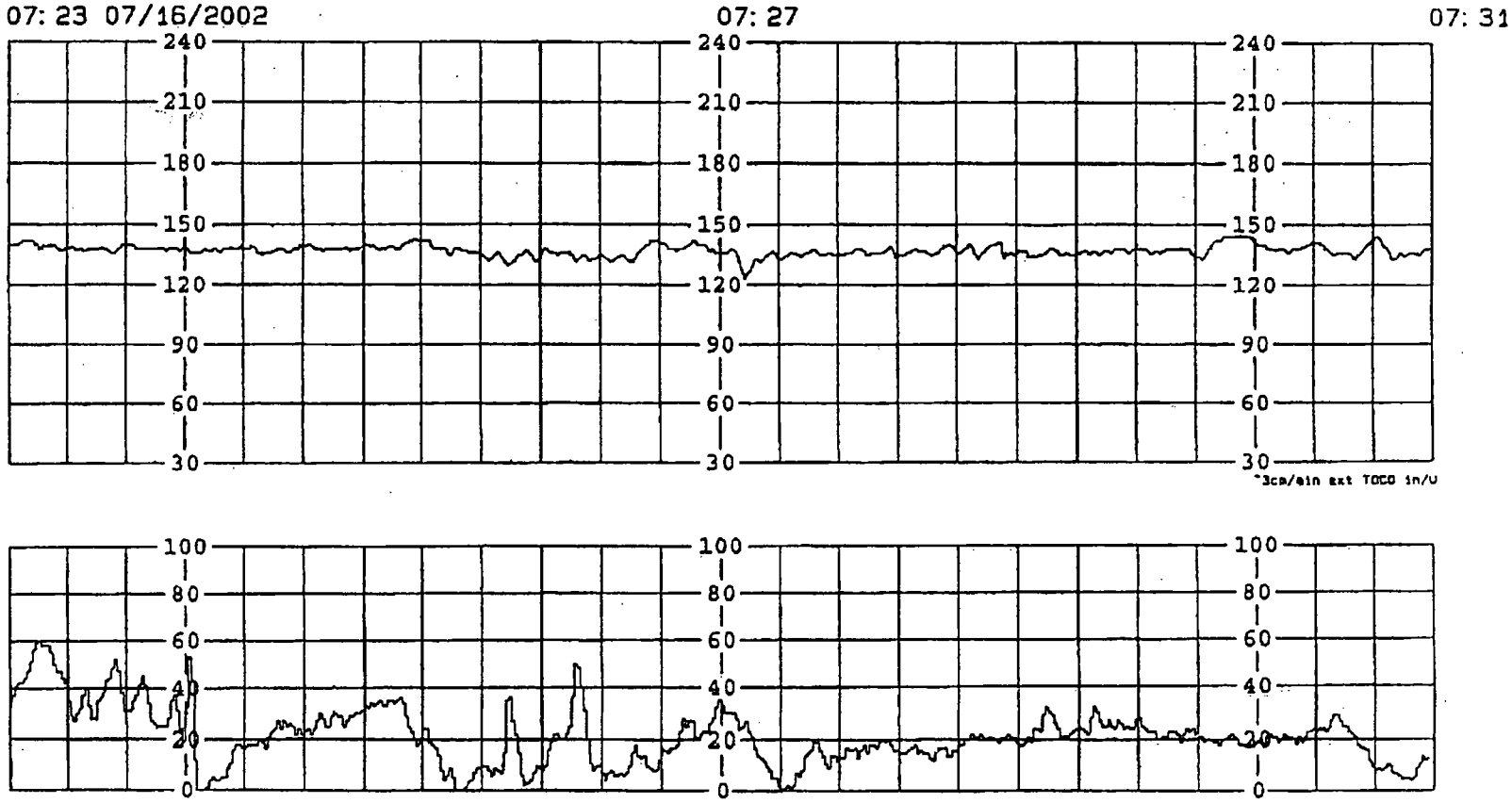


ECH 0219

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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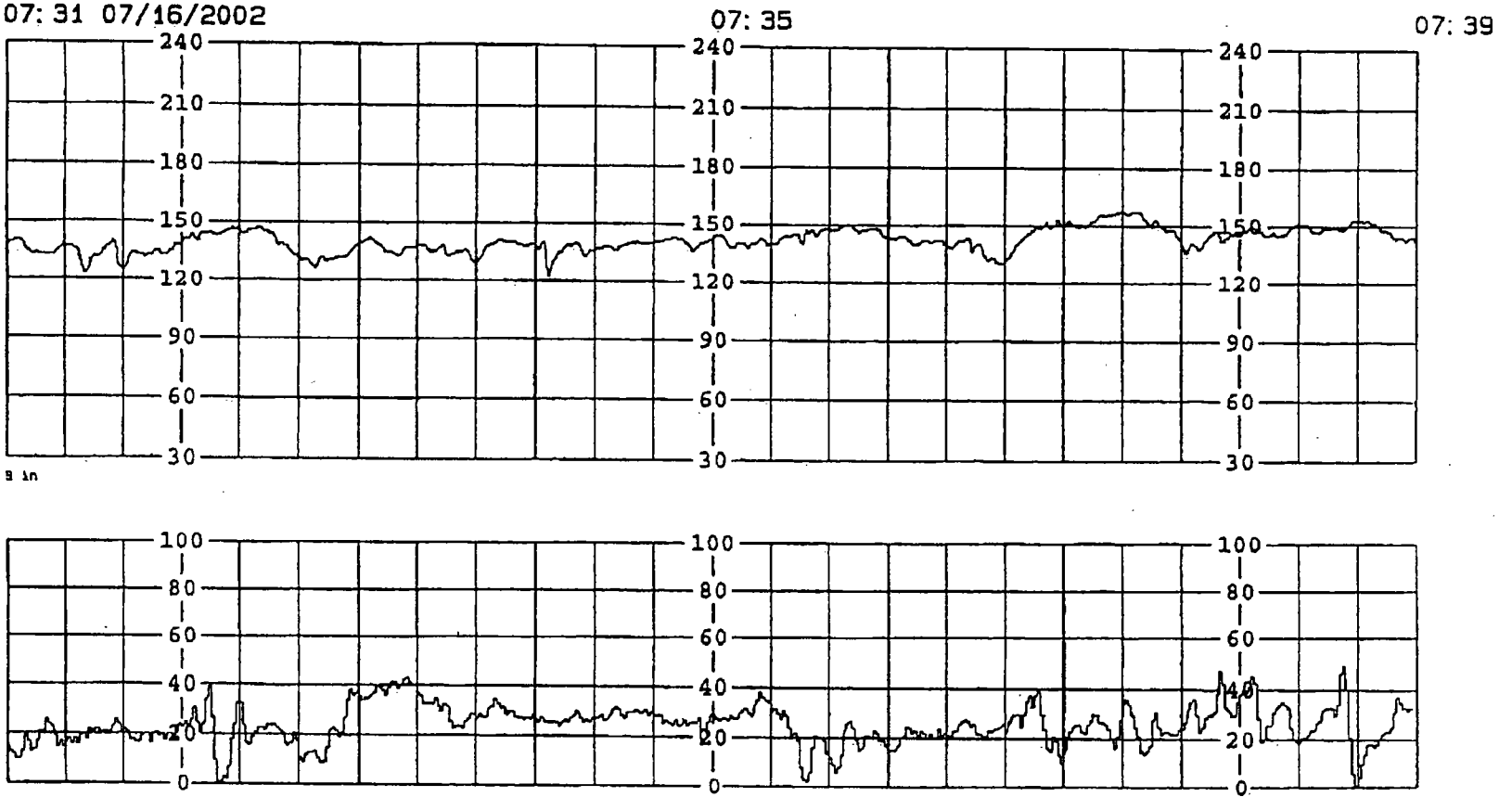


EXH_2_220

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_221

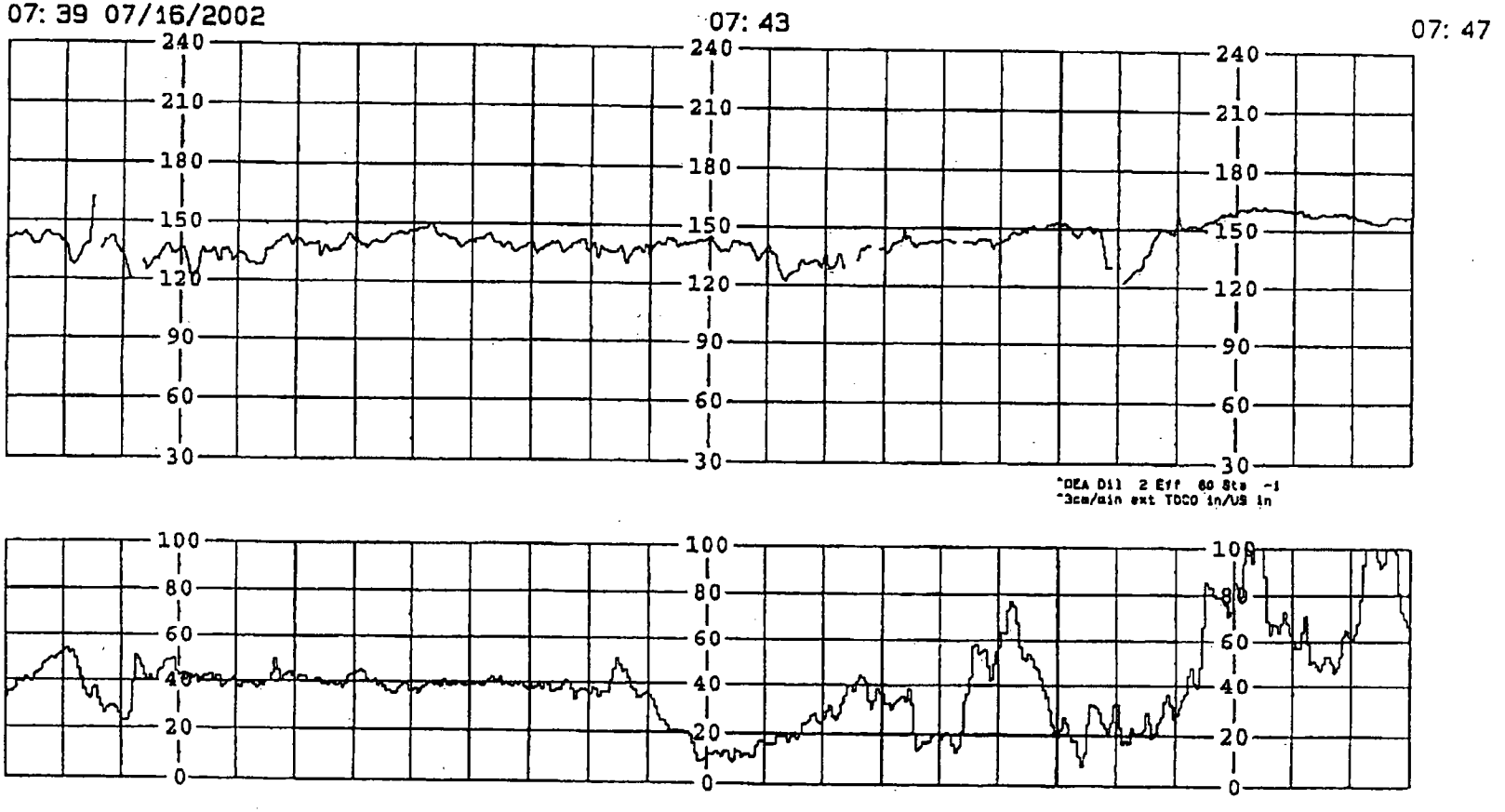
3419

ECH 0221

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 105

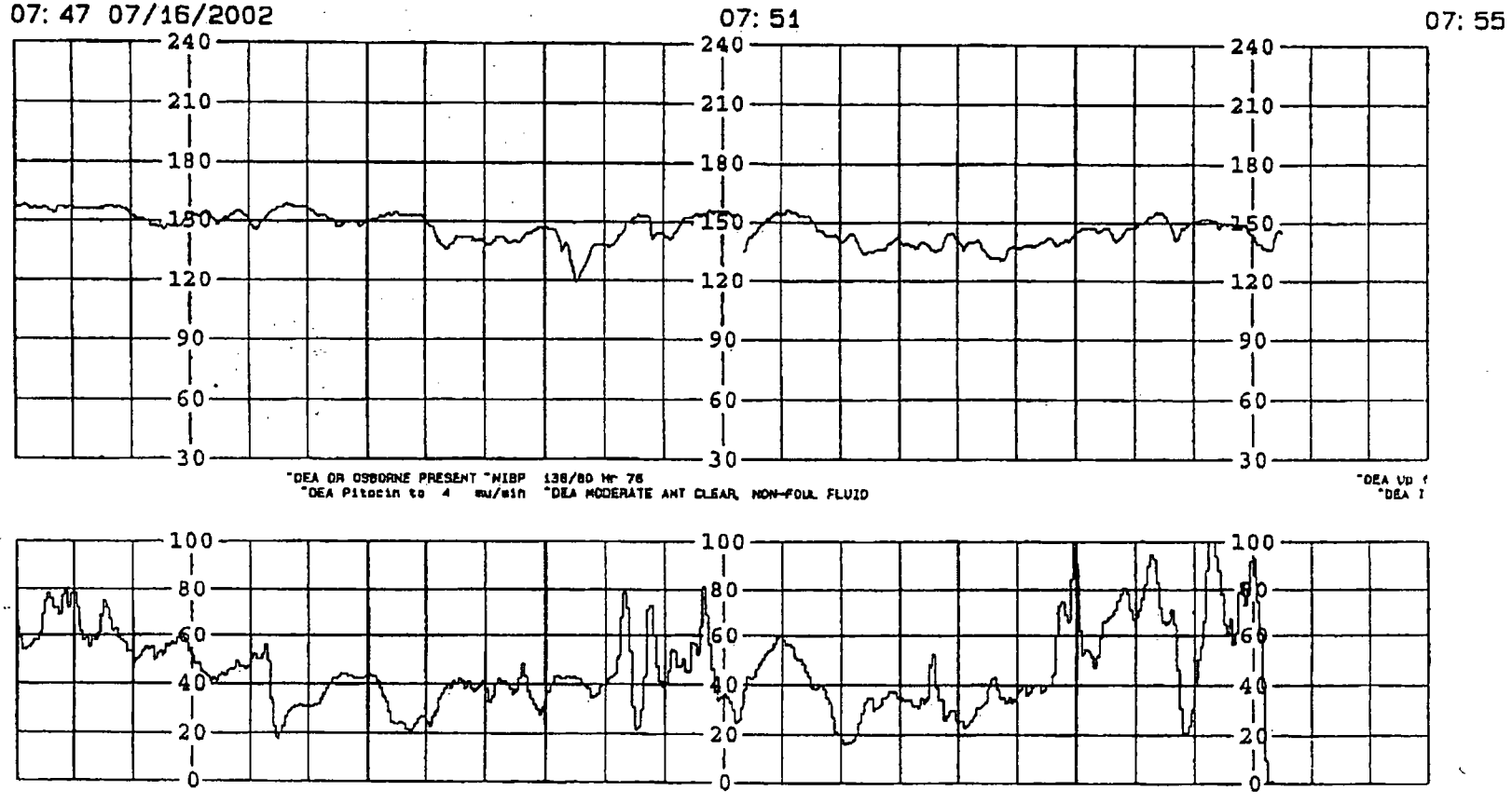


EXH_2_222

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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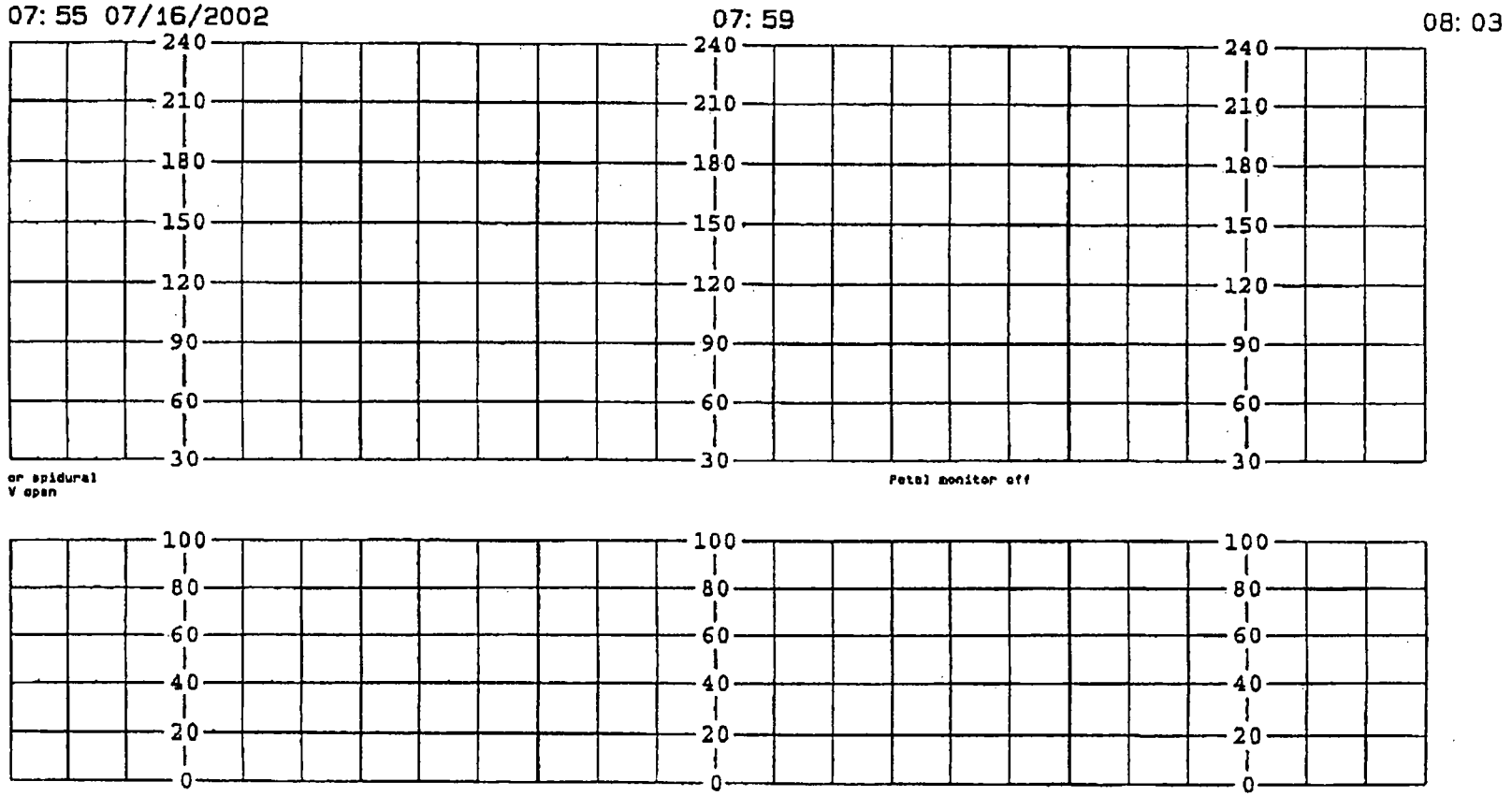


EXH 2_223

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

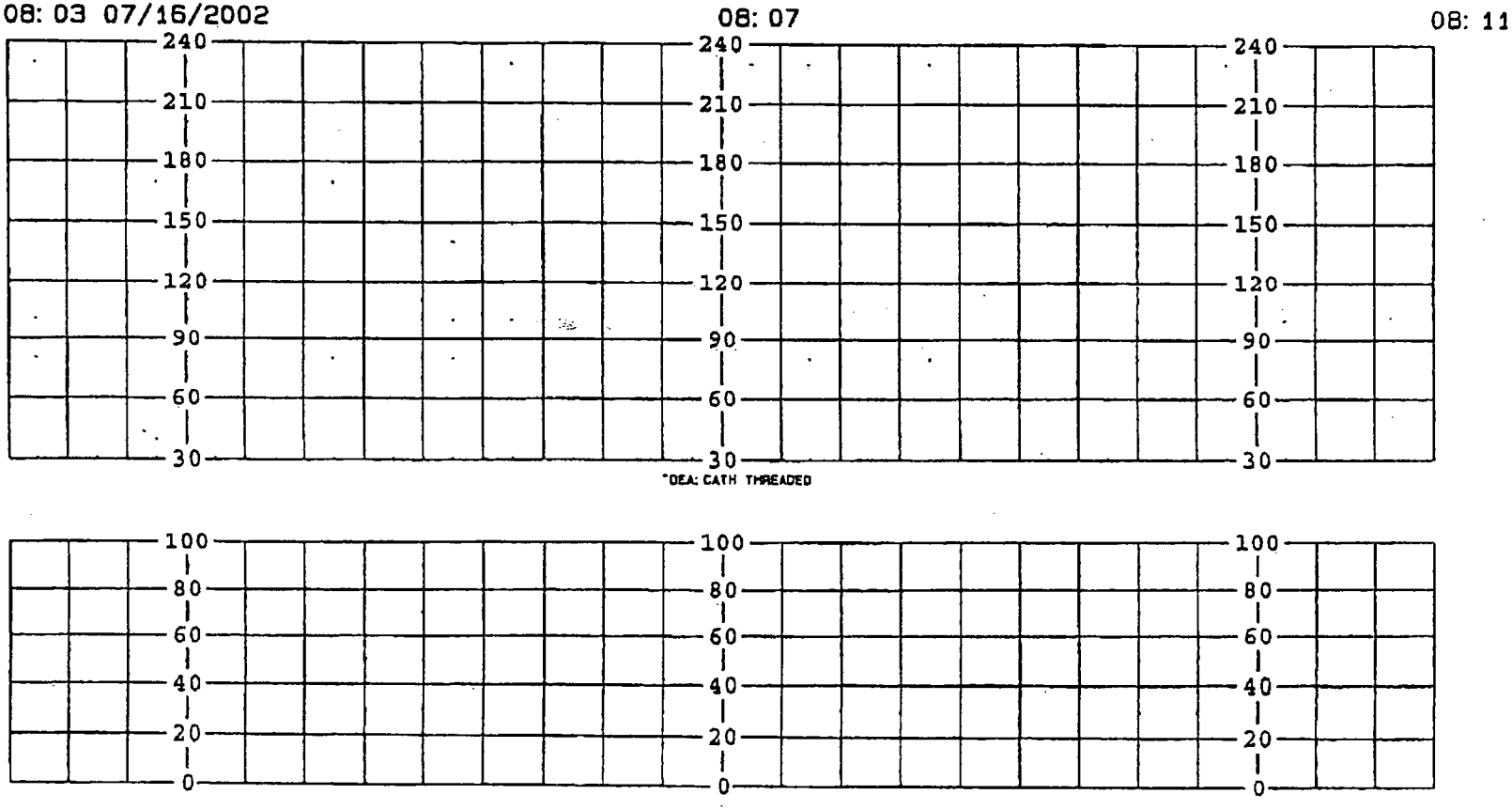
Page: 107



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_225

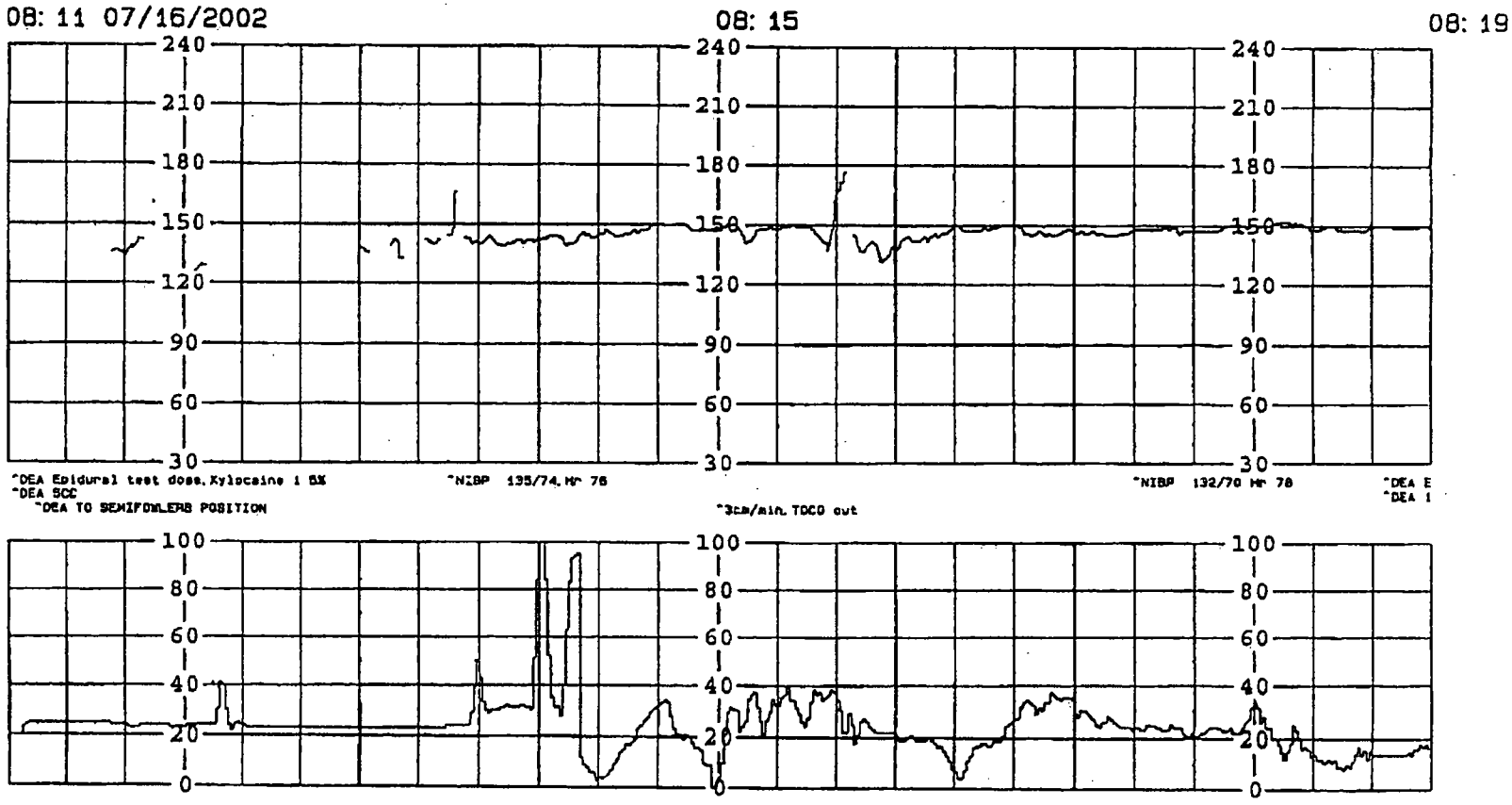
3423

ECH 0225

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 109

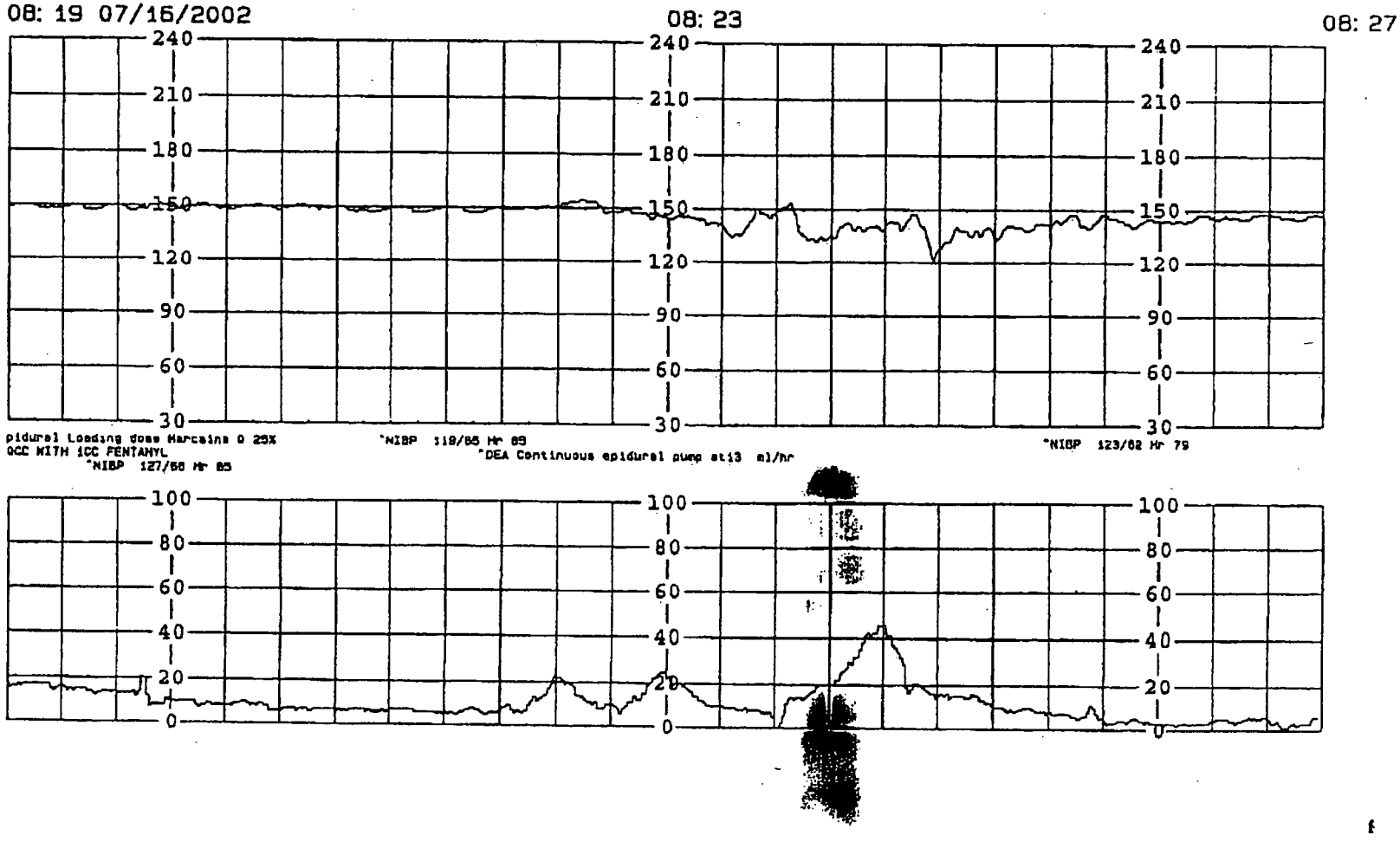


EXH 2_226

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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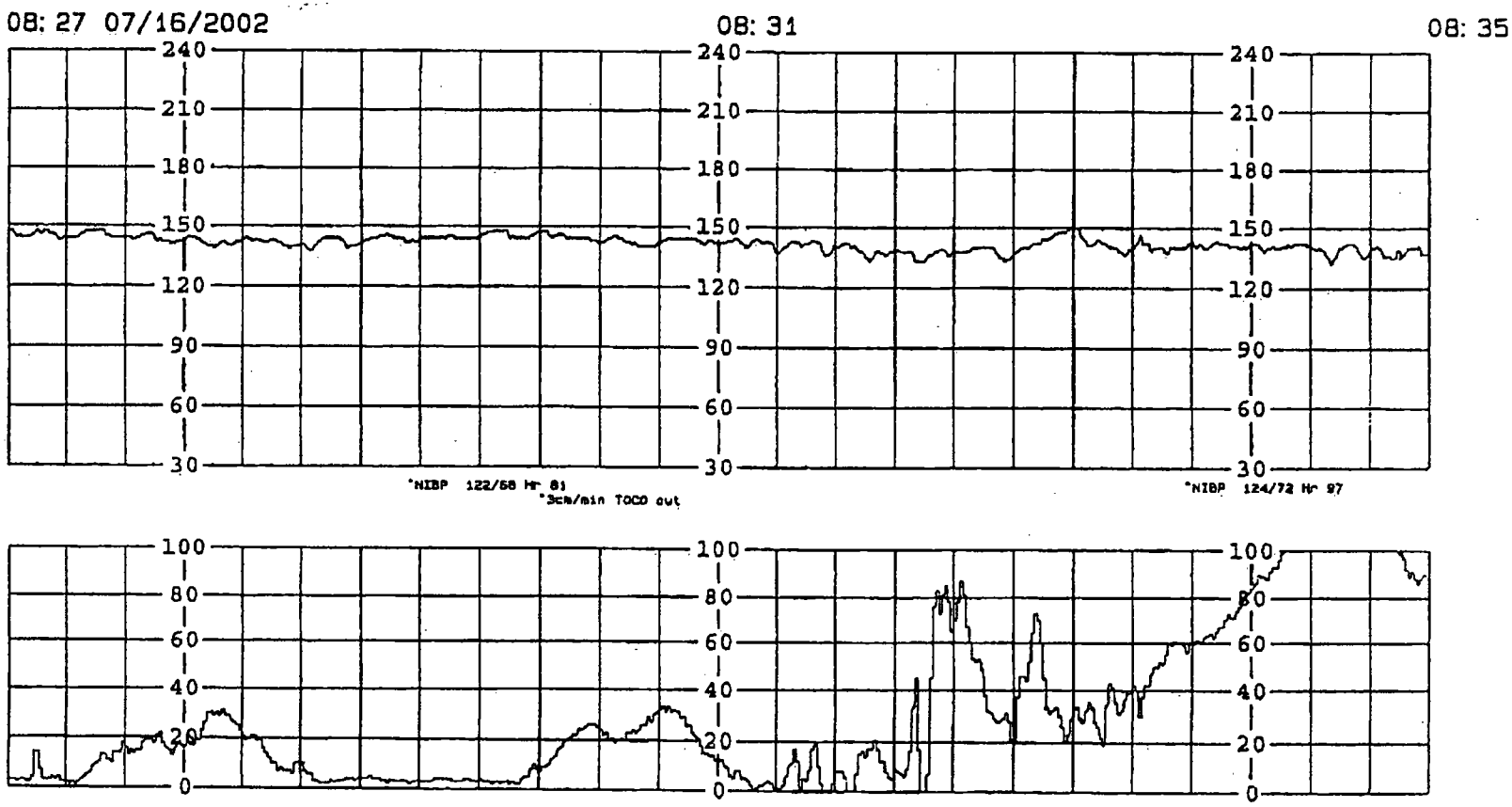
EXH 2_227

ECH 0227

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 111

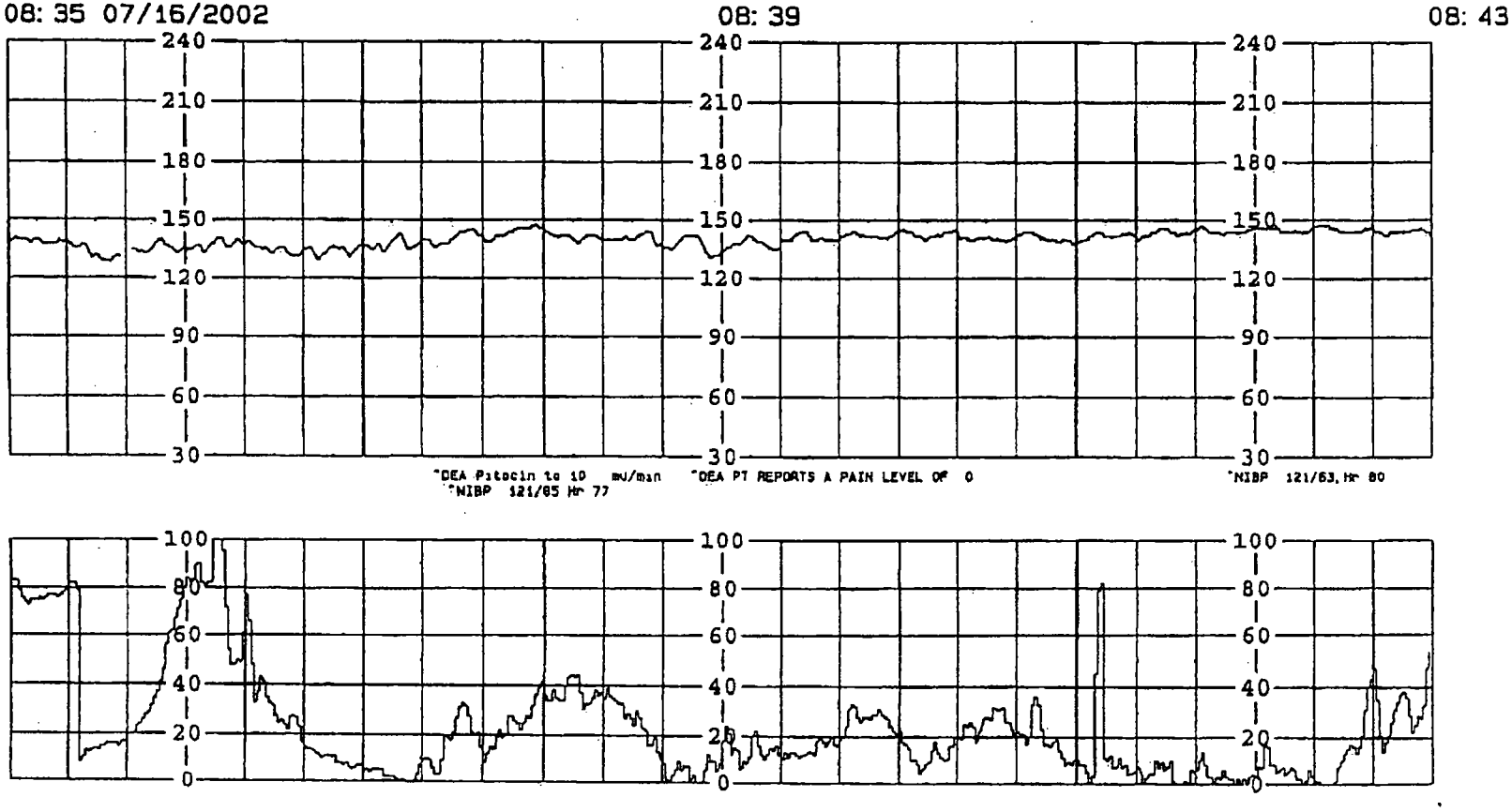


EXH 2 228

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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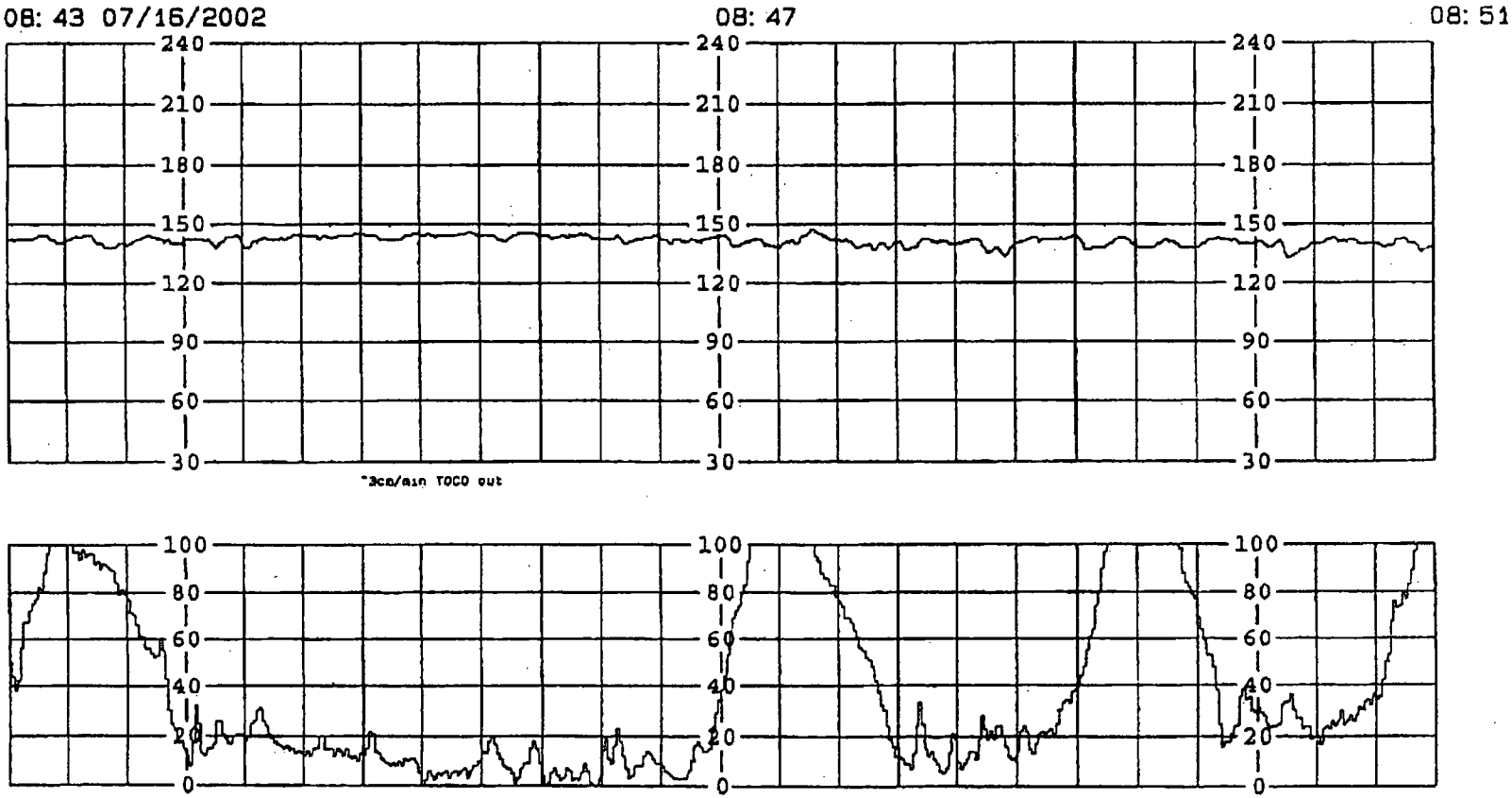
ECH 0229

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 113

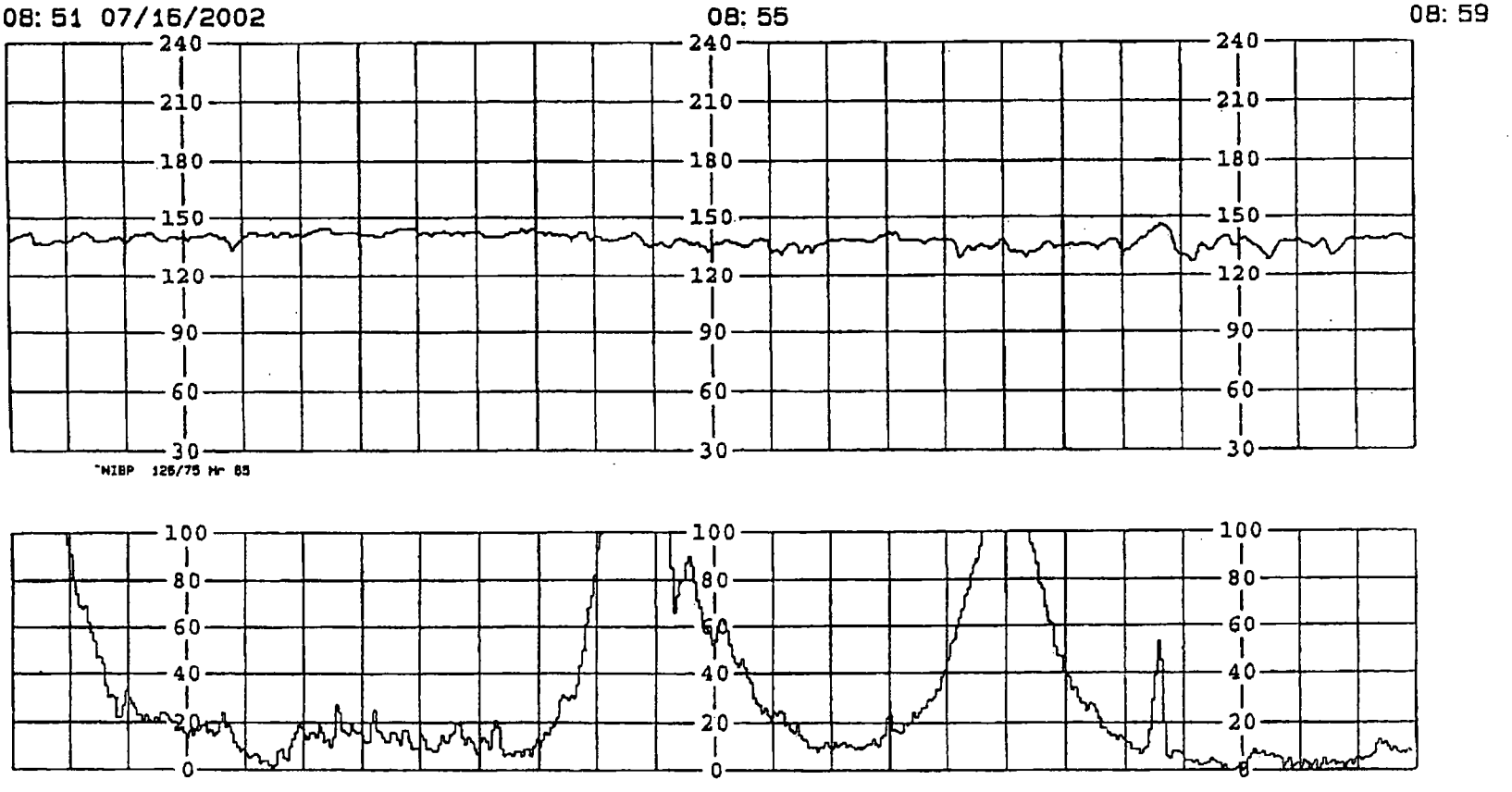
EXH_2_230



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 114

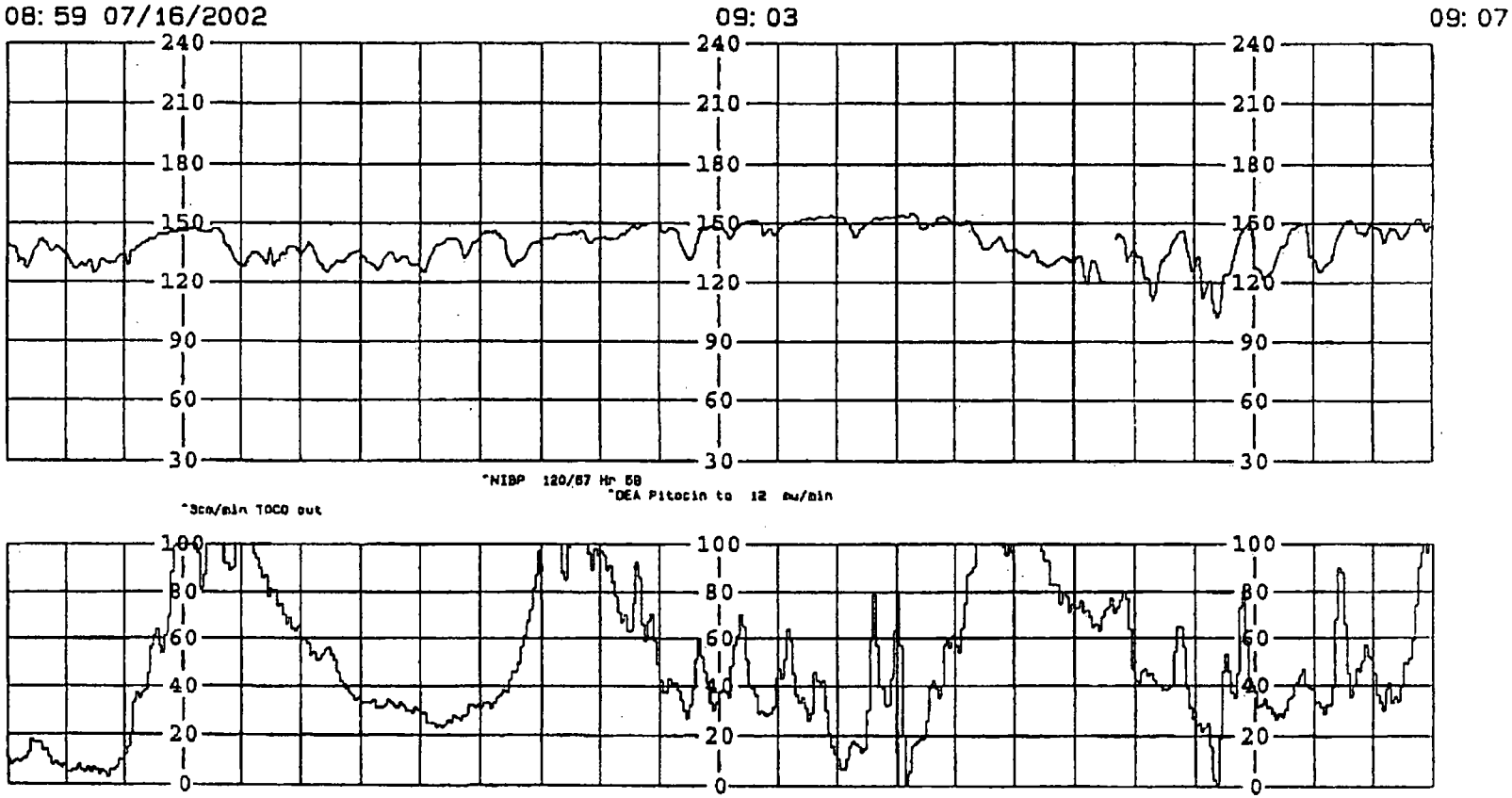


EXH_2_231

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

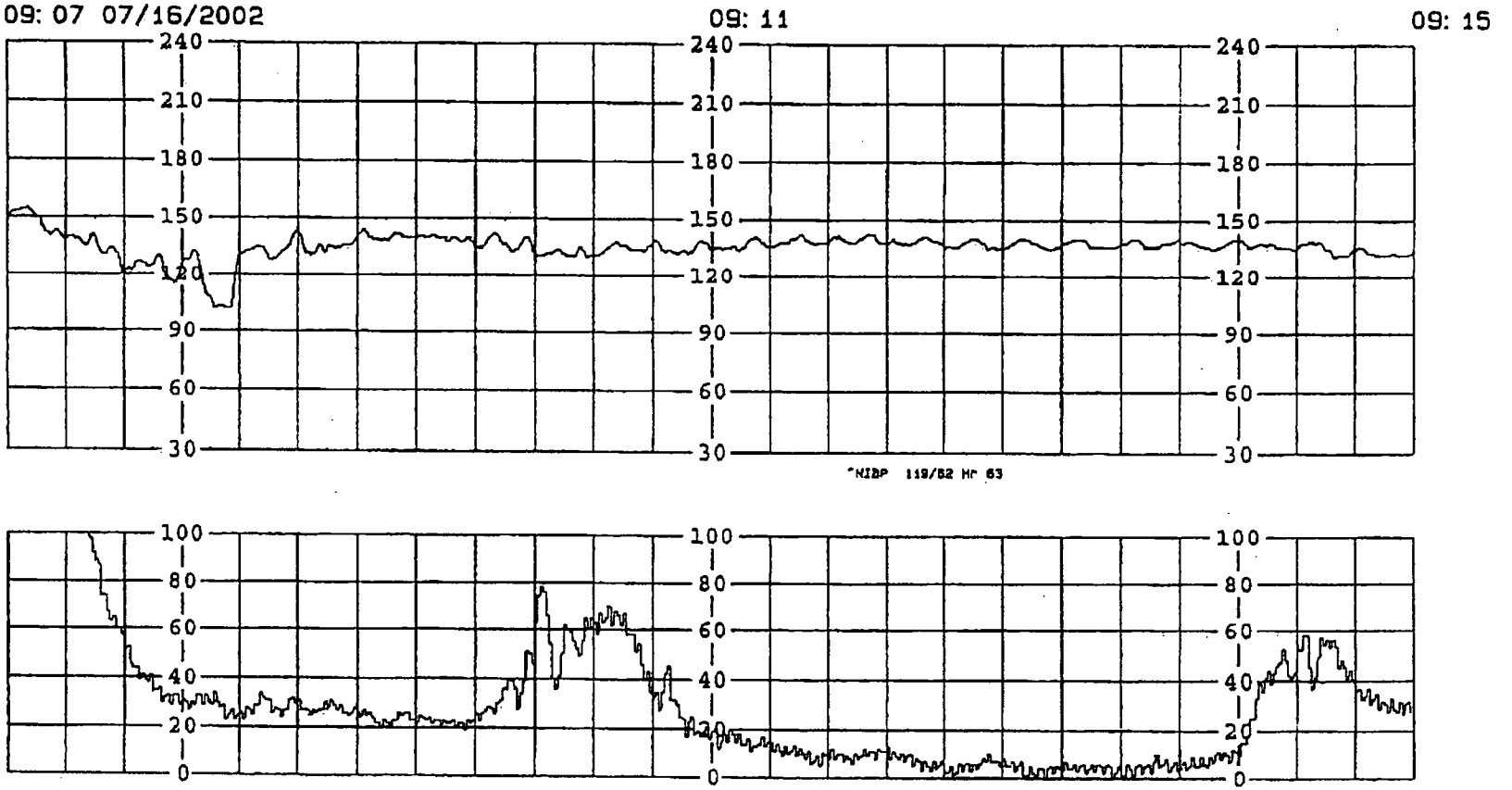
Page: 115



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 116

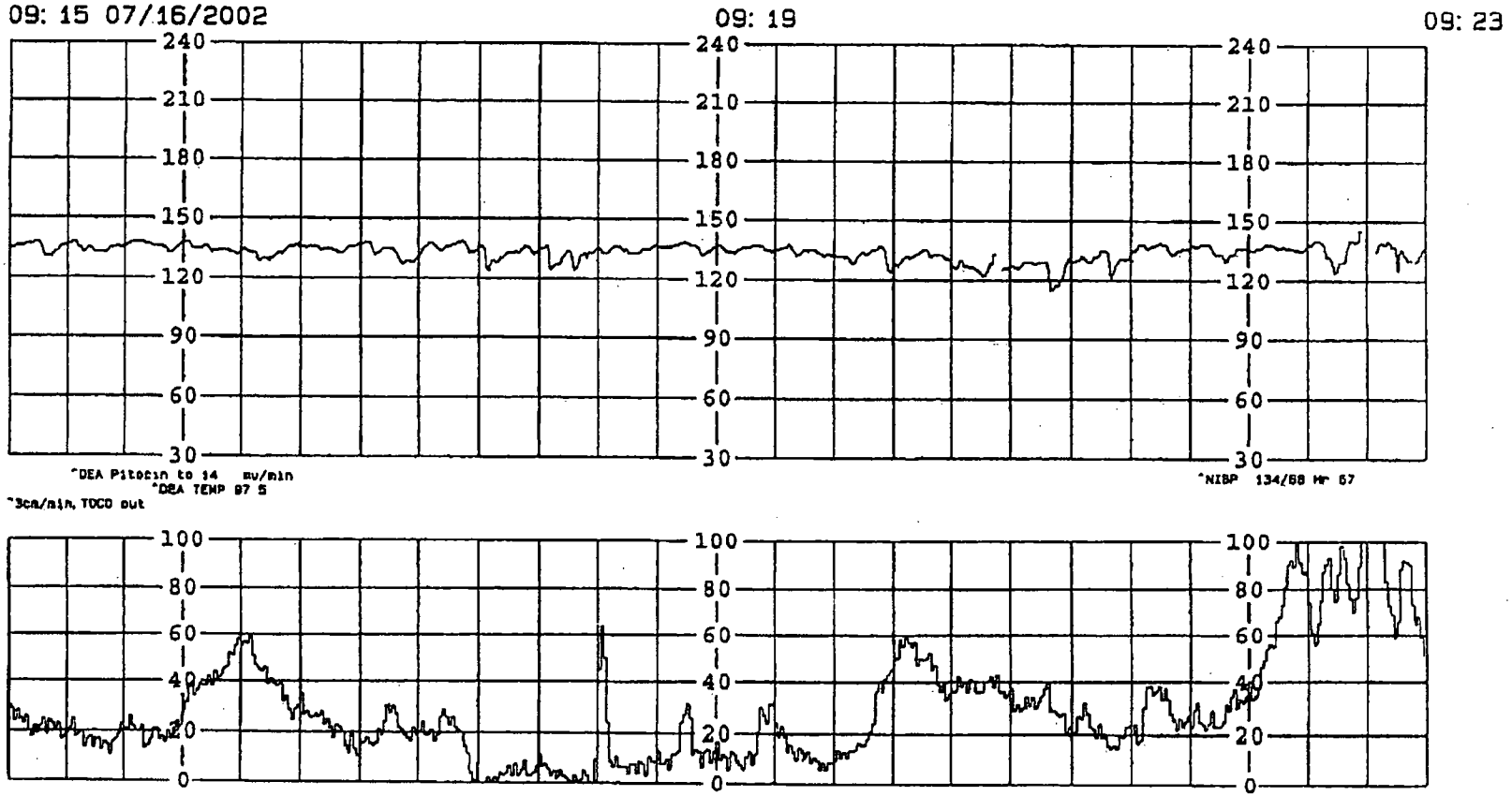


ECH 0233

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 117

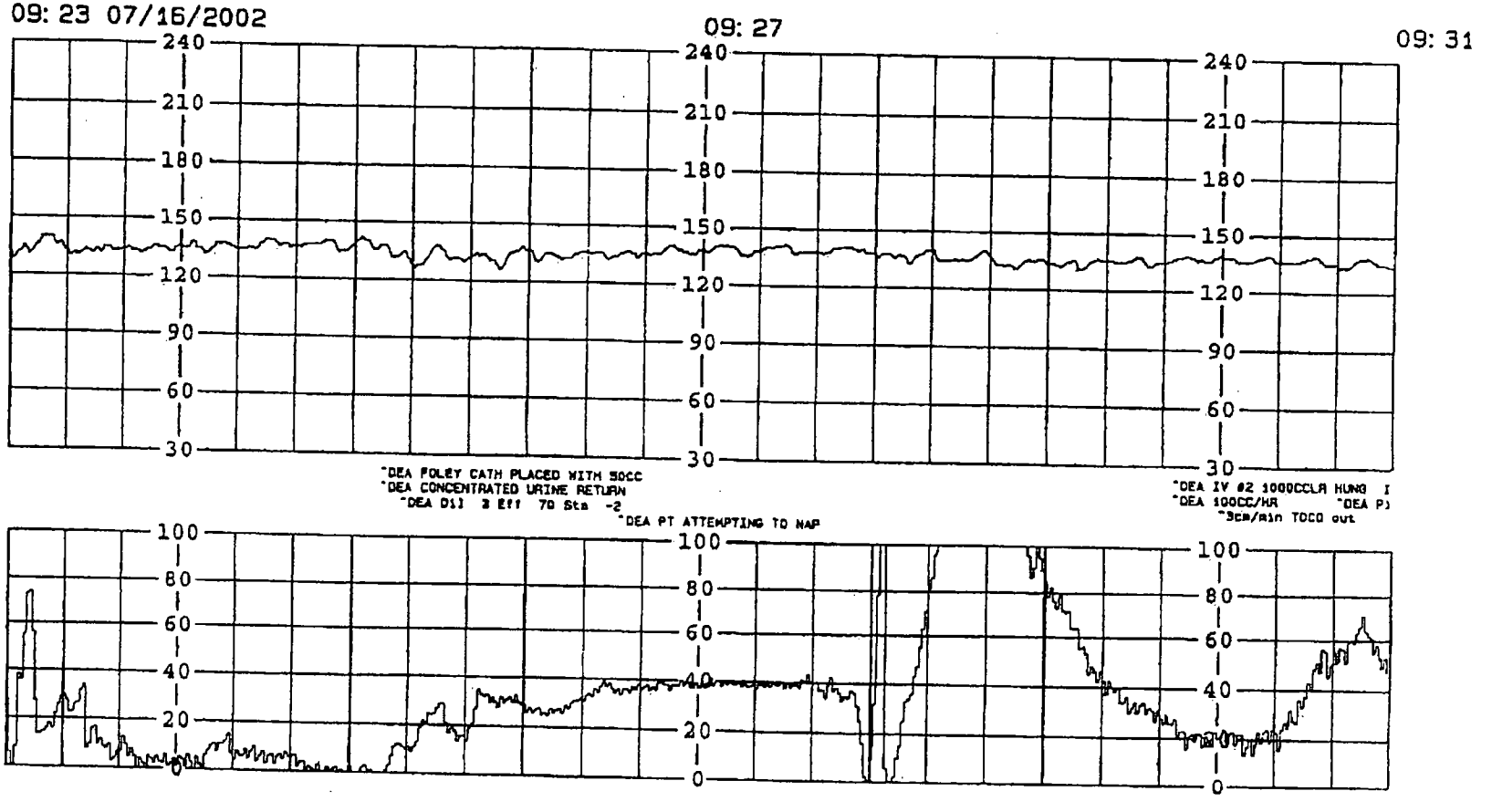


EXH_2_234

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_235

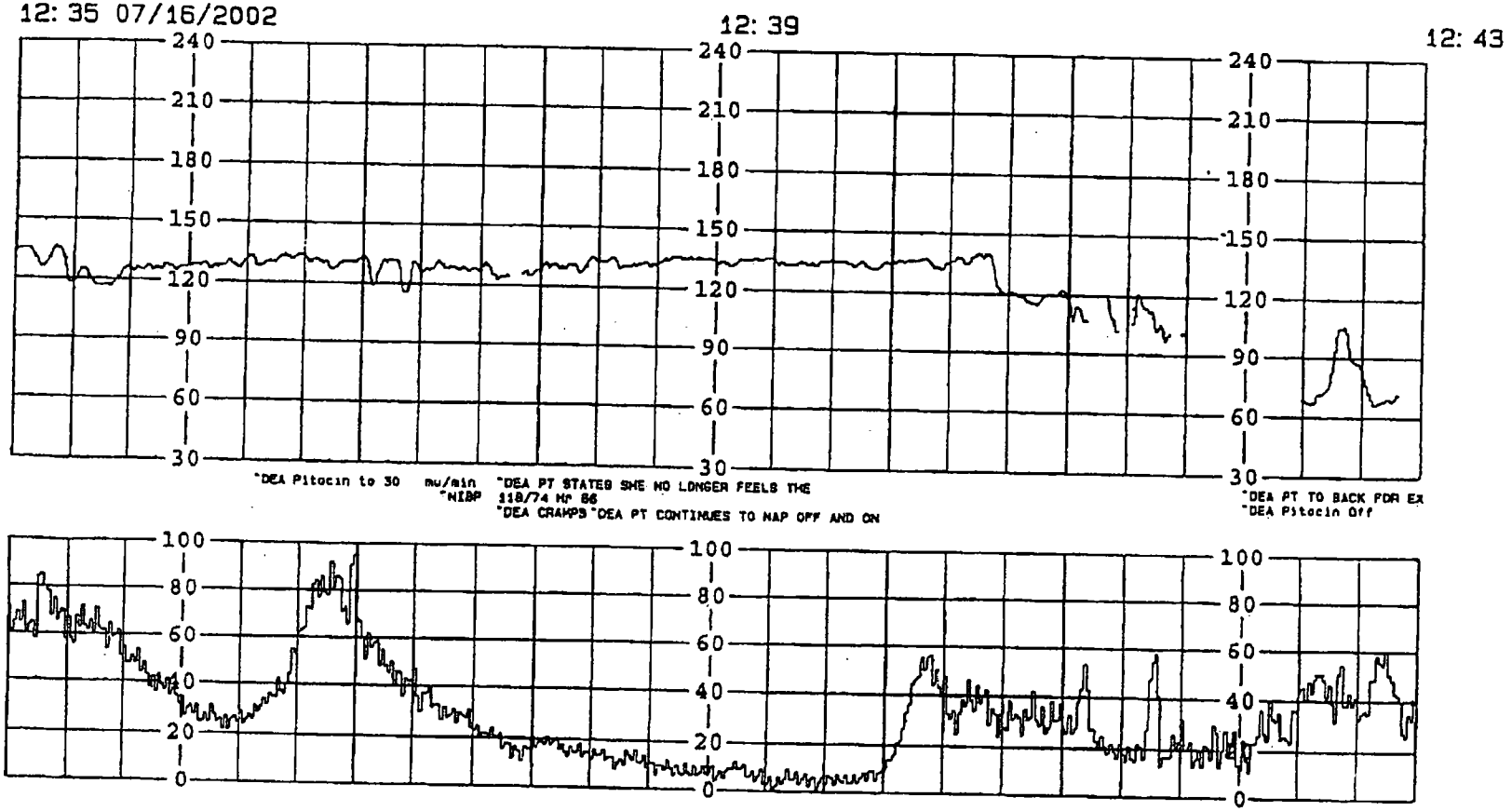
3433

ECH 0258

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 142

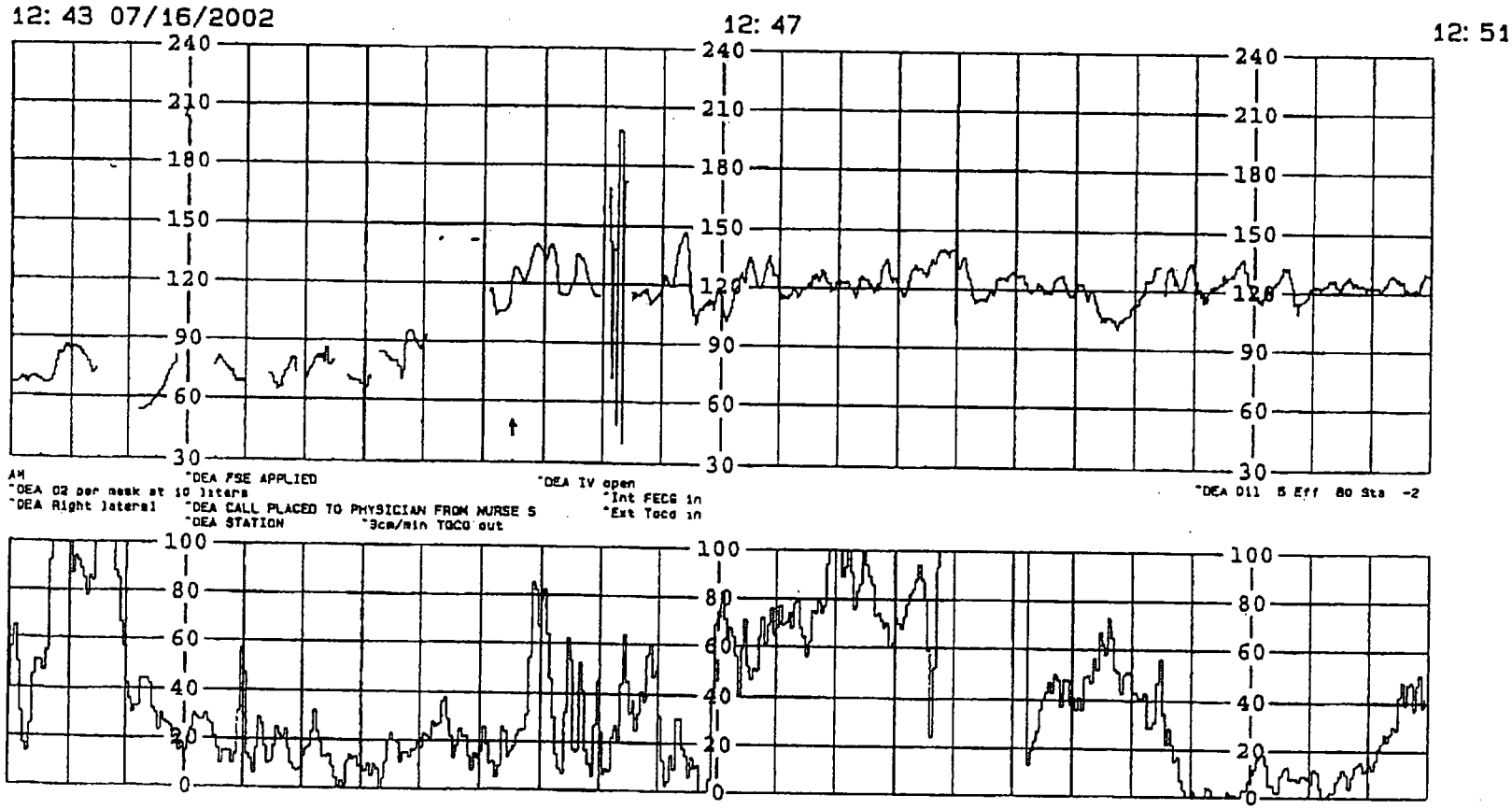


EXH_2_259

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 143



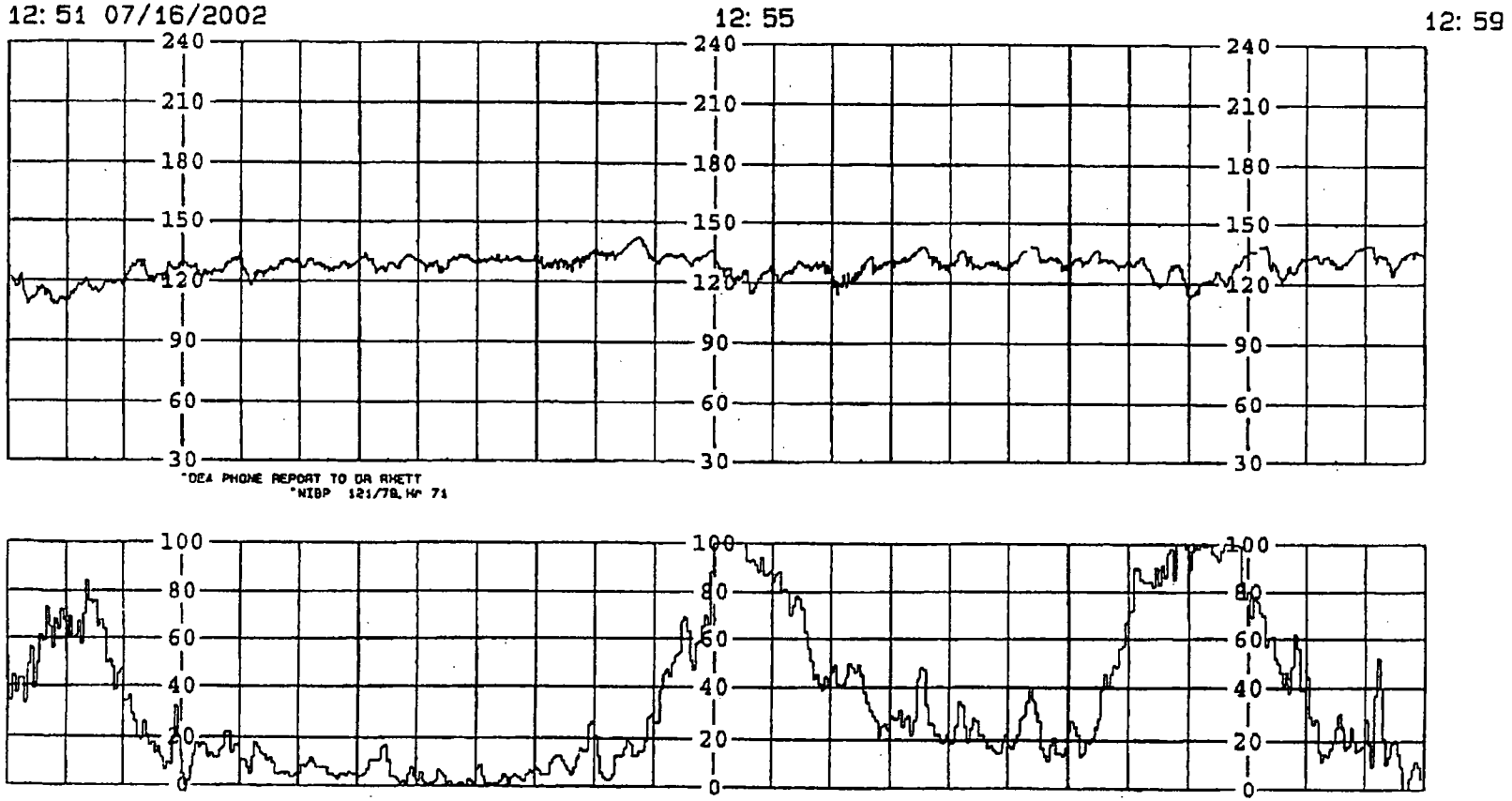
EXH_2_260

3435

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

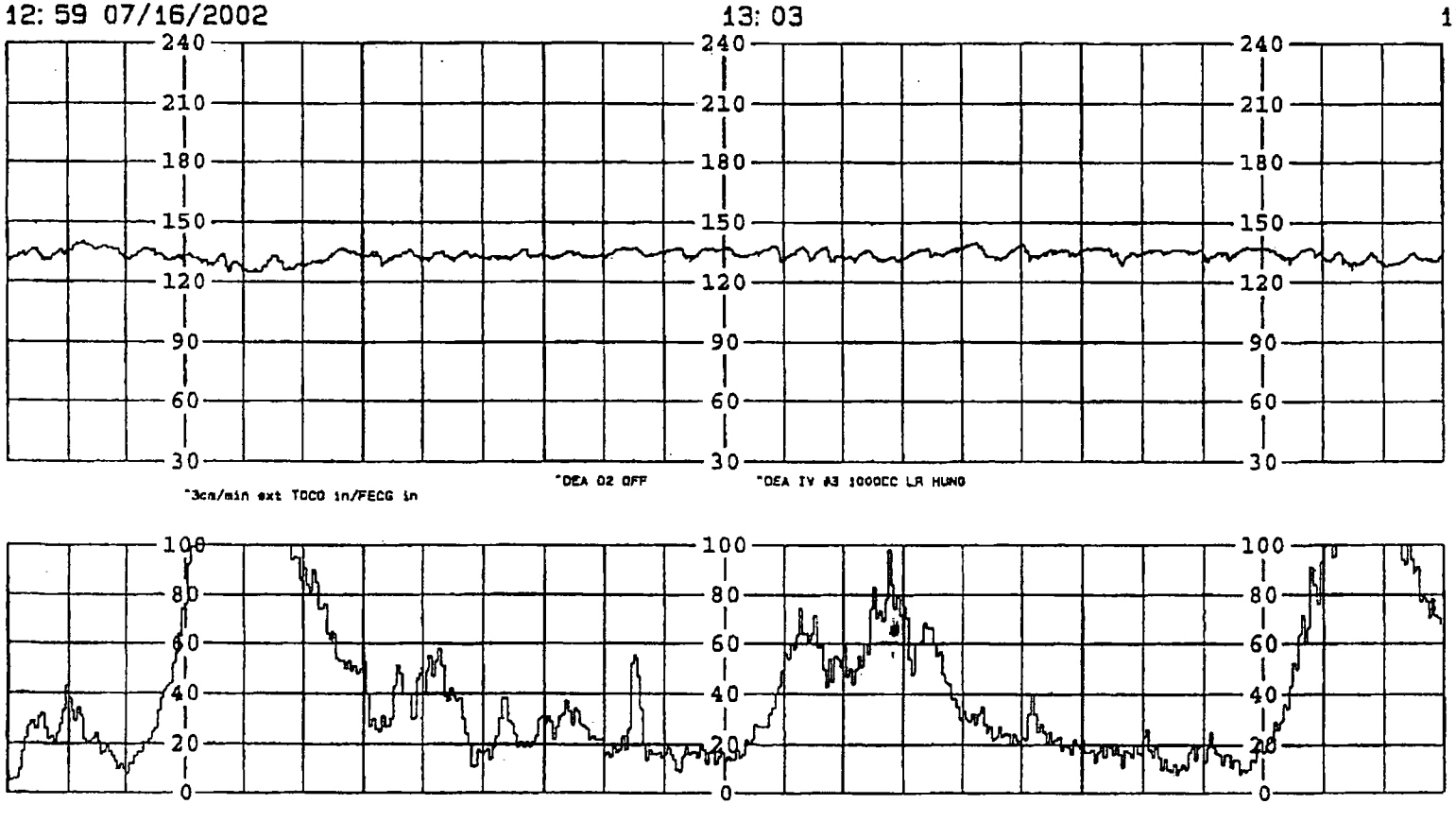
Page: 144



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 145

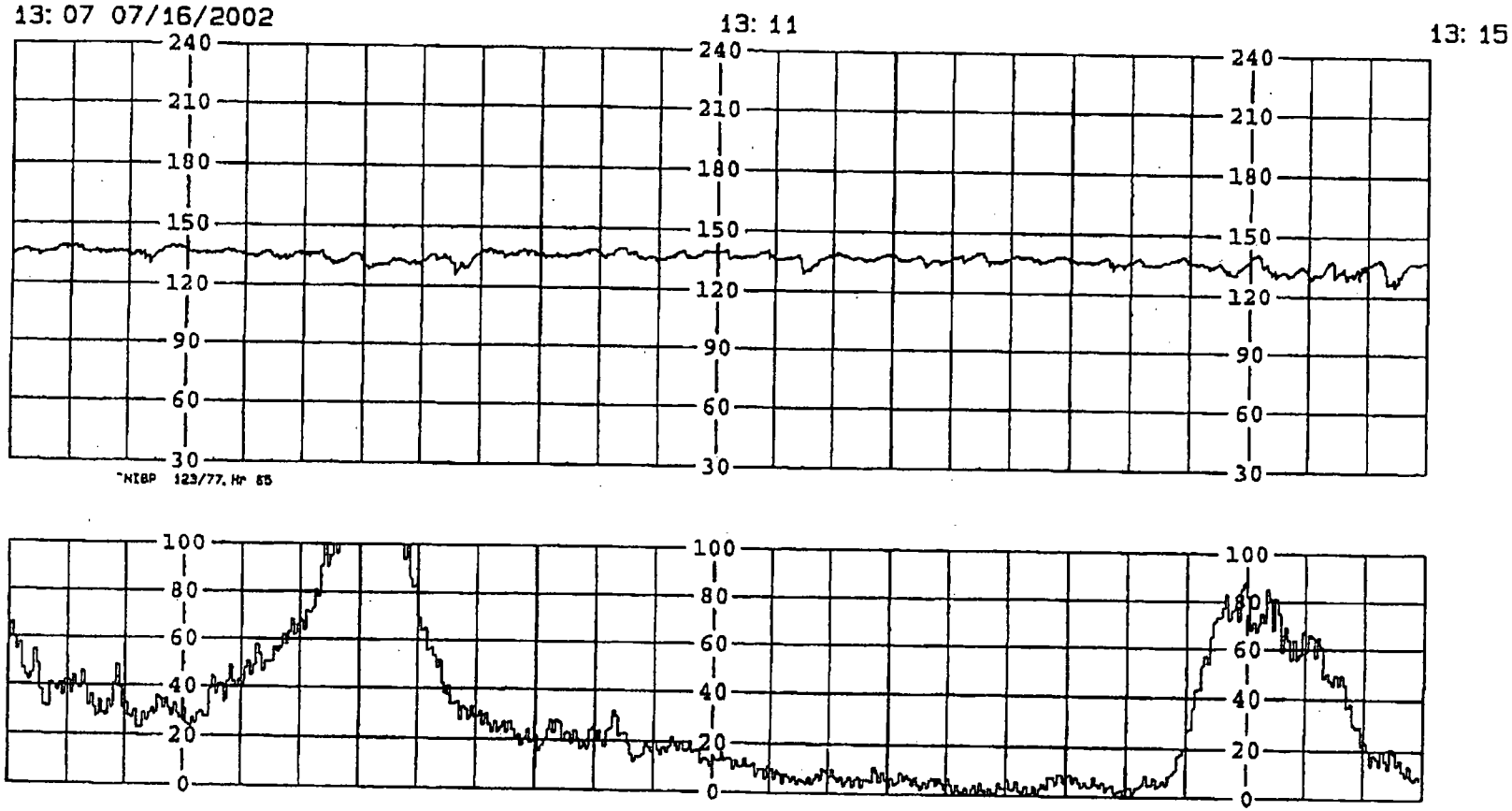


ECH 0262

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 146

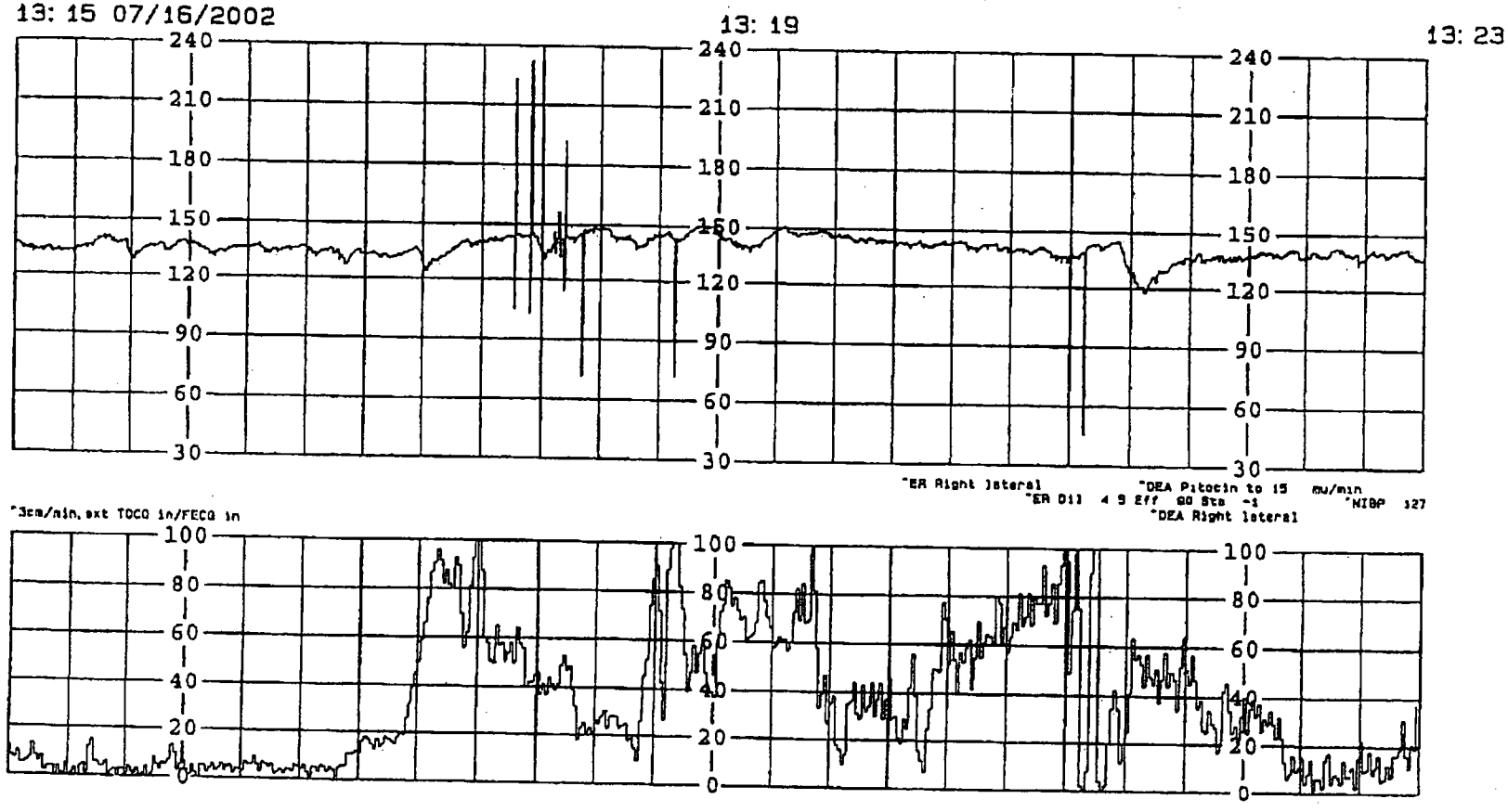


EXH_2_263

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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3440

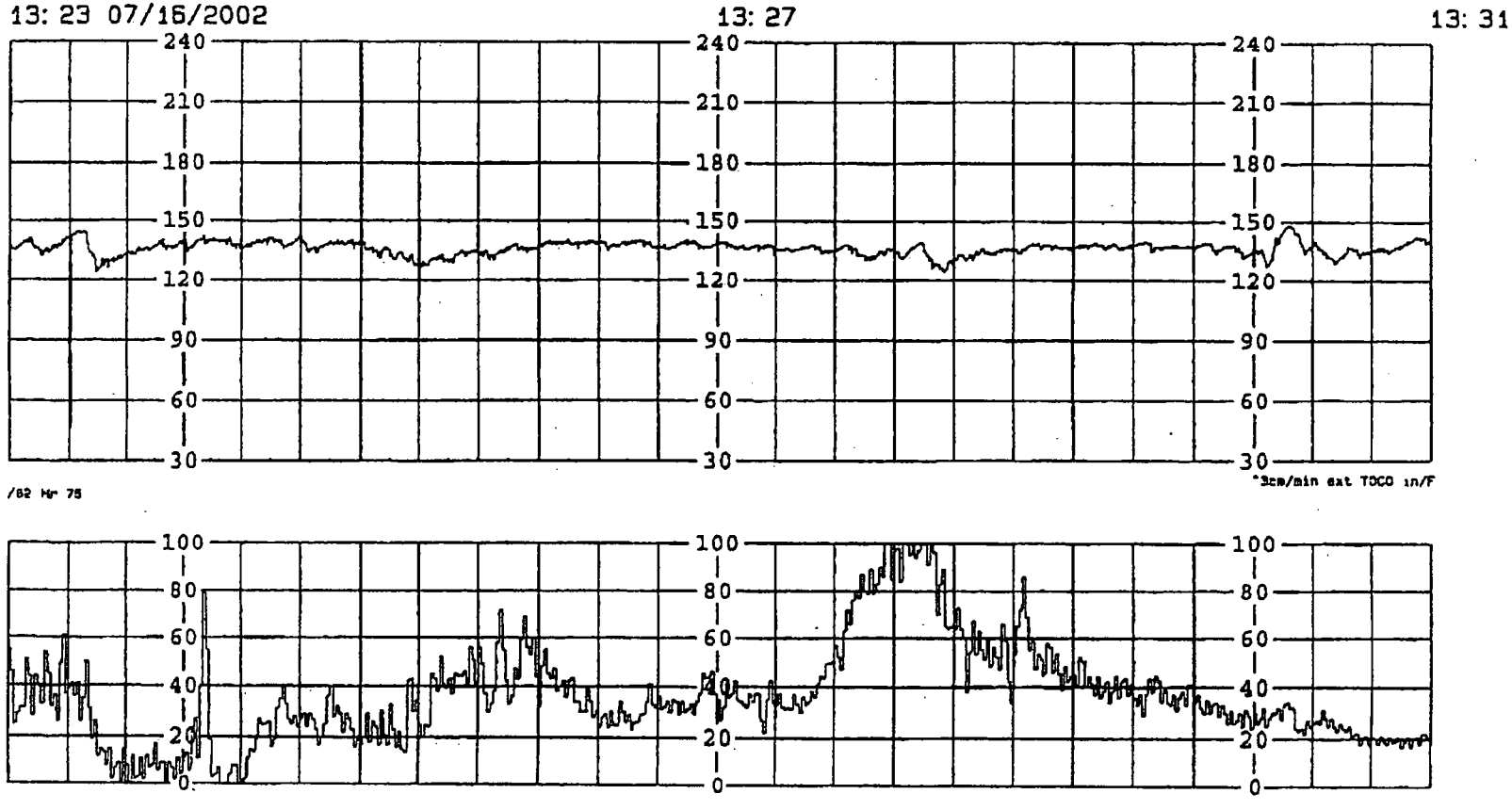
ECH 0264

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_265

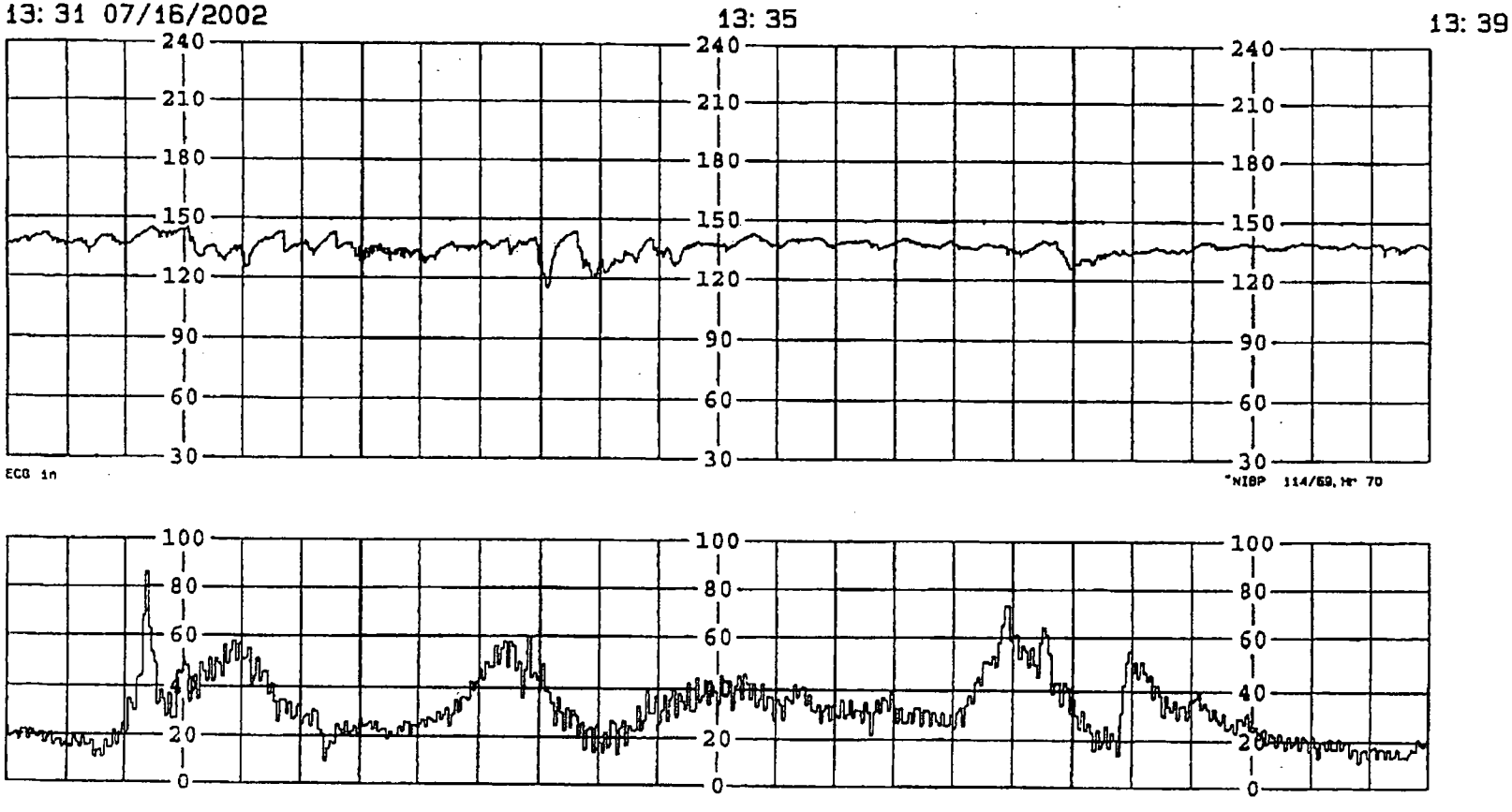


ECH 0265

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 149



EXH_2_266

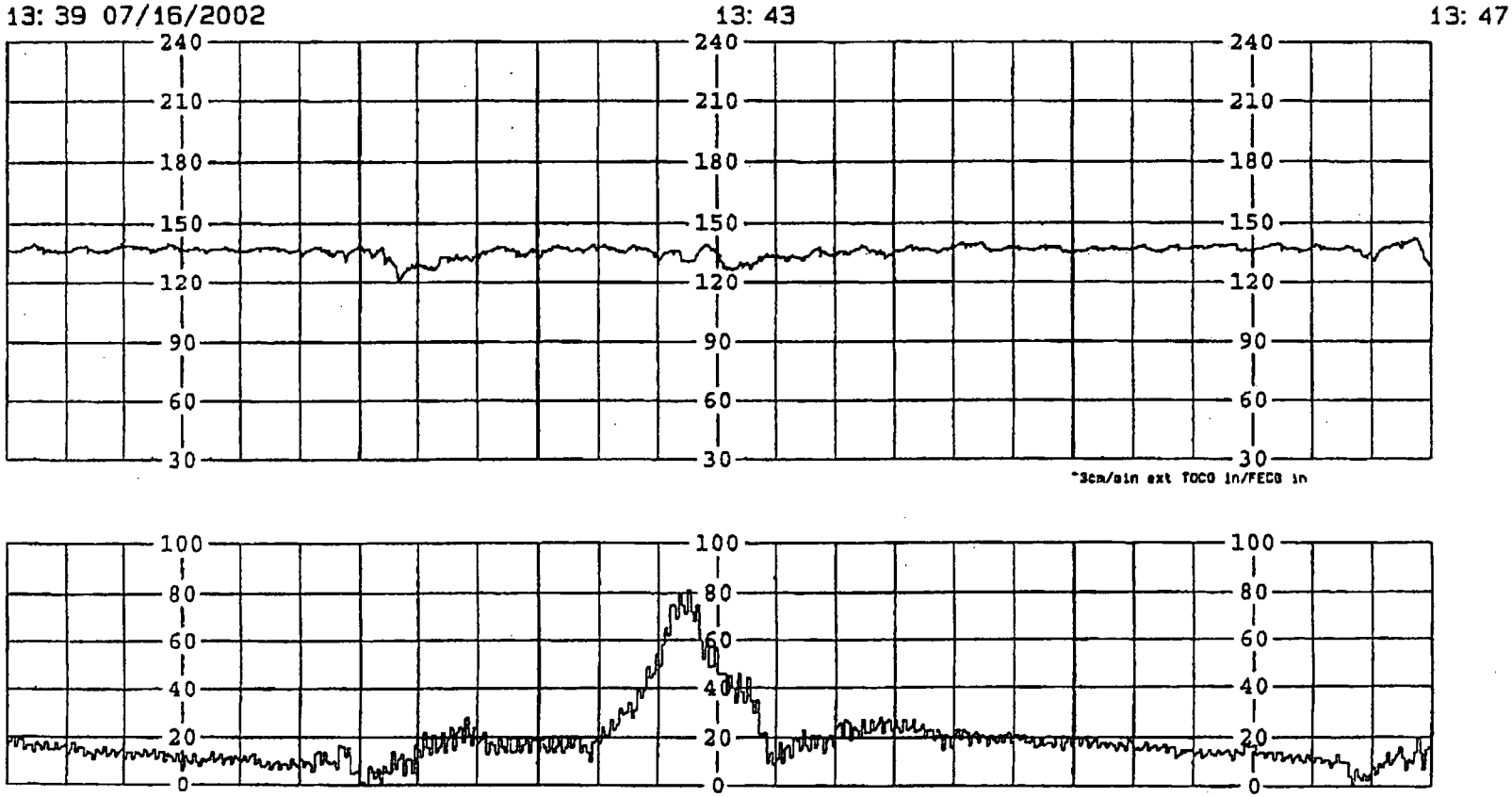
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ECH 0266

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 150

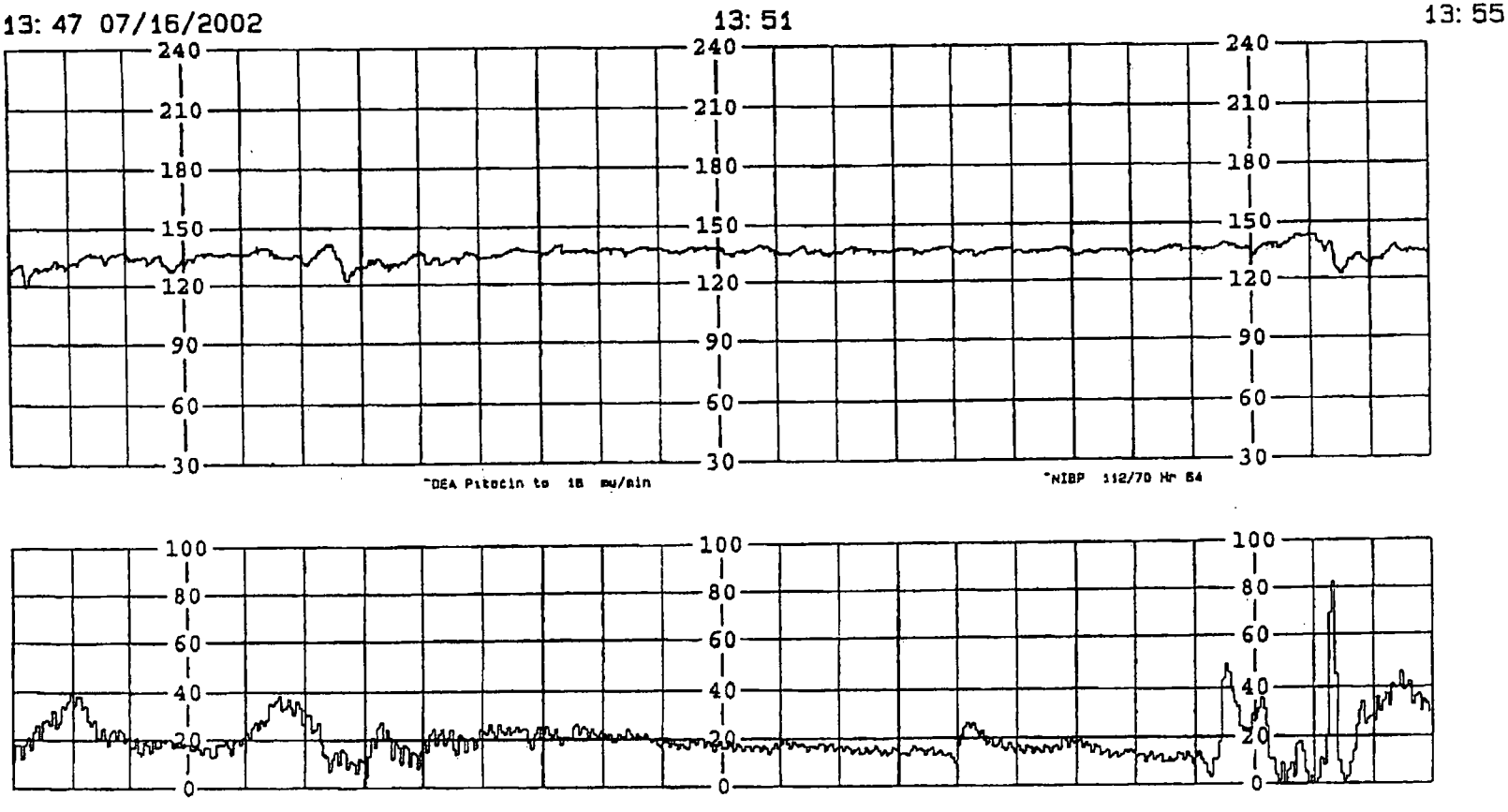


EXH_2_267

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 151



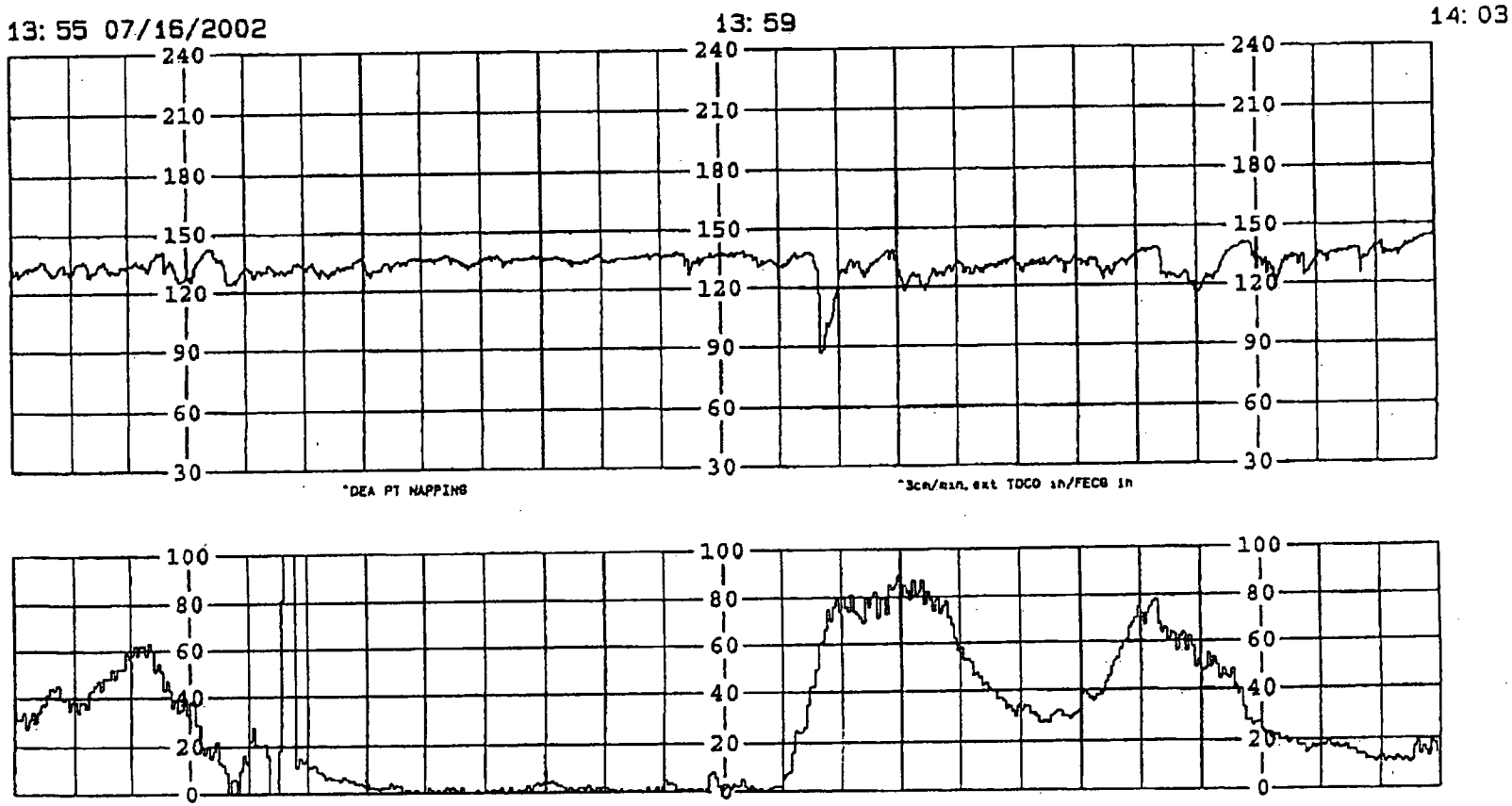
EXH_2_268

ECH 0268

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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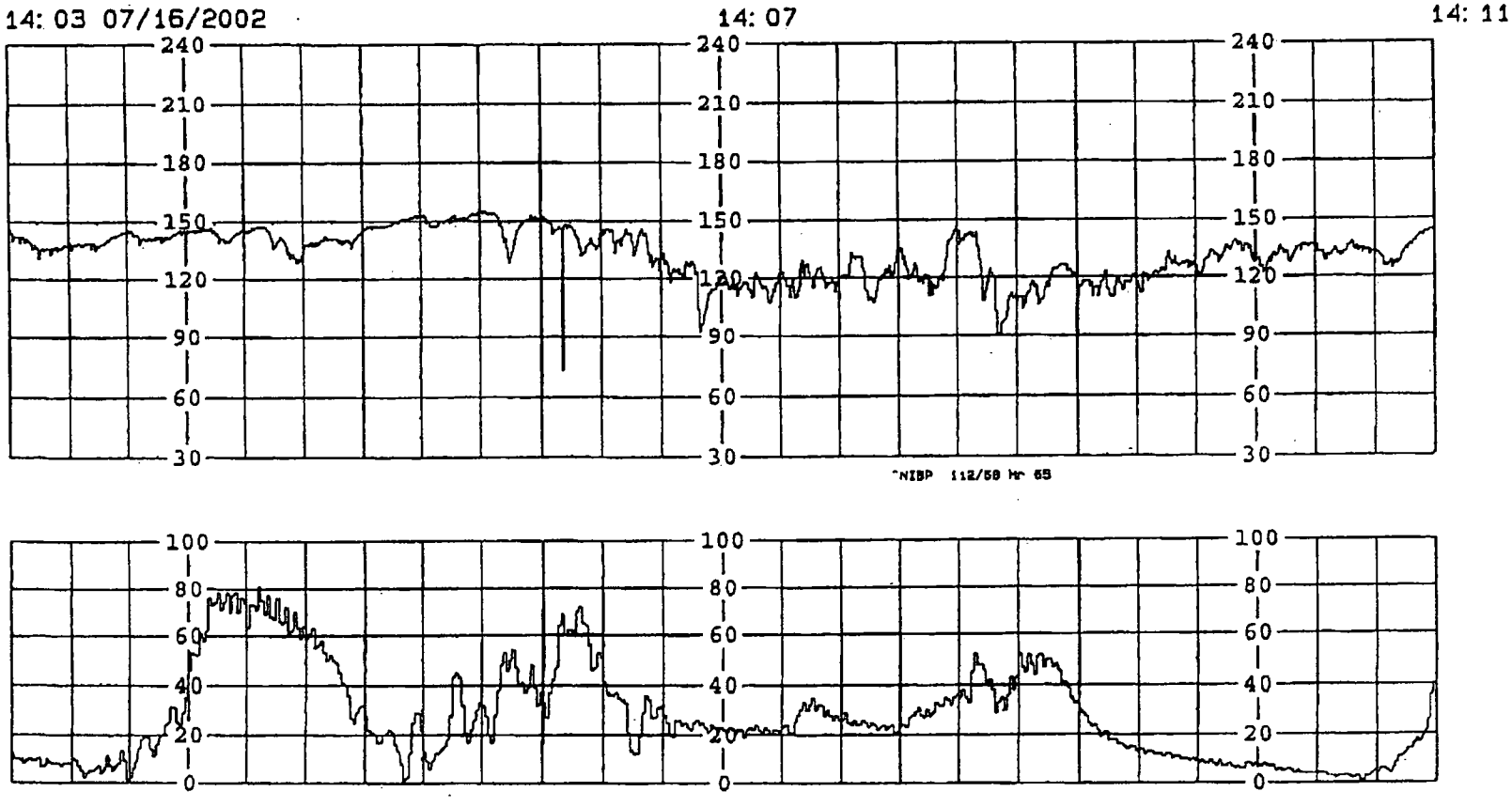
EXH_2_269

ECH 0269

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_270

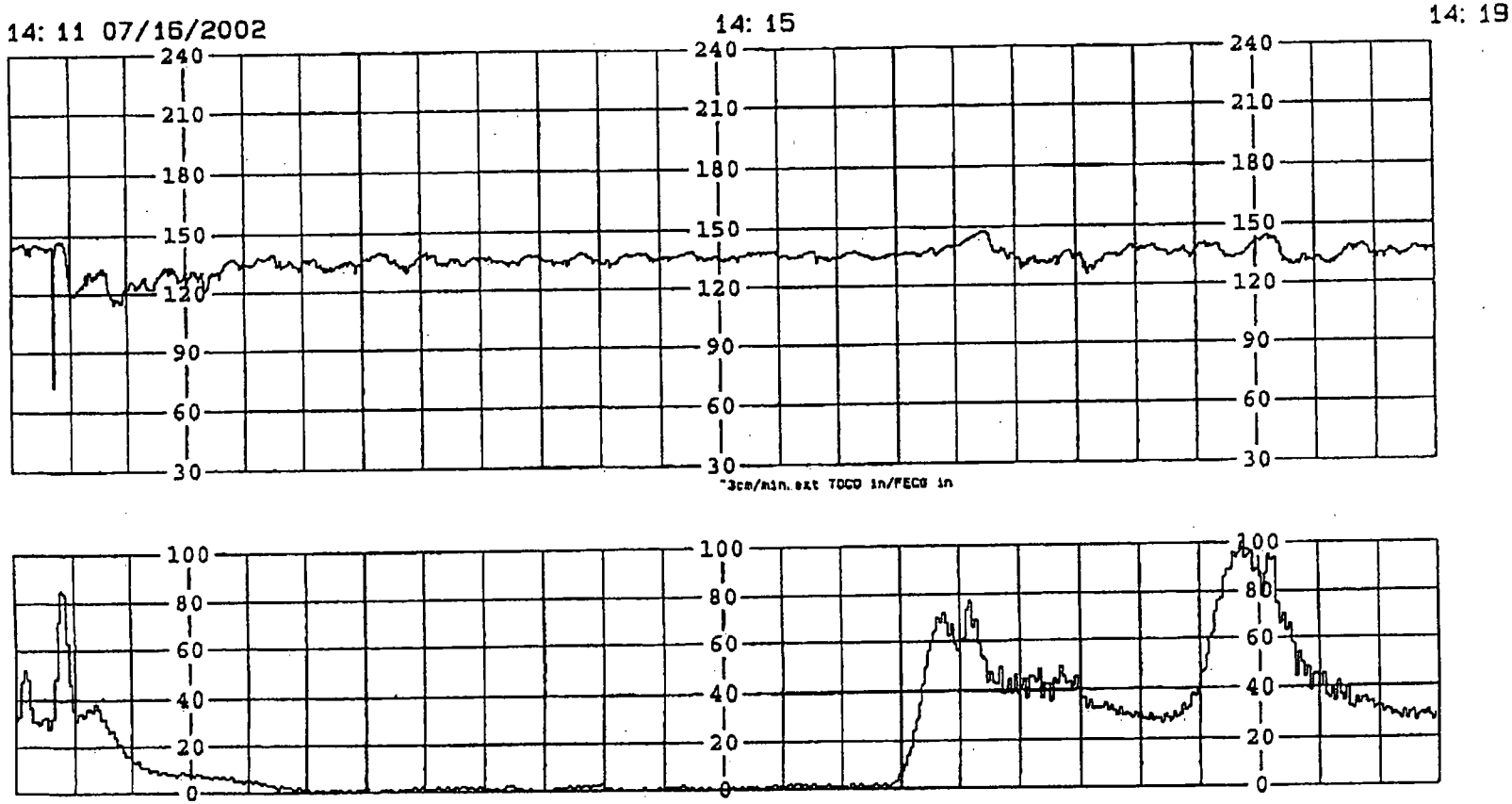
3445

ECH 0270

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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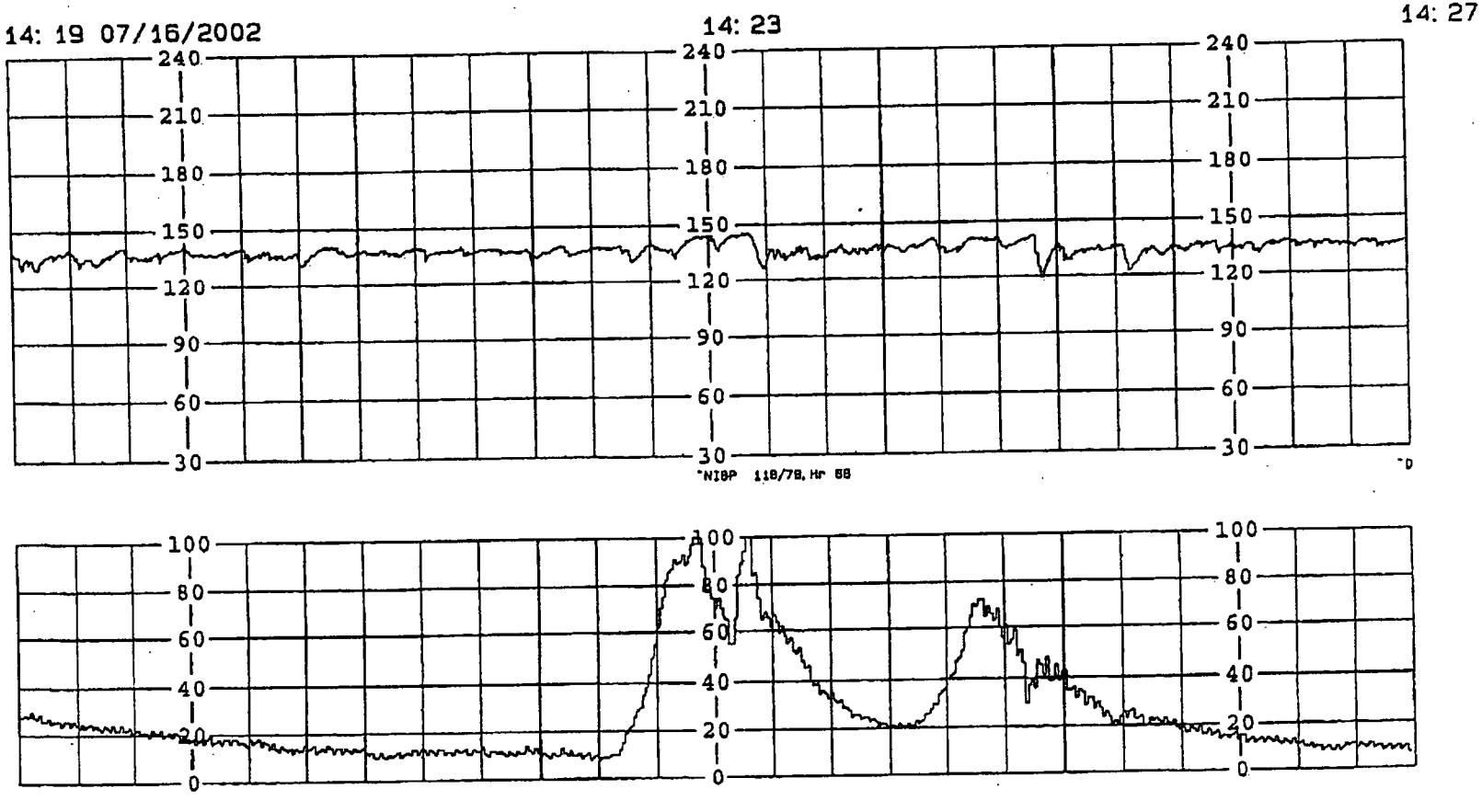
EXH 2_271

ECH 0271

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_272

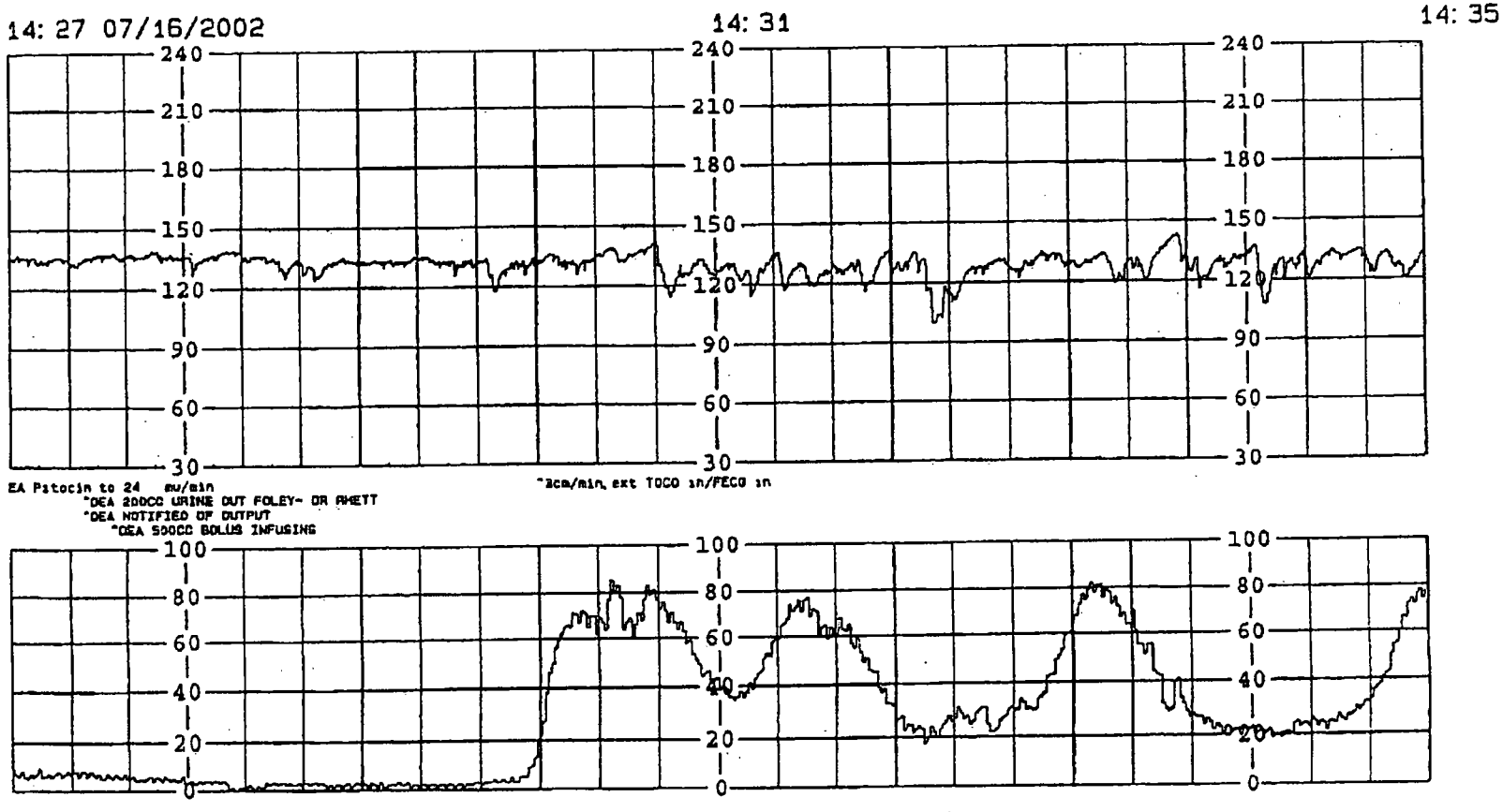
3447

ECH 0272

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 156

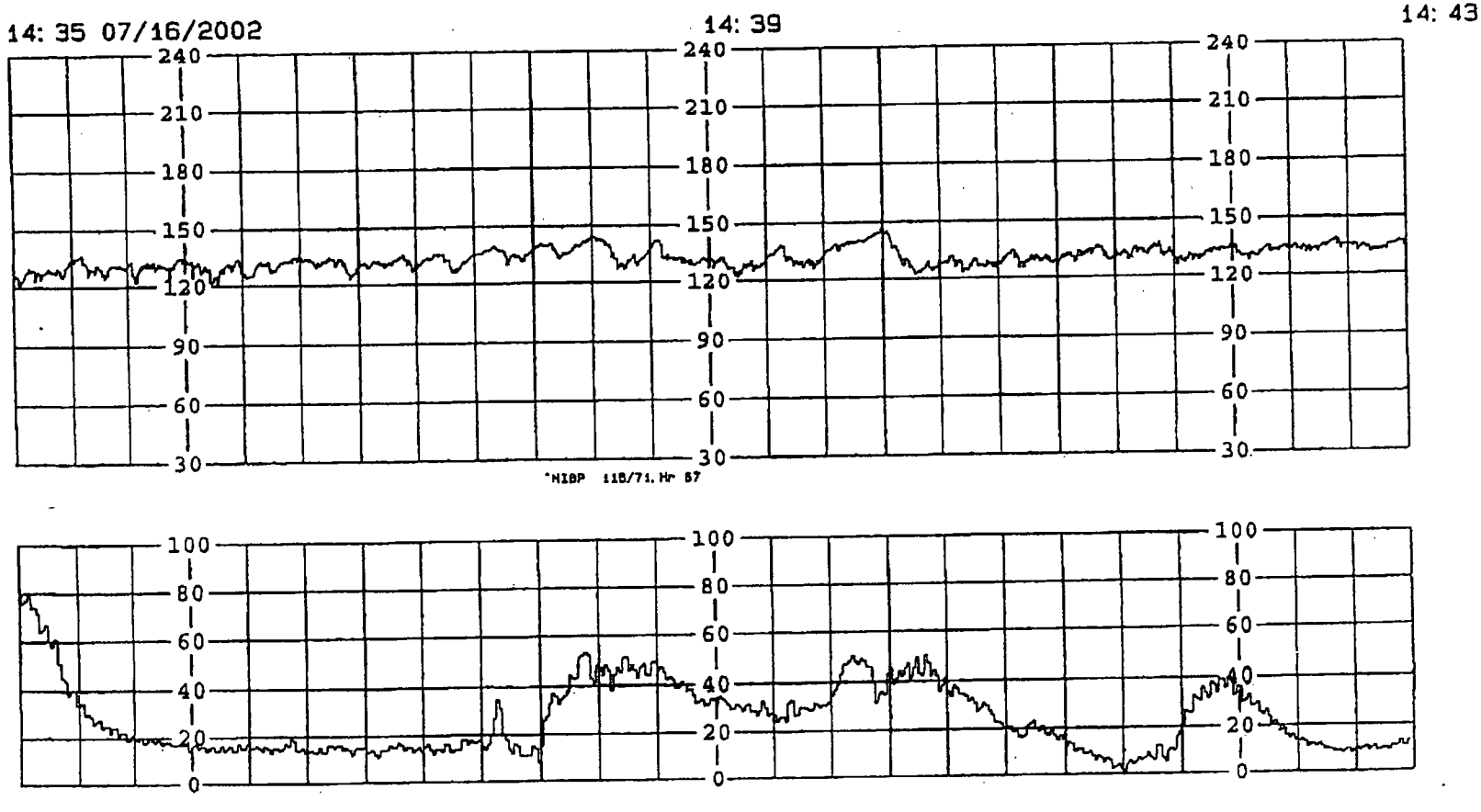


ECH 0273

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_274

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3450

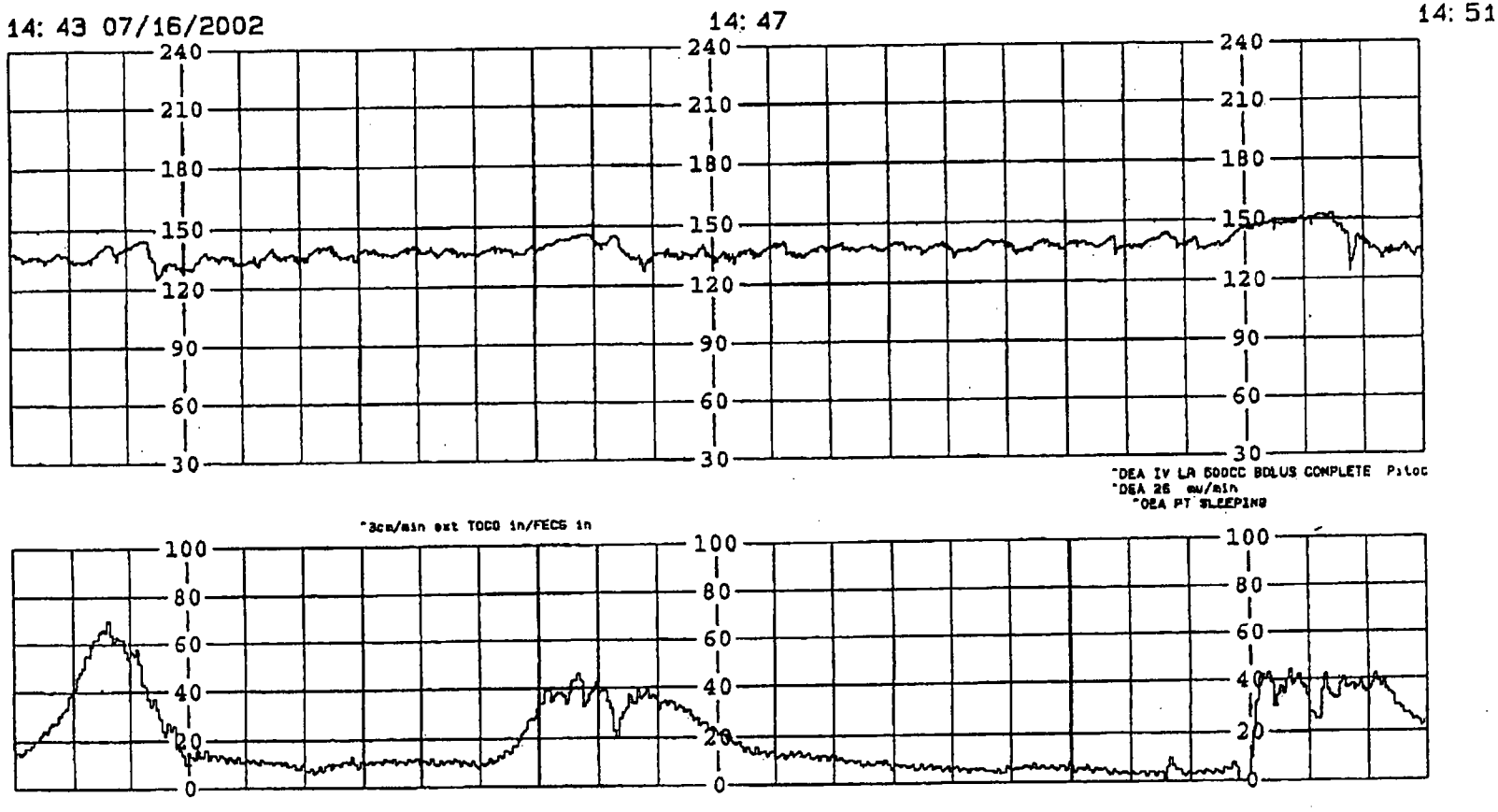
ECH 0274

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 158

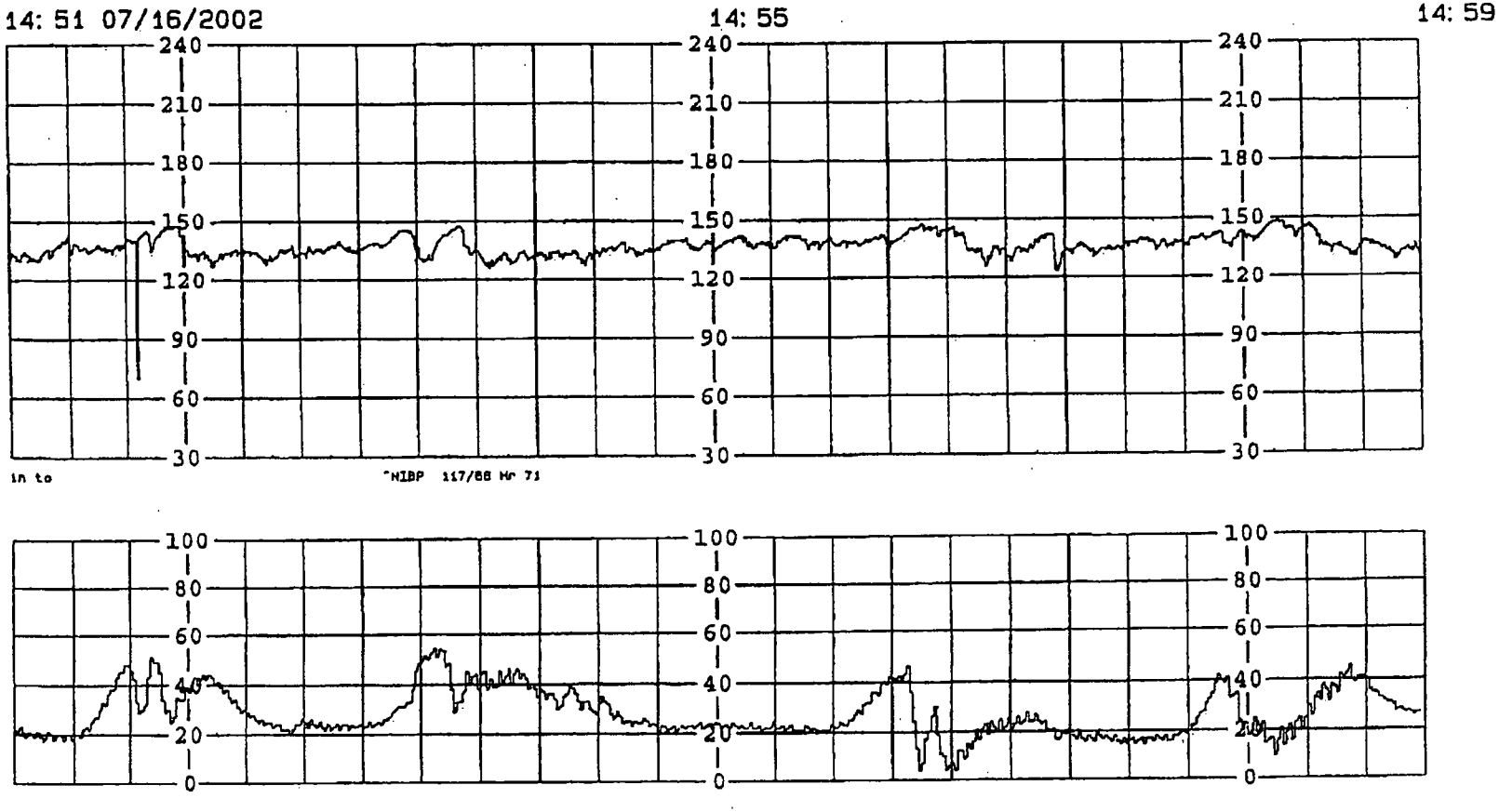
EXH_2_275



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 159



EXH_2_276

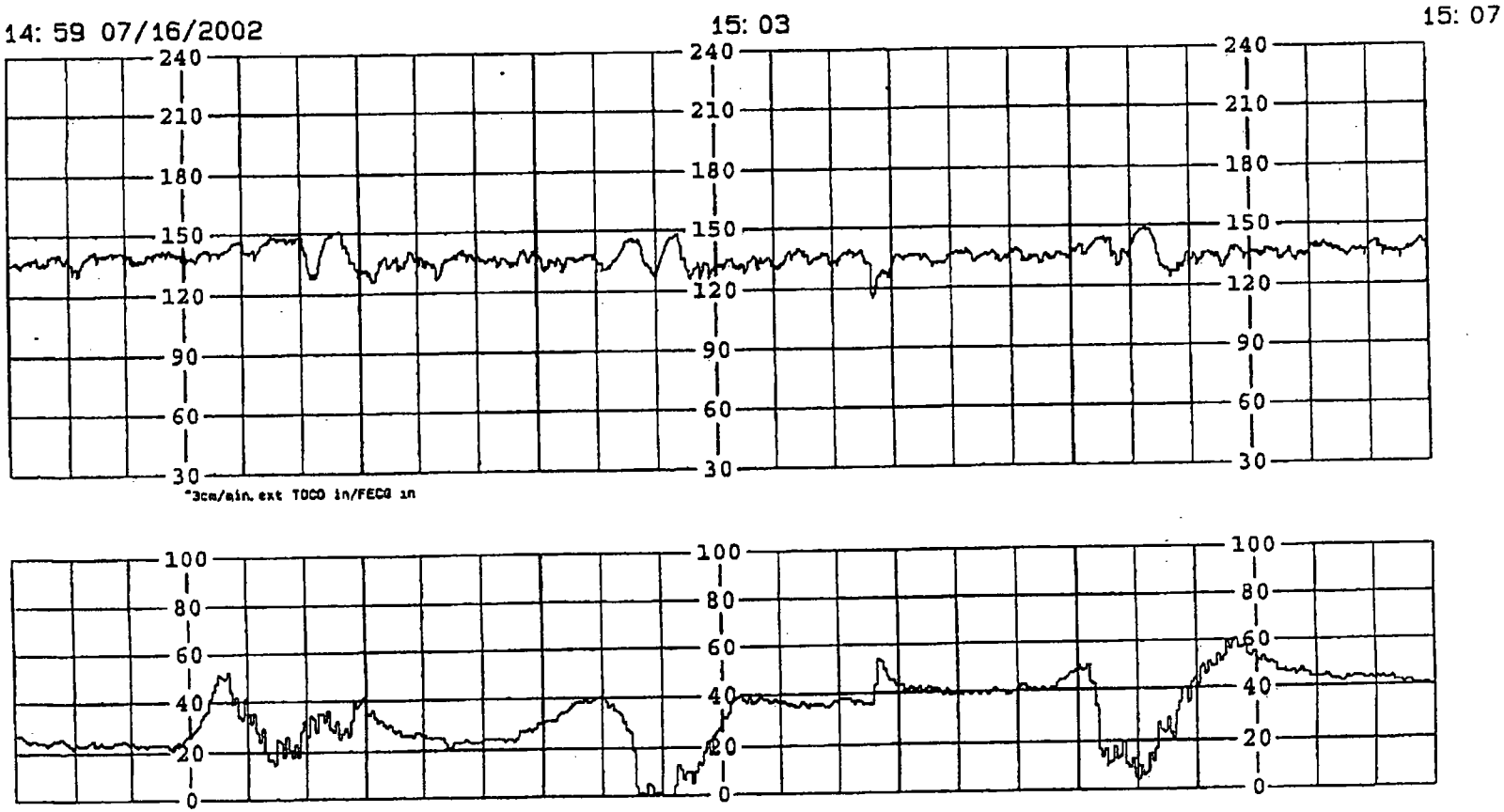
3451

ECH 0276

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 160

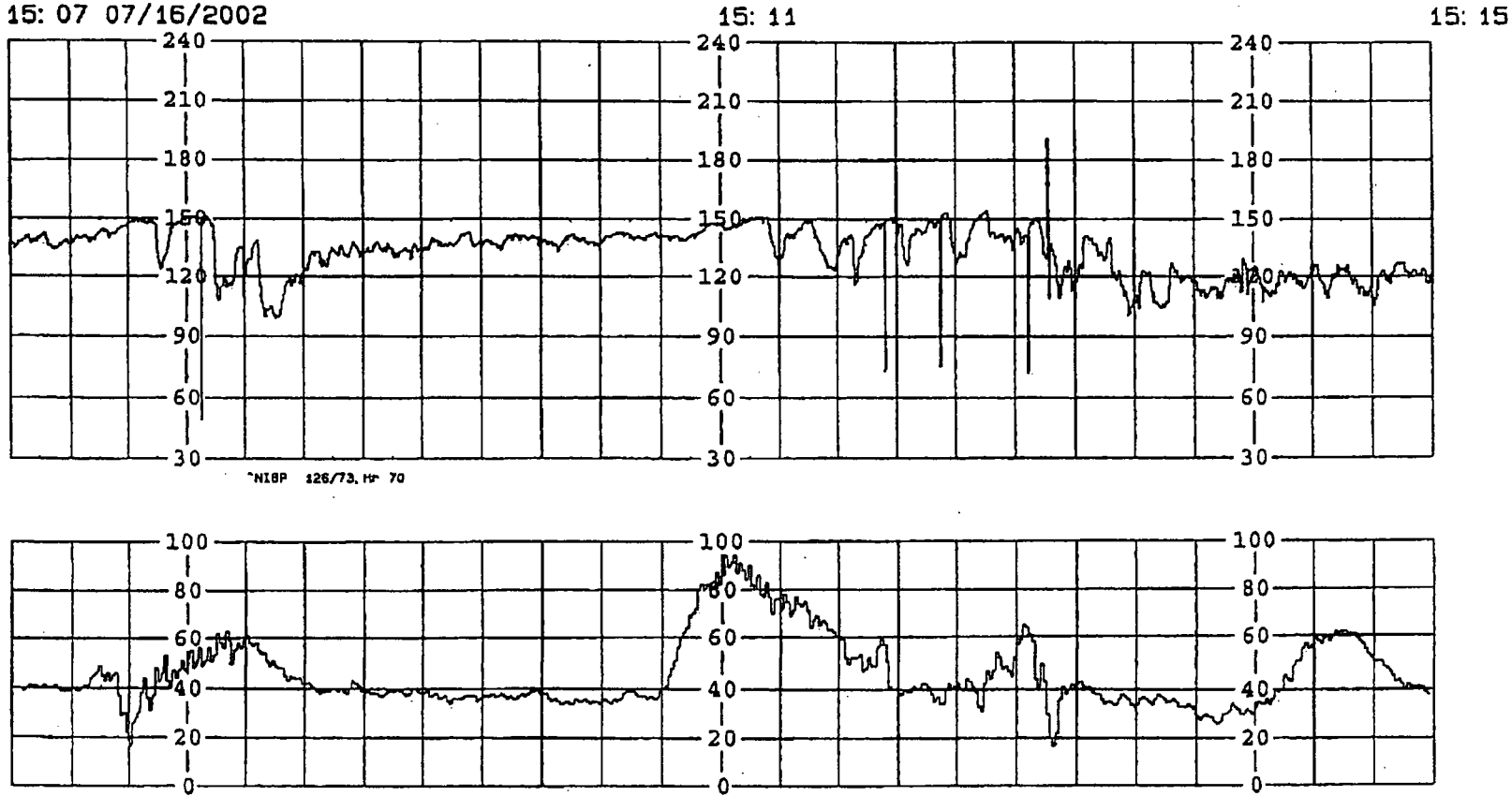


EXH 2_277

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 161



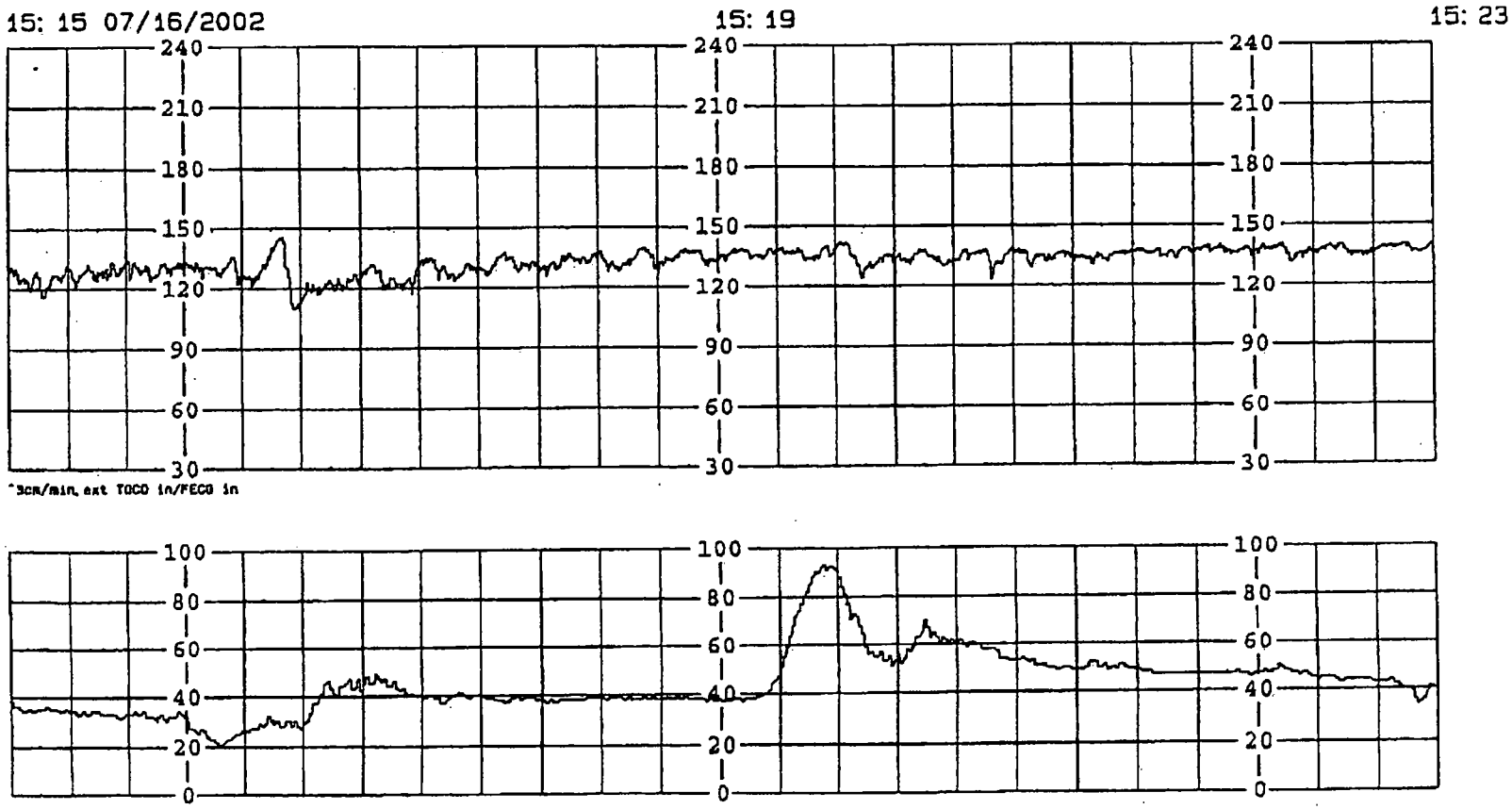
EXH 2 278

ECH 0278

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 162

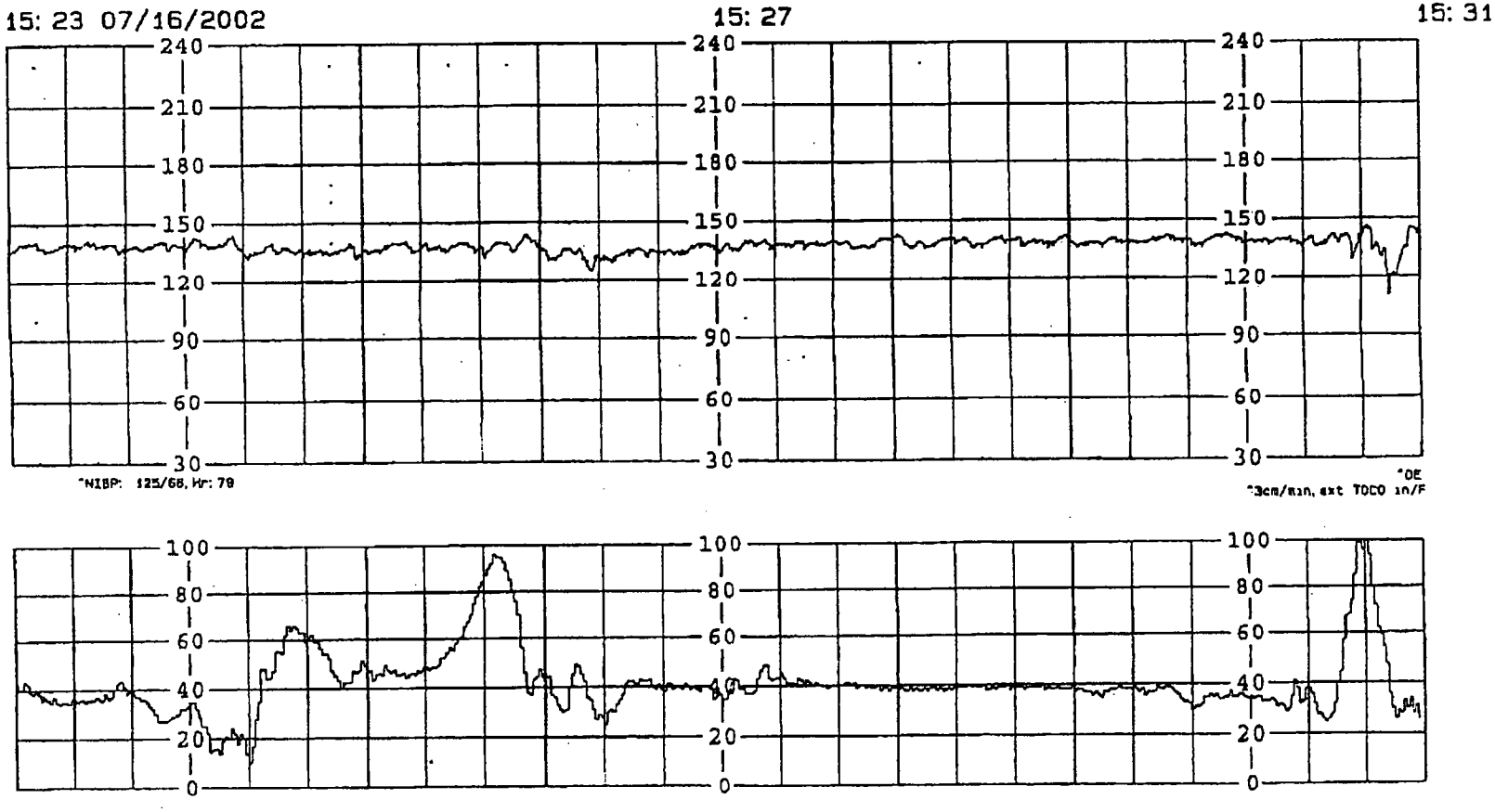


EXH 2_279

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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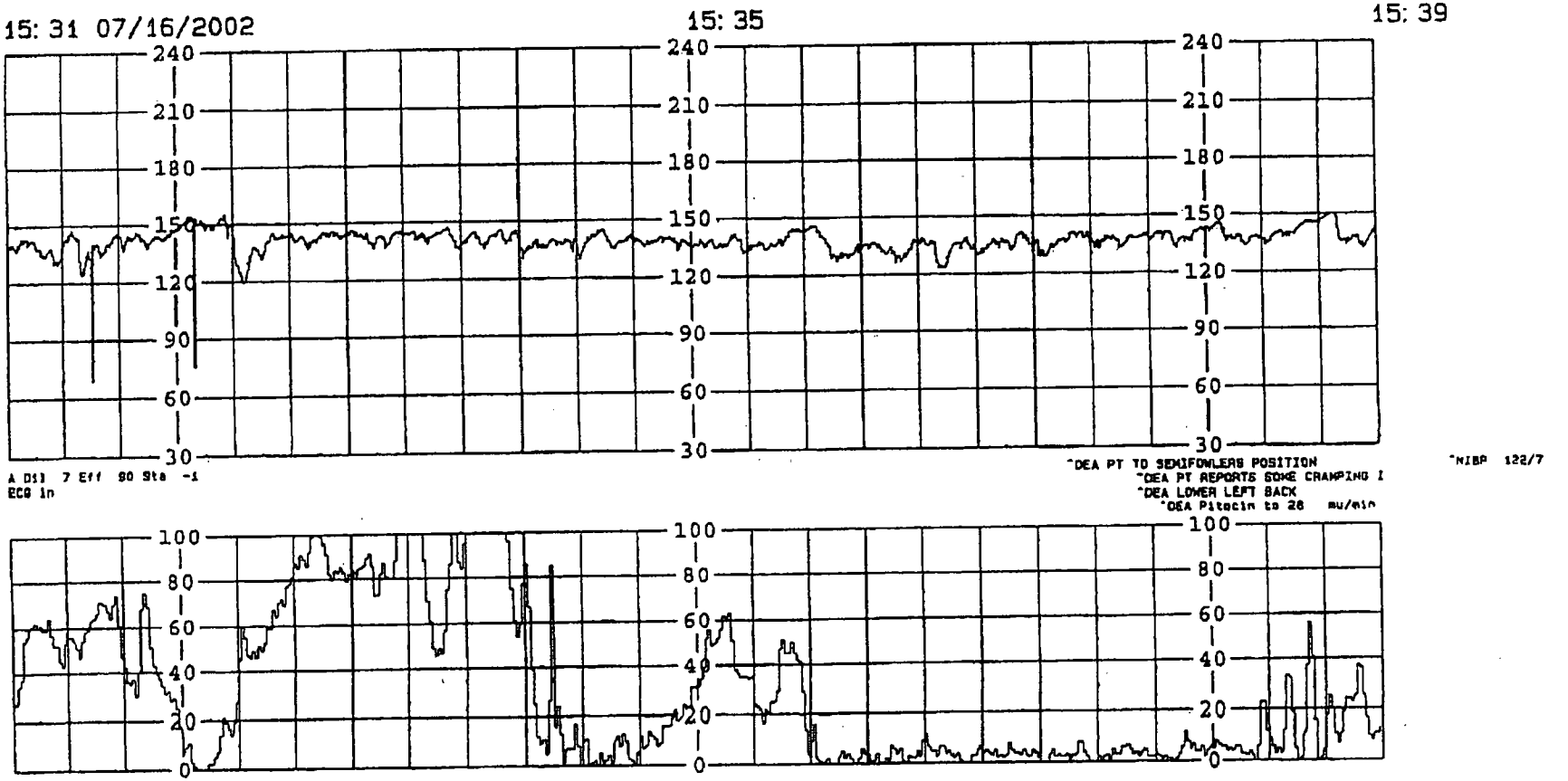
EXH_2_280

ECH 0280

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

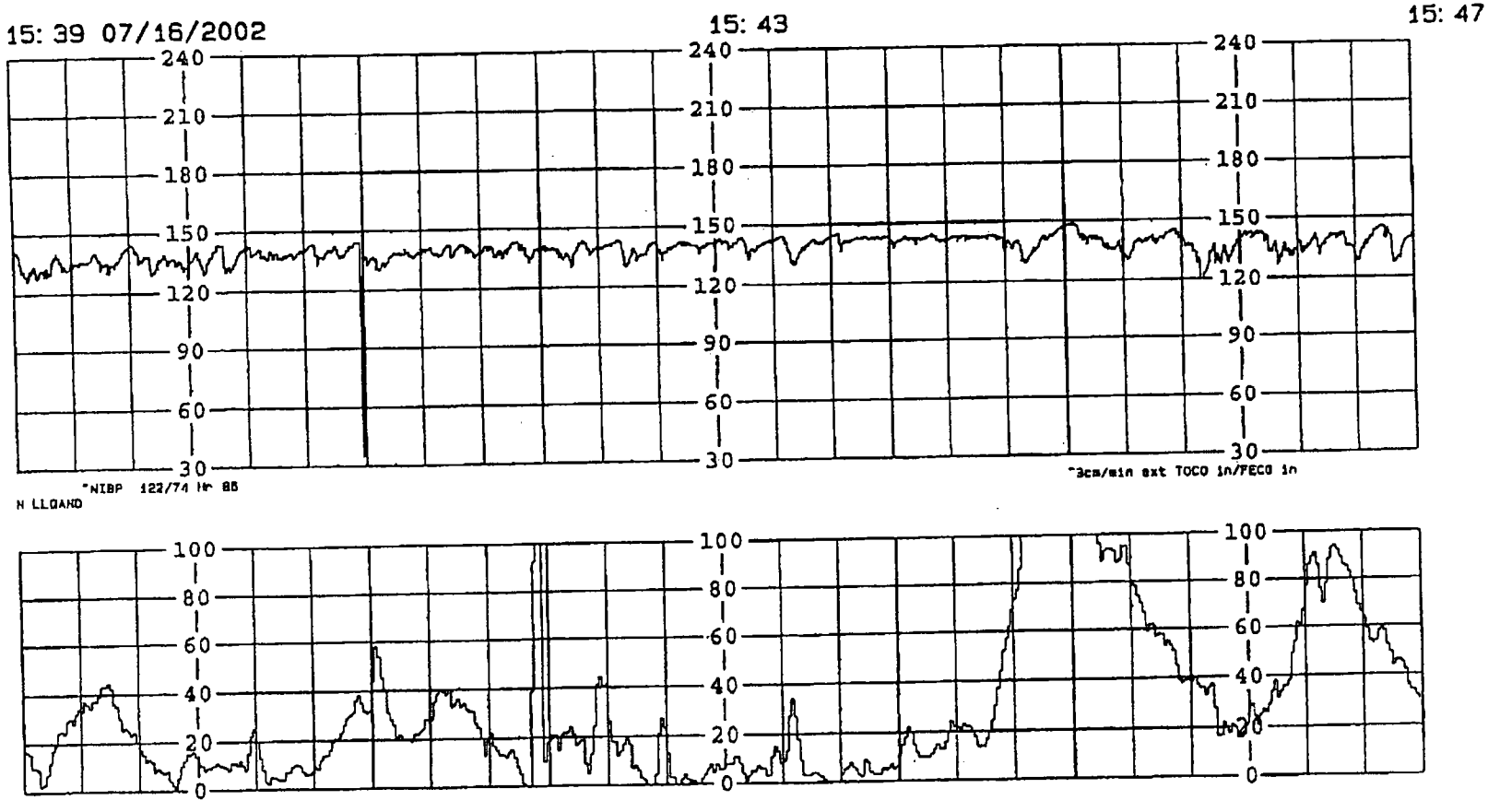
Page: 164



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_282

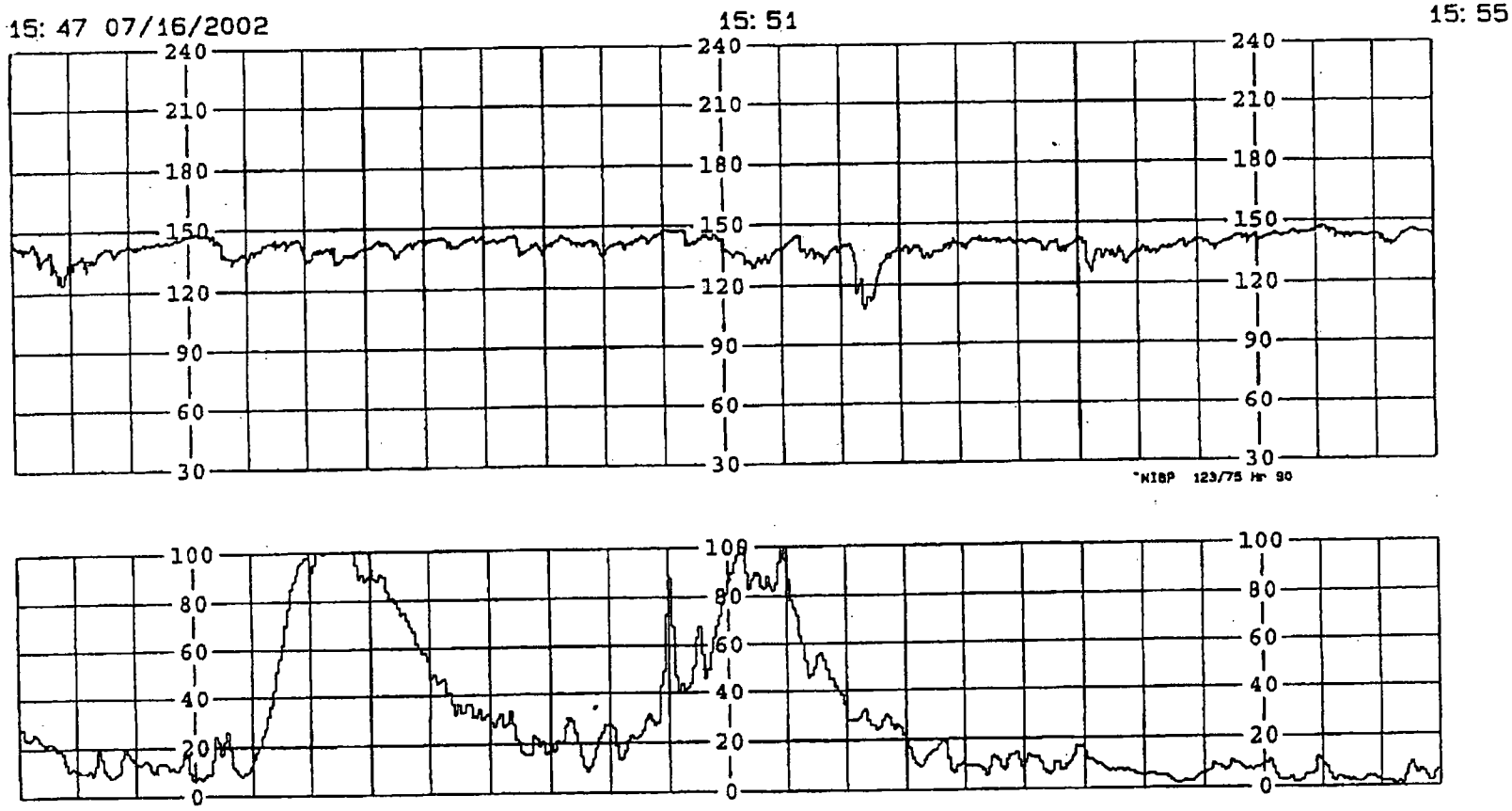
3457

ECH 0282

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 166

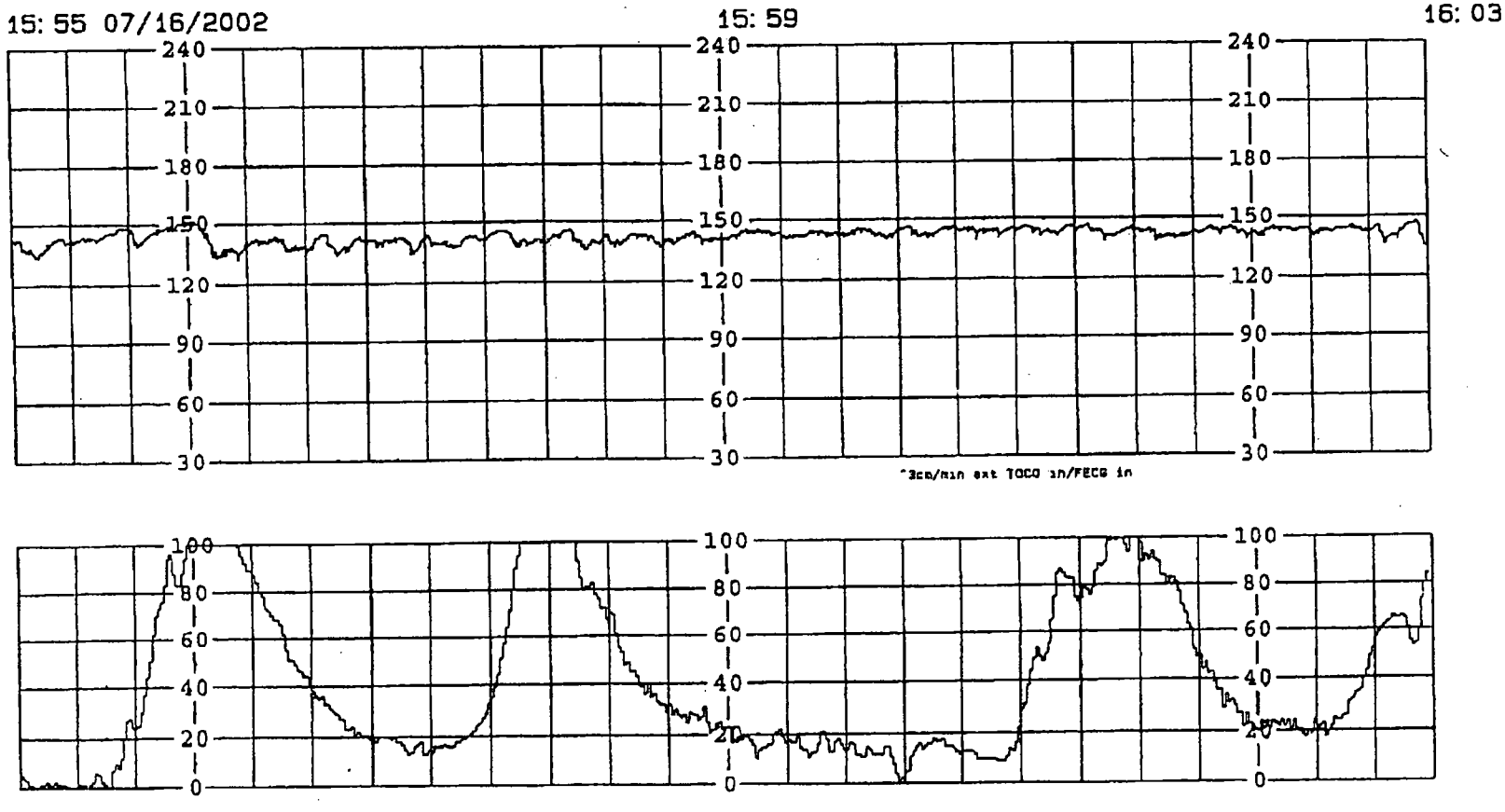


EXH 2_283

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_284

3459

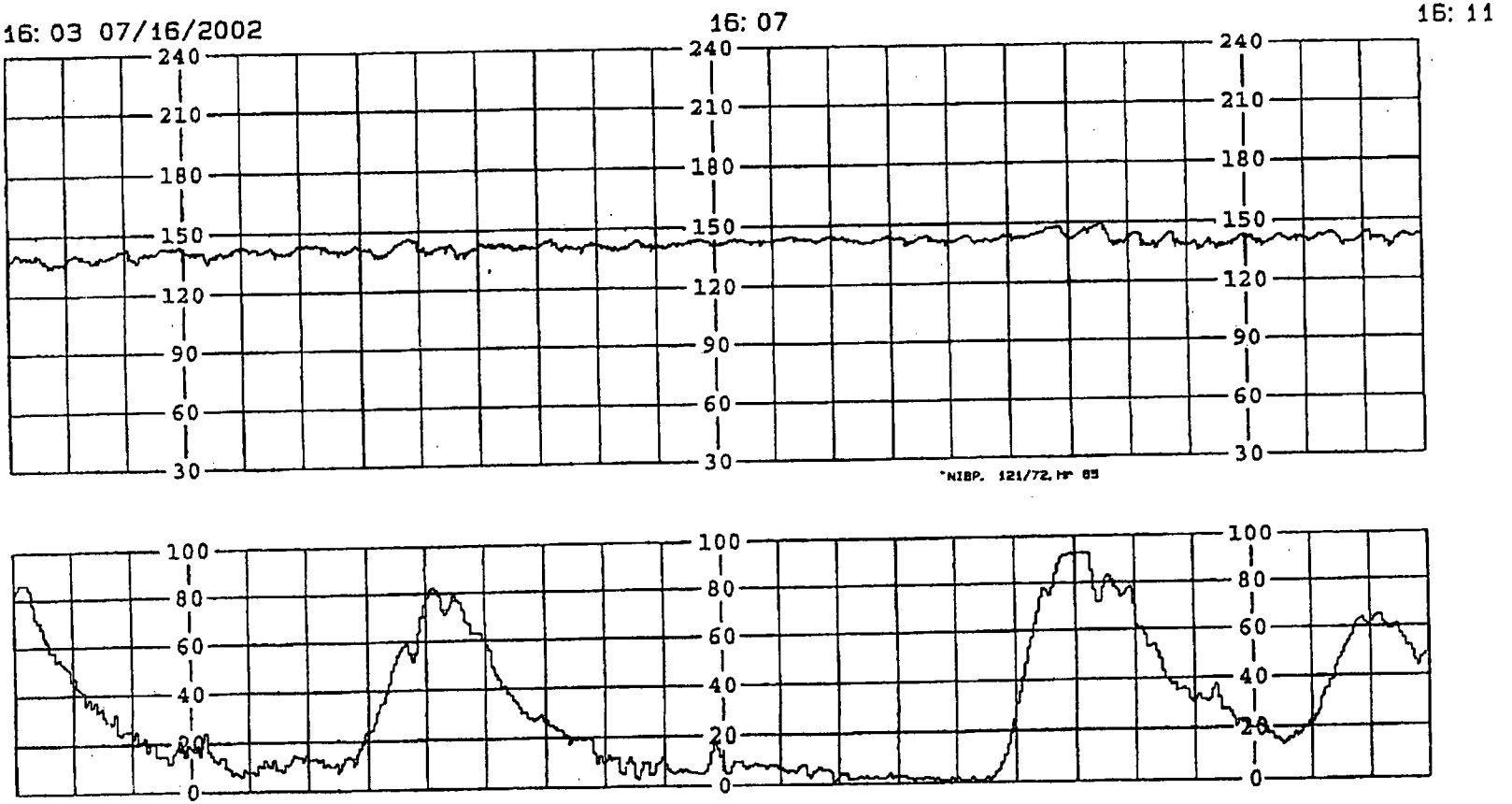
3460

ECH 0284

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 168

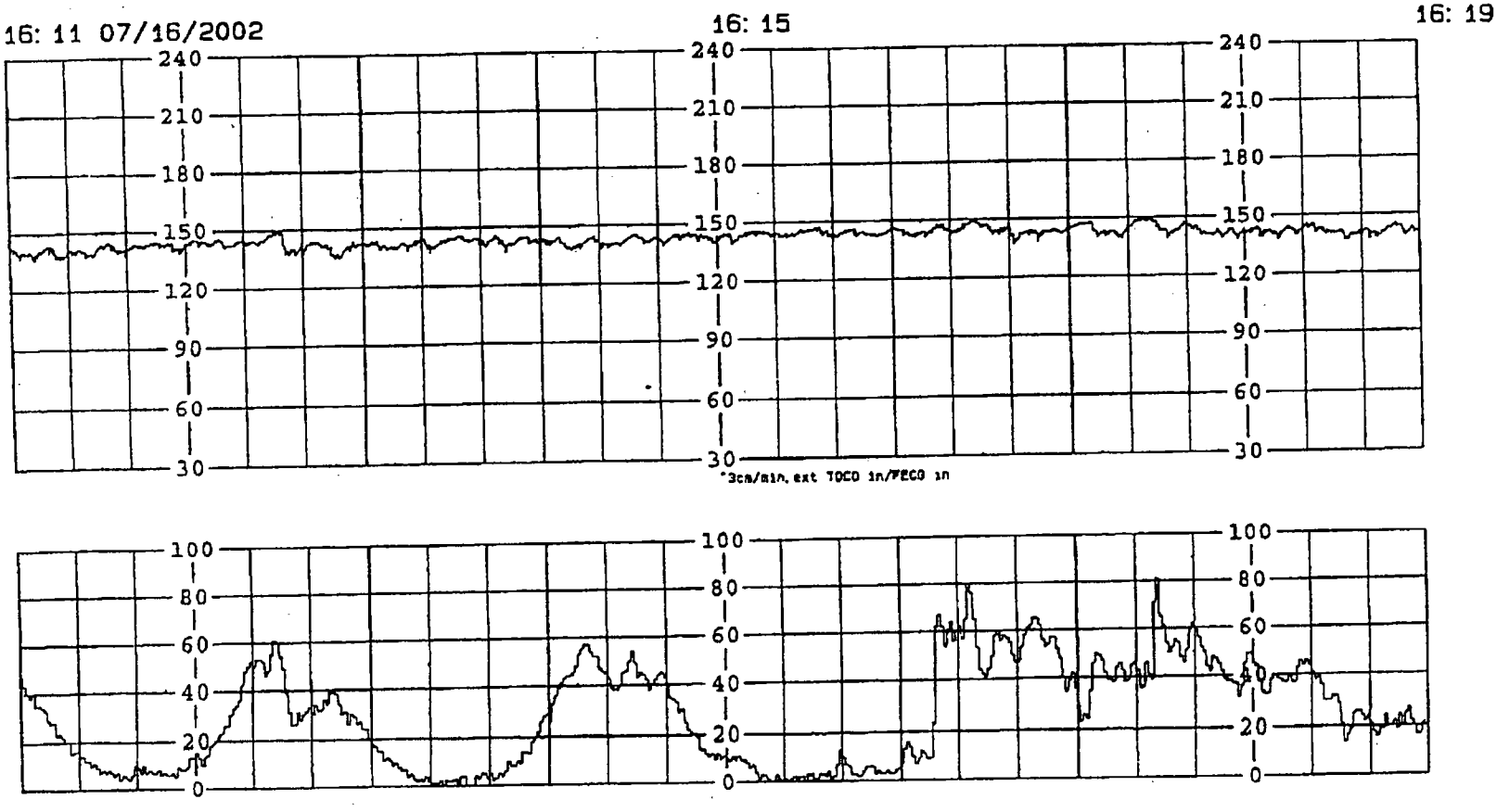


EXH_2_285

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_286

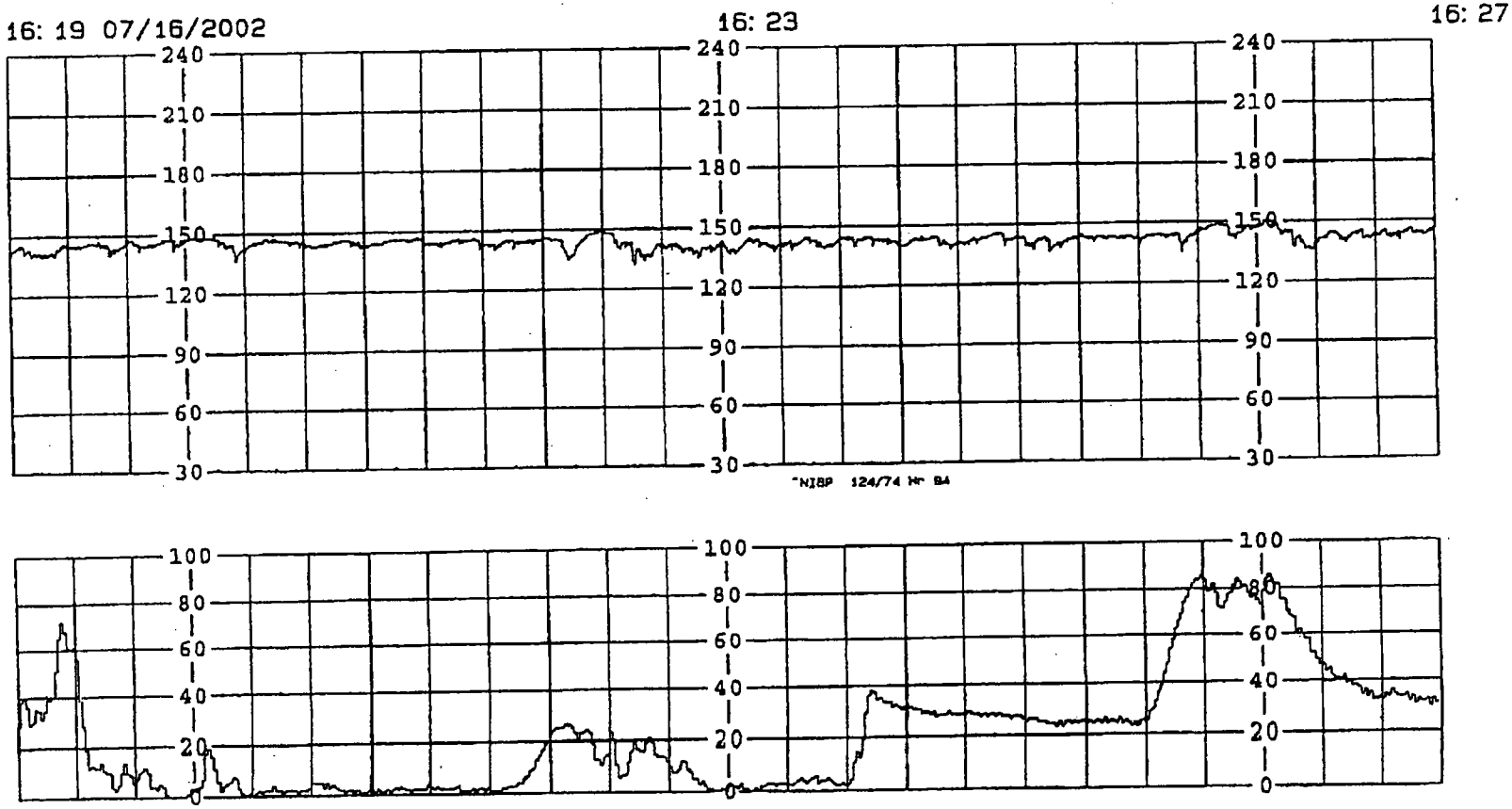
3461

ECH 0286

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 170

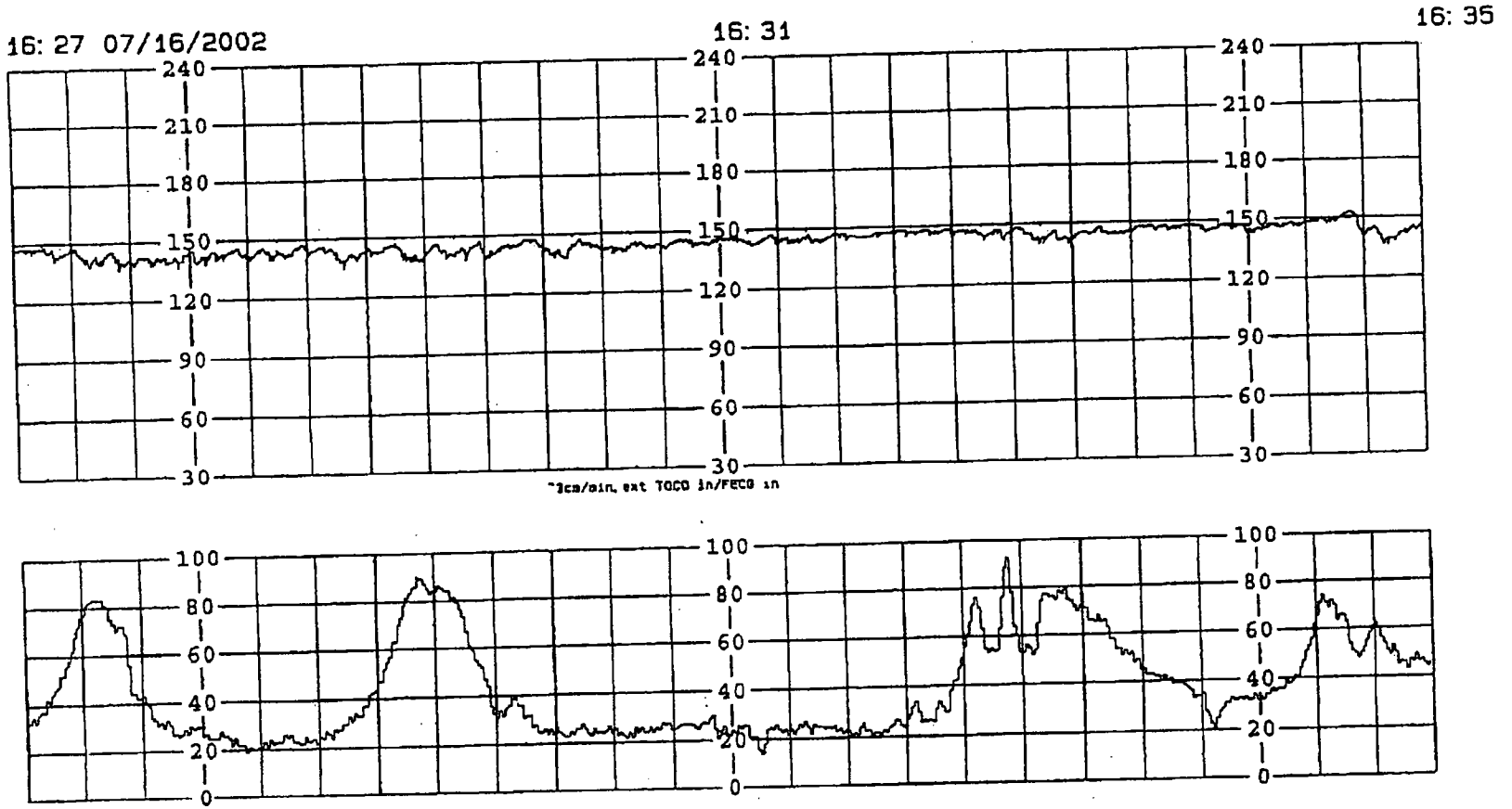


EXH_2_287

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_288

3463

3464

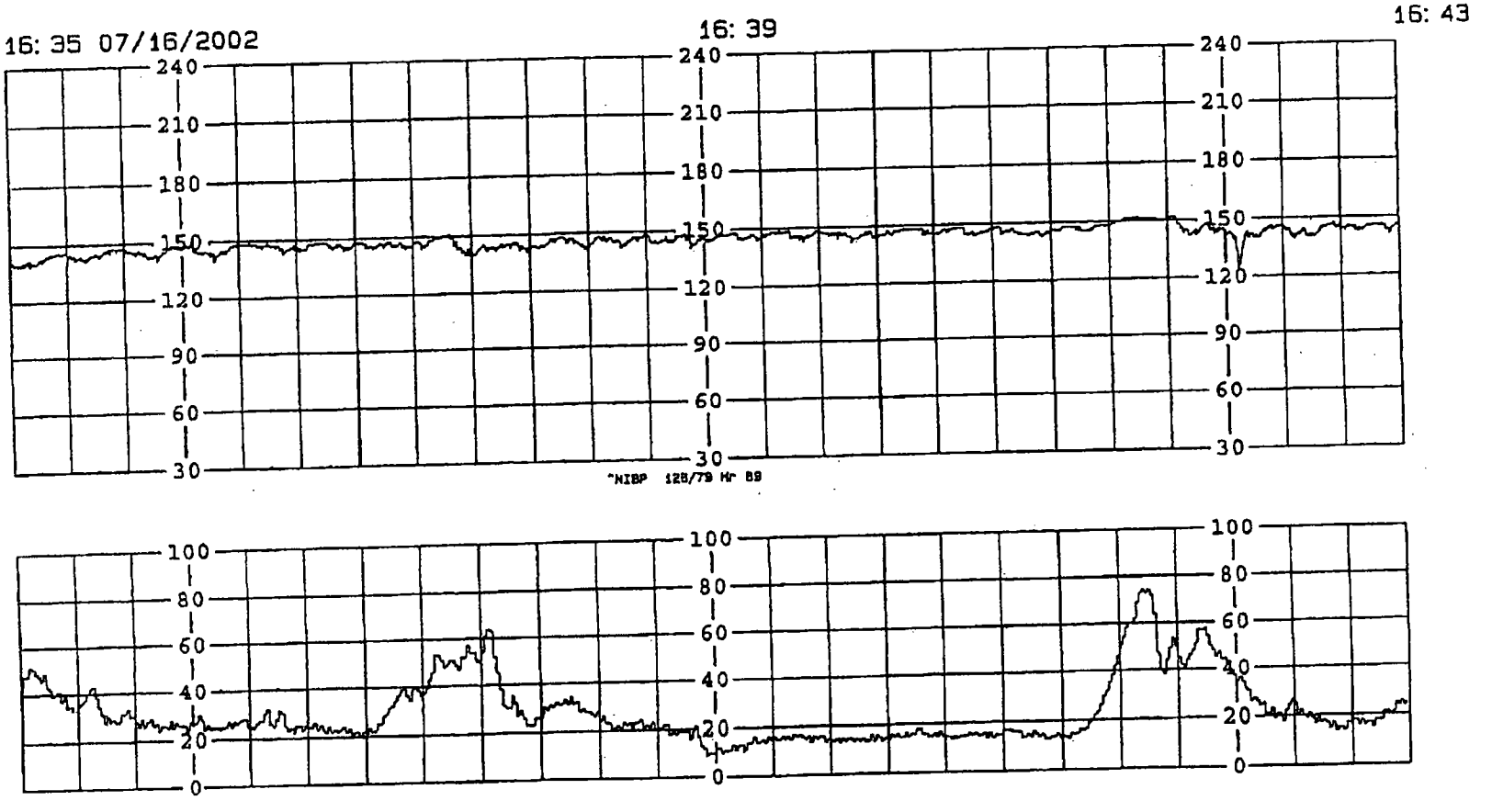
ECH 0288

Printed at: 04/24/2007 14:55

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Page: 172

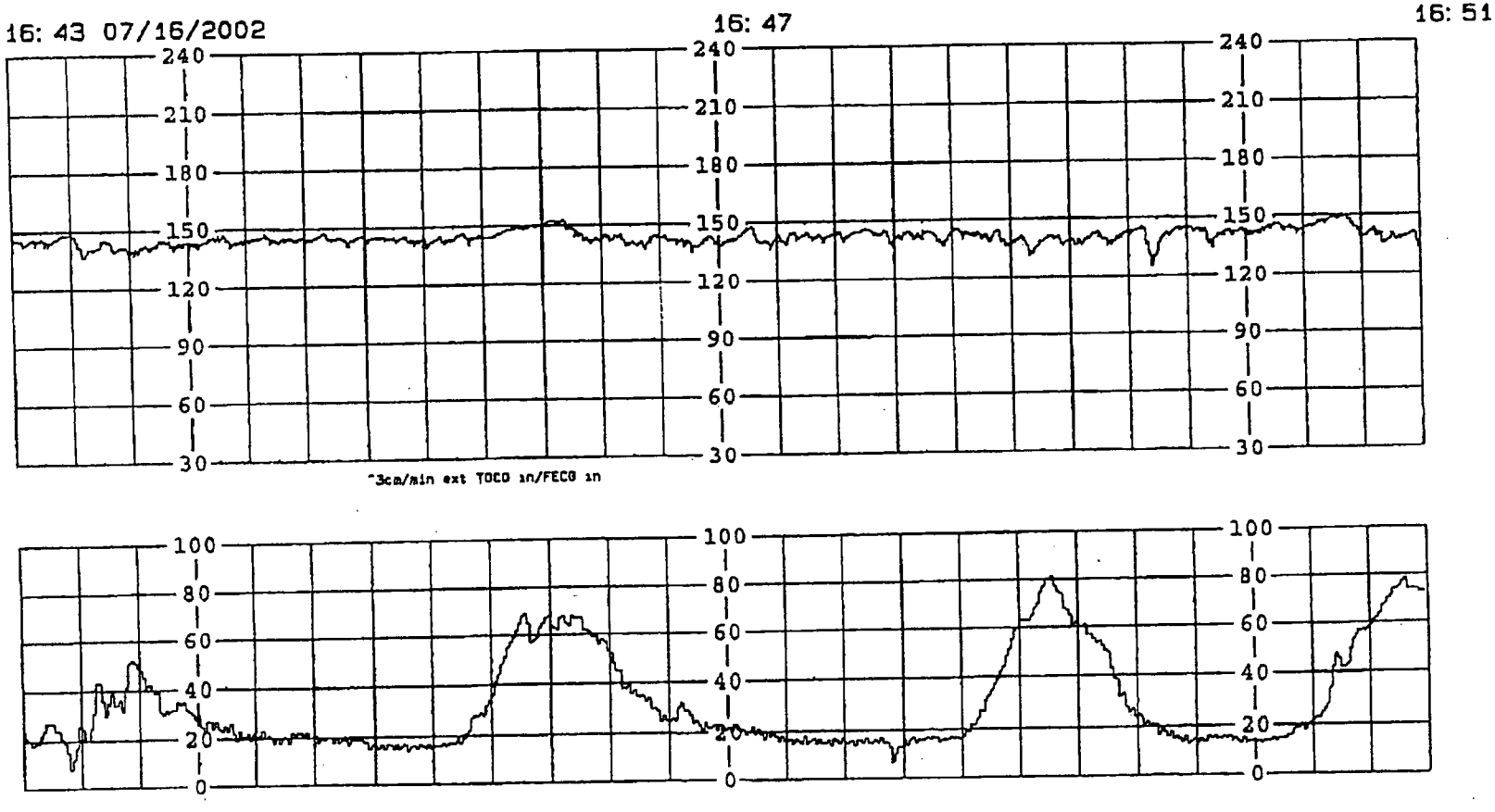
EXH 2_289



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 173



EXH_2_290

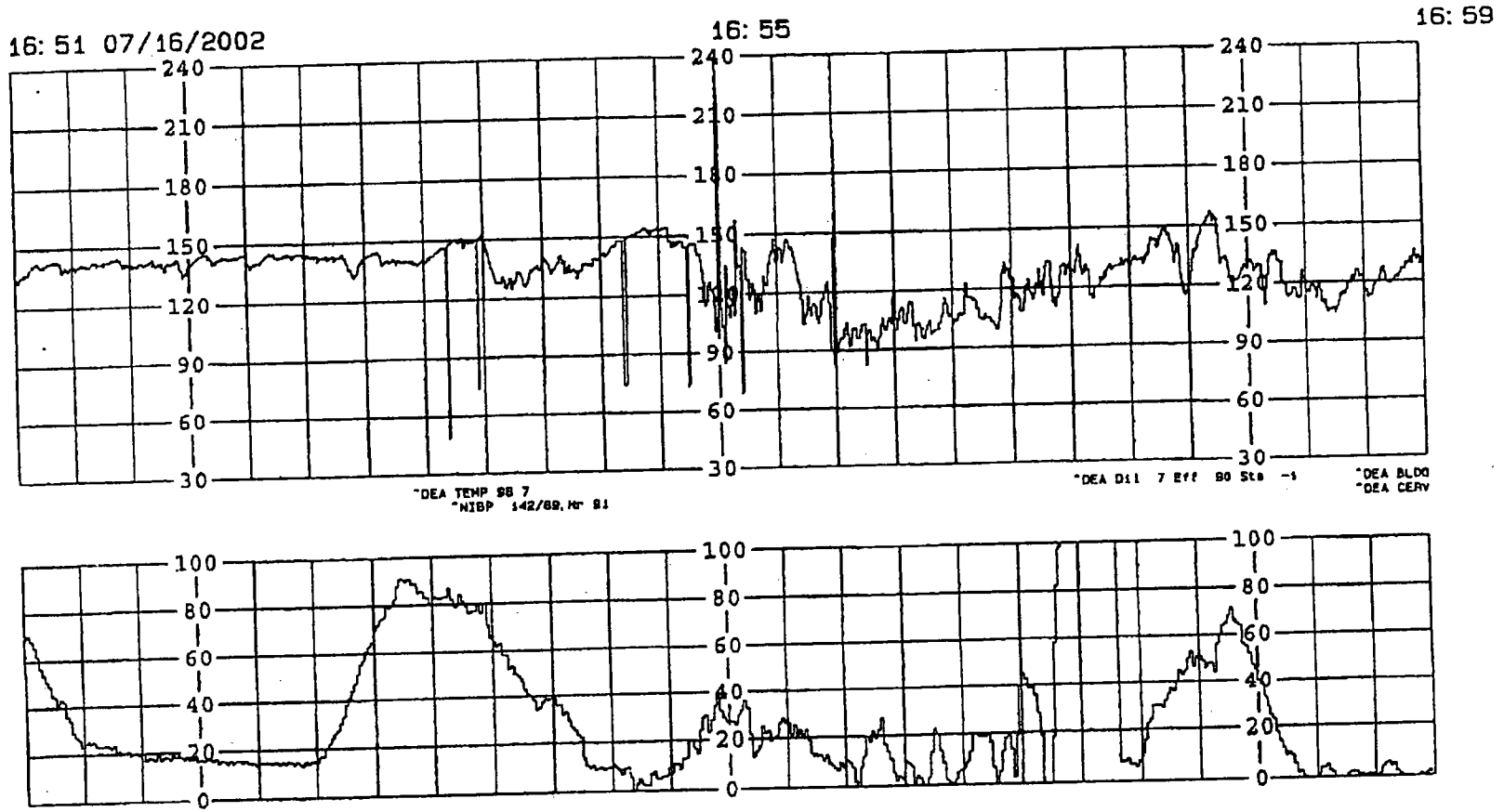
3465

ECH 0290

Printed at: 04/24/2007 14:55

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Page: 174

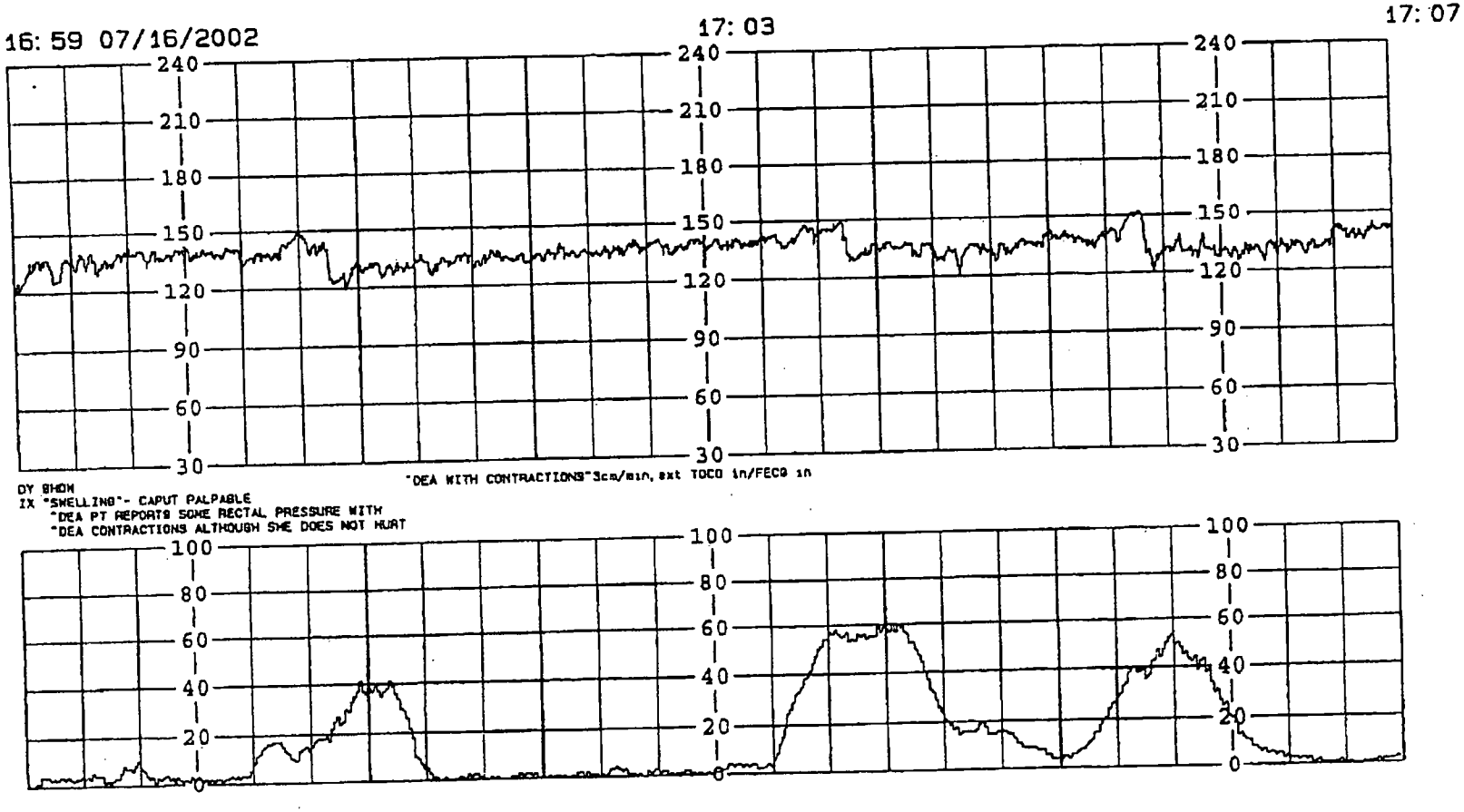


EXH_2_291

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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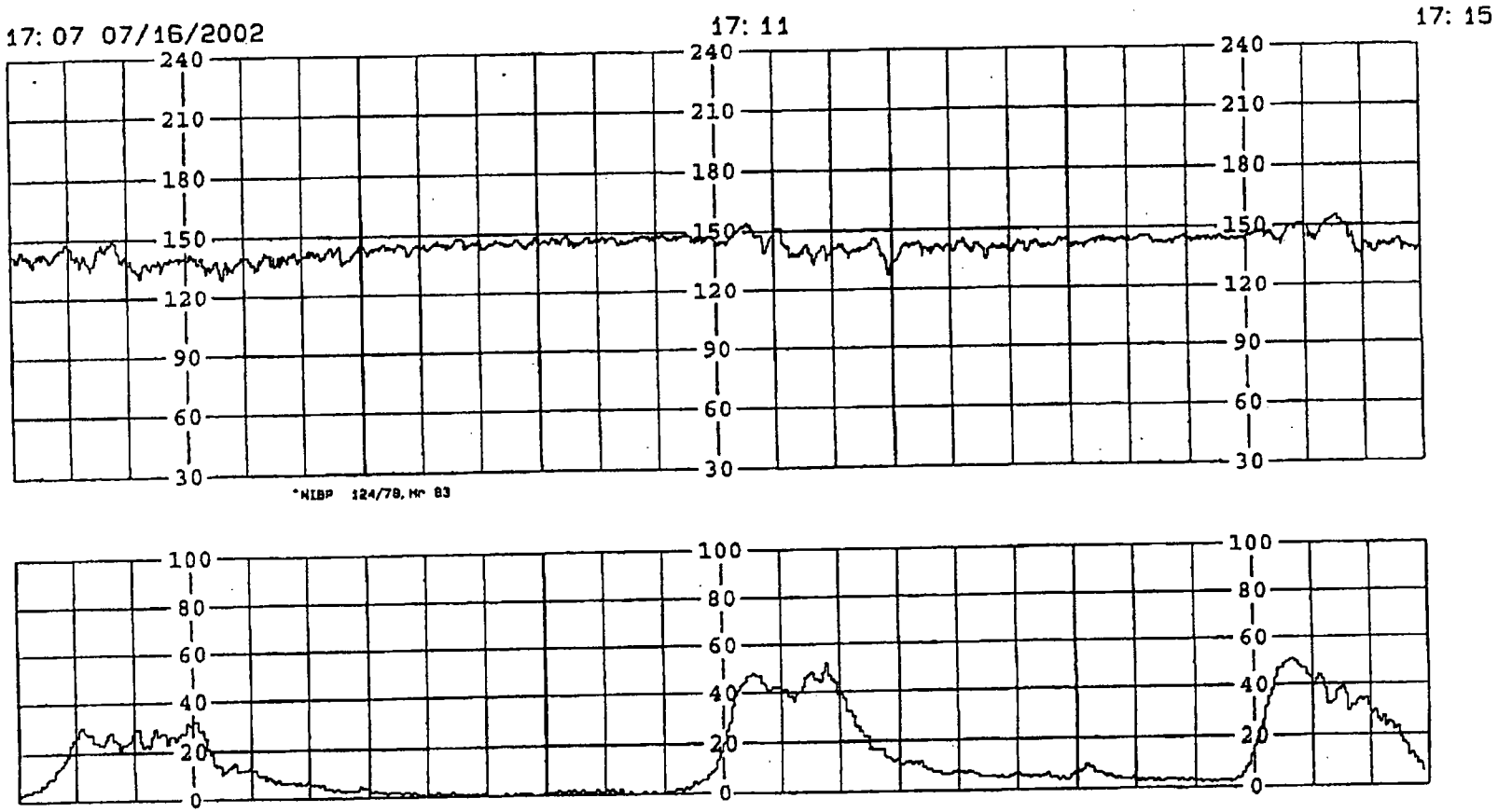
EXH_2_292

3467

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

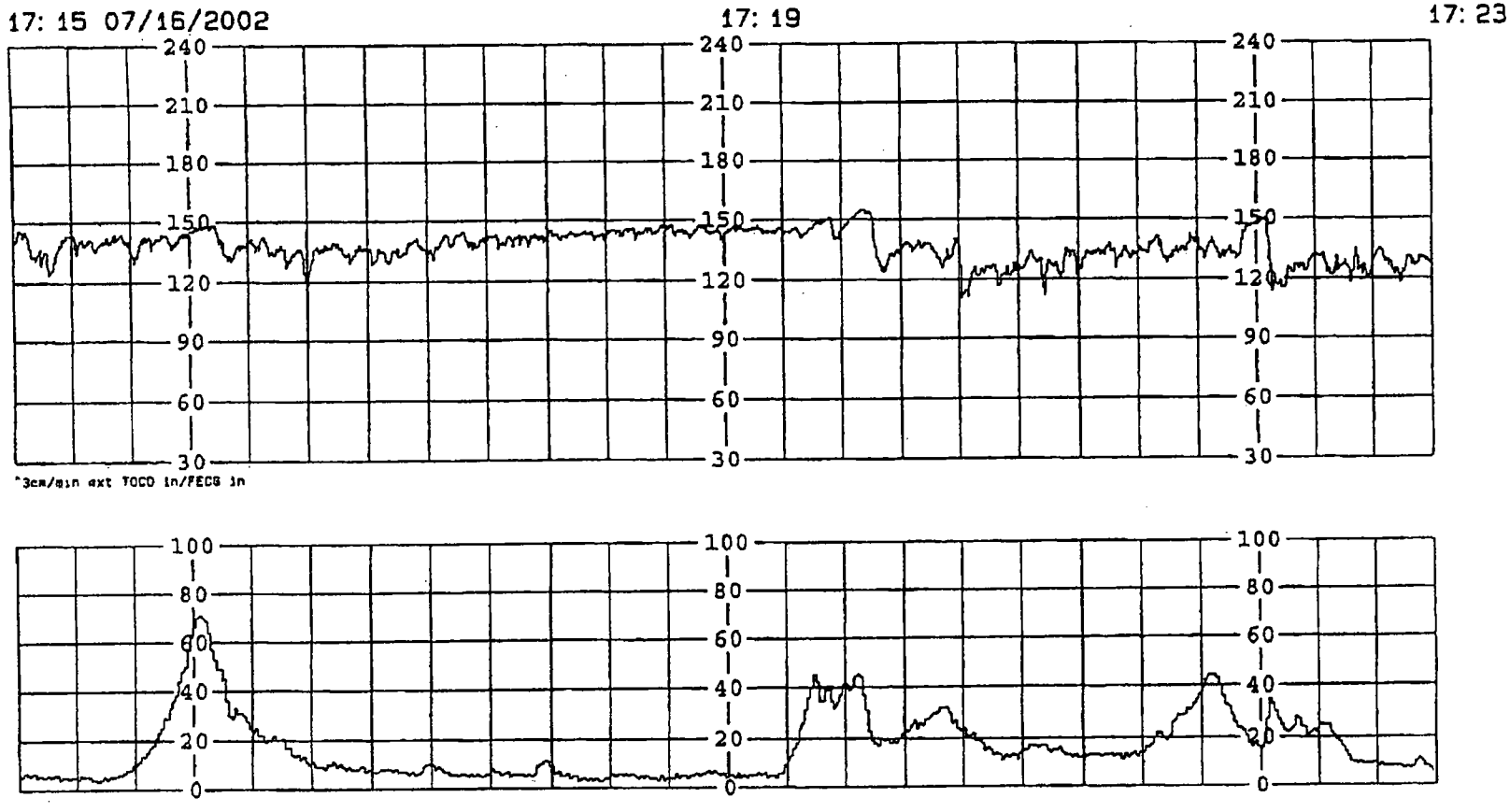
Page: 176



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_294

3470

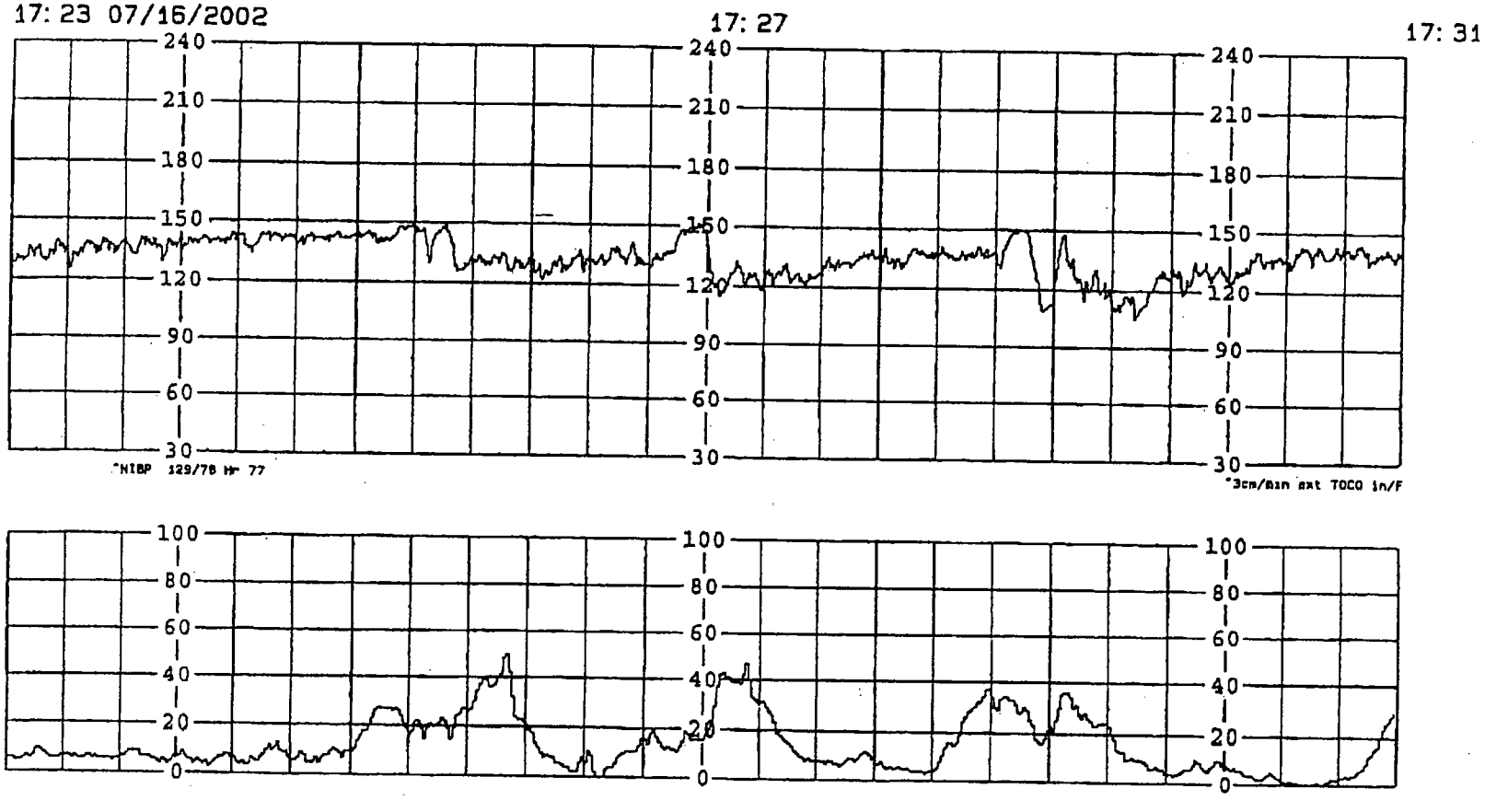
ECH 0294

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 178

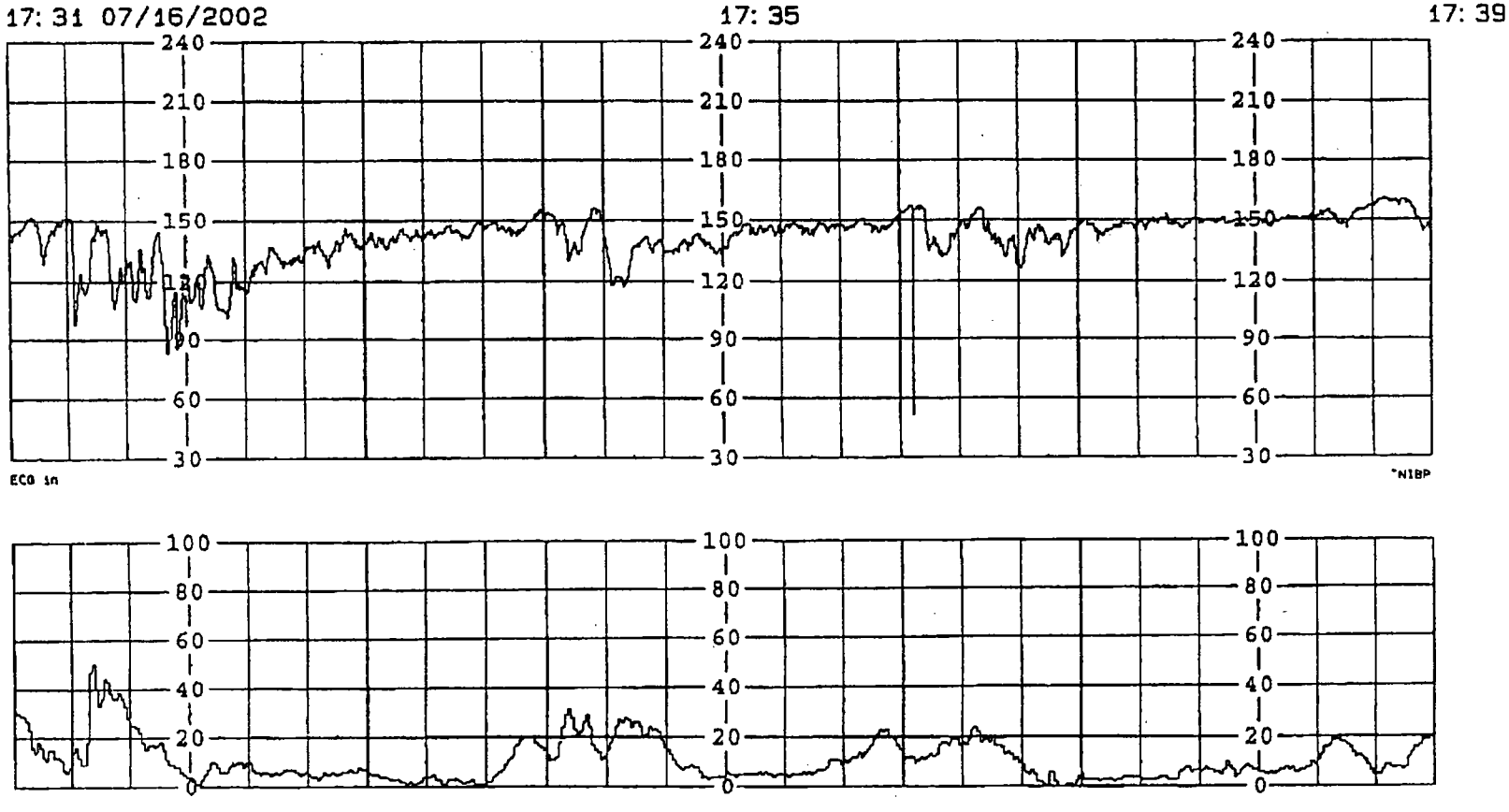
EXH_2_295



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

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EXH_2_296

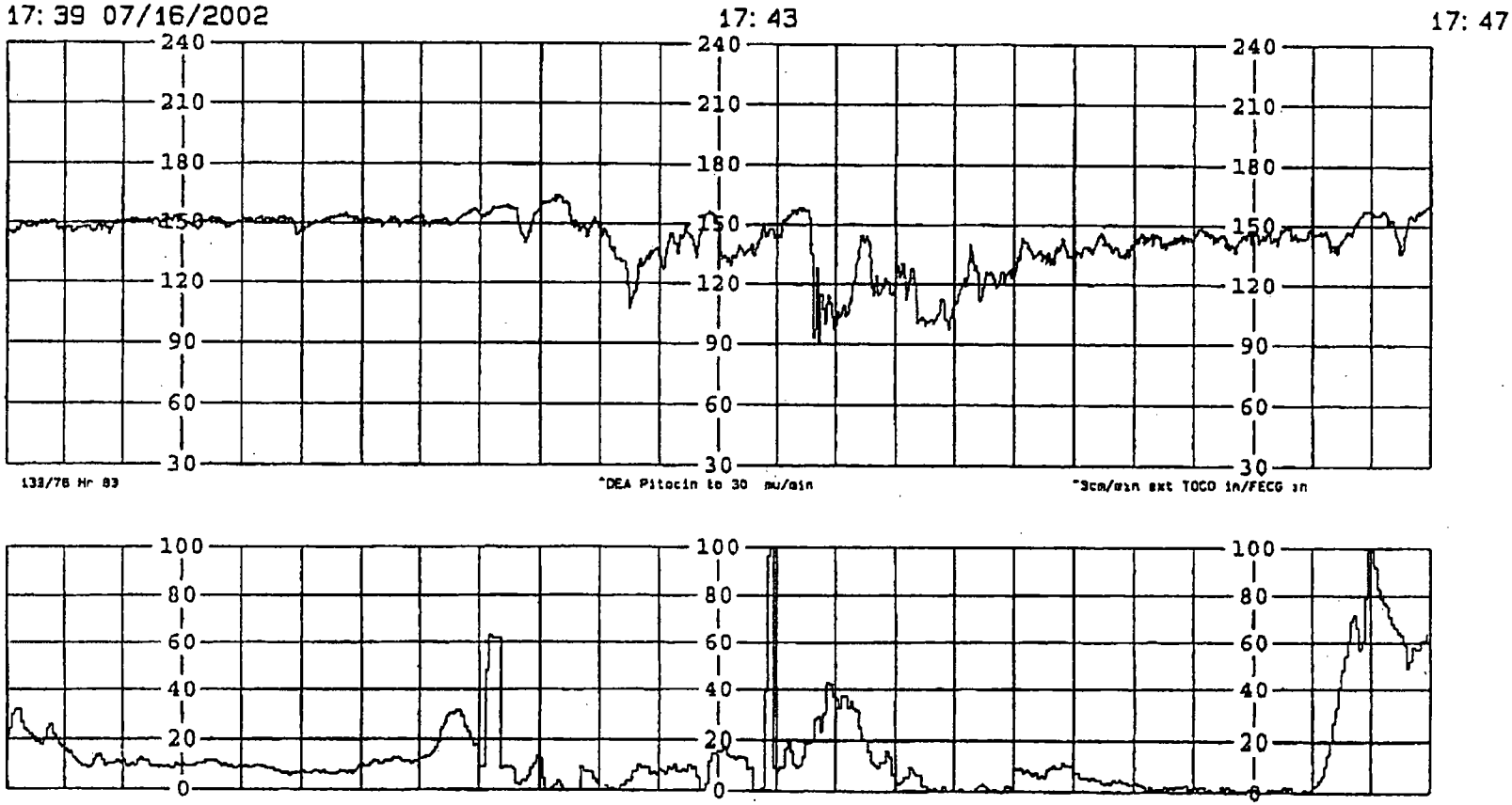
3471

ECH 0296

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 180

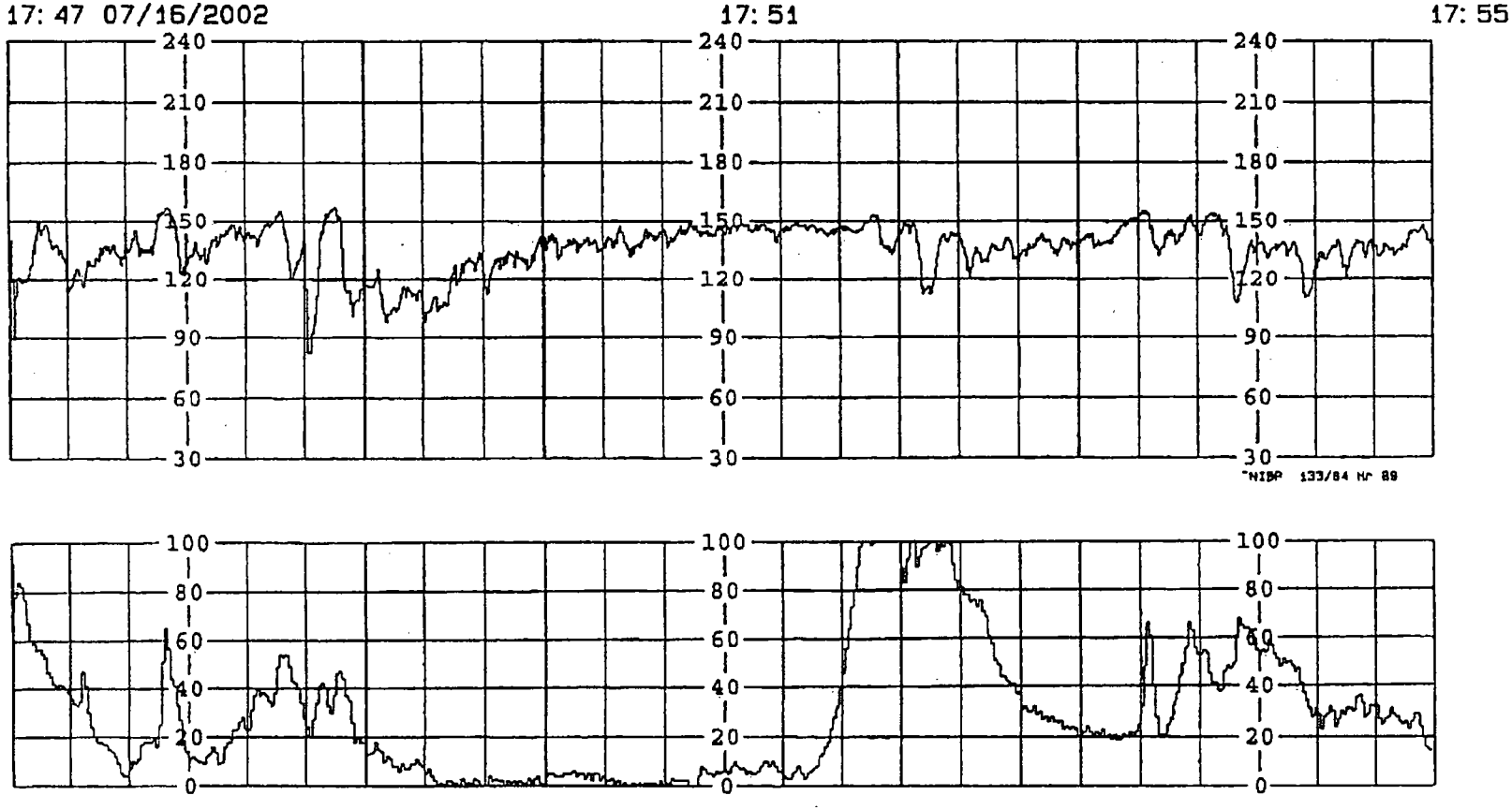


EXH_2_297

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 181



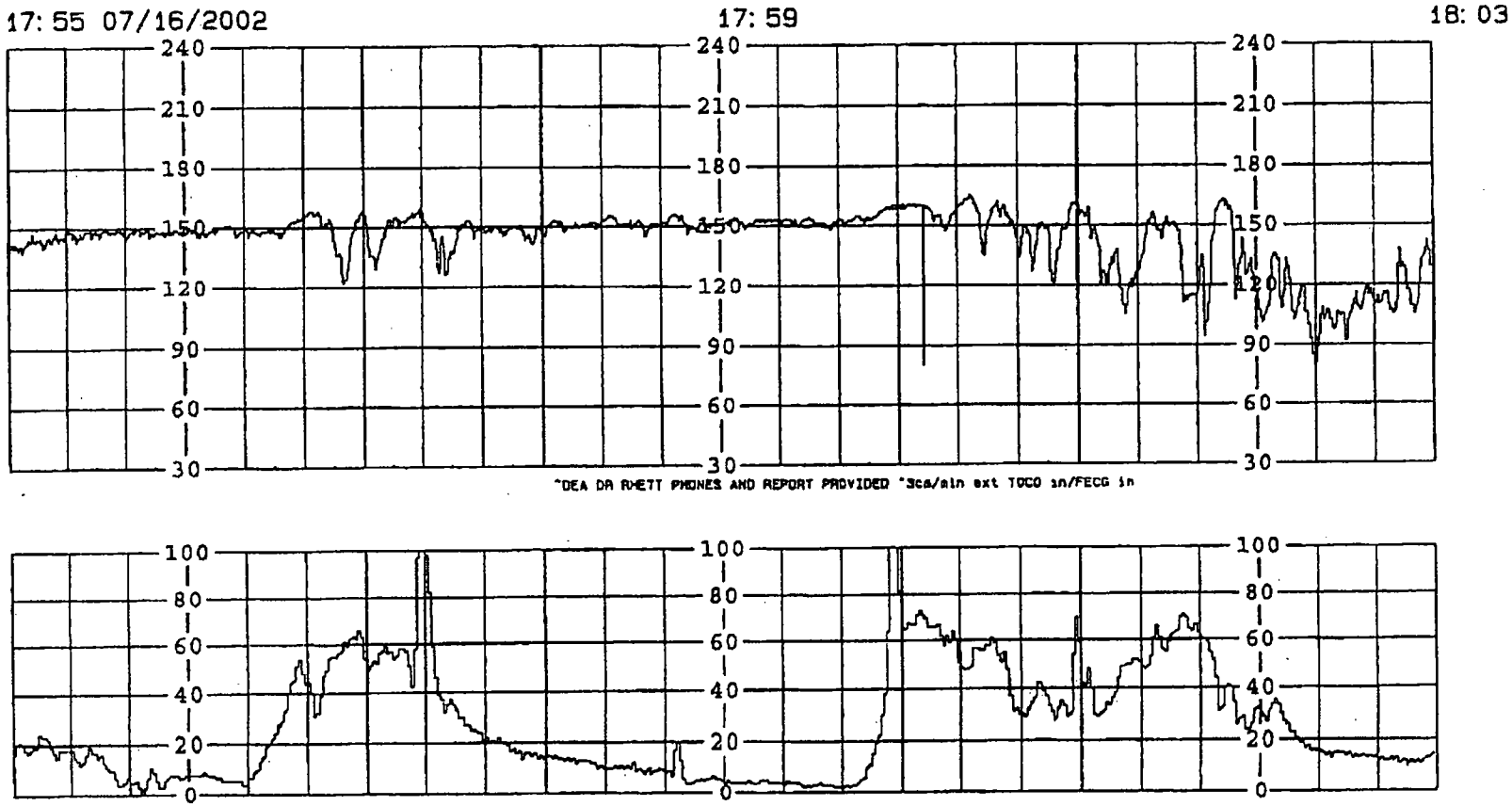
EXH_2_298

ECH 0298

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 182

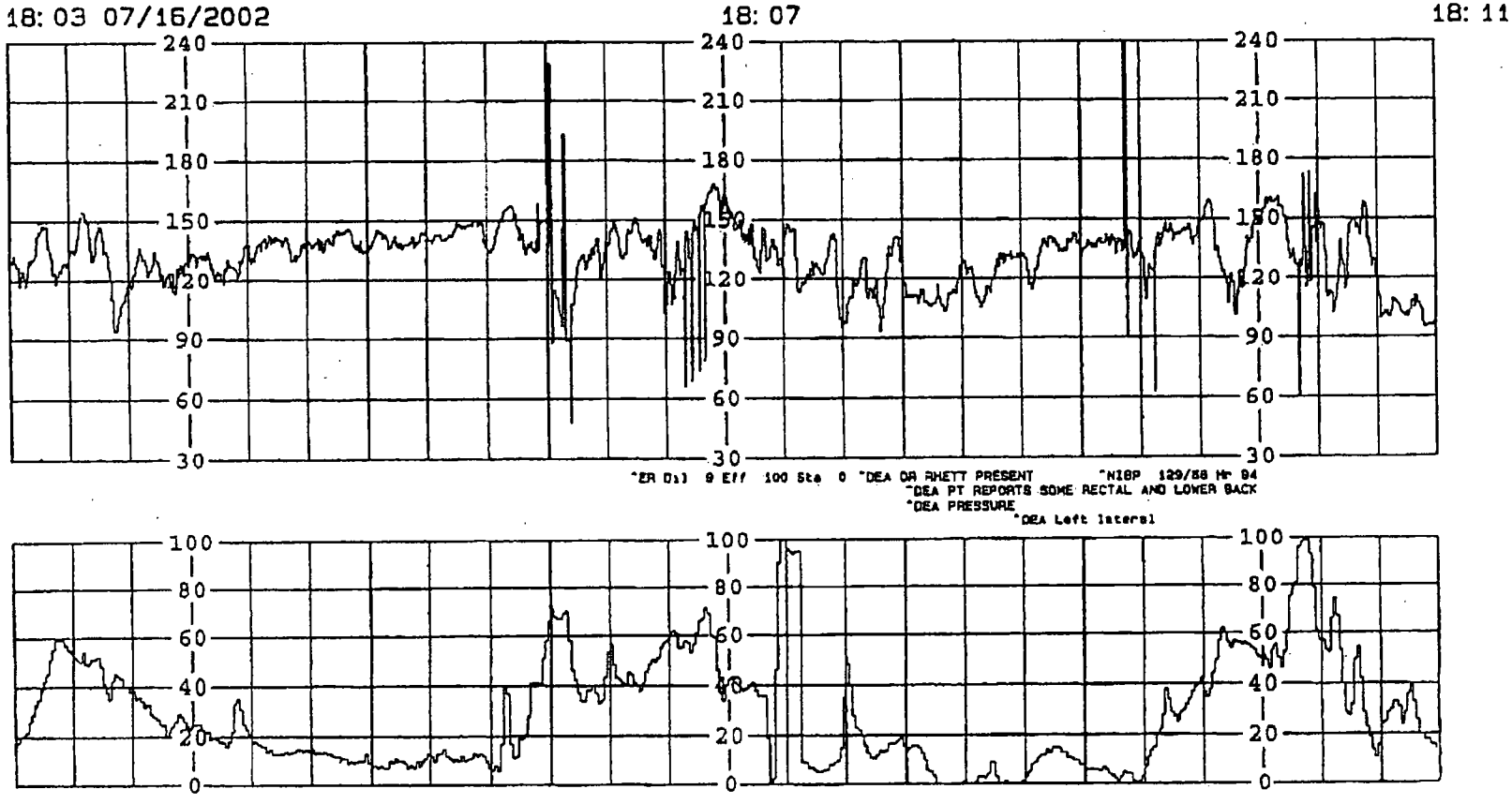


EXH_2_299

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 183



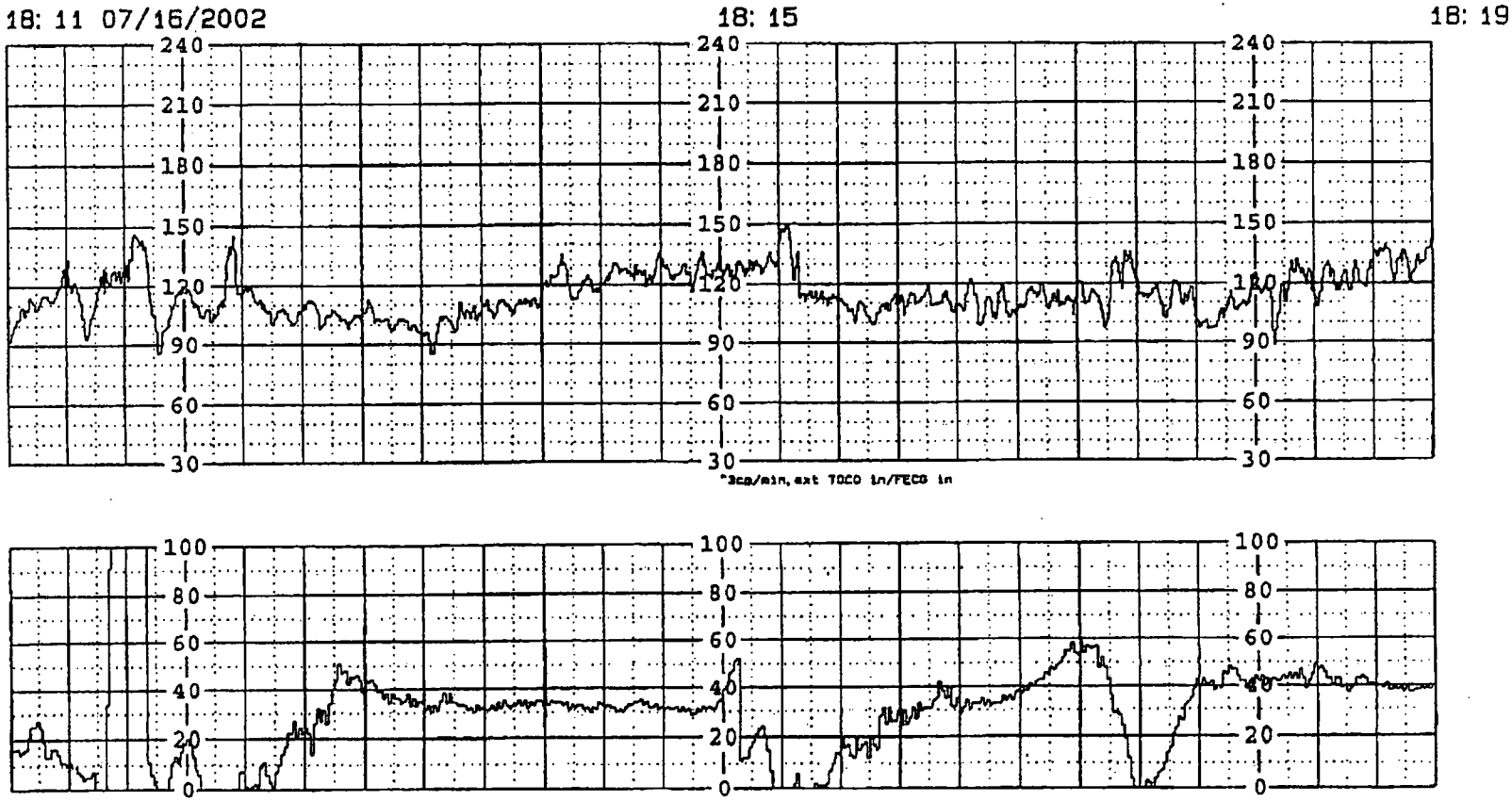
EXH_2_300

ECH 0300

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 184



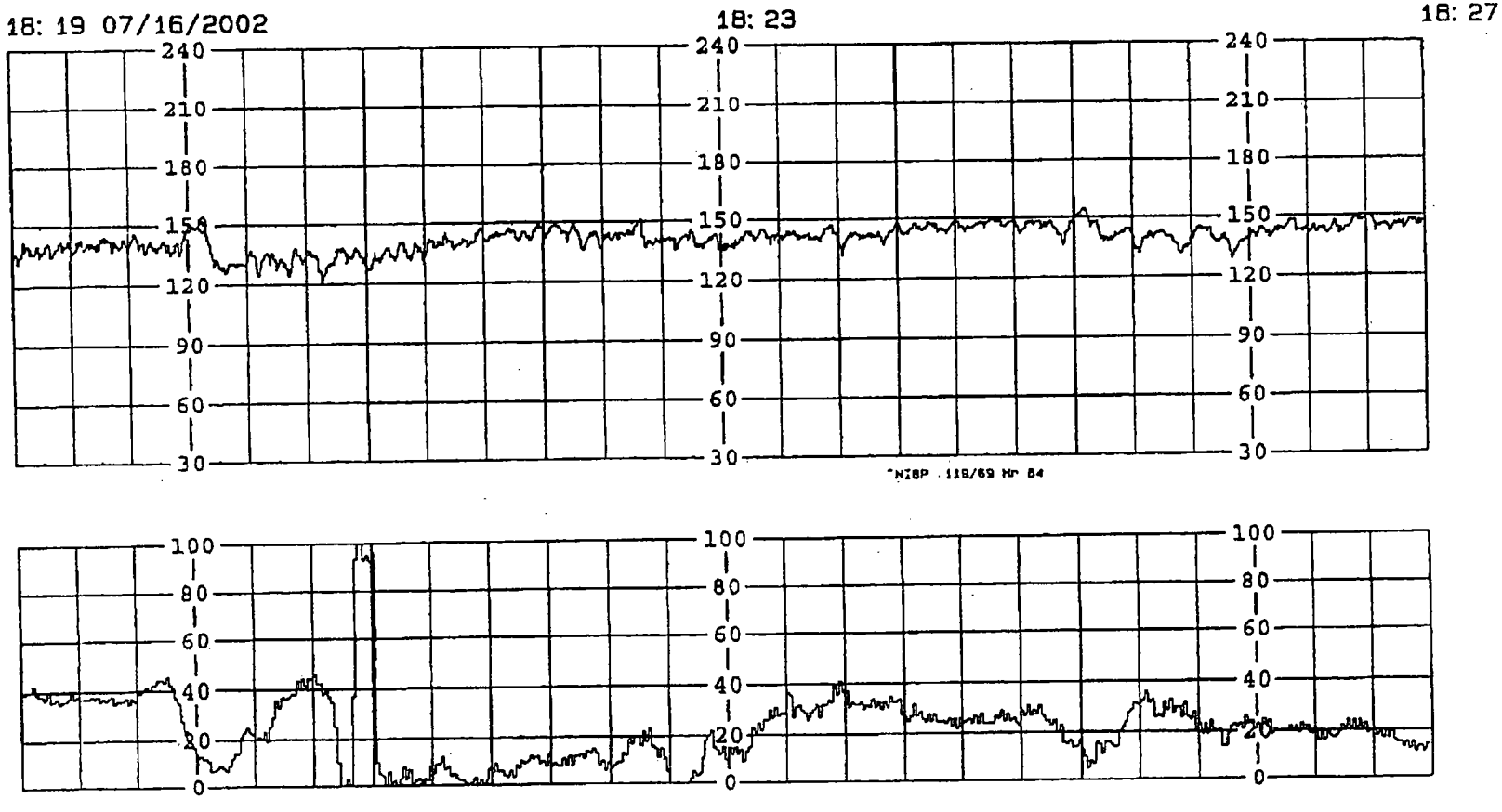
EXH_2_301

ECH 0301

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 185



EXH_2_302

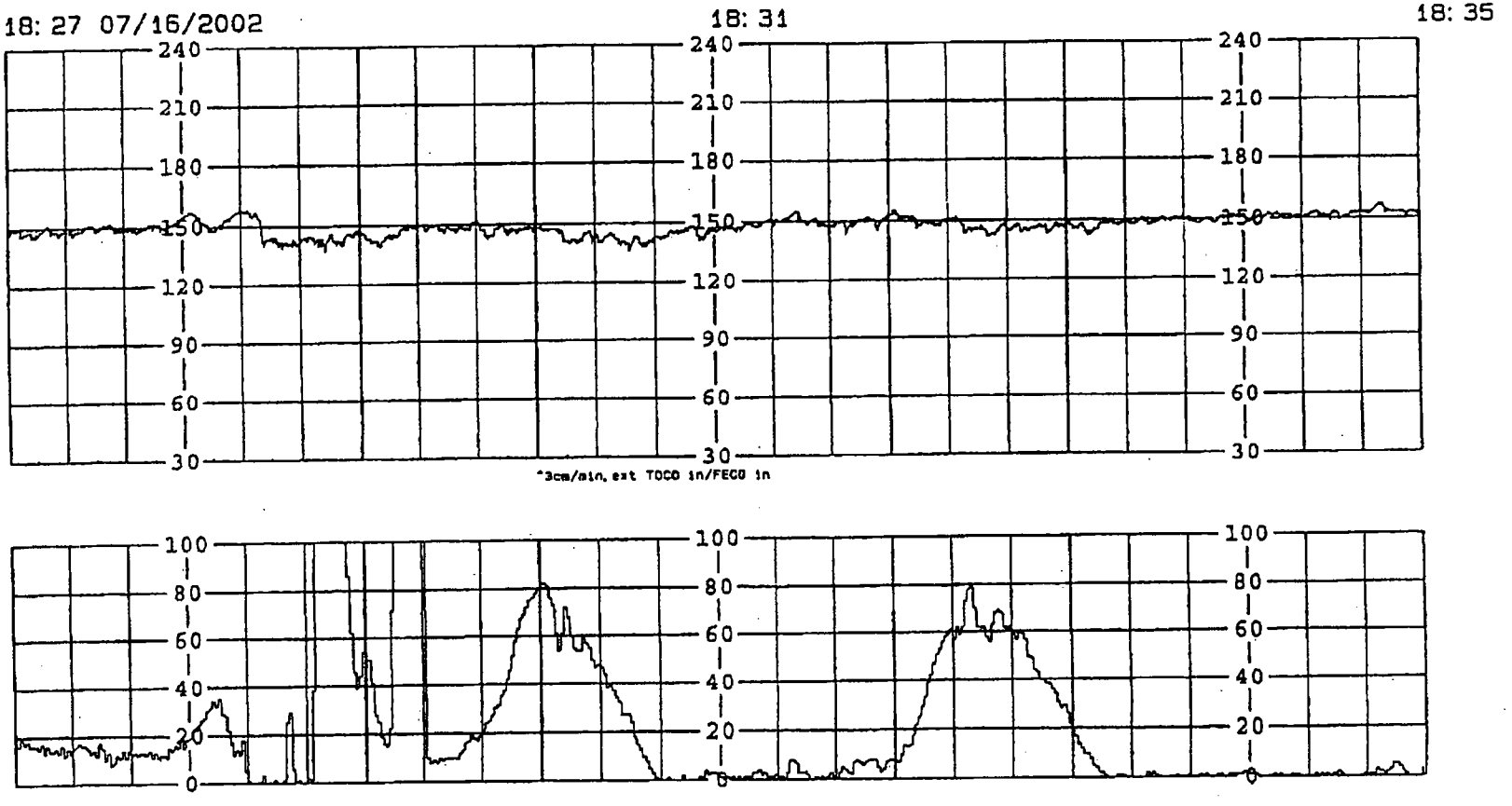
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ECH 0302

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

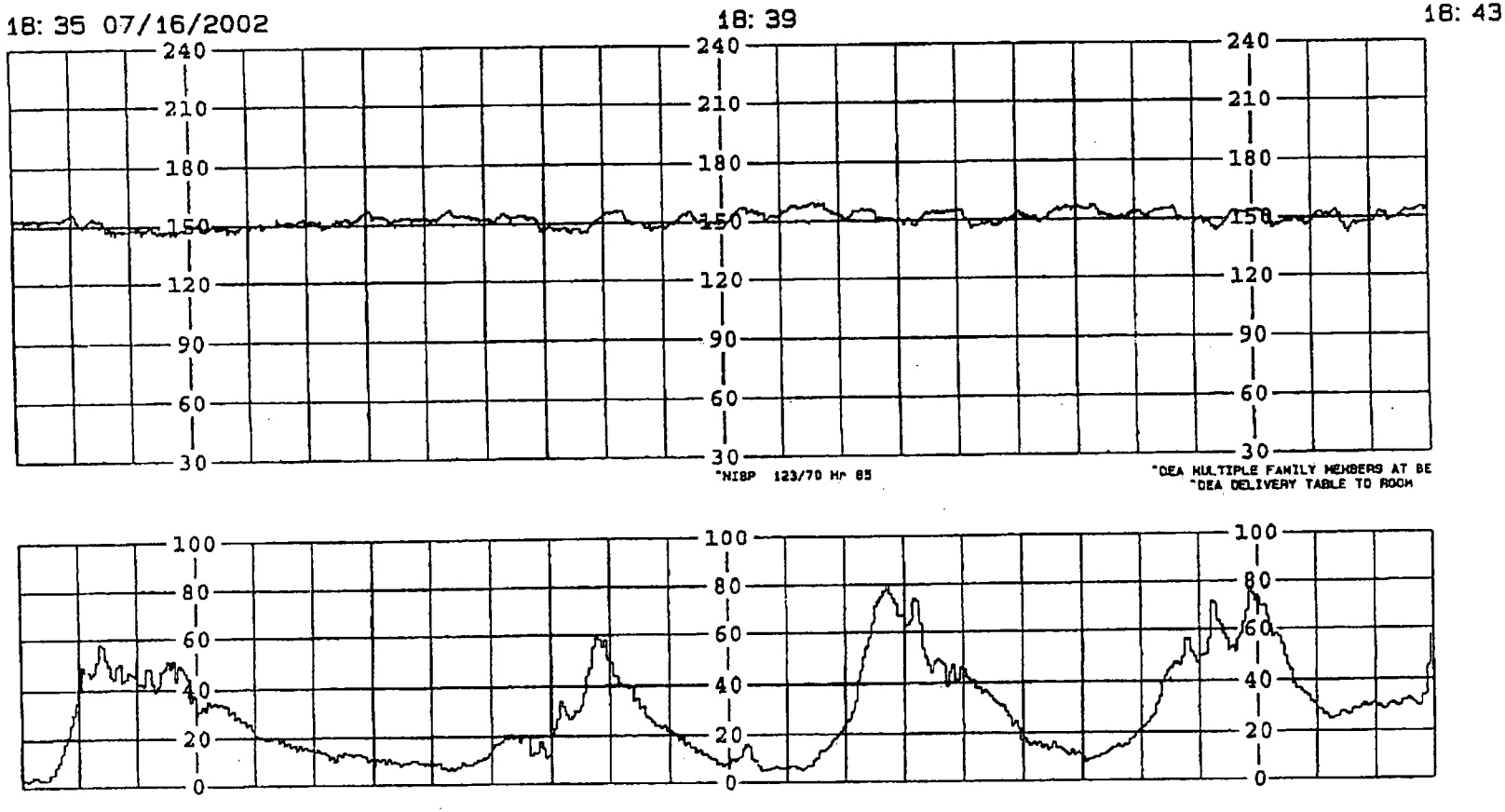
Page: 186



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 187



EXH_2_304

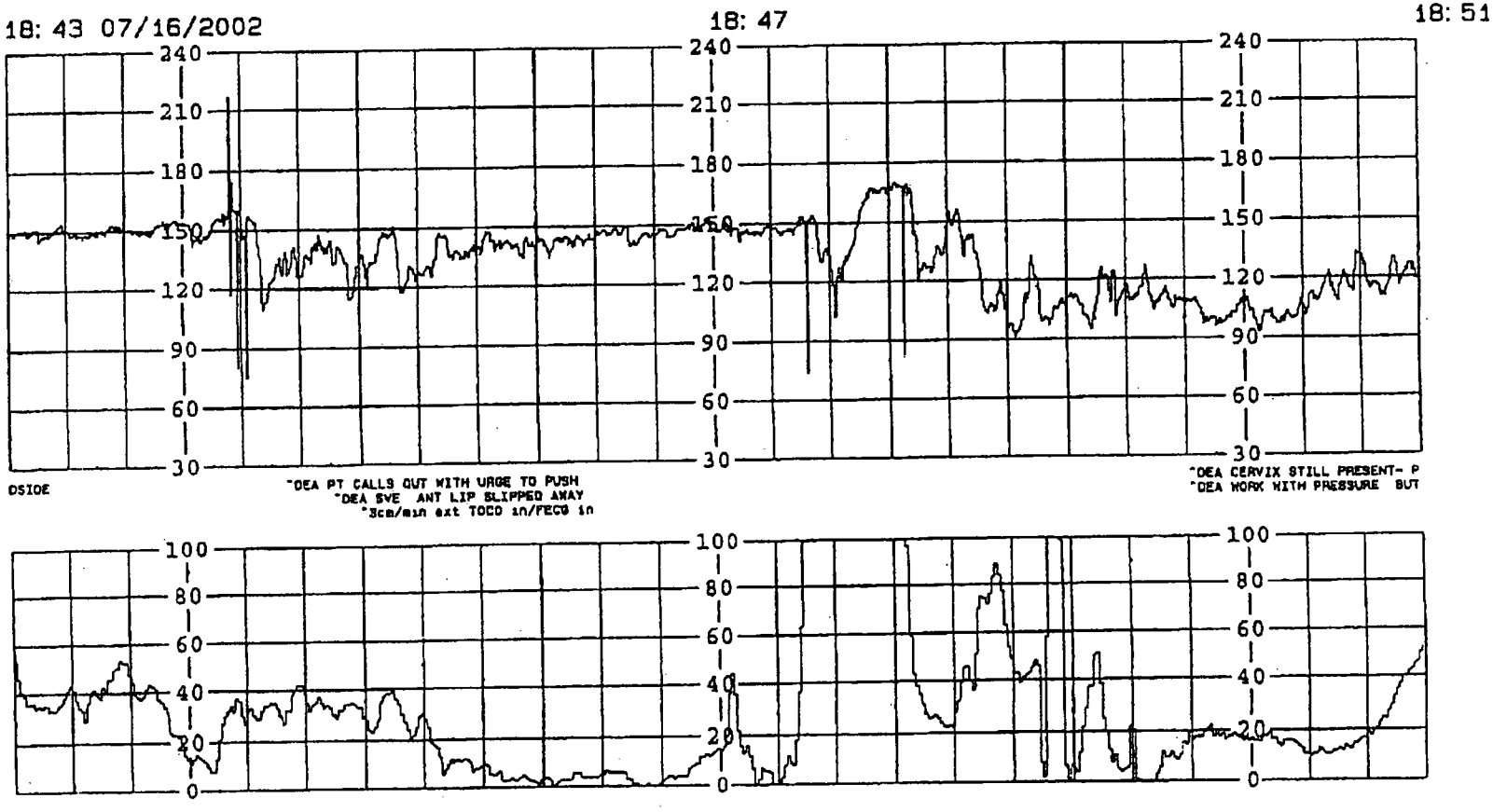
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ECH 0304

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

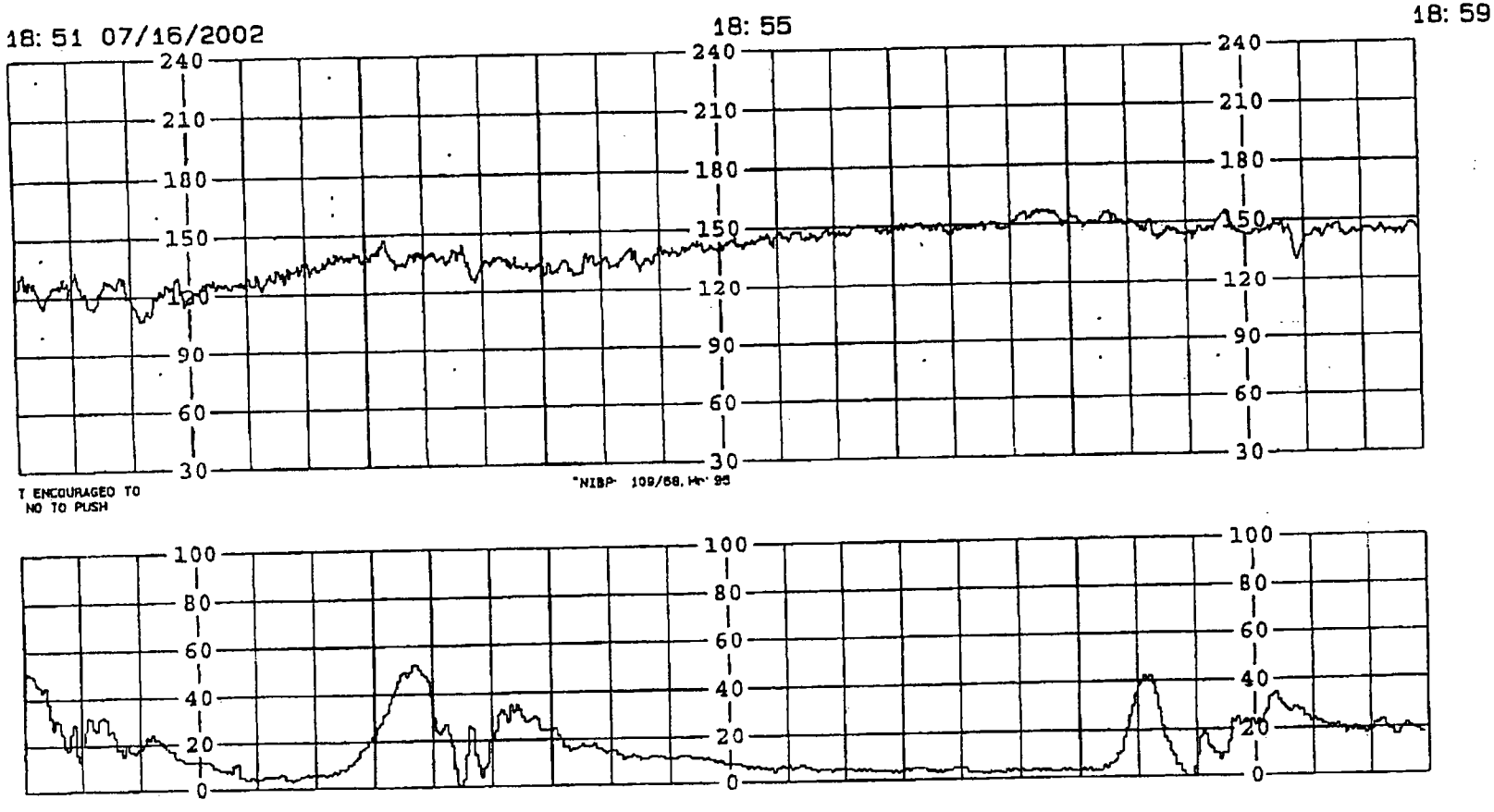
Page: 188



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 189



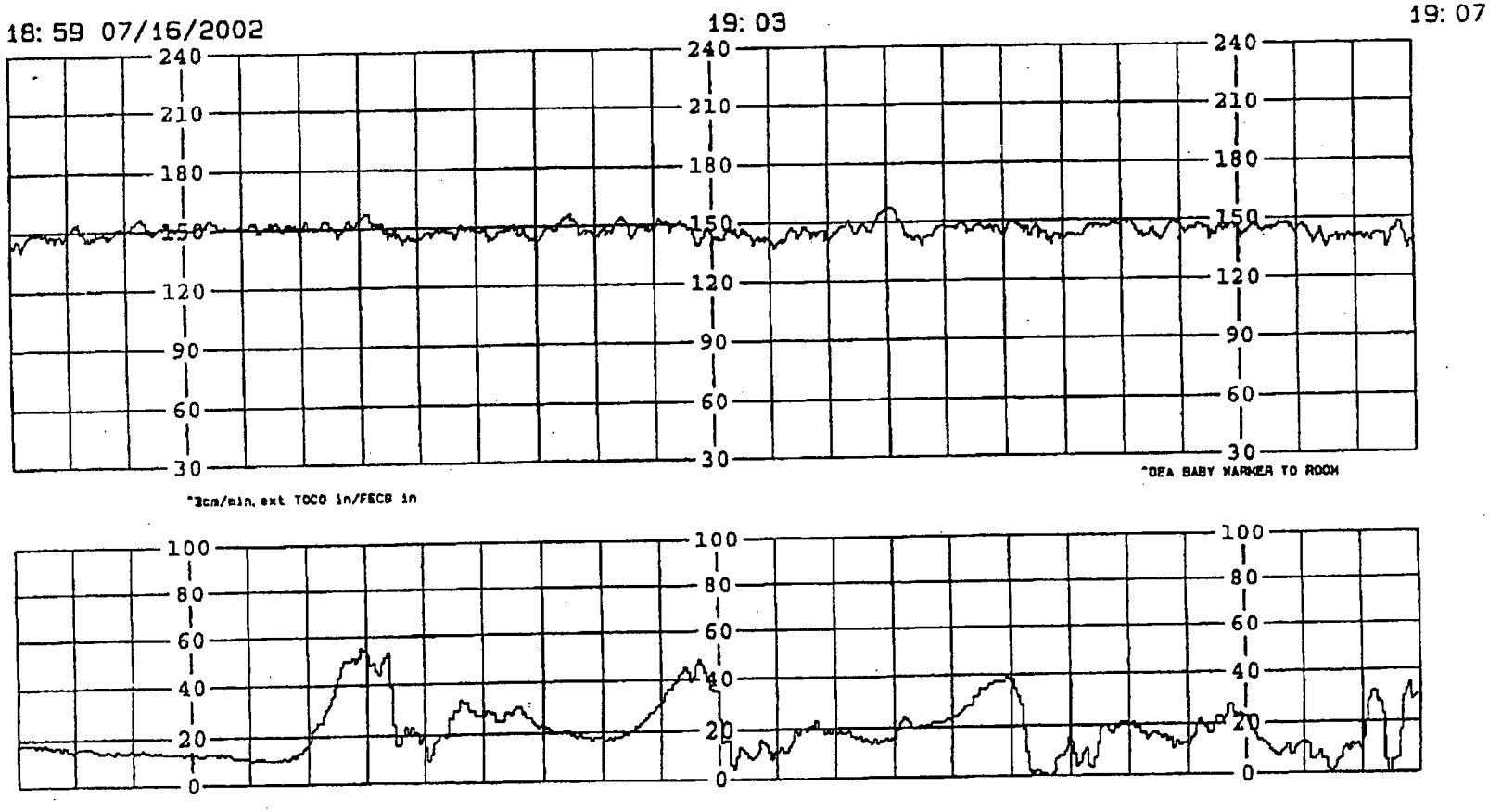
EXH_2_306

ECH 0306

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 190

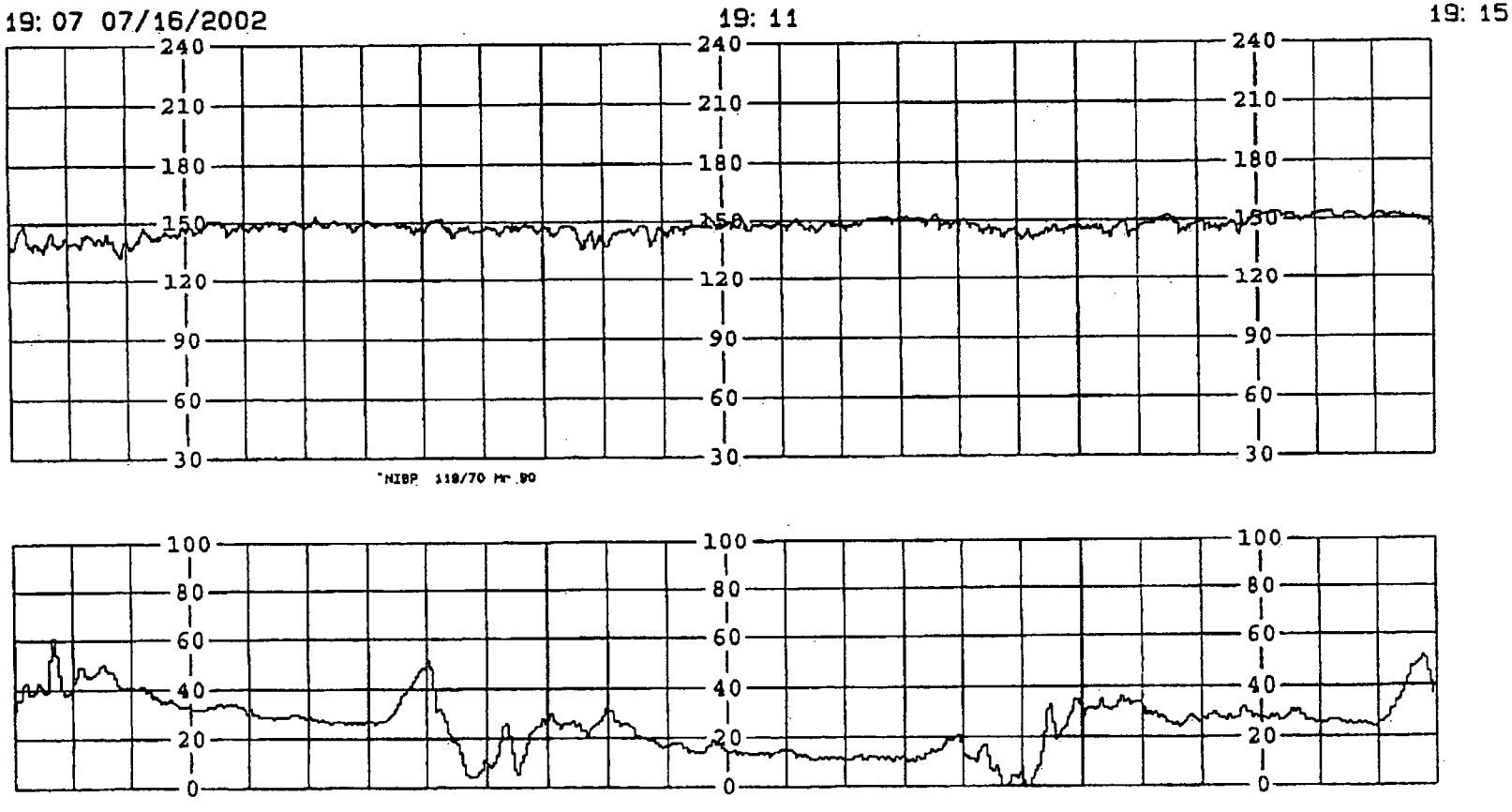


EXH_2_307

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 191



EXH_2_308

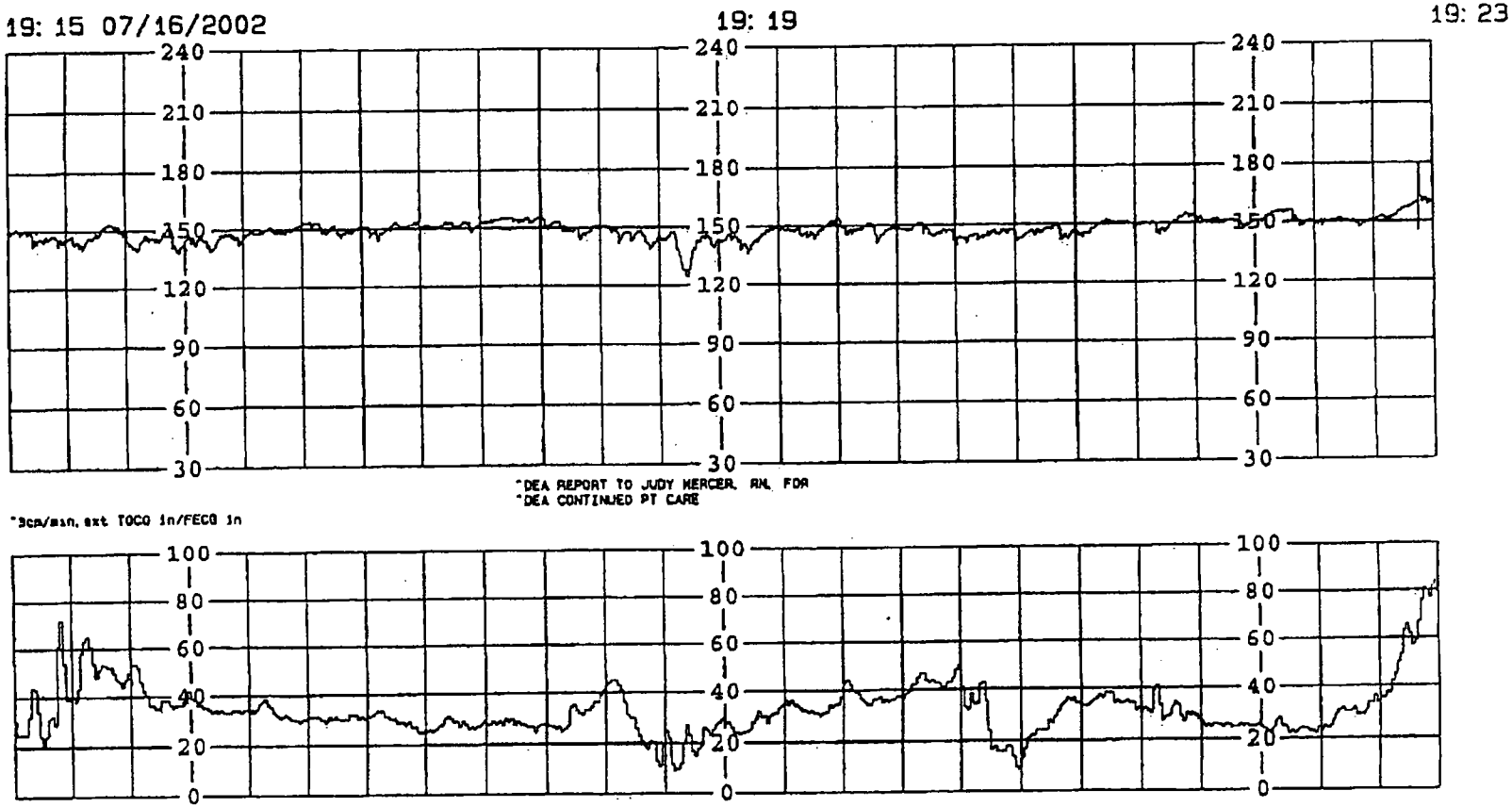
3483

ECH 0308

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 192

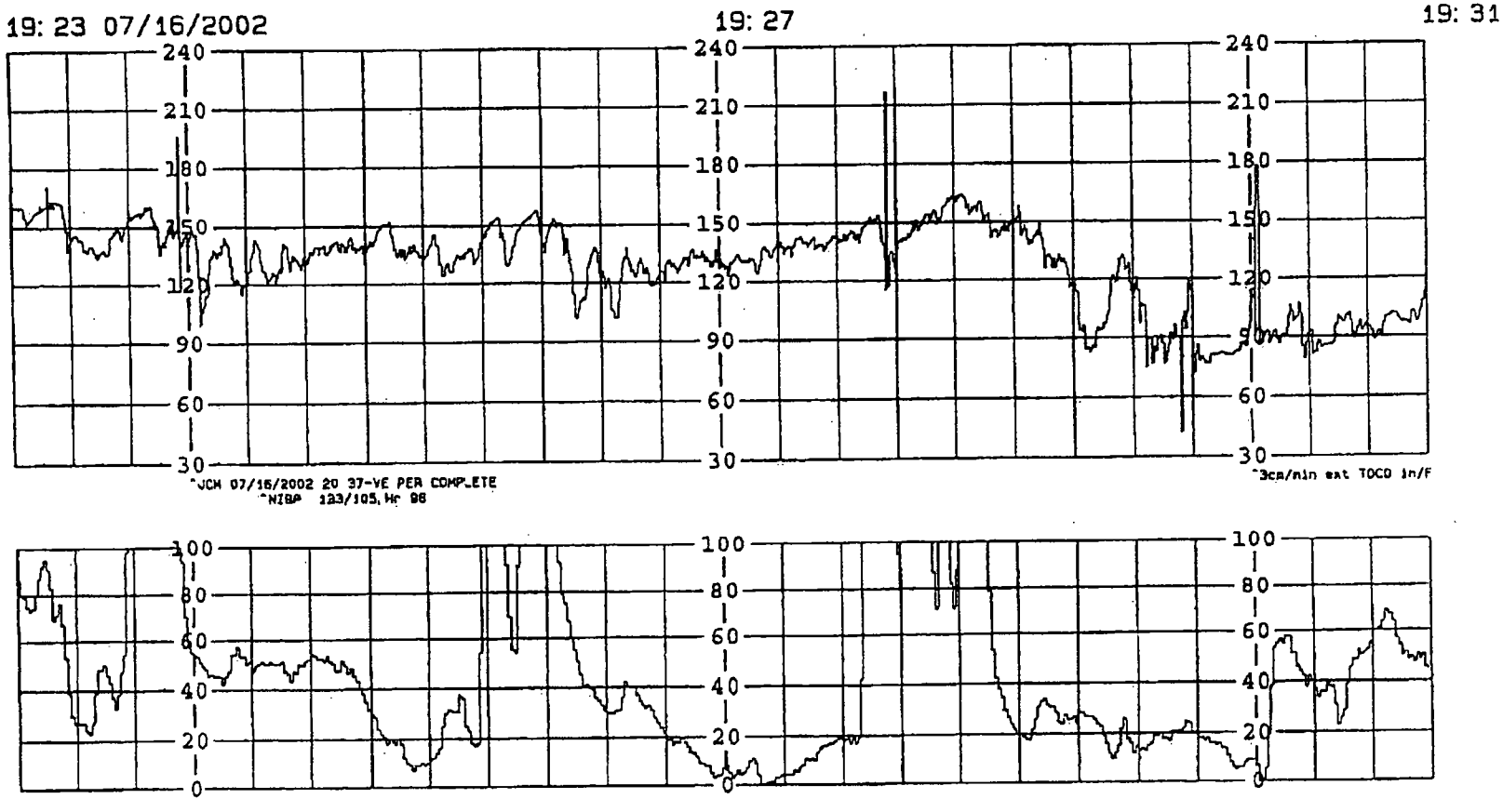


ECH 0309

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 193



EXH_2_310

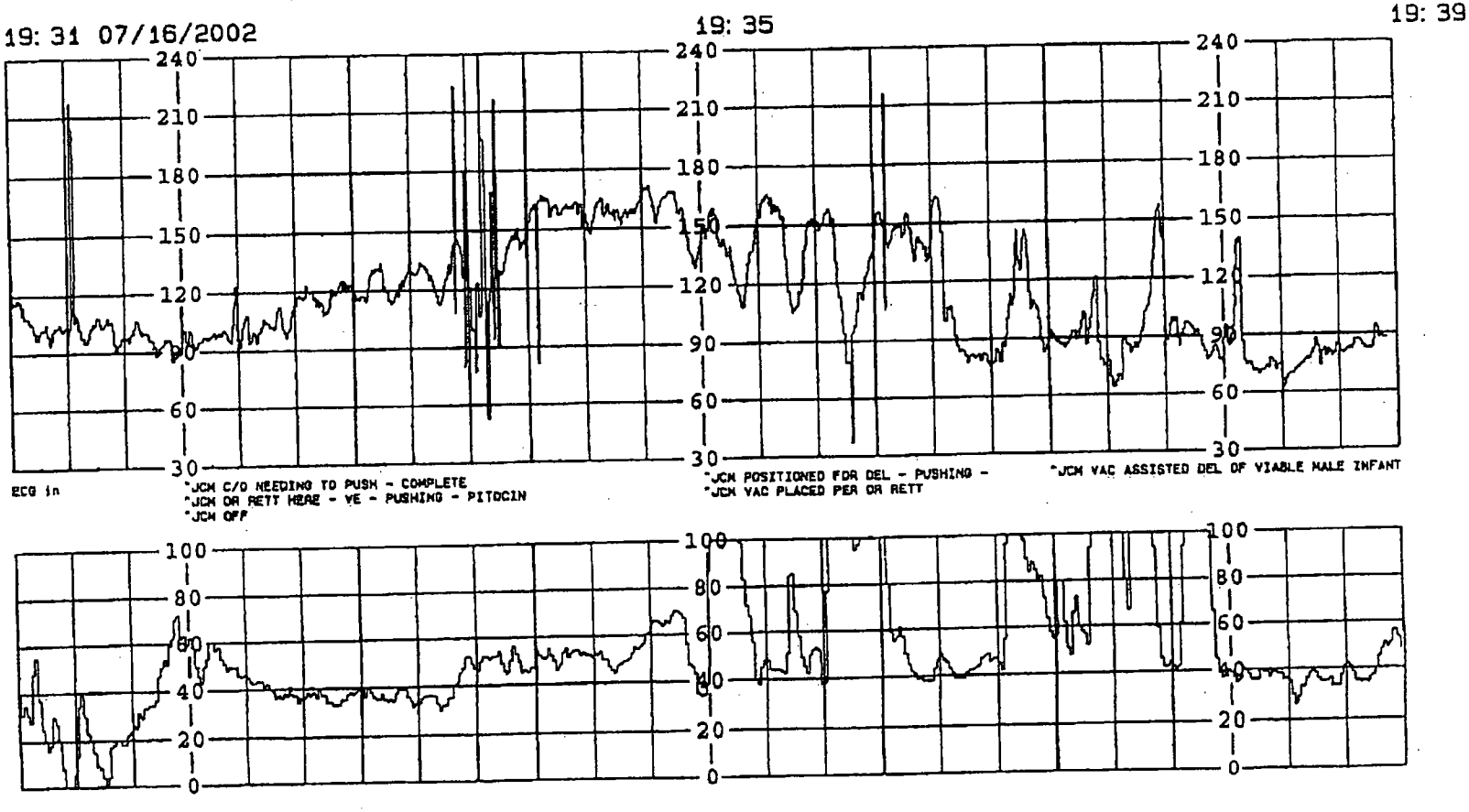
3485

ECH 0310

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 194



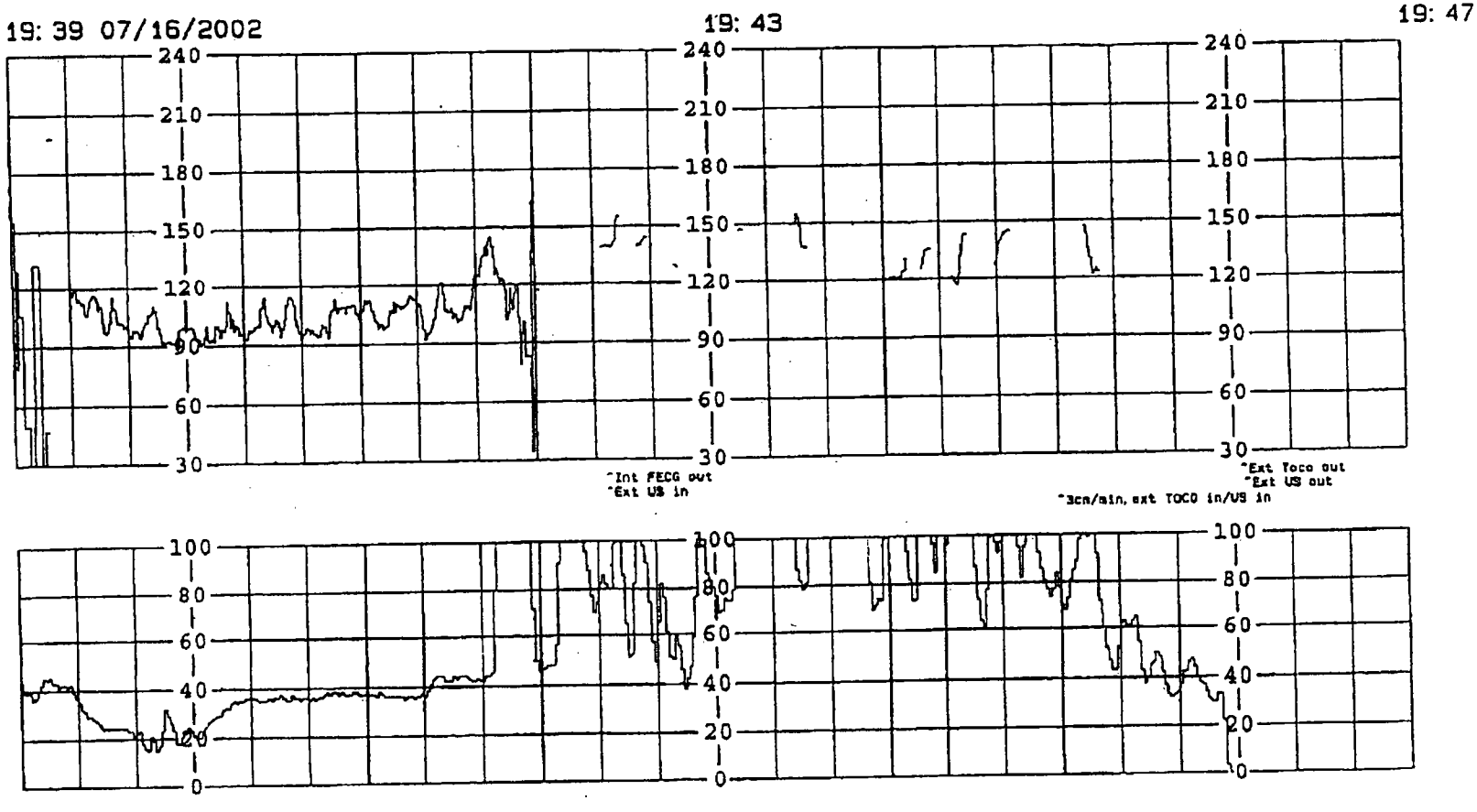
EXH 2_311

ECH 0311

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fella, Rona, RN

Printed at: 04/24/2007 14:55

Page: 195



EXH_2_312

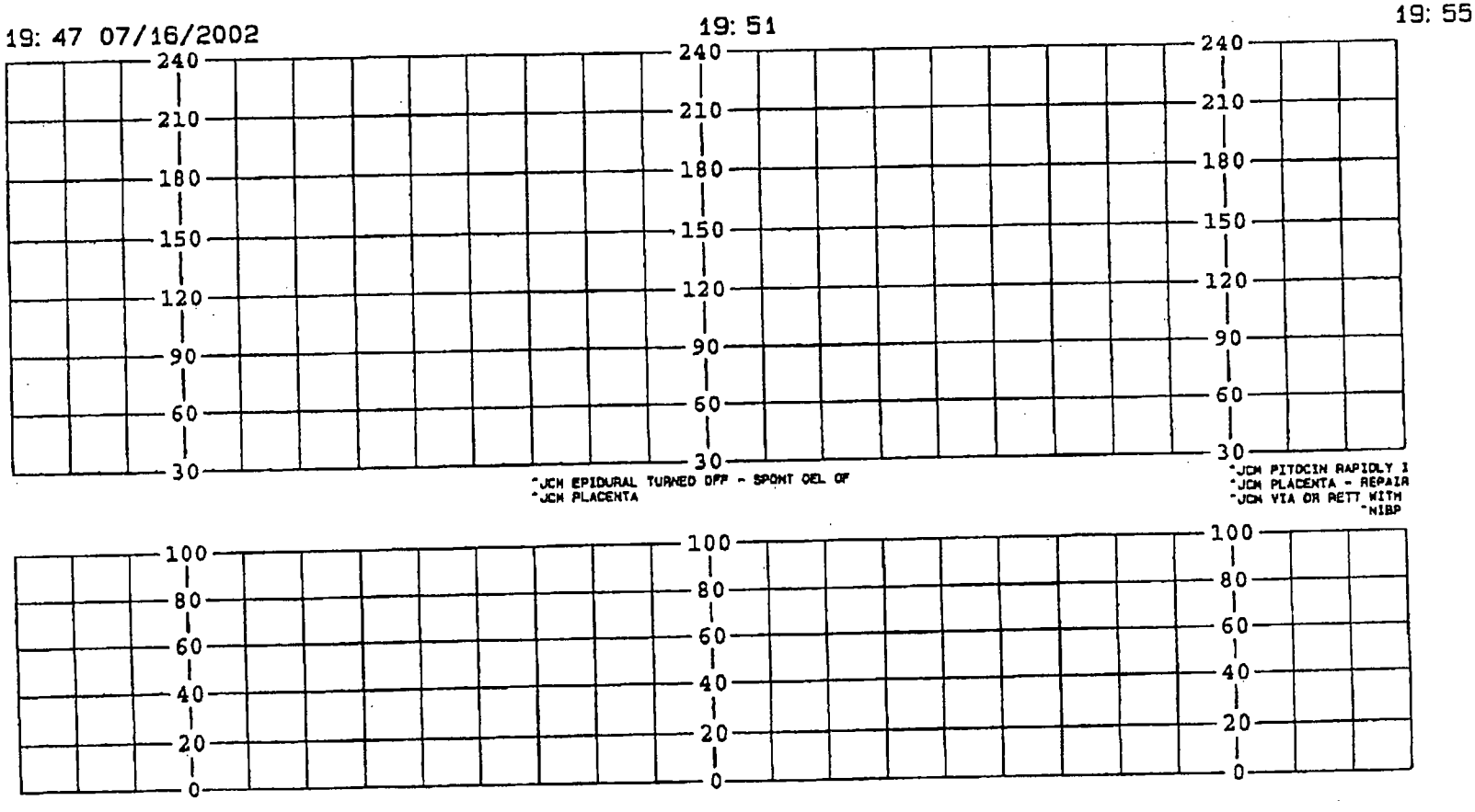
3487

ECH 0312

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 196

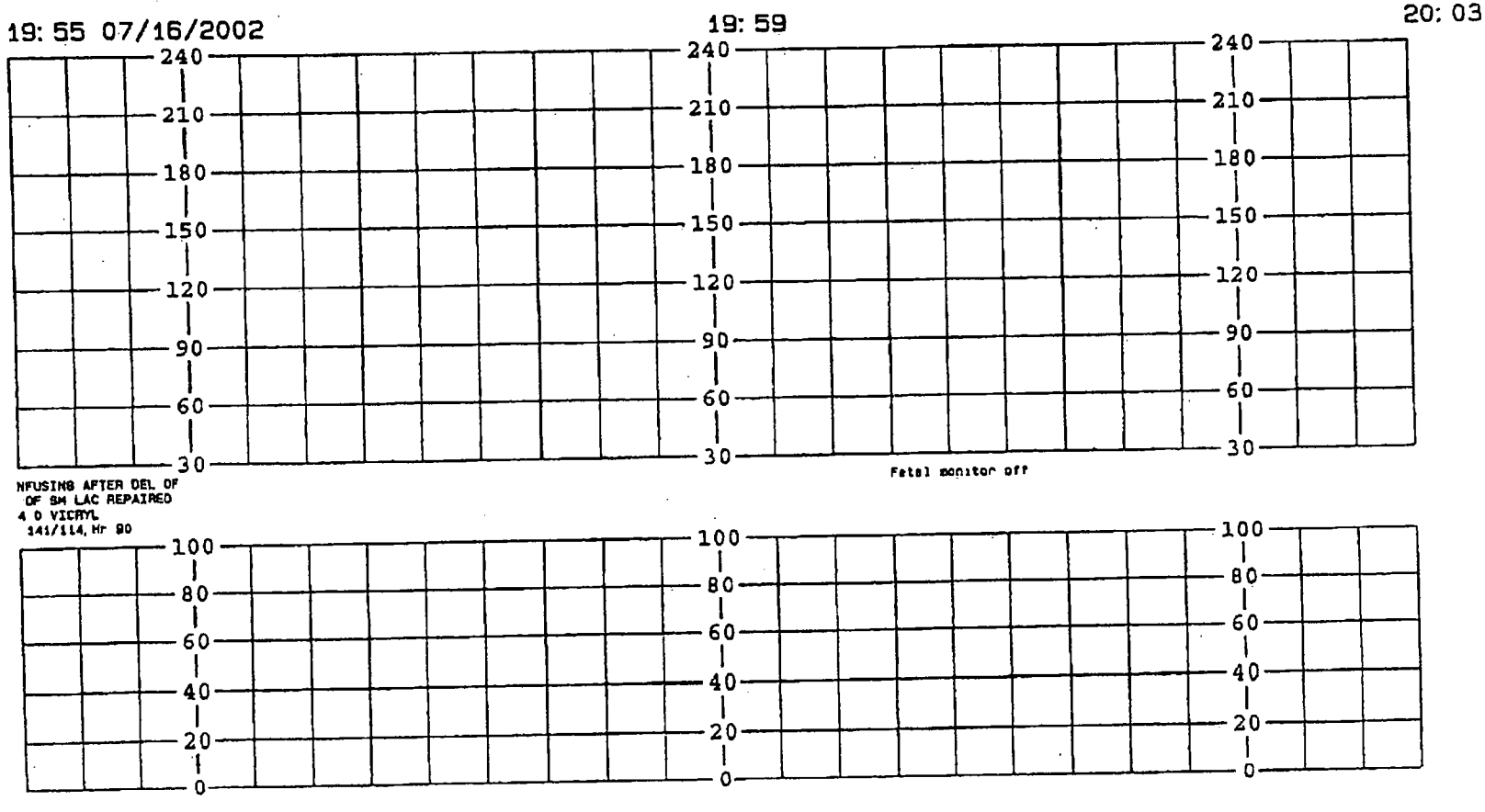


EXH_2_313

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 197



3490

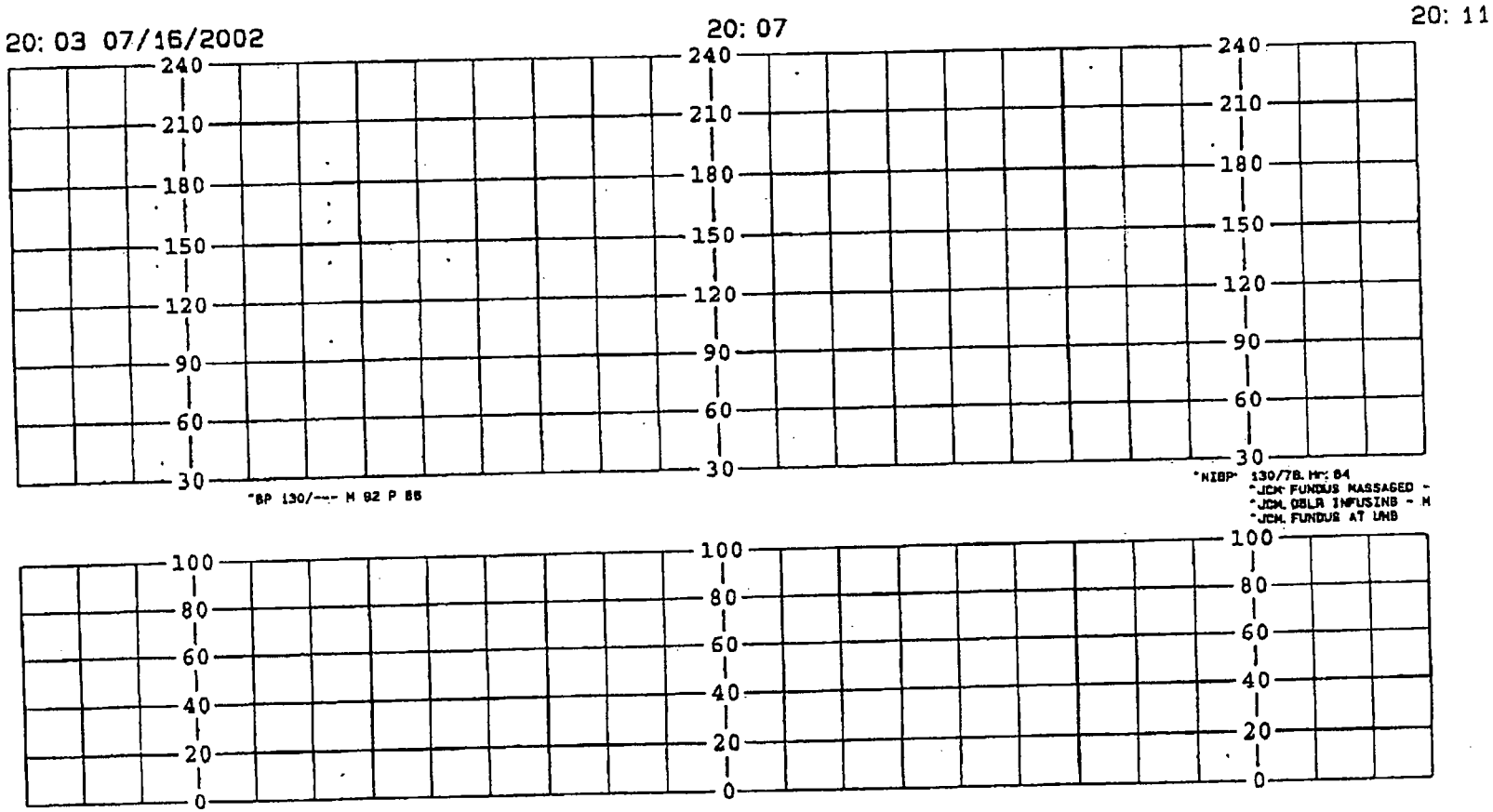
ECH 0314

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 198

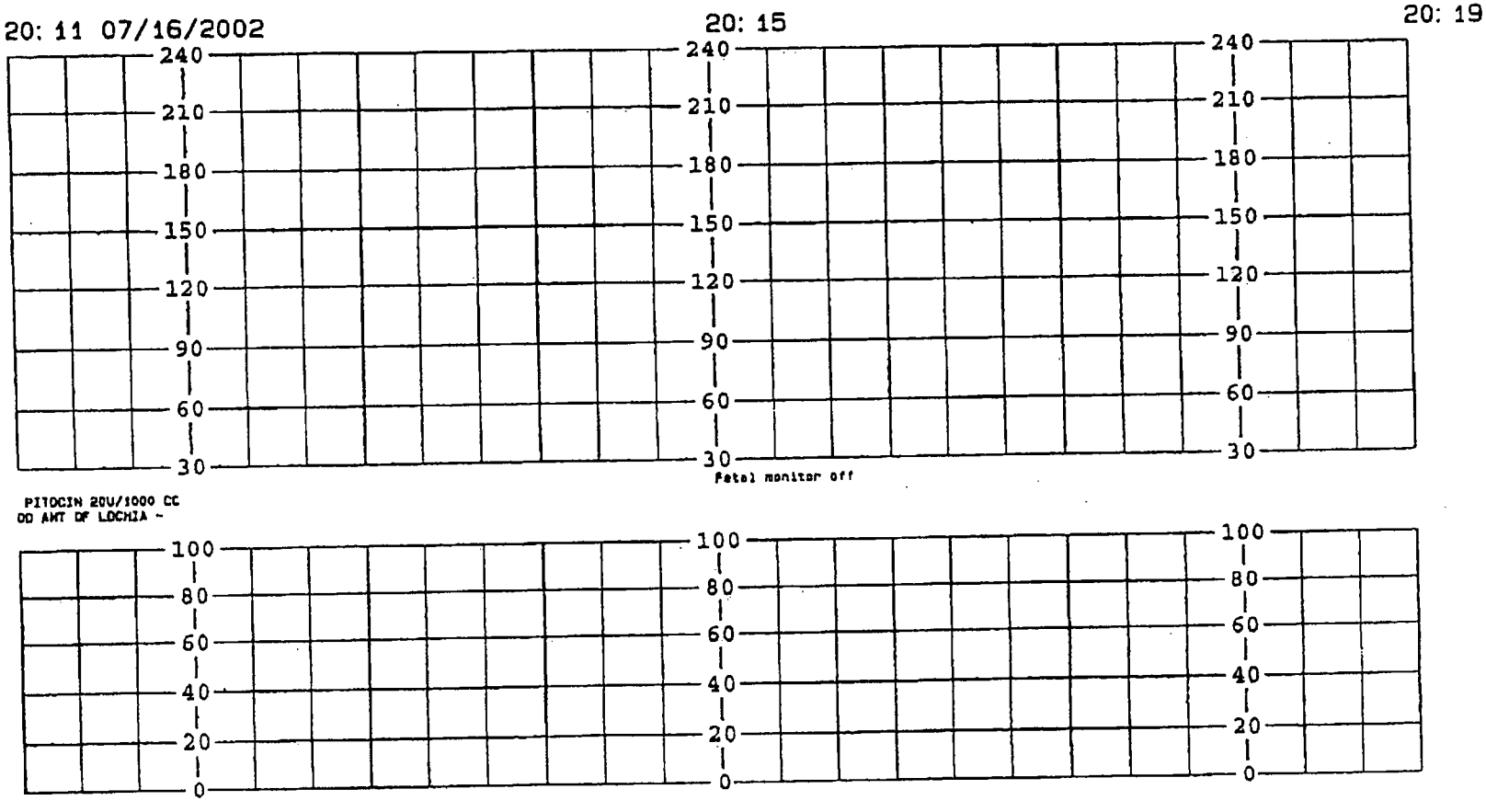
EXH_2_315



Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 199

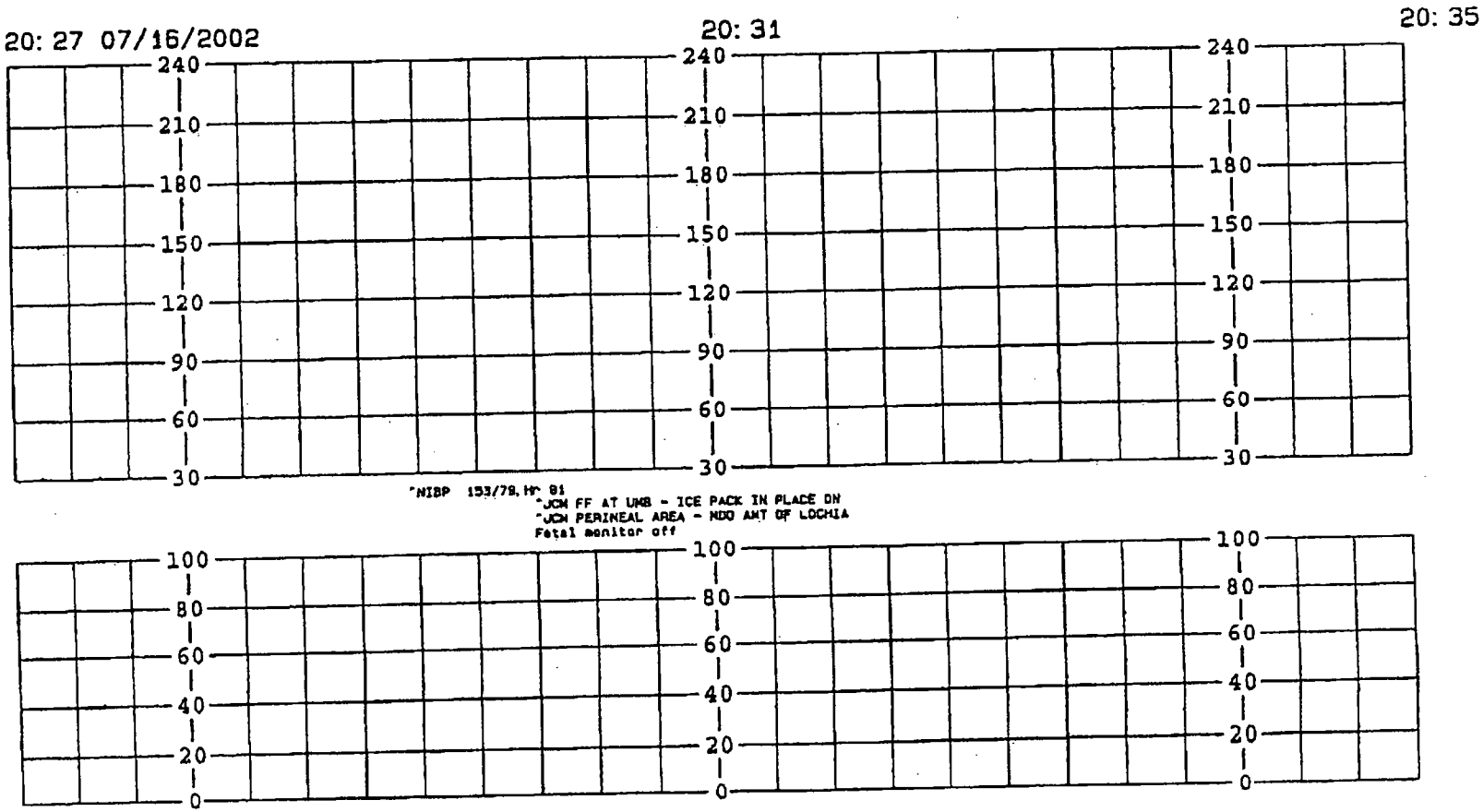


ECH 0316

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 200

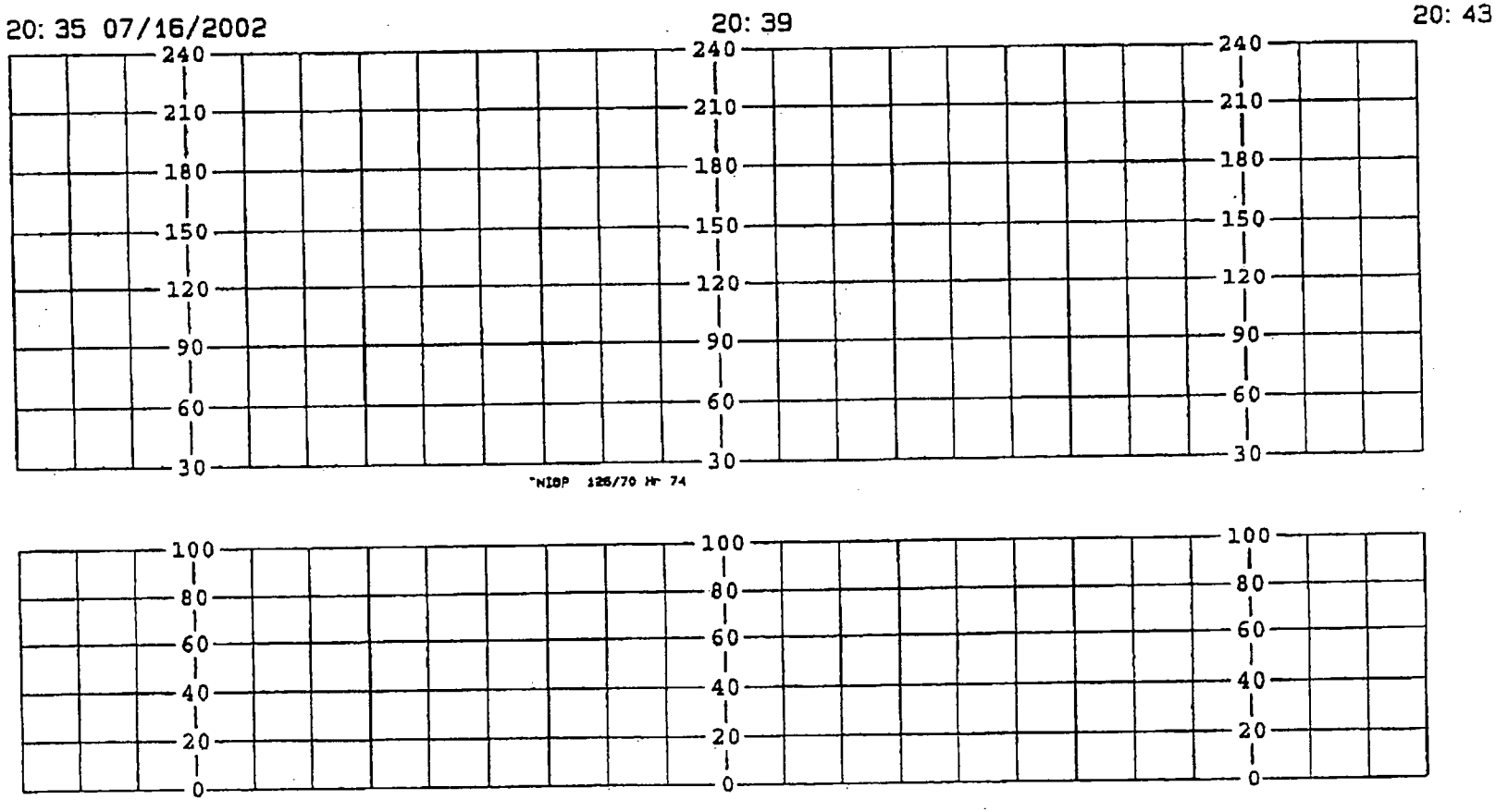


EXH_2_317

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 201

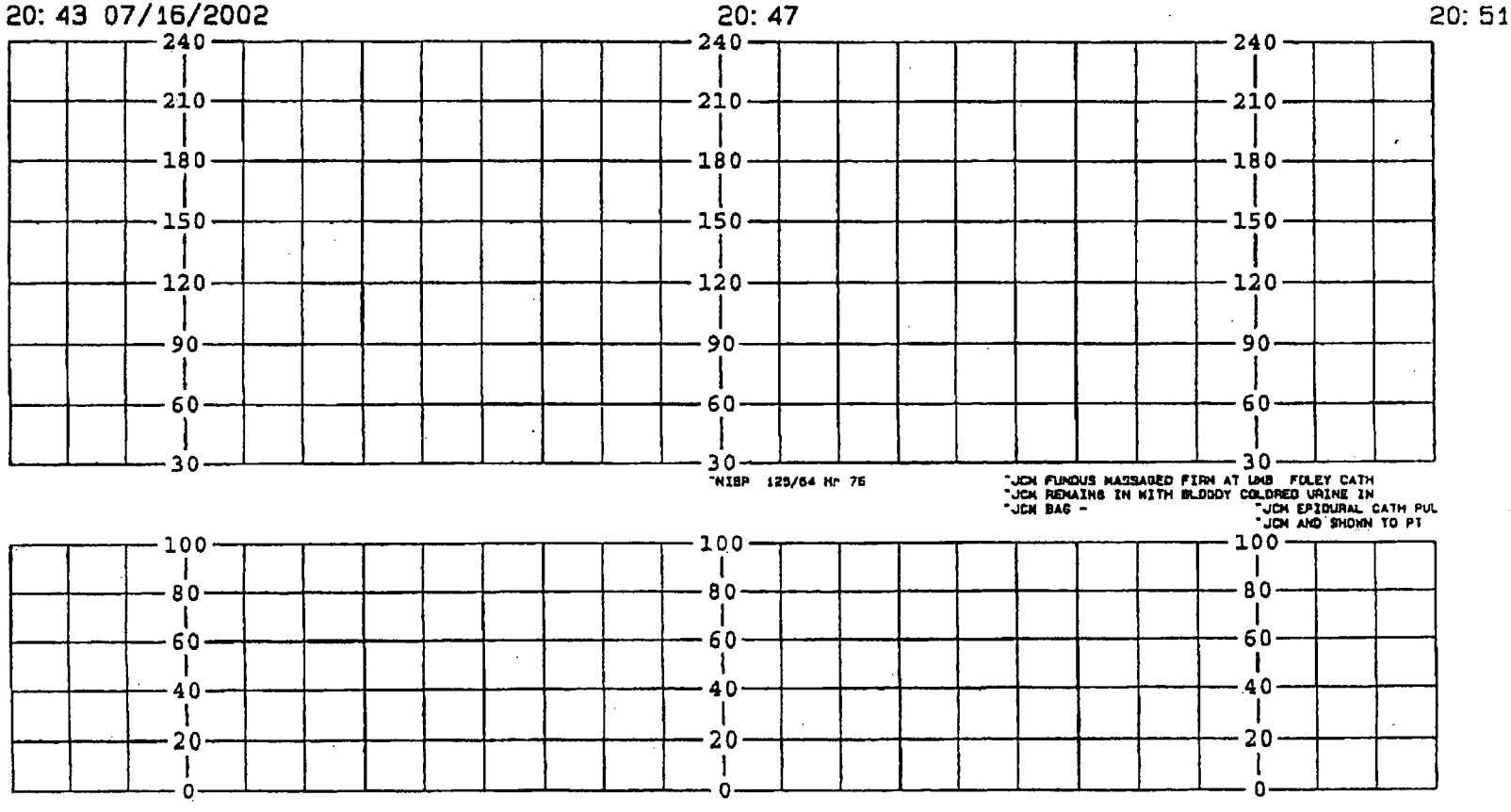


ECH 0318

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 202

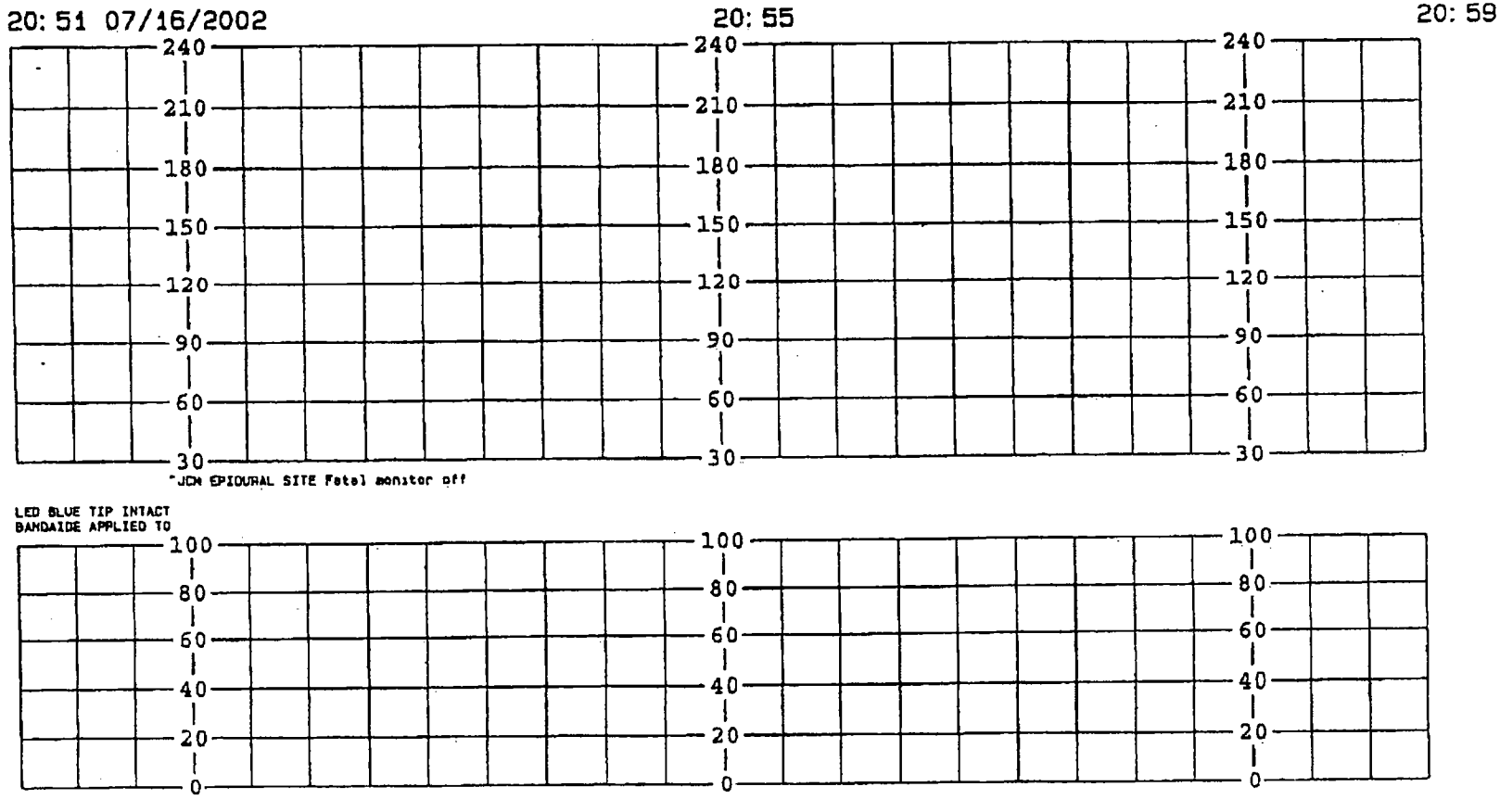


EXH_2_319

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 203

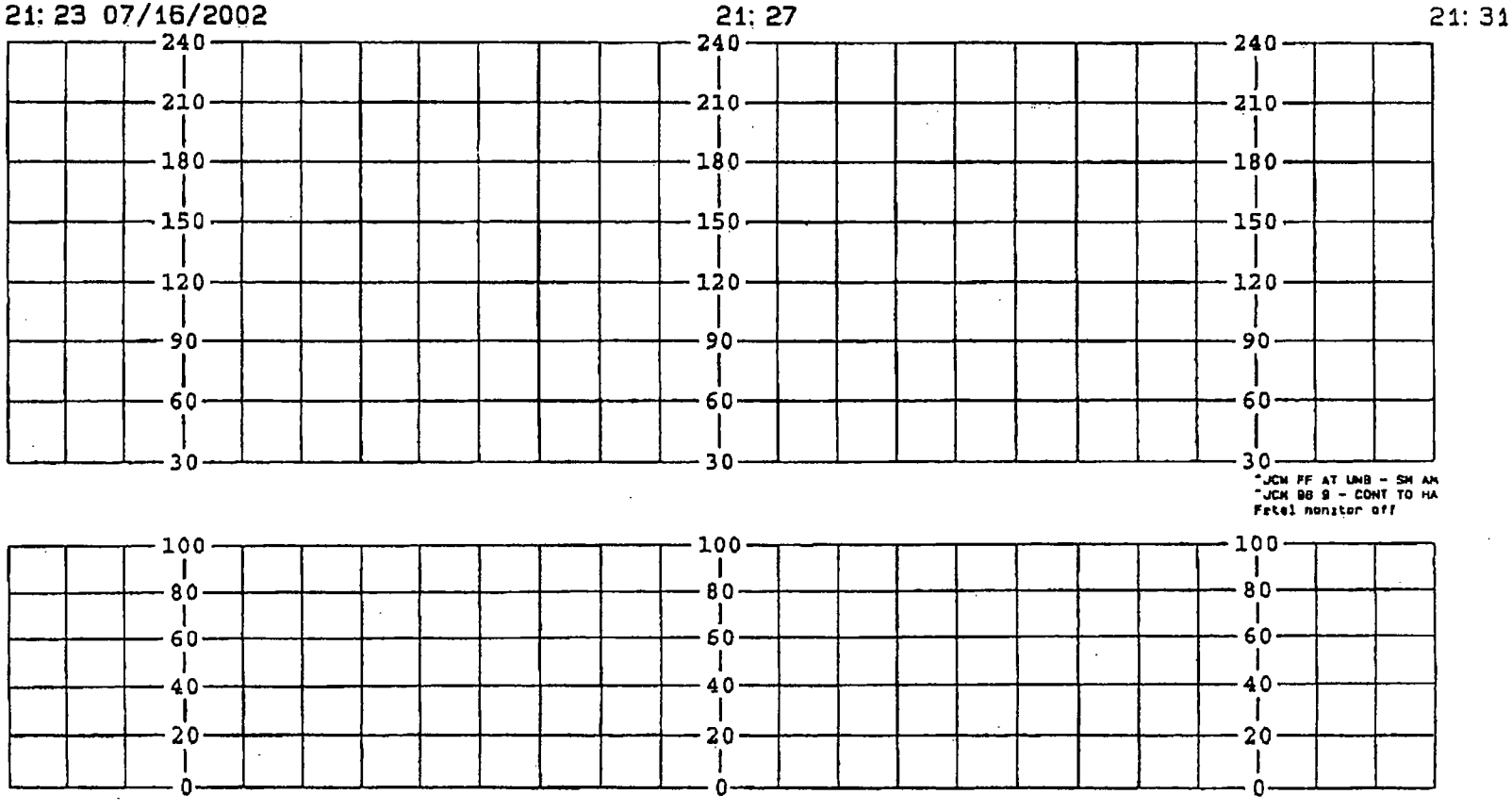


ECH 0320

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 204

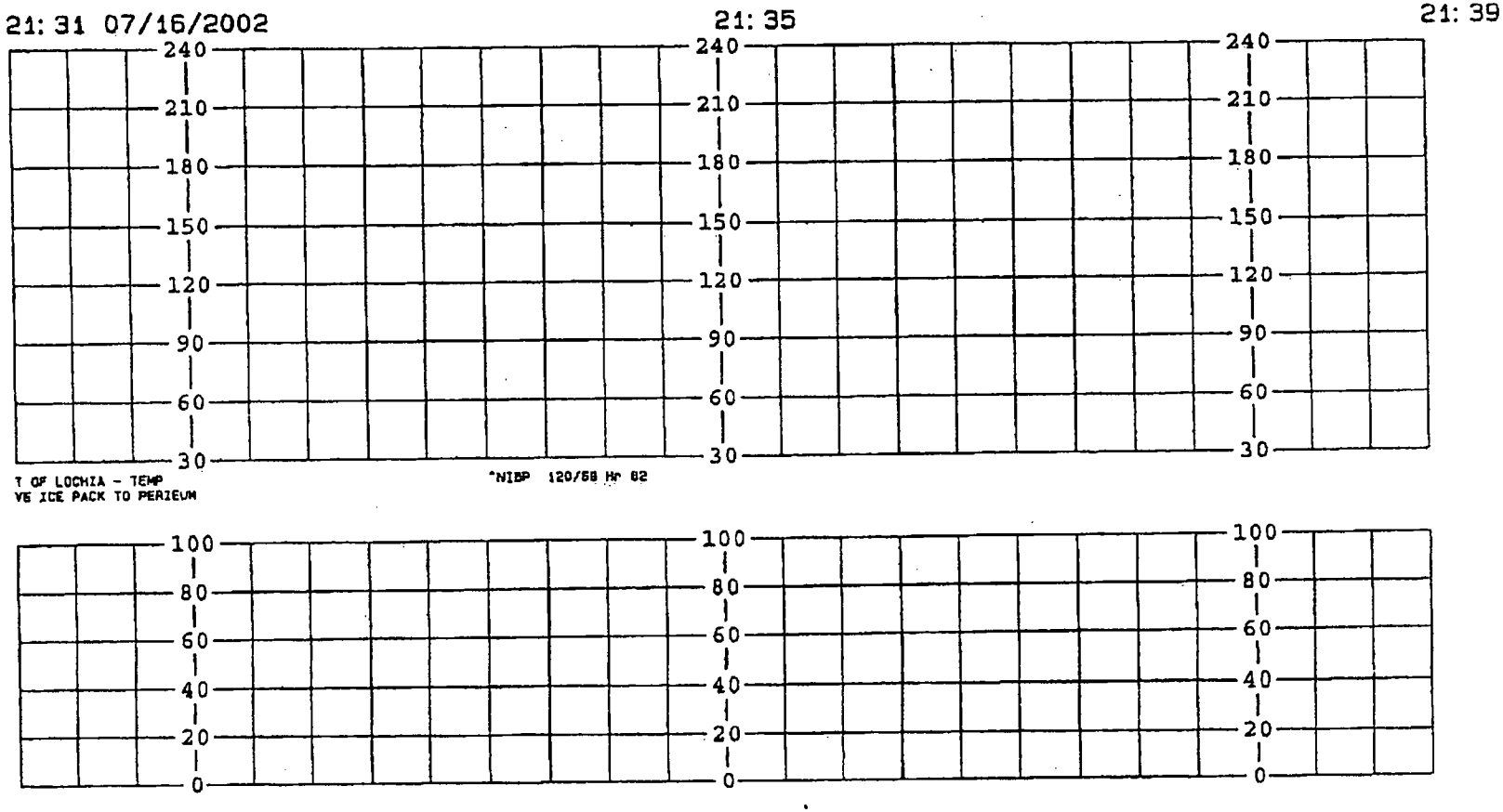


EXH_2_321

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 205



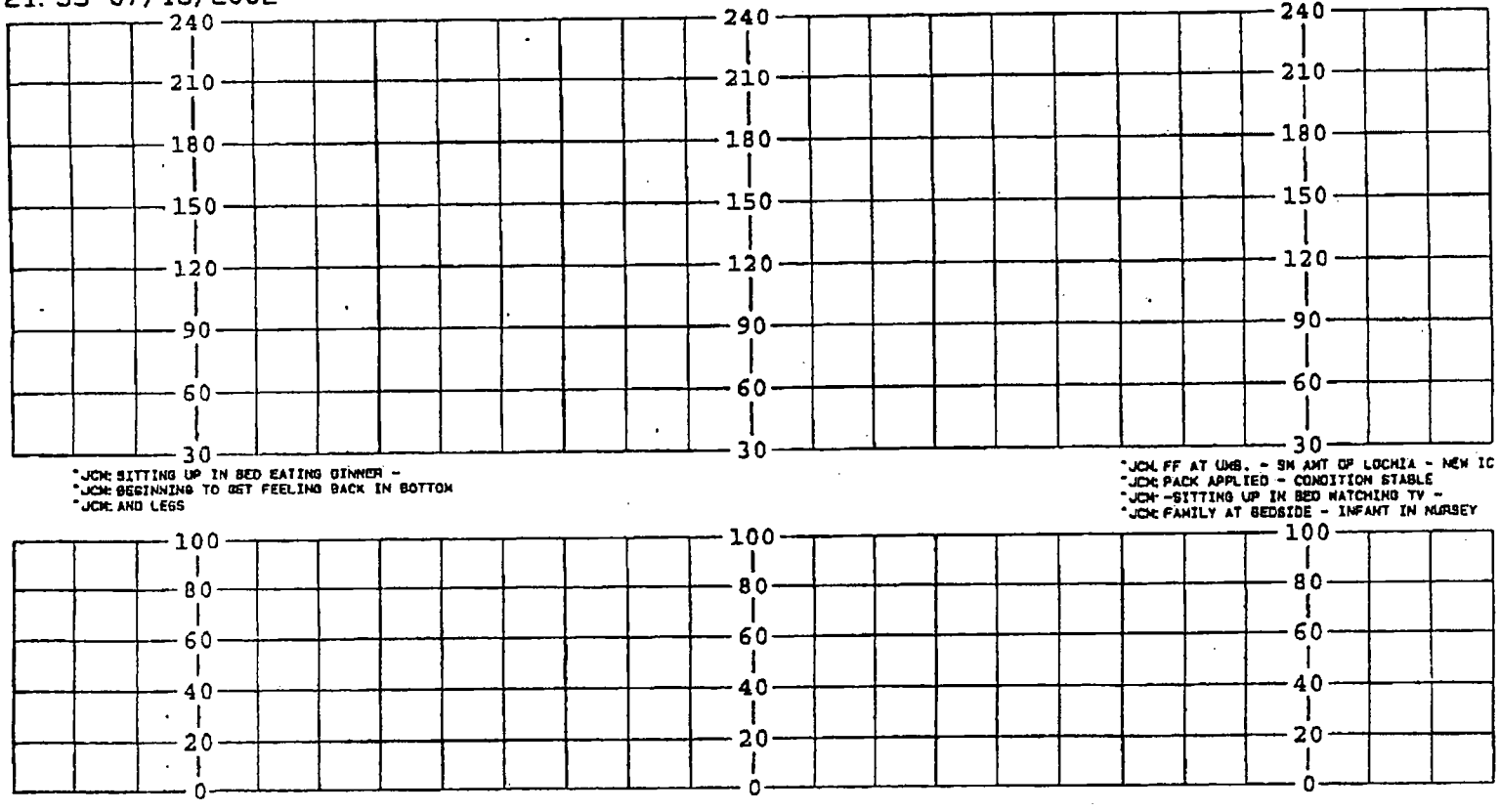
EXH_2_322

Name: WASHINGTON, JAMESETTA
Patient ID: 119-95-95
Printed by: Fello, Rona, RN

Printed at: 04/24/2007 14:55

Page: 206

21:39 07/16/2002 21:43 21:47



EXH_2_323

CONSENT FOR ADMISSION AND TREATMENT
EAST COOPER REGIONAL MEDICAL CENTER
MOUNT PLEASANT, SOUTH CAROLINA
CROSS OUT PARAGRAPHS THAT DO NOT APPLY

PATIENT Washington, Jamesetta D

1 I, we _____ for _____ knowing that I, (or _____) (is) am suffering from a condition requiring hospital care, diagnosis, medical or surgical treatment do hereby voluntarily consent to such medical, surgical treatment, x-rays or laboratory tests which may include but are not limited to Acquired Immune Deficiency Syndrome testing which Dr Solomo _____ or the physician on duty at East Cooper Regional Medical Center or his assistant or designee deem necessary

2 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 to the result of treatment or examination in the hospital

3 I agree that East Cooper Regional Medical Center shall not be liable or responsible for the loss or damage to any articles of personal property retained by me in my room and that items having a monetary value, unless placed by me for safekeeping at the time of admission in facilities provided without charge by East Cooper Regional Medical Center, shall remain my obligation and responsibility

4 I hereby authorize East Cooper Regional Medical Center to release information and/or all necessary medical records with respect to this period of treatment or hospitalization which may include highly confidential information regarding psychiatric, alcohol and HIV diagnosis/test results to third party carriers, consulting physicians and those people required or authorized by law

5 This authorization for release of information expires in 180 working days following date of discharge from this period of hospitalization (PL 93 282)

6 I further authorize payment directly to the hospital and physician accepting my assignment of indemnity for all hospitalization and medical or surgical benefits applicable and otherwise payable to me

7

8 I understand that I am responsible to the hospital and physician(s) for all charges incurred by me and not paid by any third party benefits

9

10

11 I am aware that the Emergency Department physicians are contracted by East Cooper Regional Medical Center to provide their services and are not employees of East Cooper Regional Medical Center

12 This form consisting of one (1) page has been explained to me and I certify that I understand its contents

Jamesetta Washington
Signature of Patient

Person Signing for Patient

Witness

Relationship to Patient

12161456 864-C
7/15/02
OSEOPHIL, GRANGER
MED REC 115-95 95 P.T.
F/C 2000 DR. 00102

_____ Patient is a minor _____ years of age
_____ Patient is unable to sign because _____

07-15-02
Date

ECH 0004

103

EXH_2_004

3499

EAST COOPER REGIONAL MED CTR — PATIENT INFORMATION FACESHEET — PHSR019 07/15/2002 17:22:08

1200 JOHNNIE DODDS BLVD
MT PLEASANT, SC 29464
Telephone: (843) 881-4118

Patient #: 12161469
Medical Record #: 119-95-08
Adv Directive: N

Admit Date	Admit Time	Mj/Mn PT	Hosp.Code	Service Code	Fin. Class	Relig Code	Age	Birth Date	Clerk
07/15/2002	17:27	I /	345	GUS	3030	RET	20 Y	02/20/1981	ECH.MCKAY

Prev/Room/Bed	VIP	Sex	Race	Marital Stat	Last Admit	Last Discharge	Patient Name
MSVC/004 /0		F	B	S	00/00/0000	00/00/0000	WASHINGTON, JAMESETTA L

MEDICAL INFORMATION

Adm Physician: 102 OSBORNE, GRANGER (843) 761-0191 Admit Dx: INDUCTION
Att Physician: 102 OSBORNE, GRANGER (843) 763-0191
Ref Physician:

Principal Diagnosis: Pregnancy @ 41 weeks

Secondary Diagnosis:

Operative/Non-Operative Procedures:

EFM.
Cervidil
P.I.
CLE.
AROM
[redacted]
Pit 2° lac x T

Discharge Status: Alive ____ Probable ✓ Dead Signed ____ Expired ____

Discharge Summary Dictated: Yes ✓ No ____

Physician Signature ECM Date 7-17-02

ECH 0002

ID 7

EXH_2_002

3500