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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM LEXINGTON COUNTY
Court of Common Pleas

The Honorable Eugene C. Griffith, Jr.

Case No. 2011-CP-32-04981
Appellate Case No. 2014-000671

Mike Russell, ... Respondent,

v.

Randolph Gill and Pennsylvania Life Insurance Company..... Defendants,

Of Whom Pennsylvania Life Insurance Company is ..... Appellant.

RECORD ON APPEAL – VOLUME III

D. Larry Kristinik
Michael J. Anzelmo
Elizabeth Herlong Brogdon
Kristen E. Horne
Nelson Mullins Riley & Scarborough LLP
Post Office Box 11070 (29211-1070)
Columbia, South Carolina 29201
803.799.2000
Attorneys for Appellant

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R. Nick Riley, Jr.
Moore Taylor Law Firm, P.A.
1700 Sunset Boulevard
West Columbia, South Carolina 29169
803.796.9160
Attorneys for Respondent

RECORD ON APPEAL
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Certificate of Counsel .....

Certificate of Compliance .....

Mike Russell Policy No. [redacted]9360
Chart of Benefit Payments

Date Report Signed	Date Report Received	Check Date	Check No.	Amount
08/27/08	09/04/08	09/22/08	BD310325689	$ 8,125.00
10/03/08	10/07/08	10/09/08	4210002410	$ 2,500.00
11/03/08	11/12/08	11/14/08	4210005455	$ 2,500.00
12/09/08	12/17/08	12/23/08	4210008506	$ 2,500.00
unsigned	01/28/09			
01/28/09	02/04/09	02/11/09	4210013923	$ 5,000.00
03/10/09	03/13/09	03/16/09	4210016833	$ 2,500.00
04/06/09	04/08/09	04/10/09	4210019546	$ 2,500.00
04/29/09	05/08/09	05/20/09	4210022422	$ 2,500.00
06/15/09	06/24/09	07/06/09	4210027524	$ 2,500.00
07/29/09	08/13/09	09/08/09	4210033163	$ 5,000.00
09/23/09	09/28/09	10/09/09	4210035890	$ 2,500.00
10/21/09	10/27/09	11/13/09	4210038663	$ 2,500.00
12/02/09	12/08/09	01/12/10	4210043769	$ 5,000.00
01/25/10	01/28/10	02/12/10	4210046455	$ 5,000.00
03/01/10	03/05/10	03/15/10	4210049058	$ 2,500.00
04/05/10	04/12/10			
06/17/10	06/22/10	07/20/10	4210059426	$ 7,500.00
08/19/10	08/23/10	08/26/10	4210062075	$ 5,000.00
		09/23/10	4210064481	$ 2,500.00
09/22/10	09/28/10	10/18/10	4210066774	$ 5,000.00
11/02/10	11/08/10	11/22/10	4210069375	$ 2,500.00
12/08/10	12/13/10	12/20/10	4210071712	$ 2,500.00
01/13/11	01/18/11	01/26/11	8810702344	$ 2,500.00
02/17/11	Unknown	03/02/11	8810713313	$ 2,500.00
		03/09/11	8810714771	$ 333.33
03/23/11	03/29/11	04/01/11	8810720061	$ 2,500.00
		04/29/11	8810728796	$ 2,500.00
04/28/11	05/02/11	05/27/11	8810736498	$ 2,500.00
05/26/11	06/02/11			
07/01/11	07/11/11	07/27/11	8810751432	$ 5,000.00
08/03/11	08/08/11	08/24/11	8810758384	$ 2,500.00
08/26/11	09/01/11	09/28/11	8210009105	$ 2,500.00
10/04/11	10/11/11	10/26/11	8810773923	$ 2,500.00
		11/23/11	8810780557	$ 2,500.00
12/21/11	12/27/11	12/28/11	8810788164	$ 2,500.00
		01/23/12	8210011101	$ 2,500.00
01/25/12	01/30/12	03/01/12	8810801176	$ 2,500.00
02/28/12	03/05/12	03/28/12	8810806996	$ 2,500.00
03/29/12	04/03/12	04/25/12	8810813434	$ 2,500.00
05/08/12	05/15/12	05/23/12	8810819713	$ 2,500.00
06/12/12	06/18/12	06/29/12	8810828330	$ 2,500.00
07/16/12	07/20/12	07/25/12	8810833168	$ 2,500.00
08/21/12	08/27/12	08/29/12	8810840118	$ 2,500.00
09/25/12	10/01/12	10/17/12	8810850706	$ 2,500.00
10/31/12	11/05/12	11/14/12	8810855783	$ 2,500.00
		11/30/12	8810859249	$ 2,500.00
				$ 135,958.33

DEFENDANT'S EXHIBIT 10

PLIC 0671

DATE 12/11/12 POLICY NO: [redacted]9360
TIME 15:15:53 NAME : RUSSELL*MIKE

CHCS SERVICES
CLAIM REPORT

PGM:CLMPAID
PAGE 1

--- PAID CLAIMS ---

CLAIM NUMBER	SEQ	CHECK NUMBER	CHECK AMOUNT	CHECK DATE	SVC FROM DATE	SVC TO DATE	FEDERAL ID	PAYEE	BENEFIT CODES
0080900062	0000	0310325689	8,125.00	9/22/08	6/18/08	8/25/08	000000000	MIKE RUSSELL	69 12 12 69 3 61 62
0080900062	0001	0310328256	2,500.00	10/09/08	8/25/08	9/25/08	000000000	MIKE RUSSELL	12 12
0080900062	0002	0310331298	2,500.00	11/14/08	9/25/08	10/25/08	000000000	MIKE RUSSELL	12 12
0080900062	0003	0310334348	2,500.00	12/23/08	10/25/08	11/25/08	000000000	MIKE RUSSELL	12 12
0080900062	0004	0310339762	5,000.00	2/11/09	11/25/08	1/25/09	000000000	MIKE RUSSELL	12 12
0080900062	0005	0310342678	2,500.00	3/16/09	1/25/09	2/25/09	000000000	MIKE RUSSELL	12 12
0080900062	0006	0310345383	2,500.00	4/16/09	2/25/09	3/25/09	000000000	MIKE RUSSELL	12 12
0080900062	0007	0310348278	2,500.00	5/20/09	3/25/09	4/25/09	000000000	MIKE RUSSELL	12 12
0080900062	0008	0310353355	2,500.00	7/06/09	4/25/09	5/25/09	000000000	MIKE RUSSELL	12 12
0080900062	0009	0310358990	5,000.00	9/08/09	5/25/09	7/25/09	000000000	MIKE RUSSELL	12 12
0080900062	0010	0310361715	2,500.00	10/05/09	7/25/09	8/25/09	000000000	MIKE RUSSELL	12 12
0080900062	0011	0310364514	2,500.00	11/13/09	8/25/09	9/25/09	000000000	MIKE RUSSELL	12 12
0080900062	0012	0310369612	5,000.00	1/12/10	9/25/09	11/25/09	000000000	MIKE RUSSELL	12 12
0080900062	0013	0310372290	5,000.00	2/12/10	11/25/09	1/25/10	000000000	MIKE RUSSELL	12 12
0080900062	0014	0310374898	2,500.00	3/15/10	1/25/10	2/25/10	000000000	MIKE RUSSELL	12 12
0080900062	0015	0310385246	7,500.00	7/20/10	2/25/10	5/25/10	000000000	MIKE RUSSELL	12 12
0080900062	0016	0310387907	5,000.00	8/26/10	5/25/10	7/25/10	000000000	MIKE RUSSELL	12 12
0080900062	0017	0310390322	2,500.00	9/23/10	7/25/10	8/25/10	000000000	MIKE RUSSELL	12 12
0080900062	0018	0310392593	5,000.00	10/18/10	8/25/10	10/25/10	000000000	MIKE RUSSELL	12 12
0080900062	0019	0310395224	2,500.00	11/22/10	10/25/10	11/25/10	000000000	MIKE RUSSELL	12 12
0080900062	0020	0310397566	2,500.00	12/20/10	11/25/10	12/25/10	000000000	MIKE RUSSELL	12 12
0080900062	0021	8810702344	2,500.00	1/26/11	12/25/10	1/24/11	000000000	MIKE RUSSELL	12 12
0080900062	0022	8810713313	2,500.00	3/02/11	1/25/11	2/24/11	000000000	MIKE RUSSELL	12 12
0080900062	0023	8810714771	333.33	3/09/11	2/25/11	2/28/11	000000000	MIKE RUSSELL	12
0080900062	0024	8810720061	2,500.00	4/01/11	3/01/11	3/31/11	000000000	MIKE RUSSELL	12
0080900062	0025	8810728796	2,500.00	4/29/11	4/01/11	4/30/11	000000000	MIKE RUSSELL	12
0080900062	0027	8810736498	2,500.00	5/27/11	5/01/11	5/31/11	000000000	MIKE RUSSELL	12
0080900052	0028	8810751632	2,500.00	7/27/11	6/01/11	6/30/11	000000000	MIKE RUSSELL	12
0080900062	0029	8810751432	2,500.00	7/27/11	7/01/11	7/31/11	000000000	MIKE RUSSELL	12
0080900052	0030	8810758384	2,500.00	8/24/11	8/01/11	8/31/11	000000000	MIKE RUSSELL	12
0080900052	0031	8210009105	2,500.00	9/28/11	9/01/11	9/30/11	000000000	MIKE RUSSELL	12
0080900062	0032	8810773923	2,500.00	10/26/11	10/01/11	10/31/11	000000000	MIKE RUSSELL	12
0080900062	0033	8810780557	2,500.00	11/23/11	11/01/11	11/30/11	000000000	MIKE RUSSELL	12
0080900062	0034	8810788164	2,500.00	12/28/11	12/01/11	12/31/11	000000000	MIKE RUSSELL	12
0080900062	0035	8210011101	2,500.00	1/23/12	1/01/12	1/31/12	000000000	MIKE RUSSELL	12
0080900062	0036	8810801176	2,500.00	3/01/12	2/01/12	2/29/12	000000000	MIKE RUSSELL	12 12
0080900062	0037	8810806996	2,500.00	3/28/12	3/01/12	3/31/12	000000000	MIKE RUSSELL	12
0080900062	0038	8810813434	2,500.00	4/25/12	4/01/12	4/30/12	000000000	MIKE RUSSELL	12
0080900062	0039	8810819713	2,500.00	5/23/12	5/01/12	5/31/12	000000000	MIKE RUSSELL	12 12
0080900062	0040	8810828330	2,500.00	6/29/12	6/01/12	6/30/12	000000000	MIKE RUSSELL	12 12
0080900062	0041	8810833168	2,500.00	7/25/12	7/01/12	7/31/12	000000000	MIKE RUSSELL	12
0080900062	0042	8810840118	2,500.00	8/29/12	8/01/12	8/31/12	000000000	MIKE RUSSELL	12 12
0080900062	0043	8810850706	2,500.00	10/17/12	9/01/12	9/30/12	000000000	MIKE RUSSELL	12 12
0080900062	0044	8810855783	2,500.00	11/14/12	10/01/12	10/31/12	000000000	MIKE RUSSELL	12 12
0080900062	0045	8810859249	2,500.00	11/30/12	11/01/12	11/30/12	000000000	MIKE RUSSELL	12 12
		TOTAL:	135,958.33						

--- PENDING CLAIMS ---

CLAIM NUMBER	SEQ	PEND CODE	BALANCE TO PAY	DATE RCVD	SVC FROM DATE	SVC TO DATE	FEDERAL ID	PAYEE

ROA 980

DEFENDANT'S EXHIBIT 17

PLIC 0669

-- NO PAYMENT CLAIMS --

CLAIM NUMBER	SEQ	EOB CODE	AMOUNT	DATE RCVD	SVC FROM DATE	SVC TO DATE	FEDERAL ID	PAYEE
00800900062	0026	133	.00	4/26/11	4/01/11	4/30/11	000000000	MIKE RUSSELL

-PENDING DESCRIPTIONS-

--- EOB DESCRIPTIONS ---

133 DUPLICATE OF CHARGES PREVIOUSLY PROCESSED TO INSURED

---- BENEFIT CODES ---

69 SURGERY BENEFIT
12 TOTAL DISABILITY BENEFITS
69 SURGERY BENEFIT
03 AMBULANCE BENEFIT
61 X-RAY BENEFIT
62 EMERGENCY FIRST AID

Referral to Medical Director

Date: 11/9/09 Claim No.: 0809-00062

Insured: Mike Russell Age: 35 Sex: M Occupation: Construction

Policy No. [redacted]9360 Coverage: _____ Date of Onset: 6/18/08

Initial Diagnosis: 808.0 fx acetabulum, upper tibia and fibula

Contributing Factors: Motorcycle Accident Impairment Rider: N/A

Date (Chronological)	Summary of DX, Tests, Consults SX. RX: TX, Complications ect.
	Dr. Nye,
	Insured was in an accident as noted previously. (Please see your previous answers). We received a new diagnosis of Aseptic necrosis. In your medical opinion, could the latest diagnosis be Connected with the accident of 6/18/08?
	Also, please see the attached records from Lexington Medical Center. Please note, wlh the insured was/was not intoxicated at the time of injuries.

7C-126a 5/07

DEFENDANT'S EXHIBIT 10

Page _____

PLIC 0146

PENNSYLVANIA LIFE INSURANCE CO.

January 12, 2010

Mike Russell
1469 Dogwood Road
W. Columbia, SC 29172

RE: Policy No: [redacted]9360
Claim No: 0809-00062

Dear Mr. Russell:

Shortly, you will be receiving a benefit payment based on the latest supplemental claim form we received.

While we continue to make payment based on the supplemental information and how it relates to the injury sustained on 06/18/08, please be advised, we are reserving our rights under your policy provisions and not setting precedence for future claims.

If you have any questions, please contact this office at 1-888-399-8847, ext. 2492.

Sincerely,

Ella Lee
Disability Claims Advisor
Claims Department

cc: File

DEFENDANT'S EXHIBIT 19

PO Box 12355, Pensacola, FL • (Tel) 1-888-399-8847 (Fax) 1-850-432-6077

11/13/10

PLIC 0126

PICK LIST COVER SHEET

Policy Number: [redacted]9360

Name: MIKE RUSSELL

Issue State: SC

Company: PLIC

• Please attach this page to succeeding pick list and place in Insured's file.

DEFENDANT'S EXHIBIT 20

PLIC 0672

NBWEL
NBWEL
PRIVACY1
PRIVACY2
PRIVACY3
PRIVACY4
MCF310B
P19001SC
P19002SC
PAGE3
PAGE3A
PAGE3B
P19004SC
P19005SC
P19006SC
P19007SC
PR1901F
PR1901B
PR1903SC
P1904SC1
P1904SC2
P1911SC1
P1911SC2
P1914SC1
P1914SC2
P1914SC3
PR19461-1196
PR19462-1196
PR301SC1-397
PR301SC2-397
PICKLST

PLIC 0673

LEXINGTON MEDICAL CENTER 2720 Sunset Blvd. West Columbia, SC 29169 * (803)791-2000

ACCOUNT NO. [redacted] ADMIT DATE 06/18/08 TIME 2207 UNIT NO. [redacted]

PATIENT INFORMATION

NPP Received: 05/29/03

NAME RUSSELL,MICHAEL C
ADDRESS 1469 DOGWOOD ST
WEST COLUMBIA,SC 29172
PHONE (803)955-0329
SS NO [redacted]

DIS DATE 6/20/08 TIME 1140
DOB [redacted] AGE 33
SEX M MS M
RACE W
RELIGION NONE

PATIENT STATUS REG ER
SERVICE/LOCATION HEDE2
ROOM/BED 21-A
ADM/SOURCE/PRIOR EMR / L3
ARRIVAL MODE AMBULANCE

EMPLOYER INFORMATION

NAME MCR LLC
ADDRESS 1469 DOGWOOD ROAD
WEST COLUMBIA,SC 29172
PHONE (803)955-0329

ADVANCE DIRECTIVES

ADVANCED DIRECTIVE N
WHICH ONES:
LIVING WILL
HEALTH CARE POA

PHYSICIAN INFORMATION

ADMITTING
ATTENDING HALL,THOMAS R,MD
FAMILY
OTHER

GUARANTOR INFORMATION

NAME RUSSELL,MICHAEL C
ADDRESS 1469 DOGWOOD ST
WEST COLUMBIA,SC 29172
PHONE (803)955-0329
SS NO [redacted]
RELATION SELF / SAME AS

EMPLOYER MCR LLC
ADDRESS 1469 DOGWOOD ROAD
WEST COLUMBIA,SC 29172
PHONE (803)955-0329

PERSON TO NOTIFY

NAME RUSSELL,SUSANNE
ADDRESS 1469 DOGWOOD ROAD
WEST COLUMBIA,SC 29172
PHONE (803)955-0329
WORK (803)252-0606
RELATION SPOUSE

INSURANCE INFORMATION

	PRIMARY	SECONDARY	TERTIARY
ADDRESS	BLUE CHOICE/COMPANION P O BOX 6170 COLUMBIA SC 29260	ADDRESS	ADDRESS
PHONE	(803)786-8476	PHONE	PHONE
CERT	[redacted]	CERT	CERT
GROUP #		GROUP #	GROUP #
SUBSCRIBER	RUSSELL,SUSANNE C 08/28/1975	SUBSCRIBER	SUBSCRIBER
AUTH Nbr:	LOS:	AUTH Nbr: LOS:	AUTH Nbr: LOS:
REASON FOR VISIT	21:LEG INJURY		MORE INS:

MEDICAL HISTORY: MRSA: _ VRE: _ If yes, implement contact precautions

ADMIT COMMENT: KHS

DIAGNOSIS CODE NO

COMPLICATIONS

OPERATION/PROCEDURE

CONSULTATION WITH DRG: 965, 6248

CAUSE OF DEATH CODED BY

DEFENDANT'S EXHIBIT 21

MEDICAL RECORDS - DO NOT REMOVE FROM CHART

MR_Lex Med Ctr_0078

Conditions of Admission
To
Lexington Medical Center

AUTHORIZATION FOR TREATMENT: The undersigned consents to any procedure, examination or treatment rendered by the physician. The patient is under the control of his attending physicians and the hospital is not liable for any act or omission in following the instructions of said physician. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made as to the result of treatment or examination.

I consent to appropriate test for the presence of infection, such as, but not limited to, infection by the Hepatitis B virus or the human immunodeficiency virus, if deemed necessary for the protection of others, and I authorize withdrawal of blood or other body fluids for this purpose. I understand that if my medical record contains documentation of alcohol abuse, psychiatric condition, drug abuse, or communicable disease, this information will be released as part of my medical record. I consent to the photographing or televising of any procedure to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed.

RELEASE OF INFORMATION: I authorize release of medical records/information to other Health Care providers as deemed necessary for the continuity of care and for the purpose of review and payment by me or my insurance carrier.

Lexington Medical Center will make our best effort to pre-certify and/or preauthorize treatment with third party payers who conduct Utilization Review as a service to patients. However, Lexington Medical Center does not accept responsibility for the lack of pre-certification and/or pre-authorization and is not responsible, for the final payment outcomes or timing restraints.

MEDICARE-MEDICAID PATIENT'S CERTIFICATION: I certify that the information given by me in applying for payment under Title XVIII and XIX of the Social Security Act is correct. I request that payment of authorized benefits be made on my behalf.

ASSIGNMENT OF INSURANCE/LIABILITY BENEFITS: I authorize and direct my insurers to pay directly to Lexington Medical Center any or all benefits up to the amount of my bill pertaining to all charges incurred. I authorize and direct the named insurers to pay directly to the physician(s) any medical and surgical benefits otherwise payable to me.

PROMISE TO PAY ACCOUNT: FOR AND IN CONSIDERATION of service rendered by Lexington Medical Center; I promise to pay all charges incurred for the account on the patient. In the event that I default in the obligation of payment to Lexington Medical Center; I understand that my account(s) can be placed with a collection agency and/or Lexington Medical Center can place my account in the Department of Revenue's Debt Set-Off program and/or a judgment may be secured against any owned property to the extent of the unpaid bill. I further agree to pay reasonable attorney's fees, collection fees, Debt Set-Off administrative fees and court costs if my account is placed for legal or third party collection action.

I understand that I am financially responsible to Lexington Medical Center for all charges not covered, approved or considered necessary by my insurance. I will pay at the time of service or have an agreeable payment arrangement set up with the business office. _____ (Patient to initial here).

HOSPITAL PATIENT SAFETY ACT: I acknowledge that I have received information regarding my rights under the Hospital Patient Safety Act. _____ (Patient to initial here).

PHYSICIANS AS INDEPENDENT CONTRACTORS: I recognize that all physicians furnishing services, such as radiologist, pathologist, anesthesiologist, emergency room physicians and the like, are independent contractors and are not employees or agents of the hospital. A separate bill will be sent for physician services. I authorize and direct the named insurers to pay benefits directly to these physicians for services rendered.

RELEASE FROM RESPONSIBILITY FOR PERSONAL PROPERTY: I have been made aware that the hospital provides facilities for the safe keeping of valuables and I hereby release the hospital from liability for loss or damage to any items which are not given to hospital personnel for safe keeping.

AVAILABILITY OF CLINICAL TRIALS: I am aware that clinical trials (research studies) are available through the hospital or physicians who are members of the medical staff of Lexington Medical Center. If I desire more information about participating in clinical trials, I can request information be provided to me by my physician.

THIS FORM HAS BEEN EXPLAINED TO ME, I HAVE READ AND UNDERSTAND IT.

Signature of Patient	Date	Guarantor (if other than patient)
If minor, Responsible Party	Date	Relationship to Patient
Witness	Date	

Conditions of Admission
To
Lexington Medical Center

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED W M [redacted]

AUTHORIZATION FOR TREATMENT: The undersigned consents to any [redacted]ered by the physician. The patient is under the control of his attending physicians an[redacted]mission in following the instructions of said physician. I am aware that the practice of [redacted]ice, and I acknowledge that no guarantees have been made as to the result of treatme[redacted]

I consent to appropriate test for the presence of infection, such as, but not li[redacted] infection by the Hepatitis B virus or the human immunodeficiency virus, if deemed necessary for the protection of others, and I authorize withdrawal of blood or other body fluids for this purpose. I understand that if my medical record contains documentation of alcohol abuse, psychiatric condition, drug abuse, or communicable disease, this information will be released as part of my medical record. I consent to the photographing or televising of any procedure to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed.

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Lexington Medical Center will make our best effort to pre-certify and/or preauthorize treatment with third party payers who conduct Utilization Review as a service to patients. However, Lexington Medical Center does not accept responsibility for the lack of pre-certification and/or pre-authorization and is not responsible, for the final payment outcomes or timing restraints.

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PHYSICIANS AS INDEPENDENT CONTRACTORS: I recognize that all physicians furnishing services, such as radiologist, pathologist, anesthesiologist, emergency room physicians and the like, are independent contractors and are not employees or agents of the hospital. A separate bill will be sent for physician services. I authorize and direct the named insurers to pay benefits directly to these physicians for services rendered.

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AVAILABILITY OF CLINICAL TRIALS: I am aware that clinical trials (research studies) are available through the hospital or physicians who are members of the medical staff of Lexington Medical Center. If I desire more information about participating in clinical trials, I can request information be provided to me by my physician.

THIS FORM HAS BEEN EXPLAINED TO ME, I HAVE READ AND UNDERSTAND IT.

Signature of Patient	6-18-08 Date	Susan C. Russell Guarantor (if other than patient)
If minor, Responsible Party	Date	Wife Relationship to Patient
Witness	6-18-08 Date	

MR_Lex Med Ctr_0080

LEXINGTON MEDICAL CENTER
West Columbia, South Carolina

	6/18	6/19	6/20	6/21	6/22	6/23	6/24
Date							
Hospital Day	adm	1	2	3	4	5	6
Day P.O. or P.P.							

Hour: A.M. 3 7 11 | P.M. 3 7 11 (repeated for each day)

Chart Temperature in Blue

140	105°
130	104°
120	103°
110	102°
100	101°
90	100°
80	99°
	Normal
70	98°
60	97°
50	96°

Respirations

B.P. S / D

Height Weight

RUSSELL, MICHAEL C
LEE, DAVID K MD
06/19/08
35 M W
HMTS p 595 1

DATE 6-18-08	INTAKE				OUTPUT			
Time	Oral	Parenteral		Total	Urine			Total
6-2								
2-10								
10-6		2400 IVF		2400	6		9 15	15
24 hr. Total				2400				15

DATE 6-19-08	INTAKE				OUTPUT			
Time	Oral	Parenteral		Total	Urine			Total
6-2				480				1500
2-10				600				1000
10-6				270				X 1
24 hr. Total				1350			2000	X 1

GRAPHIC CHART

7181-017-1 (2/00)

MR_Lex Med Ctr_0081

DATE	INTAKE				OUTPUT			
Time	Oral	Parenteral		Total	Urine			Total
6-2								
2-10								
10-6								
24 hr. Total								

DATE					OUTPUT			
Time	Oral	Parenteral		Total	Urine			Total
6-2								
2-10								
10-6								
24 hr. Total								

DATE	INTAKE				OUTPUT			
Time	Oral	Parenteral		Total	Urine			Total
6-2								
2-10								
10-6								
24 hr. Total								

DATE	INTAKE				OUTPUT			
Time	Oral	Parenteral		Total	Urine			Total
6-2								
2-10								
10-6								
24 hr. Total								

DATE	INTAKE				OUTPUT			
Time	Oral	Parenteral		Total	Urine			Total
6-2								
2-10								
10-6								
24 hr. Total								

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

Addressograph

LEXINGTON MEDICAL CENTER

MR_Lex Med Ctr_0082

LEXINGTON MEDICAL CENTER STANDING ORDERS

ITEMS MARKED WITH AN ASTERICK (*) REQUIRE IMMEDIATE PHYSICIAN NOTIFICATION

Assessment

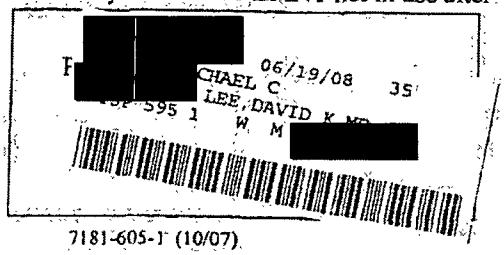
1. * May initiate monitoring of oxygen saturations via pulse oximetry for respiratory distress or respiratory depression (respiratory rate less than 12).
2. * May initiate cardiac monitoring as needed. Assess and interpret cardiac rhythm a minimum of every 8 hours for telemetry.
3. Continuous pulse oximetry for first 24 hours for all patients receiving acute pain management via Epidural or IV PCA therapy.
4. Vital signs ordered every 4 hours may be changed to 4 times a day if stable after 72 hours.

Diagnostic Tests (Lab, X-Ray, EKG)

5. * Stat ABG's for respiratory distress (sudden shortness of breath and respirations greater than 36 per minute), and call MD.
6. * Stat EKG for unexpected chest pain which is suggestive of a cardiac problem, and call MD.
7. * H & H for suspected blood loss.
8. Applicable only for patients greater than 17 years of age: In and Out catheterization if urine specimen ordered and patient is incontinent.
9. Culture and sensitivity for cloudy, foul smelling urine or purulent drainage or discharge.

Treatment / Therapies

10. * May initiate O_2 by nasal cannula at 2 liters per minute for chest pain or sudden onset of shortness of breath and if patient uses home O2 may initiate at home rate until order obtained by physician.
11. * Initiate ACLS algorithms for life threatening cardiac arrhythmias.
12. * Applicable for patients greater than 17 years of age: For patients receiving Epidural or IV PCA Acute Pain Management: If patient apneic give Narcan 0.4 mg IV push; If patient has respiratory rate less than 10 per minute and is difficult to arouse give Narcan 0.2 mg IV push and repeat every 2 minutes until respiratory rate is greater than 12 per minute. Call MD.
13. Patients who have copious secretions and who are unable to effectively clear their airway may be suctioned nasotracheally prn at the discretion of the RN or respiratory therapist.
14. If patient exhibits signs & symptoms of hypoglycemia activate hypoglycemia protocol and notify MD on rounds.
15. DERM ALERT protocol for patients at risk for impaired skin integrity.
16. In and Out catheterization for patients with distended bladder who are unable to void, and notify MD on rounds.
17. Condom catheter prn for urinary incontinence, and notify MD on rounds.
18. Bedside commode prn (unless on complete bedrest).
19. Begin the Two-Step PPD process if needed for patient's initial admission to another facility.
20. Applicable only for patients greater than 17 years of age: Patient has been screened and meets the criteria for pneumonia immunizations. Give Pneumococcal Vaccine 0.5 ml IM in the deltoid muscle.
21. Applicable only for patients greater than 17 years of age during the months October through February: Patient has been screened and meets the criteria for influenza immunization. Give Influenza Vaccine 0.5 ml IM in the deltoid muscle.
22. For patients older than 6 months: May use EMLA cream. Apply half of the cream in the 0.5-gram tube to skin at site of the procedure. Cover for at least one hour with an occlusive dressing. After allotted time frame, remove the dressing, wipe off the cream, clean the entire area with an antiseptic solution and prepare patient for IV insertion.
23. Applicable only for patients greater than 17 years of age: May use Xylocaine 1 % injection, 0.1 ml to 0.2 ml intradermally to start IV, repeat as needed.
24. Initiate IV access via INT as needed.
25. May discontinue an INT not in use after 48 hours.



7181-605-1 (10/07)

Gwendolyn C. Galphin
Chief of Staff

10/1/2007
Date

LEXINGTON MEDICAL CENTER STANDING ORDERS
Original signed by Gwendolyn C. Galphin, M.D., Chief of Staff, Medical Executive Committee, and is on file in the Patient Care Administrative Office.

MR_Lex Med Ctr_0083

PHYSICIAN ORDERS

DATE AND TIME: 6/19/08

ROUTINE ORDERS - PRE-ANGIOGRAPHIC - INHOUSE PATIENTS ONLY

***Blanks must be checked off to activate orders.**

1. NPO after midnight.
2. List all home medications on the LMC Continuation of Patient's Home Medications Form and verify with physician prior to continuing.
3. Shave and prep both groins.
4. ***IV Fluids:*** *Sodium Chloride 0.9 % Injection to infuse at KVO with # 18 or # 20 jelco in the LEFT arm, if possible.*
5. **LABS:** ✓ PT, PTT ✓ BUN ✓ CREATININE ✓ Platelets ____ Fibrinogen
6. Have patient empty bladder prior to coming to Radiology Department.
7. Remove **ALL** clothing and jewelry, and dress the patient in a hospital gown.
8. Nurses notes, MAR, and patient labels must be sent on the chart to Radiology with the patient.

[redacted] 06/18/08 3S
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
HEDZ2 21 A W M [redacted]

6/19/08
Lexington Radiology Associates Date

7070-145-1 (Rev 4/05) LEXINGTON MEDICAL CENTER Original: Chart

MR_Lex Med Ctr_0084

PHYSICIANS ORDERS

DATE AND TIME

ROUTINE ORDERS - POST-OPERATIVE ORDERS – CRITICAL HEALTH SYSTEMS OF SOUTH CAROLINA

***Blanks must be checked off to activate orders**

For PACU and Outpatient Recovery **Weight:** _____ kg

1. Oxygen by mask until patient awake and able to maintain oxygen saturation of 92 %.
2. May use oxygen at 2-4 liters per minute overnight if oxygen saturation is less than 92 % on room air.
3. Extubate patient according to PACU extubation criteria, unless otherwise ordered.
4. May hang additional liter of same IV Fluid, if present bag empties and no other IV orders are written.
5. **MEDICATIONS LISTED IN ORDER OF PHYSICIAN PREFERENCE.** *If chosen agent is ineffective, notify anesthesiologist and document the new order.*
6. **For pain – Adult patient:**
   - ___ Morphine 1– 5 mg IV every 5 minutes in increments up to a total dose of _____ mg, *or*
   - ✓ Meperidine 5 – 25 mg IV every 5 minutes in increments up to a total dose of 100 mg, *or*
   - ✓ Dilaudid 0.2 – 0.5 mg IV every 5 minutes in increments up to a total dose of 2 mg, *or*
   - ___ Fentanyl 25 mcg (0.5 ml) IV every 5 minutes in increments up to a total dose of _____ ml, *or*
   - ___ Toradol _____ mg IV if not given in OR, *or*
   - ___ Other _____

   For nausea and vomiting – Adult patient:
   - ✓ Promethazine 6.25 – 12.5 mg IV every 15 minutes, up to a total dose of 25 mg IV, *or*
   - ___ Promethazine (0.5 mg per kg) _____ mg rectal suppository, *or*
   - ___ Reglan 10 mg IV if not given in OR, *or*
   - ___ Zofran 4 mg IV if not given in OR, *or*
   - ___ Zofran ODT 8 mg PO, *or*
   - ___ Decadron 8 mg IV if not given in OR, *or*
   - ___ Inapsine 0.625 mg IV, *or*
   - ___ Other _____
7. ___ Versed 0.5 – 2 mg IV PRN anxiety with oxygen saturation greater than 93 %.
8. **For pain – Pediatric patient – Less than 12 years of age and / or less than 40 kg:**
   - ___ Morphine (0.1– 0.2 mg per kg) every 5 minutes up to a total dose of _____ mg IV, *or*
   - ___ Meperidine (1.1-1.8 mg per kg) every 5 minutes up to a total dose of _____ mg IV, *or*
   - ___ Ibuprofen 100 mg per 5 ml Suspension (5 – 10 mg per kg) _____ mg or _____ ml PO, *or*
   - ___ Acetaminophen Elixir 160 mg per 5 ml (10 - 15 mg per kg _____ mg or _____ ml PO, *or*
   - ___ Acetaminophen Rectal Suppository 10 – 15 mg per kg _____ mg, *or*
   - ___ Tylenol 120 mg with Codeine 12 mg per 5 ml Elixir (0.5 – 1.5 mg Codeine per kg) PO.
     - ___ 3 – 6 years old, give 5 ml PO
     - ___ 7 – 12 years old, give 10 ml PO *or*
   - ___ Other _____

   For nausea and vomiting – Pediatric patient – Less than 12 years of age and / or less than 40 kg:
   - ___ Promethazine (0.5 mg per kg) _____ mg rectal suppository, *or*
   - ___ Zofran (0.1 mg per kg) _____ mg IV if not given in OR, *or*
   - ___ Reglan (0.15 mg per kg) _____ mg IV if not given in OR, *or*
   - ___ Other _____
9. May give first dose of oral pain medication prescription written by surgeon prior to discharge if needed for pain.
   Medication _____ given at _____ (time).
10. _____

Anesthesiologist Signature: _____ **Date / Time:** 6/19/8 0937

DISCHARGE ORDERS

1. Discharge patient to: Room ___X___ Home _____ Other _____

Anesthesiologist Signature: _____ **Date / Time:** 6/19/8 C

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED22 21 A W M [redacted]



6/19/ DSI not 5 CEN

MR_Lex Med Ctr_0085

PHYSICIANS ORDERS

DATE AND TIME

ROUTINE ORDERS - PRE-OPERATIVE ORDERS
CRITICAL HEALTH SYSTEMS OF SOUTH CAROLINA
***Blanks must be checked off to activate orders**

1. Pepcid 40 mg PO with a sip of water at least one hour prior to surgery.
2. **NPO** _____ after midnight _____ **Clear liquids** until 0700 the morning of surgery *IF* case is posted for 3 P.M. or later
3. Blood work and diagnostic tests as per anesthesia guidelines:
   ____ **Basic Metabolic Panel** for any patient with diabetes, hypertension, renal disease, and / or a history of cardiac disease, or a patient on diuretics or Digoxin.
   ____ **Electrocardiogram**. Required on all patients 50 years of age or older, and any patient less than 50 years of age with diabetes, hypertension, renal disease and / or a history of cardiac disease UNLESS one has been done within the last 30 days. Not needed for the gestational diabetic or for the pregnancy induced hypertensive patient.
   ____ **Chest X-Ray** patient for thoracotomy, symptoms of CHF, severe COPD, recent pneumonia or severe shortness of breath.
   ____ **HCG** serum the day before surgery on every female menarche to menopause unless pregnant or has had previous hysterectomy **OR** HCG urine on arrival the morning of surgery.
   ____ **Fasting Blood Sugar** on arrival the morning of surgery for all diabetic patients
   ____ **CBC** if indicated by surgical procedure, patient disease, or major vascular case.
   ____ **PT** the morning of surgery, if patient is on Coumadin.
   ____ Other lab or test: _____
4. Patient may take the regular dose on the morning of surgery of the following home medications with sip of water only :
   Pain, seizure, asthma, cardiac, blood pressure including combination agents (not plain diuretics), and proton pump inhibitors.
5. These medications should be held on the morning of surgery:
   Diuretics, diabetic medications, blood thinners, and hormones including thyroid and estrogen / progesterone.
   Usual evening dose of Insulin should be taken the night prior to surgery. No dose the day of surgery.
6. Pre-op medications for Pediatric patients = less than 12 years of age and / or less than 40 kg:
   ____ Versed Oral Solution 2 mg per ml; 0.7 mg per kg, _____ mg dose. **Patient weight:** _____kg
   ____ Other _____
7. May start IV of Lactated Ringers 1000 ml to infuse at KVO rate.
   ____ Other _____
8. May use Xylocaine 1 % Injection, intradermally prior to starting IV.
9. Medications ordered in Holding Area:
   Fentanyl _____
   Midazolam _____
   Other _____

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
HED22 21 A A W M [redacted]

Critical Health Systems — Date 6/18/08 03:

7070-36-1 (Rev 12/13/07) LEXINGTON MEDICAL CENTER ORIGINAL: Chart

MR_Lex Med Ctr_0086

Use Ball Point Pen

PHYSICIAN'S ORDERS

DATE	TIME	AM / PM	FAXED / SCANNED	INITIALS
6/19	1249	(AM) PM		

Morphine 2mg IV dose 1249 THR

C.O. Dr Hudson [illegible] Bay 82

DATE	TIME	AM / PM	FAXED / SCANNED	INITIALS
6/19/08	0127	AM PM		

Reclining (P) Dec Atarax 10
1) Bath x 1 pm with (P) Dec Vaginal
2) (P) groin check q (illegible) x4, q 30min x4
q 1 wet x2

DATE	TIME	AM / PM	FAXED / SCANNED	INITIALS
6/19/08	1250	AM (PM)		

Nicodem Bath 2 tsp - Apply to buttocks
C.O. Dr Lee/H. Hines

blanks

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED22 21 A W M [redacted]

SCANNED

A Edwards LPN 6/19/08 1435

7070-012-1 (Rev 5/8/07) LEXINGTON MEDICAL CENTER Original: Chart

MR_Lex Med Ctr_0087

Use Ball Point Pen

PHYSICIAN'S ORDERS

DATE	TIME	AM / PM	FAXED / SCANNED	INITIALS
6/19/08	430	PM		

Admit to SN
dx: ① tx/sig fx
② acute blood loss
cxr, ekg
Rep type + screen
Ancef 1 gm IV q8h — given @ 2340
Ultram 1 tab PO q4h prn
Morphine 2-4 mg IV q4h prn breakthrough pain
see MAR; allergic on 2 pillows.

SCANNED

DATE	TIME	AM / PM	FAXED / SCANNED	INITIALS

DATE	TIME	AM / PM	FAXED / SCANNED	INITIALS
6/19/08	130	PM		

Zantac 150 mg 1 PO BID — Palmetto Pediatrics

Transfer to PCMH Dr. Laquinto in am

SCANNED

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
HED 596 W M [redacted]

7070-012-1 (Rev. 5/8/07) LEXINGTON MEDICAL CENTER Original: Chart

MR_Lex Med Ctr_0088

Use Ball Point Pen

PHYSICIAN'S ORDERS

DATE	TIME	AM/PM	FAXED / SCANNED	INITIALS
6-19-08	20:57	PM		

D/C Vicodin
Perc 1-2 tab q4h prn pain
Phenergan 25mg po q4h prn pain
T.O. Dr Lee

6/19/08

SCANNED

DATE	TIME	AM/PM	FAXED / SCANNED	INITIALS
6/19/08	22:37	PM		

Order clarification
Percocet po 1 tab q4h prn pain
T.O. Dr Lee

6/19/08

Pt states NKA No known Drug Allergies

Richard Smith 6-20-08 0035

SCANNED

DATE	TIME	AM/PM	FAXED / SCANNED	INITIALS
6/20/08				

Give 4 mg morphine IV x1 dose prior to transfer
T.O. Dr Lee

6/20/08

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP S95 1 W M [redacted]

Lexington Medical Center
Your partner for health and wellness®

Patient Name: RUSSELL, MICHAEL
Admit Date: 06/19/2008
Acct #: [redacted]
Procedure Date: 06/19/2008
Medical Record #: [redacted]
Status: REG SDC

Surgeon: LEE,DAVID K MD ***Assistant Surgeon:*** NOT APPLICABLE, NOT ***Second Surgeon or PA:*** Not Applicable ***Non-MD Assistant*** NA	***Pre-Op Diagnosis:*** STATUS POST MOTORCYCLE ACCIDENT, LEFT OPEN TIBIA/FIBULA FRACTURE, LEFT ACETABULUM FRACTURE
Procedure/Findings: IRRIGATION AND DEBRIDEMENT LEFT LOWER LEG *Incision* *Closure*	***Post-Op Diagnosis*** STATUS POST MOTORCYCLE ACCIDENT, LEFT OPEN TIBIA/FIBULA FRACTURE, LEFT ACETABULUM FRACTURE
Specimen NA	Estimated Blood Loss: Fluids: 15ML Drain: Size: Site: NA NA NA *Specimen Weight*

Progress Notes: 435268

Physician's Signature: [signature] 06/19/2008 4:27 am

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M [redacted]

T OPERATIVE NOTE

MR_Lex Med Ctr_0090

POST-PROCEDURE PROGRESS NOTE

Date/Time: 06-19-08 0100

Physician: Hudson Scrub Tech: Randy

Nurse: Tranie Rad. Tech:

Procedure: Lower ext arteriogram

Findings/Post-Procedure Diagnosis: AT & PT occl, ankle

Plan/Intervention: Verapamil & Solu at level of occ
duo preads increasing to 4 mcg

Outcome of Treatment: injury repair

Complications: none at

Contrast: Visipaque Total Contrast: 71 ml

Specimen: EBL: 45 ml

Condition: ☒ Good ☐ Other

Disposition: ☐ Transfer to ~~Medical Day Care~~ ROCU ☐ Admit ☐ Other
☒ Return to Room ☐ Home

Physician Signature

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
HED22 21 A W M [redacted]
Patient Label

RADIOLOGY SHORT STAY RECORD

MR_Lex Med Ctr_0091

LEXINGTON MEDICAL CENTER
PRE-PROCEDURE NOTE

Date/Time 6-19-08 0100

Present Illness/Pre-Procedure Diagnosis MVC

History: Past Medical/Surgical History (pertinent) Ø

Non-Invasive Imaging Xray **Pertinent Meds:** Zantac

LABS: PT 12.1 **INR** 0.9 **PTT** 20.7 **Platelets** 266

BUN 12 **Creat** 0.93 **Fibrinogen** _____ **Other** _____

ALLERGIES NKOA

PHYSICAL EXAMINATION: ☐ H&P reviewed

Heart: ☒ Normal ☐ Irregular rhythm
Lung: ☒ Normal ☐ Labored respirations ☐ Other _____

BP 128/94 Pulse Rate 94 Resp. Rate 18 O2 Sat 97% Temperature _____
EKG NSR

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
HED22 21 A W M [redacted]

Physician Signature

MR_Lex Med Ctr_0092

DATE	
6/19/08	Dano Resting comfortably. OK splint C102. NV & S. A/P: Discussed case & pt. w/ Dr. Taquinto. Given complex nature of LOFT accumbulum & pt will be better managed by Trauma Surgt at Richland, Dr. Taquinto to accept pt.

435712

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER

7181-015-1

PROGRESS NOTES

PRESENT HISTORY:

35 yo wm s/p MCA ; OE injury

PAST HISTORY:

Allergies: NKDA

Previous Surgery: (D) inguinal hernia

General Health: Ø

Family History: NC

PHYSICAL EXAMINATION: BP _____ T _____ P _____ RR _____

HEENT: NCAT

Heart: RRR

Lungs: CTA (B)

Abdomen: soft, NTND

Pelvic: —

Ext: (D)LE : obv. def. 4/5 pulses ; sensory intact but ↓ to dorsum

Other Pertinent Findings: personal rm.

ASSESSMENT: (D) open tib/fib fx

(D) contusion rx

PLAN: (D) TO ORIF for its possible ext fix

(D) CT ho oral contusion

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
MED W M [redacted]

Signature: [signature]

Date: 6/18/08

MR_Lex Med Ctr_0094

was placed in a well-padded fiberglass trilaminar splint. Post-reduction films were confirmed to provide anatomic reduction of the fracture. The patient was awakened and extubated in the Operating Room and taken to the Recovery Room in stable condition without apparent complication.

DAVID K LEE, MD

cc:

LEXINGTON MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

OPERATIVE REPORT

PATIENT: RUSSELL, MICHAEL C	**LOCATION:** HNT5P1
ADM. #: [redacted]	**M.R. #:** [redacted]
ADMITTED: 06/19/2008	**D:** 06/19/2008 4:43 AM
DISCHARGED:	**T:** 06/19/2008 7:16 AM / cir
PHYSICIAN: DAVID K LEE, MD	**DATE OF BIRTH:** [redacted]

DATE OF SURGERY: 06/19/2008

PREOPERATIVE DIAGNOSIS(ES): Open left tibia-fibula fracture.

POSTOPERATIVE DIAGNOSIS(ES): Same.

PROCEDURE(S) PERFORMED: Irrigation and debridement with primary closure of the left leg laceration.

SURGEON: David K. Lee, MD.

ANESTHESIA: General endotracheal.

ESTIMATED BLOOD LOSS: 15 cc.

COMPLICATIONS: None.

DRAINS AND PACKS: None.

DISPOSITION: To the Recovery Room and then transfer to the floor.

TECHNIQUES OF SURGERY: After informed consent was obtained and the correct limb was identified, the patient was taken back to the Operating Room arena. After adequate general anesthesia was induced, the patient was intubated by the anesthesia staff without difficulty. Ancef 1 gm was given intravenously. He was then positioned on the Operating Room table in the supine position. His left leg and lower extremity were prepped and draped in the usual sterile fashion using Betadine scrub and paint. The laceration was inspected. It was an 8-cm oblique laceration over the anterolateral aspect of the lower leg. He did have some abrasions adjacent to the laceration. The laceration itself was cleaned. There was no significant debris. The superficial peroneal nerve was sitting within the wound and was contused but was intact. Next, using pulsatile lavage, 9 L of normal saline was then used to copiously irrigate the fracture site. The laceration was then reapproximated using 3-0 nylon in the vertical mattress fashion. A sterile Xeroform 4 x 4 dressing was applied. The extremity

MR_Lex Med Ctr_0096

112 115
115

Lexington Medical Center Anesthesia Record

Time 1 | 0330 | 0400 | 0430 | 0500 | 0530 | 0600

Legend: BP ↑ ↓ | Pulse • | Start Anes ✕ | Start Op ⊙ | End Anes ⊗ | Respirations: Spontaneous ○ Assisted ⊙ Controlled ⊗ | LOC = Level of Consciousness: Awake - AW, Arousable - AR, Non-arousable - NAR

TV | Rate | PIP: 600/8 | 30 | 800/8 | 13 | 1800 | 9 | 25

Symbols 1: K @0359

Pre-anesthetic Checklist OR # 5
- ☑ I.D.
- ☑ Chart
- ☑ Consent
- ☑ Pt. Labs
- ☑ Anes. Equip
- ☑ Anes. Machine
- NPO after 2100
- Circuit
- ☑ SCCS
- ☐ NRB
- ☐ Mask O_2
- ☐ Nasal O_2

Induction
- ☑ Pre-O_2
- ☐ IV routine
- ☑ IV with Sellick
- ☐ Inhalation

Position
- ☑ Supine
- ☐ Prone
- ☐ Lithotomy
- ☐ Lateral R / L
- ☑ Safety Belt On
- ☑ Pulses intact
- ☑ Pressure points Padded

Airway Maintenance
- ☐ Mask
- ☑ Oral Airway
- ☐ Nasal Airway Size
- ☐ LMA #
- ☑ Intubation
- ☑ Endotracheal Size 7.5 mm
- ☐ Endobronchial R / L Size Fr
- ☑ Oral ☐ Nasal
- ☐ LTA ☐ Rae
- ☐ Stylet
- ☑ DL # (
- ☐ Fiberoptic Laryng
- ☑ Smooth
- ☐ Difficult
- Secured @ 22 cm
- Cuff Air 10 cc
- ☑ Teeth unchanged

Tube position confirmed by:
- ☑ BBS
- ☑ ETCO

☐ NG Tube: Fr
☐ OG Tube: Fr

Monitors
- ☑ EKG
- ☑ B.P. Cuff R / L
- ☐ Pulse Oximeter
- ☑ ETCO$_2$
- ☑ Temp S E R Ax
- ☐ Precordial Steth
- ☐ Esoph Steth
- ☐ O_2 Analyzer
- ☑ Spirometer
- ☐ Discon. Alarm
- ☑ PNS

Invasive Monitors
- ☐ Arterial Line
- ☐ CVP
- ☐ Swan Ganz

Right Arm
- ☑ Armboard < 90°
- ☐ Tucked to side
- ☑ Padded
- ☑ Armboard Strap

Left Arm
- ☑ Armboard < 90°
- ☐ Tucked to side
- ☑ Padded
- ☑ Armboard Strap

Eye Care
- ☐ Lacrilube ☑ Tape
- ☐ Optiguard

Warming Equipment
- ☐ Hot line
- ☐ Bair Hugger
- ☐ Bair Hugger
- Bair Hugger Temp
- Low Med High
- ☐ Level 1

Re-evaluation
assessment of physiologic status the patient and readiness of the surgical environment has been done immediately prior to induction and administration anesthesia and appropriate to proceed with the anesthetic as planned.

Signature

Medications

							Totals
Oxygen L/M	6	1				10	
N_2O Air L/M							
ISO / DES / SEVO %		5	4	3	6	4	
VEC / TRAC / REM	40						40 mg
Versed (mg)	1						0.5 mg
Zofran	1			4			4 mg
Demerol / Morphine				5	5		10 mg
Succinylcholine							mg
Lidocaine (mg)	100						100 mg
Propofol / Pentothal	150			50			200 mg
Versed (mg)	2			1			3 mg
Fentanyl (mcg)	200						250 mcg

Monitors

EKG	SR	SR	SR	SR	SR	SR	SR
ETCO$_2$	45	42	40	36	39	51	40
SAO$_2$	96	99	99	99	98	100	99
FIO$_2$ %	21	100	50	50	50	100	100
Temp: E - R (S)	97	97	97	97	97	99	99
BIS	100	52	46	42	36	76	95
LOC: AW-AR-NAR	AW	NAR					AR

Fluids

							Totals
IV: Site / Location	#18 L forearm						
LR	1000	all LR	1000 LR		1000 LR		2000 ml
Colloid / Blood							
EBL-Interval / Total							15 ml
Urine-Interval / Total							

Pre-op antibiotic: 0

Pre-op: transfer of patient and report from: chart reviewed

Comments:
0330 - patient to O.R. and moved to O.R. table - monitors attached
Dr. Knight present for induction

PACU: Transfer of patient and report to: Stephanie

Post Anesthesia Evaluation:
Patient taken to: ☑ PACU ☐ Stepdown ☐ Room#
BP: 117 / 64 LOC: ☐ AW ☑ AR ☐ NAR
Pulse: 107 Airway: ☐ Oral ☐ Nasal ☐ Intubate
Resp: 16 ☑ Cough & Gag Reflex Int
O_2 Sat: 99 O_2 by: ☑ Mask ☐ N/C ☐ Room Air
Temp: 99 oral ☐ Epidural for Post Op Pain Management
☑ No Anesthetic Complications @ Date: 6-19-08
Time: 0506 Signed:
☐ Post operative complication. ☑ See progress notes:

ASA 1 2 3 4 5 (E)
Anesthetic: ☐ Local ☐ MAC ☐ General ☐ Spinal ☐ Epidural
☐ Type of Block
Block by:
Post op Epidural by:
Art Line by:
Central Line by:
Swan Ganz by:

Diagnosis: (R) tibia and fibula compound fracture
Procedure: irrigation and debridement fractures (R) leg with wound closure
Surgeon: Rice
Anesthesiologist: Knight
CRNA: A. Ellerson CRNA

Continuous Anesthesia Care: 0315
Continuous Anesthesia Care | Date: 6-19-08

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HEDZ2 21 A W M [redacted]

White copy-Patient record Pink copy-Medical Records Yellow copy-Critical Health Systems

MR_Lex Med Ctr_0097

ROA 1005

LEXINGTON MEDICAL CENTER PRE-ANESTHESIA EVALUATION

PROCEDURE: F+D (2) leg Rx'd

☐No previous anesthesia ☐History of malignant hyperthermia
☑Previous general anesthesia
☐Previous regional anesthesia
☐Nausea with anesthesia
☐Previous anesthesia complications:
☑Negative Family History

HEIGHT	WEIGHT
5 ft. 9 in.	180 lbs.

35 year old (M) F

HGB	HCT	PLTS x 1000	PT / PTT	Units T&C / T&S
13.8	39.3	266	12.1 / 20.7	

Glucose	Sodium	Potassium	BUN	Creatinine	Other:
115	142	4.6	12	.93	INR 0.9

CXR:

EKG: NSR

+/- RESPIRATORY

Recent URI, Asthma, Bronchitis, Pneumonia, Emphysema, COPD, Intubated on ventilator, Non-productive cough, Productive cough, SOB, Dyspnea

Cigarettes 1/4 packs per day X 18 years

+/- (-) CARDIOVASCULAR

CAD, CHF, Previous MI, Angioplasty, Abn. rhythm, Hypertension, Pacemaker, Mitral valve prolapse, Murmur, Rheum. heart d., Periph. vasc. d., CABG, Palpitations, Angina, Pedal edema, Orthopnea, PND, Nocturia

+/- GASTROINTESTINAL

Hiatal hernia, Reflux ?, Peptic ulcer, Current N/V indigestion, Acute abdomen, Bowel obstruction, Full stomach, Liver dysfunction, Hepatitis history, Jaundice

+/- RENAL

Urinary retention, Renal failure, Chronic renal disease, Peritoneal dialysis, Hemodialysis, UTI

+/- (-) NEUROLOGICAL

Seizure history, Stroke, Parkinson's, Depression, TIA, Syncope, Paralysis, Sensory deficit, Apprehensive, Agitated, Uncooperative, Disoriented, Semiconscious, Unresponsive

Hx. viral meningitis

+/- (-) MUSCULOSKELETAL

Arthritis / DJD, Neuromuscular disease, Muscle weakness, Fracture / Dislocation, Back pain, Back surgery

+/- (-) ENDOCRINE

AODM / JODM, Diet controlled, Oral hypoglycemics, Insulin, Recent steroid use, Immunosuppressed, Hypo / Hyper thyroidism, Obesity / Morbid obesity

+/- (-) HEMATOLOGICAL

Anemia, Transfusion reactions, Sickle cell trait, Sickle cell disease, Hemophilia, Prolonged bleeding, Jehovah's Witness

ALLERGIES:

NKDA

CURRENT MEDICATIONS

Ø

ASA: 1, (2), 3, 4, 5, E

AIRWAY EVALUATION

Upper	Lower	None	Dentures
Upper	Lower	None	Capped teeth
Poor	Fair	Good	Condition of teeth
Easy	Moderate	Difficult	Estimated intubation difficulty

NPO SINCE: 2100

X	General
X	Cricoid pressure intubation
	Spinal
	Epidural
	Epidural for POPM
	Block
	MAC
	Local

Knight, M.D. A. Edelman CRNA 0315 6-19-02
SIGNATURE DATE TIME

ALTERNATIVES, RISKS OF ANESTHESIA AND POTENTIAL COMPLICATIONS WERE DISCUSSED, PATIENT AND/OR PARENT(S) STATE UNDERSTANDING AND ACCEPTANCE OF ANESTHESIA PLAN AS DISCUSSED AND DESIRE TO PROCEED.

[redacted] 06/18/08 35
ROSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
HEDZ2 21 A A W M [redacted]

7181-528-1 (12/00)

MR_Lex Med Ctr_0098

OR RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169

PROCEDURE DATE 06/19/2008 RM OR05 P2ORT

RUSSELL, MICHAEL, C	ACCT # [redacted]	MR # [redacted]	STATUS REG SDC	IN 03:31	OUT 04:56

ALLERGIES	EST BLOOD LOSS	VERIFIED				CONSENT SIGNED	
N	15ML	Patient ID Y	Procedure Y	Surgical Site Y	Guardian	By Patient Y	By MT Y
		Position Y	Side Y	Films Y		By RN Y	By ST Y
			Implants/Equipment Y			By Anesthesia Y	

PREOP DIAGNOSES	POSTOP DIAGNOSES	ACTUAL PROCEDURE	WOUND CLASS
STATUS POST MOTORCYCLE ACCIDENT, LEFT OPEN TIBIA/FIBULA FRACTURE, LEFT ACETABULUM FRACTURE	STATUS POST MOTORCYCLE ACCIDENT, LEFT OPEN TIBIA/FIBULA FRACTURE, LEFT ACETABULUM FRACTURE	IRRIGATION AND DEBRIDEMENT LEFT LOWER LEG	*CONTAMINATED*

PROCEDURE TIMES	PROC START #1	CLOSURE #1	PROC START #2	CLOSURE #2
	03:59	04:38		

ANES THESIOLOGIST	ASA	TYPE	SURGEONS	IN	OUT
KNIGHT, JAMES F,MD	2 EME	GENERAL	LEE,DAVID K MD	03:33	04:39

SECONDARY SURGEON
Not Applicable

ASSISTANT SURGEON
NOT APPLICABLE, NOT

CRNA	IN	OUT
ELLSTROM, HOWARD N CRNA	03:31	04:56

AFFILIATED STAFF
NA

SRNA
N

STAFF	ROLE	IN	OUT
THOMAS, CANDICE R	CIRCULATOR	02:10	04:56
COLLINS, MICHAEL W	SURGICAL TECH	02:10	04:56
MITCHELL, EDDIE L	SECOND SURGICAL TECH	02:10	04:56

X-RAY	TECHNICIAN	CONTRAST	AMOUNT	OBSERVER
IMAGE AMPLIFIER	L MOORE	NA	NA	NA

IRRIGATIONS

IRRIGATION	AMOUNT	QTY
IV BAG NORMAL SALINE	3000	3

MEDICATIONS

TIME	MEDICATION	AMOUNT	ROUTE
	NA	NA	NA

MR_Lex Med Ctr_0099

OR RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169

PROCEDURE DATE 06/19/2008 RM OR05 P2ORT

RUSSELL, MICHAEL, C ACCT # [redacted] MR # [redacted] STATUS REG SDC IN 03:31 OUT 04:56

POSITIONING

POSITION	EQUIP/SUPPLIES	LOCATION	OTHER
SUPINE	PILLOW	HEAD	
	ARMBOARD	ARMS BILATERAL	
	SAFETY STRAP	ARMS BILATERAL	
	SAFETY STRAP	ABDOMEN	
	EGGCRATE	ARMS BILATERAL	

SEQ. HOSE N TEDS N

HAIR REMOVAL AND SKIN PREP

HAIR REMOVAL N

METHOD HAIR REMOVAL AREA HAIR REMOVED BY SKIN PREP

BETADINE SCRUB

BETADINE SOLUTION

CATHETER	SIZE	INSERTED BY	URINE	DISCONTINUED
NA	NA	NA	NA	N/A

DRAINS	SITE	SIZE
NA	NA	NA

DRESSINGS

XEROFORM
4X4 SPONGES
ABDOMINAL (ABD)
SOFT ROLL
SPLINT
ACE WRAP

SPECIMEN	WEIGHT	CODES	TIME	STAFF
NA		NA		NOT APPLICABLE, NOT

CHAIN OF CUSTODY INITIATED N/A

COUNTS

SITE	COUNT	SHARPS	SPONGES	INSTR.	NURSE	SCRUB
LEFT LEG	INITIAL	CORRECT	CORRECT	NA	THOMAS, CANDICE R	COLLINS, MICHAEL W
LEFT LEG	FINAL	CORRECT	CORRECT	NA	THOMAS, CANDICE R	COLLINS, MICHAEL W

ESU ESU PAD SKIN CONDITION BIPOLAR

OR RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169

PROCEDURE DATE 06/19/2008 RM OR05 P2ORT

RUSSELL, MICHAEL, C	ACCT # [redacted]	MR # [redacted]	STATUS REG SDC	IN 03:31	OUT 04:56

ADDITIONAL ESU

ESU	GRDNG PAD	PAD LOCATION	PAD SITE

UNIT #	SETTING	TOURNIQUET SITE	INFLATED	UP	DOWN	APPLIED BY	SKIN CONDITION

INTRAOPERATIVE AND POSTOPERATIVE COMMENTS

CARE PLAN

NURSING DIAGNOSES	INTERVENTION	EXPECTED OUTCOME	OUTCOME MET	INITIAL
Potential for injury	Provide safety measures appropriate for surgical procedure	Patient remains free from signs and symptoms of physical injury	Y	CRT
Potential for Anxiety	Give clear, concise explanation and provide caring, supportive environment. Communicate patient concerns.	Patient demonstrates decreased anxiety and verbalizes understanding of plan of care.	Y	CRT
Potential for Infection	Reduce risk of infection by maintaining asceptic surgical technique	Patient remains free of infection	Y	CRT

TRANSPORTED TO PACU VIA BED

ACCESSED BY		LAST ACCESSED
CRTHO	THOMAS, CANDICE R	6/18/2008 10:56:41PM
crtho	THOMAS, CANDICE R	6/19/2008 1:55:15AM
crtho	THOMAS, CANDICE R	6/19/2008 1:57:36AM
CRTHO	THOMAS, CANDICE R	6/19/2008 4:55:25AM

PACU RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169 PROCEDURE DATE 06/19/2008

RUSSELL, MICHAEL, C ACCT# [redacted] MR# [redacted] STATUS REG SDC

PLANNED PROCEDURE	ACTUAL PROCEDURE
	IRRIGATION AND DEBRIDEMENT LEFT LOWER LEG

ALLERGIES	ANESTHESIA TYPE	REVERSAL GIVEN
N	GENERAL	NONE

MEDICATIONS GIVEN IN OR

TIME	DOSE	DRUG	ROUTE
	NA	NA	NA

PATIENT IN PACU	PATIENT TO STEPDOWN	PATIENT TO FLOOR	PATIENT DISCHARGED	UNPLANNED RETURN TO OR	UNPLANNED ADMISSION
04:56			06:10	NA	NA

OPERATIVE REPORT RECEIVED FROM RN THOMAS, CANDICE R CRNA

STAFF	IN	OUT
CORLEY, STEPHANIE R	04:56	06:10

ASSESSMENTS

AIRWAY

TIME	AIRWAY	RESPIRATION	BREATH	LOCATION	REMOVE
04:56	ORAL AIRWAY	SPONTANEOUS	COARSE	BILATERALLY	05:20
05:20	NONE	SPONTANEOUS	COARSE	BILATERALLY	

BLADDER

TIME	ASSESSMENT
04:56	FLAT

EPIDURAL N/A LEVEL N/A

TIME	MEDICATION	RATE	TIME	EPI/SPINAL LEVEL
	NA	NA		

DRAINS / FOLEY

DRAINS	SITE	OR DRAIN SIZE
NA	NA	NA

PACU DRAINS	DRAINAGE DESCRIPTION	DRAIN SUCTION
NA	NONE	NOT APPLICABLE

FOLEY	FOLEY SIZE
NA	NA

DRESSINGS AND PACKING

MR_Lex Med Ctr_0102

ROA 1010

PACU RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169 PROCEDURE DATE 06/19/2008

RUSSELL, MICHAEL, C ACCT # [redacted] MR# [redacted] STATUS REG SDC

OR DRESSING	DRESSING SITE
XEROFORM	LEG LEFT
4X4 SPONGES	
ABDOMINAL (ABD)	
SOFT ROLL	
SPLINT	
ACE WRAP	

PACU PACKING	PACKING LOCATION	PACKING DC'D
NA	NA	N/A

OTHER INTERVENTIONS

TIME	WARM BLANKETS	SIDE RAILS UP	WHEELS LOCKED	TED HOSE	PNEUMATIC DEVICE	HOB POSITION
04:56	Y	Y	Y	NA	N	ELEVATED

THERMAL DEVICES N/A

TIME ON	SETTING	TIME OFF	SKIN CONDITION

VITAL SIGNS

TIME	TEMP	TEMP ROUTE	BP	BP ART	PULSE	SCORE	PAIN SCALE USED
04:56	097.0	ORAL	117/64		107		FLACC Scale
05:00		NA	097/65		107		FLACC Scale
05:15		NA	109/72		102		NUMERIC PAIN INTENSITY SCALE
05:30		NA	137/96		108		NUMERIC PAIN INTENSITY SCALE
05:45		NA	145/98		109		NUMERIC PAIN INTENSITY SCALE
06:00	099.7	ORAL	134/89		111		FLACC Scale

RESPIRATORY

TIME	SPONTANEOUS RESPIRATIONS	VENTILATOR RATE	RHYTHM	Sp02	Fi02/LPM
04:56	16	NA	ST	99	OXYGEN VIA SIMPLE MASK 10L/M
05:00	16	NA	ST	99	OXYGEN VIA SIMPLE MASK 10L/M
05:15	15	NA	ST	96	OXYGEN VIA NASAL CANNULA 4L/M
05:30	16	NA	ST	96	OXYGEN VIA NASAL CANNULA 4L/M
05:45	15	NA	ST	97	OXYGEN VIA NASAL CANNULA 4L/M
06:00	12	NA	ST	97	OXYGEN VIA NASAL CANNULA 4L/M

MECHANICAL VENTILATION/WEANING N/A

TIME	TV	VENTILATOR RATE	Fi02	PEEP	PS	ET LOCATION	ET SIZE

PACU RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169 PROCEDURE DATE 06/19/2008

RUSSELL, MICHAEL, C ACCT # [redacted] MR# [redacted] STATUS REG SDC

PAIN ASSESSMENT

TIME	PAIN	LOCATION	QUALITY	SCORE	SCALE USED
04:56	NA	NA	NA	0	FLACC Scale
05:00	N	NA	NA	0	FLACC Scale
05:15	Y	LEG LEFT	NA	6	NUMERIC PAIN INTENSITY SCALE
05:30	Y	LEG LEFT	NA	6	NUMERIC PAIN INTENSITY SCALE
05:45	Y	LEG LEFT	NA	6	NUMERIC PAIN INTENSITY SCALE
06:00	N	NA	NA	0	FLACC Scale

MISCELLANEOUS

TIME	DRESSING/SITE CONDITION	CDB	FAMILY UPDATED	FAMILY AT BEDSIDE
04:56	C/D/I	N	YES	N
05:30	SAME	Y	NA	N
06:00	SAME	Y	NA	N

PULMONARY PRESSURE

PAP N/A PWP N/A CVP N/A CARDIAC OUTPUT N/A

TIME	READING	TIME	READING	TIME	READING	TIME	READING
	NA		NA		NA		NA

ART LINE N/A

TIME	FLUID	SITE	SKIN COLOR	PULSE	CAP REFILL
	NA	NA	NA	NA	NA

LAB VALUES N/A

TIME	PH	PAC02	HC03	PA02	SA02
		NA	NA	NA	NA

POST-OP LAB RESULTS

EXTREMITY ASSESSMENT Y

TIME	EXTREMITY	EXTREMITY TEMP	MOVEMENT	COLOR
04:56	TOES LEFT FOOT	COOL	NOT APPLICABLE	NORMAL
05:00	TOES LEFT FOOT	COOL	NOT APPLICABLE	NORMAL
05:30	TOES LEFT FOOT	COOL	MOVES ALL EXTREMITIES	NORMAL
06:00	TOES LEFT FOOT	COOL	MOVES ALL EXTREMITIES	NORMAL

TIME	EXTREMITY POSITION	BRUIT	THRILL	CAP REFILL
04:56	ELEVATED	NA	NA	2
05:00	ELEVATED	NA	NA	2
05:30	ELEVATED	NA	NA	2
06:00	ELEVATED	NA	NA	2

PULSES N/

TIME	DPL	DPR	PTL	PT	FEML	FEMR
	NA	NA	NA	NA	NA	NA

TIME	RADL	RADR	BRACHL	BRACHR
	NA	NA	NA	NA

PACU RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169 PROCEDURE DATE 06/19/2008

RUSSELL, MICHAEL, C ACCT # [redacted] MR# [redacted] STATUS REG SDC

TEMPORAL PULSES N/A

TIME	LEFT TEMPORAL PULSE	RIGHT TEMPORAL PULSE
	NA	NA

PUPIL SIZE N/A PUPIL REACTION N/A FACIAL/NERVE CHECK N/A

TIME	LEFT EYE	RIGHT EYE	TIME	LEFT EYE	RIGHT EYE	TIME	SMILE	TONGUE	TRACH

NEURO MOTOR CHECKS N/A

TIME	LOC	HANGR LT	HANGR RT	DORFL LT	DORFL RT	PLANFLEX LT	PLANFLEX RT

EXTREMITY PAIN/NUMBNESS

TIME	LOCATION	SENSATION

FLUID MANAGEMENT

TIME	TYPE		ADDITIVES	RATE/ HOUR	DEVICE
04:56	LACTATED RINGERS		NONE	TITRATE	18 GAUGE
TIME	**SITE**	**SITE ASSESSED**	**OR VOL**	**PACU VOL**	**PHASE II VOL**
04:56	RIGHT ANTECUBITAL	Y	900	300	0

INTAKE

DEPARTMENT	TYPE	AMOUNT
OR	INTRAVENOUS	2100
PACU	INTRAVENOUS	300

TOTAL INTAKE 2400

OUTPUT

AREA	TYPE	AMOUNT
OR	ESTIMATED BLOOD LOSS	15
OR	URINE	0
PACU	URINE	0

TOTAL OUTPUT 15

TIME IV DISCONTINUED

TITRATED MEDICATIONS N/A

TITRATED TIME	MEDICATION	TITRATED MEDICATION RATE	TITRATION DOSE

CONTINUOUS BLADDER IRRIGATION

TIME	IRRIGATION SOLUTION	OR VOLUME	TOTAL VOLUME OUT	TOTAL IRRIGATION IN

DISCHARGE CRITERIA

MEAN BP	TIME	TOTAL
93	04:56	4/10
	05:30	9/10
	06:00	9/10

PACU RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169 PROCEDURE DATE 06/19/2008

RUSSELL, MICHAEL, C ACCT# [redacted] MR# [redacted] STATUS REG SDC

TIME		
04:56	O2	1-NEEDS O2 INHALATION TO MAINTAIN SpO2 >/= 90%
	CIRC	2-BP +/- 20 POINTS OF MEAN PREANESTHETIC LEVEL
	RESP	1-DYSPNEA OR LIMITED BREATHING
	CONSC	0-AWAKENS ONLY WITH VIGOROUS STIMULATION
	ACT	0-MOVES 0 EXTREMITIES VOLUNTARILY ON COMMAND
05:30	O2	1-NEEDS O2 INHALATION TO MAINTAIN SpO2 >/= 90%
	CIRC	2-BP +/- 20 POINTS OF MEAN PREANESTHETIC LEVEL
	RESP	2-ABLE TO DEEP BREATHE & COUGH
	CONSC	2-AWAKE, SELDOM DOZES
	ACT	2-MOVES 4 EXTREMITIES VOLUNTARILY ON COMMAND
06:00	O2	1-NEEDS O2 INHALATION TO MAINTAIN SpO2 >/= 90%
	CIRC	2-BP +/- 20 POINTS OF MEAN PREANESTHETIC LEVEL
	RESP	2-ABLE TO DEEP BREATHE & COUGH
	CONSC	2-AWAKE, SELDOM DOZES
	ACT	2-MOVES 4 EXTREMITIES VOLUNTARILY ON COMMAND
	URINE	NA
	PAIN	NA

DISCHARGE SUMMARY

DR. AT BEDSIDE FOR D/C ORDER Y	DISCHARGED TO HOME	DISCHARGED HOME IN CARE OF	DISCHARGED TO ROOM 595	REPORT GIVEN TO CAROLYN,RN
TRANSPORTED BY S.CORLEY,RN	MODE OF TRANSPORT BED	OUTPATIENT TRANSPORT	VALUABLES RETURNED TO NA	TRANSPORT MONITORS N/A MONITOR TYPES

PACU COMMENTS

CARE PLAN

INTERVENTION	EXPECTED OUTCOME	OUTCOME MET
POST-OP SELF-CARE	COUGH & DEEP BREATHE	Y
POST-OP SELF-CARE	ASK FOR/TAKE PAIN MEDICATION WHEN NEEDED	Y
DISCHARGE MEDS	DESCRIBES NAME, PURPOSE, DOES, SCHEDULE, PRECAUTIONS, SIDE EFFECTS, AND FOOD-MEDICINE INTERACTIONS OF ALL PRESCRIBED MEDICATIONS.	
SIGNS & SYMPTOMS TO REPORT	DESCRIBES SIGNS AND SYMPTOMS THAT NEED TO BE REPORTED TO HEALTH CARE PROVIDER	

PACU RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169 PROCEDURE DATE 06/19/2008

RUSSELL, MICHAEL, C ACCT # [redacted] MR# [redacted] STATUS REG SDC

FOLLOW-UP AFTER DISCHARGE	VERBALIZES WHEN AND WHERE TO REPORT FOR FOLLOW-UP
	VERBALIZES UNDERSTANDING OF DISCHARGE INSTRUCTIONS/IDENTIFIES FOLLOW-UP RESOURCES

ACCESSED BY		LAST EDITED
CRTHO	THOMAS, CANDICE R	6/18/2008 10:56:41PM
crtho	THOMAS, CANDICE R	6/19/2008 1:53:13AM
crtho	THOMAS, CANDICE R	6/19/2008 3:57:36AM
CRTHO	THOMAS, CANDICE R	6/19/2008 4:55:25AM

LEXINGTON MEDICAL CENTER

As soon as the patient receives medications placing him/her in moderate sedation, he/she will be monitored continuously and have documentation every 5 minutes of BP, HR, RR, O_2 Sat & LOC. Post procedure, the patient's physiological status, mental status and pain level are monitored every 15 minutes until discharge criteria are met. (SEE BACK FOR DISCHARGE CRITERIA)

TIME	B/P	HR	RR	O_2Sat	LOC‡	PAIN SCALE	MEDICATION DOSE/ROUTE	NURSING INTERVENTIONS PATIENT RESPONSE
Baseline	163/80	84	16	95%	AOX3	10		IV insertion: Size 16 Site (L) AC
2232		84	18	93%	AOx2	10	Propofol 50 mg IVP	40 Propofol
2233		83		98%				applied Face Tent 5
2235	106/72	76	17	97%	Alert	10	Prop 20mg	Pink extremity ⊕pulse
2240	118/81	83	19	98%	AO		Morphine 4mg	
2245	117/80	77	18	98%	Sleepy			A'd Bag NS
2250		74	16		AO	0/10		To xray
2255						5/10		xray
2300					Alert	5/10		xray
2305								To xray
2310	97/80	82	16	100%	AOX3			Back from xray
2330	113/80	55	16	97%	AOX3			Resting comfortably

Sedation / Anesthesia Plan: ☐ Minimal Sedation ☑ Moderate Sedation

Only for Moderate Sedation do you need to complete the remainder of the form

Sedation/Anesthesia History: ☑ None ☐ Sleep Apnea ☐ Previous problem sedation/anesthesia _____ ☐ Other _____

Airway Eval.: ☑ No Obvious Abnormality ☐ Significant Obesity (especially neck & facial) ☐ Small Oral Opening ☐ Macroglossia ☐ Other _____

Planned Sedation/Anesthesia Agent: (Please Circle) Demerol Versed Fentanyl Valium Morphine Other: Propofol

The patient remains an appropriate candidate to undergo the Planned Procedure: ☑ Yes ☐ No

☑ ASA Class I (Normal/Healthy) ☐ Class II (Mild systemic disease) ☐ Class III (Severe systemic disease)
Other: _____

** Physician discretion to request additional assistance for patients in ASA Class III, IV, and V.

EKG Rhythm: NSR Time: 2235 I.V. Fluid Volume: 500cc

DATE: 6/18/08 RN SIGNATURE: [signature] PHYSICIAN SIGNATURE: [signature]

‡ = Modified Ramsey Scale Level of Consciousness Legend:
- 1 = Patient anxious, agitated or restless
- 2 = Patient cooperative, oriented and tranquil
- 3 = Patient responds to command only
- 4 = Patient responds to gentle shaking
- 5 = Patient responds to noxious stimulus
- 6 = Patient has no response to firm nail bed pressure or other noxiou stimuli

Sedation start time: 2232
Procedure start time: 2232
Procedure end time: 2235
Reversal agent given: _____
Medication/dose/route/reason: _____

Revised: 12/06
7181-580-1

SEDATION FLOWSHEET

Patient Label

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED W M [redacted]

MR_Lex Med Ctr_0108

MR_Lex Med Ctr_0109

Medical Staff Approved Discharge Criteria

ADULT DISCHARGE CRITERIA:

1. If reversal agent given, patient will stay for at least 2 hours after last dose.
2. Patient must be awake and respond appropriately to verbal commands, or at pre-procedure level of consciousness.
3. Monitored vital signs are within 20% of baseline.
4. Oxygen saturation is > 90%.
5. The patient is ambulatory with assistance or moving at pre-procedure capability.
6. An adult is present to accompany the outpatient.
7. Written post-sedation instructions accompany the outpatient.

PEDIATRIC DISCHARGE CRITERIA

1. If reversal agent given, patient will stay at least 2 hours after last dose.
2. Patient must be awake and respond appropriately to verbal commands, or at pre-procedure level of consciousness.
3. Monitored vital signs are within 20% of baseline.
4. Oxygen saturation is > 90% or at baseline.
5. Patient is ambulatory with assistance or moving a pre-procedure capability.
6. Patient is tolerating clear liquids except when ordered otherwise.
7. An adult is present to accompany the outpatient.
8. Written outpatient post-sedation instructions are provided.

MODIFIED ALDRETE CHART	TIME: 2345								
O2 Saturation*	Able to maintain SpO2 ≥ 90% or @ baseline	(2)	2	2	2	2	2	2	2
	Needs O2 inhalation to maintain SpO2 ≥ 90%	1	1	1	1	1	1	1	1
	SpO2 < 90% even with supplemental O2	0	0	0	0	0	0	0	0
Circulatory***	BP +/-20 points of mean pre-anesthetic level	(2)	2	2	2	2	2	2	2
	BP=/21-50 points of mean pre-anesthetic level	1	1	1	1	1	1	1	1
	BP=/-50 points of mean pre-anesthetic level	0	0	0	0	0	0	0	0
Respiratory*	Able to deep breath and cough	(2)	2	2	2	2	2	2	2
	Dyspnea or limited breathing	1	1	1	1	1	1	1	1
	No spontaneous respiratory effort	0	0	0	0	0	0	0	0
Consciousness*	Awake, seldom dozes	(2)	2	2	2	2	2	2	2
	Awakens when gently stimulated	1	1	1	1	1	1	1	1
	Awakens only with vigorous stimulation	0	0	0	0	0	0	0	0
Ambulation*	Stands up and walks straight or same as pre-op	2	2	2	2	2	2	2	2
	Vertigo when erect	1	1	1	1	1	1	1	1
	Dizziness when supine or has not attempted	(0)	0	0	0	0	0	0	0
Pain	Pain free or patient denies need for meds	(2)	2	2	2	2	2	2	2
	Mild pain handled by oral meds	1	1	1	1	1	1	1	1
	Pain requiring IV or parenteral meds	0	0	0	0	0	0	0	0
Fasting/Feeding	Able to drink fluids or denies nausea	(2)	2	2	2	2	2	2	2
	Nauseated	1	1	1	1	1	1	1	1
	Nausea & vomiting	0	0	0	0	0	0	0	0
*Patient must have a 2 in these criteria or same level as pre-op c	Total	10							
***Note: Age-specific criteria for child under age 6									
RN initials		MRL							

NURSING NOTES:

_____

_____

_____

LEXINGTON MEDICAL CENTER

As soon as the patient receives medication placing him/her in moderate sedation, he/she will be monitored continuously and have documentation every 5 minutes of BP, HR, RR, O_2 Sat & LOC. Post procedure, the patient's physiological status, mental status and pain level are monitored every 15 minutes until discharge criteria are met. (SEE BACK FOR DISCHARGE CRITERIA)

TIME	B/P	HR	RR	O_2Sat	LOC‡	PAIN SCALE	MEDICATION DOSE/ROUTE	NURSING INTERVENTIONS PATIENT RESPONSE
Baseline	129/94	96	18	97%	2			IV insertion: Size 20 Site RAC
0105	127/86	94	16	95%	2			(0105) pt talking c staff. comfortable this time
0110	128/91	106	14	93%	2			
0115	125/84	107	14	95%	2			(0115) no complaints
0120	129/85	99	12	94%	2			
0125	128/88	95	14	95%	2			
0125	procedure complete							

Sedation / Anesthesia Plan: ☐ Minimal Sedation ☐ Moderate Sedation

Only for Moderate Sedation do you need to complete the remainder of the form R pain control

Sedation/Anesthesia History: ☒ None ☐ Sleep Apnea ☐ Previous problem sedation/anesthesia _____

☐ Other _____

Airway Eval: ☒ No Obvious Abnormality ☐ Significant Obesity (especially neck & facial)

☐ Small Oral Opening ☐ Macroglossia ☐ Other _____

Planned Sedation/Anesthesia Agent: (Please Circle) Demerol Versed Fentanyl Valium Morphine Other: _____

The patient remains an appropriate candidate to undergo the Planned Procedure: ☒ Yes ☐ No

☐ ASA Class I (Normal/Healthy) ☒ Class II (Mild systemic disease) ☐ Class III (Severe systemic disease)

Other: _____

** Physician discretion to request additional assistance for patients in ASA Class III, IV, and V.

EKG Rhythm: NSR Time: 0100 IV Fluid Volume: _____

DATE:	RN SIGNATURE:	PHYSICIAN SIGNATURE:
6-19-08	Li Page RN	

‡ = Modified Ramsey Scale Level of Consciousness Legend:

- 1 = Patient anxious, agitated or restless
- 2 = Patient cooperative, oriented and tranquil
- 3 = Patient responds to command only
- 4 = Patient responds to gentle shaking
- 5 = Patient responds to noxious stimulus
- 6 = Patient has no response to firm nail bed pressure or other noxiou stimuli

Sedation start time: 0100
Procedure start time: 0100
Procedure end time: 0125
Reversal agent given: _____
Medication/dose/route/reason: _____

Revised: 12/06
7181-580-1

SEDATION FLOWSHEET

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS P, MD
HED22 21 A W M [redacted]



MR_Lex Med Ctr_0110

ROA 1019

MR_Lex Med Ctr_0111

Medical Staff Approved Discharge Criteria

ADULT DISCHARGE CRITERIA

1. If reversal agent given, patient will stay for at least 2 hours after last dose.
2. Patient must be awake and respond appropriately to verbal commands, or at pre-procedure level of consciousness.
3. Monitored vital signs are within 20% of baseline.
4. Oxygen saturation is > 90%.
5. The patient is ambulatory with assistance or moving at pre-procedure capability.
6. An adult is present to accompany the outpatient.
7. Written post-sedation instructions accompany the outpatient.

PEDIATRIC DISCHARGE CRITERIA

1. If reversal agent given, patient will stay at least 2 hours after last dose.
2. Patient must be awake and respond appropriately to verbal commands, or at pre-procedure level of consciousness.
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4. Oxygen saturation is > 90% or at baseline.
5. Patient is ambulatory with assistance or moving a pre-procedure capability.
6. Patient is tolerating clear liquids except when ordered otherwise.
7. An adult is present to accompany the outpatient.
8. Written outpatient post-sedation instructions are provided.

MODIFIED ALDRETE CHART	TIME:								
O2 Saturation*	Able to maintain SpO2 ≥ 90% or @ baseline.	2	2	2	2	2	2	2	2
	Needs O2 inhalation to maintain SpO2 ≥ 90%	1	1	1	1	1	1	1	1
	SpO2 < 90% even with supplemental O2	0	0	0	0	0	0	0	0
Circulatory***	BP +/-20 points of mean pre-anesthetic level	2	2	2	2	2	2	2	2
	BP=/21-50 points of mean pre-anesthetic level	1	1	1	1	1	1	1	1
	BP=/-50 points of mean pre-anesthetic level	0	0	0	0	0	0	0	0
Respiratory*	Able to deep breath and cough	2	2	2	2	2	2	2	2
	Dyspnea or limited breathing	1	1	1	1	1	1	1	1
	No spontaneous respiratory effort	0	0	0	0	0	0	0	0
Consciousness*	Awake, seldom dozes	2	2	2	2	2	2	2	2
	Awakens when gently stimulated	1	1	1	1	1	1	1	1
	Awakens only with vigorous stimulation	0	0	0	0	0	0	0	0
Ambulation*	Stands up and walks straight or same as pre-op	2	2	2	2	2	2	2	2
	Vertigo when erect	1	1	1	1	1	1	1	1
	Dizziness when supine or has not attempted	0	0	0	0	0	0	0	0
Pain	Pain free or patient denies need for meds	2	2	2	2	2	2	2	2
	Mild pain handled by oral meds.	1	1	1	1	1	1	1	1
	Pain requiring IV or parenteral meds	0	0	0	0	0	0	0	0
Fasting/Feeding	Able to drink fluids or denies nausea	2	2	2	2	2	2	2	2
	Nauseated	1	1	1	1	1	1	1	1
	Nausea & vomiting	0	0	0	0	0	0	0	0
*Patient must have a 2 in these criteria or same level as pre-op c	Total								
***Note: Age-specific criteria for child under age 6									
RN initials									

NURSING NOTES:

_____

_____

_____

Lexington Medical Center Triage

Category: 2 Unst[illegible] ID: [redacted]

Arrival Date/Time	Triage Time	Waiting Rm Time	Exam Rm Time
6/18/2008 22:07	22:09		22:09

PCP Staff Status: Not on Staff
Family Physician: NAGEL,TERRY L DO
Transported by: Ambulance
Mode: Stretcher
Historian: Self
Police Dept: Custody / Notification / Beat #

Chief Complaint: ankle pain
Onset Time:
Location:

Associated Symptoms/Pertinent History:
pt with motorcycle accident, no helmet. Pt with open fx to Lt lower extremity. Unable to palpate pedal pulse.

Past Medical History Additional:

- [x] No Significant PMHx
- [ ] Asthma [ ] COPD [ ] CAD [ ] Cancer [ ] CHF [ ] CVA
- [ ] DM [ ] HTN [ ] Psych [ ] Renal [ ] Seizures

Medications
- [ ] No Meds [ ] Unknown

Zantac

Allergies
NKDA

Immunizations UTD? Not UTD
TB Hx, PPD Pos or Infectious Exposures? No
**If yes to TB or Infectious question take precautions*

Mental Status / Psychological Eval
Alert Oriented

Glascow Coma Scale

Eye	Spontaneous
Verbal	Oriented
Motor	Obeys
Total	15

OB/Gyn
LNMP

G	P	Ab	Miscarriages
0	0	0	0

Lung Sounds

	R	L
Clear	[ ]	[ ]
Diminished	[ ]	[ ]
Wheezes	[ ]	[ ]
Rales	[ ]	[ ]
Rhonchi	[ ]	[ ]
Retractions	[ ]	[ ]

Eyes

	R	L
Equal	[ ]	[ ]
Reactive	[ ]	[ ]
Fixed	[ ]	[ ]
Constricted	[ ]	[ ]
Dilated	[ ]	[ ]
Cataract	[ ]	[ ]

Skin

Color	Normal
Temp	Normal
Moist	Normal

Extremities
Pulses
Pulse Absent
ROM

Vitals

Temp Oral	97.1
Temp Rectal	
Temp Tympanic	
Pulse Right	
Pulse Left	82
Respirations	18
Blood Pressure Right	
Blood Pressure Left	120/82
Pulse Ox	
Weight (Kg)	85 Kg
Height	
Head Circumference	
Pain Scale	Moderate 5 - 6

Patient Name: RUSSELL,MICHAEL
Medical Record Number: [redacted]
Account Number: [redacted]
DOB: [redacted]
Age: 36 Years
Gender: Male

Nutrition

Fall Risk Assessment
Altered Mobility

Plan
2:21 Time 22:09
Triage Nurse: Turner, Shannon M (SMT)
Triage II: SMT
Triage III: MIC

Domestic Violence Assessment
Are you being hurt by someone you live with or who takes care of you?
Yes/No No
* Mandatory completion of Domestic Violence Referral.

Functional D/C Planning

Daily Living	Independent
Living Conditions	Family
Going Home with	Family

Assessing Patient's, Child's or Parent's readiness to learn

Primary Language	English
Assessed Disability	No Disability
Communication Barrier	[ ]
Language Translator	[ ]
Motivation Level	High
Knowledge Level	High
Comprehension Ability	High

- [ ] LWBS
- [ ] LW Completed Tx/ Eloped
- [ ] AMA
- [ ] AMA Refused
- [x] Patient Rights and Responsibilities and Guide to Pain Management given to Patient, Family, and/or Caretaker

MR_Lex Med Ctr_0112

Patient Name RUSSELL, MICHAEL
Account Number [redacted]
Medical Record No. [redacted]
Date 6/1[redacted]08
ID [redacted]

Lexington Medical Center

Emergency Department Record

History of Present Illness

TH

35 Year Old Male Patient Presents with leg pain left lower for 1 hour(s). The Onset is MVA (car vs motorcycle/moped) (S/P). The symptoms are Severe. Additional Symptoms or Pertinent History also involve OPEN TIB/FIB LEFT LOWER LEG AND ALSO C/O LEFT BUTTOCKS PAIN.; SLID INTO CAR LIKE SLIDING INTO A BASE .. Furthermore, the Patient/Family Denies other trauma.

Review of Systems
(Symptoms and Signs not covered in the HPI)

GU Neg	Neuro	ENT Neg	Resp Neg	Musculoskeletal	Hematologic/Lymphatic Neg
Skin	Psych Neg	Heart Neg	GI Neg	Endocrine Neg	Allergic/Immunologic Neg
☐ All other ROS negative				Constitutional Sxs Neg	Eyes

☑ Vital Signs/Triage/Nursing Notes Reviewed and Agree ☐ Hx unobtainable due to Tx urgency or poor historian(s) ☑ Additional Information from Police, Ambulance, Nursing Home or Relatives ☐ Old Medical Records Reviewed

Past Medical History ☑ No Relevant PMHx ☐ Asthma ☐ COPD ☐ CAD ☐ Cancer ☐ CHF ☐ CVA

Other PMHx ☐ Diabetes ☐ HTN ☐ Psychiatric ☐ Renal ☐ Seizures

Social History ☐ No Relevant SoHx ☑ ETOH ☐ Drugs ☑ Smoking Additional Sx

Family History

Physical Exam

Exam Time 22:17 TH

General Appearance	WD WN A&OIN PAINFUL DISTRESS
HEENT	NC/AT, PERRL, EOMI, MMM, Neck supple
Chest	RRR s MRG Lungs CTA s tachypnea Chest wall NT
Abdomen	Abd wall s hernias/abn findings NI BS s bruits Soft, NT s HSM/mass
GU	PELVIS Stable to Rock
Extremities	Leg L Distal 1/3 Deformity-Severe DP 0 Decreased AROM (Severe) Tender - Severe
Neuro	
Skin	CLAMMY W & D
Back	NT,
Neck	NT, FROM, Thyroid benign, No JVD, No abnormalities noted
Lymphatics	

Repeat or Additional Clinical Notes

MD	Notes	Time
TH	FRACTURE REDUCED EMERGENTLY DUE TO NO PULSE AND DUSKY FOOT. REDUCTION MAINTAINED IN HARE TRACTION SPLINT. FOOT PINKED UP BUT STILL NO PULSE AT DP. ARTERIOGRAM ORDERED AND DR UDSON NOTIFIED. DR LEE CONSULTED FOR DEFINITIVE CARE.	6/18/2008 10:58:00 PM
TH	DR LEE HAD CONCERNS ABOUT REPAIRING THE ACETABULAR FRACTURE AND REQUESTED CONSULTATION WITH PRMH AND DR MALOWAY THERE SAID WE SHOULD FIX THE TIB FIB AT LMC TONIGHT AND THEN DISCUSS A TRANSFER WITH THE TRAUMA ORTHOPEDIC SERVICE AT A LATER DATE.	6/19/2008 12:30:00 AM
TH	LEFT FOOT DANGLING AND 10CM LACERATION OVER DISTAL ANT LAT TIB. NO BONE PROTRUDING THROUGH LACERATION. LEG IS SHORTENED SEVERAL INCHES	6/19/2008 12:36:00 AM

Patient Name RUSSELL, MICHAEL [redacted] Medical Re[redacted] No. [redacted]

Account Number [redacted] Date 6/1[redacted]08

TH ABD REMANS SOFT AND NONTENDER AND NECK IS NONTENDER TO PALP AND ROM 6/18/2008 12:48:00 AM

TH ARTERIOGRAM LEFT LEG WAS OKAY, SOME VASOSPASM AT FRACTURE SITE BUT VESSELS WERE NOT DISRUPTED. DR LEE INFORMED 6/18/2008 1:33:00 AM

Diagnostics

Specimen Collected / ECG .Rad Ordered

MD Initials	Date/Time	Diagnostic Ordered	Result Interpretation	Result Reviewed By	RN Initials	Time
TH	6/18/2008 22:18	Tib-Fib L X-Ray	Fracture	TH	MIC	22:21
TH	22:18	Continuous Pulse Ox	Negative	TH	KDH	23:04
TH	22:18	Cardiac Monitor	Negative	TH	KDH	22:30
TH	22:47	Chest CxR PA Inspiration	No Acute Changes	TH	KDH	23:04
TH	22:47	Pelvis X-Ray	Acetabular Fx	TH	KDH	23:04
TH	22:47	Femur L X-Ray	ACETABULAR FR	TH	KDH	23:04
TH	22:48	CBC	WBC-14.7,HGB-13.6,HCT-39.3,PLT-266,NEUT-75,LYMP-18,EOS-1,MONO-6,BA-0,RBC-4.31,MCHC-35.0,MCV-91.2,RDW-13.0,ABA-0.00,AEOS-0.20,ALYMP-2.70,AMONO-0.90,ANEUT-10.90,	TH	MIC	23:4
TH	22:48	PT/PTT	PT-12.1,PTINR-0.9,PTT-20.7,	TH	MIC	23:41
TH	22:48	Chem 20/CMP	NA-142,K-4.6,CL-110,CO2-17,BUN-12,CREA-0.93,GLU-113,CA-8.0,AST-101,ALT-63,TP-6.9,ALKP-118,TBIL-0.5,DBIL-0.3,ALB-3.9,GGT-195,GFR->60,AGAP-15.	TH	MIC	23:41
TH	22:48	ETOH	ETOH-0.232,	TH	MIC	23:41
TH	22:48	EKG	No Acute Changes	TH	MIC	23:41
TH	22:58	Tib-Fib L X-Ray	GOOD REDUCTION	TH	MIC	23:11
TH	6/19/2008 0:12	CT Hip L	DR LEE TO REVIEW	TH	MIC	2:11
TH	0:16	C-Spine Three Views	No Acute Changes	TH	MIC	0:26
TH	0:16	L-Spine X-Ray	No Acute Changes	TH	MIC	0:26
TH	0:40	Type and Screen	Pending	TH	MIC	0:57

Medical Orders

MD Initials	Date/Time	Order	RN Initials	Time	Location-Response-Quantity	RN Remarks
SH	6/18/2008 2:44	MORPHINE 4MG IV	MIC	2:44	RBVO DR HALL	
TH	22:18	0.9NS 500ml Bolus	MIC	23:30	Finish Time - 00:36~	
TH	22:18	Ancef 1 gram IVPB	MIC	23:40	Finish Time - 00:36~	
TH	22:20	MOD	MIC	22:32		
TH	22:20	dT 0.5 ml IM	MIC	23:46	LOT #A002C EXP 01/07/2010, RT DELTOID	
TH	22:21	Propofol 40mg IV Dose @ Bedside (With Sedating MD @ Bedside)	KDH	23:04	Finish Time - ~	
TH	22:23	CONSSENT FOR ORIF AND IRRIGATION AND DEBRIDEMENT LEFT TIBIA FRACTURE	MIC	23:11		

Patient Name: RUSSELL, MICHAEL [redacted] Medical Record No: [redacted]

Account Number: [redacted] Date: 6/19/2008

TH		23:54	ARTERIOGRAM LEFT LEG	MIC	0:35	
TH	6/19/2008	0:27	MORPHINE 4-8MG IVP, INCREMENTS OF 4MG IVP	MIC	0:27	MORPHINE 4MG IVP @0034
TH		1:38	D5.45NS @ 150ml/hr	MIC	2:29	Finish Time - 02:52-STILL INFUSING ON WAY TO OR

MD Procedures

Procedure Description

Time 0:43 MD TH

Critical Care Time 31-74 minutes — 99291 CPT

Time 0:45 MD TH

Critical Care Time 75-104 minutes — 99292 CPT

Time 0:45 MD TH

Tibia (L) Fracture (Shaft) Closed Reduction & Immobilization Long Leg NV Intact INLINE TRACTION AND STABILIZED WITH HARE TX SPLINT.

Time 0:47 MD TH

IV Infusion (3 hr) for Therapy, Prophylaxis or Diagnosis, Therapy and Monitoring — 90760, 90766,90766 CPT

Time 0:47 MD TH

ECG Intrepretation 12 Lead — 93010 CPT

Time 0:47 MD TH

Rhythm Strip Interpretation — 93042 CPT

Time 0:47 MD TH

Pulse Ox Interpretation — 94760-26 CPT

Time 1:11 MD MN

Conscious Sedation IV (Mod.) First 30 Min. Age >5 Yrs Another MD Performing Procedure, EM MD Sedation Monitor c Ni Pox & Cardiac Monitor, Post Exam WNL Nowell -sedation

Time 2:19 MD TH

Continuous Pulse Ox — 94762-26 CPT

Time 2:19 MD TH

Cardiac Monitor

Recommended LOS/CPT/ICD-9 Codes

Physician's LOS =	5	99285-25
Nurse's LOS =	5	612 APC

Diagnoses

leg pain	729.5 ICD-9
OPEN FRACTURE LEFT LOWER LEG	
Tibia-Fibula Fracture	823.82 ICD-9
Acetabular Fracture	808.1 ICD-9
ETOH Intoxication	305.00 ICD-9

Notifications

MD Notified	Time Notified	MD Init
lee,david Discussed Relevant Hx, Exam, Diagnostic Evaluation & Disposition-Agrees c Plan.	23:54	TH
MALOWAY, ORTHO PRMH Discussed Relevant Hx, Exam, Diagnostic Evaluation & Disposition-Agrees c Plan.	0:30	TH
lee,david Discussed Relevant Hx, Exam, Diagnostic Evaluation & Disposition-Agrees c Plan.	1:38	TH

RN Notifications

MD Notified	Page Time	Num Pages	ResponseTime
lee,david	22:47	1	2257
lee,david	1:38	1	

MR_Lex Med Ctr_0115

Patient Name RUSSELL, MICHAEL

Account Number [redacted]

Medical Re[illegible] No. [redacted]

Date 6/1[illegible]08

	MD	MD Time		RN	RN Date/ Time	Admit to
Disposition	TH	0:40	Admit Operating Room	MIC	6/19/2008	lee,david 2:50
Condition	TH	0:40	Fair			

Physician (Print) Hall, Thomas MD (TH)

Physician Signature

Other Physicians

Hall, Thomas MD (TH)~Nowell, Mac MD (MN)~Hayes, Steven MD (SH)~

Primary RN (Print) Cohen, Michael A., RN (MIC)

Other Nurses or ED Staff

Turner, Shannon M (SMT)~Mahan,Doug (RAD)~HALL, ANGELA (EDT)~Behr, Sharymarie~Hardison, Margaret L. (MLH)~McClinton, Margaret Elizabeth (MEM)~Creech, Kimberly A. (KAC)~Frick, Kimberly Hodge RN (KHF)~Hannon, Ashley N (ANH)~Rogers, Tracie Herron (THR)~Hamrick, Karen EDT (KSH)~Propp, William~

This chart has been electronically signed via the EmpowER software.

LEXINGTON MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

TRANSFER SUMMARY

PATIENT: RUSSELL, MICHAEL C	**LOCATION:** HNT5P1
ADM. #: [redacted]	**M.R. #:** [redacted]
ADMITTED: 06/19/2008	**D:** 06/19/2008 1:33 PM
DISCHARGED:	**T:** 06/19/2008 1:34 PM / cwa
PHYSICIAN: DAVID K LEE, MD	**DATE OF BIRTH:** [redacted]

DISCHARGE DIAGNOSIS(ES)
1. Left acetabulum fracture.
2. Open left tibia/fibula fracture.

PROCEDURE(S) PERFORMED DURING THIS ADMISSION: Irrigation and debridement and application of a splint with closed reduction of the left tib-fib fracture. This was done on 06/19/2008.

HOSPITAL COURSE: On the day of admission the patient was initially evaluated in the Emergency Department. He was taken emergently to the operating room for an I&D of his left leg. Given his initial pulselessness, arteriogram was ordered and obtained which confirmed complete patency of the lower extremity vessels. Once this was confirmed, the patient was taken to the operating room for an I&D of his left leg. He tolerated the procedure well. Upon further workup and discussion with the family, we had discussed treatment options of his acetabulum fracture. He agreed that treatment via an orthopedic traumatologist would be more appropriate. I contacted Dr. Tucker as well as Dr. Iaquinto at Palmetto Health Richland and they will accept the patient in transfer.

DISPOSITION: The patient is transferred to Palmetto Health Richland in stable condition under the care of Dr. Iaquinto. He will require ambulance transport given the potential instability of his left tib-fib as well as his left acetabulum. If there are any further questions, please do not hesitate to contact me.

TRANSFER DIET: Regular.

ACTIVITY ON DISCHARGE: Continued strict nonweight-bearing on the left lower extremity.

TRANSFER MEDICATIONS
1. Ancef 1 gm IV every 8 hours.
2. Vicodin 1 – 2 tablets p.o. every 4 hours p.r.n. pain.
3. Morphine 2 – 4 mg IV every 4 hours p.r.n. breakthrough pain.

DAVID K LEE, MD

cc:

Patient Name RUSSELL, MICHAEL
Account Number [redacted]

Medical Record [redacted]
Date 6/18/2008

Lexington Medical Center

Emergency Department Nursing Notes and Vital Signs

TimeEntered: 6/18/2008 2:45 Vitals Taken By: MIC

Temperature	Pulse		Blood Pressure	Respirations	Pulse Ox	Pain Scale
O **	Right		R	18	96%	No Pain @ this time
T	Left	85	L 114/82			
R						

MR_Lex Med Ctr_0118

Patient Name RUSSELL, MICHAEL
Account Number [redacted]
Medical Record [redacted]
DOB 6/18/2008

Lexington Medical Center

Emergency Department Nursing Notes and Vital Signs

Nursing Notes

Time Note Entered		RN Initial	Note
6/18/2008	22:21	MIC	PT INVOLVED IN MVC, LEFT LOWER TIB/FIB OPEN FRACTURE, PAIN, +MS, NO PALPABLE PULSE, PT DENIES LOC;Gen App-Awake A&Ox3;Chest-RRR No M;Lungs CTA No Ret;Chest Wall NT;ABD-Tenderness-None,No Pulsating Masses,BS-NL/No Bruits;Extr-Appearance Normal,Throughout all,Tenderness-None,CBR < 3sec,Active ROM-Full,extremities;Extr-Bruised-Multiple;Extr-Deformity-Severe, PULSE ABSENT ON THE LEFT, PULSE AND CR <2 ON RIGHT;ROAD RASH TO LEFT FOREARM AND ELBOW, +CMS, PT ON CONTINUOUS PULSE OX, CARDIAC MONITOR
6/18/2008	22:25	MIC	PT TO X-RAY VIA STRETCHER
6/18/2008	22:32	MIC	PT SEDATED FOR REDUCTION AND APPLICATION OF HARE TRACTION SPLINT
6/18/2008	22:50	MIC	PT TO X-RAY VIA STRETCHER, MONITOR AND RN
6/18/2008	23:30	MIC	IV Forearm R 18 Gauge Angio Cath. LABS DRAWN AND SENT, LAB DRAW FOR SAMPLE TO BLOOD BANK.
6/18/2008	23:38	MIC	LABS DRAWN AND SENT, IV 18 GAUGE PER EMS LEFT ANTECUBITAL, 1000 CC BOLUS LEFT AC
6/18/2008	23:40	MIC	DRESSING APPLIED WITH BETADINE TO LEFT TIB/FIB OPEN WOUND, PT CONTINUES TO HAVE +SENSATION AND MOTOR
6/18/2008	23:46	MIC	PT MEDICATED WITH ANCEF 1 GM IV;PT MEDICATED WITH TD 0.5ML R DELTOID
6/18/2008	23:57	MIC	POLICE AT BEDSIDE
6/19/2008	0:09	MIC	PT RESTING COMFORTABLY AWAITING ARTERIOGRAM
6/19/2008	0:21	MIC	PT HAS +CMS LEFT FOOT, PT CONTINUES TO HAVE BLEEDING FROM LEFT LEG WOUND
6/19/2008	0:36	MIC	PT TO ARTERIOGRAM VIA STRETCHER, PT MEDICATED WITH MORPHINE 4MG IVP FOR PAIN PRIOR TO BEING TRANSPORTED TO ARTERIOGRAM
6/19/2008	1:51	MIC	PT BACK FROM ARTERIOGRAM, PT TO X-RAY VIA STRETCHER
6/19/2008	1:51	MIC	PT'S RIGHT GROIN WOUND, NO HEMATOMA NOTED, BLEEDING CONTROLLED, NO PAIN AT SITE
6/19/2008	2:05	MIC	RIGHT GROING DRESSING INTACT, NO HEMATOMA NOTED, BLEEDING CONTROLLED, NO PAIN AT SITE
6/19/2008	2:20	MIC	RIGHT GROING NO CHANGE FROM PREVIOUS REPORT
6/19/2008	2:30	MIC	PT UNABLE TO GET CT SCAN D/T HARE TRACTION SPLINT, DR. HALL AWARE
6/19/2008	2:35	MIC	NO CHANGE IN RIGHT GROIN DRESSING, NO HEMATOMA NOTED, BLEEDING CONTROLLED
6/19/2008	2:48	MIC	DR. LEE AWARE OF UNABLE TO DO CT OF HIP
6/19/2008	2:50	MIC	PT HAS +CMS IN LEFT FOOT
6/19/2008	2:51	MIC	PT TO BE TRANSPORTED TO OR VIA STRETCHER

Patient Name RUSSELL, MICHAEL

Account Number [redacted]

Medical Recor[redacted]

Da[redacted] 6/18/2008

Lexington Medical Center

Emergency Department Nursing Notes and Vital Signs

Primary Nurse Diagnosis	Primary Nurse Outcome	Achieved
Skin Integrity, Impaired R/T TIB FIB OPEN FRACTURE	Wound Healing is Promoted	No

Primary RN (Print) Cohen, Michael A., RN (MIC)

Patient Name RUSSELL, MICHAEL

Account Number [redacted]

Medical Record [redacted]

6/18 [redacted]8

Emergency Department Pharmacy and Supply Charges

Interventions

Intervention Name	Comments	Charge Code
0.9NS 500ml Bolus	Finish Time - 00:36~	
Ancef 1 gram IVPB	Finish Time - 00:36~	
MOD		
dT 0.5 ml IM	LOT #A002C EXP 01/07/2010, RT DELTOID	
Propofol 40mg IV Dose @ Bedside (Wi	Finish Time - ~	
CONSSENT FOR ORIF AND IRRIGAT		
ARTERIOGRAM LEFT LEG		
MORPHINE 4-8MG IVP, INCREMENT	MORPHINE 4MG IVP @0034	
D5.45NS @ 150ml/hr	Finish Time - 02:52~STILL INFUSING ON WAY TO OR	
MORPHINE 4MG IV	RBVO DR. HALL	

Diagnostics

Diagnostic Ordered	Charge Code
Continuous Pulse Ox	0
Cardiac Monitor	0
CBC	0
PT/PTT	0
ETOH	0
EKG	0

Nurse LOS 5 612 APC **Charge Code** 0

Patient Nam: RUSSELL, MICHAEL
Account Number: [redacted]
Medical Record N: [redacted]
Dat: /16/2008

Lexington Medical Center

Emergency Department Record

Hospital Admisson Orders

	MD	MD Time		RN	RN Time	Admit To
Disposition	TH	0:40	Admit Operating Room	MIC	2:50	lee,david
Condition	TH	0:40	Fair			

Physician (Print): Hall, Thomas, MD (TH)

Physician Signature:

Primary RN (Print): Cohen, Michael A., RN (MIC)

MR_Lex Med Ctr_0122

Lexington Medical Center

Medication Reconciliation

Patient Name RUSSELL, MICHAEL

Medical Record No. [redacted]

Account Number [redacted]

Date of ED Visit 6/18/2008

Allergies

NKDA

Home Medications

	Physician Order Continue Medication?
Zantac	YES NO

Medications Administered in the Emergency Department

Ancef 1 gram IVPB	YES NO
dT 0.5 ml IM	YES NO
Propofol 40mg IV Dose @ Bedside (With Sedating MD @ Bedside)	YES NO
MORPHINE 4-8MG IVP, INCREMENTS OF 4MG IVP	YES NO
MORPHINE 4MG IV	YES NO

Medication Prescription provided on Discharge

MR_Lex Med Ctr_0123

Lexington Medical Center

Medication Reconciliation

Patient Name RUSSELL, MICHAEL

Medical Record No. [redacted]

Account Number [redacted]

Date of ED Visit 6/18/2008

Allergies

NKDA

Home Medications

	Physician Order Continue Medication?
Zantac	YES NO

Medications Administered in the Emergency Department

Ancef 1 gram IVPB	YES NO
dT 0.5 ml IM	YES NO
Propofol 40mg IV Dose @ Bedside (With Sedating MD @ Bedside)	YES NO
MORPHINE 4-8MG IVP, INCREMENTS OF 4MG IVP	YES NO
MORPHINE 4MG IV	YES NO

Medication Prescription provided on Discharge

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

PSYCHOSOCIAL

CURRENT LIVING
AGE-SPECIFIC: A
What kind of work do you do? construction co. owner
Current Living Arrangements:
☐ Nursing home or other facility (MSS referral)
Name of facility: _____
Who do you live with? wife
Who will you depend on for care at home? ☐ Self ☐ Other: wife
Will you or caregiver be able to manage care at home independently?
☒ Yes ☐ No (MSS referral)
Does anyone depend on you for care at home? ☒ No ☐ Yes: _____

AGE-SPECIFIC: AGE 17 AND UNDER School grade: _____
Current Living Arrangements:
☐ *Lives with both parents* ☐ *Lives with one parent:* _____
☐ *Joint Custody* ☐ *DSS (MSS referral)*
☐ *Child Protective Services (MSS referral)*
☐ *Other* _____
Is child currently involved in: ☐ *Divorce* ☐ *Child custody suit*
Comments: _____

RELIGIOUS / CULTURAL:
In past year: ☐ Family crisis ☐ Recent major loss
What concerns you most about your illness/hospitalization? "Nothing"
Would you like a chaplain visit? ☐ No ☐ Yes
Any cultural/religious activities important to you while in hospital?
☐ Baptism ☐ Anointing ☐ Communion/Lord's Supper
☐ Sacrament of the Sick ☐ Other: _____
Do you have any cultural or religious beliefs that will affect your medical care (i.e. diet, blood transfusion, personnel who can provide care, etc.)?
☒ No ☐ Yes: _____

ADVANCED DIRECTIVES:
AGE-SPECIFIC: PATIENTS AGES 18 AND ABOVE
☐ Living will? ☒ No ☐ Yes
☐ Health Care Pwr of Attny? ☒ No ☐ Yes
☐ Organ Donor? ☒ No ☐ Yes
☐ Desire more info? ☐ No ☐ Yes (Refer to Guest Services)
Copy of Advance Directive on chart? ☐ N/A ☐ No ☐ Yes
If "No", which family member / significant other will bring in? _____
PRE-ADMISSION ONLY: ☐ Patient / caregiver instructed to bring copy to hospita

LEARNING READINESS ASSESSMENT:
☐ Highest level of education 10th
☐ Primary Language: ☒ English ☐ Spanish ☐ Other _____
☐ Barriers to Learning: ☐ Confusion ☐ Hearing ☐ Vision ☒ Pain ☐ Emotional
☐ Inability to read ☐ Religious/Cultural (specify) _____
☐ Other _____
☐ Required for Teaching Purposes: ☒ No Aids ☐ Glasses/Contacts
☐ Hearing Aid(s) ☐ Translator
☐ Other _____
☐ Preferred Learning Method: ☐ Audio/Visual ☒ Demonstration
☐ Written Material ☐ Other _____

VALUABLES: ☐ None Code: K = Keep F = Family S = Safe
__Clothing __Dentures __Glasses
__Contacts __Wig/hairpiece __Hearing aid
__Brace __Prosthesis __Purse/Wallet
__Walker/Cane/Wheelchair __Watch __Jewelry
Describe: safe w/ wife
Family member receiving valuables: _____

Angela Eargle RN 6/19/08 1700
RN Signature / Date / Time

RN Signature / Date / Time

LEXINGTON MEDICAL CENTER
ADMISSION ASSESSMENT and INTERDISCIPLINARY SCREENS

Patient Label

7181-154-1 (1/08) Page 3 of 4

Meditech Info - Information to be entered into Meditech on Admission
MRSA: ☐ No ☐ Yes **VRE:** ☐ No ☐ Yes **If Yes, implement Contact Precautions**
Pneumovax: ☐ N/A ☐ No ☐ Yes _____(year) **Influenza Vaccine:** (Oct. - Mar.) ☐ N/A ☐ No ☐ Yes _____(yea
Height: _____ **Weight:** _____ **Allergies:** _____
Vital Signs: T____ P____ R____ BP____ **Nutrition Score:**____ **O2:** _____ **Braden Score:**_____
IV: Peripheral: _____ Central: _____
Transportation: ☐ Bed ☐ Stretcher ☐ Wheelchair **Precautions:** ☐ Falls ☐ CPOE ☐ Derm Alert ☐ Aspiration ☐ Isolation ☐ CIW
Referrals/Screens *Items below do not require physician order: State reason for referral or screen.
MSS _____ Guest Services _____
Nutrition _____ Chaplain _____
Speech Therapy _____ PT/OT (screen) _____
RT _____ Pharmacy _____
WOCN: _____ Diabetes Educator: _____
Cardiac Rehab _____, Pulmonary Rehab _____

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

MR_Lex Med Ctr_0125

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 I W M [redacted]

Pneumococcal / Influenza Immunization Screen

ssessment: Choose Vaccine(s) (Check all that apply)

Pneumococcal Vaccine (one year...d)
Vaccine Indicated (if any of the following):

Patient is:
- ☐ 65 Years of age or older;
- ☐ Resident of nursing home or chronic care facility regardless of age **OR**

Patient is age >17-64 and has any of the following **high-risk** conditions:
- ☐ Serious long-term health problems with chronic heart or lung disease (excluding asthma), diabetes mellitus, or kidney disease including nephritic syndrome, alcoholism, cirrhosis, or chronic liver disease
- ☐ Compromised immunity such as: Hodgkin's disease, leukemia, lymphoma, multiple myeloma, generalized malignancy, HIV or AIDS, organ or bone marrow transplant, treatment with long-term steriod use, cancer drugs, or radiation therapy
- ☐ Sickle cell anemia or prior splenectomy
- ☐ Cerebrospinal fluid leaks
- ☐ One time revaccination after 5 years for chronic renal failure, nephrotic syndrome, sickle cell disease **OR**
- ☐ Patient uncertain about prior vaccination status or history unreliable and meets the above criteria
- ☒ None of the above **(STOP the Assessment)**

Influenza Vaccine (October through March)
Vaccine Indicated (if any of the following):

Patient is:
- ☐ 50 Years of age or older;
- ☐ Resident of nursing home or chronic care facility regardless of age
- ☐ Pregnant OR Postpartum

OR

Patient age > 17 years of age or older that has any of the following **high-risk** conditions:
- ☐ Serious long-term health problems with chronic heart or lung disease, asthma, diabetes mellitus, kidney or hepatic disease, neuromuscular disease, or anemia and other blood disorders
- ☐ Compromised immunity such as: Hodgkin's disease, leukemia, lymphoma, multiple myeloma, generalized malignancy, HIV / AIDS, long-term steriod use, cancer drugs or radiation therapy

OR
- ☐ Patient uncertain about prior vaccination status or history unreliable and meets the above criteria
- ☒ None of the above **(STOP the Assessment)**

1. Vaccination Status or Contraindications (Check all that apply)

Pneumococcal Vaccine not indicated (if any of the following):
- ☐ Previously immunized after age 65
- ☐ Previously immunized before age 65, but less than 5 years ago
- ☐ Has had one time revaccination
- ☐ Reported allergy to vaccine
- ☐ Patient refuses

Influenza Vaccine not indicated (if any of the following):
- ☐ Previously immunized this flu season
- ☐ Ever had a serious allergic reaction to eggs
- ☐ Previous serious reaction to influenza vaccine
- ☐ History of Guillain-Barre syndrome (discuss with physician)
- ☐ Patient refuses

2. Vaccination Decision (Check all that apply)

- ☐ **Pneumococcal vaccine indicated-no contraindications identified** (Year Round)
- ☐ **Order Notification Written in Medical Record**
  Date / Time_____
  RN Signature_____

- ☐ **Influenza vaccine indicated-no contraindications identified** (Oct. through Mar.)
- ☐ **Order Notification Written in Medical Record**
  Date / Time_____
  RN Signature_____

LEXINGTON MEDICAL CENTER
ADMISSION ASSESSMENT and INTERDISCIPLINARY SCREENS

Patient Label

MR_Lex Med Ctr_0126

Date: 6-19-08 Time: 0610 Type of Admission: ☐ Pre-Operative/Procedure ☐ Outpatient Medical ☒ Inpatient/Obs
Family/general MD: Dr. Nagel Phone #: Specialist: Phone #:
Patient Height / Length: 5'9" Weight: 35 Kg Head Circumference (age <2 yrs.):
Emergency contact: Susanne 422-2277
Out-patient Adults: Do you have someone to take you home after discharge? ☐ No ☒ Yes:

Safety Orientation: ☒ Call lights ☒ Bed controls ☒ Fall Safety ☒ Siderails ☒ Smoking policy ☒ ID Bracelet on

REASON FOR ADMISSION (PT / CAREGIVER'S WORDS):

Onset, symptoms, etc: MVA

Treatments prior to coming here:

Ever had a blood transfusion? ☒ No ☐ Yes
Transfusion reaction? ☒ No ☐ Yes
Pt. / family reaction to anesthesia? ☒ No ☐ Yes
Are you or could you be pregnant? ☒ N/A ☐ No ☐ Yes
LMP
Are you currently breast feeding: ☒ N/A ☐ No ☐ Yes

MEDICAL DEVICES / IMPLANTS: ☒ None
☐ Pacemaker ☐ Intraocular lens implant ☐ R ☐ L
☐ PICC / midline catheter
☐ Implanted venous access device:
☐ Dental / orthodontic:
☐ Orthopedic hardware:
☐ Other implant / medical device:
☐ Body Piercing:

Adult Vaccine Screen age > 17.
Pneumovax: (year round) ☐ N/A ☒ No ☐ Yes: (year)
Flu shot (Oct. - Mar. only) ☐ N/A ☒ No ☐ Yes: (year)
If vaccines "no" or pneumovax given prior to age 65, complete Immunization screen on page 4.

PAIN: ☐ No ☒ Yes
☐ Score 8 ☒ Constant ☐ Intermittent
Location L leg Onset Duration
☐ Sharp ☐ Dull ☐ Aching ☐ Burning ☐ Cramping ☒ Throbbing ☐ Prickling

SURGICAL HISTORY: ☐ None

Procedure	Year
hernia repair	2002

AGE SPECIFIC INFO:
Pediatrics - Current on childhood immunizations? ☐ No ☐ Yes Under 3 years:
☐ Bottle feeding ☐ Breastfeeding ☐ Feeds self
☐ Feeding problems:
Toilet trained ☐ Yes ☐ No
Word for BM Word for Urination

MEDICAL HISTORY

	Detail
Cardiac & Vascular ☒ None	☐ MI ☐ Angina ☐ CHF ☐ CVA ☐ TIA ☐ Heart Murmur ☐ HTN ☐ Cardiac Cath. ☐ Angioplasty/PTCA ☐ Stent(s) ☐ Feet Swelling ☐ Thrombophlebitis ☐ Other:
Respiratory ☐ None	☐ COPD / Emphysema ☐ Asthma ☐ Hemoptysis ☐ TB ☒ Productive Cough > 2 weeks ☐ Non-Productive Cough ☐ CPAP/BIPAP ☐ Pulmonary embolus ☐ Recent illness (bronchitis, pneumonia, other infection) ☐ Other:
Endocrine ☒ None	☐ Diabetes ☐ Thyroid ☐ Other:
GI ☐ None	☒ Hiatal hernia ☒ Reflux acid ☐ Bowel Problem: ☐ Colostomy ☐ Ileostomy ☐ Other:
Kidney/Urinary ☒ None	☐ Kidney Failure ☐ Dialysis ☐ Urinary Problem: ☐ Urostomy ☐ Other:
Neurological ☒ None	☐ Decreased sensation / tingling ☐ Dementia ☐ Altered LOC ☐ Seizures ☐ Loss of Function: ☐ Develop/Cognitive Delay:
Miscellaneous ☐ None	☐ Cancer ☐ Chemotherapy ☐ Radiation therapy ☐ Leukemia ☐ Liver Disease/Hepatitis ☐ Psych Disorder: ☒ Night sweats ☒ Arthritis, rheumatoid ☐ Recent exposure to infectious disease ☐ Tires easily ☐ Lack of Energy ☒ Bleeding disorder ☒ Anemia ☐ MRSA ☐ VRE ☐ Other:

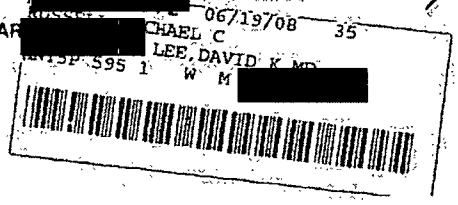
SUBSTANCE USE SCREEN ☐ Denies Use

	Type	Amount	# Years	Last Use	Quit
Tobacco	cig.	1 pack/day	15		
Alcohol	beer	occasionally			
Recr. Drugs					

Yes to 2 or more, monitor using CIWA Scale & initiate MSS Referral
Have you ever felt you need to CUT DOWN on your drinking? ☐ YES ☒ NO
Have people ANNOYED you by criticizing your drinking? ☐ YES ☒ NO
Have you ever felt bad or guilty about your drinking? ☐ YES ☒ NO
Have you ever had a drink first thing in the morning to steady your nerves, get rid of a hangover or to get the day started? ☐ YES ☒ NO

LEXINGTON MEDICAL CENTER
ADMISSION ASSESSMENT and INTERDISCIPLINAR

[redacted] 06/19/08 35
[redacted] CHAEL C
LEE, DAVID K MD
[redacted] 595 1 W M [redacted]



MR_Lex Med Ctr_0127

FUNCTIONAL SCREEN AGES 4 & ABOVE: (check current level of function)

	Independent	Assistive device use	Assistance from others	Assist. From others & devices	Totally dependent
Bathing	✓				
Dressing	✓				
Transfers	✓				
Walking	✓				

Is this a recent loss of function (last 2 months)? ☐ No ☐ Yes (Refer to PT/OT)

COMMUNICATION:
Does the patient have:
Reading difficulty? ☒ No ☐ Yes
Hearing problems? ☒ No ☐ Yes
Sight problems? ☒ No ☐ Yes

DEVELOPMENTAL SCREEN < AGE 4: PT OT referral for any delay

Circle all that have been attained

Age	Social	Fine Motor	Gross Motor	Language
4 mo.	Smiles	Grasps	Rolls over	Turns to voice
6 mo.	Reach for toys	Hand to hand	Start to sit	Dada and Mama
9 mo.	Peekaboo	Thumb-finger grasp	Pull to stand	Imitates sounds
12 mo.	Drink from cup	Pincer grasp	Stands momentarily	Mama specific
18 mo.	Uses spoon	Scribbles	Walks	3 words + Mama
2 yr.	Puts on clothes	Draws line	Balances on foot	Knows body parts
3 yr.	Interactive play	Copies	Rides trike	Knows 1st + last nar

ASPIRATION SCREEN:
☐ Facial / oral / neck surgery or trauma ☐ Reduced LOC
☐ Impaired Swallowing
☐ Enteral tube feeding ☐ Artificial airway ☐ None Noted
If ANY of the above screened as yes, place on Aspiration Precautions and obtain Speech Therapy consult

SWALLOW FUNCTION SCREENING: For ICH, CVA, TIA OR Head/Neck Cancer patients:
Does the patient have any of the following? ☒ None Noted
☐ Harsh, breathy voice ☐ Slurred speech/facial droop
☐ Weak cough on command ☐ Decreased ability to manage secretions
☐ Inability to swallow on command ☐ Wet/gurgly vocal quality
If ANY of the the above is yes, the patient will be maintained strict NPO until a clinical swallow evaluation is completed by speech pathology

NUTRITION SCREEN:

	Response	Score
☐ Have you lost weight recently without trying?	No	0
	Unsure	2
☐ If yes, how much weight (lb) have you lost?	2-13	1
	14-23	2
	24-33	3
☐ Have you been eating poorly because of a decreased appetite?	No	0
	Yes	1
☐ Pressure Ulcer Stage 3 or >, fistula, non-healing wound, open surgical wound, or burns present?		3
☐ Use of TPN or tube feeding at or prior to admission		3
☐ < 3-year history of Bariatric Surgery		3

Enter into Meditech: TOTAL SCORE: Ø

Are you on a special diet? ☒ No ☐ Yes:

CARDIAC, PULMONARY AND VASCULAR REHABILITATION
CARDIAC: ☐ Acute MI or MI last 12 mos. ☐ PCI / PTCA / Stent last 12 mos. ☐ CABG last 12 mos. ☐ Stable Angina ☐ Cardiac catherization (+ for CAD)
VASCULAR: ☐ Peripheral arterial disease w/claudication last 12 mos. ☐ Peripheral arterial bypass last 12 mos. ☐ PTA lower extremities last 12 mos.
PULMONARY: ☐ COPD (FEV 1.0<70% of predicted) including emphysema, asthma, chronic bronchitis ☐ Pulmonary fibrosis
If any checked, CPV Rehab Referral in Meditech

SOCIAL ABUSE/NEGLECT SCREEN: (MSS referral if any checked)
☐ Patient or caregiver unwilling to give info. critical to patient's treatment
☐ Signs of neglect: severe malnutrition, failure to thrive, poor hygiene, inappropriate clothing, insect or rodent bites, etc. ☐ Exploitation
☐ Patient reports incident of physical or sexual abuse, rape, or neglect
☐ History indicates frequent medical attention for injuries (esp. fractures)
☐ Long delay between injury and presenting for treatment
☐ Patient or caregiver gives a history that does not explain the injury
☐ Evidence of repeated injury (old fractures, bruises, etc.)
☐ Signs of drug withdrawal in infant (tremors, twitches, difficult to console, increased startle reflex, etc.)
☐ Significant other hovering, speaking for patient, etc.
☐ Bruises or bleeding in perineal area ☐ Sexually transmitted disease
☐ Penile / vaginal / rectal discharge / bleeding
☐ Torn, stained, or bloody underwear
☐ Self inflicted wounds ☐ Overdose
☐ Do you have thoughts of harming yourself or others?
☒ No Risk Factors Noted

D/C PLANNING SCREEN:
Do you have the following ☒ Electricity ☒ Heat ☒ AC ☒ Running water ☐ Phone
Community services currently receiving (MSS referral if any checked):
☐ None ☐ DSS ☐ Voc. Rehab. ☐ Home Health Agency: _____
☐ Medicaid Community Long Term Care
☐ Hospice Agency: _____
☐ Adult Day Care Agency: _____
☐ Mental Health Care: _____
☐ Adult Protective Services
Home equipment currently using? ☒ None ☐ Hospital bed ☐ Wheelchair ☐ Walker/Cane ☐ Bedside commode ☐ Oxygen ☐ CPAP
☐ Other: _____
Equipment provided by: _____
Is patient > age 80 and lives alone? ☒ No ☐ Yes (MSS Referral)
Does patient need help with transportation? ☒ No ☐ Yes (MSS Referral)
Difficulty obtaining medications after D/C? ☒ No ☐ Yes (MSS Referral)
☐ Repeat inpatient or outpatient admissions (MSS Referral)

MR_Lex Med Ctr_0128

ROA 1036

Lexington Medical Center Adult Patient Plan Of Care

Adult Vaccines

Date:	Ordered	Received	N/A
Pneumococcal:			
Influenza: Oct- Mar			
PPD given: Step 1-		Step 2-	

Disciplines Involved and Codes

- ☐ RN = Nursing
- ☐ CN=Clinical Nutrition
- ☐ CR=Cardiac Rehab
- ☐ OT=Occupational Therapy
- ☐ P=Pharmacy
- ☐ PT=Physical Therapy
- ☐ R=Radiology
- ☐ RT=Respiratory Therapy
- ☐ ST=Speech Therapy
- ☐ CH=Chaplain
- ☐ MSS=Medical Social Services

Codes for Problem Priority

A = Active
D = Deferred
M = Maintenance (stable condition continuing with current regimen)
R =Resolved*
NA = Not applicable to this patient at this time

* If patient does not reach R then discharge plan will address.

Code Status/Date

Full

Advance Directives

Patient has Advance Directive(s) ☐ Yes ☒ ~~No~~

Copy on chart: ☐ Yes ☐ No

Date of 1st Request: _____

Date of 2nd Request:

Diagnosis/ Surgical Procedure:

(L) OT s/p 7th FF.
(L) Acetabulum FF.

Venous Access Devices

Date / Time Inserted	Device / Site	No. of Attempts	Nurse Initials	Date Discontinued
6-19-08	18 RA	in ER		

Pertinent History:

Smoker
Reflux

RN records first initial and last name for care plan review each shift:

Date	0700-1500	1500-2300	2300-0700
6/19	[illegible] RN	A Eargle CN	[illegible]

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RUSSELL, MICHAEL C
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ROA 1037
MR_Lex Med Ctr_0129

Problems (based on History, Assessment, &/or reassessment)	Problem Priority	Goals/Initials	Date Goal Met/Initials	Interventions
Pain	Code /Date A 6/19/08 / / / / / /	Patient will express knowledge of use of pain scale. N Patient will report pain promptly when pain reaches 3 on the pain scale. N Patient will report no pain greater than 5 on the pain scale. N		Select appropriate pain scale and teach patient how to use. Assess pain level with vital signs. Assess patient satisfaction with pain regimen every shift. Administer prn pain meds regularly and/or by patient request. Use appropriate nonpharmacological measure
High Risk for Falls	Code /Date N/A / / / / / /	Patient to remain free from injury related to a preventable fall while hospitalized.		Implement Spot the Dot
Discharge Needs	Code /Date A 6/19/08 / / / / / /	Establish post hospitalization plan for continuing care. N		Assess needs Consult MSS for identified needs Discuss options/preference with patient and/or significant other Contact appropriate resources and arrange for provision of needed services Comments:
High Risk for Skin Breakdown	Code /Date N/A / / / / / /	Patient will not develop new skin breakdown while hospitalized. Patient will exhibit healing or improvement of wound/lesion.		Implement Derm Alert Wound/Lesion Care: _____ Consults: ___ WOC Nurse ___ Nutrition Comments:
Impaired Physical Function Re: ☑ Ambulation ☑ Transfers ☐ Functional use of: _____	Code /Date A 6/19/08 / / / / / /	The patient will: ☑ Ambulate, assistive device/assistance as needed. ☑ Perform transfers, assistive device/assistance as needed. ☐ Perform exercises to improve functional use of		The patient will participate in: ☑ Walking with assistance from nursing staff. ☑ Progressive gait training. ☐ Transfer training. ☐ Therapeutic exercise. ☐ Other: _____

[redacted] 06/19/08 35 mt Label
RUSSELL, MICHAEL C
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ROA 1038
MR_Lex Med Ctr_0130

ɔred Nutritional Status Potential for inadequate po intake Inability to meet needs po Other: _____	Code /Date NPT _____ / _____ / _____ / _____	The patient will: ☐ Consume ≥ 50% of meals/snacks prior to discharge ☐ Pt will meet 75-100% of estimated needs with TF/PN. ☐ Other: _____		☐ Obtain food preferences. ☐ Offer nutritional supplements. ☐ Monitor tolerance of TF/PN. ☐ Assess/monitor TF/PN adequacy ☐ Monitor PO acceptance ☐ Other: _____
paired Respiratory Function Re: Hypoxemia Bronchospasms/Broncho-constriction Presence of or Potential for Atelectasis Impaired airway clearance Other: _____	Code /Date AT 6/19/08 _____ / _____ / _____ / _____	☑ Oxygenation Maintain SpO2 ≥ 90% *CO2 retainers (SpO2 ≥ 88%) *Cardiac (SpO2 ≥ 95%) ☐ Bronchodilation as evidenced by physical assessment ☐ Improved lung expansion as evidenced by physical assessment ☐ Improve hydration and/or mobilization of secretions ☐ Other: _____		☑ Oxygen therapy ☐ Aerosolized bronchodilator ☐ Volume expansion therapy ☐ Bronchial hygiene therapy ☐ Other: _____
	Code /Date / _____ / _____ / _____ / _____			
	Code /Date / _____ / _____ / _____ / _____			

Initials	Signature/Discipline	Initials	Signature/Discipline	Initials	Signature/Discipline
BH	[redacted]				

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
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ROA 1039
MR_Lex Med Ctr_0131

Multidisciplinary Patient/Family Education

Learner: (L)
P=Patient
F=Family Member
SO=Significant Other

Method: (M)
AV=Audio Visual
D=Demonstration
W=Written Material
V=Verbal

Readiness to Learn: (RL)
R=Ready, Interested
N=Not ready, Distracted
U=Uncooperative
P=Patient's Condition Prohibits

Outcomes: (O)
N=No Evidence of Learning
VR=Verbal Recall/Understanding
NR=Needs Reinforcement
D= Demonstrates Adequately

Patient Education Documentation:

Population — **Date/Initial**

Fluid Volume Overload and/or HF *
(Includes the following)
Activity — Symptom management
Diet — Follow-up appointment
Weight monitoring — Discharge medications

AMI *

Pneumonia *

Anticoagulant Therapy

Other: _____

Other: _____

*** Includes smoking cessation**

Date	Topic	L	RL	M	O	Signature/Title
6/19	Plan of Care/Disease Info	P	R	V	D	A Eargle RN
	Tests/Treatments					
6/19	Pain Management	P	R	V	D	A Eargle RN
	Pain Scale					
	Basic Health Practices and Safety					
	Nutrition /Diet					
	Respiratory Needs					
	Smoking Cessation					

Date	Topic	L	RL	M	O	Signature/Title
	Medication Use and Safety					
	Rehab Techniques					
	Medical Equipment					
	Discharge Planning					
	Other					

[redacted] Patient label
06/19/08 35
RUSSELL, MICHAEL C
LEE, DAVID K MD
[redacted]



ROA 1040
MR_Lex Med Ctr_0132

LEXINGTON MEDICAL CENTER
DIAGNOSTIC PROCEDURE FORM

Date: 6-19-08 Time: 0100 Procedure: Agram c runoff

Allergies and Reactions: NKOA

ADMISSION MODE:
- ☐ Ambulate
- ☐ Wheelchair
- ☒ Stretcher
- ☐ Ambulance
- ☐ Other:

LOC:
- ☐ Alert
- ☒ Oriented
- ☐ Confused
- ☒ Responsive
- ☐ Arousable
- ☐ Unresponsive

HEART RHYTHM:
- ☒ Regular
- ☐ Irregular

RESPIRATORY:
- ☒ Non-labored
- ☐ Labored
- ☐ Breath Sounds

SKIN:
- ☒ Pink
- ☐ Pale
- ☐ Dusky
- ☐ Ruddy
- ☒ Warm
- ☐ Hot
- ☐ Cool
- ☐ Clammy
- ☒ Dry
- ☐ Mottled
- ☐ Jaundice

COPING:
- ☒ Cooperative
- ☐ Agitated
- ☐ Withdrawn
- ☒ Pleasant
- ☐ Relaxed
- ☐ Angry
- ☐ Combative

NPO since 1600 6/18 ☐ NA
Permit signed? ☒ Yes ☐ No
Family member present? ☒ Yes ☐ No

IV ACCESS & FLUIDS

Time	Fluid	Size	Site
PTA	NS KVO	(R) AC	

Jr Bayer
Nurse Signature

PROCEDURAL DATA

TIME	BP	HR	RR	SpO2	Nurse's Notes
0100	128/94	96	18	97%	pt to Rocc for procedure. ⊕ diminished pulsable pulse DP. traction remains in place. ⊕ cap refill. pt c/o/o. wife c pt (R)
0125					procedure complete. RAD tech to hold pressure. VSS.

Pulse Key: B=Bounding N=Normal D=Diminished Dp=Doppler A=Absent

Medications: 1% lido - local anes per MD

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HED22 21 A W M [redacted]

PULSES:

	Pre R	Pre L	Post R	Post L
Radial	2	2		
Brachial	2	2		
Femoral	2			
Popliteal	—			
Dorsalis Pedis	D			
Posterior Tibialis				

MR_Lex Med Ctr_0133

Catheter Site: Bgroin Catheter In Time: 0104 Catheter Out Time: 0119

Injections:

	SITE	FLUIDS	RATE	AMOUNT OF CONTRAST
1.	@groin	15	8	10.
2.		N/A	N/A	—
3.		4	"hand"	2
4.		6	"hand"	3
5.		36	6	24
6.		12	4	8
7.		12	4	8
8.		15	6	10.
9.		12	"hand"	6
10.		112		
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

TOTAL FLUID: 112

TOTAL CONTRAST: 71

TEST:

Complications:

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RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED22 21 A W M [redacted]

Nurse Signature

DC STATUS

A	I	Nursing Diagnosis	A	I	Standard of Care (Goals & Patient Outcomes)	Met	Not Met	Standard of Practice (Interventions, Process, Standards)	Proc.
TK		Alteration in tissue perfusion related to pathophysiological and treatment-related factors or dysrhythmia.	TK		The patient will: Exhibit skin color and temperature unchanged or improved. Be free from life threatening dysrthithmia. Exhibit no sign of dizziness, syncope or vertigo. OTHER:	✓		Implement medical plan of care, report problems/deviations. Monitor vital signs Q 5-15 min. Continuous EKG monitoring during procedure and PRN in Step Down. Assess color & temperature of skin pre. And post procedure and upon discharge from Step Down. OTHER:	✓ ✓ ✓ ✓ ✓
TK		Risk of ineffective Therapeutic Regimen Management related to insufficient knowledge of care of procedural site, signs & symptoms of complications and restrictions.	TK		The patient will: List signs and symptoms that must be reported to a health care professional. Describe any at-home activity restrictions. Describe at-home wound management.	✓		Determine information needed to manage their care. Provide wound care instructions. Reinforce activity restrictions as indicated. Teach patient/family to report signs & symptoms of possible complications.	✓ ✓ ✓ ✓
TK		High risk for injury related to age related hazards, pathophysiological, or treatment-related factors. (IV sedation or dx. procedures)	TK		The patient will: Remain free of injury while hospitalized. The patient, family or significant other will: Identify factors that increase potential for injury. Identify strategies to maintain safety & prevent injury. OTHER:	✓		Implement medical plan of care, report problems/deviations. Teach patient, family or significant others: a. medication side effects, potential hazards. b. Corrective use of adaptive equipment or devices. c. Signs & symptoms to report to the MD. OTHER:	✓ ✓ ✓ ✓ ✓

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED22 21 A W M [redacted]

DC STATUS

A	I	Nursing Diagnosis	A	I	Standard of Care (Goals & Patient Outcomes)	Met	Not Met	Standard of Practice (Interventions, Process, Standards)	Proc.
TH		Acute pain related to procedural interruption of body structures.	TH		The patient will: Demonstrate adequate pain management. Verbalize relief of pain/discomfort.	✓		Instruct patient to request pain medication as needed before pain becomes severe. Encourage the patient to utilize a pain scale. Observe for physical signs of pain (e.g. increased heart and respiratory rates, elevated blood pressure, restlessness, facial grimancing, guarding)	✓ ✓ ✓
TH		Risk for infection related to a site for organism invasion secondary to procedure.	TH		The patient will: Verbalize the signs and symptoms of infection and whom to contact.	✓		Teach patient/family to monitor for signs and symptoms of infection, fever, redness, swelling purulent drainage from procedural site. Implement aseptic technique. Contact medical health care provider for any signs of infection.	✓ ✓ ✓
TH		Ineffective breathing patterns related to decreased energy, pain or medications as evidenced by altered respiratory pattern, changes in pulse, abnormal O2 levels at baseline or acceptable range.	TH		The patient will: Demonstrate an effective respiratory rate. Exhibit SpO2 levels at baseline or acceptable range.	✓		Ausculate breath sounds, evaluate respiratory rate and depth. Obtain SpO2 levels q 5-15 minutes. Monitor effectiveness of O2 therapy, if ordered. Implement medical plan of care. Report problems/deviations. Suction airway as needed.	✓ ✓ ✓ ✓ ✓ ✓

Care provided according to LMC & Perioperative Policies/Procedures/Standards

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
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HEDZ2 21 A W M [redacted]

TH
RN Initials

RN Signature

DATE JUN 19 2008 WEIGHT admission

	07	08	09	10	11	13	14	15	16	17	18	19	20	22	23	24	01	02	03	04	05	06
Temperature																						97
Pulse																						72
Respirations																						18
BP																						135/57
FiO2 (LPM)																						2L
SpO2																						97%
Initials																						CW
Pain Score																						5
Initials																						CW
Blood Sugar																						
Initials																						

L=Left R=Right B=Back **TURNING / POSITIONING SCHEDULE** S=Self CH=Chair ST=Stand OFF=Off u

Position																						
Initials																						
Patient Rounds																						
1:1 Observation																						

INTAKE AND OUTPUT

INTAKE	7A-3P	3P-11P	11P-7A
IV		2400 c/o PTE	
Oral			
Blood			
PPN/TPN			
Tube Feeding			
8 Hour Total			2400
24 Hour Total			

OUTPUT	7A-3P	3P-11P	11P-7A
Urine			0
Emesis			
N/G Tube			
Hemovac			
JP Drain			
Chest Tube			
ETL			15
Bowel Movement			
8 Hour Total			
24 Hour Total			

Breakfast TYPE	Lunch TYPE	Dinner TYPE	Supplemental Feedings
All >Half <Half None NPO	All >Half <Half None NPO	All >Half <Half None NPO	All >Half <Half None NPO

ISOLATION ○ YES ○ NO TYPE

INTERVENTIONS / TREATMENTS	N/A	7A-3P	3P-11P	11P-7A
Bath C=Complete A=Assist S=Self SH-Shower				
Perl Care / Catheter Care				
Oral Care				
Linen Changed				
Activity B=Bedrest BRP=Bathroom Privileges U=Up ad lib C=Chair				B
HOB elevated ____ Degrees				Comfort
PEG / NG Placement checked / Tube Feeding Residual (amount)				
Ambulation S=Self A1=Assist X1 A2=Assist X2				
TED Hose (Removed TID)		Time	Time	Time
Sequential Compression Device Intact				
Trach Care				
Incentive Spirometry				
Deep breathe & cough				Une
Suction O=Oral T=Trach NT=Nasotracheal ET=Endotracheal				
Aspiration Precautions				
Seizure Precautions				

SIGNATURE / TITLE / INITIALS

SIGNATURE / TITLE / INITIALS

Carolyn V Rogers LPN CVR

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER ADULT DAILY CARE RECORD

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MR_Lex Med Ctr_0137

DATE JUN 19 2008

	NORMAL		7A-3P Time / Initial	3P-11P Initial	11P-7A Time 06:19 Initial
NEUROLOGIC	Alert, oriented X3, follows commands, speech clear, speech clear and appropriate, motor response appropriate, moves all extremities	WNL			
		* Disoriented to			
		* Agitated			
		* Lethargic			
		* Arouses to			verbal
		* Unresponsive			
		* Inappropriate behavior			
		Speech: WNL Aphasic Slurred			
CARDIOVASCULAR	Heart rhythm regular, brisk capillary refill, no edema, peripheral pulses present by palpation ○ AV Graft present Location ○ Pacemaker/ICD Present	WNL			
		Abnormal Heart Rate (brady, tachy)			tachy (125)
		Abnormal Heart Rhythm (Reg/Irregular)			
		Abnormal Heart Sounds (Murmur, Gallop, S3, S4, Rub, etc.)			
		Capillary Refill Time >3 sec			
		Edema - Location			
		- Type (pitting/nonpitting/generalized)			
		Abnormal Peripheral Pulses (A=Absent, W=Weak, D=Doppler, N=Normal)	Right Left	Right Left	Right Left
		Radial			N N
		Pedal			N (D)ace Wnl
		Remote Telemetry Present	YES / NO	YES / NO	YES / NO
		AV Bruit Present	YES / NO	YES / NO	YES / NO
		AV Thrill Present	YES / NO	YES / NO	YES / NO
PULMONARY	Respirations even unlabored lung sounds clear, no cough rate WNL, no secretions	WNL			
		Irregular - S=Shallow D=Deep L=Labored			
		Breath Sounds D=Diminished W=Wheezes, A=Absent C=Crackles, R=Rhonci	R L	R L	R L
		Cough N=Non-productive P=Productive			N
		Sputum - Color			
		Sputum - Consistency			
		Continuous Pulse Oximetry	YES / NO	YES / NO	YES / (NO)
		Chest Tube(s) R L	Water Seal OR Suction ___/___ cms Air Leak + / -	Water Seal OR Suction ___ cms Air Leak + / -	Water Seal OR Suction ___ cms Air Leak + / -
GASTROINTESTINAL	Abdomen soft non-distended, non-tender, bowel sounds present in all 4 quadrants, no N/V, no diarrhea, no constipation Last Bowel Movement	WNL			CSR
		Abdomen distended (Firm/Soft)			
		Abdomen Tender (Location)			
		Bowel sounds: A=Absent ϕ=Hypoactive ô=Hyperactive			
		N=Nausea V=Vomiting			
		Incontinent (Bowel)	YES / NO	YES / NO	YES / (NO)
		D=Diarrhea C=Constipated			
		Ostomy (Colostomy/Ileostomy)	Colostomy / Ileostomy	Colostomy / Ileostomy	Colostomy / Ileostomy
		Stoma Color			
		Tubes: (PEG, NG, Other)			
GENITOURINARY	Urine clear, yellow to amber No difficulty voiding No bladder distention Dialysis Today YES/NO	WNL			HNV
		Urine cloudy	YES / NO	YES / NO	YES / NO
		Urine color			
		Patient complains of Burning	YES / NO	YES / NO	YES / NO
		Frequency	YES / NO	YES / NO	YES / NO
		Dysuria	YES / NO	YES / NO	YES / NO
		Incontinent (Urine)	YES / NO	YES / NO	YES / NO
		Catheters: F=Foley S=Suprapubic, N=Nephrostomy U=Urostomy (Describe stoma)			

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LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

DATE JUN 19 2008

MUSCULOSKELETAL	7A-3P Time / Initial	3P-11P Time / Initial	11P-7A Time / Initial
NORMAL: Moves all extremities independently with purpose, full spontaneous ROM; self care; independent bed mobility; transfers, steady gait; ambulates without assistive device; absence of joint swelling or tenderness			
WNL			
Weakness (General vs. Location)			Rt
Paralysis (Location)			
Joint Stiffness			L UE
Contractures			
Amputation (Type & Location)			
Assistive Device/Type/Prosthesis			
Immobilization device / Type			splint - Occ
Orthopedic Devices			

PAIN MANAGEMENT

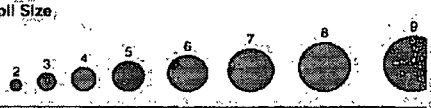
Codes	7A-3P Time / Initial	3P-11P Time / Initial	11P-7A Time 0600 Initial CN
Scales: Color Intensity; FACES; FLACC Simple Descriptive; Visual Analog; Numeric (0-10)	Comfort Goal		KS
Quality: A=Aching; B=Burning; D=Dull; S=Sharp; C=Cramping; T=Throbbing; P=Prickling; R=Radiating	Pain Scale Used		N
Intervention: 1=Discuss pain management w/MD 2=Pharmacological (See EMAR) 3=Non-Pharmacological - A=Changed position B=Relaxation technique; C=Splinting; D=Imagery E=Music; F=Education	Pain Rating		6
	Location		L Ft. Ankle
	Quality		—
	Intervention		—

NEUROLOGICAL / NEUROVASCULAR ASSESSMENT

☑ N/A

	Time															
Coma Scale:	Eyes Open															
	Verbal Response															
	Motor Response															
Pupils: Size/Reaction	Right															
	Left															
Dorsal Flexion	R/L															
Plantar Flexion	R/L															
Limb Movement																
Hand Grips:	Equality															
Strength	Right															
	Left															
Capillary Refill																

Codes

Eyes Open	Verbal Reponse	Motor Response	Pupil Reaction	Hand Grips	Pupil Size
4=Spontaneously	5=Oriented	5=Obeys commands	B=Brisk	E=Equal	
3=To speech	4=Confused	4=Localizes pain	S=Sluggish	U=Unequal	
2=To pain	3=Inappropriate words	3=Flexion to pain	N=No reaction		
1=None	2=Incomprehensible sounds	2=Extension to pain	C=Eyes closed		
C=Swollen Closed	1=Unresponsive	1=No motor response			

Limb Movement
1=Normal power 2=Cannot overcome resistance 3=Overcome gravity 4=Flicker of muscle 5=Spastic flexion 6=Extension 7=No movement

Strength of Grips: S=Strong W=Weak A=Absent

Dorsal/Plantar Flexion: S=Strong W=Weak A=Absent

BRADEN SCORE FOR PREDICTING PRESSURE ULCER RISK

Sensory Perception	Moisture	Activity	Mobility	Nutrition	Friction & Shear
1=Completely Limited	1=Constantly moist	1=Bedrest	1=Completely Immobile	1=Very Poor	1=Problem
2=Very Limited	2=Very moist	2=Chairfast	2=Very Limited	2=Probably Inadequate	2=Potential problem
3=Slightly Limited	3=Occasionally moist	3=Walks occasionally	3=Slightly Limited	3=Adequate	3=No apparent problem
4=No Impairment	4=Rarely moist	4=Walks often	4=No Limitations	4=Excellent	
SCORE =	SCORE =	SCORE =	SCORE =	SCORE =	SCORE =

If total score ≤18, patient is a high risk for pressure ulcer implement Derm Alert Protocol. Total Score =

DERM ALERT INTERVENTIONS	7A-3P	3P-11P	11P-7A
Specialty Bed / Mattress Overlay			
Elbow / Heel Protectors			
Moisture Barrier Creams / Lotions			
Turn Clock posted over bed			

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

[redacted] 06/19/08 35
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[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

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DATE JUN 19 2008

☐ N/A

PCA/EPIDURAL/NARCOTIC DRIP FLOWSHEET *Remote telemetry for 1st 24 hours

Time	Drug	Strength (mg/ml)	Contin Rate (mg)	Loading Dose	PCA Dose	Lockout (min)	4-Hour Limit	1st RN	2nd RN

Patient monitoring will be documented upon initiation, then every 2 hours for 8 hours, then every 4 hours

Time									
New Syringe	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Waste Amount									
Purge Amount									
Cumulative Volume Delivered									
Review History & Program									
Pain Level									
Respiratory Rate									
O2 Sat									
Ramsey Scale									

Ramsey Scale - 1=Patient anxious, agitated or restless; 2=Patient cooperative, oriented and tranquil; 3=Patient responds to command only; 4=Patient responds to gentle shaking; 5=Patient responds to noxious stimuli; 6=Patient has no response to firm nail bed pressure or other noxious stimuli

Time	NARRATIVE NOTE
0610	Pt. to room via bed. V.S. checked pt. drowsy, wants to "go out side" Informed pt. he cannot go out. C/O - L toes warm & good refill, movement. Splint & bulky dsg + ace wrap D+I - Pt. only allows 1 pillow under LLE. Explained to pt. re: elev. swelling & pain. Pt. states it "hurts my hip to raise my foot." Ice to both sides of lower leg/ankle and 1 on top. O2 on at 2L & humidity due to de-sat on room air to 86-87%. Ice chips given p.o. PVR.

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

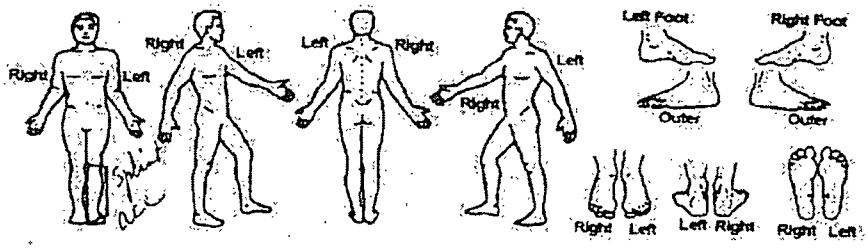
[redacted] 06/19/08 35
[redacted] MICHAEL C.
[redacted] LEE, DAVID K MD
RNTSP 595 1 W M [redacted]

DATE JUN 1 9 2008

INTEGUMENT

Skin intact; turgor elastic; no discoloration; warm and dry to touch; oral cavity pink, moist and intact

	7A-3P	3P-11P	11P-7A
	Time ____ Initial ____	Time ____ Initial ____	Time 0610 Initial LVN
WNL			
Skin Discoloration/Location- C=Cyanosis J=Jaundice P=Pallor V= Vitiligo E=Erythema			



WOUND ASSESSMENT CODES

Stage	Appearance	Drainage	Odor	Peri-Wound Tissue
I - Non-blanchable reddened area (intact skin)	P = Pink / Clean	O = None	O = None	WNL = Within Normal Limits
II - Blister, skin break	S = Slough	S = Serous	M = Mild	R = Reddened
III - Skin break exposing subcu tissue	E = Eschar	SG - Sero-sanguineous	F = Foul	D = Darkened
IV - Skin break exposing muscle and/or bone		P = Purulent		M = Macerated

☐ N/A

WOUND ASSESSMENT

	7A-3P Time ____ Initial ____	3P-11P Time ____ Initial ____	11P-7A Time 0610 Initial LVN
Wound #1 Location			
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision			Trauma / Surg
Stage			
Appearance			D-E
Drainage			S
Odor			S
Peri-Wound Tissue			—
Size - cm (LxWxD)			L L F,
Undermining	YES / NO	YES / NO	~~YES / NO~~
Irrigation			—
Treatment			splint - Ace
Wound #2 Location			
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision			
Stage			
Appearance			
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / NO	YES / NO	YES / NO
Irrigation			
Treatment			
Wound #3 Location			
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision			
Stage			
Appearance			
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / NO	YES / NO	YES / NO
Irrigation			
Treatment			

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M[redacted]

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

MR_Lex Med Ctr_0141

DATE JUN 19 2008

FALL RISK ASSESSMENT

Risk Factor	Points	7A-3P	3P-11P	11P-7A
Confusion/Disorientation/Impulsivity	4			
Symptomatic Depression	2			
Altered Elimination	1			1
Dizziness/Vertigo	1			
Gender - Male	1			1
Any Administered Antiepileptics	2			
Any Administered Benzodiazepines	1			
Shift Assessment Score				2

Get Up and Go Test (To be completed daily in AM & on Admission)

	Points	Score
Ability to rise in a single movement - No loss of balance with steps	0	
Pushes up, successful in one attempt	1	
Multiple attempts, but successful	3	
Unable to rise without assistance during test (OR if a medical order states the same and/or complete bedrest is ordered)	4	

AM Fall Risk Assessment
Get Up/Go score
TOTAL
(A score of 5 or > = High risk)

FALL PREVENTION INTERVENTIONS

	N/A	7A-3P	3P-11P	11P-7A
Spot The Dot				CWL
Non-skid Slipper Socks on when OOB				—
Wall Sign reflects Spot The Dot				CWL
Call Light in Reach				CWL
Bed Low & Locked				CWL
Bed Alarm Activated				
Side Rails Up		☐ X2 ☐ X3 ☐ X4*	☐ X2 ☐ X3 ☐ X4*	☐ X2 ☐ X3 ☑ X4*
*Siderails - 0X4 Reason				Pt at risk

☑ N/A RESTRAINT ASSESSMENT

Criteria ○ Acute or chronic confusion AND at least one of the following: ☐ High risk for fall AND repeated attempts to get up w/o assistance
☐ Pulling, picking or otherwise endangering the patency of lines, tubes, dressings, or other medical device that if disconnected would pose a threat to patient's
Time limited MD order obtained each calendar day: ☐ Yes

Behavioral Assessment q2Hrs:	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
I. Confused; disoriented AND at least one of the following																								
A. Attempts to pull/pick at lines, tubes, dressings, etc...																								
B. Attempts to get out of bed/chair without assistance																								
II. Alert, oriented X3																								
III. Calm, Cooperative																								
IV. Other:																								
Restraints:																								
Type: M=Mitten S=Soft V=Vest L=Leather R=Siderails 0X4																								
Location: B=Bilateral L=Left R=Right W=Wrist A=Ankle																								
Initials:																								
Restraints checked q 1 hr for appropriate application/circulation																								
Restraints removed/adjusted q 2hrs; ROM; Skin assessment																								
Restraints Off																								
Other Interventions In Use																								
Family member / volunteer with patient																								
Conceal tubes, lines, dressings, etc...																								

☐ N/A IV SITE ASSESSMENT

Codes
Venous Access: C=Central Line P=Peripheral Line, I=Implanted Device
Phlebitis Scale: 0=No Pain/Swelling 1=Erythema @ site; 2=Pain @ site 3=Pain, redness, swelling; 4=Palpable cord w/ purulent drainage
Infiltration Scale: 0=No symptoms 1=Skin blanched, cool to touch; 2=#1 plus edema; 3=#1 plus translucent skin, edema; mild to mod pain; 4=#3 plus skin tight, discolored, mod-severe pain

	7A-3P	3P-11P	11P-7A
Venous Access			P
Location			18 RA
Phlebitis Scale			0
Infiltration Scale			0
Dressing Intact	YES / NO	YES / NO	YES / NO
Dressing changed	YES / NO	YES / NO	YES / NO

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

MR_Lex Med Ctr_0142

DATE JUN 19 2008 WEIGHT

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
Temperature						98										99.0			98.4					
Pulse						96										109			107					
Respirations						18										18			18					
BP						143/92										133/92			133/91					
FiO2 (LPM)																RA			RA					
SpO2						95										95			95					
Initials						MAE										JB			JB					
Pain Score		5				10										6			10			4		
Initials		AE				AE										JB			JB			12		
Blood Sugar																								
Initials																								

L=Left R=Right B=Back **TURNING / POSITIONING SCHEDULE** S=Self CH=Chair ST=Stand OFF=Off

Position		B	S		S		S		S															
Initials		AE	AE		AE		AE		AE															
Patient Rounds		AE	AE	AE	AE	AE	AE	AE	AE	AE	AE	AE				JB			JB					
1:1 Observation																								

INTAKE AND OUTPUT

INTAKE	7A-3P	3P-11P	11P-7A
IV			
Oral	480	600	200
Blood			
PPN/TPN			
Tube Feeding			
8 Hour Total			
24 Hour Total			

OUTPUT	7A-3P	3P-11P	11P-7A
Urine	1000	1000	X1
Emesis			
N/G Tube			
Hemovac			
JP Drain			
Chest Tube			
Bowel Movement			
8 Hour Total			
24 Hour Total			

Breakfast TYPE: All >Half <Half None NPO

Lunch TYPE: All >Half <Half None NPO

Dinner TYPE REG: All >Half <Half None NPO

Supplemental Feedings: All >Half <Half None NPO

ISOLATION ○ YES ☒ NO TYPE:

INTERVENTIONS / TREATMENTS	N/A	7A-3P	3P-11P	11P-7A
Bath C=Complete A=Assist S=Self SH=Shower				
Peri Care / Catheter Care				
Oral Care				
Linen Changed				
Activity B=Bedrest BRP=Bathroom Privileges U=Up ad lib C=Chair				
HOB elevated ____ Degrees	✓			
PEG / NG Placement checked / Tube Feeding Residual (amount)	✓			
Ambulation S=Self A1=Assist X1 A2=Assist X2				
TED Hose (Removed TID)	✓	Time	Time	Time
Sequential Compression Device intact	✓			
Trach Care	✓			
Incentive Spirometry	✓			
Deep breathe & cough	✓	✓AE	✓AE	
Suction O=Oral T=Trach NT=Nasotracheal ET=Endotracheal	✓			
Aspiration Precautions	✓			
Seizure Precautions	✓			

SIGNATURE / TITLE / INITIALS

Angelia Eargle RN/AE

SIGNATURE / TITLE / INITIALS

Ruthann Bowen CMA

Jennifer Bell NT JB

[redacted] 06/19/08 35

RUSSELL, MICHAEL C

[redacted] LEE, DAVID K MD

HNTSP 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER ADULT DAILY CARE RECORD

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MR_Lex Med Ctr_0143

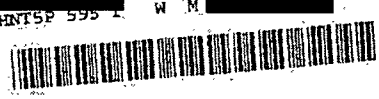
DATE NORMAN JUN 19 2008

			7A-3P	3R-11P	11P-7A
			Time 0910 Initial AE	Time 1000 Initial AE	Time 0800 Initial
NEUROLOGIC	Alert, oriented X3, follows commands, speech clear, speech clear and appropriate, motor response appropriate, moves all extremities	WNL	✓	✓	
		* Disoriented to			
		* Agitated			
		* Lethargic			
		* Arouses to			
		* Unresponsive			
		* Inappropriate behavior			
		Speech: WNL Aphasic Slurred	WNL ✓	WNL ✓	WNL
CARDIOVASCULAR	Heart rhythm regular, brisk capillary refill, no edema, peripheral pulses present by palpation	WNL			
		Abnormal Heart Rate (brady, tachy)			
		Abnormal Heart Rhythm (Reg/Irregular)			
		Abnormal Heart Sounds (Murmur, Gallop, S3, S4, Rub, etc.)			
		Capillary Refill Time >3 sec			
	○ AV Graft present Location:	Edema - Location			
		- Type (pitting/nonpitting/generalized)			
	○ Pacemaker/ICD Present	Abnormal Peripheral Pulses (A=Absent, W=Weak, D=Doppler, N=Normal)	Right / Left	Right / Left	Right / Left
		Radial			
		Pedal	N / N	N / N	N / N
		Remote Telemetry Present	YES / NO	YES / NO	YES / NO
		AV Bruit Present	YES / NO	YES / NO	YES / NO
		AV Thrill Present	YES / NO	YES / NO	YES / NO
PULMONARY	Respirations even unlabored, lung sounds clear, no cough rate WNL, no secretions	WNL	✓	✓	
		Irregular - S=Shallow D=Deep L=Labored			
		Breath Sounds D=Diminished W=Wheezes, A=Absent C=Crackles, R=Rhonci	R / L	R / L	R / L
		Cough N=Non-productive P=Productive			
		Sputum - Color			
		Sputum - Consistency			
		Continuous Pulse Oximetry	YES / NO	YES / NO	YES / NO
		Chest Tube(s) R L	Water Seal OR Suction ___ cms Air Leak + / -	Water Seal OR Suction ___ cms Air Leak + / -	Water Seal OR Suction ___ cms Air Leak + / -
GASTROINTESTINAL	Abdomen soft non-distended, non-tender, bowel sounds present in all 4 quadrants, no N/V, no diarrhea, no constipation	WNL	✓	✓	
		Abdomen distended (Firm/Soft)			
		Abdomen Tender (Location)			
		Bowel sounds: A=Absent ↓=Hypoactive ↑=Hyperactive			
		N=Nausea V=Vomiting			
		Incontinent (Bowel)	YES / NO	YES / NO	YES / NO
	Last Bowel Movement ___	D=Diarrhea C=Constipated			
		Ostomy (Colostomy/Ileostomy)	Colostomy / Ileostomy	Colostomy / Ileostomy	Colostomy / Ileostomy
		Stoma Color			
		Tubes: (PEG, NG, Other)			
GENITOURINARY	Urine clear, yellow to amber, No difficulty voiding No bladder distention	WNL	✓ HNV	✓	
		Urine cloudy	YES / NO	YES / NO	YES / NO
		Urine color		YELLOW	YELLOW
		Patient complains of Burning	YES / NO	YES / NO	YES / NO
		Frequency	YES / NO	YES / NO	YES / NO
		Dysuria	YES / NO	YES / NO	YES / NO
		Incontinent (Urine)	YES / NO	YES / NO	YES / NO
	Dialysis Today YES/NO	Catheters: F=Foley S=Suprapubic, N=Nephrostomy U=Urostomy (Describe stoma)			

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

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[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]



MR_Lex Med Ctr_0144

ROA 1052

DATE JUN 19 2008

MUSCULOSKELETAL	NORMAL		7A-3P	3P-11P	11P-7A
	Moves all extremities independently with purpose, full spontaneous ROM; self care; independent bed mobility; transfers, steady gait; ambulates without assistive device; absence of joint swelling or tenderness	WNL			
		Weakness (General vs. Location)			
		Paralysis (Location)			
		Joint Stiffness	LLE	LLE	LLE
		Contractures			
		Amputation (Type & Location)			
		Assistive Device/Type/Prosthesis			
		Immobilization device / Type			
		Orthopedic Devices			
		Time	0920	1000	03
		Initial	AE	AE	[illegible]

PAIN MANAGEMENT

Codes
Scales: Color Intensity; FACES; FLACC
Simple Descriptive; Visual Analog; Numeric (0-10)
Quality: A=Aching; B=Burning; D=Dull; S=Sharp; C=Cramping; T=Throbbing; P=Prickling; R=Radiating
Intervention: 1=Discuss pain management w/MD
2=Pharmacological (See EMAR)
3=Non-Pharmacological - A=Changed position B=Relaxation technique; C=Splinting; D=Imagery E=Music; F-Education

	7A-3P	3P-11P	11P-7A
Time	0920	1000	03
Initial	AE	AE	[illegible]
Comfort Goal	<5	<5	<5
Pain Scale Used	NUMERIC	NUMERIC	Numeric
Pain Rating	5	8	
Location	LLE	LLE	LLE
Quality	A	A	A
Intervention	2	2	2

☐ N/A

NEUROLOGICAL / NEUROVASCULAR ASSESSMENT

		Time															
Coma Scale:		Eyes Open															
		Verbal Response															
		Motor Response															
Pupils:	Size/Reaction	Right															
		Left															
Dorsal Flexion	R/L																
Plantar Flexion	R/L																
Limb Movement																	
Hand Grips:	Equality																
	Strength	Right															
		Left															
Capillary Refill																	

Codes

Eyes Open	Verbal Reponse	Motor Response	Pupil Reaction	Hand Grips	Pupil Size
4=Spontaneously	5=Oriented	5=Obeys commands	B=Brisk	E=Equal	
3=To speech	4=Confused	4=Localizes pain	S=Sluggish	U=Unequal	
2=To pain	3=Inappropriate words	3=Flexion to pain	N=No reaction		
1=None	2=Incomprehensible sounds	2=Extension to pain	C=Eyes closed		
C=Swollen Closed	1=Unresponsive	1=No motor response			

Limb Movement
1=Normal power
2=Cannot overcome resistance
3=Overcome gravity
4=Flicker of muscle
5=Spastic flexion
6=Extension
7=No movement

Strength of Grips
S=Strong
W=Weak
A=Absent

Dorsal/Plantar Flexion
S=Strong
W=Weak
A=Absent

BRADEN SCORE FOR PREDICTING PRESSURE ULCER RISK

Sensory Perception	Moisture	Activity	Mobility	Nutrition	Friction & Shear
1=Completely Limited	1=Constantly moist	1=Bedrest	1=Completely Immobile	1=Very Poor	1=Problem
2=Very Limited	2=Very moist	2=Chairfast	2=Very Limited	2=Probably Inadequate	2=Potential problem
3=Slightly Limited	3=Occasionally moist	3=Walks occasionally	3=Slighty Limited	3=Adequate	3=No apparent problem
4=No Impairment	4=Rarely moist	4=Walks often	4=No Limitations	4=Excellent	
SCORE = 4	SCORE = 4	SCORE = 1	SCORE = 3	SCORE = 4	SCORE = 3

If total score ≤18, patient is a high risk for pressure ulcer implement Derm Alert Protocol — Total Score = 18

DERM ALERT INTERVENTIONS	7A-3P	3P-11P	11P-7A
Specialty Bed / Mattress Overlay			
Elbow / Heel Protectors			
Moisture Barrier Creams / Lotions			
Turn Clock posted over bed			

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

MR_Lex Med Ctr_0145

MR_Lex Med Ctr_0146

DATE JUN 1 9 2008

N/A

PCA/EPIDURAL/NARCOTIC DRIP FLOWSHEET *Remote telemetry for 1st 24 hours

Time	Drug	Strength (mg/ml)	Contin Rate (mg)	Loading Dose	PCA Dose	Lockout (min)	4-Hour Limit	1st RN	2nd RN

Patient monitoring will be documented upon initiation, then every 2 hours for 8 hours, then every 4 hours

Time									
New Syringe	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Waste Amount									
Purge Amount									
Cumulative Volume Delivered									
Review History & Program									
Pain Level									
Respiratory Rate									
O2 Set									
Ramsey Scale									

Ramsey Scale - 1=Patient anxious, agitated or restless; 2=Patient cooperative, oriented and tranquil; 3=Patient responds to command only; 4=Patient responds to gentle shaking; 5=Patient responds to noxious stimuli; 6=Patient has no response to firm nail bed pressure or other noxious stimuli

Time	NARRATIVE NOTE
0810	Pt c/o pain 5/10. Morphine ~~5~~ 4mg IV slowly given by another RN. AE
0920	Pt resting quietly c c/o pain 5/10. Pt states "pain med did help". will continue to monitor. AE
1200	Pt c/o pain 8/10. Given vicodin 2 tabs PO. — AE
1559	Pt c/o pain 8/10. Given vicodin 2 tabs PO. — AE
1915	Pt c/o pain 9/10. Given morphine 4mg IV for breakthrough pain. AE

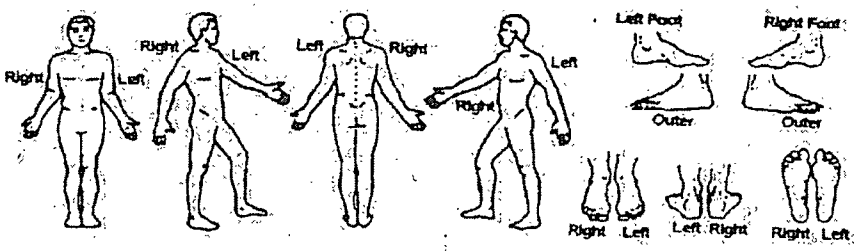
LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

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[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M [redacted]

DATE JUN 19 2008

INTEGUMENT	7A-3P	3P-11P	11P-7A
	Time 0920 Initial [redacted]	Time 1600 Initial AE	Time 00 Initial [redacted]
WNL: Skin intact; turgor elastic; no discoloration; warm and dry to touch; oral cavity pink; moist and intact			
Skin Discoloration/Location C=Cyanosis J=Jaundice P=Pallor V= Vitiligo E=Erythema			



WOUND ASSESSMENT CODES

Stage	Appearance	Drainage	Odor	Peri-Wound Tissue
I - Non-blanchable reddened area (intact skin)	P = Pink / Clean	O = None	O = None	WNL = Within Normal Limits
II - Blister, skin break	S = Slough	S = Serous	M = Mild	R = Reddened
III - Skin break exposing subcu tissue	E = Eschar	SG = Sero-sanguineous	F = Foul	D = Darkened
IV - Skin break exposing muscle and/or bone		P = Purulent		M = Macerated

☐ N/A

WOUND ASSESSMENT

	7A-3P	3P-11P	11P-7A
Wound #1 Location LLE	Time 0920 Initial AE	Time 1600 Initial AE	Time 04 Initial [redacted]
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision	surgical incision	surgical incision	surgical inc
Stage			
Appearance	open dsg/dce + splint	open dsg/dce + splint	open dsg/dce + splint
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / NO	YES / NO	YES / NO
Irrigation			
Treatment			
Wound #2 Location			
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision			
Stage			
Appearance			
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / NO	YES / NO	YES / NO
Irrigation			
Treatment			
Wound #3 Location			
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision			
Stage			
Appearance			
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / NO	YES / NO	YES / NO
Irrigation			
Treatment			

[redacted] 06/19/08 35
[redacted] MICHAEL C
[redacted] LEE, DAVID K MD
RN15P 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

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MR_Lex Med Ctr_0147

DATE JUN 19 2008

FALL RISK ASSESSMENT

Risk Factor	Points	7A-3P	3P-11P	11P-7A
Confusion/Disorientation/Impulsivity	4			
Symptomatic Depression	2			
Altered Elimination	1	✓	✓	✓
Dizziness/Vertigo	1			
Gender - Male	1	✓	✓	✓
Any Administered Antiepileptics	2			
Any Administered Benzodiazepines	1			
Shift Assessment Score		2	2	2

Get Up and Go Test (To be completed daily in AM & on Admission)

	Points	Score
Ability to rise in a single movement - No loss of balance with steps	0	
Pushes up, successful in one attempt	1	
Multiple attempts, but successful	3	
Unable to rise without assistance during test (OR if a medical order states the same and/or complete bedrest is ordered)	4	4

AM Fall Risk Assessment 2
Get Up/Go score 4
TOTAL 12
(A score of 5 or > = High risk)

FALL PREVENTION INTERVENTIONS

	N/A	7A-3P	3P-11P	11P-7A
Spot The Dot		✓	✓	✓
Non-skid Slipper Socks on when OOB		✓	✓	✓
Wall Sign reflects Spot The Dot		✓	✓	✓
Call Light in Reach		✓	✓	✓
Bed Low & Locked		✓	✓	✓
Bed Alarm Activated				
Side Rails Up		☒ X2 ☐ X3 ☐ X4*	☒ X2 ☐ X3 ☐ X4*	☑ X2 ☐ X3 ☐ X4*
*Siderails ◊X4 Reason:				

RESTRAINT ASSESSMENT

☒ N/A

Criteria ○ Acute or chronic confusion AND at least one of the following: ☐ High risk for fall AND repeated attempts to get up w/o assistance
☐ Pulling, picking or otherwise endangering the patency of lines, tubes, dressings, or other medical device that if disconnected would pose a threat to patient's
Time limited MD order obtained each calendar day: ☐ Yes

Behavioral Assessment q2Hrs:	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
I. Confused, disoriented AND at least one of the following																								
A. Attempts to pull/pick at lines, tubes, dressings, etc...																								
B. Attempts to get out of bed/chair without assistance																								
II. Alert, oriented X3																								
III. Calm, Cooperative																								
IV. Other:																								
Restraints:																								
Type: M=Mitten S=Soft V=Vest L=Leather R=Siderails ◊X4																								
Location: B=Bilateral L=Left R=Right W=Wrist A=Ankle																								
Initials																								
Restraints checked q 1 hr for appropriate application/circulation																								
Restraints removed/adjusted q 2hrs; ROM; Skin assessment																								
Restraints Off																								
Other Interventions In Use																								
Family member / volunteer with patient																								
Conceal tubes, lines, dressings, etc...																								

IV SITE ASSESSMENT

☐ N/A

Codes
Venous Access: C=Central Line P=Peripheral Line I=Implanted Device
Phlebitis Scale: 0=No Pain/Swelling 1=Erythema @ site; 2=Pain @ site 3=Pain, reddness, swelling; 4=Palpable cord w/ purulent drainage
Infiltration Scale: 0=No symptoms 1=Skin blanched, cool to touch; 2=#1 plus edema; 3=#1 plus translucent skin, edema, mild to mod pain; 4 =#3 plus skin tight, discolored, mod-severe pain

	7A-3P	3P-11P	11P-7A
Venous Access	P	P	P
Location	18 R arm	18 R arm	18 R arm
Phlebitis Scale	0	0	0
Infiltration Scale	0	0	0
Dressing Intact	YES / NO	YES / NO	YES / NO
Dressing changed	YES / NO	YES / NO	YES / NO

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

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MR_Lex Med Ctr_0148

ROA 1056

DATE JUN 20 2008 WEIGHT

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
Temperature	98.1				99																			
Pulse	109				119																			
Respirations	18				18																			
BP	135/95				140/90																			
FiO2 (LPM)	RA				RA																			
SpO2	92				99																			
Initials	JB				AE																			
Pain Score		9		8	5																			
Initials		AE		AE	AE																			
Blood Sugar																								
Initials																								

L=Left R=Right B=Back **TURNING / POSITIONING SCHEDULE** S=Self CH=Chair ST=Stand OFF=Off

Position		B		B																				
Initials		AE		AE																				
Patient Rounds	JB	AE	AE	AE																				
1:1 Observation																								

INTAKE AND OUTPUT

INTAKE	7A-3P	3P-11P	11P-7A
IV			
Oral			
Blood			
PPN/TPN			
Tube Feeding			
8 Hour Total			
24 Hour Total			

OUTPUT	7A-3P	3P-11P	11P-7A
Urine			
Emesis			
N/G Tube			
Hemovac			
JP Drain			
Chest Tube			
Bowel Movement			
8 Hour Total			
24 Hour Total			

Breakfast TYPE	Lunch TYPE	Dinner TYPE	Supplemental Feedings
All >Half <Half None NPO	All >Half <Half None NPO	All >Half <Half None NPO	All >Half <Half None NPO

ISOLATION ○ YES ✗ NO TYPE

INTERVENTIONS / TREATMENTS	N/A	7A-3P	3P-11P	11P-7A
Bath C=Complete A=Assist S=Self SH-Shower				
Peri Care / Catheter Care				
Oral Care				
Linen Changed				
Activity B=Bedrest BRP=Bathroom Privileges U=Up ad lib C=Chair		B		
HOB elevated ____ Degrees	✓			
PEG / NG Placement checked / Tube Feeding Residual (amount)	✓			
Ambulation S=Self A1=Assist X1 A2=Assist X2	✓			
TED Hose (Removed TID)	✓	Time	Time	Time
Sequential Compression Device Intact	✓			
Trach Care	✓			
Incentive Spirometry	✓			
Deep breathe & cough		✓AE		
Suction O=Oral T=Trach NT=Nasotracheal ET=Endotracheal	✓			
Aspiration Precautions	✓			
Seizure Precautions	✓			

SIGNATURE / TITLE / INITIALS

Kristin Brown cna
Angella Ecargic RN TAE

SIGNATURE / TITLE / INITIALS

Jane H Lee MD NT JB

Leslie Daughtry RN

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER ADULT DAILY CARE RECORD

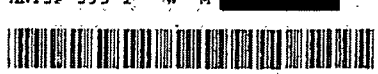
7181-548-1 (3/08) Page 1 of 6

MR_Lex Med Ctr_0149

DATE JUN 20 2008

	NORMAL		7A-3P Time 0830 Initial	3P-11P Time Initial	11P-7A Time Initial
NEUROLOGIC	Alert, oriented X3, follows commands, speech clear, speech clear and appropriate, motor response appropriate, moves all extremities	WNL	✓		
		* Disoriented to			
		* Agitated			
		* Lethargic			
		* Arouses to			
		* Unresponsive			
		* Inappropriate behavior			
		Speech: WNL Aphasic Slurred	WNL ✓		
CARDIOVASCULAR	Heart rhythm regular, brisk capillary refill, no edema, peripheral pulses present by palpation ⊙ AV Graft present Location ⊙ Pacemaker/ICD Present	WNL			
		Abnormal Heart Rate (brady, tachy)			
		Abnormal Heart Rhythm (Reg/Irregular)			
		Abnormal Heart Sounds (Murmur, Gallop, S3, S4, Rub, etc.)			
		Capillary Refill Time >3 sec			
		Edema - Location			
		- Type (pitting/nonpitting/generalized)			
		Abnormal Peripheral Pulses	(A=Absent, W=Weak, D=Doppler, N=Normal) Right Left	Right Left	Right Left
		Radial			
		Pedal	N N		
		Remote Telemetry Present	YES / NO	YES / NO	YES / NO
		AV Bruit Present	YES / NO	YES / NO	YES / NO
		AV Thrill Present	YES / NO	YES / NO	YES / NO
PULMONARY	Respirations even unlabored, lung sounds clear, no cough rate WNL, no secretions	WNL	✓		
		Irregular - S=Shallow D=Deep L=Labored			
		Breath Sounds D=Diminished W=Wheezes, A=Absent C=Crackles, R=Rhonci	R L	R L	R L
		Cough N=Non-productive P=Productive			
		Sputum - Color			
		Sputum - Consistency			
		Continuous Pulse Oximetry	YES NO	YES / NO	YES / NO
		Chest Tube(s) R L	Water Seal OR Suction _____ cms Air Leak +/-	Water Seal OR Suction _____ cms Air Leak +/-	Water Seal OR Suction _____ cms Air Leak +/-
GASTROINTESTINAL	Abdomen soft non-distended, non-tender, bowel sounds present in all 4 quadrants, no N/V, no diarrhea, no constipation Last Bowel Movement	WNL	✓		
		Abdomen distended (Firm/Soft)			
		Abdomen Tender (Location)			
		Bowel sounds: A=Absent H=Hypoactive, H=Hyperactive			
		N=Nausea V=Vomiting			
		Incontinent (Bowel)	YES NO	YES / NO	YES / NO
		D=Diarrhea C=Constipated			
		Ostomy (Colostomy/Ileostomy)	Colostomy / Ileostomy	Colostomy / Ileostomy	Colostomy / Ileostomy
		Stoma Color			
		Tubes: (PEG, NG, Other)			
GENITOURINARY	Urine clear, yellow to amber, No difficulty voiding, No bladder distention Dialysis Today YES/NO	WNL	✓		
		Urine cloudy	YES NO	YES / NO	YES / NO
		Urine color	YELLOW		
		Patient complains of Burning	YES / NO	YES / NO	YES / NO
		Frequency	YES / NO	YES / NO	YES / NO
		Dysuria	YES / NO	YES / NO	YES / NO
		Incontinent (Urine)	YES / NO	YES / NO	YES / NO
		Catheters: F=Foley S=Suprapubic, N=Nephrostomy U=Urostomy (Describe stoma)			

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]



LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

DATE JUN 20 2008

MUSCULOSKELETAL		7A-3P	3P-11P	11P-7A
NORMAL: Moves all extremities independently with purpose, full spontaneous ROM; self care; independent bed mobility; transfers, steady gait; ambulates without assistive device; absence of joint swelling or tenderness		Time 0830 Initial AE	Time Initial	Time Initial
	WNL			
	Weakness (General vs. Location)			
	Paralysis (Location)			
	Joint Stiffness	LLE		
	Contractures			
	Amputation (Type & Location)			
	Assistive Device/Type/Prosthesis			
	Immobilization device / Type			
	Orthopedic Devices			

PAIN MANAGEMENT

Codes
Scales: Color Intensity; FACES; FLACC; Simple Descriptive; Visual Analog; Numeric (0-10)
Quality: A=Aching; B=Burning; D=Dull; S=Sharp; C=Cramping; T=Throbbing; P=Prickling; R=Radiating
Intervention: 1=Discuss pain management w/MD; 2=Pharmacological (See EMAR); 3=Non-Pharmacological - A=Changed position; B=Relaxation technique; C=Splinting; D=Imagery; E=Music; F=Education

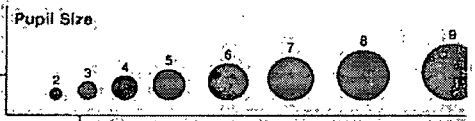
	7A-3P	3P-11P	11P-7A
	Time 0830 Initial AE	Time Initial	Time Initial
Comfort Goal	<8		
Pain Scale Used	NUMERIC		
Pain Rating	9		
Location	LLE		
Quality	A		
Intervention	2		

NEUROLOGICAL / NEUROVASCULAR ASSESSMENT

☐ N/A

		Time	0830														
Coma Scale:	Eyes Open																
	Verbal Response																
	Motor Response																
Pupils:	Size/Reaction	Right															
		Left															
Dorsal Flexion	R/L		5 5														
Plantar Flexion	R/L		5 5														
Limb Movement																	
Hand Grips:	Equality																
	Strength	Right															
		Left															
Capillary Refill			<3SEC														

Codes

Eyes Open	Verbal Reponse	Motor Response	Pupil Reaction	Hand Grips	Pupil Size
4=Spontaneously	5=Oriented	5=Obeys commands	B=Brisk	E=Equal	
3=To speech	4=Confused	4=Localizes pain	S=Sluggish	U=Unequal	
2=To pain	3=Inappropriate words	3=Flexion to pain	N=No reaction		
1=None	2=Incomprehensible sounds	2=Extension to pain	C=Eyes closed		
C=Swollen Closed	1=Unresponsive	1=No motor response			

Limb Movement
1=Normal power; 2=Cannot overcome resistance; 3=Overcome gravity; 4=Flicker of muscle; 5=Spastic flexion; 6=Extension; 7=No movement

Strength of Grips: S=Strong; W=Weak; A=Absent

Dorsal/Plantar Flexion: S=Strong; W=Weak; A=Absent

BRADEN SCORE FOR PREDICTING PRESSURE ULCER RISK

Sensory Perception	Moisture	Activity	Mobility	Nutrition	Friction & Shear
1=Completely Limited	1=Constantly moist	1=Bedrest	1=Completely Immobile	1=Very Poor	1=Problem
2=Very Limited	2=Very moist	2=Chairfast	2=Very Limited	2=Probably Inadequate	2=Potential problem
3=Slightly Limited	3=Occasionally moist	3=Walks occasionally	3=Slightly Limited	3=Adequate	3=No apparent problem
4=No Impairment	4=Rarely moist	4=Walks often	4=No Limitations	4=Excellent	
SCORE = 4	SCORE = 3	SCORE = 1	SCORE = 4	SCORE = 4	SCORE = 3

If total score ≤18, patient is a high risk for pressure ulcer implement Derm Alert Protocol — Total Score = 19

DERM ALERT INTERVENTIONS	7A-3P	3P-11P	11P-7A
Specialty Bed / Mattress Overlay			
Elbow / Heel Protectors			
Moisture Barrier Creams / Lotions			
Turn Clock posted over bed			

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

MR_Lex Med Ctr_0151

MR_Lex Med Ctr_0152

DATE JUN 20 2008

☒ N/A

PCA/EPIDURAL/NARCOTIC DRIP FLOWSHEET *Remote telemetry for 1st 24 hours

Time	Drug	Strength (mg/ml)	Contin Rate (mg)	Loading Dose	PCA Dose	Lockout (min)	4-Hour Limit	1st RN	2nd RN

Patient monitoring will be documented upon initiation, then every 2 hours for 8 hours, then every 4 hours.

Time									
New Syringe	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Waste Amount									
Purge Amount									
Cumulative Volume Delivered									
Review History & Program									
Pain Level									
Respiratory Rate									
O2 Sat									
Ramsey Scale									

Ramsey Scale - 1=Patient anxious, agitated or restless; 2=Patient cooperative, oriented and tranquil; 3=Patient responds to command only; 4=Patient responds to gentle shaking; 5=Patient responds to noxious stimuli; 6=Patient has no response to firm nail bed pressure or other noxious stimuli

Time	NARRATIVE NOTE
0825	Pt c/o pain 9/10 to LLE. Given morphine 4mg slow IVP for breakthrough pain. — AE
1000	Pt c/o pain 8/10 to LLE. Given PERCOCET 2 tabs PO. — AE
1045	Given morphine 4mg slow IVP prior to transfer to Richland hospital via EMS. — AE

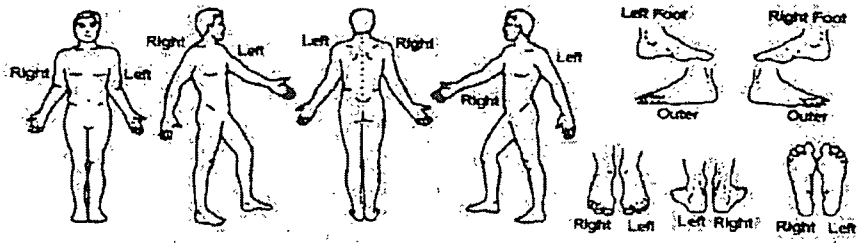
[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M [redacted]



LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

DATE JUN 2 0 2008

INTEGUMENT	7A-3P	3P-11P	11P-7A
Skin intact; turgor elastic; no discoloration; warm and dry to touch; oral cavity pink; moist and intact	Time 0830 Initial KF	Time ____ Initial ____	Time ____ Initial ____
WNL			
Skin Discoloration/Location: C=Cyanosis J=Jaundice P=Pallor V= Vitiligo E=Erythema			



WOUND ASSESSMENT CODES

Stage	Appearance	Drainage	Odor	Peri-Wound Tissue
I - Non-blanchable reddened area (intact skin)	P = Pink / Clean	O = None	O = None	WNL = Within Normal Limits
II - Blister, skin break	S = Slough	S = Serous	M = Mild	R = Reddened
III - Skin break exposing subcu tissue	E = Eschar	SG - Sero-sanguineous	F = Foul	D = Darkened
IV - Skin break exposing muscle and/or bone		P = Purulent		M = Macerated

☐ N/A

WOUND ASSESSMENT

	7A-3P	3P-11P	11P-7A
Wound #1 Location LLE	Time 0830 Initial KF	Time ____ Initial ____	Time ____ Initial ____
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision	surgical incision		
Stage			
Appearance	clean wrap + splint		
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / (NO)	YES / NO	YES / NO
Irrigation			
Treatment			
Wound #2 Location			
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision			
Stage			
Appearance			
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / NO	YES / NO	YES / NO
Irrigation			
Treatment			
Wound #3 Location			
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision			
Stage			
Appearance			
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / NO	YES / NO	YES / NO
Irrigation			
Treatment			

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

[redacted] 05/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

MR_Lex Med Ctr_0153

DATE JUN 20 2008

FALL RISK ASSESSMENT

Risk Factor	Points	7A-3P	3P-11P	11P-7A
Confusion/Disorientation/Impulsivity	4			
Symptomatic Depression	2			
Altered Elimination	1	1		
Dizziness/Vertigo	1			
Gender - Male	1	1		
Any Administered Antiepileptics	2			
Any Administered Benzodiazepines	1			
Shift Assessment Score		2		

Get Up and Go Test (To be completed daily in AM & on Admission)

	Points	Score
Ability to rise in a single movement - No loss of balance with steps	0	
Pushes up, successful in one attempt	1	
Multiple attempts, but successful	3	
Unable to rise without assistance during test (OR if a medical order states the same and/or complete bedrest is ordered)	4	4

AM Fall Risk Assessment 2
Get Up/Go score 4
TOTAL 6
(A score of 5 or > = High risk)

FALL PREVENTION INTERVENTIONS

	N/A	7A-3P	3P-11P	11P-7A
Spot The Dot	✓			
Non-skid Slipper Socks on when OOB	✓			
Wall Sign reflects Spot The Dot	✓			
Call Light in Reach		✓		
Bed Low & Locked		✓		
Bed Alarm Activated	✓			
Side Rails Up		☒ X2 ☐ X3 ☐ X4*	☐ X2 ☐ X3 ☐ X4*	☐ X2 ☐ X3 ☐ X4*
*Siderails ◊X4 Reason				

RESTRAINT ASSESSMENT

☒ N/A

Criteria ○ Acute or chronic confusion AND at least one of the following: ☐ High risk for fall AND repeated attempts to get up w/o assistance
☐ Pulling, picking or otherwise endangering the patency of lines, tubes, dressings, or other medical device that if disconnected would pose a threat to patient's
Time limited MD order obtained each calendar day: ☐ Yes

Behavioral Assessment q2Hrs:	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
I. Confused, disoriented AND at least one of the following																								
A. Attempts to pull/pick at lines, tubes, dressings, etc...																								
B. Attempts to get out of bed/chair without assistance																								
II. Alert, oriented X3																								
III. Calm, Cooperative																								
IV. Other:																								
Restraints:																								
Type: M=Mitten S=Soft V=Vest L=Leather R=Siderails ◊X4																								
Location: B=Bilateral L=Left R=Right W=Wrist A=Ankle																								
Initials																								
Restraints checked q 1 hr for appropriate application/circulation																								
Restraints removed/adjusted q 2hrs; ROM; Skin assessment																								
Restraints Off																								
Other Interventions In Use																								
Family member / volunteer with patient																								
Conceal tubes, lines, dressings, etc...																								

IV SITE ASSESSMENT

☐ N/A

Codes		7A-3P	3P-11P	11P-7A
Venous Access: C=Central Line P=Peripheral Line, I=Implanted Device	Venous Access	P		
	Location	18 RAcm		
Phlebitis Scale: 0=No Pain/Swelling 1=Erythema @ site; 2=Pain @ site 3=Pain, redness, swelling; 4=Palpable cord w/ purulent drainage	Phlebitis Scale	0		
Infiltration Scale: 0=No symptoms 1=Skin blanched, cool to touch; 2=#1 plus edema; 3=#1 plus translucent skin, edema, mild to mod pain; 4 =#3 plus skin tight, discolored, mod-severe pain	Infiltration Scale	0		
	Dressing Intact	YES / NO	YES / NO	YES / NO
	Dressing changed	YES / NO	YES / NO	YES / NO

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M[redacted]

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

MR_Lex Med Ctr_0154

JUN 2 0 2008

Intake-Output Worksheet

Measurements

Water pitcher	900cc
Small Styrofoam cup	180cc
Clear glass	240cc
Soup Bowl	150cc
Juice	120cc
Milk (1/2 pt.)	240cc
Coffee cup	240cc
Jello	60cc

Patient Sticker

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

	Intake			Output			
Shifts	Oral	Tube Feeding	IV	Urine	Stool	Emesis	Other
7-3							
3-11							
11-7							
Totals							

MR_Lex Med Ctr_0155

Patient Worksheet

Not intended for Medical Record - Do not place in patient's chart

HNT5P1 595-1
DAVID K LEE, MD

RUSSELL, MICHAEL C

DOB: [redacted]
Male 35 years

Account #: [redacted]
Medical Record #: [redacted]

Weight: 187.3 pounds

Allergies: No Known Allergies

Report:

Scheduled Medications	Due
Cefazolin (Kefzol/Ancef) 1 g/Sodium Chloride 0.9% 50 mL 1 g IVPB Every 8 Hours Total Volume: 50 mL; Infuse over 30 minutes Start: 06/19/2008 0600 Stop: 07/03/2008 0600	06 • 14 • 22
Famotidine (Pepcid) Tab 20 mg By Mouth Twice Daily (20 mg = 1 tab) SUBSTITUTE FOR ZANTAC AND AXID Start: 06/19/2008 0900	09 • 21
Nicotine (Nicoderm CQ) 21mg/24-hr Patch 1 patch Transdermal Daily Start: 06/19/2008 0900	09
PRN Medications	**Given**
Morphine Inj 2-4 mg Intravenous Every 4 Hours As Needed PRN BREAKTHROUGH PAIN; FOR MODERATE TO SEVERE PAIN Start: 06/19/2008 0730 Stop: 06/24/2008 0730	2216 6/19/2008
Oxycodone 5 mg/APAP 325 mg (Percocet) Tab 1-2 tab By Mouth Every 4 Hours As Needed FOR MODERATE TO SEVERE PAIN; NOT TO EXCEED 12 TABLETS/DAY; (MAX ACETAMINOPHEN DAILY = 4000 MG); LMC SUB FOR TYLOX Start: 06/19/2008 2245 Stop: 06/24/2008 2245	0138 6/20/2008
Promethazine (Phenergan) Tab 25 mg By Mouth Every 4 Hours As Needed (25 mg = 1 tab) PAIN; FOR NAUSEA OR VOMITING Start: 06/19/2008 2245	2049 6/19/2008

Sodium Chloride 0.9%
2.5 mL Intravenous Non Standard Frequency As Needed FLUSH PRE AND POST ABX ; FLUSH DAILY FOR PATENTCY Start: 06/19/2008 0745

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Printed: 06/20/2008 0152
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Shift Time: 06/20/2008 0000 - 06/21/2008 0000

MR_Lex Med Ctr_0156

Covers Doses from:

6/19/2008 0000 to 6/19/2008 2359

Medical Record

Medication Administration Record

Lexington Medical Center

Scheduled Medications

Start: Ord # / Stop: Ver. by	Drug/Dose/ Route/Comments	Freq	0000-0659	0700-1459	1500-2359
06/19/2008 0600 11106377 / 07/03/2008 0600 06/19/2008 0750 HJHAR	**Cefazolin (Kefzol/Ancef) 1 g/Sodium Chloride 0.9% 50 mL** 1 g IVPB Total Volume: 50 mL; Infuse over 30 minutes	Every 8 Hours		0816 *HJHAR* 1315 *AMDUG*	2208 *LJGAY*
06/19/2008 0900 11108595 / 06/19/2008 1432 AMDUG	**Famotidine (Pepcid) Tab** 20 mg By Mouth SUBSTITUTE FOR ZANTAC AND AXID	Twice Daily			2036 *LJGAY*
06/19/2008 0900 11108592 / 06/19/2008 1433 AMDUG	**Nicotine (Nicoderm CQ) 21mg/24-hr Patch** 1 patch Transdermal	Daily			1600 *AMDUG* Arm RU

Allergies: No Known Allergies

MRN [redacted] Acct.# [redacted]

RUSSELL, MICHAEL C 595-1 HNT5R1

DOB: [redacted] 35 years Male Adm: 06/19/2008

Weight: 187.3 pounds

Dr: DAVID K LEE, MD

MR_Lex Med Ctr_0157

Lexington Medical Center

PRN Medications

Start Ord #	Stop Ver. by	Drug/Dose/ Route/Comments	Freq	0000-0659	0700-1459	1500-2359
06/19/2008 0730 11106378	06/19/2008 2243 06/19/2008 0749 HJHAR	**Acetaminophen 500 mg/ Hydrocodone 5 mg (Vicodin) Tab** 1-2 tab By Mouth FOR MODERATE TO SEVERE PAIN; NOT TO EXCEED 8 TABS/DAY; (MAX ACETAMINOPHEN = 4000 MG/DAY) ; LORTAB/VICODIN	Every 4 Hours As Needed		1 1154 *AMDUG* 2 tab	2 1559 *AMDUG* 2 tab
				1 At 1154 *AMDUG* recorded "Pain" as [8 Adult]; 2 At 1559 *AMDUG* recorded "Pain" as [8 Adult];		
06/19/2008 0730 11106378	06/19/2008 2242 06/19/2008 2244 LJGAY	*update to above order* DISCONTINUE AT 06/19/2008 2243 LJGAY	Every 4 Hours As Needed			
06/19/2008 0730 11106379	06/24/2008 0730 06/19/2008 0749 HJHAR	**Morphine Inj** 2-4 mg Intravenous PRN BREAKTHROUGH PAIN; FOR MODERATE TO SEVERE PAIN	Every 4 Hours As Needed		1 0810 *HJHAR* 4 mg	1913 *AMDUG* 4 mg 2 2216 *LJGAY* 4 mg
				1 At 0810 *HJHAR* recorded "Pain" as [5 Adult]; 2 At 2216 *LJGAY* recorded "Pain" as [6 Adult];		
06/19/2008 2245 11110692	06/24/2008 2245 06/20/2008 0035 LJGAY	**Oxycodone 5 mg/APAP 325 mg (Percocet) Tab** 1-2 tab By Mouth FOR MODERATE TO SEVERE PAIN; NOT TO EXCEED 12 TABLETS/DAY; (MAX ACETAMINOPHEN DAILY = 4000 MG); LMC SUB FOR TYLOX	Every 4 Hours As Needed			1 2042 *LJGAY* 2 tab
				1 At 2042 *LJGAY* recorded "Pain" as [10 Adult];		
06/19/2008 2245 11110691	06/20/2008 0035 LJGAY	**Promethazine (Phenergan) Tab** 25 mg By Mouth PAIN; FOR NAUSEA OR VOMITING	Every 4 Hours As Needed			2049 *LJGAY*
06/19/2008 0745 11106380	06/19/2008 0750 HJHAR	**Sodium Chloride 0.9%** 2.5 mL Intravenous FLUSH PRE AND POST ABX ; FLUSH DAILY FOR PATENTCY	Non Standard Frequency As Needed			

Allergies: No Known Allergies

MRN [redacted] Acct.# [redacted]

RUSSELL, MICHAEL C 595-1 HNT5P1

DOB: [redacted] 35 years Male Adm: 06/19/2008
Weight: 187.3 pounds

Dr. DAVID K LEE, MD

Lexington Medical Center

Other Administrations

Start Ord #	Stop Ver. by	Drug/Dose/ Route/Comments	Freq	0000-0659	0700-1459	1500-2359
		HYDROmorphONE (Dilaudid) Inj 2 mg/1 mL		1 0546 *SRCOR* Intravenous 0.5 mg 2 0552 *SRCOR* Intravenous 0.5 mg		
				1 At 0546 *SRCOR* recorded "Pain" as [6 Adult]; 2 At 0552 *SRCOR* recorded "Pain" as [4 Adult];		
		Morphine Inj 10 mg/1 mL		1 0536 *SRCOR* Intravenous 5 mg		
				1 At 0536 *SRCOR* recorded "Pain" as [6 Adult];		

Initials	Name	Initials	Name
AMDUG	Angelia M . Eargle, RN	HJHAR	Harvey J . Harmon, RN
LJGAY	Linda J . Gay, RN	SRCOR	Stephanie R . Corley, RN

Allergies: No Known Allergies,

MRN [redacted] Acct.# [redacted]

RUSSELL, MICHAEL C 595-1 HNT5P1

DOB: [redacted] 35 years Male Adm: 06/19/2008

Weight: 187.3 pounds

Dr: DAVID K LEE, MD

MR_Lex Med Ctr_0159

Covers Doses from:

6/20/2008 0000 to 6/20/2008 2359

Medical Record

Medication Administration Record

Lexington Medical Center

Scheduled Medications

Start / Ord #	Stop / Ver. by	Drug/Dose/ Route/Comments	Freq	0000-0659	0700-1459	1500-2359
06/19/2008 0600 11106377	07/03/2008 0600 06/19/2008 0750 HJHAR	**Cefazolin (Kefzol/Ancef) 1 g/Sodium Chloride 0.9% 50 mL** 1 g IVPB Total Volume: 50 mL; Infuse over 30 minutes	Every 8 Hours	0531 *LJGAY*		
06/19/2008 0900 11108595	06/19/2008 1432 AMDUG	**Famotidine (Pepcid) Tab** 20 mg By Mouth SUBSTITUTE FOR ZANTAC AND AXID	Twice Daily		0829 *AMDUG*	
06/19/2008 0900 11108592	06/19/2008 1433 AMDUG	**Nicotine (Nicoderm CQ) 21mg/24-hr Patch** 1 patch Transdermal	Daily		1003 *AMDUG* Arm LU	

Allergies: No Known Allergies

MRN [redacted] Acct.# [redacted]

RUSSELL, MICHAEL C 595-1 HNT5P1

DOB: [redacted] 35 years Male Adm: 06/19/2008

Weight: 187.3 pounds

Dr: LEE,DAVID K MD

Lexington Medical Center

PRN Medications

Start / Ord #	Stop / Ver. by	Drug/Dose/ Route/Comments	Freq	0000-0659	0700-1459	1500-2359
06/19/2008 0730 11106379	06/24/2008 0730 06/19/2008 0749 HJHAR	**Morphine Inj** 2-4 mg Intravenous PRN BREAKTHROUGH PAIN; FOR MODERATE TO SEVERE PAIN	Every 4 Hours As Needed	1 0405 *LJGAY* 4 mg	0827 *AMDUG* 4 mg 2 1046 *AMDUG* 4 mg	
				1 At 0405 *LJGAY* recorded "Pain" as [10 Adult]; 2 At 1046 *AMDUG* recorded "Pain" as [5 Adult];		
06/19/2008 2245 11110692	06/24/2008 2245 06/20/2008 0035 LJGAY	**Oxycodone 5 mg/APAP 325 mg (Percocet) Tab** 1-2 tab By Mouth FOR MODERATE TO SEVERE PAIN; NOT TO EXCEED 12 TABLETS/DAY; (MAX ACETAMINOPHEN DAILY = 4000 MG); LMC SUB FOR TYLOX	Every 4 Hours As Needed	0138 *LJGAY* 2 tab 2 0614 *LJGAY* 2 tab	1002 *AMDUG* 2 tab	
				1 At 0138 *LJGAY* recorded "Pain" as [10 Adult]; 2 At 0614 *LJGAY* recorded "Pain" as [9 Adult];		
06/19/2008 2245 11110691	06/20/2008 0035 LJGAY	**Promethazine (Phenergan) Tab** 25 mg By Mouth PAIN; FOR NAUSEA OR VOMITING	Every 4 Hours As Needed			
06/19/2008 0745 11106380	06/19/2008 0750 HJHAR	**Sodium Chloride 0.9%** 2.5 mL Intravenous FLUSH PRE AND POST ABX ; FLUSH DAILY FOR PATENTCY	Non Standard Frequency As Needed			

Initials	Name	Initials	Name
AMDUG	Angelia M . Eargle, RN	HJHAR	Harvey J . Harmon, RN
LJGAY	Linda J . Gay, RN		

Allergies: No Known Allergies

MRN [redacted] Acct.# [redacted]

RUSSELL, MICHAEL C 595-1 HNT5P1

DOB: [redacted] 35 years Male Adm: 06/19/2008

Weight: 187.3 pounds

Dr: LEE,DAVID K MD

LEXINGTON MEDICAL CENTER

DEPARTMENT OF PATHOLOGY & LABORATORY MEDICINE
2720 SUNSET BOULEVARD WEST COLUMBIA, SC 29169
(803) 791-2401 www.lexmed.com/laboratio.htm

Ervin B. Shaw, MD
John B. Carter, MD
Kin R. McMaster, MD
Beverly W. Daniel, MD
E. Jayne Moffatt, MD
X. Karan Xu, MD PhD
William R. Armstrong, MD

Name: RUSSELL,MICHAEL C Room: 595 Physician: Lee, David K., MD Age: 35Y
Hosp No: [redacted] Loc: HNT5P Sex: M
SSN:

Admit Date: 06/19/2008

CBC/DIFFERENTIAL

	DATE: 06/18/08 TIME: 2300	NORMALS	UNITS
WBC	14.7 *	4.0-11.0	K/ul
RBC	4.31 *	4.60-6.10	M/ul
HGB	13.8	13.5-18.0	gm/dl
HCT	39.3 *	41.0-53.0	%
MCV	91.2	80.0-98.0	fl
MCHC	35.0	32.0-36.0	gm/dL
RDW	13.0	11.5-14.5	%
PLT	266	130-400	K/ul
% LYMPHOCYTES	18	17-44	%
% MONOCYTES	6	0-10	%
% GRANULOCYTES	75 *	43-72	%
% EOSINOPHILS	1	0-5	%
% BASOPHILS	0	0-3	%
ABS LYMPHOCYTES	2.70	0.7-5.0	K/ul
ABS MONOCYTES	0.90	0.0-1.1	K/ul
ABS GRANULOCYTES	10.90 *	1.7-8.0	K/ul
ABS EOSINOPHILS	0.20	0.0-0.6	K/ul
ABS BASOPHILS	0.00	0.0-0.2	K/ul
% NUCLEATED RBC	0	0	%
ABS NUCLEATED RBC	0.0	0.0	K/uL

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Kim R. McMaster, MD
Beverly W. Daniel, MD
E. Jayne McNatt, MD
X. Karen Xu, MD PhD
William R. Armstrong, MD

Name: RUSSELL,MICHAEL C Room: 595 Physician: Lee, David R., MD Age: 35Y
Hosp No: [redacted] Loc: HNT5P Sex: M
SSN:
Admit Date: 06/19/2008

HEMOSTASIS

	DATE: 06/18/08 TIME: 2300	NORMALS	UNITS
PROTHROMBIN TIME	12.1 *	12.3-14.9	sec
INR VALUE	0.9 INRC		
APTT	20.7 * HEPE	26.1-34.0	sec

---FOOTNOTES---
HEPE Therapeutic Range: [55-90] Sec
INRC The INR Value is intended for assessing only those patients stabilized on long term oral anticoagulant therapy. Therapeutic INR range is 2.0-3.0

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E. Jayne McNeil, MD
X. Karen Xu, MD PhD
William R. Armstrong, MD

Name: RUSSELL,MICHAEL C Room: 595 Physician: Lee, David K., MD Age: 35Y
Hosp No: [redacted] Loc: HNT5P Sex: M
SSN:

Admit Date: 06/19/2008

CHEMISTRY PROFILES

	DATE: 06/18/08 TIME: 2300	NORMALS	UNITS
GLUCOSE	113 *	70-100	MG/DL
SODIUM	142	135-145	MEQ/L
POTASSIUM	4.6	3.5-5.5	MEQ/L
	SLT HEMOLYSIS		
CHLORIDE	110 *	98-107	MEQ/L
CO2	17 *	23.0-31.0	MEQ/L
ANION GAP	15	7-16	MEQ/L
BUN	12	5-25	MG/DL
CREATININE	0.93	0.65-1.25	MG/DL
	CRE		
CALCIUM	8.0 *	8.7-10.2	MG/DL
BILIRUBIN (TOTAL)	0.5	0-1.0	MG/DL
BILIRUBIN (DIRECT)	0.3	0-0.4	MG/DL
TOTAL PROTEIN	6.9	6.3-8.2	G/DL
ALBUMIN	3.9	3.5-5.0	G/DL
AST	101 *	14-50	U/L
ALT (SGPT)	63	21-72	U/L
ALK PHOS	118	50-136	U/L
GGTP	195 *	8-78	U/L
eGFR	>60	90-110	mL/min/1.73 sqm
	GFC		

---FOOTNOTES---
CRE Please note new reference range effective 05/08/08 @1200.
GFC (Multiply result X 1.2 if Afr. Am.)

CONTINUED

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E. Jayne Metter, MD
X. Karen Xu, MD PhD
William R. Armstrong, MD

Name: RUSSELL,MICHAEL C Room: 595 Physician: Lee, David K., MD Age: 35Y
Hosp No: [redacted] Loc: HNT5P Sex: M
SSN:
Admit Date: 06/19/2008

DRUGS OF ABUSE

06/18/08
2300 ALCOHOL *0.232 [<0.01] %

CONTINUED

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MR_Lex Med Ctr_0165

ROA 1073

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Beverly W. Daniel, MD
E. Jayne Moffatt, MD
X. Keren Xu, MD PhD
William R. Armstrong, MD

Name: RUSSELL,MICHAEL C Room: 595 Physician: Lee, David K., MD Age: 35Y
Hosp No: [redacted] Loc: HNT5P Sex: M
SSN:

Admit Date: 06/19/2008

BLOOD BANK TESTS

06/18/08
2300 TYPE SCREEN AND HOLD

ABO/RH(D)	O POSITIVE
ANTIBODY SCREEN	NEGATIVE
NOTE:	TYPE AND SCREEN ONLY

CONTINUED

Specimen date/time represents the collect date/time
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X. Karen Xu, MD PhD
William R. Armstrong, MD

Name: RUSSELL,MICHAEL C Room: 595 Physician: Lee, David K., MD Age: 35Y
Hosp No: [redacted] Loc: HNT5P Sex: M
SSN:

Admit Date: 06/19/2008

STAT ORDER APPENDIX

DATE	COLLECT TIME	TEST NAME	CREDITED
01/02/08	0910	URINE CHEMICAL EXAM	
	0910	URINE MICROSCOPIC	
06/18/08	2300	CBC HEMOGRAM	
	2300	COMPREHENSIVE METABO	
	2300	DIFFERENTIAL	
	2300	ALCOHOL	
	2300	PROTHROMBIN TIME	
	2300	APTT	
	2300	TYPE SCREEN AND HOLD	

END OF REPORT

Specimen date/time represents the collect date/time
If the collect date/time is unavailable/ the date/time displayed is the receipte date.

Accredited continuously since 1977-2006 by CAP; COLA 2008-Present

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C

Unit/Mr No: [redacted]
Acct No:
Report No: 20080619-0062
Pt Location: HNT5P1

Age: 35 M
DOB: [redacted]
Patient SSN: [redacted]
Order Dr: HALL,THOMAS R,MD

Req No: 08-79815 Dictated By: MCGUIRE,KEITH A, MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0618-0264 RAD/TIBIA&FIBULA/LOWER LEG LEFT

DATE OF EXAM: 06/18/08

CLINICAL DATA: 35M, MOTORCYCLE ACCIDENT, LEFT LOWER EXTREMITY PAIN

LEFT LOWER EXTREMITY - TWO VIEWS:

COMPARISON: None.

FINDINGS: Acute transverse fractures that are overlapping involving the distal left tibial and fibular metadiaphysis is noted. The fibular fracture appears comminuted. Visualized left ankle mortise appears intact.

Transcribed by:AKHOO ANITA K HOOK

Report Status: Signed

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C
Age: 35 M
DOB: [redacted]
Patient SSN : [redacted]
Order Dr: HALL,THOMAS R,MD

Unit/Mr No: [redacted]
Acct No:
Report No: 20080619-0069
Pt Location: HNT5P1

Req No: 08-79823 Dictated By: HAYNES,JOHN W,MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0618-0272 RAD/CHEST 1 VIEW

DATE OF EXAM: 06/18/08

CLINICAL DATA: 35M, CHEST PAIN

AP SUPINE CHEST:

FINDINGS: Backboard artifacts are present. Heart, lungs, mediastinum and visualized osseous structures are within the limits of normal for this technique.

Transcribed by:MASMI MARY A SMITH Report Status: Signed

MR_Lex Med Ctr_0169

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C
Age: 35 M
DOB: [redacted]
Patient SSN : [redacted]
Order Dr: HALL,THOMAS R,MD

Unit/Mr No: [redacted]
Acct No:
Report No: 20080619-0070
Pt Location: HNT5P1

Req No: 08-79823 Dictated By: HAYNES,JOHN W,MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0618-0273 RAD/PELVIS

DATE OF EXAM: 06/18/08

CLINICAL DATA: 35M, PELVIC PAIN

PELVIS:

Single view was obtained. Backboard artifacts obscure anatomy of the left hemipelvis but there appears to be an acute fracture of the left acetabulum with superior subluxation of the femoral head which has impacted the acetabular roof. No other obvious fractures are visible. There is evidence of previous right inguinal hernia repair.

Transcribed by:AKHOO ANITA K HOOK Report Status: Signed

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C

Unit/Mr No: [redacted]
Acct No:
Report No: 20080619-0071
Pt Location: HNT5P1

Age: 35 M
DOB: [redacted]
Patient SSN : [redacted]
Order Dr: HALL,THOMAS R,MD

Req No: 08-79823 Dictated By: HAYNES,JOHN W,MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0618-0274 RAD/FEMUR LEFT

DATE OF EXAM: 06/18/08

CLINICAL DATA: 35M, LEFT FEMUR PAIN

LEFT FEMUR (2 VIEWS):

Two views of the left femur show no traumatic or pathologic changes.

NOTE: Note comments on femur position on the pelvic radiograph report.

Transcribed by:MASMI MARY A SMITH Report Status: Signed

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C
Age: 35 M
DOB: [redacted]
Patient SSN: [redacted]
Order Dr: HALL,THOMAS R,MD

Unit/Mr No: [redacted]
Acct No:
Report No: 20080619-0077
Pt Location: HNT5P1

Req No: 08-79828 Dictated By: HAYNES,JOHN W,MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0618-0279 RAD/TIBIA&FIBULA/LOWER LEG LEFT

DATE OF EXAM: 06/18/08

CLINICAL DATA: 35M, INJURED LEFT LEG

LEFT TIBIA-FIBULA:

FINDINGS: AP and lateral views of the left tibia and fibula are made through a lower leg splint. Artifacts compromise evaluation of the proximal tibia and fibula which appear grossly normal. There are acute transverse fractures through the distal shafts of both tibia and fibula, again partially obscured by the overlying metallic splint.

Transcribed by:MASMI MARY A SMITH Report Status: Signed

MR_Lex Med Ctr_0172

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C
Age: 35 M
DOB: [redacted]
Patient SSN : [redacted]
Order Dr: HALL,THOMAS R,MD

Unit/Mr No: [redacted]
Acct No:
Report No: 20080619-0095
Pt Location: HNT5P1

Req No: 08-79846 Dictated By: HAYNES,JOHN W,MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0619-0032 RAD/CERV SP 2 OR 3 VIEWS OR TRAUMA

DATE OF EXAM: 06/19/08

CLINICAL DATA: 35M, INJURED CERVICAL SPINE

CERVICAL SPINE:

COMPARISON: None.

Radiographic examination of the cervical spine consists of AP, lateral, swimmer's lateral, and odontoid views. Alignment of all seven cervical vertebrae is normal. Osseous structures, including the odontoid, appear intact without signs of an acute fracture. Soft tissues are nonspecific.

IMPRESSION: Unremarkable cervical spine.

Transcribed by:MASMI MARY A SMITH

Report Status: Signed

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C

Age: 35 M
DOB: [redacted]
Patient SSN : [redacted]
Order Dr: HALL,THOMAS R,MD

Unit/Mr No: [redacted]
Acct No:
Report No: 20080619-0097
Pt Location: HNT5P1

Req No: 08-79846 Dictated By: HAYNES,JOHN W,MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0619-0033 RAD/LUMBAR SPINE 2 or 3 VIEWS

DATE OF EXAM: 06/19/08

CLINICAL DATA: 35M, INJURED LUMBAR SPINE

LUMBAR SPINE (3 VIEWS):

Three views of the lumbar spine, including a spot lateral of the lumbosacral region, show the bony structures to be intact. Disc spaces are well maintained. The facets are within normal limits. There is a normal lumbar curve.

IMPRESSION: Negative lumbar spine.

NOTE: Urographic contrast is present within the renal collecting system and within the urinary bladder apparently from recent CT study. Left acetabular fracture is reidentified.

Transcribed by:MASMI MARY A SMITH Report Status: Signed

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C
Unit/Mr No: [redacted]
Acct No:
Age: 35 M
DOB: [redacted]
Report No: 20080619-0254
Pt Location: HNT5P1
Patient SSN : [redacted]
Order Dr: HALL,THOMAS R,MD
HALL,THOMAS R,MD
HALL,THOMAS R,MD
Req No: 08-79836
08-79836
08-79836
Dictated By: HUDSON,EDWIN R MD
HUDSON,EDWIN R MD
HUDSON,EDWIN R MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0618-0056 SPP/ARTERIOGRAM EXTREMITY UNI;
0618-0057 SPP/CATH SEL ABDOMEN PELVIS 1ST;
0618-0058 SPP/MOD CS >5 YR FIRST 30 MINUTES

DATE OF EXAM: 06/18/08

CLINICAL DATA: 35M INVOLVED IN MOTOR VEHICLE ACCIDENT WITH LEFT LEG FRACTURES

PELVIC AND LEFT LEG ARTERIOGRAM:

PROCEDURE: Informed consent was obtained from the patient's wife by staff. The right groin was prepped and draped. 1% Lidocaine was used as local anesthesia. The right common femoral artery was accessed using a Microaccess system and a 4Fr vascular sheath placed. Over a 0.035 guidewire a universal flush catheter was positioned at the level of the distal abdominal aorta and an oblique view of the pelvis performed. The catheter was then manipulated across the aortic bifurcation past the level of the left common femoral artery. Digital imaging was performed from the level of the left hip to the level of the distal left foot. Following review of the films the catheter and sheath were removed and hemostasis achieved with manual pressure. No acute complications were encountered.

FINDINGS: The pelvic arteriogram shows no atherosclerotic disease or flow-limiting stenosis. Imaging down the left leg shows no spasm or injury to the left common femoral artery. The superficial femoral artery is widely patent with no significant atherosclerotic disease or vasospasm.

Popliteal artery remains well defined with no injury. Three vessel run-off is documented proximally. Vasospasm is noted within the anterior and posterior tibial arteries but pseudoaneurysm or definite intimal injury is not identified. Both the anterior and posterior tibial arteries are seen across the level of the ankle. Peroneal artery can be seen to the level of the ankle.

IMPRESSION: Vasospasm of the anterior and posterior tibial arteries at and just above the level of the patient's tib/fib fracture. Both vessels are well defined across the ankle.

Transcribed by:AKHOO ANITA K HOOK
Report Status: Signed

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C
Unit/Mr No: [redacted]
Acct No:
Age: 35 M
Report No: 20080619-0467
DOB: [redacted]
Pt Location: HNT5P1
Patient SSN : [redacted]
Order Dr: LEE,DAVID K MD
Req No: 08-79876
Dictated By: RADIOLOGY DEPARTMENT

ORDERED BY: DAVID K LEE MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0619-0001 OR/FLUORO 1 HR LEFT

DATE OF EXAM: 06/19/08

CLINICAL DATA: 35M, LEG INJURY, PROCEDURE DONE IN OR

FLUOROSCOPY:

Fluoroscopy was provided by means of a portable image intensifier. No films were taken.

Transcribed by:CGBEN CHERYL D GANUS
Report Status: Signed

MR_Lex Med Ctr_0176

RUSSELL ,MICHAEL C
MRN#: [redacted]
D.O.B: [redacted] Age:35 years
Sex:Male Race:Caucasian
Ordering MD:HALL
Review Phy: A, IMA GROUP
Room#:21 Tech:VML
DX:LEG INJURY

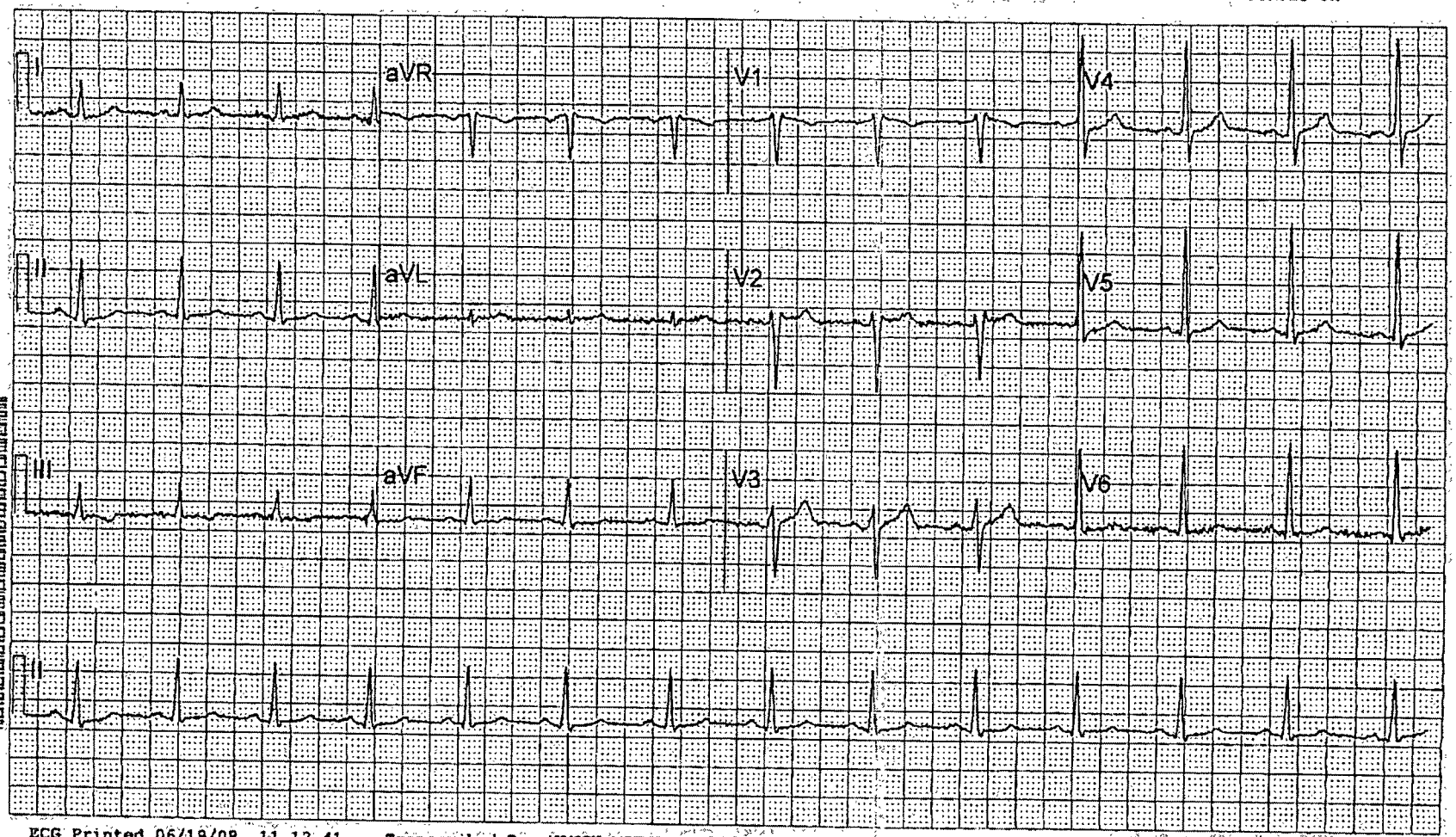
595

Dept:ER
Time:23.10.46 06/18/08
Lexington Medical Center

Vent rate: 83	SINUS RHYTHM
RR : 720	NONSPECIFIC T WAVE CHANGES INFERIOR LEADS
--Durations--	
P : 112	
QRS: 106	
--Intervals--	
PR : 144	
QT : 368	
QTcH: 408	
QTd: 44	
--Axes--	
P : 35	
QRS: 53	Confirmed test: C. WHITE , M.D.
T : 5	

conv

Speed: 25 mm/s Limb Lead Gain: 10.0 mm/mV Chest Lead Gain: 10.0 mm/mV Filters(s): Notch 60 Hz Artifact 40 Hz Stable On



ECG Printed 06/19/08 11.12.41 Transcribed By: NANCY MCENTIRE 06/19/08 11.12.35

ROA 1085

MR_Lex Med Ctr_0177

EKG SLIPS

NAME / ROOM NO. _____

V-RATE	A-RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE

-21
:58 18JUN2008

22:06	120/	82(	97)	mmHg	PR=	82	(NIBP)
22:31	103/	81(	89)	mmHg	PR=	86	(ECG)
22:35	106/	72(	88)	mmHg	PR=	87	(ECG)
22:40	118/	84(	93)	mmHg	PR=	84	(ECG)
22:45	117/	80(	95)	mmHg	PR=	89	(NIBP)

STAT

LAST BP=
23:29
06/18

NIBP

11
8

V-RATE	A-RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE

18JUN2008

22:50	???						
22:55	???						
23:00	???						
23:12	97/	80(	87)	mmHg	PR=	88	(ECG)
23:29	113/	81(	94)	mmHg	PR=	86	(ECG)

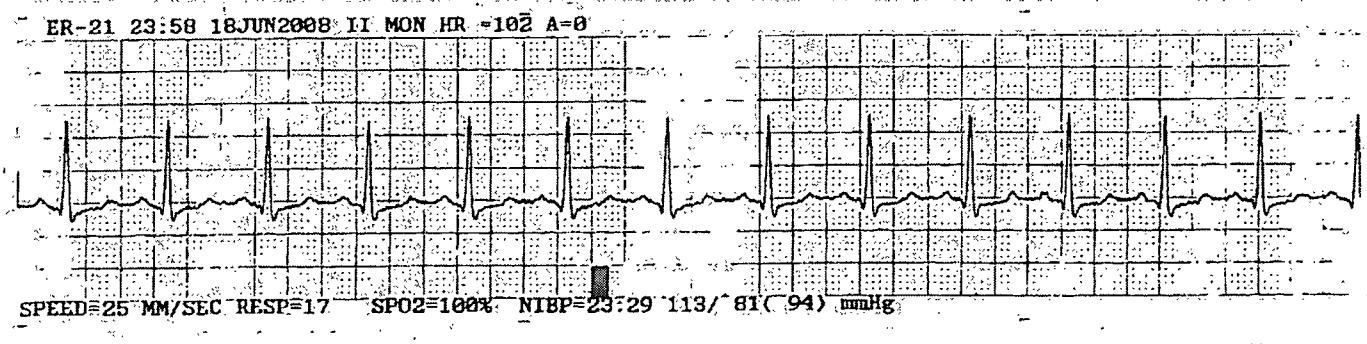
STAT

LAST BP=
23:29
06/18

NIBP

11
8

V-RATE	A-RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE



[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
RED W M [redacted]

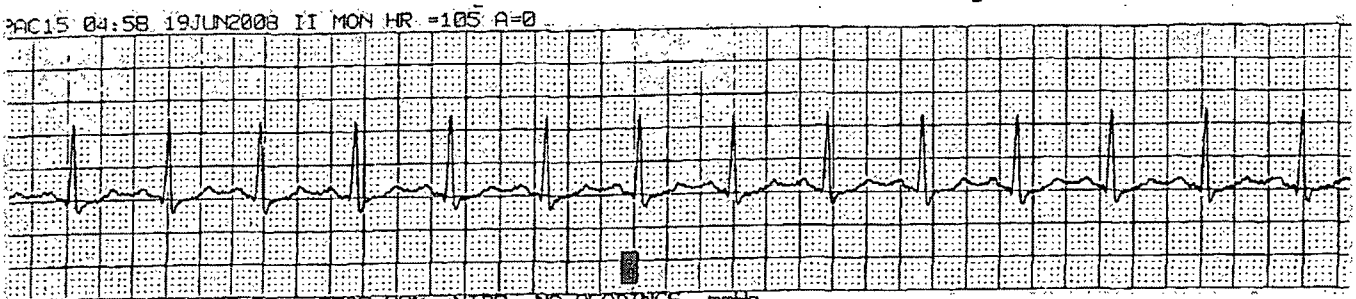
MR_Lex Med Ctr_0178

EKG SLIPS

NAME / ROOM NO. _____

V-RATE	A-RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE
105	105	.14	.10	S Tach	

PAC15 04:58 19JUN2008 II MON HR =105 A=0



ED=25 MM/SEC RESP=23 SPO2=98% NIBP= NO READINGS mmHg

V-RATE	A-RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE

V-RATE	A-RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
HED22 21 A W M[redacted]

LEXINGTON MEDICAL CENTER

MR_Lex Med Ctr_0179

PATIENT TRANSFER

PATIENT NAME: Michael Russell

PATIENT CONDITION: ☑ Patient has no reasonable likelihood of deterioration from or during transport.
☐ Patient may be at risk for deterioration from or during transport, however, benefits from transfer outweigh the risks.
☐ Patient is pregnant with contractions

REASON FOR TRANSFER:
☐ Equipment or services not available (list) Trauma surgery
☐ Patient or legal responsible person acting on the patient's behalf requests transfer. Services are available and offered to patient.
Name of person: _____ Relationship: _____

Summary of Benefits: Receive needed surgery

Summary of Risks: _____

[x] All transfers have inherent risks of delays or accidents in transit, pain or discomfort upon movement, and limited medical capacity of transport units that may limit available care in the event of patient deterioration.

RECEIVING HOSPITAL: Palmetto Richland **NAME OF ACCEPTING PERSONNEL:** _____
DATE: 6/20/08 **TIME:** 1100 **NAME OF RECEIVING PHYSICIAN:** Laquinta
Notified ☐ No ☑ Yes Time: 1000

PHYSICIAN/QUALIFIED MEDICAL PERSONNEL CERTIFICATION

The undersigned physician/qualified medical personnel has examined the above named patient and certifies that the patient is being transferred to another facility because the patient's medical condition is sufficiently stable for transfer, the medical benefits reasonably expectable from treatment at another facility outweigh the increased risk to the patient's medical condition from effectuating the transfer, or the patient requests and consents to the transfer to another facility.

Physician/Qualified Medical Personnel's Signature: [signature] Date: 6/20/8 Time: 1100

Copies of Record Accompanying Transfer: ☑ X-rays ☑ Lab reports ☑ Transfer form ☑ ER record
☐ Progress notes ☑ Discharge/Transfer Summary ☐ Other _____
Medical Transportation: ☑ Ambulance ☐ Air transport ☐ Other: _____
Additional Personnel: ☐ RN ☐ RT ☐ MD ☐ Other:
Vital Signs (within five (5) minutes of transfer): T 98.0 P 84 R 18 BP 140/90 Pain Scale: 5 SpO2: 94 %
Orders During Transport: ☑ ACLS Protocol ☐ Other: _____

TRANSFER REFUSAL:
☐ Patient was offered transfer but refused. Patient informed of the risks of refusal.
☐ Transfer by medical vehicle with medical personnel & equipment to safeguard patient condition during transport offered but refused.

Signature of patient/responsible party: _____ Date: _____ Witness: _____

PATIENT'S CONSENT TO TRANSFER

The patient/responsible party acknowledges that the above named patient has been examined by the Lexington Medical Center and that he/she hereby consents to be transferred from the Lexington Medical Center to another facility. He/She has been fully informed of the risks involved in the transfer. He/She hereby releases the attending physician and the Lexington Medical Center from any and all legal responsibility for any and all claims, which may result from the transfer from the Lexington Medical Center to another facility.

Signature of Patient/Responsible Party: Stephanie C Young Witness: Hayden Rr

Date: 6/20/08 Time: 1050

7181-153-2 (Rev. 3/01) Original – Medical Records Copy – Send with Patient

Lexington Medical Center

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M [redacted]



MR_Lex Med Ctr_0180

Lexington Medical Center

1. I hereby consent to and authorize Lexington Medical Center and my physician to perform the following operation or procedure: Conscious Sedation
(L) Tib/Fib fx reduction
to be performed on (patient name) Michael Russell, under the direction of Dr.(s) Hall and/or other doctor(s) he/she may choose.

2. I know that during the operation or procedure, sometimes an additional or different procedure is needed. I give my permission to the above-named physician and any other physicians and assistants he may choose to perform these procedures if needed.

3. I know sedation and/or anesthesia (complete or partial loss of physical sensation) will be needed for the operation or procedure. I give permission to the physician to decide how much and what kind, with the exception of: None: ✓

4. I understand that blood and/or blood products may be needed before, during and/or after the operation or procedure. I understand the risks and the choices available. I **(do) (do not)** give my permission to the physician to use blood and/or blood products if necessary. I **(have) (have not)** made prior arrangements for antologous donation, which is the donation and storage of one's own blood for elective medical/surgical procedures.

5. I give the hospital permission to dispose any tissue recovered or amputated parts, if amputation is necessary, during the course of the operation or procedure. I give the hospital permission to, at their discretion, save for research purposes all or part of the blood and/or tissue normally discarded. I understand that saved blood and/or tissue, as well as associated clinical data, will not identify me in any way.

6. I give permission to allow my physician to take pictures of my body parts, if needed, during the operation or procedure.

7. My physician or his/her designee has explained to me my diagnosis, the nature of the procedure, the major risks involved, the potential benefits, the probability of success associated with the procedure, the prognosis if the procedure is not done, any alternatives or options, and the potential problems related to recuperation. I understand the explanation provided and no guarantee of results has been given to me. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily give my consent to the above operation or procedure.

Witness: [signature] **Signature:** Susan C. Russell

Date: 6/18 **Time:** AM / PM **Relationship to Patient:** Wife

I have discussed with the patient his/her diagnosis, the nature of the procedure, the major risks, the benefits, the potential complications, the probability of success, the prognosis if the procedure is not carried out, any alternatives, the potential problems related to recuperation, and the possible use of sedation/anesthesia and blood/blood products. I have answered the patient's questions and obtained permission to proceed.

[signature]
Physician Signature

6/18/08
Date

For Surgical, Interventional or Invasive Diagnostic Procedure Use Only

Date: 6/18 Time: 2:46 AM / PM

Correct Patient — Correct Site
Correct Procedure — Correct Side
Correct Films — Correct Position
Correct Implants/equipment, as applicable

Consent Verification by Surgical/Procedure Team

Physician ✓ Anesthesia ___ RN ✓ ST ___
RN/Lead Tech [signature]

Perioperative documentation of this process is in the electronic medical record.

Consent to Operation or Procedure

If the patient does not consent to the administration of blood or blood products, notify the physician as soon as possi
Treatment" form.

7181-441-1
03/08

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED W M [redacted]

7

MR_Lex Med Ctr_0181

MR_Lex Med Ctr_0182

Sterilization Permit
(Ligation of Fallopian Tubes, Vasectomy, or Hysterectomy)

I, being over 18 years of age, give permission for the following operation _____ _____ to be performed on (name) _____ under the direction of Dr.(s) _____ and/or other Dr.(s) he/she may choose. I know anesthesia may be necessary. I give my permission to the doctor(s) to decide how much and what kind except _____.

It has been explained to me that this operation is intended to result in sterility, and I understand that if it proves successful, the results may be permanent and if they are, it will be impossible to produce children. I understand that the operation may result in sterility and that no guarantee of sterility has been given to me.

Witness:_____ Signature:_____

Date:_____ Time:_____ AM PM

Lexington Medical Center

1. I hereby consent to and authorize Lexington Medical Center and my physician to perform the following operation or procedure: Arteriogram with runoff

to be performed on (patient name) Michael Russell, under the direction of Dr.(s) Hudson and/or other doctor(s) he/she may choose.

2. I know that during the operation or procedure, sometimes an additional or different procedure is needed. I give my permission to the above-named physician and any other physicians and assistants he may choose to perform these procedures if needed.

3. I know sedation and/or anesthesia (complete or partial loss of physical sensation) will be needed for the operation or procedure. I give permission to the physician to decide how much and what kind, with the exception of: None: ✓

4. I understand that blood and/or blood products may be needed before, during and/or after the operation or procedure. I understand the risks and the choices available. **I (do) (do not)** give my permission to the physician to use blood and/or blood products if necessary. **I (have) (have not)** made prior arrangements for autologous donation, which is the donation and storage of one's own blood for elective medical/surgical procedures.

5. I give the hospital permission to dispose any tissue recovered or amputated parts, if amputation is necessary, during the course of the operation or procedure.

6. I give permission to allow my physician to take pictures of my body parts, if needed, during the operation or procedure.

7. My physician or his/her designee has explained to me my diagnosis, the nature of the procedure, the major risks involved, the potential benefits, the probability of success associated with the procedure, the prognosis if the procedure is not done, any alternatives or options, and the potential problems related to recuperation. I understand the explanation provided and no guarantee of results has been given to me. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily give my consent to the above operation or procedure.

Witness: Li Bogue RN **Signature:** Susanne C. Russell

Date: 6-19-08 **Time:** 1239 (AM) PM **Relationship to Patient:** Wife

I have discussed with the patient his/her diagnosis, the nature of the procedure, the major risks, the benefits, the potential complications, the probability of success, the prognosis if the procedure is not carried out, any alternatives, the potential problems related to recuperation, and the possible use of sedation/anesthesia and blood/blood products. I have answered the patient's questions and obtained permission to proceed.

Physician Signature 6/18/08 Date

For Surgical, Interventional or Invasive Diagnostic Procedure Use Only

Date: 6-19-08 Time: 0102 (AM) PM

(Correct Patient) (Correct Site) Correct Procedure (Correct Side) Correct Films (Correct Position) Correct implants/equipment, as applicable

Consent Verification by Surgical/Procedure Team

Physician ✓ Anesthesia RN ✓ RT ST ✓ RN/Lead Tech J. Boyce RN

Perioperative documentation of this process is in the electronic medical record.

Consent to Operation or Procedure

If the patient does not consent to the administration of blood or blood products, notify the physician as soon as possible and have the patient sign the "Refusal of Treatment" form.

7181-441-1
07/07

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HEDZ2 21 A A W M [redacted]

7

MR_Lex Med Ctr_0183

MR_Lex Med Ctr_0184

Sterilization Permit
(Ligation of Fallopian Tubes, Vasectomy, or Hysterectomy)

I, being over 18 years of age, give permission for the following operation _____ _____ to be performed on (name)_____ under the direction of Dr.(s) _____ and/or other Dr.(s) he/she may choose. I know anesthesia may be necessary. I give my permission to the doctor(s) to decide how much and what kind except _____.

It has been explained to me that this operation is intended to result in sterility, and I understand that if it proves successful, the results may be permanent and if they are, it will be impossible to produce children. I understand that the operation may result in sterility and that no guarantee of sterility has been given to me.

Witness:_____ Signature:_____

Date: _____ Time: _____ AM PM

Lexington Medical Center

1. I hereby consent to and authorize Lexington Medical Center and my physician to perform the following operation or procedure: Open Reduction Internal Fixation of Left Lower Leg and Irrigation and Debridement to be performed on (patient name) Michael Russell, under the direction of Dr.(s) _____ and/or other doctor(s) he/she may choose:

2. I know that during the operation or procedure, sometimes an additional or different procedure is needed. I give my permission to the above-named physician and any other physicians and assistants he may choose to perform these procedures if needed.

3. I know sedation and/or anesthesia (complete or partial loss of physical sensation) will be needed for the operation or procedure. I give permission to the physician to decide how much and what kind, with the exception of: None: ✓

4. I understand that blood and/or blood products may be needed before, during and/or after the operation or procedure. I understand the risks and the choices available. **I (do) (do not)** give my permission to the physician to use blood and/or blood products if necessary. **I (have) (have not)** made prior arrangements for antologous donation, which is the donation and storage of one's own blood for elective medical/surgical procedures.

5. I give the hospital permission to dispose any tissue recovered or amputated parts, if amputation is necessary, during the course of the operation or procedure. I give the hospital permission to, at their discretion, save for research purposes all or part of the blood and/or tissue normally discarded. I understand that saved blood and/or tissue, as well as associated clinical data, will not identify me in any way.

6. I give permission to allow my physician to take pictures of my body parts, if needed, during the operation or procedure.

7. My physician or his/her designee has explained to me my diagnosis, the nature of the procedure, the major risks involved, the potential benefits, the probability of success associated with the procedure, the prognosis if the procedure is not done, any alternatives or options, and the potential problems related to recuperation. I understand the explanation provided and no guarantee of results has been given to me. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily give my consent to the above operation or procedure.

Witness: Candis Thomas RN **Signature:** Susanne C. Russell

Date: 6/19/08 **Time:** 0849 AM/PM **Relationship to Patient:** Wife

I have discussed with the patient his/her diagnosis, the nature of the procedure, the major risks, the benefits, the potential complications, the probability of success, the prognosis if the procedure is not carried out, any alternatives, the potential problems related to recuperation, and the possible use of sedation/anesthesia and blood/blood products. I have answered the patient's questions and obtained permission to proceed.

Physician Signature — Date: 6/19/08

For Surgical, Interventional or Invasive Diagnostic Procedure Use Only

Date: 6/19/08 Time: 0935 AM/PM

Correct Patient — Correct Site
Correct Procedure — Correct Side
Correct Films — Correct Position
Correct Implants/equipment, as applicable

Consent Verification by Surgical/Procedure Team

Physician ____ Anesthesia ____ RN ____ ST ____
RN/Lead Tech: Candis Thomas

Perioperative documentation of this process is in the electronic medical record.

Consent to Operation or Procedure — Label

If the patient does not consent to the administration of blood or blood products, notify the physician as soon as possible and have the patient sign the "Refusal of Treatment" form.

7181-441-1
03/08

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
HED22 21 A W M [redacted]

7

MR_Lex Med Ctr_0185

MR_Lex Med Ctr_0186

Sterilization Permit
(Ligation of Fallopian Tubes, Vasectomy, or Hysterectomy)

I, being over 18 years of age, give permission for the following operation _____ _____ to be performed on (name)_____ under the direction of Dr.(s) _____ and/or other Dr.(s) he/she may choose. I know anesthesia may be necessary. I give my permission to the doctor(s) to decide how much and what kind except _____.

It has been explained to me that this operation is intended to result in sterility, and I understand that if it proves successful, the results may be permanent and if they are, it will be impossible to produce children. I understand that the operation may result in sterility and that no guarantee of sterility has been given to me.

Witness:_____ Signature:_____

Date: _____ Time: _____ AM PM

ADVISEMENT OF IMPLIED CONSENT RIGHTS

[redacted] Michael C. Russell
Subject's Name (Print)

[redacted]
Date of Birth

[redacted]
Driver's License Number

SC
State Licensed

DRIVING UNDER THE INFLUENCE ADVISEMENT

(A) Will test be video recorded? If answer is Yes, start here → ◆ Inform subject of ~~video recording~~.
◆ Advise subject of Miranda rights.
If answer is No, start here → ◆ Inform subject of the type (breath, blood, urine) samples requested.

(B) Then read the following advisement to subject:

- ◆ You are under arrest for Driving Under the Influence (DUI), Section 56-5-2930, South Carolina Code of Laws 1976, as amended.
- ◆ The arresting officer has directed that samples be taken for alcohol and/or drug testing.
- ◆ The samples will be taken and tested according to Section 56-5-2950 and SLED policies.
- ◆ You do not have to take the tests or give the samples, but if you refuse to submit to the tests, your privilege to drive in South Carolina must be suspended or denied for at least ninety (90) days and your refusal may be used against you in court.
- ◆ If you take the tests or give the samples and have an alcohol concentration of eight one-hundredths of one percent (0.08%) or more, you may instead be charged with Driving with an Unlawful Alcohol Concentration (DUAC), Section 56-5-2933.
- ◆ If you have an alcohol concentration of fifteen one-hundredths of one percent (0.15%) or more, your privilege to drive in South Carolina must be suspended for at least thirty (30) days.
- ◆ You have the right to have a qualified person of your own choosing conduct additional independent tests at your expense and the officer, upon request, must provide you affirmative assistance.
- ◆ You have the right to request an administrative hearing within thirty (30) days of the issuance of the notice of suspension.
- ◆ If you do not request an administrative hearing or if your suspension is upheld at the administrative hearing, you must enroll in an Alcohol and Drug Safety Action Program.

If applicable, perform the following procedures:

(C) Check subject's mouth and remove any foreign material. (Not required if a refusal has occurred.)
(D) Time stamp Breath Alcohol Analysis Test Report. (Not required if a refusal has occurred.)
(E) Observe subject for a minimum of twenty (20) minutes before collecting breath sample. (Not required if a refusal has occurred.)
(F) Enter biographical data into BAC DataMaster. (Required for all tests, including refusals.)

FELONY DRIVING UNDER THE INFLUENCE ADVISEMENT

(B) Will test be video recorded? If answer is Yes, start here → ◆ Inform subject of video recording.
◆ Advise subject of Miranda rights.
If answer is No, start here → ◆ Inform subject of the type (breath, blood, urine) samples requested.

(B) Then read the following advisement to subject:

- ◆ You are under arrest for Felony Driving Under the Influence (Felony DUI), Section 56-5-2945, South Carolina Code of Laws 1976, as amended, or a law enforcement officer has probable cause to believe that you have violated this section.
- ◆ The officer has directed that samples be taken for alcohol and/or drug testing.
- ◆ The samples will be taken and tested according to Section 56-5-2950 and SLED policies.
- ◆ Pursuant to Section 56-5-2946, you must submit to either one or a combination of chemical tests for the purpose of determining the presence of alcohol, drugs, or a combination of alcohol and drugs.
- ◆ The resistance, obstruction, or opposition to testing pursuant to Section 56-5-2946 is evidence admissible at trial.
- ◆ If your tests or samples have an alcohol concentration of fifteen one-hundredths of one percent (0.15%) or more, your privilege to drive in South Carolina must be suspended for at least thirty (30) days.
- ◆ You have the right to have a qualified person of your own choosing conduct additional independent tests at your expense and the officer, upon request, must provide you affirmative assistance.
- ◆ You have the right to request an administrative hearing within thirty (30) days of the issuance of the notice of suspension.
- ◆ If you do not request an administrative hearing or if your suspension is upheld at the administrative hearing, you must enroll in an Alcohol and Drug Safety Action Program.

If applicable, perform the following procedures:

(C) Check subject's mouth and remove any foreign material.
(D) Time stamp Breath Alcohol Analysis Test Report.
(E) Observe subject for a minimum of twenty (20) minutes before collecting breath sample.
(F) Enter biographical data into BAC DataMaster.

William C. Harmon
Officer's Name (Print)

Unable to sign
Subject's Signature (Received Copy)

Officer's Signature

08-18-2008 2330
Date Time

2355

SLED Form # [illegible]

MR_Lex Med Ctr_0187

PERIOPERATIVE CHECKLIST

PRE-OP Initials	ANES Initials	OR Initials	Procedure: Open Reduction Internal Fixation
			CONSENT: Soft Tissue Leg Wound Irrigation and debridement
CT	HE	CT	Procedure completely written out
CT	HE	CT	Signed by Patient
CT	HE	CT	Signed by MD
			CONSENT VERIFIED WITH:
CT	HE	CT	Patient and or family/significant other
CT	HE	CT	H&P (within 30 days with update within 24 hrs.)
CT	HE	CT	Schedule Add on
			SITE AND SIDE MARKING:
CT	HE	CT	Surgical/Procedural site/side marked . (Arrow)
CT	HE	CT	Surgical/Procedural site/side marked matches Consent
CT	HE	CT	Surgical/Procedural site/side marked verified with Physician order
CT	HE	CT	Surgical/Procedural site/side marked verified with Patient/family/significant other
			ADDITIONAL EQUIPMENT NEEDED
			Radiographic films needed:
	CT		If Yes, they are in the OR Suite
			Implants/ Equipment needed:
	CT		If Yes, they are in the OR Suite & surgeon verifies
			TIME OUT
		CT	Scrub Tech did not hand scapel to Surgeon/Physician until all members of the surgical team verbally agreed with Procedure, Patient, Site, Side and Position as read from the Consent

Pre-Op RN Signature: Cindi Jones RN

Anesthesia Signature: H. Elliott, CRNA

OR RN Signature: Cindi Jones RN

Form # 7181-663-1 (11/07)

Patient Label

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
HED22 21 A A N M [redacted]

PERIOPERATIVE PLAN OF CARE

NURSING DIAGNOSIS	I&A	Pre-Op	PACU-I	PACU-II
Date/Time	N/A	6/19/08 0305	6/19/08 0550	
Altered health maintenance				
Anxiety/Fear		✓		
Risk for Perioperative positioning injury				
Risk for infection		✓		
Ineffective breathing pattern/Inability to sustain spontaneous ventilation			✓	
Altered tissue perfusion/Decreased cardiac output				
Acute pain		✓	✓	
Potential for complications		✓	✓	
OTHER PROBLEMS				
INITIALS:	N/A	CT	RD	

INTERVENTIONS	I&A	Pre-Op	PACU-I	PACU-II
Date/Time	N/A	6/19/08 0305	6/19/08 0550	
Risk identification		✓		
Preoperative coordination		✓		
Patient/family teaching/Anticipatory guidance		✓		
Surgical preparation		✓		
Surgical assistance		✓		
Surveillance		✓		
Invasive monitoring: ICP/Hemodynamic				
Temperature regulation				
Blood products administration				
O2 therapy/Ventilation assistance/Airway management				
Pain management		✓	✓	
Circulatory care		✓		
Fluid & electrolyte management		✓	✓	
Wound/drain/tube care			✓	
Other:				
INITIALS:	N/A	CT	RD	

Pre-Op Test: Abnormals:
☐ None

COMMENTS:
Uneventful procedure.
AT

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED22 21 A W M [redacted]



MR_Lex Med Ctr_0189

PERIOPERATIVE PLAN OF CARE

FAMILY MEMBER/CONTACT PERSON here day of surgery: Wife

VALUABLES REMOVED:

- ☐ NONE
- ☐ Jewelry: *(describe)*
- ☐ Dentures: (CIRLCE) Upper Lower Partial
- ☐ Glasses
- ☐ Contacts
- ☐ Hearing Aid
- ☐ Clothing:
- ☐ Purse/Wallet:
- ☐ Other:

N/A

I hereby acknowledge that all articles listed have been returned to me, and I hereby absolve Lexington Medical Center from all responsibility for any error and/or omissions not herein noted.

SIGNED: N/A

Patient (Parent/Guardian)

Date: _____ Time: _____

PATIENT/FAMILY TEACHING

LEARNING NEEDS: Pre-operative Instructions/Routine Post-Op Care DATE/TIME: _____

LEARNER READINESS: ___ Receptive ___ Uncooperative ___ Denies Need

WRITTEN MATERIAL PROVIDED: _____

NAME (S)/RELATIONSHIP OS PERSON TAUGHT: _____

TEACHING CONTENT	EXPECTED PATIENT OUTCOMES	GOAL YES	MET? NO	COMMENTS
Diagnosis: Etiology and basic physiology	Verbalizes basic understanding of etiology and physiology of diagnosis and reason for surgery			
Treatment Plan	Verbalizes understanding of plan of care including type of surgery, how long will be in hospital, etc.			
Pre-Op Instructions	Verbalizes/demonstrates: ☐ When to report (date/time) ☐ NPO after midnight ☐ Pre-Op medications ☐ Need to remove jewelry ☐ Need to arrange for someone to be drive patient home and for some to be available for assistance for 24 hours after surgery ☐ Other			
Post-Op Self care	Describes/demonstrate: ☐ Cough & deep breathe ☐ Incentive spirometer ☐ Ankle pumps/other exercises ☐ Need to increase activity ☐ Ask for/ take pain medication when needed ☐ Other:			

INIT	Signature/Title	Date/Time	INIT	Signature/Title	Date/Time
[illegible]	[illegible]	6/19/08 0830	[illegible]	[illegible]	6/19/08 0830

[redacted] 06/18/08 35
RUSSELL,MICHAEL C
[redacted] HALL,THOMAS R,MD
HED22 21 A W M [redacted]

MR_Lex Med Ctr_0190

LEXINGTON MEDICAL CENTER
Your partner for health and wellness®

FAX

TO: To whom it may concern
Company:
Fax: 8032555927
Phone:

FROM:
Fax: 803-936-8033
Phone: 803-791-2242

NOTES:

Date and time of transmission: Monday, December 03, 2012 12:56:42 PM
Number of pages including cover sheet: 29

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL, INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS RECORD IS STRICTLY PROHIBITED. If you have received this fax in error, please notify the sender immediately by telephone.

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DEFENDANT'S EXHIBIT 22

SUB_Lex Med Ctr_0001



RISK MANAGEMENT
2720 SUNSET BLVD
WEST COLUMBIA, SC 29169
PHONE NUMBER: (803) 791-2242
FAX NUMBER: (803) 936-8033

FAX COVER SHEET

DATE: December 3, 2012 **# OF PAGES INCLUDING COVER SHEET:** 29

TO: Kristen E. Horne **FAX #:** 803.255.5927

COMPANY: Nelson Mullins

MESSAGE: Attached please see information from Tiffni Shealy, Director for Risk Management at Lexington Medical Center in West Columbia, SC.

FROM: Rochelle Iles **PHONE:** 803-791-2242

Please contact Rochelle Iles at (803) 791-2242
if there is a problem with this transmission.

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone. Thank you.

SUB_Lex Med Ctr_0002

Dec. 10
Trial

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NOV 16 2012

Nelson Mullins

Nelson Mullins Riley & Scarborough LLP
Attorneys and Counselors at Law
1320 Main Street / 17th Floor / Columbia, SC 29201
Tel: 803.799.2000 Fax: 803.255.5927
www.nelsonmullins.com

Kristen E. Horne
Tel: 803.255.9530
Fax: 803.255.5927
kristen.horne@nelsonmullins.com

November 16, 2012

Via Certified Mail and Email

Tiffni Shealy, Esquire
Lexington Medical Center
2720 Sunset Boulevard
Lexington, South Carolina 29169

RE: Mike Russell v. Randolph Gill and Pennsylvania Life Insurance Company
Civil Action No. 2011-CP-32-04981
Our File No. 15878/01509

Dear Ms. Shealy:

Thank you for your assistance in coordinating the 30(b)(6) deposition of Lexington Medical Center in the above-referenced matter. During the deposition, Ms. Knight referred to additional lab records that she reviewed in preparation for her testimony. I have enclosed a subpoena requesting those records, along with a Records Custodian Affidavit.

Again, thank you for your assistance with this matter. Please do not hesitate to contact me if you require any further information.

Very truly yours,

Kristen E. Horne

KEH:dh8
Enclosures

cc: Nick Riley, Esq., *by email only*
Karl Brehmer, Esq., *by email only*

STATE OF SOUTH CAROLINA
ISSUED BY THE COMMON PLEAS COURT IN THE COUNTY OF LEXINGTON

Mike Russell, Plaintiff

v.

SUBPOENA IN A CIVIL CASE

Randolph Gill and Pennsylvania Life Insurance Company, Defendants.

Case Number: 2011-CP-32-4981

TO: **Lexington Medical Center**
2720 Sunset Boulevard
Lexington, SC 29169
Attn: Tiffni Shealy

RECEIVED
NOV 16 2012

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

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

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

PLACE OF DEPOSITION	DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects): **Lab Information System data for any and all lab work done on Mike Russell (DOB: [redacted]; SSN: [redacted]), during his hospitalization, including emergency room treatment and admission, from June 18, 2008, to June 20, 2008.**

PLACE **Nelson Mullins Riley & Scarborough; 1320 Main Street, 17th Floor; Columbia, SC 29201**	DATE AND TIME **November 30, 2012**

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

PREMISES	DATE AND TIME

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

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

Kristen Hurne — Attorney for Defendant, Pennsylvania Life Insurance Company — November 16, 2012 — Kristen E. Hurne

Attorney/Issuing Officer's Signature — Date — Print Name
Indicate if Attorney for Plaintiff or Defendant
Attorney's Address and Telephone Number:

Nelson Mullins Riley Scarborough LLP, 1320 Main Street, 17th Floor, Columbia, SC 29201; (803) 799-2000

Clerk of Court/Issuing Officer's Signature — Date — Print Name
Indicate if Attorney for Plaintiff or Defendant
Pro Se Litigant's Name, Address and Telephone Number:

SCCA 254 (05/2011)

(See Rule 45, South Carolina Rules of Civil Procedure, Parts (c) & (d) on next page)

SUB_Lex Med Ctr_0004

PROOF OF SERVICE

SERVED	DATE	FEES AND MILEAGE TENDERED TO WITNESS
	PLACE	☐YES ☐NO AMOUNT $
SERVED ON		MANNER OF SERVICE
SERVED BY		TITLE

DECLARATION OF SERVER

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

Executed on____

SIGNATURE OF SERVER

ADDRESS OF SERVER

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

(c) Protection of Persons Subject to Subpoenas.

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

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

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

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

i. fails to allow reasonable time for compliance; or

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

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

iv. subjects a person to undue burden.

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(B) If a subpoena:

i. requires disclosure of a trade secret or other confidential research, development, or commercial information, or

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

iii. requires a person who is not a party nor an officer, director or managing agent of a party, nor a general partner of a partnership that is a party, to incur substantial expense to travel from the county where that person resides, is employed or regularly transacts business in person,

the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) Duties in Responding to Subpoena.

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

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

STATE OF SOUTH CAROLINA)
) **RECORDS CUSTODIAN AFFIDAVIT**
COUNTY OF_____)

PERSONALLY appeared before me, _____, who, being duly sworn, deposes and says:

1. I am the Records Custodian for _____.

2. I have reviewed the records in this office relative to **Mike Russell.**

3. The attached documents are all of the records of this office meeting the following description:

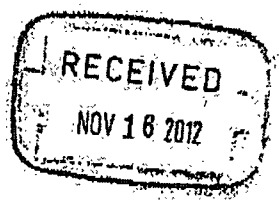
   Lab Information System data for any and all lab work done on Mike Russell (DOB: [redacted]; SSN: [redacted]), during his hospitalization, including emergency room treatment and admission, from June 18, 2008, to June 20, 2008.

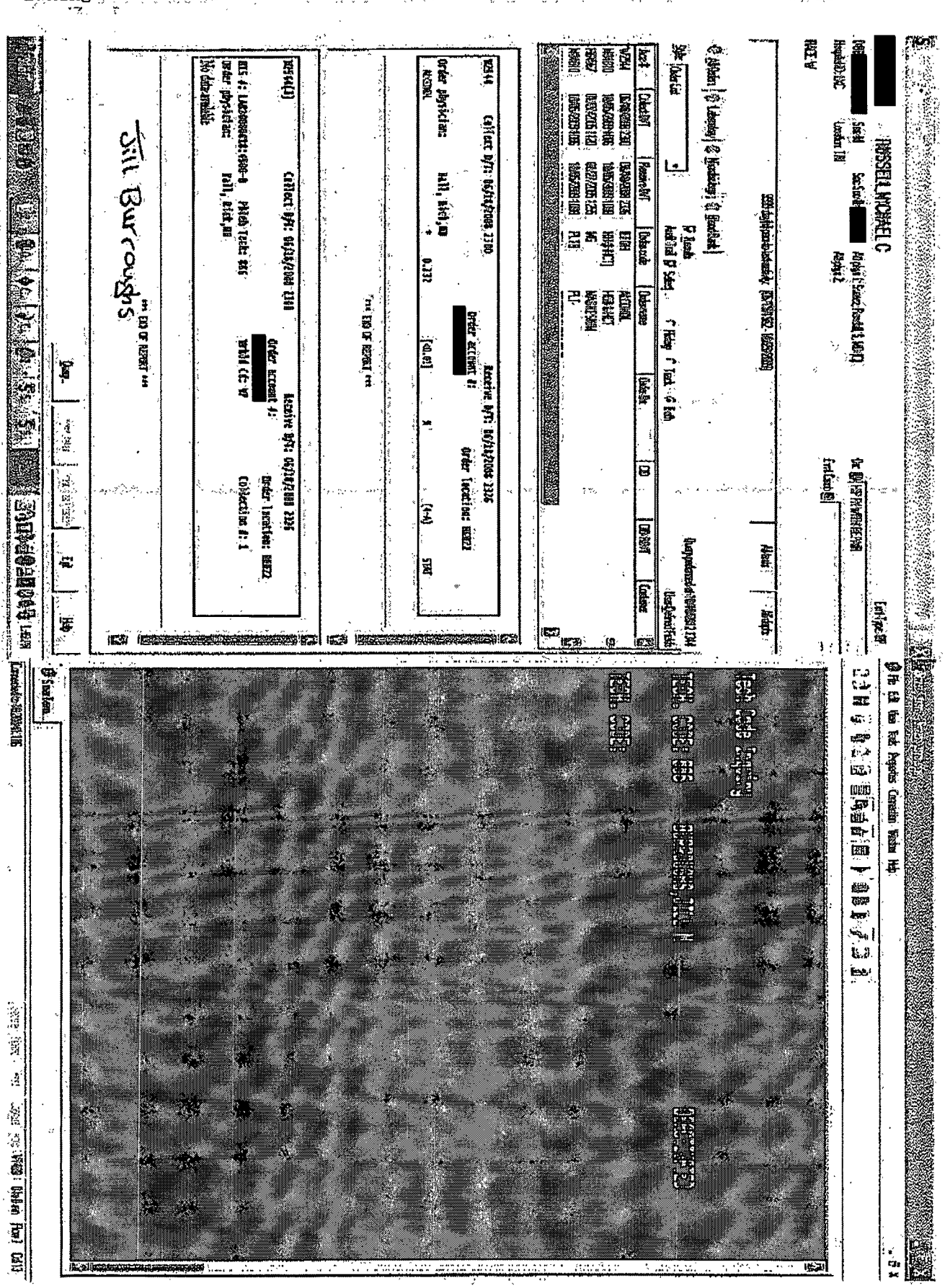
4. All of the attached documents are copies of records which are kept in the ordinary course of business by this office.

_____

SWORN TO AND SUBSCRIBED before me
This ____ day of _____, 2012.

_____
Notary Public for South Carolina
My Commission Expires: _____





Lab Order Detail for RUSSELL,MICHAEL C (Patient ID: [redacted] Hospital ID: LX... Page 1 of 2

Time of report: 11/26/2012 1041

RUSSELL,MICHAEL C ([redacted])
DOB: [redacted] (40Y) Sex: M
Soc Sec #: [redacted]

Hospital ID: LXC
Location: TRI
Att phys 1: Suarez, Randall, S, MD (C)
Att phys 2:

W2544 * Collect D/T: 06/18/2008 2300 Receive D/T: 06/18/2008 2326
Order account #: [redacted] Order location: HED22

Order physician: Hall, Rick,MD

COMPREHENSIVE METABO						
GLUCOSE	*	113	[70-100]	mg/dL	(4-A)	STAT
SODIUM		142	[135-145]	MEQ/L	(4-A)	STAT
POTASSIUM		4.6	[3.5-5.5]	MEQ/L	(873)	STAT
		SLT HEMOLYSIS				
CHLORIDE	*	110	[98-107]	MEQ/L	(4-A)	STAT
CO2	*	17	[23.0-31.0]	MEQ/L	(4-A)	STAT
ANION GAP		15	[7-16]	MEQ/L	(4-A)	STAT
BUN		12	[5-25]	MG/DL	(4-A)	STAT
CREATININE		0.93	[0.65-1.25]	MG/DL	(4-A)	STAT
		Please note new reference range effective 05/08/08 @1200.				
CALCIUM	*	8.0	[8.7-10.2]	MG/DL	(4-A)	STAT
BILIRUBIN,TOTAL		0.5	[0-1.0]	MG/DL	(4-A)	STAT
BILIRUBIN, DIRECT		0.3	[0-0.4]	MG/DL	(4-A)	STAT
TOTAL PROTEIN		6.9	[6.3-8.2]	GM/DL	(4-A)	STAT
ALBUMIN		3.9	[3.5-5.0]	GM/DL	(4-A)	STAT
AST (SGOT)	*	101	[14-50]	U/L	(4-A)	STAT
ALT (SGPT)		63	[21-72]	U/L	(4-A)	STAT
ALK PHOSPHATASE		118	[50-136]	U/L	(4-A)	STAT
GGTP	*	195	[8-78]	U/L	(4-A)	STAT
eGFR		>60	[>60]	mL/min/1.73 sqm	(4-A)	STAT
		(Multiply result x 1.2 if Afr. Am.)				
ALCOHOL	*	0.232	[<0.01]	%	(4-A)	STAT
<<XTRA GREEN TUBE>>		SPECIMEN ON HOLD IN LAB FOR FUTURE TESTING. (839)				
CBC HEMOGRAM						
WBC	*	14.7	[4.0-11.0]	K/uL	(4-A)	STAT
RBC	*	4.31	[4.60-6.10]	M/uL	(4-A)	STAT
HGB		13.8	[13.5-18.0]	gm/dl	(4-A)	STAT
HCT	*	39.3	[41.0-53.0]	%	(4-A)	STAT
MCV		91.2	[80.0-98.0]	fl	(4-A)	STAT
MCHC		35.0	[32.0-36.0]	gm/dl	(4-A)	STAT
RDW		13.0	[11.5-14.5]	%	(4-A)	STAT
PLT		266	[130-400]	K/uL	(4-A)	STAT
<<CONDITIONAL>>		<<DO NOT REPORT>>			(4-A)	STAT
DIFFERENTIAL						
% LYMPHOCYTES		18	[17-44]	%	(4-A)	STAT
% NEUTROPHILS	*	75	[43-72]	%	(4-A)	STAT
% MONOCYTES		6	[0-10]	%	(4-A)	STAT
% EOSINOPHILS		1	[0-5]	%	(4-A)	STAT
% BASOPHILS		0	[0-3]	%	(4-A)	STAT
ABS NEUTROPHILS	*	10.90	[1.7-8.0]	K/uL	(4-A)	STAT
ABS LYMPHOCYTES		2.70	[0.7-5.0]	K/uL	(4-A)	STAT
ABS MONOCYTES		0.90	[0.0-1.1]	K/uL	(4-A)	STAT
ABS EOSINOPHILS		0.20	[0.0-0.6]	K/uL	(4-A)	STAT
ABS BASOPHILS		0.00	[0.0-0.2]	K/uL	(4-A)	STAT
% NRBC		0	[0]	%	(4-A)	STAT
ABS NRBC		0.0	[0.0]	K/uL	(4-A)	STAT
PROTHROMBIN TIME						
PROTHROMBIN TIME	*	12.1	[12.3-14.9]	Sec	(711)	STAT
INR,PROTHROMBIN TIME		0.9	[0.9-1.1]		(711)	STAT
		The INR value is intended for assessing only those patients stabilized on long term oral anticoagulant therapy. Therapeutic INR range is 2.0-3.0				
PTT	*	20.7	[28.0-35.6]	SEC	(711)	STAT

SUB_Lex Med Ctr_0008

Therapeutic Range: [55-90] Sec

W2560 Collect D/T: 06/18/2008 2300 Receive D/T: 06/18/2008 2335
Order account #: [redacted] Order location: HEDZ2

Order physician: Hall, Rick,MD

<<EXTRA BB TUBE FOR HD>>	SEE BLOOD BANK	(839)	

H349 Collect D/T: 06/18/2008 2300 Receive D/T: 06/19/2008 0042
Order account #: [redacted] Order location: HEDZ2

Order physician: Hall, Rick,MD

TYPE SCREEN AND HOLD

<<BLOOD COMPONENT TYPE>>	RED CELL GROUP		STAT
<<UNITS ORDERED>>	<<DO NOT REPORT>>		STAT
ABO/RH(D)	O POSITIVE	(854)	STAT
ANTIBODY SCREEN	NEGATIVE	(854)	STAT
<<CROSSMATCH EXPIRATIO>>	06/21/2008	(854)	STAT
<<ARM BAND NUMBER>>	HIDE		STAT
NOTE:	TYPE AND SCREEN ONLY		STAT
<<HISTORY CHECK>>	CHECK DONE	(854)	STAT

*** END OF REPORT ***

[redacted].TXT

```
FUNCTION: STT

                    T R N S A V E   F I L E   S E A R C H

Start date: 06/18/2008
  End date: 06/19/2008

Priority: 0,1,2,3

Key  1: "W2544"
Key  2: "H349"

Trnsave device#: 47

Enter BPI value : 6250

TRNSAVE Tape Mount Requested - please wait...

TRNSAVE Tape Mounted - <cr> to continue, * to abort: Continue

           BEGIN SEARCH FOR ~1\TRNSAVE TAPE\06/18/2008 - 06/19/2008

Scanning past 06/01/2008 (11841)

Scanning past 06/02/2008 (11842)

Scanning past 06/03/2008 (11843)

Scanning past 06/04/2008 (11844)

Scanning past 06/05/2008 (11845)

Scanning past 06/06/2008 (11846)

Scanning past 06/07/2008 (11847)

Scanning past 06/08/2008 (11848)

Scanning past 06/09/2008 (11849)

Scanning past 06/10/2008 (11850)

Scanning past 06/11/2008 (11851)

Scanning past 06/12/2008 (11852)

Scanning past 06/13/2008 (11853)

Scanning past 06/14/2008 (11854)

Scanning past 06/15/2008 (11855)

Scanning past 06/16/2008 (11856)

Scanning past 06/17/2008 (11857)

--------------------------- SEARCH 06/18/2008 (11858) ---------------------------

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                     88677/W2544
                              \3\!11858,2253#!11858,2253###\\\\0\\\1\\\\\\\\\ER
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                     88677/W2544,1,CBCH
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                     88677/W2544,1,DFFS
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SUB_Lex Med Ctr_0010

[redacted].TXT

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                              186L39301\332;1\1,M001529871,1,EP,9,1\H00034689372
                              \ER\HEDZ2;1\06182008,2248\HEDZ2;1#0\\\\\\\\\\\\\7
                         88682/W2544
                              \\\\\\O\\\\\\\\\\\\ER

Date      Time     Q Trn#     Data                                          ORDER
--------  -------- - ----     ----
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                              O\A\PTPTT#P\LAB20080618:4498-O##PTPTT\1#S
                         88682/W2544,1,PTM
                              \\HS\2#2\\\\186C119648\\\PTPTT\\\\\\186C119649
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                              \ER\HEDZ2;1\06182008,2248\HEDZ2;1#0\\\\\\\\\\\\\7
                         88685/W2544
                              \\\\\\O\\\\\\\\\\\\ER
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                         88685/W2544,1,CMET
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Date      Time     Q Trn#     Data
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                         88688/W2544,1,ETOH
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                              9871,1,EP,9,1#HEDZ2;1##HEDZ2;1\\RUSSELL#MICHAEL C\
                              W2544\11858,2253\\07071972#M\\\CBCD#CMET#ETOH#PTPT
                              T#\

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Date      Time     Q Trn#     Data
--------  -------- - ----     ----                                          Receive
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                              \\\\\\\\\\\\\\\\186C119800
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SUB_Lex Med Ctr_0011

[redacted].TXT

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Date      Time     Q Trn#     Data
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                    \\\\\\\\\\\\\\\186C119804
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                              9,1)\W2544\
06/18/200823:35:05 0 89663    34\84905\Q54\Q54\\^ONL(0,"ACTL","LL","ACTLDYN",488
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06/18/200823:35:05 0 89669    34\84905\Q54\Q54\\^ONL(0,"COU1","LL","COU1DYN",669
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06/18/200823:35:05 0 89675    34\84905\Q54\Q54\\^ONL(0,"COU2","LL","COU2DYN",672
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Date      Time     Q Trn#     Data
--------  -------- - ----     ----
06/18/200823:35:05 0 89681    34\84905\Q54\Q54\\^ONL(0,"E250","LL","E250DYN",146
                              0,1)\W2544\
06/18/200823:35:05 0 89687    34\84905\Q54\Q54\\^ONL(0,"E250I","LL","E250IDYN",4
                              322,1)\W2544\
06/18/200823:35:05 0 89694    34\84905\Q54\Q54\\^ONL(0,"FUS1","LL","FUS1DYN",704
                              ,1)\W2544\
06/18/200823:35:05 0 89701    34\84905\Q54\Q54\\^ONL(0,"FUS2","LL","FUS2DYN",761
                              2,1)\W2544\
06/18/200823:35:05 0 89707    34\84905\Q54\Q54\\^ONL(0,"STA1","LL","STA1DYN",340
                              6,1)\W2544\
06/18/200823:35:05 0 89713    34\84905\Q54\Q54\\^ONL(0,"STA2","LL","STA2DYN",317
                              6,1)\W2544\
06/18/200823:44:06 0 90005    5OF!!0#85446#^IX07A!#COU1###IXWOP##1185B\COU1#254#
                              254\O\W2544\
Date      Time     Q Trn#     Data
--------  -------- - ----     ----
                90005/254W2544#W2544#R#\254\\P##\\\\\
                90005/254,2
                    O\
                90005/254,2,I
                90005/254,2,I,1
                    O
                90005/254,2,I,1,1
                    N\14.7
                90005/254,2,I,1,2
                    T\
                90005/254,2,I,1,2,1
                    H
                90005/254,2,P
                    \2#*![4.0-11.0] K/ul#*#H\\\\WBC\\\\\\
                90005/254,2,P,1
                    O
                90005/254,2,P,1,1
                    N\14.7
```

Result

[redacted].TXT

```
                    90005/254,2,P,1,2
                              T\

Date      Time      Q Trn#      Data
--------  --------  - ----      ----
                    90005/254,2,P,1,2,1
                              H
                    90005/254,3
                              O\
                    90005/254,3,I

                    90005/254,3,I,1
                              O
                    90005/254,3,I,1,1
                              N\4.31
                    90005/254,3,I,1,2
                              T\
                    90005/254,3,I,1,2,1
                              L
                    90005/254,3,P
                              \1#*![4.60-6.10] M/ul#*#L\\\\RBC\\\\\\
                    90005/254,3,P,1
                              O
                    90005/254,3,P,1,1
                              N\4.31

Date      Time      Q Trn#      Data
--------  --------  - ----      ----
                    90005/254,3,P,1,2
                              T\
                    90005/254,3,P,1,2,1
                              L
                    90005/254,4
                              O\
                    90005/254,4,I

                    90005/254,4,I,1
                              O
                    90005/254,4,I,1,1
                              N\13.8
                    90005/254,4,P
                              \###\\\\HGB\\\\\\
                    90005/254,4,P,1
                              O
                    90005/254,4,P,1,1
                              N\13.8
                    90005/254,5
                              O\

Date      Time      Q Trn#      Data
--------  --------  - ----      ----
                    90005/254,5,I

                    90005/254,5,I,1
                              O
                    90005/254,5,I,1,1
                              N\39.3
                    90005/254,5,I,1,2
                              T\
                    90005/254,5,I,1,2,1
                              L
                    90005/254,5,P
                              \1#*![41.0-53.0] %#*#L\\\\HCT\\\\\\
                    90005/254,5,P,1
                              O
                    90005/254,5,P,1,1
                              N\39.3
                    90005/254,5,P,1,2
                              T\
                    90005/254,5,P,1,2,1
                              L

Date      Time      Q Trn#      Data
```

[redacted].TXT

```
                    90005/254,6
                              0\
                    90005/254,6,I
                    90005/254,6,I,1
                              0
                    90005/254,6,I,1,1
                              N\91.2
                    90005/254,6,P
                              \###\\\\MCV\\\\\\
                    90005/254,6,P,1
                              0
                    90005/254,6,P,1,1
                              N\91.2
                    90005/254,7,I
                    90005/254,7,I,1
                              0
                    90005/254,7,I,1,1
                              N\31.9

Date      Time      Q Trn#      Data
--------  --------  - ----      ----
                    90005/254,8
                              0\
                    90005/254,8,I
                    90005/254,8,I,1
                              0
                    90005/254,8,I,1,1
                              N\35.0
                    90005/254,8,P
                              \###\\\\MCHC\\\\\\
                    90005/254,8,P,1
                              0
                    90005/254,8,P,1,1
                              N\35.0
                    90005/254,9
                              0\
                    90005/254,9,I
                    90005/254,9,I,1
                              0

Date      Time      Q Trn#      Data
--------  --------  - ----      ----
                    90005/254,9,I,1,1
                              N\13.0
                    90005/254,9,P
                              \###\\\\RDW\\\\\\
                    90005/254,9,P,1
                              0
                    90005/254,9,P,1,1
                              N\13.0
                    90005/254,10
                              0\
                    90005/254,10,I
                    90005/254,10,I,1
                              0
                    90005/254,10,I,1,1
                              N\266
                    90005/254,10,P
                              \###\\\\PLT\\\\\\
                    90005/254,10,P,1
                              0

Date      Time      Q Trn#      Data
--------  --------  - ----      ----
                    90005/254,10,P,1,1
                              N\266
                    90005/254,11,I
```


SUB_Lex Med Ctr_0014

[redacted].TXT

```
                    90005/254,11,I,1
                              0
                    90005/254,11,I,1,1
                              N\7.4
                    90005/254,11,I,1,2
                              T\
                    90005/254,11,I,1,2,1
                              L
                    90005/254,12
                              0\
                    90005/254,12,I

                    90005/254,12,I,1
                              0
                    90005/254,12,I,1,1
                              N\74
Date      Time      Q Trn#    Data
--------  --------  - ----    ----
                    90005/254,12,I,1,2
                              T\
                    90005/254,12,I,1,2,1
                              H
                    90005/254,12,P
                              \2#*![43-72] %#*#H\8\\\NEUT\\\\\\
                    90005/254,12,P,1
                              0
                    90005/254,12,P,1,1
                              N\75
                    90005/254,12,P,1,2
                              T\
                    90005/254,12,P,1,2,1
                              H
                    90005/254,13
                              0\
                    90005/254,13,I

                    90005/254,13,I,1
                              0

Date      Time      Q Trn#    Data
--------  --------  - ----    ----
                    90005/254,13,I,1,1
                              N\18
                    90005/254,13,P
                              \###\\\\LYMP\\\\\\
                    90005/254,13,P,1
                              0
                    90005/254,13,P,1,1
                              N\18
                    90005/254,14
                              0\
                    90005/254,14,I

                    90005/254,14,I,1
                              0
                    90005/254,14,I,1,1
                              N\6
                    90005/254,14,P
                              \###\8\\\MONO\\\\\\
                    90005/254,14,P,1
                              0

Date      Time      Q Trn#    Data
--------  --------  - ----    ----
                    90005/254,14,P,1,1
                              N\6
                    90005/254,15
                              0\
                    90005/254,15,I

                    90005/254,15,I,1
```

[redacted].TXT

```
                    0
90005/254,15,I,1,1
                    N\1
90005/254,15,P
                    \###\8\\\EOS\\\\\\
90005/254,15,P,1
                    0
90005/254,15,P,1,1
                    N\1
90005/254,16
                    0\
90005/254,16,I

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
90005/254,16,I,1
                    0
90005/254,16,I,1,1
                    N\0
90005/254,16,P
                    \###\8\\\BA\\\\\\
90005/254,16,P,1
                    0
90005/254,16,P,1,1
                    N\0
90005/254,17
                    0\
90005/254,17,I

90005/254,17,I,1
                    0
90005/254,17,I,1,1
                    N\10.90
90005/254,17,I,1,2
                    T\

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
90005/254,17,I,1,2,1
                    H
90005/254,17,P
                    \2#*![1.7-8.0] K/ul#*#H\8\\\ANEUT\\\\\\
90005/254,17,P,1
                    0
90005/254,17,P,1,1
                    N\10.90
90005/254,17,P,1,2
                    T\
90005/254,17,P,1,2,1
                    H
90005/254,18
                    0\
90005/254,18,I

90005/254,18,I,1
                    0
90005/254,18,I,1,1
                    N\2.70

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
90005/254,18,P
                    \###\8\\\ALYMP\\\\\\
90005/254,18,P,1
                    0
90005/254,18,P,1,1
                    N\2.70
90005/254,19
                    0\
90005/254,19,I

90005/254,19,I,1
```

[redacted].TXT

```
                    0
90005/254,19,I,1,1
                    N\0.90
90005/254,19,P
                    \###\8\\\AMONO\\\\\\
90005/254,19,P,1
                    0
90005/254,19,P,1,1
                    N\0.90

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
90005/254,20
                    0\
90005/254,20,I

90005/254,20,I,1
                    0
90005/254,20,I,1,1
                    N\0.20
90005/254,20,P
                    \###\8\\\AEOS\\\\\\
90005/254,20,P,1
                    0
90005/254,20,P,1,1
                    N\0.20
90005/254,21
                    0\
90005/254,21,I

90005/254,21,I,1
                    0

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
90005/254,21,I,1,1
                    N\0.00
90005/254,21,P
                    \###\8\\\ABA\\\\\\
90005/254,21,P,1
                    0
90005/254,21,P,1,1
                    N\0.00
90005/254,30
                    0\
90005/254,30,I

90005/254,30,I,1
                    0
90005/254,30,I,1,1
                    C\HIDE
90005/254,30,P
                    3\###\\\\CND\\\\\\
90005/254,30,P,1
                    0

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
90005/254,30,P,1,1
                    C\HIDE
90005/254,31
                    0\
90005/254,31,I

90005/254,31,I,1
                    0
90005/254,31,I,1,1
                    N\0
90005/254,31,P
                    \###\8\\\NRBCA\\\\\\
90005/254,31,P,1
                    0
90005/254,31,P,1,1
```

```
                    N\0
                90005/254,32
                    0\
                90005/254,32,I

Date      Time      Q Trn#      Data
--------  --------  - ----      ----
                90005/254,32,I,1
                    0
                90005/254,32,I,1,1
                    N\0.0
                90005/254,32,P
                    \###\8\\\ANRBCA\\\\\\
                90005/254,32,P,1
                    0
                90005/254,32,P,1,1
                    N\0.0

06/18/200823:49:42 0 90174    5OF!!0#85782#^IX07A!#STA1###IXWOP##11858\STA1#872#
                    872\0\W2544\
                90174/872W2544###\872\\P#1#474\\\\\
                90174/872,2
                    0\
                90174/872,2,I

                90174/872,2,I,1
                    0

Date      Time      Q Trn#      Data
--------  --------  - ----      ----
                90174/872,2,I,1,1
                    N\12.1
                90174/872,2,P
                    \1#*![12.3-14.9] Sec#*#L\\\\PT\\\\\\
                90174/872,2,P,1
                    0
                90174/872,2,P,1,1
                    N\12.1
                90174/872,3
                    0\
                90174/872,3,I

                90174/872,3,I,1
                    0
                90174/872,3,I,1,1
                    N\0.9
                90174/872,3,P
                    \###\\\\PTINR\\INRC\\\\
                90174/872,3,P,1
                    0

Date      Time      Q Trn#      Data
--------  --------  - ----      ----
                90174/872,3,P,1,1
                    N\0.9
                90174/872,4
                    0\
                90174/872,4,P
                    \\\\760

06/18/200823:50:14 0 90186    5OF!!0#85814#^IX07A!#STA1###IXWOP##11858\STA1#872#
                    872\0\W2544\
                90186/872W2544###\872\\P#1#474\\\\\
                90186/872,2
                    0\
                90186/872,2,I

                90186/872,2,I,1
                    0
                90186/872,2,I,1,1
                    N\12.1
                90186/872,2,P
```

[redacted].TXT

```
                        \1#*![12.3-14.9] SEC#*#L\\\\PT\\\\\\

Date      Time      Q Trn#      Data
--------  --------- - ----      ----
                    90186/872,2,P,1
                              0
                    90186/872,2,P,1,1
                              N\12.1
                    90186/872,3
                              0\
                    90186/872,3,I

                    90186/872,3,I,1
                              0
                    90186/872,3,I,1,1
                              N\0.9
                    90186/872,3,P
                              \###\\\\PTINR\\INRC\\\\
                    90186/872,3,P,1
                              0
                    90186/872,3,P,1,1
                              N\0.9
                    90186/872,4
                              0\

Date      Time      Q Trn#      Data
--------  --------- - ----      ----
                    90186/872,4,I

                    90186/872,4,I,1
                              0
                    90186/872,4,I,1,1
                              N\20.7
                    90186/872,4,P
                              \1#*![28.0-35.6] SEC#*#L\\\467\PTT\\HEPE\\\\
                    90186/872,4,P,1
                              0
                    90186/872,4,P,1,1
                              N\20.7

06/18/200823:56:39 0 90312    5OF!IO#86199#SMR!#107798###IXWOP##11858\STA1#872#8
                              72\1\W2544\
                    90312/872W2544#W2544##\872\\P#1#474\\\\\

                              Queue: 1

06/18/200823:34:31 1 16588    7!B!O#84871C#LWF MDFY#117790#839##CLVS##11858\T\18
                              6L39301\W2544\XGRN\\2\\\\\\

Date      Time      Q Trn#      Data
--------  --------- - ----      ----
                    16588/XGRN
                              1\\\65\T\\\\\\\\\\\\
                    16588/XGRN,1

                    16588/XGRN,1,1
                              C\SEEC

06/18/200823:56:39 1 16622    7!B!O#86199C#SMR#107798#711##OEM##11858\ER\186L393
                              01\W2544\PTM\\3\\\0\\STA1\
                    16622/PT \STA1\1\1\ER\\\\\\\\\\\\\\
                    16622/PT,1

                    16622/PT,1,1
                              N\12.1
                    16622/PTINR
                              \STA1\\1\ER\\\\\\\\\\\\\
                    16622/PTINR,1

                    16622/PTINR,1,1
                              N\0.9

Date      Time      Q Trn#      Data
```

[redacted].TXT

```
                    16622/PTINR,1,2
                            C\INRC

06/18/200823:56:39 1 16623  7|B|0#86199C#SMR#107798#711#STA1,W2544|11378542|ST
                            A1,872|11378541#OEM##11858\ER\186L39301\W2544\PTT\
                            \3\\\0\\STA1\
                    16623/PTT\STA1\1\1\ER\\\\\\\\\\\\
                    16623/PTT,1

                    16623/PTT,1,1
                            N\20.7
                    16623/PTT,1,2
                            C\HEPE

                            Queue: 2

06/18/200823:34:31 2 11479  71\84871C\LWF MDFY\117790#T\\886\11858,2\9999\9999
                            |VP|1\\\W2544

06/18/200823:44:06 2 11496  7|B|0#85446C#JDC#IX62234#4-A##IXPRO##11858\R\186L3
                            9301\W2544\CBCH\\3\\\\O\COU1\

Date     Time     Q Trn#    Data
-------- -------- - ----    ----
                    11496/CND3\COU1\\1\R\\\\\\\\\\\\
                    11496/HCT\COU1\1\1\R\\\\\\\\\\\\
                    11496/HCT,1

                    11496/HCT,1,1
                            N\39.3
                    11496/HGB\COU1\\1\R\\\\\\\\\\\\
                    11496/HGB,1

                    11496/HGB,1,1
                            N\13.8
                    11496/MCHC
                            \COU1\\1\R\\\\\\\\\\\\
                    11496/MCHC,1

                    11496/MCHC,1,1
                            N\35.0
                    11496/MCV\COU1\\1\R\\\\\\\\\\\\
                    11496/MCV,1

Date     Time     Q Trn#    Data
-------- -------- - ----    ----
                    11496/MCV,1,1
                            N\91.2
                    11496/PLT\COU1\\1\R\\\\\\\\\\\\
                    11496/PLT,1

                    11496/PLT,1,1
                            N\266
                    11496/RBC\COU1\1\1\R\\\\\\\\\\\\
                    11496/RBC,1

                    11496/RBC,1,1
                            N\4.31
                    11496/RDW\COU1\\1\R\\\\\\\\\\\\
                    11496/RDW,1

                    11496/RDW,1,1
                            N\13.0
                    11496/WBC\COU1\2\1\R\\\\\\\\\\\\
                    11496/WBC,1

Date     Time     Q Trn#    Data
-------- -------- - ----    ----
                    11496/WBC,1,1
                            N\14.7
```

```
06/18/200823:44:06 2 11497    7|B|O#85446C#JDC#IX62234#4-A#COU1,W2544|11378418#I
                              XPRO##11858\R\186L39301\W2544\DFFS\\3\\\\O\COU1\
                      11497/ABA\COU1\\9\R\\10\\\\\\\\\\
                      11497/ABA,1

                      11497/ABA,1,1
                              N\0.00
                      11497/AEOS
                              \COU1\\9\R\\9\\\\\\\\\\
                      11497/AEOS,1

                      11497/AEOS,1,1
                              N\0.20
                      11497/ALYMP
                              \COU1\\9\R\\7\\\\\\\\\\
                      11497/ALYMP,1

Date      Time      Q Trn#      Data
--------  --------  - ----      ----
                      11497/ALYMP,1,1
                              N\2.70
                      11497/AMONO
                              \COU1\\9\R\\8\\\\\\\\\\
                      11497/AMONO,1

                      11497/AMONO,1,1
                              N\0.90
                      11497/ANEUT
                              \COU1\2\9\R\\6\\\\\\\\\\
                      11497/ANEUT,1

                      11497/ANEUT,1,1
                              N\10.90
                      11497/ANRBCA
                              \COU1\\9\R\\12\\\\\\\\\\
                      11497/ANRBCA,1

                      11497/ANRBCA,1,1
                              N\0.0

Date      Time      Q Trn#      Data
--------  --------  - ----      ----
                      11497/BA \COU1\\9\R\\5\\\\\\\\\\
                      11497/BA,1

                      11497/BA,1,1
                              N\0
                      11497/EOS\COU1\\9\R\\4\\\\\\\\\\
                      11497/EOS,1

                      11497/EOS,1,1
                              N\1
                      11497/LYMP
                              \COU1\\1\R\\\\\\\\\\\\
                      11497/LYMP,1

                      11497/LYMP,1,1
                              N\18
                      11497/MONO
                              \COU1\\9\R\\3\\\\\\\\\\
                      11497/MONO,1

Date      Time      Q Trn#      Data
--------  --------  - ----      ----
                      11497/MONO,1,1
                              N\6
                      11497/NEUT
                              \COU1\2\9\R\\2\\\\\\\\\\
                      11497/NEUT,1
```

[redacted].TXT

```
                    11497/NEUT,1,1
                              N\75
                    11497/NRBCA
                              \COU1\\9\R\\11\\\\\\\\\\
                    11497/NRBCA,1

                    11497/NRBCA,1,1
                              N\0

06/18/200823:46:03 2 11502    101\85563\SMR\######COU1,W2544|11378499|COU1,254|1
                              1378498|\\\\\\

                              Queue: 3

06/18/200823:35:05 3 12029    50E\84905\Q54\Q54\\11858,W2544,84360#

---------------------------- SEARCH 06/19/2008 (11859) ----------------------------

                              Queue: 0

Date      Time     Q Trn#     Data
--------  -------- - ----     ----

06/19/200800:02:32 0 43       50F!!0#152#^IXO7A!#FUS1###IXW0P##11859\FUS1#382#38
                              2\O\W2544\
                    43/382    W2544#W2544#R#\382\\P##\\\\\
                    43/382,2 O\
                    43/382,2,I

                    43/382,2,I,1
                              0
                    43/382,2,I,1,1
                              N\113
                    43/382,2,P
                              \2#*![70-100] mg/dL#*#H\\\\GLU\\\\\\
                    43/382,2,P,1
                              0
                    43/382,2,P,1,1
                              N\113
                    43/382,3 O\
                    43/382,3,I

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
                    43/382,3,I,1
                              0
                    43/382,3,I,1,1
                              N\142
                    43/382,3,P
                              \###\\\\NA\\\\\\
                    43/382,3,P,1
                              0
                    43/382,3,P,1,1
                              N\142
                    43/382,5 O\
                    43/382,5,I

                    43/382,5,I,1
                              0
                    43/382,5,I,1,1
                              N\4.6
                    43/382,5,P
                              \###\\\\K\\\\\\
                    43/382,5,P,1
                              0

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
                    43/382,5,P,1,1
                              N\4.6
                    43/382,7 O\
```

```
                    43/382,7,I
                    43/382,7,I,1
                              0
                    43/382,7,I,1,1
                              N\110
                    43/382,7,P
                              \2#*|[98-107] MEQ/L#*#H\\\\CL\\\\\\
                    43/382,7,P,1
                              0
                    43/382,7,P,1,1
                              N\110
                    43/382,8 0\
                    43/382,8,I
                    43/382,8,I,1
                              0

Date      Time      Q Trn#     Data
--------  --------  - ----     ----
                    43/382,8,I,1,1
                              N\17
                    43/382,8,P
                              \1#*|[23.0-31.0] MEQ/L#*#L\\\\CO2\\\\\\
                    43/382,8,P,1
                              0
                    43/382,8,P,1,1
                              N\17
                    43/382,9 0\
                    43/382,9,I
                    43/382,9,I,1
                              0
                    43/382,9,I,1,1
                              N\15
                    43/382,9,P
                              \###\\\\AGAP\\\\\\
                    43/382,9,P,1
                              0
                    43/382,9,P,1,1
                              N\15

Date      Time      Q Trn#     Data
--------  --------  - ----     ----
                    43/382,100\
                    43/382,10,I
                    43/382,10,I,1
                              0
                    43/382,10,I,1,1
                              N\12
                    43/382,10,P
                              \###\\\\BUN\\\\\\
                    43/382,10,P,1
                              0
                    43/382,10,P,1,1
                              N\12
                    43/382,110\
                    43/382,11,I
                    43/382,11,I,1
                              0
                    43/382,11,I,1,1
                              N\0.93

Date      Time      Q Trn#     Data
--------  --------  - ----     ----
                    43/382,11,P
                              \###\\\\CREA\\CRE\\\\
                    43/382,11,P,1
                              0
                    43/382,11,P,1,1
                              N\0.93
```

```
                    43/382,130\
                    43/382,13,I

                    43/382,13,I,1
                              0
                    43/382,13,I,1,1
                              N\8.0
                    43/382,13,P
                              \1#*![8.7-10.2] MG/DL#*#L\\\\CA\\\\\\
                    43/382,13,P,1
                              0
                    43/382,13,P,1,1
                              N\8.0
                    43/382,170\

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
                    43/382,17,I

                    43/382,17,I,1
                              0
                    43/382,17,I,1,1
                              N\0.5
                    43/382,17,P
                              \###\\\\TBIL\\\\\\
                    43/382,17,P,1
                              0
                    43/382,17,P,1,1
                              N\0.5
                    43/382,180\
                    43/382,18,I

                    43/382,18,I,1
                              0
                    43/382,18,I,1,1
                              N\0.3
                    43/382,18,P
                              \###\\\\DBIL\\\\\\

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
                    43/382,18,P,1
                              0
                    43/382,18,P,1,1
                              N\0.3
                    43/382,200\
                    43/382,20,I

                    43/382,20,I,1
                              0
                    43/382,20,I,1,1
                              N\6.9
                    43/382,20,P
                              \###\\\\TP\\\\\\
                    43/382,20,P,1
                              0
                    43/382,20,P,1,1
                              N\6.9
                    43/382,210\
                    43/382,21,I


Date      Time     Q Trn#     Data
--------  -------- - ----     ----
                    43/382,21,I,1
                              0
                    43/382,21,I,1,1
                              N\3.9
                    43/382,21,P
                              \###\\\\ALB\\\\\\
                    43/382,21,P,1
                              0
                    43/382,21,P,1,1
```

```
                    N\3.9
                43/382,290\
                43/382,29,I

                43/382,29,I,1
                    0
                43/382,29,I,1,1
                    N\101
                43/382,29,P
                    \2#*![14-50] U/L#*#H\\\\AST\\\\\\\
                43/382,29,P,1
                    0

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
                43/382,29,P,1,1
                    N\101
                43/382,300\
                43/382,30,I

                43/382,30,I,1
                    0
                43/382,30,I,1,1
                    N\63
                43/382,30,P
                    \###\\\\ALT\\\\\\
                43/382,30,P,1
                    0
                43/382,30,P,1,1
                    N\63
                43/382,310\
                43/382,31,I

                43/382,31,I,1
                    0

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
                43/382,31,I,1,1
                    N\118
                43/382,31,P
                    \###\\\\ALKP\\\\\\
                43/382,31,P,1
                    0
                43/382,31,P,1,1
                    N\118
                43/382,320\
                43/382,32,I

                43/382,32,I,1
                    0
                43/382,32,I,1,1
                    N\195
                43/382,32,P
                    \2#*![8-78] U/L#*#H\\\\GGT\\\\\\
                43/382,32,P,1
                    0
                43/382,32,P,1,1
                    N\195

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
                43/382,46,I

                43/382,46,I,1
                    0
                43/382,46,I,1,1
                    N\0.0
                43/382,47,I

                43/382,47,I,1
                    0
                43/382,47,I,1,1
```

[redacted].TXT

```
                        N\0.2
                43/382,50,I
                43/382,50,I,1
                        0
                43/382,50,I,1,1
                        N\0.0
                43/382,51,I

Date      Time      Q Trn#     Data
--------  --------  - ----     ----
                43/382,51,I,1
                        0
                43/382,51,I,1,1
                        N\113
                43/382,550\
                43/382,55,I
                43/382,55,I,1
                        0
                43/382,55,I,1,1
                        N\232.000
                43/382,55,P
                        \2#*![<0.01] %#*#H\\\\ETOH\\\\\\
                43/382,55,P,1
                        0
                43/382,55,P,1,1
                        N\0.232
                43/382,700\
                43/382,70,P
                        \###\\\\GFR\\GFC\\\\

Date      Time      Q Trn#     Data
--------  --------  - ----     ----
                43/382,70,P,1
                        0
                43/382,70,P,1,1
                        N\>60

06/19/200800:39:04 0 554        5!!0#2344C#/dev/null:80792#LXCI6J2##M001529871;1|1
                                1378996#(GOP5) OE INTERFACE#0#11859#\N\2\123P1055#
                                186L39360\332:1\1,M001529871,1,EP,9,1\H00034689372
                                \ER\HEDZ2;1\06192008,0040\HEDZ2;1#0\\\\\\\\\\\7
                        554/H349 \3\!11859,0044#!11859,0044###\\\\0\\\2\\\\\\\\ER
                        554/H349,1
                                0\A\TSHD#B\LAB220080619:0005-0##TSHD\1#S
                        554/H349,1,TSHD
                                \\BB\8#8\\\\186C119977\\\\\\\\\186C119978

06/19/200800:39:04 0 555        7!B!0#2344C#/dev/null:80792(GOP5)#80792###(GOP5) O
                                E INTERFACE##11859\ER\186L39360\H349\TSHD\\3\\\\\\
                        555/%CT  1\\\65\ER\\\\\\\\\\\\
                        555/%CT,1
                        555/%CT,1,1
                                C\RCG

Date      Time      Q Trn#     Data
--------  --------  - ----     ----
                        555/%RN  3\\\65\ER\\\\\\\\\\\\
                        555/%UO  3\\\65\ER\\\\\\\\\\\\
                        555/XMC  \\\65\ER\\\\\\\\\\\\
                        555/XMC,1
                        555/XMC,1,1
                                C\TSO

06/19/200800:40:04 0 574        12\2404\/dev/null:80792(GIP2)\LXCI6J2#ER#0#3###M00
                                1529871;1|11378999\M001529871;1\\HEDZ2;1#1,M001529
                                871,1,EP,9,1#HEDZ2;1##HEDZ2;1\\RUSSELL#MICHAEL C\H
                                349\11859,0044\\07071972#M\\\TSHD#\

06/19/200800:42:08 0 612        5!!0#2528C#LWF!#117790#839#M001529871;1|11379007#R
                                E#0#11859\C\3#1\123P1055#186L39360\\1,M001529871,1
```

[redacted].TXT

```
                    ,EP,9,1\\T
          612/H349 \7\839!11859,0044#886!11858,2300#839!11859,0042###
                    \\\\\XI,1
          612/H349,1
                    O\C\TSHD#B\LAB220080619:0005-0##TSHD\1#S\S-;NA
          612/H349,1,TSHD
                    \\\\\\\\\\\\\\\\186c119981

Date      Time      Q Trn#     Data
--------  --------  - ----     ----

06/19/200801:22:22  0 1281     28\4942\LBY\105840#T###BOP#BWPBP3C##11859\M0015298
                               71;1\%O!%POS#########%NEG#186L39360!H349!11!%O-%PO
                               S!0!!11\854

06/19/200801:22:22  0 1283     7!B!0#4942C#LBY#105840#854##BOP##11859\T\186L39360
                               \H349\TSHD\\3\\\\\\
                    1283/%ABR\%BPW\\1\T\\\\\\\\\\\\\
                    1283/%ABR,1
                               \1
                    1283/%ABR,1,1
                               C\%O
                    1283/%ABR,1,2
                               C\%POS
                    1283/%AS \%BPW\\1\T\\\\\\\\\\\\\
                    1283/%AS,1

                    1283/%AS,1,1
                               C\%NEG
                    1283/%EXX1\%BPW\\1\T\\\\\\\\\\\\\

Date      Time      Q Trn#     Data
--------  --------  - ----     ----
                    1283/%EXX,1

                    1283/%EXX,1,1
                               N\06/21/2008
                    1283/HX  1\%BPW\\1\T\\\\\\\\\\\\\
                    1283/HX,1
                    1283/HX,1,1
                               C\CD

06/19/200801:22:22  0 1284     31\4942\LBY\105840#T###BOP#BWPBP3D##11859\H349\854
                               \2\TSHD\%ABR\\%O-%POS#%O-%POS#854\1#CBT#OP#A,0!B,0
                               !AB,ND!A1C,4+!BC,4+!D,4+!CT,ND#854\

06/19/200801:22:22  0 1285     31\4942\LBY\105840#T###BOP#BWPBP3D##11859\H349\854
                               \2\TSHD\%AS\\%NEG#%NEG#854\1#AHGG#N#SC1,0!SC2,0!SC
                               3,0#854\

06/19/200801:22:22  0 1286     34\4942\LBY\105840#T###BOP#BWPBP3D##11859\\^AMB("B
                               B",1,229,11859,4942)\R\M001529871;1\H349\TSHD\854

Date      Time      Q Trn#     Data
--------  --------  - ----     ----

06/19/200801:22:22  0 1287     34\4942\LBY\105840#T###BOP#BWPBP3D##11859\\^AMB("B
                               B",1,229,11859,4942,"0","%ABR")\%O-%POS\%O-%POS\11
                               859,\31\\LBY\105840#T###BOP#BWPBP3D\H349\854\2\TSH
                               D\%ABR\\%O-%POS#%O-%POS#854\1#CBT#OP#A,0!B,0!AB,ND
                               !A1C,4+!BC,4+!D,4+!CT,ND#854\

06/19/200801:22:22  0 1288     34\4942\LBY\105840#T###BOP#BWPBP3D##11859\\^AMB("B
                               B",1,229,11859,4942,"0","%AS")\%NEG\%NEG\11859,\31
                               \\LBY\105840#T###BOP#BWPBP3D\H349\854\2\TSHD\%AS\\
                               %NEG#%NEG#854\1#AHGG#N#SC1,0!SC2,0!SC3,0#854\

06/19/200801:22:22  0 1290     26\4942\LBY\105840#T###BOP#BWPBP3A##11859\H349#A\8
                               54\^BB("ACC",AN)

                               Queue: 1
```

[redacted].TXT

```
06/19/200800:04:47 1 6        7!B!O#287C#HKB#72944#873##MEM##11859\T\186L39301\W
                              2544\CMET\\3\\\0\\\
                     6/K      \E700\\1\T\\\\\1\\\\\\\

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
                     6/K,1
                     6/K,1,1  N\4.6
                     6/K,1,2  C\SLH

06/19/200815:52:12 1 14149    24\57132\Q11B\205#936\A#2\CUM-D\11859,1551.48\M001
                              529871;1,9,11859#1552\HNT5P1;1\H349\

06/19/200815:52:13 1 14175    24\57133\Q11B\205#936\A#2\CUM-D\11859,1551.48\M001
                              529871;1,9,11859#1552\HNT5P1;1\W2544\

                              Queue: 2

06/19/200800:02:32 2 3        7!B!O#152C#CAS#IX62234#4-A##IXPRO##11859\R\186L393
                              01\W2544\CMET\\3\\\\O\FUS1\
                     3/AGAP   \FUS1\\1\R\\\\\\\\\\\\
                     3/AGAP,1
                     3/AGAP,1,1
                              N\15
                     3/ALB    \FUS1\\1\R\\\\\\\\\\\\
                     3/ALB,1

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
                     3/ALB,1,1N\3.9
                     3/ALKP   \FUS1\\1\R\\\\\\\\\\\\
                     3/ALKP,1
                     3/ALKP,1,1
                              N\118
                     3/ALT    \FUS1\\1\R\\\\\\\\\\\\
                     3/ALT,1
                     3/ALT,1,1N\63
                     3/AST    \FUS1\2\1\R\\\\\\\\\\\\
                     3/AST,1
                     3/AST,1,1N\101
                     3/BUN    \FUS1\\1\R\\\\\\\\\\\\
                     3/BUN,1
                     3/BUN,1,1N\12
                     3/CA     \FUS1\1\1\R\\\\\\\\\\\\
                     3/CA,1
                     3/CA,1,1 N\8.0
                     3/CL     \FUS1\2\1\R\\\\\\\\\\\\
                     3/CL,1
                     3/CL,1,1 N\110

Date      Time     Q Trn#     Data
--------  -------- - ----     ----
                     3/CO2    \FUS1\1\1\R\\\\\\\\\\\\
                     3/CO2,1
                     3/CO2,1,1N\17
                     3/CREA   \FUS1\\1\R\\\\\\\\\\\\
                     3/CREA,1
                     3/CREA,1,1
                              N\0.93
                     3/CREA,1,2
                              C\CRE
                     3/DBIL   \FUS1\\1\R\\\\\\\\\\\\
                     3/DBIL,1
                     3/DBIL,1,1
                              N\0.3
                     3/GFR    \FUS1\\1\R\\\\\\\\\\\\
                     3/GFR,1
                     3/GFR,1,1N\>60
                     3/GFR,1,2C\GFC
                     3/GGT    \FUS1\2\1\R\\\\\\\\\\\\
                     3/GGT,1
                     3/GGT,1,1N\195
```

[redacted].TXT

```
Date      Time      Q Trn#     Data
--------  --------  - ----     ----
                      3/GLU    \FUS1\2\1\R\\\\\\\\\\\\\
                      3/GLU,1
                      3/GLU,1,1N\113
                      3/K      \FUS1\\1\R\\\\\\\\\\\\\
                      3/K,1
                      3/K,1,1  N\4.6
                      3/NA     \FUS1\\1\R\\\\\\\\\\\\\
                      3/NA,1
                      3/NA,1,1 N\142
                      3/TBIL   \FUS1\\1\R\\\\\\\\\\\\\
                      3/TBIL,1
                      3/TBIL,1,1
                               N\0.5
                      3/TP     \FUS1\\1\R\\\\\\\\\\\\\
                      3/TP,1
                      3/TP,1,1 N\6.9

06/19/200800:02:32 2  4        7!B!O#152C#CAS#IX62234#4-A#FUS1,W2544|11378646#IXP
                               RO##11859\R\186L39301\W2544\ETOH\\3\\\\O\FUS1\
                      4/ETOH   \FUS1\2\1\R\\\\\\\\\\\\\

Date      Time      Q Trn#     Data
--------  --------  - ----     ----
                      4/ETOH,1
                      4/ETOH,1,1
                               N\0.232

06/19/200800:42:08 2  53       71\2528C\LWF\117790#T\\886\11858,3\9999\9999!!XI!1
                               \\\H349

                               Queue: 3

TRNSAVE Tape Dismounted - rewound to BOT left loaded

TRNSAVE FILE SEARCH COMPLETED - 48 Transactions found

Y o u ' r e  i n  t h e  T E S T  A R E A
```

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

FORENSIC SERVICES LABORATORY REPORT

MARK SANFORD
Governor

REGINALD I. LLOYD
Director

W.C. Harman
S.C. Highway Patrol District #1
1626 Shop Road
Columbia, SC 29201

TOXICOLOGY DEPARTMENT
July 03, 2008
SLED No: L08-09554
Your Case No: 0832HP1C113
Incident Date: 06/18/2008

[S] Michael C Russell

This is an official report of the South Carolina Law Enforcement Division Forensic Services Laboratory and is to be used in connection with an official criminal investigation. These examinations were conducted under your assurance that no previous examinations of person(s) or evidence submitted in this case have been or will be conducted by any other laboratory or agency.

Reginald I. Lloyd, Director
South Carolina Law Enforcement Division

ITEMS OF EVIDENCE

Item: 1 **Sample Type: Blood (Toxicology)** - Labeled "Micheal Russell"

Analysis by Headspace Gas Chromatography (GC) and/or Headspace Gas Chromatography/Mass Spectrometry (GC/MS)

Analyte	Result	Units	Threshold
Ethanol	0.199	% w/v	0.01

Heather H Dailey

Heather H. Dailey
Forensic Toxicologist

Biological specimens processed for testing which are not consumed during analysis will be maintained for 180 days from the completion date of the analysis and then destroyed unless otherwise notified.

P.O. Box 21398, Columbia, South Carolina 29221-1398 Phone (803) 896-7300 Fax (803) 896-7351

DEFENDANT'S EXHIBIT 23

PLIC 0415

SLED TOXICOLOGY CASE JACKET
TABLE OF CONTENTS

CASE #: 1089554 DATE: 7/1/08 TOXICOLOGIST: HHD

DESCRIPTION	PAGES
TABLE OF CONTENTS	1
REQUESTS FOR ANALYSIS FORM	1
INVENTORY SHEET(S)	1
TOXICOLOGY WORK SHEET	
INCIDENT OR CASE HISTORY SHEET(S)	
URINE/BLOOD COLLECTION FORM	1
IMPLIED CONSENT WARNING	
VOLATILES ANALYSIS SHEET(S)	5
DRUG SCREEN SHEET(S)	
MASS SPECTROMETRY SHEET(S)	
CARBOXYHEMOGLOBIN SHEET(S)	
CHAIN OF CUSTODY EVIDENCE BAG CONTAINING LABEL	1
TOTAL PAGES:	10

PAGES, WHEN FILLED IN, INDICATE THAT THE ITEM DESCRIBED IS ENCLOSED.

SLED Forensics Form # TOX 012, January 2006

SLED LABORATORY
FORENSIC SERVICES REQUEST

L08-09554
SubR Received (8/19/2008)
S.C. Highway Patrol Troop 1
Agency Case # - 0832HP1C113

Name of Investigating Officer: William C Harman
Agency: SCHP Phone No: 803 808 4200
Fax No: Email:
Mailing Address: 111 Maiden Lane
City: Lexington State: SC Zip Code: 29072
CC:

Agency ID/ORI No: SC03299SP
Case No: 0832HP1C113
Case Type: DUI
Offense Date: 08/18/2008
County: Lexington
Officer Involved Shooting ☐ Yes

Has other evidence on this case been submitted to this lab?
☐ Yes X ☐ No
If yes, Lab Number:

Is this evidence related to another lab number?
☐ Yes X ☐ No
If yes, Lab Number:

For Toxicology Cases ONLY

Death:	☐ Yes ☒ No If yes: ☐ Traffic Fatality ☐ Child Fatality ☐ Accidental ☐ Natural ☐ Unexplained
Traffic Fatality:	☐ Driver ☐ Passenger ☐ Pedestrian ☐ Motorcyclist ☐ Bicyclist ☐ Boating ☐ Other
Other Causes:	☐ Gunshot ☐ Stabbing ☐ Beating ☐ Strangulation/Suffocation X☐ Drug/Poison/Alcohol ☐ Fire ☐ Disease ☐ Carbon Monoxide ☐ Hanging ☐ Electrocution ☐ Heart Related ☐ Drowning ☐ Other
DUI:	Felony ☐ Yes X☐ No (If felony resulted in death Victim's name is required) Breath test given: ☐ Yes X☐ No If yes, reading:
Drugs Suspected: ☐ Yes X☐ No	If yes, list drugs:

Subject(s)	Last Name, First Name, MI.	Sex	Race	DOB	SSN
Micheal C Russell		M	W	[redacted]	

Victim(s)	Last Name, First Name, MI.	Sex	Race	DOB	SSN

SLED Forensics Form # FSA 031, February 2006

PLIC 0417

SLED Lab No. 08-4934

SLED Item No. LAB ONLY	Agency Item No.	Description of Evidence	Analysis Requested
1	0832HP1C;3	Blood	Yes

Comments

CM SHELTON
Print Name of Delivering Officer

Signature of Delivering Officer

SLED Forensics Form # FSA-032, February 2006

SLED 08-4934

PLIC 0418

SOUTH CAROLINA LAW ENFORCEMENT DIVISION – URINE/BLOOD COLLECTION REPORT

Subject: Mikael C. Russo Lexington
Last Name | First Name | Middle Name | County of Arrest

Subject's Address: 1065 Old Cherokee Rd Lexington SC 29072

Driver's License Number: [redacted] State: SC DOB: [redacted] Sex: M Race: W

Arresting Officer: Lt. P. Taylor Agency: SCHP

Arresting Officer's Address: 1st Precinct Lexington SC

Date of Arrest: 6/18/05 Time of Arrest: 2350 AM/PM Traffic Ticket Number:

Date of Test: 6/19/05 Time of Test: 0005 AM/PM Location of Collection: Lex PD

CHECK THE FOLLOWING (CHECK BOTH IF APPLICABLE)

☑ Subject is under arrest for Section 56-5-2930, 56-5-2933, 56-5-2945, 56-1-2120, 50-21-112, 50-21-113 or 23-31-415, or is in violation of Section 56-5-2945, 50-21-113 or 50-1-288 of the 1976 South Carolina Code of Laws as amended.

☑ Subject has been advised in writing of his/her Implied Consent Rights.

CHECK THE CORRECT ONE (ONLY ONE CAN APPLY)

☐ Subject has a DataMaster reading of less than 0.08%, and a urine sample is requested. DataMaster reading: _____ (optional)

☐ Subject is unconscious or otherwise incapable of refusal and is considered informed, therefore, a blood sample is requested.

☑ A blood sample is requested by the arresting officer because a licensed medical person has informed the officer that the subject is unable to take a breath test at this time due to any reason deemed acceptable by that licensed medical person.

☐ Subject is under arrest for or a violation of, Section 56-5-2945 or 50-21-113, and, pursuant to Section 56-5-2949 or 50-21-116, a blood sample of a blood and urine sample is/are requested.

☐ A blood sample is requested by the subject for his/her own independent test.

Name and Title of Licensed Medical Personnel: Michael A. Cabezas RN
(Please Print)

Signature of Licensed Medical Personnel: Michael A. Cabezas

THIS SECTION TO BE CHECKED BY SAMPLE COLLECTOR

☑ Using a non-alcohol prep, a blood sample was collected into an unused, uncontaminated vial and given directly to the arresting officer (or to the subject requesting sample for his/her independent test) after collection.

☐ A urine sample was collected into an unused, uncontaminated container and given directly to the arresting officer after collection.

Name of Licensed or Trained Collector: Jill Burroughs
(Please Print)

Signature of Licensed or Trained Collector: Jill Burroughs

FINAL CHECKS FOR LAW ENFORCEMENT OFFICER

☑ Sample collection was under my direct supervision.

☑ Sample container is properly labeled with the subject's name and time of collection.

☑ Sample is properly sealed and ready for transport.

Signature of Officer: [signature] Date: 06-19-05

I, Mikael A. Russo, received a copy of this report on 6/19/05
(Subject's Signature) Date

White Copy: Arresting Officer Canary Copy: Hospital Pink Copy: Subject Goldenrod Copy: SLED

SLED Forensics Form # (QX.001) August 2002

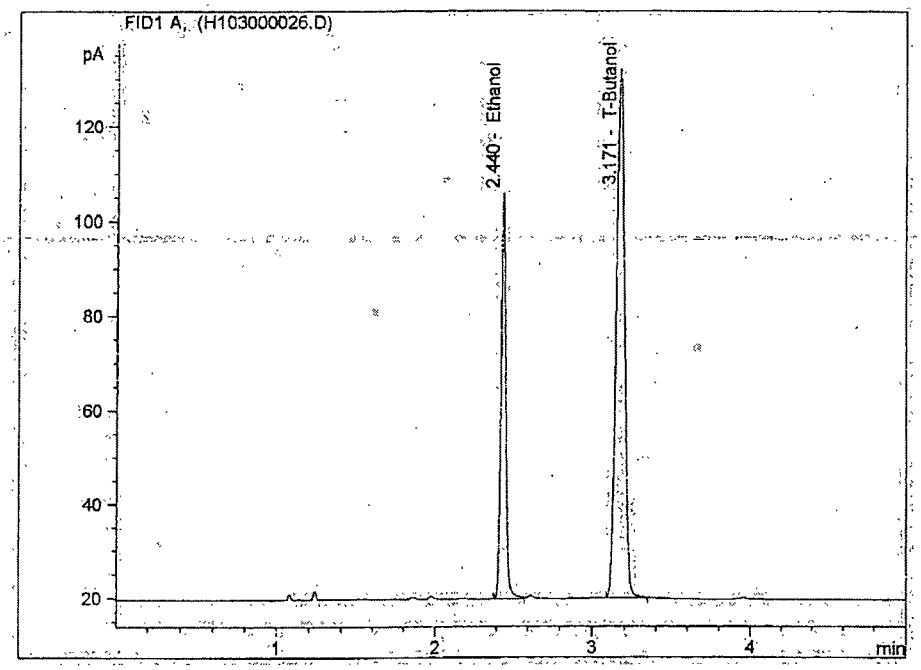
PD US 9554
HRD

South Carolina Law Enforcement Division

Sample Name:08-9554 Sample Info:
Injection Date: 6/25/2008 4:19:38 PM
Data File Name: C:\CHEM32\2\DATA\HEATHER 2008-06-25 13-03-50\H103000026.D

Seq Name: C:\Chem32\2\DATA\HEATHER 2008-06-25 13-03-50\HEATHER.S

Instrument Name: HPHS2 Vial number: Vial 26
Method: C:\Chem32\2\DATA\HEATHER 2008-06-25 13-03-50\BA2.M



Actual R. Time	Expected R. Time	Component Name	Conc. Percent	Component Area
0.000	1.548	Acetaldehyde	0.0000	0.000
0.000	1.841	Methanol	0.0000	0.000
2.440	2.436	Ethanol	0.1989	187.391
0.000	2.607	Acetone	0.0000	0.000
0.000	2.854	IPA	0.0000	0.000
3.171	3.155	T-Butanol	0.0100	401.831

1.0 BAC ② 08-9554

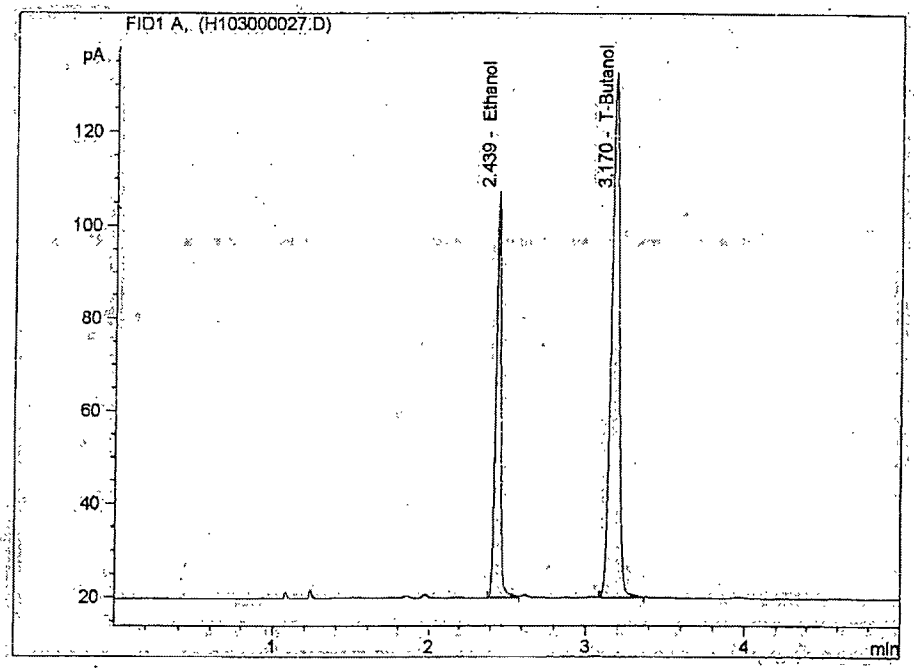
PLIC 0420

South Carolina Law Enforcement Division

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Seq Name: C:\Chem32\2\DATA\HEATHER 2008-06-25 13-03-50\HEATHER.S

Instrument Name: HPHS2 Vial number: Vial 27
Method: C:\Chem32\2\DATA\HEATHER 2008-06-25 13-03-50\BA2.M

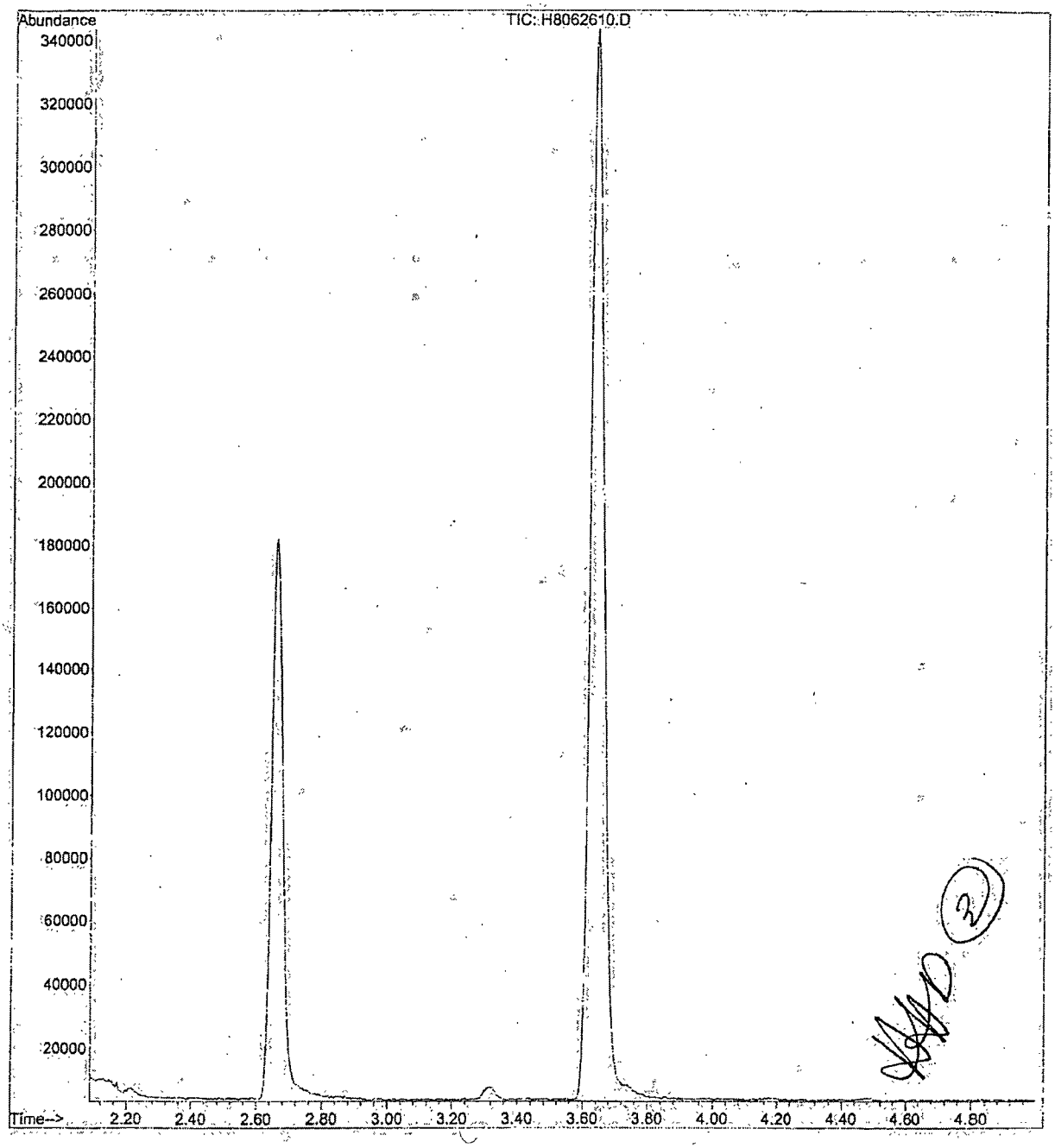


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0.000	1.841	Methanol	0.0000	0.000
2.439	2.436	Ethanol	0.2008	190.254
0.000	2.607	Acetone	0.0000	0.000
0.000	2.854	IPA	0.0000	0.000
3.170	3.155	T-Butanol	0.0100	404.102

08-9554

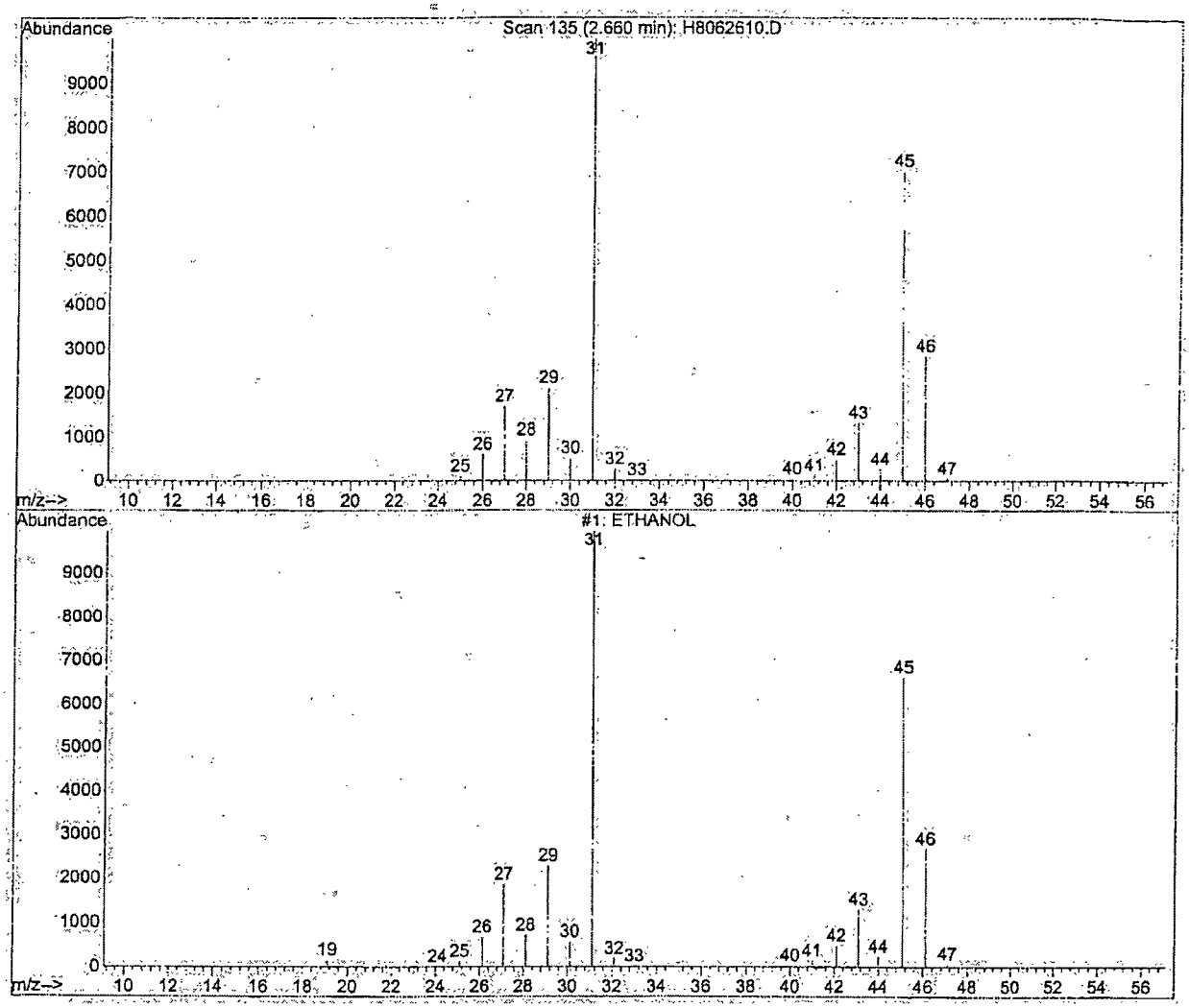
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Misc Info :
Vial Number: 10



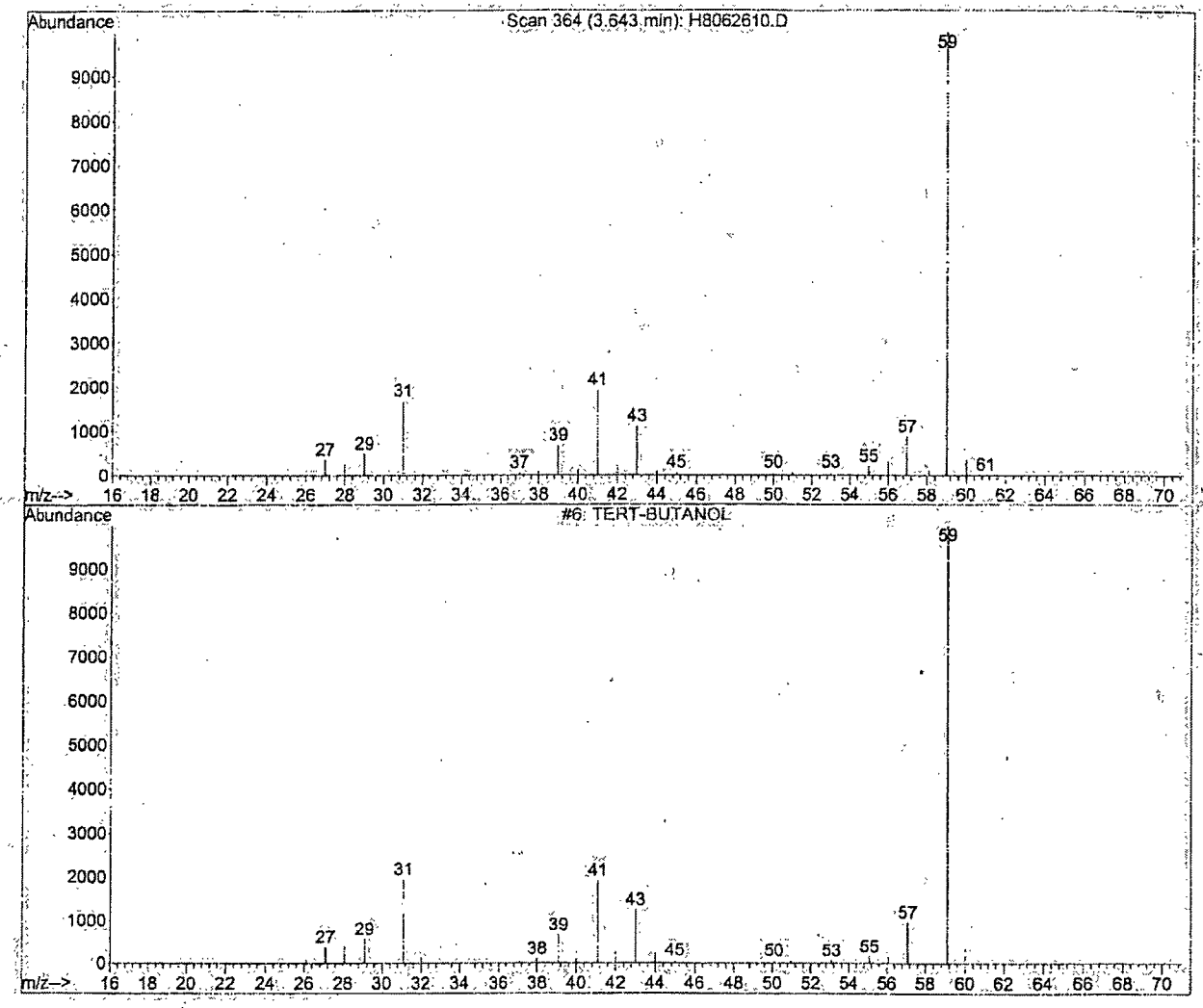
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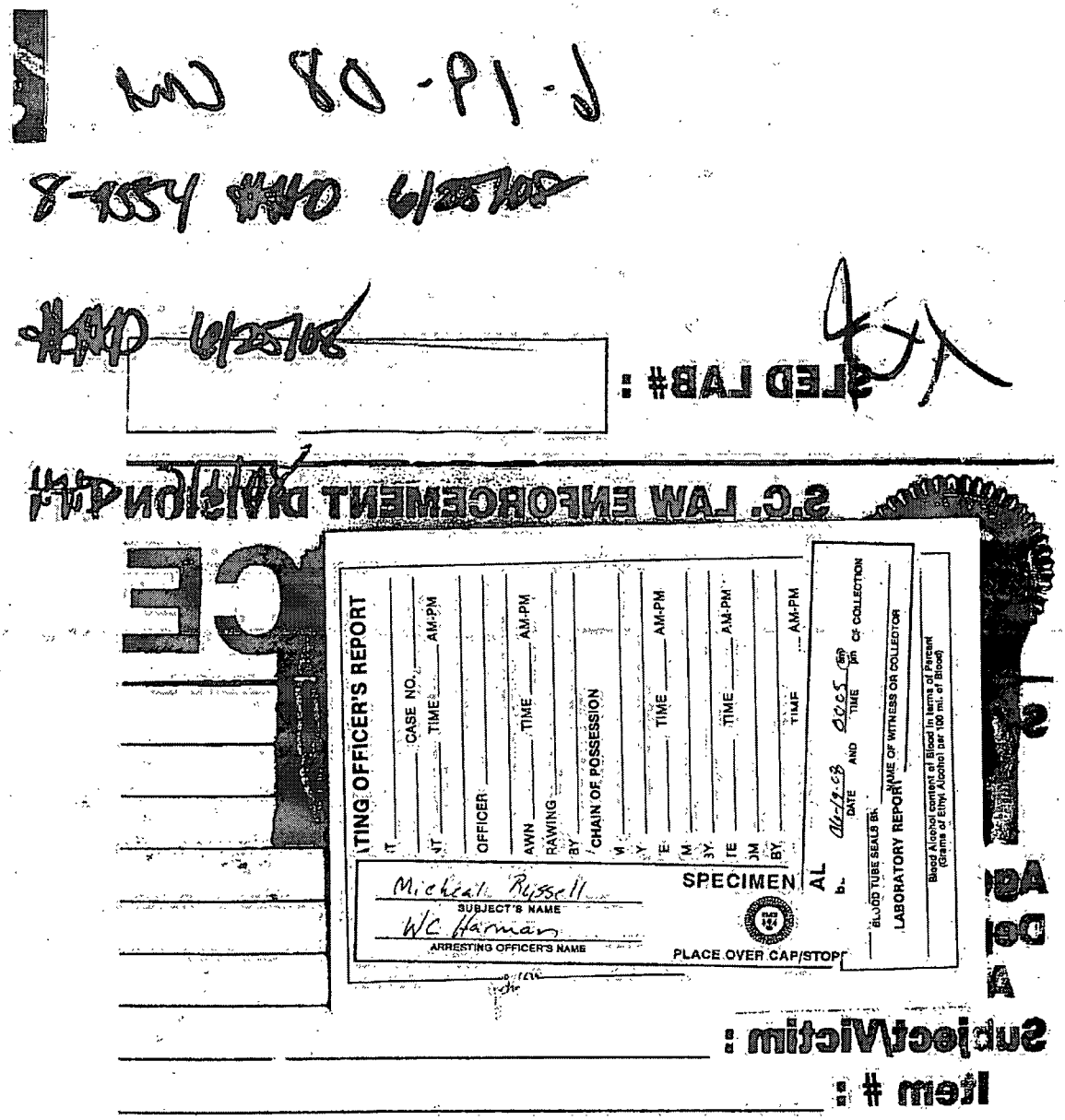


PLIC 0423

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Quality : 90
ID : TERT-BUTANOL



PLIC 0424


TING OFFICER'S REPORT
CASE NO.
AM-PM
OFFICER
AM-PM
RAWING
CHAIN OF POSSESSION
AM-PM
AM-PM
AM-PM
AM-PM
Michael Russell
SUBJECT'S NAME
W.C. Harman
ARRESTING OFFICER'S NAME
SPECIMEN
PLACE OVER CAP/STOPP
AL
DATE
AND
TIME
OF COLLECTION
BLOOD TUBE SEALS BR.
LABORATORY REPORT
NAME OF WITNESS OR COLLECTOR
Blood Alcohol content of Blood in terms of Percent
(Grams of Ethyl Alcohol per 100 mL of Blood)

6-19-08 CMS

SLED LAB# : L08-09554 #1
S.C. Highway Patrol District #1
Agency Case #: 0832HP1C113

S.C. LAW ENFORCEMENT DIVISION

EVIDENCE

Sealing Official : [signature]
Date : 6-19-08
Agency :
Agency Case# :
Department :
Analyst : HMD
Subject/Victim :
Item # :

PLIC 0426

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

Chain Of Custody

L08-09554

Item 1: One(1) sealed heat sealed pouch containing Blood (Toxicology) described as Labeled "Micheal Russell"

Submissions

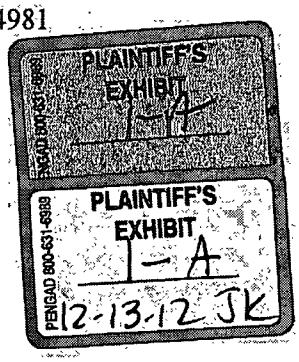
Date	Time	Submitted by
6/19/08	8:58	C.M. Shelton of the S.C. Highway Patrol Troop #1

Item Chain of Custody

Date	Time	Container	Custody Of	Location / Person
6/19/08	8:58		Forensic Technician	Selena Kinard
6/19/08	9:02		Evidence Room (150)	Toxicology evidence intake storage
6/19/08	15:30		Forensic Technician	Selena Kinard
6/19/08	15:32		Forensic Technician	Kimberly D. Mears
6/19/08	15:44		Toxicology Department	Refrigerator
6/27/08	11:52		Forensic Scientist	Heather H. Dailey
			This item has been in the custody of Heather H. Dailey since 06-25-2007.	
7/1/08	18:41	TX2008-00 081	Forensic Scientist	Heather H. Dailey
8/1/08	15:36	TX2008-00 081	Forensic Technician	Brandon A. Williams
8/1/08	15:38	TX2008-00 081	Toxicology Department	Hold Bin
2/2/09	14:42	TX2008-00 081	Forensic Technician	Brandon A. Williams
2/2/09	14:46	TX2008-00 081	Toxicology Department	Disposal of evidence in Biohazard trash

STATE OF SOUTH CAROLINA)
) IN THE COURT OF COMMON PLEAS
COUNTY OF LEXINGTON)

Mike Russell,) Civil Action No. 2011-CP-32-04981
)
Plaintiff,)
)
vs.) **STIPULATION AS TO ADMISSIBILTY OF DEPOSITIONS AND TRIAL EXHIBITS**
)
Randolph Gill and Pennsylvania Life Insurance Company,)
)
Defendants.)



THE PARTIES HEREBY STIPULATE AND AGREE to the admissibility of the following depositions and trial exhibits for the trial of the above-captioned matter.

(1) A – Ext. List
(1) B The complete transcript and any and all exhibits for the following depositions:

- ~~(a)~~ May 3, 2012 deposition of Connie Collins
- ~~(b)~~ May 2, 2012 deposition of Trooper Gerald Rothell
- ~~(c)~~ May 8, 2012 deposition of Trooper William Harmon
- ~~(d)~~ October 23, 2012 deposition of Rule 30(b)(6) representative, Wendi Knight, of Lexington Medical Center
- ~~(e)~~ October 24, 2012 deposition of Mike Russell

(2) Affidavit of Mike Russell dated October 31, 2012 and any and all exhibits thereto supporting exhibits are out of order- determine what is from

(3) Penn Life's claim file (PLIC 0001 – 0065, 0088 – 0410, 0429 – 0540) 1999 & 2002

(4) Penn Life's application and underwriting file (PLIC 0541 – 0617)

(5) Receipt from Carolina Wings & Ribhouse dated June 18, 2008 (Russell 0104)

(6) Disability policy schedules and riders (Russell 0145, 0152 – 0158)

(7) Letter from William Wehner to Mike Russell dated July 25, 2002 (Russell 150)

(8) Credit card statement (Russell 163)

(9) Documents received from SC DMV (PLIC 0411 – 0414)

(10) Documents received from SLED (PLIC 0415 – 0427)

(11) Records from Lexington Medical Center (MR_Lex Med Ctr_0078 – 0190)

(12) Lab Information System records received from Lexington Medical Center (SUB_Lex Med Ctr_0001 – 0029) - Π exhibit goes through 24 an is available at A 22

(13) CD with recording of May 15, 2009 Magistrate Court Hearing (PLIC 0428)

(14) Unofficial transcript of May 15, 2009 Magistrate Court Hearing (PLIC 0618 – 0622)

(15) Payment Report (PLIC 0669 – 0670)

(16) Chart of Benefit Payments (PLIC 0671)

(17) Pick List (PLIC 0672 – 0673)

17 – Penn Life – Acct Policy – 1799 Brochure: Accident & Sickness

18 – Copy of Code – 38-71-30

19 – Penn Life Acct Policy Specimen Policy

20 – Π's wife's check chart

21 – 2002 Brochure

Π E2 exhibit supporting Π affidavit may be made complete

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Columbia, South Carolina

_____, 2012

Received on the 13th day of December, 2012

Lisa Comer
Clerk

Jessica Kent
Court Reporter

STATE OF SOUTH CAROLINA

COURT OF COMMON PLEAS

COUNTY OF LEXINGTON

MIKE RUSSELL,

Plaintiff,

vs. CASE NO. 11-CP-32-04981

RANDOLPH GILL and PENNSYLVANIA LIFE INSURANCE COMPANY,

Defendants.

DEPOSITION OF: CONNIE COLLINS

DATE: May 3, 2012

TIME: 3:15 P.M.

LOCATION: Law Offices of
Nelson, Mullins, Riley & Scarborough
1320 Main Street, 17th Floor
Columbia, SC

TAKEN BY: Counsel for the Defendant

REPORTED BY: Leslie T. Stanley,
Certified Shorthand Reporter

A. WILLIAM ROBERTS,JR., & ASSOCIATES

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Charleston, SC (843) 722-8414
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Columbia, SC (803) 731-5224
Greenville, SC (864) 234-7030
Charlotte, NC (704) 573-3919

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(INDEX AT REAR OF TRANSCRIPT)

STIPULATION

It is stipulated by and between Counsel that this deposition is being taken in accordance with the South Carolina Rules of Civil Procedure, Rule 30; that all objections as to Notice of this deposition are hereby waived; that all objections except as to form are reserved until the time of trial; and that the deponent waives reading and signing of this deposition.

* * * * * * * * * *

CONNIE COLLINS,

being first duly sworn, testified as follows:

EXAMINATION

BY MS. HORNE:

Q. My name is Kristen Horne, and I represent Pennsylvania Life Insurance in this matter. Have you ever had your deposition taken before?

A. No.

Q. No?

A. Not that I remember.

Q. Well, if you need a break at any time, just let me know, and we can take a break. One of the important things is because all this is being transcribed by a court reporter, all of our

communication needs to be spoken, so that she can write it down on paper, so don't nod your head or say uh-huh or huh-uh, because she won't be able to transcribe that for us.

Have you taken any medication today or done anything that would prevent you from being able to clear and accurate testimony?

A. No.

Q. I'm going to ask you some questions. If you don't understand a question, just ask me to repeat it or rephrase it. That's no problem at all. If you answer a question, we will assume that you understood it, so feel free to ask for repetition or rephrasing if you need it.

A. Okay.

Q. Can you give me your full name, please?

A. Connie Lynn Collins.

Q. Where do you live?

A. 1124 Starcrest Road.

Q. How long have you been there?

A. 14 years.

Q. Tell me about your family. Are you married?

A. I am not.

Q. Do you have any children?

A. I have two.
Q. How old are they?
A. 11 and 13.
Q. Boys or girls or both?
A. Both boys.
Q. Both boys. Oh, you've got your hands full.
A. Yes.
Q. Are you a member of any community organizations or clubs?
A. Does a church count?
Q. Yes, it does.
A. Christian Life Church on Bush River Road.
Q. Any other organizations like that?
A. None that I can think of.
Q. Where did you go to school?
A. Sloan School.
Q. Where is that?
A. It's off of Greystone Boulevard. It's just actually being sold now. It's closed.
Q. Is that a private high school?
A. A private high school.
Q. Did you go to college or any other degrees?

A. I have a nursing degree from Central Carolina in Sumter.

Q. What is your current job?

A. I am a medical biller for Intertech Automated Billing Services.

Q. Tell me a little bit more about your nursing degree.

A. I actually was in nursing school when the automobile accident occurred, and I am -- I'm an LPN, and right now, I usually do very short-term jobs or donate my services to my church.

Q. So what kind of licensing or certification goes along with being an LPN?

A. An Associate Degree in Nursing.

Q. Do you maintain some certificate by maintaining ongoing training?

A. Yes, you have to do 30 hours of ongoing -- continuing education and training every year.

Q. And you maintain your license and certification?

A. Yes.

Q. When did you get that nursing degree?

A. I graduated August of '09, I believe.

Q. How long have you been in your current position at work?

A. A year now.

Q. You started in April or so of last year?

A. Yes.

Q. What did you do before that?

A. Actually, I homeschooled my two children, so I was a homeschool mom.

Q. That's a lot of work.

A. Yes, it is. But it's a lot of fun too.

Q. At what point did you decide to go to nursing school?

A. I was divorced, I believe, in '03, in June of '03 -- at that point, I needed to find some way to support me and my children, so I went back to school and went into nursing.

Q. Have you ever had a -- tell me about your nursing jobs that you've had since you got your degree.

A. I have taken care of a few people that were getting ready to have surgery or had just had surgery and could not live at home alone, so they needed somebody for -- to cover certain shifts to stay with them, to help them ambulate around the house or fix light meals, that kind of thing.

I also -- so those are all private duty

nursing jobs. I have -- I am the camp nurse for a large number of boys at a camp every summer through our church organization.

Q. What is that camp?

A. Up in Honea Path. It's a group called Royal Rangers, and I go help out all the boys. It's very hot, because it's always in the summer.

Q. How many weeks are you there?

A. We're only there for one week, but it's so hot, it feels like a lot longer. But it's fun, they have a blast. Just basically bug bites and scrapes.

Q. Tell me about your job. What's your job title?

A. I'm a medical biller, and I basically help research accounts, and enter explanations of benefits and do billing for hospital and nursing home visits by a group of psychologists in Charleston.

Q. And tell me the name of your employer again.

A. Intertech, I-n-t-e-r-t-e-c-h, Medical -- Automated Medical Billing Services.

Q. Just trying to get sort of a general sense of your work experience.

A. I do that from home most of the time, an occasional trip to Charleston, exchange files and that kind of thing.

Q. You were a stay-at-home mom, that kind of thing?

A. Yes.

Q. When did you start nursing school?

A. I believe August of '04 -- not a hundred percent sure on that, but I believe that's about right.

Q. And then you finished up that degree in August of '09, you said?

A. Yes, I went part-time there for quite awhile doing the general requirements, because my children were very small, so I didn't really want them to be in day care all day.

So -- and then I also had a part-time job through Logistics Health, Incorporated, which I started in '05. I'm a lead administrator for them.

Q. Do you work from home for that as well?

A. No. We -- they get us transportation to whatever military base or Army reserve -- any of the reserve units, actually. We hold the contract with the Department of Defense for all of the physical and mental health exams for the soldiers

that are active or reserved, and we take care of those, post and pre-deployment.

Q. Let's turn now to the wreck that brings us here today.

A. Yes.

Q. What were you doing the evening of June 18, 2008?

A. I was driving home from church.

Q. Where is your church located?

A. Bush River Road, and the wreck took place on the exit to my house.

Q. What time of the day did it happen?

A. It was evening, I would say between 8:30 and 9:00, somewhere in there.

Q. Late in the evening?

A. Yes, it was dark.

Q. What day of the week was it?

A. It was Wednesday, and I had dropped my children off at church, and my neighbor was going to bring them home.

Q. What happened just before you got in the car? Let's sort of walk through the whole timeline. You are leaving church, so just sort of tell me the story.

A. Okay. I was leaving church, I put my

seat belt on, and I put my cell phone -- I have a little -- kind of like a middle console area there in the front, in the middle of my two front seats, and I put my cell phone there, and I was driving home, and it was -- it was dark outside as normal, and I got ready to get off on my exit, which is the -- I think the sign says Cayce -- Cayce/Swansea exit, it's exit 115 on 26, going eastbound.

And my cell phone, without my realizing it, had kind of -- I guess I didn't place it very carefully into that middle section, because it was about to fall out, and it did, it fell under my gas pedal, under my right foot, and just like everybody, I was told, you know, don't let anything be underneath your feet when you're driving, because that's dangerous, and I pulled over to -- I pulled off the exit ramp and off the highway.

Q. What kind of car do you drive?

A. A 2008 silver Hyundai Elantra.

Q. Okay.

A. And I pulled into the grass between the highway and the exhibit ramp.

Q. On which side of the road?

A. On the left. There is a very tiny emergency lane on the right side of the exit, but

even a motorcycle wouldn't be safe there. It's just too narrow. So I pulled to the left, because that was the only spot you could be off of the road and off of the exit ramp and out of the way, so I pulled down into the grass.

I waited for all four tires to sink down into the grass, and I retrieved my cell phone. When I sat back up, right after getting the cell phone, I put it back in the -- I put it in the seat to my right, the passenger seat, because I didn't want the same thing to happen again.

I don't think I ever took my left hand off the steering wheel, but I had put my car in park, so I took my right hand and went to take it out of park, and I looked up in my rear view mirror with my hand still resting on it, and that's when I saw Mr. Russell's headlight and realized that he was going to hit me.

Q. So you saw him coming before he hit you?

A. Yes, like a split second before.

Q. How long had you been stopped on the side of the road?

A. I would say less than a minute. Probably 30 seconds or so.

Q. Okay.

A. All I did was -- again, I just rolled down into the grass off the road and off the exit ramp. And I retrieved the cell phone and sat back up, and that's when I saw the light.

Q. Where did the motorcycle hit your car?

A. The rear right wheel well, where -- almost dead in the middle of that wheel well. And the wheel and the metal kind of crumpled around that area.

Q. You said that you saw his headlight for a split second. Did you hear any brakes?

A. No, there were no brakes. He even testified that he never attempted to hit the brakes.

Q. So you see him coming, and then you feel the impact of his motorcycle. What happened next?

A. I saw him -- I didn't see the -- exactly what happened to the bike before I saw what happened to him. He flew up over my car, which was terrifying. Up over my car from back to front, and then slap down on the pavement on his back and -- where it hit my -- where his motorcycle hit my car, and my car -- I guess it's the crumple zone or

something or whatever you call that crunch zone, because it kind of crunched around it and almost hung up the wheel of the motorcycle.

He came over the car, but not straight over my car. He came off at an angle, if that makes any sense.

Q. So your car is parked on the left side of the road on the grass?

A. Correct.

Q. And he hits the right rear, and he -- where does he land?

A. On the road, flat on his back, with his feet facing -- sort of facing my car.

Q. Was he --

A. Or the beginning of the exit ramp, and the motorcycle -- like I said, it almost seemed like it hung up his tire for a second when he hit the car, because it went off at an angle as well, the same angle he did, but it slid past him and slid him into the opposite side guard rail.

Q. Did Mr. Russell land to the right of the white line on the side of the road?

A. Barely. But yes.

Q. Was he wearing a helmet?

A. No.

Q. Okay.

A. He wasn't wearing a jacket either.

Q. So you see him fly over your car. Tell me what happened next.

A. I started screaming. I started screaming oh, my God, oh, my God. And I tried to put -- I tried to make -- for some reason, I like almost froze, I tried to -- I couldn't -- I guess I couldn't process whether or not my car was really in park or not, because I had my foot on the brake.

I kept trying to put it in park, and I realized it wasn't in park, and -- so I had apparently put it in reverse with my foot on the brake, when I looked up, and -- because I couldn't get it to go back in park.

I didn't know if the car would roll or not. But I was trying to get to him, because I thought, oh, my God, there's no way he is going to be all right, he doesn't have on a helmet, he doesn't have on a jacket. He's got on a sleeveless shirt and a pair of pants, so I just decided to leave the car, because if it rolled, it would roll forward, and there was somebody's life at stake, I thought.

That was more important. It was just

going to roll down into the grass ravine, so I jumped out and ran over there, and he was conscious. He didn't actually act like he was in that much pain, which was kind of bizarre, because I don't think I'll ever not hear that smack of him on the pavement. And I kept thinking he surely would have busted his head open. But he didn't.

Being almost done with nursing school, it immediately kicked in, I started looking for, you know, where's the blood, where's the -- is he in shock and all this. I did get a blanket out of my -- out of the back seat of my car and covered him, covered his legs, because he was starting to, I guess -- he was starting to feel everything all at once, and I was afraid he would go into shock.

Q. So you got out of your car and went to him?

A. Uh-huh.

Q. You said he was conscious. Did you talk to him?

A. I did. He did not seem to process the fact that I was the person in the car that he just hit. There was one other car that came along, and there was a man and woman in it, so I don't even know if he was aware that there was another car

that stopped. The exit that we were on is not lit by a street lamp or anything, until you get completely off the exit ramp and turn onto 321. So it was dark where we were, and he was laying in the middle of the road or on the lefthand part of the road, so obviously, I'm not going to -- I was afraid to move him, because I didn't know what his injuries were, so I wasn't going to move him.

But at the same time, we were both in danger right here on the driving part of this exit ramp, so they diverted traffic for a few minutes for us, long enough for me to check him out and call 911.

Q. Where did they park?

A. Um --

Q. Did they stop past you?

A. I think they pulled up behind -- behind my car, and they stood at the beginning of the exit ramp so that nobody could come and not realize there was something in the exit ramp.

Q. So you spoke to Russell. What did he -- what did you discuss with him?

A. At first, I said, tell me what hurts, and again, trying to get an idea of -- you know, was he able to respond to me and what -- what his

-- where his biggest source of pain was. And he just kept saying over and over again, I didn't know they were stopped. I didn't know the car was stopped.

I was most definitely stopped and not on the road and -- so I didn't want to stress him, so I didn't tell him I was the person in the car, because I figured he just didn't need to be thinking about that right then, so I just said, you know, what hurt, are you hurting anywhere, tell me what hurts, and his -- his left leg, I noticed, when I'm looking over, I noticed that his left leg is -- the toes are laying flat and -- he obviously had broken the tibia and fibula, I was figuring both, on his left leg or at least had a serious fracture, because his foot was laying flat.

His foot was flat on the ground, and he said, my foot's asleep. And I'm thinking, that's an understatement, but I wouldn't let him pick his head up. They always say, don't move if you are in an accident, because you never know about your spine and your neck and -- I'm a nursing student, so I was saying, let's just wait until the ambulance comes, they are on their way, and you will be on the gurney, and that kind of stuff, and

you can kind of check it our more then, but he was surprisingly not in as much pain as you would imagine for somebody who had just come 65 miles an hour and slammed into something that wasn't moving.

Q. Did you call 911? Or did the other couple call them?

A. I called 911.

Q. So did you call 911 before you got out of your car or -- or after you went to speak to him first?

A. I ran over to him first, because I wasn't sure if he was going to be alive or dead or what. So I ran over to him, and as soon as I knelt down beside him, I started calling 911.

Q. Okay. How long were you with him like that before the other car came, roughly?

A. Oh, gosh, maybe five to ten seconds. I mean, they were pretty close behind us, thankfully.

Q. Okay. What --

A. They didn't stay. They just diverted traffic for a minute, until I had called 911, and they knew that somebody was on their way.

Q. What did you observe about Russell's condition?

A. Well, I was afraid he was -- he was in

shock, because he wasn't in as much pain as I would imagine. He just kept saying the same thing over and over again, I didn't know they were stopped, I didn't know they were stopped. And he smelled.

Q. Like what?

A. Like alcohol, like a drink.

Q. You described what you saw about his leg. Did you see anything else about his physical condition?

A. He looked scruffy and rough, but I mean, you know, nothing -- he didn't appear to be bleeding anywhere else. Now, I didn't move him. I didn't try to turn him, because again, I was concerned about his neck and his spine because of how he had smacked down on the ground, and so, you know, he could have had like a road rash, as they call it or whatever on his back or somewhere, but I didn't observe anything else.

I was shocked that he could lift his head. He did that one time, whenever he said that his foot was asleep, but thankfully, he didn't actually look at his foot, because it was pretty bad.

Q. You said that this other couple in another vehicle stopped and diverted traffic. Did

they leave before or after the emergency responders came?

A. They left before -- the ambulance was the first one to get there, and they left before that, I believe. The ambulance -- I know they left before -- I think the ambulance was the first person to get there. It was either that or the highway patrolman, but they left right after I made the 911 call. I guess they wanted to make sure they -- that we weren't going to get run over while I was doing that.

Q. So then the first emergency responders are the ambulance or EMTs. Did you speak to them?

A. I did, yes.

Q. What did you tell them?

A. Told them exactly what happened, that I was pulled off into the grass and picked up my cell phone, put it on the seat beside me, looked up, and when I did, he was so close and coming so fast, that I knew there wasn't anything I could do but scream.

Q. Okay.

A. And they -- I told them -- I told them that he didn't seem to be in an enormous amount of pain, but I didn't know why, that he just -- maybe

he might be in shock or something.

Q. And then who came next?

A. I believe it was the highway patrolman, Officer Harmon, I think. And --

Q. Did you speak to him?

A. I did. Told him the same thing that happened, the exact same thing that happened, and while I was talking to him is when the ambulance, the EMTs, were putting him on the gurney and all that and doing all --

Q. Were you injured?

A. I didn't know it at the time, but I did end up going to the ER later that -- I guess it would be early in the morning, around 1:00 or so. I still actually have arthritis in both wrists and all of my fingers from the accident.

Never had arthritis in my entire life, and I had a -- a wrist injury and a shoulder injury. But went to physical therapy. They were minor, but they still hurt with the arthritis every day.

Q. The ambulance came, then the highway patrol came. Did any other emergency responders come? Was there a fire truck or anything like that?

A. No, I don't believe so.
Q. Okay.
A. Not that I can remember.
Q. Was there anything about that exit ramp where the accident happened that was unusual?
A. It's a pretty sharp curve.
Q. Were you in the curve?
A. No, I was at the beginning, right when you get right off the highway, right before the sharp turn. The sharp turn goes out to the left, and you curve back to the right or you can go straight on 321 there, and we were before it got really curvy.
Q. What was the weather like that night?
A. It was clear. It was clear.
Q. With your car and the ambulance -- excuse me, and the motorcycle, on the side of the road, could a vehicle drive down that exit ramp?
A. They could have, except for where he landed.
Q. Okay.
A. He was in between his motorcycle and me, so that blocked the whole ramp.
Q. When did you leave the accident scene?
A. Oh, goodness. I'm guessing, but I

stayed there -- stayed there until he was taken in the ambulance, and then the highway patrolman finished. We actually went over into the Pilot gas station. There's a large truck stop that's well lit, and he told me that that would be a good place to be able to call my insurance company and all that and not be in the road or near the road or anything.

They came out and took pictures too, so they have an outline and photographs and everything, because at our -- the day that we both had our court hearings, the -- the highway patrolman thought he might not live through the accident, so they were treating it as if he might not, so they took the outline and did all the pictures and everything, just in case.

Q. Okay.

A. So I would guess I was probably there 10:00, 10:15, I'm not really sure. I wasn't thinking about the time at that point. I was just freaking out about my car and this guy.

Q. Were you able to drive your car away?

A. No, my car --

Q. So a tow truck came to get your car?

A. It did, yes.

Q. After -- well, let me back up for just a minute. You said you had a court appearance. Did you receive a ticket?

A. I did.

Q. What was it for?

A. For -- oh, gosh, I'm trying to think of the exact wording, but it was basically parking in a -- like in a non-emergency lane. Like improper parking. But when I went to ask for a trial hearing, as did he, it was dismissed. The jury came back in unanimous.

Q. Did you go -- you said that you went to the ER. Did you go home before you went to the ER?

A. I did not. I went to the airport to get a rental car, because I had a final exam the very next morning and -- an anatomy exam at 8:00 a.m., in Sumter. I had to have a way to get there, because in nursing school, you don't really get -- you get two absences in a semester, and if it's a final exam, you fail.

I spent the night wide awake in the ER, in a lot of pain, and I got the rental car before the -- while I was standing there at the rental car counter, trying to give the lady my license is like when a massive wave of pain hit in every joint I

had, I think, and so I drove to the ER and sat there all night with no pain medicine.

Q. Did you pass your exam?

A. Barely.

Q. But you did?

A. I did.

Q. Congratulations.

A. Thank you. Thank God I didn't wait until the last second to study.

Q. Did you talk to anybody else about the case between the time of the accident and the time that you went to court for your ticket?

A. Well, I called my dad, because I could not drive the next day. I was hurting all over and everything, so I called him and woke him up and asked him if he would drive me to Sumter, so he came and got me.

Q. Did you represent yourself at your court appearance?

A. Yes, I did, yes.

Q. And you didn't have to pay anything?

A. No.

Q. What about Mr. Russell's ticket? Were you in court for that?

A. I was.

Q. What is your understanding of what happened in court?

A. Basically, his lawyer, Dick Harpootlian, screwed the highway patrolman, who was brand new, and that was his first accident, and he didn't know that if your trial is -- if your trial is rescheduled, the court will not reschedule your witnesses, you have to, and the highway patrolman did not know it was his responsibility, and therefore, they were not there, because he thought that the first time in that area -- the first time you -- that it's originally scheduled, the court schedules your witnesses, like the person who drew the blood and the person who processed it at the hospital or whatever, well, when they reschedule it, they don't do that for you again, it's the highway patrolman's job, and he didn't know that.

Q. Were there any other lawsuits related to this motorcycle wreck that you were involved in?

A. Um --

Q. Did Russell sue you?

A. He sued me, and his wife sued me.

Q. For what?

A. He sued me for not being able to do his regular job, which I didn't even know what it was.

But his wife sued me for -- what is it? Alienation of affection, if you are not having as much sex.

Q. Did you hire a lawyer?

A. I did not. Well, I'm sorry, I did. I did. Caroline Tiffen is who actually took my case, but originally, it was Stacy -- I forgot.

Q. What happened with that lawsuit? Did you bring counterclaims?

A. They dropped it. I think I did, but they dropped it.

Q. They dropped their claims against you?

A. Yes, so we --

Q. Did you settle with him? Did his insurance company pay you something?

A. They did. They did. I think it was around $10,000.

Q. And that came from the insurance company, his insurer?

A. Yes.

Q. Okay.

A. I also know that whenever I went -- and I apologize, I think I had my deposition taken at McWhirter, Bellinger & Associates, which is the law firm I went to, and that's how I found Stacy and Caroline, but I think they did take my deposition

there once, regarding all this, because his insurance company asked for it, because they couldn't get him to return their calls to come in and have his own deposition taken, so they wanted mine so they would have some layout of what happened, other than the police report.

Q. Okay.

MS. HORNE: Let me look over my notes and see if I have any other questions for you.

(Pause.)

BY MS. HORNE:

Q. Did you have your emergency or headlights on?

A. I believe I did.

Q. Were your headlights on?

A. Oh, my headlights were definitely on, and my brake lights were on. I never took my foot off the brake. Yes, they were working. And he just kept saying that he didn't know that car was stopped, and he didn't know that it was not on the road.

Q. Did he have a headlight on his motorcycle?

A. Yes, ma'am, and it was working. His motorcycle was totaled though.

Q. How much damage was there to your vehicle?

A. At first, the insurance company said like 5,000 or 6,000, but ended up being $11,000. I only paid 15 for it, but -- it didn't get totaled, because they missed it at first. I guess they had to take it apart to see some of the stuff. When they took it apart, it was a broken axle.

It was a mess. Messed up the trunk, and the trunk still doesn't close correctly, but it closes. And the wheel well damage and all that mess.

Q. When you left the accident scene, was there anybody else still there?

A. I believe the highway patrolman was still there, but the ambulance was gone, and my boyfriend came and picked me up, and that's when the policeman suggested that we go to the Pilot to make the insurance call.

So the highway patrolman was still in the lane there, the exit ramp, because his motorcycle was still there, and my car was off in the grass, waiting to be picked up.

Q. Have you ever had any conversations with Mr. Russell about this wreck?

A. No.

Q. Have you ever had any conversations with his attorneys about the wreck?

A. No, no, not other than the fact that I made a comment the day that we had both of our -- I don't know if I remember this conversation really, but -- his -- the day that we had our jury trials, he got off on the technicality that the people that draw the blood and all that weren't rescheduled, and I think I made the comment to his attorney -- his attorney asked me who I was and why I was there, and I said, I'm the person that your client hit, and he didn't really want to say much after that.

And then whenever Mr. Russell was acquitted or whatever, got off the ticket, I said, at least you could have limped, and -- I don't know if that counts as conversation, but that's the only thing I've ever said.

Q. You said his insurance company took your deposition?

A. Yes.

Q. Did you have any other conversations with his insurance company?

A. No, my -- the deposition was done at

McWhirter, Bellinger & Associates. And I think my lawyer called and let them know that we were there, and I think he was on a conference phone with his insurance company person for part of it or whatever, but that was it.

Q. Okay.

A. I just overheard him telling my lawyer that they couldn't get in touch, and he wouldn't return their calls, so that's why they had to get mine, and that's it.

Q. You said that -- I'm trying to understand whether or not other vehicles could pass on the exit safely. You said that couple stopped to help you. They were able to carefully drive past?

A. They couldn't get off on the exit though. They pulled up behind my car at the beginning of the exit, and then they continued on 26 instead of getting off on the exit ramp. It was blocked --

Q. Because of where his body was positioned?

A. And the vehicle -- and the motorcycle and my car, it was almost like a diagonal line across the exit ramp, and the highway patrolman

even commented about what a dangerous spot that was, because there's no light there, so until you turn your car to get off on the exit ramp, that's when you are going to see us, when your headlights shine on us.

And so that's when -- you don't have that long before they have to slam on brakes, to keep from hitting the two of us in the road.

Q. Because you were -- because -- the danger came because it was your car and his body and then the motorcycle --

A. Well, my car wasn't on the road. They could have gotten past my car, because it wasn't on the road. It was the fact that he was lying there.

Q. It was because of where his body was on the road?

A. Right.

Q. Okay.

A. Right. They could have -- a car could have fit in between where my car was off to the left of the road and his motorcycle -- it slammed into the guard rail, but then it kind of bounced back off the --

Q. Into the roadway?

A. Yes. It's a metal guard rail, it put a

nice dent in it. And then it kind of bounced back out a little bit or whatever you call it, slid back out. But a car could have fit in there had he not landed in between the two of them.

Q. Okay.

MS. HORNE: Thank you. Okay. I have no further questions right now.

MR. RILEY: I have no questions.

(The deposition was concluded at 3:55 p.m.)

CERTIFICATE OF REPORTER.

I, Leslie Toole Stanley, Certified Shorthand 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 8th day of May, 2012, at Columbia, Richland County, South Carolina.

_____

Leslie Toole Stanley,
Certified Shorthand Reporter
My Commission expires
January 13, 2021

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STATE OF SOUTH CAROLINA
COURT OF COMMON PLEAS
COUNTY OF LEXINGTON

MIKE RUSSELL,
Plaintiff,
vs. CASE NO. 2011-CP-32-04981
RANDOLPH GILL AND PENNSYLVANIA LIFE INSURANCE COMPANY,

Defendants.

DEPOSITION OF: TROOPER W.C. HARMAN
DATE: May 8, 2012
TIME: 1:23 P.M.

LOCATION: Law Offices of
Nelson Mullins Riley & Scarborough, LLP
1320 Main Street, 17th Floor
Columbia, SC

TAKEN BY: Counsel for the Defendant
Pennsylvania Life Ins. Co.
REPORTED BY: LORI S. MORTGE,
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(INDEX AT REAR OF TRANSCRIPT)

STIPULATION

It is stipulated by and between Counsel that this deposition is being taken in accordance with the South Carolina Rules of Civil Procedure, Rule 30; that all objections as to Notice of this deposition are hereby waived; that all objections except as to form are reserved until the time of trial.

* * * * * * * * * * *

TROOPER W.C. HARMAN

being first duly sworn, testified as follows:

EXAMINATION

BY MS. HORNE:

Q. Trooper Harman, I'm Kristen Horne. I represent Pennsylvania Life Insurance Company in this matter. Thank you for coming today. Have you ever had your deposition taken before?

A. No, I haven't.

Q. The rules of taking a deposition are pretty simple. First of all, I don't expect this to take very long, but please let us know if you need a break we can stop at any time. Just let us know.

The most important is that we need spoken answers to all of the questions so that the Court Reporter can take down everything that we say

during our conversation today. Nodding your head or saying uh-huh or huh-uh is not helpful to the Court Reporter.

If you have any questions about a question that I've asked, if you need me to repeat it or rephrase it, please just ask. I'll be happy to do that for you. If you answer a question, we'll all assume that you understood it; is that okay?

A. Yes, ma'am.

Q. Will you please give your full name?

A. William Charleston Harman.

Q. What's the best way to reach you at work?

A. Dial Star 47 and leave a message for me is the best way, or I can give you another number.

Q. If you'd like to give another number, that would be great.

A. 365-5004.

Q. What's the area code?

A. 843.

Q. Is that --

A. That is the office and you'll be able to leave a message there.

Q. Okay. Thank you. Where do you live?

A. I live in Carolina Forest, which is

between Myrtle Beach and Conway.

Q. How long have you lived there?

A. I've lived there now for approximately a year and a half.

Q. Where did you go to school?

A. Conway High.

Q. Did you go to college or any other technical school or training?

A. I did have some tech -- technical college, Georgetown Tech.

Q. Do you have any degrees other than a high school degree?

A. I do not.

Q. Have you ever served in the military?

A. No, ma'am.

Q. How long have you been with the highway patrol?

A. Since 2008. I've been with the highway patrol since 2007, but I came out in 2008.

Q. What does that mean?

A. When I finished the Academy it was 2008, and that's when I became a road trooper.

Q. You started the Academy in 2007?

A. I did.

Q. How long is that training program?

A. Honestly, I don't remember the number of weeks. I know I spent 21 weeks because my first time through I broke my collar bone and I couldn't complete it.

Q. I'm sorry to hear that. What was your first job in law enforcement?

A. South Carolina Highway Patrol.

Q. What did you do before you were in law enforcement?

A. I worked at a bank.

Q. That's a big change.

A. It is.

Q. What's your current rank or title?

A. I'm a senior trooper.

Q. How long have you had that rank?

A. A year and a half, maybe.

Q. Excuse me?

A. Not positive, I can't give you a quote, but a year and a half.

Q. What is your -- what was your first rank?

A. I was a trooper.

Q. For two and a half years or so?

A. I was a trooper, then I was a trooper first class, and now I'm a senior trooper.

Q. What post are you assigned to?

A. Horry, Troop 5.

Q. Is there any division or anything like that?

A. It's Troop 5 Post D.

Q. What are your responsibilities as a senior trooper?

A. I'm -- I'm a road trooper along with I help younger troopers with learning how to do the job, and I also answer any questions having to do with the job.

Q. Does your -- do your responsibilities include investigating crime scenes and accident scenes?

A. Yes, ma'am.

Q. Have you had any training that's specifically directed to the investigation of wreck scenes?

A. Yes, ma'am.

Q. Can you tell us a little bit about that training?

A. I actually had scene collision and collision reconstruction. Also had, while in the Academy, the basic collision course which explains how to take the evidence and everything, come to a

conclusion on what has occurred in that collision, which is basically the -- the only course that I haven't taken having to do with collisions is the MAIT course, which is an advanced mathematical and computer course.

Q. Tell me about the collision reconstruction training that you've done.

A. In the collision reconstruction training we were given some mathematical equations which would allow us to estimate the speed which would allow us to estimate where the impact and everything was. Measuring all the things which would -- all the evidence which would show what occurred in a collision.

Q. How many wrecks do you think you've investigated in your career with the highway patrol?

A. That's a good question. A lot. A lot more than most because I worked in Lexington County, which is one of the highest -- has one of the highest number of wrecks in the state. And now I work in Horry County, which is also one of the highest in the state.

Q. What are the purposes of wreck scene investigations?

A. To determine the causing factor of the

collision.

Q. Is it also to see who's at fault?

A. Yes, ma'am.

Q. When you evaluate a wreck scene, is one of the purposes to determine whether there's anything unsafe about the roadway where the wreck occurred?

A. Yes, ma'am.

Q. Do you report unsafe conditions that you discover on the roads so they can be corrected?

A. Yes, ma'am.

Q. Have you ever testified in court before?

A. Yes, ma'am.

Q. In what sort of circumstances?

A. As -- as a trooper, as an expert witness.

Q. You've been qualified as an expert?

A. As through the training that I've taken.

Q. When did you do that collision reconstruction course?

A. I don't recall. I know it wasn't prior to this because I was still in FTO when this occurred.

Q. But since then you've had more wreck experience and then this additional course load?

A. Yes, ma'am.

Q. Have you testified in court about causes of accidents before?

A. Yes, ma'am.

Q. Do you recall being called to a wreck scene involving Michael Russell on the evening of June 18th, 2008?

A. I do.

Q. Who notified you of the wreck? How did you find out about it?

A. I was notified through dispatch, through Lexington County Dispatch Highway Patrol.

Q. That was by radio?

A. Yes, ma'am.

MS. HORNE: Mark that as 1, please.

(DFT. EXH. 1, South Carolina Traffic Collision Report Form, dated June 18, 2008, PLIC 0411 - PLIC 0412, was marked for identification.)

BY MS. HORNE:

Q. You're looking at a document that's been marked as Penn Life Exhibit 1. Can you tell what this document is?

A. This is my collision report.

Q. It's entitled South Carolina Traffic

Collision Report Form?

A. Yes, ma'am.

Q. What's the number identifying this document at the top?

A. 08070705.

Q. When was this document prepared?

A. This was prepared on and around -- or around 6/18/2008.

Q. Who prepared it?

A. I did.

Q. Does your name appear at the bottom of the first page?

A. Yes, ma'am.

Q. Before we talk more specifically about this collision report, let's talk a little bit more about the accident itself. Where did the wreck happen?

A. The wreck occurred on the exit ramp from I-26 to U.S. 321, the eastbound ramp.

Q. What was your role when you arrived at the scene? What were your responsibilities at the scene?

A. I was the investigating officer.

Q. What does that mean?

A. Which means when I arrived on the scene

at first I'll make sure to secure the scene, make sure that nobody -- it's not going to -- it's not going to cause any more collisions and to take notes on the actual evidence on the scene and then to investigate and find out what happened, what occurred.

Q. What was the first thing that you did when you arrived at this motorcycle wreck?

A. I blocked the road, approached the vehicles involved and then did interviews. Took the evidence that I observed as I was approaching the scene and after speaking to the party who was still there, which was Ms. Collins.

Q. Where did you park your car?

A. Behind the wreck, blocking off the ramp.

Q. What was the first thing that you saw when you got there?

A. I seen the car and then the motorcycle laying on the side on the ground.

Q. Where was the other car?

A. The car?

Q. Yes, sir.

A. The car was actually in the gore, which is the triangle as you're exiting off the ramp. It was to the left side of the ramp which would be in

the gore instead of on the shoulder.

Q. What kind of a car was it?

A. It was a small Hyundai, four-door Hyundai.

Q. Did that car have its lights on when you arrived?

A. It did.

Q. Where did the motorcycle strike the car?

A. In the right rear corner, right at the -- it appeared that it had glanced off the corner and into the tire of the vehicle.

Q. Where was the motorcycle when you got there?

A. The motorcycle was across the ramp -- on the right-hand side of the ramp laying on its side. A little bit past the front of the car.

Q. Were the motorcycle's lights on?

A. The motorcycle was damaged. I can't recall whether I seen any lights.

Q. Was Mr. Russell wearing a helmet during the accident?

A. I can't recall because he had already been transported.

Q. Who else was at the scene when you got there?

A. Fire was there, the fire units were there, but EMS was already leaving when I got there.

Q. Were there any nonemergency personnel there?

A. I don't recall any other witnesses who were there.

Q. Was the other driver there when you arrived?

A. The other driver was there.

Q. What did you do to investigate the wreck while you were there at the scene?

A. I actually -- I actually looked at everything -- all the evidence on the scene, having to do with where the vehicles were positioned, the debris from the vehicles, and then I spoke -- interviewed Ms. Collins as to what had occurred.

Q. Did you measure?

A. I didn't.

Q. Did you take any pictures?

A. The report says no. I don't recall taking any.

Q. Were there other officers at the scene?

A. There was.

Q. Who?

A. My training officer at the time, Lance

Corporal Gerald Rothell.

Q. What was his responsibility at the scene?

A. His responsibility was to make sure that I was correctly investigating the collision and to basically make sure that I did my job correct.

Q. When you were working with Mr. Rothell at any time during your training if you were doing something that he thought you could improve on, would he intervene and talk to you about it during the course of the investigation?

A. Yes, ma'am. If I did anything that was -- or thought anything that wasn't lawful or thought anything that might not have appeared to him the same way that it appeared to me, he always interjected and let me know what his opinion was on it and what the law was on it.

Q. What did you observe at the scene that indicated how the accident happened?

A. I observed the motorcycle laying on its side -- on the right-hand side of the road. The car, which was almost entirely out of the lane, there may have been a half a foot of the vehicle still over the white line. And I observed that the lights were on the rear of the vehicle and

functioning. The debris showed that it occurred right there where it was at.

Q. Where the vehicles were positioned?

A. Yes, ma'am.

Q. Or excuse me, where the car was positioned?

A. Yes, ma'am.

Q. Did you see any skid marks or slide marks?

A. There was -- in the roadway there were some marks underneath the car where the back tire had actually been knocked -- knocked loose from the car and there was some scrapes on the roadway. Not in the lane but on the asphalt. Then there was some scrape marks going back to the right across the road that led to the motorcycle.

Q. What did those scrape marks indicate?

A. That the vehicle -- that something on the motorcycle actually dug into the asphalt as it was sliding to where it came to rest. As for the ones that were at the car, it indicates where the impact was and it also indicates where the vehicle moved after impact.

Q. So the motorcycle struck the car and moved it and then slid across to the right --

A. Yes, ma'am.

Q. -- across? Was there anything about the exit ramp where the accident happened that was unusual?

A. No, ma'am.

Q. Was it poorly constructed?

A. No, ma'am.

Q. Is it a dangerous exit ramp?

A. No, ma'am.

Q. Was there a clear view of the stopped vehicle when you approached it on the ramp?

A. Yes, ma'am. When I approached it I seen it long before I seen the motorcycle.

Q. With the other car, Ms. Collins' vehicle parked on the left side of the road, could a vehicle drive along the exit ramp safely?

A. Easily. In fact, the EMS and the fire went through that -- that direction without striking the car.

Q. Is there anything else that you did while you were at that wreck scene?

A. While I was at the wreck scene? Because of the fact that her vehicle was stopped improperly on the interstate, because it's interstate and it's unlawful to stop on the interstate, and the fact

that her vehicle was a little bit over the line I issued Ms. Collins a ticket for being improperly parked.

Q. When you spoke to her about the accident did she give you any other information that related to your training about the cause of the accident?

A. No, ma'am. Not that I can recall.

Q. When did you leave that accident scene?

A. As -- as soon as I got the collision scene cleared up and was able to issue the FR-10 portion of the collision report to Ms. Collins, I left the scene and went to Lexington ER where Mr. Russell was actually at Lexington ER being treated.

Q. We'll talk about the FR-10 a little bit later, but let's talk now about your visit to the emergency room at Lexington Medical Center. What did you do at the ER?

A. When I arrived at the ER I approached Mr. Russell, and as I approached him I smelled the odor of alcohol. When I smelled the odor of alcohol I questioned him whether or not he had been drinking. He advised me -- if I remember correctly he advised me no, that he hadn't been drinking. At that point I did give -- I was able to give him the

Nystagmus test of which --

Q. Will you please tell me what that is?

A. Okay. A Nystagmus test is when you check for involuntary jerking in the eyes. When you check for -- it's going to be the first thing. And when you get -- the second one is going to be checking for Nystagmus at maximum deviation, which is out of the -- where your eye can move to, which is approximately 45 degrees. And then the third one is onset of Nystagmus prior to 45 degrees, which is where your eye starts involuntarily jerking prior to 45 degrees.

Q. In addition to offering the test, what else did you observe about Mr. Russell's condition?

A. I smelled a strong odor of alcohol, he had very glassy and bloodshot eyes. And I did ask if he had been given any type of medication at the ER and they advised me they hadn't given him anything prior to my getting there.

Q. What were the results of the Nystagmus test?

A. It was my professional opinion at that point that he definitely was under the influence.

Q. What else did you do at the ER that was related to your investigation of the motorcycle

wreck?

A. I completed his -- his portion and gave him his information, drew blood or -- or asked for blood to be drawn, observed the blood being drawn, took it in an evidence kit. And when I left there I actually took that evidence kit to the office and placed it in the locked refrigerator so that it could be transported to SLED for analysis.

Q. We can talk more about the records that relate to that in a few minutes. You discussed that Mr. Russell smelled of alcohol and that you performed a Nystagmus test. Were there any other observations that you made about Mr. Russell's condition that indicated that he was intoxicated?

A. There was nothing else that I could -- as far as testing. I couldn't get him up because he had a broken leg, severely broken leg, so I couldn't get him up to do any other test. When he did speak he spoke slurred, but as far as -- as far as getting him up to perform any more tests, I couldn't do that.

Q. Did you arrest Mr. Russell?

A. I didn't take him into custody if I remember correctly because he had -- he had to have surgery, so he stayed there at the hospital.

Q. Did you issue a summons?

A. I did issue him a summons.

Q. Did you issue any tickets to Mr. Russell?

A. That would be the summons for driving under the influence and also issued him a summons for his tags being expired on the motorcycle.

Q. What were the steps that you took to have a blood sample taken at the ER?

A. Okay. Well, first I asked the medical personnel -- the licensed medical personnel who was there to tell me whether or not he was able to leave with me to receive a breath test. And that's when I was advised no, that he couldn't leave because of obvious reasons. I then requested blood to be drawn.

MS. HORNE: Let's mark this document as Penn Life's Exhibit Number 2, please.

(DFT. EXH. 2, SLED Toxicology Report, dated July 3, 2008, Bates Stamp Numbers PLIC 0415 - PLIC 0425, was marked for identification.)

BY MS. HORNE:

Q. Will you please look at the first page of the document that's been marked as Exhibit Number

2 and tell me what it is.

A. This is a SLED analysis form which shows the laboratory results.

Q. Will you please look at the page marked PLIC 0419, about a third of the way through this packet?

A. Yes, ma'am.

Q. What's the title of this page of the document?

A. This is South Carolina Law Enforcement Division Urine/Blood Collection Report.

Q. As you're describing the process that you took to cause the blood to be drawn at the ER, will you also explain what this document reflects?

A. This document actually reflects what I've done. First off, I charged him -- told him that he was being charged with driving under the influence and that he was going to be arrested for driving under the influence. I then gave him his implied consent rights. Once I give him his implied consent rights, I asked the doctor if he could leave -- or the registered nurse if he could leave. I was advised no; therefore, I requested blood be drawn and I believe Ms. Burroughs was actually a phlebotomist. I don't think she was a nurse, she

was a phlebotomist. Came in and I observed her while she withdrew the blood, and she drew the blood with a South Carolina issued -- we actually have issued sample boxes that's for evidence.

Q. What's special about that sample kit?

A. The sample kit actually has a wipe in it, which is non-alcohol based prepped wipe. It has its own vials in it which are sealed and they're not -- they can't be tampered with because they're in a sealed box. And the seal was unbroken on the box when I opened it. And then after she gave me -- after she pulled the blood it was immediately sealed and was not opened prior to my putting it into the refrigerator.

Q. Will you describe the process of sealing and labeling those samples?

A. Okay. When the sample is taken it's actually got a sticker in it in the box, which you write down the name, date of birth, date, time and location it was taken. And I believe by who it was taken. And then once -- once they draw the blood you take that and you actually put it on the vial and you cross over the vial, there's a stick that -- it can be removed once it gets to where it's going, but it can't be tampered or torn, you know. It

actually covers up the top of the vial so that nothing can be put into the vial.

Q. And once you've labeled and sealed the vials what do you do with the vials?

A. At that point I then put them back into the collection box and seal the box.

Q. How is the box sealed?

A. It's actually sealed with another sticker which I put on and it covers the portion of the box -- it's got a flap on the box, and it goes from the flapped portion to the actual boxed portion, which when the flaps close it can't -- you can't open the flap back up until you remove that seal.

Q. So it's tamper evident as well?

A. Yes, ma'am.

Q. Did you see the sample get taken?

A. I did.

Q. What did you do with the blood sample after it was taken?

A. I put it into that collection box and sealed the box.

Q. And then after that what did you do with the evidence?

A. I took it to the Lexington Patrol Office

and placed it into the evidence refrigerator and locked it in the refrigerator.

Q. So immediately after leaving the Lexington ER where you met with Mr. Russell what did you do?

A. I can't recall if I went directly to the office from the hospital or if I had to work a wreck on the way to the -- to the office or what. But I know that I took the blood sample, drew it directly. It was not placed anywhere other than in my custody prior to putting it into the evidence refrigerator.

Q. Did you talk to anybody else about the case after the accident? Did you talk to the other driver again?

A. I can't recall speaking to the other driver.

Q. Did you speak to anybody's insurance company after the wreck?

A. I was called by one of the insurance companies, but I can't recall which one and I really can't recall the conversation.

Q. Did you talk to anybody's lawyers involved in this wreck?

A. At the trial I spoke with his lawyer.

Q. Did you do any additional investigation

after you left the ER that night?

A. I received my forensics report from South Carolina Law Enforcement Division. Other than that, there wasn't any other investigation for me to perform.

Q. What did Mr. Russell -- excuse me. Did Mr. Russell have to go to court for his tickets?

A. He did.

Q. What happened at the magistrate court?

A. At magistrate court when -- when we went forward it was actually dismissed.

Q. What happened?

A. State law mandates that the person who does the testing of the blood sample be present the day of court. At that point in time when I did the trial I was still learning to be an officer and prosecute my own cases. And I didn't have the person who actually did the analyzing of the blood present, so it was dismissed.

Q. Let's look again at the document that's been marked Penn Life Number 2. The document that is entitled South Carolina Law Enforcement Division Forensics Laboratory Report, have you seen this --

A. Yes, ma'am.

Q. -- report before?

A. Yes, ma'am.

Q. What time does the report indicate that the wreck happened?

A. The report indicates that the wreck occurred at 21:24.

Q. What time was Mr. Russell's blood drawn?

A. His blood was drawn at 00:05.

Q. What did the results of this SLED toxicology report show?

A. The result was .199.

Q. Whose signature is at the bottom of Page Number PLIC 0418?

A. Sergeant C.M. Shelton.

Q. Who is that?

A. That is the sergeant of Lexington Post.

Q. With the highway patrol?

A. Yes, ma'am.

Q. And why is his signature on this document?

A. Because he actually received it. He was the one that went into the refrigerator and removed the blood from the refrigerator and transported it to SLED.

(DFT. EXH. 3, SLED Chain of Custody, dated June 19, 2008, Bates Stamp Number

PLIC 0427, was marked for identification.)

BY MS. HORNE:

Q. The document that you have has been labelled Penn Life Exhibit Number 3. What is this document?

A. This document is SLED's chain of custody.

Q. And what is the first entry entitled Submissions?

A. It was submitted by C.M. Shelton of the South Carolina Highway Patrol Troop 1.

Q. At what time?

A. At 8:58 on 6/19/2008.

Q. To clarify what's happened, you had the blood drawn at Lexington ER?

A. Yes, ma'am.

Q. Then you labeled it and sealed it into an evidence kit?

A. Yes, ma'am.

Q. Then you transported it to highway patrol headquarters and placed it into an evidence refrigerator?

A. Yes, ma'am.

Q. Is that --

A. A locked evidence refrigerator.

Q. And then it was removed from the refrigerator by C.M. Shelton and delivered to SLED; is that correct?

A. Yes, ma'am.

Q. Is that the usual highway patrol procedure for submitting evidence to SLED?

A. Yes, ma'am.

Q. Let's take a look now at the document that's labeled Penn Life's Exhibit 1, the Traffic Collision Report Form.

A. Yes, ma'am.

Q. When would Mr. Russell have gotten this document?

A. This is the TR-310, so he would have received it that night. Now, as far as the actual collision report, he would have received it from the DMV whenever he went and obtained it, or his insurance company went and obtained it.

Q. Let's walk through this document and you can explain to us the information that you have indicated on it. Without reading every detail, can you please tell me what the first -- the top of the first page shows where there's information about the drivers?

A. The information about the drivers? Or the top of it where it tells me when I was dispatched, where it was located?

Q. There -- start there, that's right.

A. It shows that the collision occurred at 21:24. I was notified of it at 21:34. I arrived at 22:00. It was on I-26, exit ramp from I-26 to U.S. 321 which was approximately a tenth of a mile from 321 where the collision occurred. It was approximately a tenth of a mile back on the ramp toward SC 302. Then it has the driver, Michael Russell, of a motorcycle and it has the driver of the parked vehicle, Ms. Connie Collins.

Q. Who's Unit 1 on this report?

A. That would be Michael Russell.

Q. And who's Unit 2?

A. Ms. Connie Collins.

Q. You can continue telling me more about that document as you walk through.

A. Okay. It shows that Mr. Russell was driving a 1998 Harley Davidson motorcycle and it shows that Ms. Collins had parked a 2008 Hyundai. And then it shows that the speed limit on the roadway was 60 miles an hour, that Mr. Russell was estimated to be doing 60 miles an hour. And then it

shows that Ms. Collins was actually stopped at zero miles an hour on a 60 mile an hour roadway.

Q. Would you read the description of what happened that's in the bottom right of this document?

A. Yes, ma'am. It states Unit Number 1 and Unit Number 2 were eastbound on I-26 exit ramp to U.S. 321. Unit Number 2 stopped on the side with the rear corner still in the roadway. Unit Number 1, driving under the influence, struck Unit Number 2 in the right rear.

Q. What was the weather like at the time of the accident?

A. It was clear.

Q. Is that indicated on this report?

A. It is.

Q. There's a section entitled Manner of Collision on the second page of this report.

A. Yes, ma'am.

Q. What does that indicate to you?

A. It indicates where -- where and how the vehicle was struck.

Q. And the description of the Sequence of Events on this document, will you sort of explain all of that to us?

A. Okay. Forty-three means that it was struck at an angle on the side. The motorcycle actually struck the right rear side at the corner of the vehicle and struck the tire as well. So as it was striking the vehicle, it struck the fender and the tire with the front of the motorcycle -- front and left side of the motorcycle.

Q. And there's a section called Action Prior to Impact. Will you explain that section?

A. Action Prior to Impact. This section indicates what the vehicles were actually doing prior to the collision occurring. It shows that Unit Number 1 was traveling straight and that Unit -- it doesn't actually show what Unit Number 2 was doing on this copy here, but Unit Number 2 was actually stopped.

Q. The fact that the motor vehicle, Number 2, is stopped is indicated on this form in the top third -- is that correct, in the section entitled Sequence of Events?

A. Where?

Q. (Indicating.)

A. Yes. That indicates that the vehicle was stopped.

Q. What was the road surface condition?

A. It was dry and asphalt. Normal roadway.

Q. What does the Contributing Factor section on the bottom of the second page say?

A. Contributing factor would be 16, which is driving under the influence.

Q. Are there any other contributing factors to this indicated on the report?

A. No.

Q. Were there any other factors other than Mr. Russell's intoxication that contributed to this wreck happening?

A. The vehicle being stopped on -- unlawfully stopped on the roadway.

Q. Were vehicles -- would a vehicle have been able to safely navigate the exit ramp even with that vehicle stopping sudden?

A. A vehicle should have been able to safely navigate past the vehicle on the side of the road.

(DFT. EXH. 4, South Carolina Department of Vehicles FR-10 Notice of Requirement, dated June 1, 2008, Bates Stamp Number PLIC 0286, was marked for identification.)

BY MS. HORNE:

Q. This document has been marked as Penn Life's Exhibit Number 4. What is this document?

A. This was issued to both parties on the scene of the collision which gives all of the pertinent information for the insurance companies to be able to find out how to obtain the collision report and gives -- exchanges the information between the two companies.

Q. Did you prepare this document?

A. I did.

Q. It's different than the traffic collision report, isn't it?

A. This is actually a carbon copy of the traffic collision report. As I'm filling out the traffic collision report, this is part of it. This is the part that's issued to the drivers, FR-10 form.

Q. Is the entire thing a carbon copy, or is only a section of the FR-10 a carbon copy?

A. Only a section of it. The driver's information, the vehicle information, the location and time is what is a carbon copy, along with the officer who investigated.

Q. Does this FR-10 list the cause of the wreck?

A. It does not.

Q. Does it indicate anything about intoxication or DUI charge?

A. It does not.

Q. Why is this document prepared and given to the drivers?

A. To allow the insurance companies to do their part in the collision, which is take care of the damages and cost of -- of it.

Q. Did the other driver get a ticket?

A. She did.

Q. And what was that ticket for?

A. For improper stopping on the roadway.

(DFT. EXH. 5, Two Uniform Traffic Tickets Issued to Michael Russell, dated June 18, 2008, Bates Stamp Number PLIC 0414, was marked for identification.)

BY MS. HORNE:

Q. Did the other driver's actions cause the motorcycle wreck?

A. I can't say that they caused the motorcycle collision. The motorcycle, in my opinion, should have been able to navigate around it safely.

Q. The document in front of you has been

labeled as Penn Life's Exhibit 5. What is this document?

A. This is a copy of the tickets issued to Mr. Russell.

Q. Have you seen that document before?

A. I have.

Q. Did you write these tickets?

A. I did.

Q. What's the first ticket?

A. Driving under the influence, D365378.

Q. What's the second ticket on the page?

A. Expired motorcycle driver's license.

Q. What's the number of that citation?

A. D365377.

Q. When would Mr. Russell have gotten these tickets?

A. That night.

Q. While he was at the hospital?

A. Yes, ma'am.

Q. And why did you issue the DUI ticket to Mr. Russell?

A. Because of my professional opinion through all my investigation and through everything observed that he was driving under the influence which caused the collision.

Q. Did the toxicology report show that your DUI charge was correct?

A. The toxicology report did show that his alcohol level was a .19. The legal limit being a .08, he was more than twice the legal limit -- or was under the influence more than twice the legal limit of alcohol by the toxicology report.

Q. Did his intoxication cause the motorcycle wreck?

A. In my professional opinion, it did.

Q. Give me just a second. (Reading.) Did you report anything unsafe about the roadway or intersection where the wreck occurred?

A. No, ma'am.

MS. HORNE: I have no further questions. Thank you very much.

MR. RILEY: No questions.

(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 2:12 p.m.)

SIGNATURE OF DEPONENT

DEPONENT: TROOPER W.C. HARMAN
DEPOSITION DATE: May 8, 2012
REPORTER: LORI S. MORTGE
CASE CAPTION: MIKE RUSSELL vs. RANDOLPH GILL, ET AL.

(Please return both Signature of Deponent pages)

I, the undersigned, TROOPER W.C. HARMAN, 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

SIGNATURE OF DEPONENT (CONTINUED)
DEPOSITION DATE: May 8, 2012
REPORTER: LORI S. MORTGE
CASE CAPTION: MIKE RUSSELL vs. RANDOLPH GILL, ET AL.

PAGE	LINE	CHANGE	REASON

_____
TROOPER W.C. HARMAN Date

I, Lori S. Mortge, Notary Public for the State of South Carolina at Large, do hereby certify that the deponent was advised of his or her right to read and sign said deposition both verbally and in writing. If the deponent fails to execute and return foregoing Signature of Deponent pages within the thirty (30) days allowed pursuant to the Rules of Civil Procedure, the original transcript may be filed with the court.

_____
Lori S. Mortge, CCR
My Commission expires
December 13, 2016

CERTIFICATE OF REPORTER

I, Lori S. Mortge, Certified Court 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 20th day of May, 2012 at West Columbia, Lexington County, South Carolina.

_____

Lori S. Mortge
Certified Court
Reporter, CCR
My Commission expires
December 13, 2016

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Mail FR-10 to: SC Department of Motor Vehicles, Office of Financial Responsibility (MS) [illegible], PO Box 1498, Blythewood, SC 29016

South Carolina Department of Motor Vehicles (DMV)
FR-10 (REV. 10/05)
NOTICE OF REQUIREMENT

Submit Electronically! Agents of Company Representatives can submit your insurance information at WWW.SCDMVONLINE.COM

Date	Time	County	1- Interstate 2- US Primary 3- SC Primary 4- Secondary 5- County	Collision Location (Rt. # / Name)	0-Main Rd 1-Intersect 2-Railroad 3-Bridge 4-Connector 5-Ramp 6-Other	Miles?	Dir. N E S W	Nearest City or Town of
9-4-07	1700	22		8 26		1/4		Gaffney

To Vehicle Owner/ Operator: **Failure to return this form to the Department of Motor Vehicles within 15 days from the date of the collision could result in the suspension of your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.**

FR10 Audit No. X-561055

Driver/Pedestrian's Full Name: [illegible]

Unit #	Sex	Race	Street
1	M	W	[illegible]

Birth Date: [redacted] City, State, & Zip: [illegible]

State: SC Driver's License #: [redacted] Insurance Company:

Year	Body	Vehicle Make	VIN #
03	[illegible]	[illegible]	[illegible]

State	Year	License Plate #	Owner's D.L. #
SC	2007	ZWO [illegible]	[illegible]

Home Telephone: [illegible] Owner's Full Name: [illegible]

Bus. Telephone: N/A Street: [illegible]

Contributed To Collision: Yes No City, State, & Zip: [illegible]

FR10 Audit No. X-561056

Driver/Pedestrian's Full Name: [illegible]

Unit #	Sex	Race	Street
2	F	W	[illegible]

Birth Date: [redacted] City, State, & Zip: [illegible]

State: [redacted] Driver's License #: [redacted] Insurance Company: [illegible]

Year	Body	Vehicle Make	VIN #
[illegible]	[illegible]	[illegible]	[illegible]

State	Year	License Plate #	Owner's D.L. #
[illegible]	[illegible]	[illegible]	[illegible]

Home Telephone: [illegible] Owner's Full Name: [illegible]

Bus. Telephone: [illegible] Street: [illegible]

Contributed To Collision: Yes No City, State, & Zip: [illegible]

FR10 Audit No. X-561057

Driver/Pedestrian's Full Name: [illegible]

Unit #	Sex	Race	Street
[illegible]			

Birth Date: [illegible] City, State, & Zip: [illegible]

State: [illegible] Driver's License #: [illegible] Insurance Company: [illegible]

Year	Body	Vehicle Make	VIN #
[illegible]	[illegible]	[illegible]	[illegible]

State	Year	License Plate #	Owner's D.L. #
[illegible]	[illegible]	[illegible]	[illegible]

Home Telephone: [illegible] Owner's Full Name: [illegible]

Bus. Telephone: [illegible] Street: [illegible]

Contributed To Collision: Yes No City, State, & Zip: [illegible]

All Units Insurance Information
(to be completed by Investigating Officer)

Automobile liability insurance information for Unit #

Company Name: Travelers Area Code/Phone Number: 860 [illegible] 3675

Agency Name: ONE [illegible] Policy Number: [redacted]

Automobile liability insurance information for Unit #

Company Name: [illegible] Area Code/Phone Number: [illegible]

Agency Name: [illegible] Policy Number: [illegible]

Automobile Liability Insurance Information

Notice of Requirement Accepted — Signature: [illegible] Y-N Refused to Affix Signature? Y-N Vehicle Subject to Registration in SC?

In the Complaint Number Entered at WWW.SCDMVONLINE.COM My Insurance Company Representative Has Also Received the Unique Number for the Insurance Information Submitted Electronically

Reference to Unit #: ____, I hereby affirm that to the best of my knowledge the vehicle described above was insured by the below stated insurance company on the date of the collision.

The information contained herein is based on my knowledge and belief and is provided in lieu of the driver to complete, sign and file a motor vehicle accident report as required by law.

Insurance Company	Policy #:	Signature	Title
Beginning Date:	Ending Date:	Policy Holder:	NAIC# (Assigned by S.C. Dept. of Ins.) / Bus. Telephone

Notice: If liability insurance was not in effect for your vehicle involved in the collision, The Department of Motor Vehicles could suspend your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

If any of the below are applicable, disregard the above portion.

Form FR-10 Not Issued: Section 56-10-520

- Check here if a Form BR-26, Fleet Report of 25 or more vehicles is on file with the Department of Motor Vehicles covering the vehicle(s) involved in this collision.
- Check here if the certificate of self-insurance has been issued by the Department of Motor Vehicles covering the vehicle and indicate the certificate number.
- Check here if liability insurance was not in effect in accordance with South Carolina statutory requirements.

Signature: [illegible] Date: [illegible]

No FR-10 Issued to Operator/ Owner of Unit #:

Summons issued to:

For operating or allowing the operation of an uninsured vehicle — Summons Number: [illegible] Signature: [illegible]

Investigating Officer's Name	Rank	Badge #	Code	Date	Reviewer's Name	Rank	Internal Agency Code
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

PENGAD 800-631-6989 DEFENDANT'S EXHIBIT 4 Harman 5/7/12

PLIC 0286

STATE OF SOUTH CAROLINA
COURT OF COMMON PLEAS
COUNTY OF LEXINGTON

MIKE RUSSELL,

Plaintiff,

vs. CASE NO. 2011-CP-32-04981

RANDOLPH GILL AND PENNSYLVANIA LIFE INSURANCE COMPANY,

Defendants.

DEPOSITION OF: WENDI C. KNIGHT

DATE: October 23, 2012

TIME: 3:44 P.M.

LOCATION: Law Offices of
Nelson Mullins Riley &
Scarborough, LLP
1320 Main Street, 17th Floor
Columbia, SC

TAKEN BY: Counsel for the Defendants

REPORTED BY: LORI S. MORTGE,
Certified Court
Reporter, CCR

A. WILLIAM ROBERTS, JR., & ASSOCIATES

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(803) 731-5224	(864) 234-7030	(704) 573-3919

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(INDEX AT REAR OF TRANSCRIPT)

STIPULATION

It is stipulated by and among Counsel that this deposition is being taken in accordance with the South Carolina Rules of Civil Procedure, Rule 30; that all objections as to Notice of this deposition are hereby waived; that all objections except as to form are reserved until the time of trial.

* * * * * * * * * * *

WENDI C. KNIGHT

being first duly sworn, testified as follows:

EXAMINATION

BY MS. HORNE:

Q. Ms. Knight, my name is Kristen Horne. I represent Pennsylvania Life in this matter and we are here today to do to a 30(b)(6) deposition of Lexington Medical Center.

(DFT. EXH. 1, Notice of Deposition, was marked for identification.)

BY MS. HORNE:

Q. Will you give us your full name, please?

A. Wendi Christina Knight.

Q. Have you ever had your deposition taken before, Wendi?

A. No.

Q. What we're going to do today is I'm going to ask you some questions about things that you know about, hopefully things that you've prepared for based on the notice of deposition that you've just been handed that's been marked as Exhibit 1.

A. Okay.

Q. It's very important that when we're talking today that you give us a spoken answer so that the Court Reporter can make a complete transcript of everything that we say, so try not to say huh-uh or uh-huh or nod your head as a response.

A. All right.

Q. If you don't understand a question that I ask you, just ask me to rephrase it or repeat it. I'll be happy to do that.

A. Okay.

Q. If you answer a question we'll all assume that you understood the question; is that a fair assumption?

A. Yes.

Q. And let me know if you need a break for any reason at all.

A. All right.

Q. Have you seen a copy of the amended

notice of deposition that you were just handed as Exhibit 1 before?

A. (Reading.) I'm going to say no.

Q. Will you flip to the third page, Exhibit A?

A. Okay.

Q. Have you seen this document before?

A. I do not remember this particular document.

Q. Okay. Are you prepared to testify on the topics?

A. Yes, I am.

Q. That are described in Exhibit A?

A. Yes, I am.

Q. Great. Do you understand that today you're testifying as a corporate representative of Lexington Medical Center?

A. Yes, I do.

Q. And what did you do to prepare for today's deposition?

A. I looked through -- we basically pulled the medical records of the patient from the stay at the hospital and we looked through all the length of stay medical documentation. Specifically pertaining to the blood alcohol collections, date that it was

collected, the person who collected that, time of draw. We did do a little internal search to see if we had done what is called a legal alcohol, so those were the preparations that I took.

Q. Did you review the materials that were sent to your office?

A. Yes. Yes.

MS. HORNE: Great. And the materials that we sent as Attachment 1 to Exhibit A of the amended deposition notice are Bates labeled MR_Lex Med Center_0077 through 0190.

(DFT. EXH. 2, Medical Records, Bates Stamp Numbers MR_Led Med Ctr_0077 - 0190, was marked for identification.)

BY MS. HORNE:

Q. Did you review these documents --

A. Yes.

Q. -- in preparation for your deposition today?

A. Yes.

Q. All right. Where do you work?

A. I work in the laboratory.

Q. What's your job title?

A. Currently lab manager.

Q. Is the lab a part of a specific

department of the hospital or is it its own?

A. It's its own department.

Q. Own department?

A. Mm-hmm.

Q. How long have you been the lab manager at Lexington?

A. About a year and a half.

Q. How long have you worked at Lexington?

A. Twelve years.

Q. What are your job responsibilities as the lab manager?

A. I am responsible for several other supervisors. I manage several other supervisors directly in the laboratory. We have about 15 folks that myself and the other co-lab manager split between us.

Q. You're responsible for 15 employees along with another?

A. No. There's 15 that we split, so I have about six or seven of those.

Q. When you're supervising these folks what are your responsibilities?

A. Day-to-day -- literally my job title says day-to-day operations of the lab, so anything that is outside their ability to handle. Anything

that would result in needing to consult with human resources, say personnel issues. Occurrence reports, things that occur either internally in our laboratory or outside in patient care areas. Each of the lab managers deal directly with that supervisor to make sure we have process improvement and quality assurance in place to not have those happen again. Just general things like that.

Q. What were -- what was your job title before you became the lab manager?

A. Specifically the central processing supervisor, but what that meant was I was a -- I was the phlebotomy supervisor, reference lab testing and point of care testing. I kind of had three areas under me.

Q. You said phlebotomy?

A. Reference lab, anything that we did not perform in-house. And point of care.

Q. What is point of care?

A. Point of care tests that are done outside the laboratory, usually done by nursing staff. Sometimes physicians or other hospital staff like CRNAs or stuff like that.

Q. How long did you do the job of the central processing supervisor?

A. Six years.

Q. And in the five years that you were with Lexington before you became the central processing supervisor what was your job then?

A. Right prior to that I was third shift supervisor, and as a shift supervisor you're really over everything. You're over every single department in the laboratory testing being turned out on those areas, troubleshoot of any analyzers, any testing discrepancies as well as the phlebotomists who are working those shifts as well. Did that for two years. And prior to that I was a second shift what we call a generalist, who is just a bench tech who works all areas of the laboratory.

Q. Let's talk for a few minutes about hospital records.

A. Okay.

Q. Are you familiar with the way that the hospital processes and keeps patients' records?

A. I'm going to say a little familiar. I might not know every detail, but in my role I'm beginning to learn more.

Q. In your experience and in the work that you do you have to know some about --

A. Yes.

Q. -- the way the hospital maintains records and processes them?

A. Mm-hmm.

Q. Do you know how the hospital generated and maintained patient records at the time of the motorcycle wreck in 2008?

A. I do not.

Q. Okay. Let's take a look at the documents that are labeled as Exhibit 2.

A. Okay.

Q. This is the records that have Lexington Medical Center Bates Numbers on them. What are these documents?

A. In looking through this, this looks like the entire medical record.

Q. Okay. I think that it actually starts -- Page 77 was unintentionally captured when we selected these documents. I think it relates to a prior hospitalization that is unrelated to the June 18th, 2008 wreck, so we can ignore that and think about the rest of the documents.

A. Okay.

Q. Are these hospital records that are maintained for the purpose of medical diagnosis and treatment?

A. Yes.
Q. Are they documents that are maintained in the course of the hospital's regularly conducted business?
A. Yes.
Q. Are they prepared by individuals with knowledge of information in the records?
A. Yes.
Q. Are they prepared based on information that's transmitted by people with knowledge of the records?
A. Yes.
Q. Are they prepared at or near the time that the events in the records occurred?
A. Yes.
Q. Is it the regular practice of the hospital to prepare hospital -- excuse me, patient records?
A. Yes.
Q. Are these true and correct medical records from Mike Russell's hospitalization from June 18, 2008 through June 20, 2008?
A. Yes.
Q. Let's talk about lab tests generally.
A. Okay.

Q. When the lab runs testing, what causes that to happen? Is it because they are ordered by doctors?

A. Yes. Every single test that we run has to be generated by a physician's order.

Q. For the purpose of providing medical treatment?

A. Yes.

Q. At the time that this accident happened in 2008 how were blood samples collected from patients?

A. Specifically in the emergency room?

Q. Yes.

A. Specifically in the emergency room blood specimens could be collected either by the phlebotomy team or the nursing staff.

Q. And they would collect a sample based on a physician's order to conduct a particular test?

A. Yes. I will say on a rare occasion patients transmitted by ambulance may have samples collected en route collected by the EMTs and given to the nurse upon admission to the ER.

Q. From your review of the documents that we're talking about today --

A. Yes.

Q. -- and the medical records from Mike Russell, how was the blood sample collected from Mr. Russell that was analyzed by the lab?

A. Specifically the alcohol sample? That is the one I looked at. It was collected by one of the laboratory phlebotomists.

Q. Is there a specific procedure for collecting that sample?

A. Yes, there is.

Q. Can you tell me about that?

A. Alcohol samples are collected without the use of an alcohol prep. Our policy is to either collect that -- cleansing the site using soap and water or using Betadine, just making sure that you're not using any liquid that has an alcohol in it when cleansing that site. Other than that, it's collected as any other lab specimen.

Q. You said that you could tell that the sample was collected by a phlebotomist. Do you know who collected it?

A. I do.

Q. Who was that?

A. Jill Burroughs.

Q. And how from the records can you tell that Jill Burroughs was the person who collected the

sample?

A. I cannot tell from this medical record. We went into our laboratory information system and was able to pull out -- we document in our system every sample collected, date, time of collection, method of collection and the collector. And so we were able to pull that out of our laboratory information system to prove that she was the one that collected it.

Q. Do you have those records with you today?

A. I did not bring that.

Q. If I were to request those documents from you I need to ask for the lab information system records?

A. Yes.

Q. And from that record you said that you can tell that the sample was collected by a phlebotomist named Jill Burroughs?

A. I can. It shows her -- what we call tech code. We're each assigned a code that we use in the laboratory that identifies us as the either performing tech or collector or what have you so it has her tech code on it, as well as a method of collection based on how the sample was collected and

it did say via puncture.

Q. When that blood sample was collected do you know how much blood was collected?

A. I do not. It shows a tube that was collected. I can tell what color of tube was collected.

Q. What is that?

A. It was a gray top tube. But as far as the amount, we have minimum and maximum amounts that go in. So it could be anywhere in between the bare minimum to the ultimate amount that could be there.

Q. So you have procedures in place to collect an amount --

A. A certain amount. It could be as few as two CC's, as many as five CC's. I can't tell exactly how many CC's were there.

Q. But it would have been collected in accordance with the procedure that the hospital has?

A. Yes.

Q. Tell me about a gray top tube.

A. A gray top tube is a tube that has an additive in it that is actually protective for alcohol.

Q. Explain what that means.

A. It prevents it from being broken down by

the red cells upon metabolism of the red cells.

Q. When a blood sample is collected from a patient how do you know which patient the sample belongs to?

A. Our process for identifying a patient is very concrete. We have to identify the patient by two identifiers, being at least name and date of birth. We also use the patient's medical record number, which is specific to that patient and only that patient and stays with them for the rest of their life with Lexington Medical Center. So we use those identifiers to match up our order requisition to the patient's armband and we must also verbally verify with the patient who they are, please tell me your full name and date of birth. That's our policy.

Q. And the phlebotomist who's collecting the sample will actually speak to the patient and look at the --

A. Yes, they do.

Q. -- bracelet?

A. They do.

Q. And what happens after the sample is drawn?

A. After the sample is drawn we have labels

that has that information on it -- the full name, the date of birth, the medical record number as well as some other information. Location, account number for the day, ordering physician. And we take those labels and put those on each of the tubes at the bedside.

Q. At the -- when the sample is collected from the patient and marked with the label that you just described.

A. Yes.

Q. What happens next?

A. Then the sample -- after the samples have been labeled then the phlebotomist will -- see if I think back to 2008 -- they take the samples and then just take them straight to the main laboratory. The person at the main laboratory is going to then do what we call accession them into the laboratory system which says the sample has been received into our laboratory information system and then the samples are processed and tested.

Q. When you say tube them?

A. Pneumatic tube system. Put the samples in a biohazard bag and pneumatically tube them over to the laboratory.

Q. And that would happen right after the

sample is taken --

A. Yes.

Q. -- from the patient?

A. Yes.

Q. And then describe that accession procedure a little bit more.

A. It's taking the sample and going into our computer system. We go under the orders, the orders are transmitted over into our computer system from when the physician orders them and the -- it's called MEDITECH or our hospital information system, our HIS. Those orders transmit over to us to our LIS, and we go in and choose that order and then put in all the documentation that the sample was collected at this time, collected by this person, collected by this methodology and has now been received into the laboratory at this time. It's called either recessioning in or receiving in, tracking into the laboratory. That then generates a process to let the technologist know that there's a sample with a test that is on its way to be done. So they're looking for this test and they're now waiting for it to come to them so that they're putting it on the machine and running it.

Q. Do you have any documentation -- is

there documentation in the materials that we have before us right now that show this information about tracking them in or recessioning in the samples for Mr. Russell?

A. If I look back here, since none of the LIS records are here, it's a little bit different to see it. I'm trying to remember, there is one record.

Q. Does it look like this? (Indicating.)

A. Yes. It's in there somewhere.

Q. Page 167.

A. Okay. Let's see what this looks like. And, actually, this is showing collection date and time, and that is all that it's showing on this form.

Q. Does it also show the tests that were ordered?

A. It does.

Q. Okay. So the lab knows which tests to perform on a sample for a particular patient based on the orders that are coming in through the hospital information system to the lab information system?

A. That's correct.

Q. Will you look with me at Page 114?

A. Yes.

Q. Does this document show orders for a particular lab testing as well?

A. It does.

Q. About halfway down the page in the column that's named Diagnostic Ordered, there's a notation at 22:48 for ETOH. What is that?

A. ETOH is an ethanol level or blood alcohol level.

Q. When the lab receives a sample of blood and an order for an ethanol level or blood alcohol test, what does the lab do next? What would the lab have done in Mr. Russell's case?

A. We -- after we receive the sample into the laboratory the sample has to be centrifuged because this test is ran off of plasma. Then the sample would have been taken to the chemistry department and ran on our chemistry analyzer.

Q. When you say taken to the chemistry department, what does that mean?

A. The chemistry department is about five steps away from the processing area. So when the sample comes out of the centrifuge a processing person will walk it around to the chemistry department and hand it to the processing -- the

chemistry tech who's running samples over there.

Q. What testing method is used to measure blood alcohol levels?

A. That I do not know.

Q. How does the chemistry tech perform the blood alcohol test?

A. Our tests are automated so they uncap the sample, put the sample in a rack, set the sample on the machine, the machine reads the bar code on the patient label knowing what orders have been placed and automatically does the tests. When the test results come off, they're automatically transmitted to our LIS system where the results show up on the screen and the tech accepts them.

Q. So the technician who uncaps the blood does not instruct the computer or the machine to do anything except to read the bar code?

A. Yes. It's read directly from the bar code from the order that's placed, mm-hmm.

Q. And then you said that there's an automatic transmission of the results?

A. Yes. There is no actual printout where you take a printout and read a result and type it in. Our LIS has an interface system. Each one of our analyzers interfaces into the LIS so the results

when they come, or are available, when they're completed on the analyzer they're transmitted to a computer monitor that we can see and we just accept them.

Q. Are the tests run in duplicate?

A. No. Not this test.

Q. Are the results of the test trustworthy enough to be relied upon for medical treatment?

A. Yes.

Q. What equipment is used to run the test?

A. I'm thinking back to 2008 because I believe -- let me make sure we don't have a different analyzer than we do today -- and we do not because the machine we have now we acquired in 2005, so it is called an OCD 5600.

Q. How is the equipment calibrated?

A. Calibrated or QC'd?

Q. I don't know the difference. Please educate me.

A. Calibrated is when you run standard test materials on a machine to make sure that the entire linear range of the analyzer is functional. That's done maybe every six months, not very often. Just dependent on reagent lot changes or our laboratory regulations, CLIA requirements.

QC is quality control material that is run every single day. You take standard liquid material and you run every single analyte in the laboratory to make sure that the analyte is within a plus or minus two standard deviation range that's acceptable for daily performance.

Q. You said that your calibration is done in accordance with CLIA --

A. (Witness moves head up and down.)

Q. -- regulations?

A. Yes.

Q. Can you tell me more about that? What are CLIA regulations?

A. CLIA regulations are Federal regulations set up to monitor all laboratory operations to ensure quality patient care.

Q. And the procedures and policies at Lexington Medical Center are designed to be in compliance with the Federal regulations?

A. They are. Our laboratories are inspected every two years by a regulatory agency, most commonly either CAP, the College of American Pathology, or COLA, and we are inspected by COLA. And so when you're going through your inspection, they're checking to make sure that all the CLIA

regulations are being met.

Q. We talked a moment ago about automatic transmission of test results from the machine.

A. Yes.

Q. How are the results put into a patient's medical record?

A. Again, there is a computer interface between the LIS, or lab information system, and the HIS, the hospital information system. So there's an order placed in the HIS by the physician. That order transmits across to our LIS which downloads all that information into our analyzers. Once those tests are ran, results are sent back into the LIS and accepted, it goes back the same way. The results go back into the HIS to match up with the order and then it stays on the patient's medical record.

Q. Do any lab employees or techs have anything to do with the way that that process happens, or is it completely automated?

A. For this test it's completely automated.

Q. Okay. On Page 114 of the medical records we just talked about the entry that says ETOH. What time stamp is next to that notation?

A. 22:48.

Q. What does that mean? Does it show that the blood was drawn at 22:48?

A. Let me look at this. This is from EmPower, which is the system used in the emergency room, and I'm not as familiar with seeing the EmPower system because I do not have access to see this system. I have seen these records before. I do not know if 22:48 is the time that the result came back to them or if 22:48 is the time that the nurse taking care of this patient went in and documented that she had the result back. I am not familiar with exactly what that number is.

Q. Okay. There are two numbers on that line, the first is that 22:48 --

A. Right.

Q. -- that may be the time that it was collected or the time that it was ordered, and then there's another time stamp at the far end of that that says 23:41. Do you think it --

A. 23:41 is when the nurse reviewed.

Q. Reviewed?

A. What was going on in this, right.

Q. Okay. Thank you. On Page 119 this is a document that starts -- it says, Lexington Medical Center Emergency Department Nursing Notes and Vital

Signs at the top of the document.

A. Yes.

Q. Are these a part of Mr. Russell's medical record?

A. Yes.

Q. About a third of the way down the page there's a notation at 23:30 that says: Labs drawn and sent, and then the next line it says at 23:38 also: Labs drawn and sent.

A. Yes.

Q. Is there a way, based on these records, to tell what labs were drawn and sent or by whom based on this document?

A. I cannot see that from this.

Q. In the documents that you were saying that I could find by requesting LIS records, would that give me more specific information about when the phlebotomist drew the blood?

A. It would, yes.

Q. But this gives us a general time frame?

A. It does.

Q. Okay. On Pages 162 through 167, let's flip ahead, are these the lab reports that were generated by the work done in the lab?

A. Yes. These are called cumulative

reports.

Q. How were these cumulative reports generated?

A. Cumulative reports are pulled every day, manually, by lab staff and taken to the floors and placed on the charts.

Q. What does Page 165 say? What does it report?

A. 165 is a report of an alcohol collected at 23:30 on the 18th of June 2008 stating that the alcohol level was 0.232. The asterisk indicates that that is an abnormal value. The value out to the side, out to the right in brackets, shows what the normal range for this test should be which should be less than 0.01.

Q. When you read the time stamp on this, I think you may have misread. Will you read the time stamp again that's below 16:08?

A. 23:00.

Q. Thank you. And the results of the alcohol testing, you said it's an abnormal result. Tell me the value again, please.

A. The value is 0.232.

Q. On Page 167, I'm sorry to flip back there again, there's a notation at the top of the

box of information that says Stat Order Appendix. What does that mean, stat order?

A. I do not know.

Q. Okay. Give me just a second to review my notes. (Reading.) When we were talking about Pages 162 through 167 you said that these are hard copies that get put in the file after they're generated on a daily basis?

A. Yes.

Q. When the results get sent from your lab information system to the hospital information system it's automatically included in somebody's --

A. Yes.

Q. -- record, how do people who are treating the patient get access to that information?

A. There's two ways in the emergency department. When a result in the laboratory is accepted in our laboratory system and then transmitted, it automatically prints out a patient report. It looks different than this one but it does print out a patient report stating the same information. It's just a little bit different format, so that prints out right at the nurse's desk as well as the doctor and nursing staff are looking at the EmPower system. EmPower is where they're

placing the orders and doing all their documentation, and those results are immediately transmitted back into EmPower. So there was a document that we looked at a few pages back that shows an EmPower screen with the ETOH level there. They would have immediately seen that value in that screen, that's a result screen.

Q. The page that we're talking about was Page 114; is that right?

A. I believe that's right. Let me look back. (Reading.) Yes, that's correct.

Q. Okay. So it's all instantaneous. And as soon as the lab runs the result, the medical staff has access to the information that they can use to formulate their treatment plan?

A. That's correct.

Q. The piece of paper that you just described that gets printed in the ER after the results are generated, is that a document that becomes a part of the patient's file or is that...

A. I don't know.

Q. Is it just a notice?

A. It sort of is. It used to be, but prior to our electronic health records with EmPower it used to be that that piece of paper was handed

directly to the physician to put on the chart. But now that they're seeing them directly in the EmPower system I don't know that those aren't just thrown away because they don't need them anymore.

MS. HORNE: I don't have any more questions.

MR. RILEY: No questions.

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

(The deposition was concluded at 4:23 p.m.)

SIGNATURE OF DEPONENT

DEPONENT: WENDI C. KNIGHT
DEPOSITION DATE: October 23, 2012
REPORTER: LORI S. MORTGE
CASE CAPTION: MIKE RUSSELL vs. RANDOLPH GILL, ET AL.

(Please return both Signature of Deponent pages)

I, the undersigned, WENDI C. KNIGHT, 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

SIGNATURE OF DEPONENT (CONTINUED)

DEPOSITION DATE: October 23, 2012
REPORTER: LORI S. MORTGE
CASE CAPTION: MIKE RUSSELL vs. RANDOLPH GILL, ET AL.

PAGE	LINE	CHANGE	REASON

_____
WENDI C. KNIGHT Date

I, Lori S. Mortge, Notary Public for the State of South Carolina at Large, do hereby certify that the deponent was advised of his or her right to read and sign said deposition both verbally and in writing. If the deponent fails to execute and return foregoing Signature of Deponent pages within the thirty (30) days allowed pursuant to the Rules of Civil Procedure, the original transcript may be filed with the court.

_____
Lori S. Mortge, CCR
My Commission expires
December 13, 2016

CERTIFICATE OF REPORTER

I, Lori S. Mortge, Certified Court 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 11th day of November, 2012 at West Columbia, Lexington County, South Carolina.

_____

Lori S. Mortge
Certified Court
Reporter, CCR
My Commission expires
December 13, 2016

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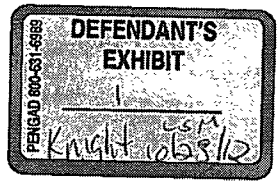
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STATE OF SOUTH CAROLINA	)	
	)	IN THE COURT OF COMMON PLEAS
COUNTY OF LEXINGTON	)	NINTH JUDICIAL CIRCUIT
Mike Russell,	)	Civil Action No. 2011-CP-32-04981
Plaintiff,	)	
vs.	)	
	)	**AMENDED NOTICE OF TAKING**
Randolph Gill and Pennsylvania Life Insurance Company,	)	**OF 30(B)(6) DEPOSITION OF LEXINGTON MEDICAL CENTER**
Defendants.	)	

TO: LEXINGTON MEDICAL CENTER:

Please take notice that, pursuant to Rule 30(b)(6) of the South Carolina Rules of Civil Procedure, counsel for Defendant Pennsylvania Life Insurance Company has served on non-party Lexington Medical Center a Subpoena in the above-referenced case. The Subpoena has been issued for the purpose of taking the oral deposition of the person or persons who will testify on behalf of Lexington Medical Center regarding the topics identified in **Exhibit A** attached hereto. The deposition shall **begin at 3:30 p.m. on Tuesday, October 23, 2012,** at the offices of Nelson Mullins Riley & Scarborough, The Meridian Building, 1320 Main Street, 17th Floor, Columbia, South Carolina. Pursuant to Rule 30(b)(6), Lexington Medical Center is required to identify a person or persons who are knowledgeable to testify about the topics on Exhibit A.

This deposition will be taken before a certified court reporter and an officer authorized to administer oaths, or equally qualified persons. The deposition is to be used in the above-entitled and numbered cause for all purposes authorized by the South Carolina Rules of Civil Procedure and the South Carolina Rules of Evidence.



NELSON MULLINS RILEY & SCARBOROUGH LLP

By: Kristen Horne

D. Larry Kristinik
Kristen E. Horne
1320 Main Street / 17th Floor
Post Office Box 11070 (29211)
Columbia, SC 29201
(803) 799-2000

Attorneys for Defendant Pennsylvania Life Insurance Company

Columbia, South Carolina

October 18, 2012

EXHIBIT A

1. How patients' medical records are maintained by the Lexington Medical Center.
2. The authenticity of hospital records included in Attachment 1 regarding Mike Russell's treatment beginning on June 18, 2008.
3. Procedures used for obtaining blood samples from patients for purposes of the testing and analysis identified in the records included herewith as Attachment 1.
4. Procedures or processes used for performing the testing and analysis identified in the records included herewith as Attachment 1.
5. Results of the testing and analysis identified in the records included herewith as Attachment 1.

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE (803) 791-2460

PATIENT: RUSSELL,MICHAEL C
AGE: 35
DOB: [redacted]
SEX: M

UNIT/MR NO: [redacted]
ACCT NO:
SSN:
REQ NO: 08-0000845
REPORT NO: 0102-0237

ROOM:
PT LOCATION: HED
SHAANN EM

ADMITTING DR:
ORDERING DR: ANNA S. SHALKHAM MD

REPORT STATUS: Signed

ORDERED BY: ANNA S. SHALKHAM MD
LOCATION: REG ER HEDZ2 25
STUDY TYPE: 0102-0076 RAD/CHEST 1 VIEW

DATE OF EXAM: 01/02/08

CLINICAL DATA: 35M, CHEST PAIN

PA CHEST (1 VIEW):

FINDINGS: One PA upright projection of the chest shows clear lung fields. The cardiac and mediastinal shadows appear normal. The costophrenic angles are sharp. The bony structures are intact.

IMPRESSION: Negative PA upright chest.

SHM

DAVID N KNIGHT MD

REPORT STATUS: Signed

SHALKHAM,ANNA S. MD
ORDER#/PROCEDURE: 0102-0076 RAD/CX1 (71010)
EXAM TECH: BITHO
PT LOC/ROOM: HED/
REP RELEASED BY: KNIDAV RAD 01/02/08 1456
ADD RELEASED BY:
DISC DATE: 01/02/08
RUSSELL,MICHAEL C
ED DISC DIAG: BACK CONTUSION

DEFENDANT'S EXHIBIT 2 Knight 12-23-11

PERIGAD 800-631-6989

MR_Lex Med Ctr_0077

LEXINGTON MEDICAL CENTER 2720 Sunset Blvd. West Columbia, SC 29169 * (803)791-2000

ACCOUNT NO. [redacted] ADMIT DATE 06/18/08 TIME 2207 UNIT NO. [redacted]

PATIENT INFORMATION

NAME RUSSELL, MICHAEL C
ADDRESS 1469 DOGWOOD ST
WEST COLUMBIA, SC 29172
PHONE (803)955-0329
SS NO [redacted]

NPP Received: 05/29/03
DIS DATE 6/20/08 TIME 1140
DOB [redacted] AGE 39
SEX M MS M
RACE W
RELIGION NONE

PATIENT STATUS REG ER
SERVICE/LOCATION HED22
ROOM/BED 21-A
ADM/SOURCE/PRIOR EMR / L3
ARRIVAL MODE AMBULANCE

EMPLOYER INFORMATION

NAME HCR LLC
ADDRESS 1469 DOGWOOD ROAD
WEST COLUMBIA, SC 29172
PHONE (803)955-0329

ADVANCE DIRECTIVES

ADVANCED DIRECTIVE N
WHICH ONES:
LIVING WILL
HEALTH CARE POA

PHYSICIAN INFORMATION

ADMITTING
ATTENDING HALL, THOMAS R, MD
FAMILY
OTHER

GUARANTOR INFORMATION

NAME RUSSELL, MICHAEL C
ADDRESS 1469 DOGWOOD ST
WEST COLUMBIA, SC 29172
PHONE (803)955-0329
SS NO [redacted]
RELATION SELF / SAME AS

EMPLOYER HCR LLC
ADDRESS 1469 DOGWOOD ROAD
WEST COLUMBIA, SC 29172
PHONE (803)955-0329

PERSON TO NOTIFY

NAME RUSSELL, SUSANNE
ADDRESS 1469 DOGWOOD ROAD
WEST COLUMBIA, SC 29172
PHONE (803)955-0329
WORK (803)252-0606
RELATION SPOUSE

INSURANCE INFORMATION

PRIMARY BLUE CHOICE/COMPANION
ADDRESS P O BOX 6170
COLUMBIA SC 29260
PHONE (803)786-8476
CERT [redacted]
GROUP #
SUBSCRIBER RUSSELL, SUSANNE C 08/28/1975
AUTH Nbr: LOS:
REASON FOR VISIT 21:LEG INJURY

SECONDARY
ADDRESS
PHONE
CERT
GROUP #
SUBSCRIBER
AUTH Nbr: LOS:

TERTIARY
ADDRESS
PHONE
CERT
GROUP #
SUBSCRIBER
AUTH Nbr: LOS:
MORE INS:

MEDICAL HISTORY: MRSA: _ VRE: _ If yes, implement contact precautions

ADMIT COMMENT: KNS

DIAGNOSIS CODE NO

COMPLICATIONS

OPERATION/PROCEDURE

CONSULTATION WITH DRG: 965, 6.24 W

CAUSE OF DEATH CODED BY W

MEDICAL RECORDS - DO NOT REMOVE FROM CHART

MR_Lex Med Ctr_0078

Conditions of Admission
To
Lexington Medical Center

AUTHORIZATION FOR TREATMENT: The undersigned consents to any procedure, examination or treatment rendered by the physician. The patient is under the control of his attending physicians and the hospital is not liable for any act or omission in following the instructions of said physician. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made as to the result of treatment or examination.

I consent to appropriate test for the presence of infection, such as, but not limited to, infection by the Hepatitis B virus or the human immunodeficiency virus, if deemed necessary for the protection of others, and I authorize withdrawal of blood or other body fluids for this purpose. I understand that if my medical record contains documentation of alcohol abuse, psychiatric condition, drug abuse, or communicable disease, this information will be released as part of my medical record. I consent to the photographing or televising of any procedure to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed.

RELEASE OF INFORMATION: I authorize release of medical records/information to other Health Care providers as deemed necessary for the continuity of care and for the purpose of review and payment by me or my insurance carrier.

Lexington Medical Center will make our best effort to pre-certify and/or preauthorize treatment with third party payers who conduct Utilization Review as a service to patients. However, Lexington Medical Center does not accept responsibility for the lack of pre-certification and/or pre-authorization and is not responsible, for the final payment outcomes or timing restraints.

MEDICARE-MEDICAID PATIENT'S CERTIFICATION: I certify that the information given by me in applying for payment under Title XVIII and XIX of the Social Security Act is correct. I request that payment of authorized benefits be made on my behalf.

ASSIGNMENT OF INSURANCE/LIABILITY BENEFITS: I authorize and direct my insurers to pay directly to Lexington Medical Center any or all benefits up to the amount of my bill pertaining to all charges incurred. I authorize and direct the named insurers to pay directly to the physician(s) any medical and surgical benefits otherwise payable to me.

PROMISE TO PAY ACCOUNT: FOR AND IN CONSIDERATION of service rendered by Lexington Medical Center; I promise to pay all charges incurred for the account on the patient. In the event that I default in the obligation of payment to Lexington Medical Center; I understand that my account(s) can be placed with a collection agency and/or Lexington Medical Center can place my account in the Department of Revenue's Debt Set-Off program and/or a judgment may be secured against any owned property to the extent of the unpaid bill. I further agree to pay reasonable attorney's fees, collection fees, Debt Set-Off administrative fees and court costs if my account is placed for legal or third party collection action.

I understand that I am financially responsible to Lexington Medical Center for all charges not covered, approved or considered necessary by my insurance. I will pay at the time of service or have an agreeable payment arrangement set up with the business office. _____ (Patient to initial here).

HOSPITAL PATIENT SAFETY ACT: I acknowledge that I have received information regarding my rights under the Hospital Patient Safety Act. _____ (Patient to initial here).

PHYSICIANS AS INDEPENDENT CONTRACTORS: I recognize that all physicians furnishing services, such as radiologist, pathologist, anesthesiologist, emergency room physicians and the like, are independent contractors and are not employees or agents of the hospital. A separate bill will be sent for physician services. I authorize and direct the named insurers to pay benefits directly to these physicians for services rendered.

RELEASE FROM RESPONSIBILITY FOR PERSONAL PROPERTY: I have been made aware that the hospital provides facilities for the safe keeping of valuables and I hereby release the hospital from liability for loss or damage to any items which are not given to hospital personnel for safe keeping.

AVAILABILITY OF CLINICAL TRIALS: I am aware that clinical trials (research studies) are available through the hospital or physicians who are members of the medical staff of Lexington Medical Center. If I desire more information about participating in clinical trials, I can request information be provided to me by my physician.

THIS FORM HAS BEEN EXPLAINED TO ME, I HAVE READ AND UNDERSTAND IT.

Signature of Patient	Date	Guarantor (if other than patient)
If minor, Responsible Party	Date	Relationship to Patient
Witness	Date	

Conditions of Admission
To
Lexington Medical Center

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED W M [redacted]

AUTHORIZATION FOR TREATMENT: The undersigned consents to any [redacted] ered by the physician. The patient is under the control of his attending physicians an [redacted] mission in following the instructions of said physician. I am aware that the practice of [redacted] ice, and I acknowledge that no guarantees have been made as to the result of treatme[redacted]

I consent to appropriate test for the presence of infection, such as, but not limited to, infection by the Hepatitis B virus or the human immunodeficiency virus, if deemed necessary for the protection of others, and I authorize withdrawal of blood or other body fluids for this purpose. I understand that if my medical record contains documentation of alcohol abuse, psychiatric condition, drug abuse, or communicable disease, this information will be released as part of my medical record. I consent to the photographing or televising of any procedure to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed.

RELEASE OF INFORMATION: I authorize release of medical records/information to other Health Care providers as deemed necessary for the continuity of care and for the purpose of review and payment by me or my insurance carrier.

Lexington Medical Center will make our best effort to pre-certify and/or preauthorize treatment with third party payers who conduct Utilization Review as a service to patients. However, Lexington Medical Center does not accept responsibility for the lack of pre-certification and/or pre-authorization and is not responsible, for the final payment outcomes or timing restraints.

MEDICARE-MEDICAID PATIENT'S CERTIFICATION: I certify that the information given by me in applying for payment under Title XVIII and XIX of the Social Security Act is correct. I request that payment of authorized benefits be made on my behalf.

ASSIGNMENT OF INSURANCE/LIABILITY BENEFITS: I authorize and direct my insurers to pay directly to Lexington Medical Center any or all benefits up to the amount of my bill pertaining to all charges incurred. I authorize and direct the named insurers to pay directly to the physician(s) any medical and surgical benefits otherwise payable to me.

PROMISE TO PAY ACCOUNT: FOR AND IN CONSIDERATION of service rendered by Lexington Medical Center; I promise to pay all charges incurred for the account on the patient. In the event that I default in the obligation of payment to Lexington Medical Center; I understand that my account(s) can be placed with a collection agency and/or Lexington Medical Center can place my account in the Department of Revenue's Debt Set-Off program and/or a judgment may be secured against any owned property to the extent of the unpaid bill. I further agree to pay reasonable attorney's fees, collection fees, Debt Set-Off administrative fees and court costs if my account is placed for legal or third party collection action.

I understand that I am financially responsible to Lexington Medical Center for all charges not covered, approved or considered necessary by my insurance. I will pay at the time of service or have an agreeable payment arrangement set up with the business office. SCR (Patient to initial here).

HOSPITAL PATIENT SAFETY ACT: I acknowledge that I have received information regarding my rights under the Hospital Patient Safety Act. SCR (Patient to initial here).

PHYSICIANS AS INDEPENDENT CONTRACTORS: I recognize that all physicians furnishing services, such as radiologist, pathologist, anesthesiologist, emergency room physicians and the like, are independent contractors and are not employees or agents of the hospital. A separate bill will be sent for physician services. I authorize and direct the named insurers to pay benefits directly to these physicians for services rendered.

RELEASE FROM RESPONSIBILITY FOR PERSONAL PROPERTY: I have been made aware that the hospital provides facilities for the safe keeping of valuables and I hereby release the hospital from liability for loss or damage to any items which are not given to hospital personnel for safe keeping.

AVAILABILITY OF CLINICAL TRIALS: I am aware that clinical trials (research studies) are available through the hospital or physicians who are members of the medical staff of Lexington Medical Center. If I desire more information about participating in clinical trials, I can request information be provided to me by my physician.

THIS FORM HAS BEEN EXPLAINED TO ME, I HAVE READ AND UNDERSTAND IT.

Signature of Patient	6-18-08 Date	Susan C. Russell Guarantor (if other than patient)
If minor, Responsible Party	Date	wife Relationship to Patient
Witness	6-18-08 Date	

MR_Lex Med Ctr_0080

LEXINGTON MEDICAL CENTER
West Columbia, South Carolina

Date	6/18	6/19	6/20	6/21	6/22	6/23	6/24
Hospital Day	0 am	1	2	3	4	5	6
Day P.O. or P.P.							

Hour: A.M. 3 7 11 | P.M. 3 7 11

Chart Temperature in Blue

140	105°
130	104°
120	103°
110	102°
100	101°
90	100°
80	99°
Normal	
70	98°
60	97°
50	96°

Respirations

B.P. S / D

Height Weight

RUSSELL, MICHAEL C [redacted] 06/19/08 35 M W
LEE, DAVID X MD
UNITED 565 I

DATE 6-18-08	INTAKE				OUTPUT			
Time	Oral	Parenteral		Total	Urine			Total
6-2								
2-10								
10-6		2400 IVF		2400	6		15 EBL	15
24 hr. Total				2400				15

DATE 6-19-08	INTAKE				OUTPUT			
Time	Oral	Parenteral		Total	Urine			Total
6-2				480				1000
2-10				600				1000
10-6				270				x 1
24 hr. Total				1350			2000	x 1

GRAPHIC CHART

7181-017-1 (2/00)

MR_Lex Med Ctr_0081

DATE	INTAKE				OUTPUT			
Time	Oral	Parenteral		Total	Urine			Total
6-2								
2-10								
10-6								
24 hr. Total								

DATE					OUTPUT			
Time	Oral	Parenteral		Total	Urine			Total
6-2								
2-10								
10-6								
24 hr. Total								

DATE	INTAKE				OUTPUT			
Time	Oral	Parenteral		Total	Urine			Total
6-2								
2-10								
10-6								
24 hr. Total								

DATE	INTAKE				OUTPUT			
Time	Oral	Parenteral		Total	Urine			Total
6-2								
2-10								
10-6								
24 hr. Total								

DATE	INTAKE				OUTPUT			
Time	Oral	Parenteral		Total	Urine			Total
6-2								
2-10								
10-6								
24 hr. Total								

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

Addressograph

LEXINGTON MEDICAL CENTER

MR_Lex Med Ctr_0082

LEXINGTON MEDICAL CENTER STANDING ORDERS

ITEMS MARKED WITH AN ASTERICK (*) REQUIRE IMMEDIATE PHYSICIAN NOTIFICATION

Assessment

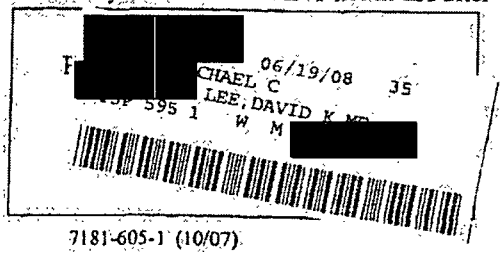
1. * May initiate monitoring of oxygen saturations via pulse oximetry for respiratory distress or respiratory depression (respiratory rate less than 12).
2. * May initiate cardiac monitoring as needed. Assess and interpret cardiac rhythm a minimum of every 8 hours for telemetry.
3. Continuous pulse oximetry for first 24 hours for all patients receiving acute pain management via Epidural or IV PCA therapy.
4. Vital signs ordered every 4 hours may be changed to 4 times a day if stable after 72 hours.

Diagnostic Tests (Lab, X-Ray, EKG)

5. * Stat ABG's for respiratory distress (sudden shortness of breath and respirations greater than 36 per minute), and call MD.
6. * Stat EKG for unexpected chest pain which is suggestive of a cardiac problem, and call MD.
7. * H & H for suspected blood loss.
8. Applicable only for patients greater than 17 years of age: In and Out catheterization if urine specimen ordered and patient is incontinent.
9. Culture and sensitivity for cloudy, foul smelling urine or purulent drainage or discharge.

Treatment / Therapies

10. * May initiate O_2 by nasal cannula at 2 liters per minute for chest pain or sudden onset of shortness of breath and if patient uses home O2 may initiate at home rate until order obtained by physician.
11. * Initiate ACLS algorithms for life threatening cardiac arrhythmias.
12. * Applicable for patients greater than 17 years of age: For patients receiving Epidural or IV PCA Acute Pain Management: If patient apneic give Narcan 0.4 mg IV push; If patient has respiratory rate less than 10 per minute and is difficult to arouse give Narcan 0.2 mg IV push and repeat every 2 minutes until respiratory rate is greater than 12 per minute. Call MD.
13. Patients who have copious secretions and who are unable to effectively clear their airway may be suctioned nasotracheally prn at the discretion of the RN or respiratory therapist.
14. If patient exhibits signs & symptoms of hypoglycemia activate hypoglycemia protocol and notify MD on rounds.
15. DERM ALERT protocol for patients at risk for impaired skin integrity.
16. In and Out catheterization for patients with distended bladder who are unable to void, and notify MD on rounds.
17. Condom catheter prn for urinary incontinence, and notify MD on rounds.
18. Bedside commode prn (unless on complete bedrest).
19. Begin the Two-Step PPD process if needed for patient's initial admission to another facility.
20. Applicable only for patients greater than 17 years of age: Patient has been screened and meets the criteria for pneumonia immunizations. Give Pneumococcal Vaccine 0.5 ml IM in the deltoid muscle.
21. Applicable only for patients greater than 17 years of age during the months October through February: Patient has been screened and meets the criteria for influenza immunization. Give Influenza Vaccine 0.5 ml IM in the deltoid muscle.
22. For patients older than 6 months: May use EMLA cream. Apply half of the cream in the 0.5-gram tube to skin at site of the procedure. Cover for at least one hour with an occlusive dressing. After allotted time frame, remove the dressing, wipe off the cream, clean the entire area with an antiseptic solution and prepare patient for IV insertion.
23. Applicable only for patients greater than 17 years of age: May use Xylocaine 1 % injection, 0.1 ml to 0.2 ml intradermally to start IV, repeat as needed.
24. Initiate IV access via INT as needed.
25. May discontinue an INT not in use after 48 hours.



7181-605-1 (10/07)

Gwendolyn C. Galphin
Chief of Staff

10/1/2007
Date

LEXINGTON MEDICAL CENTER STANDING ORDERS
Original signed by Gwendolyn C. Galphin, M.D., Chief of Staff, Medical Executive Committee, and is on file in the Patient Care Administrative Office.

PHYSICIAN'S ORDERS

DATE AND TIME: 6/19/08

ROUTINE ORDERS - PRE-ANGIOGRAPHIC - INHOUSE PATIENTS ONLY

***Blanks must be checked off to activate orders.**

1. NPO after midnight.
2. List all home medications on the LMC Continuation of Patient's Home Medications Form and verify with physician prior to continuing.
3. Shave and prep both groins.
4. ***IV Fluids:*** Sodium Chloride 0.9 % Injection to infuse at KVO with # 18 or # 20 jelco in the LEFT arm, if possible.
5. **LABS:** ✓ PT, PTT ✓ BUN ✓ CREATININE ✓ Platelets _____ Fibrinogen
6. Have patient empty bladder prior to coming to Radiology Department.
7. Remove ALL clothing and jewelry, and dress the patient in a hospital gown.
8. Nurses notes, MAR, and patient labels must be sent on the chart to Radiology with the patient.

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
HED22 21 A W M [redacted]

6/19/08
Lexington Radiology Associates Date

7070-145-1 (Rev 4/05) LEXINGTON MEDICAL CENTER Original: Chart

MR_Lex Med Ctr_0084

PHYSICIANS ORDERS

DATE AND TIME

ROUTINE ORDERS - POST-OPERATIVE ORDERS – CRITICAL HEALTH SYSTEMS OF SOUTH CAROLINA

***Blanks must be checked off to activate orders**

For PACU and Outpatient Recovery **Weight:** _____ kg

1. Oxygen by mask until patient awake and able to maintain oxygen saturation of 92 %.
2. May use oxygen at 2-4 liters per minute overnight if oxygen saturation is less than 92 % on room air.
3. Extubate patient according to PACU extubation criteria, unless otherwise ordered.
4. May hang additional liter of same IV Fluid, if present bag empties and no other IV orders are written.
5. **MEDICATIONS LISTED IN ORDER OF PHYSICIAN PREFERENCE.** *If chosen agent is ineffective, notify anesthesiologist and document the new order.*
6. **For pain – Adult patient:**
   - ____ Morphine 1 – 5 mg IV every 5 minutes in increments up to a total dose of _____ mg, *or*
   - ✓ Meperidine 5 – 25 mg IV every 5 minutes in increments up to a total dose of 100 mg, *or*
   - ✓ Dilaudid 0.2 – 0.5 mg IV every 5 minutes in increments up to a total dose of 2 mg, *or*
   - ____ Fentanyl 25 mcg (0.5 ml) IV every 5 minutes in increments up to a total dose of _____ ml, *or*
   - ____ Toradol _____ mg IV if not given in OR, *or*
   - ____ Other _____

   For nausea and vomiting – Adult patient:
   - ✓ Promethazine 6.25 – 12.5 mg IV every 15 minutes, up to a total dose of 25 mg IV, *or*
   - ____ Promethazine (0.5 mg per kg)_____ mg rectal suppository, *or*
   - ____ Reglan 10 mg IV if not given in OR, *or*
   - ____ Zofran 4 mg IV if not given in OR, *or*
   - ____ Zofran ODT 8 mg PO, *or*
   - ____ Decadron 8 mg IV if not given in OR, *or*
   - ____ Inapsine 0.625 mg IV, *or*
   - ____ Other _____
7. ____ Versed 0.5 – 2 mg IV PRN anxiety with oxygen saturation greater than 93 %.
8. **For pain – Pediatric patient – Less than 12 years of age and / or less than 40 kg:**
   - ____ Morphine (0.1 – 0.2 mg per kg) every 5 minutes up to a total dose of _____ mg IV, *or*
   - ____ Meperidine (1.1-1.8 mg per kg) every 5 minutes up to a total dose of _____ mg IV, *or*
   - ____ Ibuprofen 100 mg per 5 ml Suspension (5 – 10 mg per kg) _____ mg or _____ ml PO, *or*
   - ____ Acetaminophen Elixir 160 mg per 5 ml (10 - 15 mg per kg ____ mg or _____ ml PO, *or*
   - ____ Acetaminophen Rectal Suppository 10 – 15 mg per kg _____ mg, *or*
   - ____ Tylenol 120 mg with Codeine 12 mg per 5 ml Elixir (0.5 – 1.5 mg Codeine per kg) PO.
     - ____ 3 – 6 years old, give 5 ml PO
     - ____ 7 – 12 years old, give 10 ml PO *or*
     - ____ Other _____

   For nausea and vomiting – Pediatric patient – Less than 12 years of age and / or less than 40 kg:
   - ____ Promethazine (0.5 mg per kg)_____ mg rectal suppository, *or*
   - ____ Zofran (0.1 mg per kg) ____ mg IV if not given in OR, *or*
   - ____ Reglan (0.15 mg per kg) ____ mg IV if not given in OR, *or*
   - ____ Other _____
9. May give first dose of oral pain medication prescription written by surgeon prior to discharge if needed for pain.
   Medication _____ given at _____ (time).
10. _____

Anesthesiologist Signature: _____ **Date / Time:** 6/19/8 0557

DISCHARGE ORDERS

1. Discharge patient to: Room X Home _____ Other _____

Anesthesiologist Signature: _____ **Date / Time:** 6/19/8 C

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED22 21 A W M [redacted]

6/19/ DSI(not 5. GN

MR_Lex Med Ctr_0085

PHYSICIANS ORDERS

DATE AND TIME

ROUTINE ORDERS - PRE-OPERATIVE ORDERS
CRITICAL HEALTH SYSTEMS OF SOUTH CAROLINA
***Blanks must be checked off to activate orders**

1. Pepcid 40 mg PO with a sip of water at least one hour prior to surgery.

2. **NPO** _____ after midnight _____ **Clear liquids** until 0700 the morning of surgery *IF* case is posted for 3 P.M. or later

3. Blood work and diagnostic tests as per anesthesia guidelines:
   ____ **Basic Metabolic Panel** for any patient with diabetes, hypertension, renal disease, and / or a history of cardiac disease, or a patient on diuretics or Digoxin.
   ____ **Electrocardiogram**. Required on all patients 50 years of age or older, and any patient less than 50 years of age with diabetes, hypertension, renal disease and / or a history of cardiac disease UNLESS one has been done within the last 30 days. Not needed for the gestational diabetic or for the pregnancy induced hypertensive patient.
   ____ **Chest X-Ray** patient for thoracotomy, symptoms of CHF, severe COPD, recent pneumonia or severe shortness of breath.
   ____ **HCG** serum the day before surgery on every female menarche to menopause unless pregnant or has had previous hysterectomy **OR** HCG urine on arrival the morning of surgery.
   ____ **Fasting Blood Sugar** on arrival the morning of surgery for all diabetic patients
   ____ **CBC** if indicated by surgical procedure, patient disease, or major vascular case.
   ____ **PT** the morning of surgery, if patient is on Coumadin.
   ____ Other lab or test: _____

4. Patient may take the regular dose on the morning of surgery of the following home medications with sip of water only :
   Pain, seizure, asthma, cardiac, blood pressure including combination agents (not plain diuretics), and proton pump inhibitors.

5. These medications should be held on the morning of surgery:
   Diuretics, diabetic medications, blood thinners, and hormones including thyroid and estrogen / progesterone.
   Usual evening dose of Insulin should be taken the night prior to surgery. No dose the day of surgery.

6. Pre-op medications for Pediatric patients – less than 12 years of age and / or less than 40 kg:
   ____ Versed Oral Solution 2 mg per ml, 0.7 mg per kg, _____ mg dose. **Patient weight:** _____kg
   ____ Other _____

7. May start IV of Lactated Ringers 1000 ml to infuse at KVO rate.
   ____ Other _____

8. May use Xylocaine 1 % Injection, intradermally prior to starting IV.

9. Medications ordered in Holding Area:
   Fentanyl _____
   Midazolam _____
   Other _____

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
HED22 21 A A W M [redacted]



Critical Health Systems — Date 06/18/08 03:

7070-36-1 (Rev 12/13/07) LEXINGTON MEDICAL CENTER ORIGINAL: Chart

MR_Lex Med Ctr_0086

Use Ball Point Pen

PHYSICIAN'S ORDERS

DATE	TIME	AM / PM	FAXED / SCANNED	INITIALS
6/19	1249	(AM) PM		

Morphine 2mg IV) done 1249 THR

C.O. Dr Hudson [illegible]

DATE	TIME	AM / PM	FAXED / SCANNED	INITIALS
6/19/08	0127	AM PM		

Reading (L) leg Angio
1) Bathe x 4w with (R) leg Knight
2) (R) groin clocking (5 min x 4, q 30 min x 4
q 1 w/ x 2

DATE	TIME	AM / PM	FAXED / SCANNED	INITIALS
6/19/08	1250	AM (PM)		

N. codeine Pain 2 tabs - Apply Dark
T.D. Dr Lee/N. Akram

blood

SCANNED

A Earwood 6/19/08 1435

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED22 21 A W M [redacted]

Use Ball Point Pen

PHYSICIAN'S ORDERS

DATE	TIME	AM / PM	FAXED / SCANNED	INITIALS
6/19/08	430	~~AM~~ PM		

Admit to SW
dx: ① tib/fib fx
② contusion of
rad dist
Rep tone IV
Ancef 1 gm IV q8h — given @ 2340
Vicodin 1 tab PO q4h prn
morphine 2 mg IV q4h prn breakthrough pain
ice to LE; elevate on 2 pillows.

SCANNED

DATE	TIME	AM / PM	FAXED / SCANNED	INITIALS
		AM / PM		

DATE	TIME	AM / PM	FAXED / SCANNED	INITIALS
6/19/08	130	~~AM~~ PM		Palmetto Paddart

Ancef 150 mg IVPB q8h

Transfer to PCU/ Dr. Laquinto in am

SCANNED

Allergy: NKA

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS B MD
RED 596 W M [redacted]

7070 012 1 (Rev 5/9/07)

LEXINGTON MEDICAL CENTER

Original: Chart

MR_Lex Med Ctr_0088

Use Ball Point Pen

PHYSICIAN'S ORDERS

DATE	TIME	AM/PM	FAXED / SCANNED	INITIALS
6-19-08	20:57	PM		

D/C Vicodin
Perc + - Hpo q 4h prn pain
Phenergan 25mg po q 4h prn pain
T.O. Dr Lee

SCANNED

DATE	TIME	AM/PM	FAXED / SCANNED	INITIALS
6/19/08	23:37	PM		

Order clarification
Percocet po 1+1 q 4h prn pain
T.O. Dr Lee

SCANNED

Pt states NKA No Known Drug Allergies

Richard Smith

DATE	TIME	AM/PM	FAXED / SCANNED	INITIALS
6/20/08		AM	6-20-08 0035	

Give 4x morphine IV x1 dose prior to transfer
T.O. Dr Lee/Dr Nunn

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M [redacted]

Lexington Medical Center
Your partner for health and wellness®

Patient Name: RUSSELL, MICHAEL
Admit Date: 06/19/2008
Acct #: [redacted]
Procedure Date: 06/19/2008
Medical Record #: [redacted]
Status: REG SDC

Surgeon: LEE,DAVID K MD ***Assistant Surgeon:*** NOT APPLICABLE, NOT ***Second Surgeon or PA:*** Not Applicable ***Non-MD Assistant*** NA	***Pre-Op Diagnosis:*** STATUS POST MOTORCYCLE ACCIDENT, LEFT OPEN TIBIA/FIBULA FRACTURE, LEFT ACETABULUM FRACTURE
Procedure/Findings: IRRIGATION AND DEBRIDEMENT LEFT LOWER LEG *Incision* *Closure*	***Post-Op Diagnosis*** STATUS POST MOTORCYCLE ACCIDENT, LEFT OPEN TIBIA/FIBULA FRACTURE, LEFT ACETABULUM FRACTURE
Specimen NA	Estimated Blood Loss: Fluids: 15ML Drain: Size: Site: NA NA NA *Specimen Weight*

Progress Notes: 435268

Physician's Signature: [signature] 06/19/2008 4:27 am

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M [redacted]

T OPERATIVE NOTE

MR_Lex Med Ctr_0090

POST-PROCEDURE PROGRESS NOTE

Date/Time: 6-19-08 0100

Physician: Hudson Scrub Tech: Randy

Nurse: Tracie Rad. Tech:

Procedure: Lower ext arteriogram

Findings/Post-Procedure Diagnosis: AT & PT ccorr, ankle

Plan/Intervention: Verapamil & Solu at level of ⊗ no spasm, access in femoral

Outcome of Treatment: injury rep

Complications: none

Contrast: Visipaque Total Contrast: 71 ml

Specimen: EBL: Min

Condition: ☒ Good ☐ Other

Disposition: ☐ Transfer to ~~Medical Day Care~~ ROCU ☐ Admit ☐ Other
☒ Return to Room ☐ Home

Physician Signature

[redacted] 06/18/08 35
RUSSELL, MICHAEL C.
[redacted] HALL, THOMAS R MD
HEDZ2 21 A W M [redacted]
Patient Label

RADIOLOGY SHORT STAY RECORD

MR_Lex Med Ctr_0091

LEXINGTON MEDICAL CENTER
PRE-PROCEDURE NOTE

Date/Time 6-19-08 0100

Present Illness/Pre-Procedure Diagnosis MVC

History: Past Medical/Surgical History (pertinent) Ø

Non-Invasive Imaging Xray **Pertinent Meds:** Zantac

LABS: PT 12.1 **INR** 0.9 **PTT** 20.7 **Platelets** 266

BUN 12 **Creat** 0.93 **Fibrinogen** **Other**

ALLERGIES NKOA

PHYSICAL EXAMINATION: ☐ H&P reviewed

Heart: ☒ Normal ☐ Irregular rhythm
Lung: ☒ Normal ☐ Labored respirations ☐ Other

BP 128/94 Pulse Rate 94 Resp. Rate 18 O2 Sat 97% Temperature
EKG NSR

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED22 21 A W M [redacted]

Physician Signature

MR_Lex Med Ctr_0092

DATE

6/19/08 Dilaudid

Resting comfortably.

D/C splint c/o/z.

NV & I.

A/P: Discussed case w pt wife + Dr. Izquierdo.

Given complex nature of left acetabulum fx

pt will be better managed by Trauma/Urgent

at Richland, Dr. Izquierdo will accept pt.

435712

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER

7181-015-1

PROGRESS NOTES

MR_Lex Med Ctr_0093

PRESENT HISTORY:

35 yo wm s/p MCA ; (1) GE injury

PAST HISTORY:

Allergies: NKDA

Previous Surgery: (1) inguinal hernia

General Health: Φ

Family History: NC

PHYSICAL EXAMINATION: BP _____ T _____ P _____ RR _____

HEENT: NCAT

Heart: RRR

Lungs: CTA (B)

Abdomen: soft, NTND

Pelvic: —

Ext: (1) LE : obv. def. 4/5 proximal ; sensory intact but ↓ to dorsum

Other Pertinent Findings: removed rx.

ASSESSMENT: (1) open tib/fib fx

(2) acetabulum fx

PLAN: (1) TO ORIF for ITB possible ext fix

(2) WB NO oral acetabulum

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED W M [redacted]

Signature: _____

Date: 6/18/08

was placed in a well-padded fiberglass trilaminar splint. Post-reduction films were confirmed to provide anatomic reduction of the fracture. The patient was awakened and extubated in the Operating Room and taken to the Recovery Room in stable condition without apparent complication.

DAVID K LEE, MD

cc:

LEXINGTON MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

OPERATIVE REPORT

PATIENT: RUSSELL, MICHAEL C	LOCATION: HNT5P1
ADM. #: [redacted]	M.R. #: [redacted]
ADMITTED: 06/19/2008	D: 06/19/2008 4:43 AM
DISCHARGED:	T: 06/19/2008 7:16 AM / cir
PHYSICIAN: DAVID K LEE, MD	DATE OF BIRTH: [redacted]

DATE OF SURGERY: 06/19/2008

PREOPERATIVE DIAGNOSIS(ES): Open left tibia-fibula fracture.

POSTOPERATIVE DIAGNOSIS(ES): Same.

PROCEDURE(S) PERFORMED: Irrigation and debridement with primary closure of the left leg laceration.

SURGEON: David K. Lee, MD.

ANESTHESIA: General endotracheal.

ESTIMATED BLOOD LOSS: 15 cc.

COMPLICATIONS: None.

DRAINS AND PACKS: None.

DISPOSITION: To the Recovery Room and then transfer to the floor.

TECHNIQUES OF SURGERY: After informed consent was obtained and the correct limb was identified, the patient was taken back to the Operating Room arena. After adequate general anesthesia was induced, the patient was intubated by the anesthesia staff without difficulty. Ancef 1 gm was given intravenously. He was then positioned on the Operating Room table in the supine position. His left leg and lower extremity were prepped and draped in the usual sterile fashion using Betadine scrub and paint. The laceration was inspected. It was an 8-cm oblique laceration over the anterolateral aspect of the lower leg. He did have some abrasions adjacent to the laceration. The laceration itself was cleaned. There was no significant debris. The superficial peroneal nerve was sitting within the wound and was contused but was intact. Next, using pulsatile lavage, 9 L of normal saline was then used to copiously irrigate the fracture site. The laceration was then reapproximated using 3-0 nylon in the vertical mattress fashion. A sterile Xeroform 4 x 4 dressing was applied. The extremity

112 115
45

Lexington Medical Center Anesthesia Record

Time 1 | 0330 | 0400 | 0430 | 0500 | 0530 | 0600

Legend: BP ^ A | Pulse • | Start Anes R | Start Op O | End Anes ⊗ | Respirations Spontaneous O Assisted ⊗ Controlled ⊗ | LOC = Level of Consciousness Awake - AW Arousable - AR Non-arousable - NAR

TV | Rate | PIP: 600 | 12 | 30 | 800 | 13 | 1800 | 9 | 35

Symbols 1: R @0359

Pre-anesthetic Checklist OR # 5
- ☑ H.I.D.
- ☑ Pt. Chart
- ☑ Consent
- ☑ Pt. Labs
- ☑ Anes. Equip
- ☑ Anesthetic Airway ck
- ☑ Anes. Machine
- NPO after 2200
- Circuit
- ☑ SCCS
- ☐ NRB
- ☐ Mask O_2
- ☐ Nasal O_2

Induction
- ☑ Pre-Ox
- ☐ IV routine
- ☑ IV with Sellick
- ☐ Inhalation

Position
- ☑ Supine
- ☐ Prone
- ☐ Lithotomy
- ☐ Lateral R / L
- ☑ Safety Belt On
- ☑ Pulses intact
- ☑ Pressure points Padded

Airway Maintenance
- ☐ Mask
- ☑ Oral Airway
- ☐ Nasal Airway Size
- ☐ LMA #
- Intubation
- ☑ Endotracheal Size 7.5 mm
- ☐ Endobronchial R / L Size Fr.
- ☑ Oral ☐ Nasal
- ☐ LTA ☐ Rae
- ☐ Stylet
- ☑ DL # (
- ☐ Fiberoptic Laryng.
- ☑ Smooth
- ☐ Difficult
- Secured @ 22 cm
- Cuff Air 10 cc
- ☑ Teeth unchanged
- Tube position confirmed by:
- ☑ BBS
- ☑ ETCO$_2$
- ☐ NG Tube: Fr
- ☐ OG Tube: Fr

Monitors
- ☑ EKG
- ☑ B.P. Cuff: R / L
- ☐ Pulse Oximeter
- ☑ ETCO$_2$
- ☑ Temp S E R A
- ☐ Precordial Steth
- ☐ Esoph Steth
- ☑ O_2 Analyzer
- ☑ Spirometer
- ☐ Discon. Alarm
- ☑ PNS

Invasive Monitors
- ☐ Arterial Line
- ☐ CVP
- ☐ Swan Ganz

Right Arm
- ☑ Armboard < 90°
- ☐ Tucked to side
- ☑ Padded
- ☑ Armboard Strap

Left Arm
- ☑ Armboard < 90°
- ☐ Tucked to side
- ☑ Padded
- ☑ Armboard Strap

Eye Care
- ☐ Lacrilube ☐ Tape
- ☐ Optiguard

Warming Equipment
- ☐ Hot line
- ☐ Bair Hugger
- ☐ Bair Hugger
- Bair Hugger temp
- Low Med High
- ☐ Level 1

Re-evaluation assessment of physiologic status the patient and readiness of the surgical environment has been done immediately prior to induction and administration anesthesia and appropriate to proceed with the anesthetic as planned.

Signature

Medications

								Totals
Oxygen L/M	6	1				5	6 10	
N_2O / Air L/M		1						
ISO / (DES) / SEVO %		5		4	3	5	4	
VEC / TRAC (REC)	40							40 mg
Neosynephrine			80	80	80	80		0.5 mg
Zofran					4			4 mg
Demerol / Morphine					5	5		10 mg
Succinylcholine								
Lidocaine (mg)	100							100 mg
Propofol / Pentothal	150				50			200 mg
Versed (mg)	2							3 mg
Fentanyl (mcg)	200							250 mcg

Monitors

EKG	SR	SR	SR	SR	SR	SR	SR
ETCO$_2$	43	42	40	36	39	51	40
SAO$_2$	96	99	99	99	98	100	99
FIO$_2$ %	21	100	50	50	50	100	100
Temp: E R S	97	97	97	97	97	97	97
BIS	100	52	46	42	36	76	95
LOC: AW-AR-NAR	AW	NAR					AR

Fluids

IV Size / Location	#18 L forearm							
LR	1000	rapid LR	1000 LR		1000 LR			3100 ml
Colloid / Blood								
EBL-Interval / Total								15 ml
Urine-Interval / Total								

Pre-op antibiotic ☑

Pre-op: transfer of patient and report from: chart reviewed

Comments: 0330 - Patient to O.R. and moved to O.R. table - monitors attached. Dr. Knight present for induction.

PACU: Transfer of patient and report to: Stephanie

Post Anesthesia Evaluation:
Patient taken to: ☑ PACU ☐ Stepdown ☐ Room#
BP: 117/64 LOC: ☐ AW ☑ AR ☐ NAR
Pulse: 107 Airway: ☐ Oral ☐ Nasal ☐ Intubate
Resp: 16 ☑ Cough & Gag Reflex Int
O_2 Sat: 99 O_2 by: ☑ Mask ☐ N/C ☐ Room Air
Temp: 97 oral ☐ Epidural for Post Op Pain Management
☑ No Anesthetic Complications @ Date: 6-19-08
Time: 0500 Signed:
☐ Post operative complication. ☑ See progress notes:

ASA 1 2 3 4 5 (E)
Anesthetic: ☐ Local ☐ MAC ☑ General ☐ Spinal ☐ Epidural
☐ Type of Block
Block by:
Post op Epidural by:
Art Line by:
Central Line by:
Swan Ganz by:

Diagnosis: (R) tibia and fibula compound fracture
Procedure: Irrigation and debridement fractures (R) leg with wound closure
Surgeon: Rao
Anesthesiologist: Knight
CRNA: Ellithorpe

Continuous Anesthesia Care 0315 | Continuous Anesthesia Care | Date 6-19-08

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HEDZ2 21 A W M [redacted]

White copy-Patient record Pink copy-Medical Records Yellow copy-Critical Health Systems

MR_Lex Med Ctr_0097

LEXINGTON MEDICAL CENTER PRE-ANESTHESIA EVALUATION

PROCEDURE: F+B (L) leg x-ray

HEIGHT	WEIGHT
5 ft. 9 in.	180 lbs.

☐No previous anesthesia ☐History of malignant hyperthermia
☑Previous general anesthesia
☐Previous regional anesthesia
☐Nausea with anesthesia
☐Previous anesthesia complications:
☑Negative Family History

35 year old (M) F

HGB	HCT	PLTS x 1000	PT / PTT	Units T&C / T&S
13.8	39.3	266	12.1 / 20.7	

Glucose	Sodium	Potassium	BUN	Creatinine	Other:
113	142	4.6	12	.93	INR 0.9

CXR:

EKG: NSR

ALLERGIES:

NKDA

CURRENT MEDICATIONS

Q		

+/- RESPIRATORY

Recent URI, Asthma, Bronchitis, Pneumonia, Emphysema, COPD, Intubated on ventilator, Non-productive cough, Productive cough, SOB, Dyspnea

Cigarettes 1+ packs per day X 18 years

+/- CARDIOVASCULAR

CAD, CHF, Previous MI, Angioplasty, Abn. rhythm, Hypertension, Pacemaker, Mitral valve prolapse, Murmur, Rheum. heart d., Periph. vasc. d., CABG, Palpitations, Angina, Pedal edema, Orthopnea, PND, Nocturia

+/- GASTROINTESTINAL

Hiatal hernia, Reflux ?, Peptic ulcer, Current N/V indigestion, Acute abdomen, Bowel obstruction, Full stomach, Liver dysfunction, Hepatitis history, Jaundice

+/- RENAL

Urinary retention, Renal failure, Chronic renal disease, Peritoneal dialysis, Hemodialysis, UTI

+/- NEUROLOGICAL

Seizure history, Stroke, Parkinson's, Depression, TIA, Syncope, Paralysis, Sensory deficit, Apprehensive, Agitated, Uncooperative, Disoriented, Semiconscious, Unresponsive

Hx. viral meningitis

+/- MUSCULOSKELETAL

Arthritis / DJD, Neuromuscular disease, Muscle weakness, Fracture / Dislocation, Back pain, Back surgery

+/- ENDOCRINE

AODM / JODM, Diet controlled, Oral hypoglycemics, Insulin, Recent steroid use, Immunosuppressed, Hypo / Hyper thyroidism, Obesity / Morbid obesity

+/- HEMATOLOGICAL

Anemia, Transfusion reactions, Sickle cell trait, Sickle cell disease, Hemophilia, Prolonged bleeding, Jehovah's Witness

ASA: 1, (2), 3, 4, 5, (E)

AIRWAY EVALUATION

(Upper)	Lower	None	Dentures
(Upper)	Lower	None	Capped teeth
Poor	Fair	Good	Condition of teeth
(Easy)	Moderate	Difficult	Estimated intubation difficulty

NPO SINCE: 2100

☒	General
☒	Cricoid pressure intubation
	Spinal
	Epidural
	Epidural for POPM
	Block
	MAC
	Local

Knight, MD A. Ellerbee CRNA 0315 6-19-02
SIGNATURE DATE TIME

ALTERNATIVES, RISKS OF ANESTHESIA AND POTENTIAL COMPLICATIONS WERE DISCUSSED. PATIENT AND/OR PARENT(S) STATE UNDERSTANDING AND ACCEPTANCE OF ANESTHESIA PLAN AS DISCUSSED AND DESIRE TO PROCEED.

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
HEDZ2 21 A A W M [redacted]

7181-528-1 (12/00)

MR_Lex Med Ctr_0098

OR RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169

PROCEDURE DATE 06/19/2008 RM OR05 P2ORT

RUSSELL, MICHAEL, C	ACCT # [redacted]	MR # [redacted]	STATUS REG SDC	IN 03:31	OUT 04:56

ALLERGIES	EST BLOOD LOSS	VERIFIED				CONSENT SIGNED	
N	15ML	Patient ID Y	Procedure Y	Surgical Site Y	Guardian	By Patient Y	By MT Y
		Position Y	Side Y	Films Y		By RN Y	By ST Y
			Implants/Equipment Y			By Anesthesia Y	

PREOP DIAGNOSES	POSTOP DIAGNOSES	ACTUAL PROCEDURE	WOUND CLASS
STATUS POST MOTORCYCLE ACCIDENT, LEFT OPEN TIBIA/FIBULA FRACTURE, LEFT ACETABULUM FRACTURE	STATUS POST MOTORCYCLE ACCIDENT, LEFT OPEN TIBIA/FIBULA FRACTURE, LEFT ACETABULUM FRACTURE	IRRIGATION AND DEBRIDEMENT LEFT LOWER LEG	*CONTAMINATED*

PROCEDURE TIMES	PROC START #1	CLOSURE #1	PROC START #2	CLOSURE #2
	03:59	04:38		

ANESTHESIOLOGIST	ASA	TYPE	SURGEONS	IN	OUT
KNIGHT, JAMES F,MD	2 EME	GENERAL	LEE,DAVID K MD	03:33	04:39

SECONDARY SURGEON
Not Applicable

ASSISTANT SURGEON
NOT APPLICABLE, NOT

CRNA	IN	OUT	AFFILIATED STAFF
ELLSTROM, HOWARD N CRNA	03:31	04:56	NA

SRNA
N

STAFF	ROLE	IN	OUT
THOMAS, CANDICE R	CIRCULATOR	02:10	04:56
COLLINS, MICHAEL W	SURGICAL TECH	02:10	04:56
MITCHELL, EDDIE L	SECOND SURGICAL TECH	02:10	04:56

X-RAY	TECHNICIAN	CONTRAST	AMOUNT	OBSERVER
IMAGE AMPLIFIER	L. MOORE	NA	NA	NA

IRRIGATIONS

IRRIGATION	AMOUNT	QTY
IV BAG NORMAL SALINE	3000	3

MEDICATIONS

TIME	MEDICATION	AMOUNT	ROUTE
	NA	NA	NA

MR_Lex Med Ctr_0099

OR RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169

PROCEDURE DATE 06/19/2008 RM OR05 P2ORT

RUSSELL, MICHAEL, C	ACCT # [redacted]	MR # [redacted]	STATUS REG SDC	IN 03:31	OUT 04:56

POSITIONING

POSITION	EQUIP/SUPPLIES	LOCATION	OTHER
SUPINE	PILLOW	HEAD	
	ARMBOARD	ARMS BILATERAL	
	SAFETY STRAP	ARMS BILATERAL	
	SAFETY STRAP	ABDOMEN	
	EGGCRATE	ARMS BILATERAL	

SEQ. HOSE N TEDS N

HAIR REMOVAL AND SKIN PREP

HAIR REMOVAL N

METHOD HAIR REMOVAL AREA HAIR REMOVED BY SKIN PREP

BETADINE SCRUB

BETADINE SOLUTION

CATHETER	SIZE	INSERTED BY	URINE	DISCONTINUED
NA	NA	NA	NA	N/A

DRAINS	SITE	SIZE
NA	NA	NA

DRESSINGS

XEROFORM
4X4 SPONGES
ABDOMINAL (ABD)
SOFT ROLL
SPLINT
ACE WRAP

SPECIMEN	WEIGHT	CODES	TIME	STAFF
NA		NA		NOT APPLICABLE, NOT

CHAIN OF CUSTODY INITIATED N/A

COUNTS

SITE	COUNT	SHARPS	SPONGES	INSTR	NURSE	SCRUB
LEFT LEG	INITIAL	CORRECT	CORRECT	NA	THOMAS, CANDICE R	COLLINS, MICHAEL W
LEFT LEG	FINAL	CORRECT	CORRECT	NA	THOMAS, CANDICE R	COLLINS, MICHAEL W

ESU ESU PAD SKIN CONDITION BIPOLAR

OR RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169

PROCEDURE DATE 06/19/2008 RM OR05 P2ORT

RUSSELL, MICHAEL, C ACCT # [redacted] MR # [redacted] STATUS REG SDC IN 03:31 OUT 04:56

ADDITIONAL ESU

ESU	GRDNG PAD	PAD LOCATION	PAD SITE

UNIT # SETTING TOURNIQUET SITE INFLATED UP DOWN APPLIED BY SKIN CONDITION

INTRAOPERATIVE AND POSTOPERATIVE COMMENTS

CARE PLAN

NURSING DIAGNOSES	INTERVENTION	EXPECTED OUTCOME	OUTCOME MET	INITIAL
Potential for injury	Provide safety measures appropriate for surgical procedure	Patient remains free from signs and symptoms of physical injury	Y	CRT
Potential for Anxiety	Give clear, concise explanation and provide caring, supportive environment. Communicate patient concerns.	Patient demonstrates decreased anxiety and verbalizes understanding of plan of care	Y	CRT
Potential for Infection	Reduce risk of infection by maintaining asceptic surgical technique	Patient remains free of infection	Y	CRT

TRANSPORTED TO PACU VIA BED

ACCESSED BY		LAST ACCESSED
CRTHO	THOMAS, CANDICE R	6/18/2008 10:56:41PM
crtho	THOMAS, CANDICE R	6/19/2008 1:55:15AM
crtho	THOMAS, CANDICE R	6/19/2008 1:57:36AM
CRTHO	THOMAS, CANDICE R	6/19/2008 4:55:25AM

PACU RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169 PROCEDURE DATE 06/19/2008

RUSSELL, MICHAEL, C ACCT# [redacted] MR# [redacted] STATUS REG SDC

PLANNED PROCEDURE	ACTUAL PROCEDURE
	IRRIGATION AND DEBRIDEMENT LEFT LOWER LEG

ALLERGIES	ANESTHESIA TYPE	REVERSAL GIVEN
N	GENERAL	NONE

MEDICATIONS GIVEN IN OR

TIME	DOSE	DRUG	ROUTE
	NA	NA	NA

PATIENT IN PACU	PATIENT TO STEPDOWN	PATIENT TO FLOOR	PATIENT DISCHARGED	UNPLANNED RETURN TO OR	UNPLANNED ADMISSION
04:56			06:10	NA	NA

OPERATIVE REPORT RECEIVED FROM RN THOMAS, CANDICE R CRNA

STAFF	IN	OUT
CORLEY, STEPHANIE R.	04:56	06:10

ASSESSMENTS

AIRWAY

TIME	AIRWAY	RESPIRATION	BREATH	LOCATION	REMOVE
04:56	ORAL AIRWAY	SPONTANEOUS	COARSE	BILATERALLY	05:20
05:20	NONE	SPONTANEOUS	COARSE	BILATERALLY	

BLADDER

TIME	ASSESSMENT
04:56	FLAT

EPIDURAL N/A LEVEL N/A

TIME	MEDICATION	RATE	TIME	EPI/SPINAL LEVEL
	NA	NA		

DRAINS / FOLEY

DRAINS	SITE	OR DRAIN SIZE
NA	NA	NA
PACU DRAINS	**DRAINAGE DESCRIPTION**	**DRAIN SUCTION**
NA	NONE	NOT APPLICABLE
FOLEY	**FOLEY SIZE**	
NA	NA	

DRESSINGS AND PACKING

PACU RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169 PROCEDURE DATE 06/19/2008

RUSSELL, MICHAEL, C ACCT # [redacted] MR# [redacted] STATUS REG SDC

OR DRESSING	DRESSING SITE
XEROFORM	LEG LEFT
4X4 SPONGES	
ABDOMINAL (ABD)	
SOFT ROLL	
SPLINT	
ACE WRAP	

PACU PACKING	PACKING LOCATION	PACKING DC'D
NA	NA	N/A

OTHER INTERVENTIONS

TIME	WARM BLANKETS	SIDE RAILS UP	WHEELS LOCKED	TED HOSE	PNEUMATIC DEVICE	HOB POSITION
04:56	Y	Y	Y	NA	N	ELEVATED

THERMAL DEVICES N/A

TIME ON	SETTING	TIME OFF	SKIN CONDITION

VITAL SIGNS

TIME	TEMP	TEMP ROUTE	BP	BP ART	PULSE	SCORE	PAIN SCALE USED
04:56	097.0	ORAL	117/64		107		FLACC Scale
05:00		NA	097/65		107		FLACC Scale
05:15		NA	109/72		102		NUMERIC PAIN INTENSITY SCALE
05:30		NA	137/96		108		NUMERIC PAIN INTENSITY SCALE
05:45		NA	145/98		109		NUMERIC PAIN INTENSITY SCALE
06:00	099.7	ORAL	134/89		111		FLACC Scale

RESPIRATORY

TIME	SPONTANEOUS RESPIRATIONS	VENTILATOR RATE	RHYTHM	Sp02	Fi02/LPM
04:56	16	NA	ST	99	OXYGEN VIA SIMPLE MASK 10L/M
05:00	16	NA	ST	99	OXYGEN VIA SIMPLE MASK 10L/M
05:15	15	NA	ST	96	OXYGEN VIA NASAL CANNULA 4L/M
05:30	16	NA	ST	96	OXYGEN VIA NASAL CANNULA 4L/M
05:45	15	NA	ST	97	OXYGEN VIA NASAL CANNULA 4L/M
06:00	12	NA	ST	97	OXYGEN VIA NASAL CANNULA 4L/M

MECHANICAL VENTILATION/WEANING N/A

TIME	TV	VENTILATOR RATE	Fi02	PEEP	PS	ET LOCATION	ET SIZE

MR_Lex Med Ctr_0103

ROA 1303

PACU RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169 PROCEDURE DATE 06/19/2008

RUSSELL, MICHAEL, C ACCT # [redacted] MR# [redacted] STATUS REG SDC

PAIN ASSESSMENT

TIME	PAIN	LOCATION	QUALITY	SCORE	SCALE USED
04:56	NA	NA	NA	0	FLACC Scale
05:00	N	NA	NA	0	FLACC Scale
05:15	Y	LEG LEFT	NA	6	NUMERIC PAIN INTENSITY SCALE
05:30	Y	LEG LEFT	NA	6	NUMERIC PAIN INTENSITY SCALE
05:45	Y	LEG LEFT	NA	6	NUMERIC PAIN INTENSITY SCALE
06:00	N	NA	NA	0	FLACC Scale

MISCELLANEOUS

TIME	DRESSING/SITE CONDITION	CDB	FAMILY UPDATED	FAMILY AT BEDSIDE
04:56	C/D/I	N	YES	N
05:30	SAME	Y	NA	N
06:00	SAME	Y	NA	N

PULMONARY PRESSURE

PAP N/A PWP N/A CVP N/A CARDIAC OUTPUT N/A

TIME	READING	TIME	READING	TIME	READING	TIME	READING
	NA		NA		NA		NA

ART LINE N/A

TIME	FLUID	SITE	SKIN COLOR	PULSE	CAP REFILL
	NA	NA	NA	NA	NA

LAB VALUES N/A

TIME	PH	PAC02	HC03	PA02	SA02
		NA	NA	NA	NA

POST-OP LAB RESULTS

EXTREMITY ASSESSMENT Y

TIME	EXTREMITY	EXTREMITY TEMP	MOVEMENT	COLOR
04:56	TOES LEFT FOOT	COOL	NOT APPLICABLE	NORMAL
05:00	TOES LEFT FOOT	COOL	NOT APPLICABLE	NORMAL
05:30	TOES LEFT FOOT	COOL	MOVES ALL EXTREMITIES	NORMAL
06:00	TOES LEFT FOOT	COOL	MOVES ALL EXTREMITIES	NORMAL

TIME	EXTREMITY POSITION	BRUIT	THRILL	CAP REFILL
04:56	ELEVATED	NA	NA	2
05:00	ELEVATED	NA	NA	2
05:30	ELEVATED	NA	NA	2
06:00	ELEVATED	NA	NA	2

PULSES N/

TIME	DPL	DPR	PTL	PT	FEML	FEMR
	NA	NA	NA	NA	NA	NA
TIME	RADL	RADR	BRACHL	BRACHR		
	NA	NA	NA	NA		

PACU RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169 PROCEDURE DATE 06/19/2008

RUSSELL, MICHAEL, C ACCT # [redacted] MR# [redacted] STATUS REG SDC

TEMPORAL PULSES N/A

TIME	LEFT TEMPORAL PULSE	RIGHT TEMPORAL PULSE
	NA	NA

PUPIL SIZE N/A PUPIL REACTION N/A FACIAL/NERVE CHECK N/A

TIME	LEFT EYE	RIGHT EYE	TIME	LEFT EYE	RIGHT EYE	TIME	SMILE	TONGUE	TRACH

NEURO MOTOR CHECKS N/A

TIME	LOC	HANGR LT	HANGR RT	DORFL LT	DORFL RT	PLANFLEX LT	PLANFLEX RT

EXTREMITY PAIN/NUMBNESS

TIME	LOCATION	SENSATION

FLUID MANAGEMENT

TIME	TYPE	ADDITIVES	RATE/ HOUR	DEVICE
04:56	LACTATED RINGERS	NONE	TITRATE	18 GAUGE

TIME	SITE	SITE ASSESSED	OR VOL	PACU VOL	PHASE II VOL
04:56	RIGHT ANTECUBITAL	Y	900	300	0

INTAKE OUTPUT

DEPARTMENT	TYPE	AMOUNT	TOTAL INTAKE 2400
OR	INTRAVENOUS	2100	
PACU	INTRAVENOUS	300	

OUTPUT

AREA	TYPE	AMOUNT	TOTAL OUTPUT 15
OR	ESTIMATED BLOOD LOSS	15	
OR	URINE	0	
PACU	URINE	0	

TIME IV DISCONTINUED

TITRATED MEDICATIONS N/A

TITRATED TIME	MEDICATION	TITRATED MEDICATION RATE	TITRATION DOSE

CONTINUOUS BLADDER IRRIGATION

TIME	IRRIGATION SOLUTION	OR VOLUME	TOTAL VOLUME OUT	TOTAL IRRIGATION IN

DISCHARGE CRITERIA

MEAN BP	TIME	TOTAL
93	04:56	4/10
	05:30	9/10
	06:00	9/10

PACU RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169 PROCEDURE DATE 06/19/2008

RUSSELL, MICHAEL, C ACCT # [redacted] MR# [redacted] STATUS REG SDC

TIME		
04:56	O2	1-NEEDS O2 INHALATION TO MAINTAIN SpO2 >/= 90%
	CIRC	2-BP +/- 20 POINTS OF MEAN PREANESTHETIC LEVEL
	RESP	1-DYSPNEA OR LIMITED BREATHING
	CONSC	0-AWAKENS ONLY WITH VIGOROUS STIMULATION
	ACT	0-MOVES 0 EXTREMITIES VOLUNTARILY ON COMMAND
05:30	O2	1-NEEDS O2 INHALATION TO MAINTAIN SpO2 >/= 90%
	CIRC	2-BP +/- 20 POINTS OF MEAN PREANESTHETIC LEVEL
	RESP	2-ABLE TO DEEP BREATHE & COUGH
	CONSC	2-AWAKE, SELDOM DOZES
	ACT	2-MOVES 4 EXTREMITIES VOLUNTARILY ON COMMAND
06:00	O2	1-NEEDS O2 INHALATION TO MAINTAIN SpO2 >/= 90%
	CIRC	2-BP +/- 20 POINTS OF MEAN PREANESTHETIC LEVEL
	RESP	2-ABLE TO DEEP BREATHE & COUGH
	CONSC	2-AWAKE, SELDOM DOZES
	ACT	2-MOVES 4 EXTREMITIES VOLUNTARILY ON COMMAND
	URINE	NA
	PAIN	NA

DISCHARGE SUMMARY

DR. AT BEDSIDE FOR D/C ORDER	DISCHARGED TO HOME	DISCHARGED HOME IN CARE OF	DISCHARGED TO ROOM	REPORT GIVEN TO
Y			595	CAROLYN,RN
TRANSPORTED BY	**MODE OF TRANSPORT**	**OUTPATIENT TRANSPORT**	**VALUABLES RETURNED TO**	**TRANSPORT MONITORS N/A MONITOR TYPES**
S CORLEY,RN	BED		NA	

PACU COMMENTS

CARE PLAN

INTERVENTION	EXPECTED OUTCOME	OUTCOME MET
POST-OP SELF-CARE	COUGH & DEEP BREATHE	Y
POST-OP SELF-CARE	ASK FOR/TAKE/PAIN MEDICATION WHEN NEEDED	Y
DISCHARGE MEDS	DESCRIBES NAME, PURPOSE, DOES, SCHEDULE, PRECAUTIONS, SIDE EFFECTS, AND FOOD-MEDICINE INTERACTIONS OF ALL PRESCRIBED MEDICATIONS.	
SIGNS & SYMPTOMS TO REPORT	DESCRIBES SIGNS AND SYMPTOMS THAT NEED TO BE REPORTED TO HEALTH CARE PROVIDER	

PACU RECORD

LEXINGTON MEDICAL CENTER, 2720 Sunset Boulevard, W. Columbia, SC 29169 PROCEDURE DATE 06/19/2008

RUSSELL, MICHAEL, C ACCT # [redacted] MR# [redacted] STATUS REG SDC

FOLLOW-UP AFTER DISCHARGE	VERBALIZES WHEN AND WHERE TO REPORT FOR FOLLOW-UP
	VERBALIZES UNDERSTANDING OF DISCHARGE INSTRUCTIONS/IDENTIFIES FOLLOW-UP RESOURCES

ACCESSED BY		LAST EDITED
CRTHO	THOMAS, CANDICE R	6/18/2008 10:56:41PM
CRTHO	THOMAS, CANDICE R	6/19/2008 1:55:15AM
CRTHO	THOMAS, CANDICE R	6/19/2008 1:57:36AM
CRTHO	THOMAS, CANDICE R	6/19/2008 4:55:25AM

LEXINGTON MEDICAL CENTER

As soon as the patient receives medications placing him/her in moderate sedation, he/she will be monitored continuously and have documentation every 5 minutes of BP, HR, RR, O_2 Sat & LOC. Post procedure, the patient's physiological status, mental status and pain level are monitored every 15 minutes until discharge criteria are met. (SEE BACK FOR DISCHARGE CRITERIA)

TIME	B/P	HR	RR	O_2Sat	LOC‡	PAIN SCALE	MEDICATION DOSE/ROUTE	NURSING INTERVENTIONS PATIENT RESPONSE
Baseline	103/81	84	16	95%	AOX3	6/0		IV insertion: Size 16 Site (L) AC
2232		84	18	93%	AOx2	10	Pro 50 mg TVP Propofol	40 Propofol
2233		83		98%				applied Hme Trach
2235	106/72	76	17	97%	Alert	10	Prop 20mg	Pink extremity (+) pulse
2240	118/81	83	19	98% RA	AO		Morphine 4mg	
2245	117/80	77	18	98%	Sleepy			A'd By NS
2250		74	16		AO	0/10		To xray
2255						5/10		Xray
2300					Alert	5/10		Xray
2305								Xray
2310	97/80	82	16	100%	AOX3			Back from xray
2330	113/80	85	16	97%	AOX3			Resting comfortably

Sedation / Anesthesia Plan: ☐ Minimal Sedation ☑ Moderate Sedation

Only for Moderate Sedation do you need to complete the remainder of the form

Sedation/Anesthesia History: ☑ None ☐ Sleep Apnea ☐ Previous problem sedation/anesthesia_____

☐ Other_____

Airway Eval.: ☑ No Obvious Abnormality ☐ Significant Obesity (especially neck & facial)

☐ Small Oral Opening ☐ Macroglossia ☐ Other_____

Planned Sedation/Anesthesia Agent: (Please Circle) Demerol Versed Fentanyl Valium Morphine Other: Propofol

The patient remains an appropriate candidate to undergo the Planned Procedure: ☑ Yes ☐ No

☑ ASA Class I (Normal/Healthy) ☐ Class II (Mild systemic disease) ☐ Class III (Severe systemic disease)

Other: _____

** Physician discretion to request additional assistance for patients in ASA Class III, IV, and V.

EKG Rhythm: NSR Time: 2235 I.V. Fluid Volume: 500cc

DATE: 6/18/08 RN SIGNATURE: [signature] RN PHYSICIAN SIGNATURE: [signature]

- ‡ = Modified Ramsey Scale Level of Consciousness Legend:
- 1 = Patient anxious, agitated or restless
- 2 = Patient cooperative, oriented and tranquil
- 3 = Patient responds to command only
- 4 = Patient responds to gentle shaking
- 5 = Patient responds to noxious stimulus
- 6 = Patient has no response to firm nail bed pressure or other noxiou stimuli

Sedation start time: 2232
Procedure start time: 2232
Procedure end time: 2235
Reversal agent given: _____
Medication/dose/route/reason: _____

Revised: 12/06
7181-580-1

SEDATION FLOWSHEET

Patient Label

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R. MD
HED W M [redacted]

MR_Lex Med Ctr_0108

Medical Staff Approved Discharge Criteria

ADULT DISCHARGE CRITERIA:

1. If reversal agent given, patient will stay for at least 2 hours after last dose.
2. Patient must be awake and respond appropriately to verbal commands, or at pre-procedure level of consciousness.
3. Monitored vital signs are within 20% of baseline.
4. Oxygen saturation is > 90%.
5. The patient is ambulatory with assistance or moving at pre-procedure capability.
6. An adult is present to accompany the outpatient.
7. Written post-sedation instructions accompany the outpatient.

PEDIATRIC DISCHARGE CRITERIA

1. If reversal agent given, patient will stay at least 2 hours after last dose.
2. Patient must be awake and respond appropriately to verbal commands, or at pre-procedure level of consciousness.
3. Monitored vital signs are within 20% of baseline.
4. Oxygen saturation is > 90% or at baseline.
5. Patient is ambulatory with assistance or moving a pre-procedure capability.
6. Patient is tolerating clear liquids except when ordered otherwise.
7. An adult is present to accompany the outpatient.
8. Written outpatient post-sedation instructions are provided.

MODIFIED ALDRETE CHART	TIME: 2345								
O2 Saturation*	Able to maintain SpO2 ≥ 90% or @ baseline	(2)	2	2	2	2	2	2	2
	Needs O2 inhalation to maintain SpO2 ≥ 90%	1	1	1	1	1	1	1	1
	SpO2 < 90% even with supplemental O2	0	0	0	0	0	0	0	0
Circulatory***	BP +/-20 points of mean pre-anesthetic level	(2)	2	2	2	2	2	2	2
	BP=/21-50 points of mean pre-anesthetic level	1	1	1	1	1	1	1	1
	BP=/-50 points of mean pre-anesthetic level	0	0	0	0	0	0	0	0
Respiratory*	Able to deep breath and cough	(2)	2	2	2	2	2	2	2
	Dyspnea or limited breathing	1	1	1	1	1	1	1	1
	No spontaneous respiratory effort	0	0	0	0	0	0	0	0
Consciousness*	Awake, seldom dozes	(2)	2	2	2	2	2	2	2
	Awakens when gently stimulated	1	1	1	1	1	1	1	1
	Awakens only with vigorous stimulation	0	0	0	0	0	0	0	0
Ambulation*	Stands up and walks straight or same as pre-op	2	2	2	2	2	2	2	2
	Vertigo when erect	1	1	1	1	1	1	1	1
	Dizziness when supine or has not attempted	(0)	0	0	0	0	0	0	0
Pain	Pain free or patient denies need for meds	(2)	2	2	2	2	2	2	2
	Mild pain handled by oral meds	1	1	1	1	1	1	1	1
	Pain requiring IV or parenteral meds	0	0	0	0	0	0	0	0
Fasting/Feeding	Able to drink fluids or denies nausea	(2)	2	2	2	2	2	2	2
	Nauseated	1	1	1	1	1	1	1	1
	Nausea & vomiting	0	0	0	0	0	0	0	0
*Patient must have a 2 in these criteria or same level as pre-op c	Total	12							
***Note: Age-specific criteria for child under age 6									
RN initials		[illegible]							

NURSING NOTES:

_____

_____

_____

LEXINGTON MEDICAL CENTER

As soon as the patient receives medication placing him/her in moderate sedation, he/she will be monitored continuously and have documentation every 5 minutes of BP, HR, RR, O_2 Sat & LOC. Post procedure, the patient's physiological status, mental status and pain level are monitored every 15 minutes until discharge criteria are met. (SEE BACK FOR DISCHARGE CRITERIA)

TIME	B/P	HR	RR	O_2Sat	LOC‡	PAIN SCALE	MEDICATION DOSE/ROUTE	NURSING INTERVENTIONS PATIENT RESPONSE
Baseline	129/94	96	18	97%	2			IV insertion: Size RAC Site
0105	127/86	94	16	95%	2			(0105) pt talking c staff. comfortable this time
0110	128/91	106	14	93%	2			
0115	125/84	107	14	95%	2			(0115) no complaints
0120	124/85	99	12	94%	2			
0125	128/88	95	14	95%	2			
0125	procedure complete							

Sedation / Anesthesia Plan: ☐ Minimal Sedation ☐ Moderate Sedation

Only for Moderate Sedation do you need to complete the remainder of the form X pain control

Sedation/Anesthesia History: ☒ None ☐ Sleep Apnea ☐ Previous problem sedation/anesthesia _____

☐ Other _____

Airway Eval: ☒ No Obvious Abnormality ☐ Significant Obesity (especially neck & facial)

☐ Small Oral Opening ☐ Macroglossia ☐ Other _____

Planned Sedation/Anesthesia Agent: (Please Circle) Demerol Versed Fentanyl Valium Morphine Other: _____

The patient remains an appropriate candidate to undergo the Planned Procedure: ☒ Yes ☐ No

☐ ASA Class I (Normal/Healthy) ☒ Class II (Mild systemic disease) ☐ Class III (Severe systemic disease)

Other: _____

** Physician discretion to request additional assistance for patients in ASA Class III, IV, and V.

EKG Rhythm: NSR Time: 0100 IV Fluid Volume: _____

DATE:	RN SIGNATURE:	PHYSICIAN SIGNATURE:
6-19-08	L. Page RN	

- ‡ = Modified Ramsey Scale Level of Consciousness Legend:
- 1 = Patient anxious, agitated or restless
- 2 = Patient cooperative, oriented and tranquil
- 3 = Patient responds to command only
- 4 = Patient responds to gentle shaking
- 5 = Patient responds to noxious stimulus
- 6 = Patient has no response to firm nail bed pressure or other noxious stimuli

Sedation start time: 0100
Procedure start time: 0100
Procedure end time: 0125
Reversal agent given: _____
Medication/dose/route/reason: _____

Revised: 12/06
7181-580-1

SEDATION FLOWSHEET

[redacted] 06/18/08 35
RUSSELL, MICHAEL, C
[redacted] HALL, THOMAS P, MD
HED22 21 A W M [redacted]

MR_Lex Med Ctr_0110

MR_Lex Med Ctr_0111

Medical Staff Approved Discharge Criteria

ADULT DISCHARGE CRITERIA

1. If reversal agent given, patient will stay for at least 2 hours after last dose.
2. Patient must be awake and respond appropriately to verbal commands, or at pre-procedure level of consciousness.
3. Monitored vital signs are within 20% of baseline.
4. Oxygen saturation is > 90%.
5. The patient is ambulatory with assistance or moving at pre-procedure capability.
6. An adult is present to accompany the outpatient.
7. Written post-sedation instructions accompany the outpatient.

PEDIATRIC DISCHARGE CRITERIA

1. If reversal agent given, patient will stay at least 2 hours after last dose.
2. Patient must be awake and respond appropriately to verbal commands, or at pre-procedure level of consciousness.
3. Monitored vital signs are within 20% of baseline.
4. Oxygen saturation is > 90% or at baseline.
5. Patient is ambulatory with assistance or moving a pre-procedure capability.
6. Patient is tolerating clear liquids except when ordered otherwise.
7. An adult is present to accompany the outpatient.
8. Written outpatient post-sedation instructions are provided.

MODIFIED ALDRETE CHART	TIME:								
O2 Saturation*	Able to maintain SpO2 ≥ 90% or @ baseline	2	2	2	2	2	2	2	2
	Needs O2 inhalation to maintain SpO2 ≥ 90%	1	1	1	1	1	1	1	1
	SpO2 < 90% even with supplemental O2	0	0	0	0	0	0	0	0
Circulatory***	BP +/-20 points of mean pre-anesthetic level	2	2	2	2	2	2	2	2
	BP=/21-50 points of mean pre-anesthetic level	1	1	1	1	1	1	1	1
	BP=/-50 points of mean pre-anesthetic level	0	0	0	0	0	0	0	0
Respiratory*	Able to deep breath and cough	2	2	2	2	2	2	2	2
	Dyspnea or limited breathing	1	1	1	1	1	1	1	1
	No spontaneous respiratory effort	0	0	0	0	0	0	0	0
Consciousness*	Awake, seldom dozes	2	2	2	2	2	2	2	2
	Awakens when gently stimulated	1	1	1	1	1	1	1	1
	Awakens only with vigorous stimulation	0	0	0	0	0	0	0	0
Ambulation*	Stands up and walks straight or same as pre-op	2	2	2	2	2	2	2	2
	Vertigo when erect	1	1	1	1	1	1	1	1
	Dizziness when supine or has not attempted	0	0	0	0	0	0	0	0
Pain	Pain free or patient denies need for meds	2	2	2	2	2	2	2	2
	Mild pain handled by oral meds.	1	1	1	1	1	1	1	1
	Pain requiring IV or parenteral meds	0	0	0	0	0	0	0	0
Fasting/Feeding	Able to drink fluids or denies nausea	2	2	2	2	2	2	2	2
	Nauseated	1	1	1	1	1	1	1	1
	Nausea & vomiting	0	0	0	0	0	0	0	0
*Patient must have a 2 in these criteria or same level as pre-op c	Total								
***Note: Age-specific criteria for child under age 6									
RN initials									

NURSING NOTES:

_____

_____

_____

Lexington Medical Center Tria

Category: 2 Unst[illegible] ID: [redacted]

Arrival Date/Time	Triage Time	Waiting Rm Time	Exam Rm Time
6/18/2008 22:07	22:09		22:09

PCP Staff Status: Not on Staff
Family Physician: NAGEL,TERRY L,DO
Transported by: Ambulance
Mode: Stretcher

Historian: Self
Police Dept: Custody | Notification | Beat #

Chief Complaint: ankle pain
Onset Time:
Location:

Associated Symptoms/Pertinent History
pt with motorcycle accident, no helmet. Pt with open fx to Lt lower extremity. Unable to palpate pedal pulse.

Past Medical History Additional:
- [x] No Significant PMHx
- [ ] Asthma [ ] COPD [ ] CAD [ ] Cancer [ ] CHF [ ] CVA
- [ ] DM [ ] HTN [ ] Psych [ ] Renal [ ] Seizures

Medications
- [ ] No Meds [ ] Unknown

Zantac

Allergies
NKDA

Immunizations UTD? Not UTD
TB Hx, PPD Pos or Infectious Exposures? No
**If yes to TB or Infectious question take precautions*

Mental Status / Psychological Eval
Alert Oriented

Glascow Coma Scale

Eye	Spontaneous
Verbal	Oriented
Motor	Obeys
Total	15

OB/Gyn
LNMP

G	P	Ab	Miscarriages
0	0	0	0

Lung Sounds

	R	L
Clear	[ ]	[ ]
Diminished	[ ]	[ ]
Wheezes	[ ]	[ ]
Rales	[ ]	[ ]
Rhonchi	[ ]	[ ]
Retractions	[ ]	[ ]

Eyes

	R	L
Equal	[ ]	[ ]
Reactive	[ ]	[ ]
Fixed	[ ]	[ ]
Constricted	[ ]	[ ]
Dilated	[ ]	[ ]
Cataract	[ ]	[ ]

Skin

Color	Normal
Temp	Normal
Moist	Normal

Extremities
Pulses
Pulse Absent
ROM

Vitals

Temp
- Oral: 97.1
- Rectal:
- Tympanic:

Pulse
- Right:
- Left: 82

Respirations: 18

Blood Pressure
- Right:
- Left: 120/82

Pulse Ox:

Weight (Kg): 85 Kg

Height: Head Circumference:

Pain Scale: Moderate 5 - 6

Patient Name: RUSSELL,MICHAEL
Medical Record Number: [redacted]
Account Number: [redacted]
DOB: [redacted]
Age: 35 Years
Gender: Male

Nutrition

Fall Risk Assessment
Altered Mobility

Plan
2-21 Time 22:09
Triage Nurse: Turner, Shannon M (SMT)
Triage II: SMT
Triage III: MIC

Domestic Violence Assessment
Are you being hurt by someone you live with or who takes care of you?
Yes/No No
* Mandatory completion of Domestic Violence Referral.

Functional D/C Planning

Daily Living	Independent
Living Conditions	Family
Going Home with	Family

Assessing Patient's, Child's or Parent's readiness to learn

Primary Language	English
Assessed Disability	No Disability
Communication Barrier	[ ]
Language Translator	[ ]
Motivation Level	High
Knowledge Level	High
Comprehension Ability	High

- [ ] LWBS
- [ ] LW Completed Tx/ Eloped
- [ ] AMA
- [ ] AMA Refused
- [x] Patient Rights and Responsibilities and Guide to Pain Management given to Patient, Family, and/or Caretaker

MR_Lex Med Ctr_0112

Patient Name RUSSELL, MICHAEL
Account Number [redacted]
Medical Re[redacted] No. [redacted]
Date 6/1[redacted]08
ID [redacted]

Lexington Medical Center

Emergency Department Record

History of Present Illness

TH

35 Year Old Male Patient Presents with leg pain left lower for 1 hour(s). The Onset is MVA (car vs motorcycle/moped) (S/P). The symptoms are Severe. Additional Symptoms or Pertinent History also involve OPEN TIB/FIB LEFT LOWER LEG AND ALSO C/O LEFT BUTTOCKS PAIN:; SLID INTO CAR LIKE SLIDING INTO A BASE ... Furthermore, the Patient/Family Denies other trauma.

Review of Systems
(Symptoms and Signs not covered in the HPI)

GU Neg	Neuro	ENT Neg	Resp Neg	Musculoskeletal	Hematologic/Lymphatic Neg
Skin	Psych Neg	Heart Neg	GI Neg	Endocrine Neg	Allergic/Immunologic Neg
☐ All other ROS negative				Constitutional Sxs Neg	Eyes

☑ Vital Signs/Triage/Nursing Notes Reviewed and Agree ☐ Hx unobtainable due to Tx urgency or poor historian(s) ☑ Additional Information from Police, Ambulance, Nursing Home or Relatives ☐ Old Medical Records Reviewed

Past Medical History ☑ No Relevant PMHx ☐ Asthma ☐ COPD ☐ CAD ☐ Cancer ☐ CHF ☐ CVA

Other PMHx ☐ Diabetes ☐ HTN ☐ Psychiatric ☐ Renal ☐ Seizures

Social History ☐ No Relevant SoHx ☑ ETOH ☐ Drugs ☑ Smoking Additional Sx

Family History

Physical Exam

Exam Time 22:17 TH

General Appearance	WD WN A&OIN PAINFUL DISTRESS
HEENT	NC/AT, PERRL, EOMI, MMM, Neck supple
Chest	RRR s MRG Lungs CTA s tachypnea Chest wall NT
Abdomen	Abd wall s hernias/abn findings NI BS s bruits Soft, NT s HSM/mass
GU	PELVIS Stable to Rock
Extremities	Leg L Distal 1/3 Deformity-Severe DP 0 Decreased AROM (Severe) Tender - Severe
Neuro	
Skin	CLAMMY W & D
Back	NT,
Neck	NT, FROM, Thyroid benign, No JVD, No abnormalities noted
Lymphatics	

Repeat or Additional Clinical Notes

MD	Notes	Time
TH	FRACTURE REDUCED EMERGENTLY DUE TO NO PULSE AND DUSKY FOOT . REDUCTION MAINTAINED IN HARE TRACTION SPLINT. FOOT PINKED UP BUT STILL NO PULSE AT DP. ARTERIOGRAM ORDERED AND DR UDSON NOTIFIED. DR LEE CONSULTED FOR DEFINITIVE CARE.	6/18/2008 10:58:00 PM
TH	DR LEE HAD CONCERNS ABOUT REPAIRING THE ACETABULAR FRACTURE AND REQUESTED CONSULTATION WITH PRMH AND DR MALOWAY THERE SAID WE SHOULD FIX THE TIB FIB AT LMC TONIGHT AND THEN DISCUSS A TRANSFER WITH THE TRAUMA ORTHOPEDIC SERVICE AT A LATER DATE.	6/19/2008 12:30:00 AM
TH	LEFT FOOT DANGLING AND 10CM LACERATION OVER DISTAL ANT LAT TIB.. NO BONE PROTRUDING THROUGH LACERATION. LEG IS SHORTENED SEVERAL INCHES	6/19/2008 12:36:00 AM

Patient Name RUSSELL, MICHAEL [redacted] Medical Re[redacted] No. [redacted]

Account Number [redacted] Date 6/1[redacted]08

TH ABD REMANS SOFT AND NONTENDER AND NECK IS NONTENDER TO PALP AND ROM 6/18/2008 12:48:00 AM

TH ARTERIOGRAM LEFT LEG WAS OKAY, SOME VASOSPASM AT FRACTURE SITE BUT VESSELS WERE NOT DISRUPTED. DR LEE INFORMED 6/18/2008 1:33:00 AM

Diagnostics

Specimen Collected / ECG Rad Ordered

MD Initials	Date/Time	Diagnostic Ordered	Result Interpretation	Result Reviewed By	RN Initials	Time
TH	6/18/2008 22:18	Tib-Fib L X-Ray	Fracture	TH	MIC	22:21
TH	22:18	Continuous Pulse Ox	Negative	TH	KDH	23:04
TH	22:18	Cardiac Monitor	Negative	TH	KDH	22:30
TH	22:47	Chest CxR PA Inspiration	No Acute Changes	TH	KDH	23:04
TH	22:47	Pelvis X-Ray	Acetabular Fx	TH	KDH	23:04
TH	22:47	Femur L X-Ray	ACETABULAR FR	TH	KDH	23:04
TH	22:48	CBC	WBC-14.7,HGB-13.8,HCT-39.3,PLT-266,NEUT-75,LYMP-18,EOS-1,MONO-6,BA-0,RBC-4.31,MCHC-35.0,MCV-91.2,RDW-13.0,ABA-0.00,AEOS-0.20,ALYMP-2.70,AMONO-0.90,ANEUT-10.90,	TH	MIC	23:4
TH	22:48	PT/PTT	PT-12.1,PTINR-0.9,PTT-20.7,	TH	MIC	23:41
TH	22:48	Chem 20/CMP	NA-142,K-4.6,CL-110,CO2-17,BUN-12,CREA-0.93,GLU-113,CA-8.0,AST-101,ALT-63,TP-6.9,ALKP-118,TBIL-0.5,DBIL-0.3,ALB-3.9,GGT-195,GFR->60,AGAP-15,	TH	MIC	23:41
TH	22:48	ETOH	ETOH-0.232,	TH	MIC	23:41
TH	22:48	EKG	No Acute Changes	TH	MIC	23:41
TH	22:58	Tib-Fib L X-Ray	GOOD REDUCTION	TH	MIC	23:11
TH	6/19/2008 0:12	CT Hip L	DR LEE TO REVIEW	TH	MIC	2:11
TH	0:16	C-Spine Three Views	No Acute Changes	TH	MIC	0:26
TH	0:16	L-Spine X-Ray	No Acute Changes	TH	MIC	0:26
TH	0:40	Type and Screen	Pending	TH	MIC	0:57

Medical Orders

MD Initials	Date/Time	Order	RN Initials	Time	Location-Response-Quantity	RN Remarks
SH	6/18/2008 2:44	MORPHINE 4MG IV	MIC	2:44	RBVO DR. HALL	
TH	22:18	0.9NS 500ml Bolus	MIC	23:30	Finish Time - 00:36~	
TH	22:18	Ancef 1 gram IVPB	MIC	23:40	Finish Time - 00:36~	
TH	22:20	MOD	MIC	22:32		
TH	22:20	dT 0.5 ml IM	MIC	23:46	LOT #A002C EXP 01/07/2010, RT DELTOID	
TH	22:21	Propofol 40mg IV Dose @ Bedside (With Sedating MD @ Bedside)	KDH	23:04	Finish Time - ~	
TH	22:23	CONSSENT FOR ORIF AND IRRIGATION AND DEBRIDEMENT LEFT TIBIA FRACTURE	MIC	23:11		

Patient Name: RUSSELL, MICHAEL
Account Number: [redacted]
Medical Record No. [redacted]
Date 6/1[redacted]08

TH		23:54	ARTERIOGRAM LEFT LEG	MIC	0:35	
TH	6/19/2008	0:27	MORPHINE 4-8MG IVP, INCREMENTS OF 4MG IVP	MIC	0:27	MORPHINE 4MG IVP @0034
TH		1:38	D5.45NS @ 150ml/hr	MIC	2:29	Finish Time - 02:52-STILL INFUSING ON WAY TO OR

MD Procedures

Procedure Description

Time 0:43 MD TH
Critical Care Time 31-74 minutes — 99291 CPT

Time 0:45 MD TH
Critical Care Time 75-104 minutes — 99292 CPT

Time 0:45 MD TH
Tibia (L) Fracture (Shaft) Closed Reduction & Immobilization Long Leg NV Intact INLINE TRACTION AND STABILIZED WITH HARE TX SPLINT.

Time 0:47 MD TH
IV Infusion (3 hr) for Therapy, Prophylaxis or Diagnosis; Therapy and Monitoring — 90780, 90780,90780 CPT

Time 0:47 MD TH
ECG Intrepretation 12 Lead — 93010 CPT

Time 0:47 MD TH
Rhythm Strip Interpretation — 93042 CPT

Time 0:47 MD TH
Pulse Ox Interpretation — 94760-26 CPT

Time 1:11 MD MN
Conscious Sedation IV (Mod.) First 30 Min. Age >5 Yrs Another MD Performing Procedure, EM MD Sedation Monitor c NI Pox & Cardiac Monitor, Post Exam WNL Nowell -sedation

Time 2:19 MD TH
Continuous Pulse Ox — 94762-26 CPT

Time 2:19 MD TH
Cardiac Monitor

Recommended LOS/CPT/ICD-9 Codes

Physician's LOS = 5 99285-25
Nurse's LOS = 5 612 APC

Diagnoses

leg pain	729.5 ICD-9
OPEN FRACTURE LEFT LOWER LEG	
Tibia-Fibula Fracture	823.82 ICD-9
Acetabular Fracture	808.1 ICD-9
ETOH Intoxication	305.00 ICD-9

Notifications

MD Notified	Time Notified	MD Init
lee,david Discussed Relevant Hx, Exam, Diagnostic Evaluation & Disposition-Agrees c Plan.	23:54	TH
MALOWAY, ORTHO PRMH Discussed Relevant Hx, Exam, Diagnostic Evaluation & Disposition-Agrees c Plan.	0:30	TH
lee,david Discussed Relevant Hx, Exam, Diagnostic Evaluation & Disposition-Agrees c Plan.	1:38	TH

RN Notifications

MD Notified	Page Time	Num Pages	ResponseTime
lee,david	22:47	1	2257
lee,david	1:38	1	

Patient Name RUSSELL, MICHAEL

Account Number [redacted]

Medical Re[redacted] No. [redacted]

Date 6/1[redacted]08

	MD	MD Time		RN	RN Date/ Time	Admit to
Disposition	TH	0:40	Admit Operating Room	MIC	6/19/2008	lee,david 2:50
Condition	TH	0:40	Fair			

Physician (Print) Hall, Thomas MD (TH)

Physician Signature

Primary RN (Print) Cohen, Michael A., RN (MIC)

Other Physicians

Hall, Thomas MD (TH)~Nowell, Mac MD (MN)~Hayes, Steven MD (SH)~

Other Nurses or ED Staff

Turner, Shannon M (SMT)~Mahan,Doug (RAD)~HALL, ANGELA (EDT)~Behr, Sharymarie~Hardison, Margaret L. (MLH)~McClinton, Margaret Elizabeth (MEM)~Creech, Kimberly A. (KAC)~Frick, Kimberly Hodge RN (KHF)~Hannon, Ashley N (ANH)~Rogers, Tracie Herron (THR)~Hamrick, Karen EDT (KSH)~Propp, William~

This chart has been electronically signed via the EmpowER software.

LEXINGTON MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

TRANSFER SUMMARY

PATIENT: RUSSELL, MICHAEL C	**LOCATION:** HNT5P1
ADM. #: [redacted]	**M.R. #:** [redacted]
ADMITTED: 06/19/2008	**D:** 06/19/2008 1:33 PM
DISCHARGED:	**T:** 06/19/2008 1:34 PM / cwa
PHYSICIAN: DAVID K LEE, MD	**DATE OF BIRTH:** [redacted]

DISCHARGE DIAGNOSIS(ES)
1. Left acetabulum fracture.
2. Open left tibia/fibula fracture.

PROCEDURE(S) PERFORMED DURING THIS ADMISSION: Irrigation and debridement and application of a splint with closed reduction of the left tib-fib fracture. This was done on 06/19/2008.

HOSPITAL COURSE: On the day of admission the patient was initially evaluated in the Emergency Department. He was taken emergently to the operating room for an I&D of his left leg. Given his initial pulselessness, arteriogram was ordered and obtained which confirmed complete patency of the lower extremity vessels. Once this was confirmed, the patient was taken to the operating room for an I&D of his left leg. He tolerated the procedure well. Upon further workup and discussion with the family, we had discussed treatment options of his acetabulum fracture. He agreed that treatment via an orthopedic traumatologist would be more appropriate. I contacted Dr. Tucker as well as Dr. Iaquinto at Palmetto Health Richland and they will accept the patient in transfer.

DISPOSITION: The patient is transferred to Palmetto Health Richland in stable condition under the care of Dr. Iaquinto. He will require ambulance transport given the potential instability of his left tib-fib as well as his left acetabulum. If there are any further questions, please do not hesitate to contact me.

TRANSFER DIET: Regular.

ACTIVITY ON DISCHARGE: Continued strict nonweight-bearing on the left lower extremity.

TRANSFER MEDICATIONS
1. Ancef 1 gm IV every 8 hours.
2. Vicodin 1 – 2 tablets p.o. every 4 hours p.r.n. pain.
3. Morphine 2 – 4 mg IV every 4 hours p.r.n. breakthrough pain.

DAVID K LEE, MD

cc:

Patient Name RUSSELL, MICHAEL
Account Number [redacted]

Medical Record [redacted]
Date 6/18/2008

Lexington Medical Center

Emergency Department Nursing Notes and Vital Signs

TimeEntered: 6/19/2008 2:45 Vitals Taken By: MIC

Temperature	Pulse		Blood Pressure	Respirations	Pulse Ox	Pain Scale
O **	Right		R	18	96%	No Pain @ this time
T	Left	85	L 114/82			
R						

MR_Lex Med Ctr_0118

Patient Name RUSSELL, MICHAEL
Account Number [redacted]
Medical Record [redacted]
D/ 6/18/2008

Lexington Medical Center

Emergency Department Nursing Notes and Vital Signs

Nursing Notes

Time Note Entered		RN Initial	Note
6/18/2008	22:21	MIC	PT INVOLVED IN MVC, LEFT LOWER TIB/FIB OPEN FRACTURE, PAIN, +MS, NO PALPABLE PULSE, PT DENIES LOC;Gen App-Awake A&Ox3;Chest-RRR No M,Lungs CTA No Ret,Chest Wall NT;ABD-Tenderness-None,No Pulsating Masses,BS-NL/No Bruits;Extr-Appearance Normal,Throughout all,Tenderness-None,CBR < 3sec,Active ROM-Full,extremities;Extr-Bruised-Multiple;Extr-Deformity-Severe, PULSE ABSENT ON THE LEFT, PULSE AND CR <2 ON RIGHT;ROAD RASH TO LEFT FOREARM AND ELBOW, +CMS, PT ON CONTINUOUS PULSE OX, CARDIAC MONITOR
6/18/2008	22:25	MIC	PT TO X-RAY VIA STRETCHER
6/18/2008	22:32	MIC	PT SEDATED FOR REDUCTION AND APPLICATION OF HARE TRACTION SPLINT
6/18/2008	22:50	MIC	PT TO X-RAY VIA STRETCHER, MONITOR AND RN
6/18/2008	23:30	MIC	IV Forearm R 18 Gauge Angio Cath. LABS DRAWN AND SENT, LAB DRAW FOR SAMPLE TO BLOOD BANK,
6/18/2008	23:38	MIC	LABS DRAWN AND SENT, IV 16 GAUGE PER EMS LEFT ANTECUBITAL, 1000 CC BOLUS LEFT AC
6/18/2008	23:40	MIC	DRESSING APPLIED WITH BETADINE TO LEFT TIB/FIB OPEN WOUND, PT CONTINUES TO HAVE +SENSATION AND MOTOR
6/18/2008	23:46	MIC	PT MEDICATED WITH ANCEF 1 GM IV;PT MEDICATED WITH TD 0.5ML R DELTOID
6/18/2008	23:57	MIC	POLICE AT BEDSIDE
6/19/2008	0:09	MIC	PT RESTING COMFORTABLY AWAITING ARTERIOGRAM
6/19/2008	0:21	MIC	PT HAS +CMS LEFT FOOT, PT CONTINUES TO HAVE BLEEDING FROM LEFT LEG WOUND
6/19/2008	0:36	MIC	PT TO ARTERIOGRAM VIA STRETCHER, PT MEDICATED WITH MORPHINE 4MG IVP FOR PAIN PRIOR TO BEING TRANSPORTED TO ARTERIOGRAM
6/19/2008	1:51	MIC	PT BACK FROM ARTERIOGRAM, PT TO X-RAY VIA STRETCHER
6/19/2008	1:51	MIC	PT'S RIGHT GROIN WOUND, NO HEMATOMA NOTED, BLEEDING CONTROLLED, NO PAIN AT SITE
6/19/2008	2:05	MIC	RIGHT GROING DRESSING INTACT, NO HEMATOMA NOTED, BLEEDING CONTROLLED, NO PAIN AT SITE
6/19/2008	2:20	MIC	RIGHT GROING NO CHANGE FROM PREVIOUS REPORT
6/19/2008	2:30	MIC	PT UNABLE TO GET CT SCAN D/T HARE TRACTION SPLINT, DR. HALL AWARE
6/19/2008	2:35	MIC	NO CHANGE IN RIGHT GROIN DRESSING, NO HEMATOMA NOTED, BLEEDING CONTROLLED
6/19/2008	2:48	MIC	DR. LEE AWARE OF UNABLE TO DO CT OF HIP
6/19/2008	2:50	MIC	PT HAS +CMS IN LEFT FOOT
6/19/2008	2:51	MIC	PT TO BE TRANSPORTED TO OR VIA STRETCHER

Patient Name RUSSELL, MICHAEL
Account Number [redacted]

Medical Recor[redacted]
Da[redacted] 6/18/2008

Lexington Medical Center

Emergency Department Nursing Notes and Vital Signs

Primary Nurse Diagnosis	Primary Nurse Outcome	Achieved
Skin Integrity, Impaired R/T TIB FIB OPEN FRACTURE	Wound Healing is Promoted	No

Primary RN (Print) Cohen, Michael A., RN (MIC)

Patient Name RUSSELL, MICHAEL

Account Number [redacted]

Medical Record [redacted]

6/18 [redacted]8

Emergency Department Pharmacy and Supply Charges

Interventions

Intervention Name	Comments	Charge Code
0.9NS 500ml Bolus	Finish Time - 00:36~	
Ancef 1 gram IVPB	Finish Time - 00:36~	
MOD		
dT 0.5 ml IM	LOT #A002C EXP 01/07/2010, RT DELTOID	
Propofol 40mg IV Dose @ Bedside (Wi	Finish Time - ~	
CONSSENT FOR ORIF AND IRRIGAT		
ARTERIOGRAM LEFT LEG		
MORPHINE 4-8MG IVP, INCREMENT	MORPHINE 4MG IVP @0034	
D5.45NS @ 150ml/hr	Finish Time - 02:52~STILL INFUSING ON WAY TO OR	
MORPHINE 4MG IV	RBVO DR. HALL	

Diagnostics

Diagnostic Ordered	Charge Code
Continuous Pulse Ox	0
Cardiac Monitor	0
CBC	0
PT/PTT	0
ETOH	0
EKG	0

Nurse LOS 5 612 APC **Charge Code** 0

Patient Nam RUSSELL, MICHAEL
Account Number [redacted]

Medical Record N [redacted]
Dat /18/2008

Lexington Medical Center

Emergency Department Record

Hospital Admisson Orders

	MD	MD Time		RN	RN Time	Admit To
Disposition	TH	0:40	Admit Operating Room	MIC	2:50	lee,david
Condition	TH	0:40	Fair			

Physician (Print) Hall, Thomas MD (TH)

Physician Signature

Primary RN (Print) Cohen, Michael A., RN (MIC)

MR_Lex Med Ctr_0122

Lexington Medical Center

Medication Reconciliation

Patient Name: RUSSELL, MICHAEL
Medical Record No.: [redacted]
Account Number: [redacted]
Date of ED Visit: 6/18/2008

Allergies

NKDA

Home Medications

	Physician Order Continue Medication?
Zantac	YES NO

Medications Administered in the Emergency Department

Ancef 1 gram IVPB	YES NO
dT 0.5 ml IM	YES NO
Propofol 40mg IV Dose @ Bedside (With Sedating MD @ Bedside)	YES NO
MORPHINE 4-8MG IVP, INCREMENTS OF 4MG IVP	YES NO
MORPHINE 4MG IV	YES NO

Medication Prescription provided on Discharge

Lexington Medical Center

Medication Reconciliation

Patient Name RUSSELL, MICHAEL

Medical Record No. [redacted]

Account Number [redacted]

Date of ED Visit 6/18/2008

Allergies

NKDA

Home Medications

	Physician Order Continue Medication?
Zantac	YES NO

Medications Administered in the Emergency Department

Ancef 1 gram IVPB	YES NO
dT 0.5 ml IM	YES NO
Propofol 40mg IV Dose @ Bedside (With Sedating MD @ Bedside)	YES NO
MORPHINE 4-8MG IVP, INCREMENTS OF 4MG IVP	YES NO
MORPHINE 4MG IV	YES NO

Medication Prescription provided on Discharge

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

PSYCHOSOCIAL

CURRENT LIVING
AGE-SPECIFIC: ADULT
What kind of work do you do? construction co owner
Current Living Arrangements:
☐ Nursing home or other facility (MSS referral)
Name of facility: _____
Who do you live with? wife
Who will you depend on for care at home? ☐ Self ☐ Other: wife
Will you or caregiver be able to manage care at home independently?
☒ Yes ☐ No (MSS referral)
Does anyone depend on you for care at home? ☒ No ☐ Yes: _____

AGE-SPECIFIC: ADOLESCENT School grade: _____
Current Living Arrangements:
☐ *Lives with both parents* ☐ *Lives with one parent:* _____
☐ *Joint Custody* ☐ *DSS (MSS referral)*
☐ *Child Protective Services (MSS referral)*
☐ *Other* _____
Is child currently involved in: ☐ *Divorce* ☐ *Child custody suit*
Comments: _____

RELIGIOUS / CULTURAL:
In past year: ☐ Family crisis ☐ Recent major loss
What concerns you most about your illness/hospitalization? "Nothing"
Would you like a chaplain visit? ☐ No ☐ Yes
Any cultural/religious activities important to you while in hospital?
☐ Baptism ☐ Anointing ☐ Communion/Lord's Supper
☐ Sacrament of the Sick ☐ Other: _____
Do you have any cultural or religious beliefs that will affect your medical care (i.e. diet, blood transfusion, personnel who can provide care, etc.)?
☒ No ☐ Yes: _____

ADVANCED DIRECTIVES:
AGE-SPECIFIC: PATIENTS AGES 18 AND ABOVE
☐ Living will? ☒ No ☐ Yes
☐ Health Care Pwr of Attny? ☒ No ☐ Yes
☐ Organ Donor? ☒ No ☐ Yes
☐ Desire more info? ☐ No ☐ Yes (Refer to Guest Services)
Copy of Advance Directive on chart? ☐ N/A ☐ No ☐ Yes
If "No", which family member / significant other will bring in? _____
PRE-ADMISSION ONLY: ☐ Patient / caregiver instructed to bring copy to hospita

LEARNING READINESS ASSESSMENT:
☐ Highest level of education 10th
☐ Primary Language: ☒ English ☐ Spanish ☐ Other _____
☐ Barriers to Learning: ☐ Confusion ☐ Hearing ☐ Vision ☒ Pain ☐ Emotional
☐ Inability to read ☐ Religious/Cultural (specify) _____
☐ Other _____
☐ Required for Teaching Purposes: ☒ No Aids ☐ Glasses/Contacts
☐ Hearing Aid(s) ☐ Translator
☐ Other _____
☐ Preferred Learning Method: ☐ Audio/Visual ☒ Demonstration
☐ Written Material ☐ Other _____

VALUABLES: ☐ None Code: K = Keep F = Family S = Safe
__Clothing __Dentures __Glasses
__Contacts __Wig/hairpiece __Hearing aid
__Brace __Prosthesis __Purse/Wallet
__Walker/Cane/Wheelchair __Watch __Jewelry
Describe: safe w/ wife
Family member receiving valuables: _____

Angela Earglen 6/19/08 1700
RN Signature / Date / Time

RN Signature / Date / Time

LEXINGTON MEDICAL CENTER
ADMISSION ASSESSMENT and INTERDISCIPLINARY SCREENS

Patient Label:

7181-154-1 (1/08) Page 3 of 4

Meditech Info - Information to be entered into Meditech on Admission
MRSA: ☐ No ☐ Yes **VRE:** ☐ No ☐ Yes **If Yes, implement Contact Precautions**
Pneumovax: ☐ N/A ☐ No ☐ Yes _____(year) **Influenza Vaccine:** (Oct. - Mar.) ☐ N/A ☐ No ☐ Yes _____(yea
Height: _____ **Weight:** _____ **Allergies:** _____
Vital Signs: T____ P____ R____ BP____ **Nutrition Score:**____ **O2:** _____ **Braden Score:**_____
IV: Peripheral: _____ Central: _____
Transportation: ☐ Bed ☐ Stretcher ☐ Wheelchair **Precautions:** ☐ Falls ☐ CPOE ☐ Derm Alert ☐ Aspiration ☐ Isolation ☐ CIW
Referrals/Screens *Items below do not require physician order. State reason for referral or screen.
MSS _____ Guest Services _____
Nutrition _____ Chaplain _____
Speech Therapy _____ PT/OT (screen) _____
RT _____ Pharmacy _____
WOCN: _____ Diabetes Educator: _____
Cardiac Rehab _____, Pulmonary Rehab _____

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

MR_Lex Med Ctr_0125

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
RNT5P 595 1 W M [redacted]

Pneumococcal / Influenza Immunization Screen

ssessment: Choose Vaccine(s) (Check all that apply)

Pneumococcal vaccine (other year round)
Vaccine indicated (if any of the following):

Patient is:
- ☐ 65 Years of age or older;
- ☐ Resident of nursing home or chronic care facility regardless of age **OR**

Patient is age >17-64 and has any of the following **high-risk** conditions:
- ☐ Serious long-term health problems with chronic heart or lung disease (excluding asthma), diabetes mellitus, or kidney disease including nephritic syndrome, alcoholism, cirrhosis, or chronic liver disease
- ☐ Compromised immunity such as: Hodgkin's disease, leukemia, lymphoma, multiple myeloma, generalized malignancy, HIV or AIDS, organ or bone marrow transplant, treatment with long-term steriod use, cancer drugs, or radiation therapy
- ☐ Sickle cell anemia or prior splenectomy
- ☐ Cerebrospinal fluid leaks
- ☐ One time revaccination after 5 years for chronic renal failure, nephrotic syndrome, sickle cell disease **OR**
- ☐ Patient uncertain about prior vaccination status or history unreliable and meets the above criteria
- ☒ None of the above **(STOP the Assessment)**

Influenza Vaccine (October through March)
Vaccine indicated (if any of the following):

Patient is:
- ☐ 50 Years of age or older;
- ☐ Resident of nursing home or chronic care facility regardless of age
- ☐ Pregnant OR Postpartum

OR

Patient age > 17 years of age or older that has any of the following **high-risk** conditions:
- ☐ Serious long-term health problems with chronic heart or lung disease, asthma, diabetes mellitus, kidney or hepatic disease, neuromuscular disease, or anemia and other blood disorders
- ☐ Compromised immunity such as: Hodgkin's disease, leukemia, lymphoma, multiple myeloma, generalized malignancy, HIV / AIDS, long-term steriod use, cancer drugs or radiation therapy

OR
- ☐ Patient uncertain about prior vaccination status or history unreliable and meets the above criteria
- ☒ None of the above **(STOP the Assessment)**

1. Vaccination Status or Contraindications (Check all that apply)

Pneumococcal Vaccine not indicated (if any of the following):
- ☐ Previously immunized after age 65
- ☐ Previously immunized before age 65, but less than 5 years ago
- ☐ Has had one time revaccination
- ☐ Reported allergy to vaccine
- ☐ Patient refuses

Influenza Vaccine not indicated (if any of the following):
- ☐ Previously immunized this flu season
- ☐ Ever had a serious allergic reaction to eggs
- ☐ Previous serious reaction to influenza vaccine
- ☐ History of Guillain-Barre syndrome (discuss with physician)
- ☐ Patient refuses

2. Vaccination Decision (Check all that apply)

- ☐ **Pneumococcal vaccine indicated-no contraindications identified** (Year Round)
- ☐ **Order Notification Written in Medical Record**
  Date / Time_____
  RN Signature_____

- ☐ **Influenza vaccine indicated-no contraindications identified** (Oct. through Mar.)
- ☐ **Order Notification Written in Medical Record**
  Date / Time_____
  RN Signature_____

LEXINGTON MEDICAL CENTER
ADMISSION ASSESSMENT and INTERDISCIPLINARY SCREENS

Patient Label

7181-154-1 (1/08) Page 4 of 4

MR_Lex Med Ctr_0126

Date: 6-19-08 Time: 0610 Type of Admission: ☐ Pre-Operative/Procedure ☐ Outpatient Medical ☒ Inpatient/Obs
Family/general MD: DR. NGACI Phone #: Specialist: Phone #:
Patient Height / Length: 5'9" Weight: 35 Kg Head Circumference (age < 2 yrs.):
Emergency contact: SUSANNE 422-2277
Out-patient Adults: Do you have someone to take you home after discharge? ☐ No ☒ Yes:

Safety Orientation: ☒ Call lights ☒ Bed controls ☒ Fall Safety ☒ Siderails ☒ Smoking policy ☒ ID Bracelet on

REASON FOR ADMISSION (PT / CAREGIVER'S WORDS):

Onset, symptoms, etc: MVA

Treatments prior to coming here:

Ever had a blood transfusion? ☒ No ☐ Yes
Transfusion reaction? ☒ No ☐ Yes
Pt. / family reaction to anesthesia? ☒ No ☐ Yes
Are you or could you be pregnant? ☒ N/A ☐ No ☐ Yes
LMP:
Are you currently breast feeding: ☒ N/A ☐ No ☐ Yes

MEDICAL DEVICES / IMPLANTS: ☒ None
☐ Pacemaker ☐ Intraocular lens implant ☐ R ☐ L
☐ PICC / midline catheter
☐ Implanted venous access device:
☐ Dental / orthodontic:
☐ Orthopedic hardware:
☐ Other implant / medical device:
☐ Body Piercing:

Adult Vaccine Screen age > 17:
Pneumovax: (year round) ☐ N/A ☒ No ☐ Yes: ____(year)
Flu shot (Oct. - Mar. only) ☐ N/A ☒ No ☐ Yes: ____(year)
If vaccines "no" or pneumovax given prior to age 65, complete Immunization screen on page 4.

PAIN: ☐ No ☒ Yes
☐ Score 8 ☒ Constant ☐ Intermittent
Location L leg Onset Duration
☐ Sharp ☐ Dull ☒ Aching ☐ Burning ☐ Cramping ☒ Throbbing ☐ Prickling

SURGICAL HISTORY: ☐ None

Procedure	Year
hernia repair	2002

AGE SPECIFIC INFO:
Pediatrics - Current on childhood immunizations? ☐ No ☐ Yes *Under 3 years:*
☐ *Bottle feeding* ☐ *Breastfeeding* ☐ *Feeds self*
☐ *Feeding problems:*
Toilet trained ☐ *Yes* ☐ *No*
Word for BM Word for Urination

MEDICAL HISTORY

	Detail
Cardiac & Vascular: ☒ None	☐ MI ☐ Angina ☐ CHF ☐ CVA ☐ TIA ☐ Heart Murmur ☐ HTN ☐ Cardiac Cath. ☐ Angioplasty/PTCA ☐ Stent(s) ☐ Feet Swelling ☐ Thrombophlebitis ☐ Other:
Respiratory: ☐ None	☐ COPD / Emphysema ☐ Asthma ☐ Hemoptysis ☐ TB ☒ Productive Cough > 2 weeks ☐ Non-Productive Cough ☐ CPAP/BIPAP ☐ Pulmonary embolus ☐ Recent illness (bronchitis, pneumonia, other infection) ☐ Other:
Endocrine: ☒ None	☐ Diabetes ☐ Thyroid ☐ Other:
GI: ☐ None	☒ Hiatal hernia ☒ Reflux acid ☐ Bowel Problem: ☐ Colostomy ☐ Ileostomy ☐ Other:
Kidney/Urinary: ☒ None	☐ Kidney Failure ☐ Dialysis ☐ Urinary Problem: ☐ Urostomy ☐ Other:
Neurological: ☒ None	☐ Decreased sensation / tingling ☐ Dementia ☐ Altered LOC ☐ Seizures ☐ Loss of Function: ☐ Develop/Cognitive Delay:
Miscellaneous: ☐ None	☐ Cancer ☐ Chemotherapy ☐ Radiation therapy ☐ Leukemia ☐ Liver Disease/Hepatitis ☐ Psych Disorder: ☒ Night sweats ☒ Arthritis manual ☐ Recent exposure to infectious disease ☐ Tires easily ☐ Lack of Energy ☐ Bleeding disorder ☐ Anemia ☐ MRSA ☐ VRE ☐ Other:

SUBSTANCE USE SCREEN ☐ Denies Use

	Type	Amount	# Years	Last Use	Quit
Tobacco	cig.	1 pack/day	15		
Alcohol	beer	occasionally			
Recr. Drugs					

Yes to 2 or more, monitor using CIWA Scale & Initiate MSS Referral
Have you ever felt you need to CUT DOWN on your drinking? ☐ YES ☒ NO
Have people ANNOYED you by criticizing your drinking? ☐ YES ☒ NO
Have you ever felt bad or guilty about your drinking? ☐ YES ☒ NO
Have you ever had a drink first thing in the morning to steady your nerves, get rid of a hangover or to get the day started? ☐ YES ☒ NO

LEXINGTON MEDICAL CENTER
ADMISSION ASSESSMENT and INTERDISCIPLINAR [redacted]

[redacted] 06/19/08 35
CHAEL C
LEE, DAVID K MD
595 1 W M [redacted]

MR_Lex Med Ctr_0127

FUNCTIONAL SCREEN AGES 4 & ABOVE: (check current level of function)

	Independent	Assistive device use	Assistance from others	Assist. From others & devices	Totally dependent
Bathing	✓				
Dressing	✓				
Transfers	✓				
Walking	✓				

Is this a recent loss of function (last 2 months)? ☐ No ☐ Yes (Refer to PT/OT)

ASPIRATION SCREEN:

☐ Facial / oral / neck surgery or trauma ☐ Reduced LOC
☐ Impaired Swallowing
☐ Enteral tube feeding ☐ Artificial airway ☐ None Noted
If ANY of the above screened as yes, place on Aspiration Precautions and obtain Speech Therapy consult

SWALLOW FUNCTION SCREENING: For ICH, CVA, TIA OR Head/Neck Cancer patients:

Does the patient have any of the following? ☒ None Noted
☐ Harsh, breathy voice ☐ Slurred speech/facial droop
☐ Weak cough on command ☐ Decreased ability to manage secretions
☐ Inability to swallow on command ☐ Wet/gurgly vocal quality
If ANY of the the above is yes, the patient will be maintained strict NPO until a clinical swallow evaluation is completed by speech pathology

CARDIAC, PULMONARY AND VASCULAR REHABILITATION

CARDIAC: ☐ Acute MI or MI last 12 mos. ☐ PCI / PTCA / Stent last 12 mos. ☐ CABG last 12 mos. ☐ Stable Angina ☐ Cardiac catherization (+ for CAD)
VASCULAR: ☐ Peripheral arterial disease w/claudication last 12 mos. ☐ Peripheral arterial bypass last 12 mos. ☐ PTA lower extremities last 12 mos.
PULMONARY: ☐ COPD (FEV 1.0<70% of predicted) including emphysema, asthma, chronic bronchitis ☐ Pulmonary fibrosis
If any checked, CPV Rehab Referral in Meditech

SOCIAL ABUSE/NEGLECT SCREEN: (MSS referral if any checked)

☐ Patient or caregiver unwilling to give info. critical to patient's treatment
☐ Signs of neglect: severe malnutrition, failure to thrive, poor hygiene, inappropriate clothing, insect or rodent bites, etc. ☐ Exploitation
☐ Patient reports incident of physical or sexual abuse, rape, or neglect
☐ History indicates frequent medical attention for injuries (esp. fractures)
☐ Long delay between injury and presenting for treatment
☐ Patient or caregiver gives a history that does not explain the injury
☐ Evidence of repeated injury (old fractures, bruises, etc.)
☐ Signs of drug withdrawal in infant (tremors, twitches, difficult to console, increased startle reflex, etc.)
☐ Significant other hovering, speaking for patient, etc.
☐ Bruises or bleeding in perineal area ☐ Sexually transmitted disease
☐ Penile / vaginal / rectal discharge / bleeding
☐ Torn, stained, or bloody underwear
☐ Self inflicted wounds ☐ Overdose
☐ Do you have thoughts of harming yourself or others?
☒ No Risk Factors Noted

COMMUNICATION:

Does the patient have:
Reading difficulty? ☒ No ☐ Yes
Hearing problems? ☒ No ☐ Yes
Sight problems? ☒ No ☐ Yes

FUNCTIONAL SCREEN < AGE 4: (PT OT referral for any delay)

Circle all that have been attained

Age	Social	Fine Motor	Gross Motor	Language
4 mo.	Smiles	Grasps	Rolls over	Turns to voice
6 mo.	Reach for toys	Hand to hand	Start to sit	Dada and Mama
9 mo.	Peekaboo	Thumb-finger grasp	Pull to stand	Imitates sounds
12 mo.	Drink from cup	Pincer grasp	Stands momentarily	Mama specific
18 mo.	Uses spoon	Scribbles	Walks	3 words + Mama
2 yr.	Puts on clothes	Draws line	Balances on foot	Knows body parts
3 yr.	Interactive play	Copies	Rides trike	Knows 1st + last nam

NUTRITION SCREEN:

	Response	Score
☐ Have you lost weight recently without trying?	No	0
	Unsure	2
☐ If yes, how much weight (lb) have you lost?	2-13	1
	14-23	2
	24-33	3
☐ Have you been eating poorly because of a decreased appetite?	No	0
	Yes	1
☐ Pressure Ulcer Stage 3 or >, fistula, non-healing wound, open surgical wound, or burns present?		3
☐ Use of TPN or tube feeding at or prior to admission		3
☐ < 3-year history of Bariatric Surgery		3

Enter into Meditech: TOTAL SCORE 0

Are you on a special diet? ☒ No ☐ Yes:

D/C PLANNING SCREEN:

Do you have the following ☒ Electricity ☒ Heat ☒ AC ☒ Running water ☒ Phone
Community services currently receiving (MSS referral if any checked):
☐ None ☐ DSS ☐ Voc. Rehab. ☐ Home Health Agency:
☐ Medicaid Community Long Term Care
☐ Hospice Agency:
☐ Adult Day Care Agency:
☐ Mental Health Care:
☐ Adult Protective Services
Home equipment currently using? ☒ None ☐ Hospital bed ☐ Wheelchair ☐ Walker/Cane ☐ Bedside commode ☐ Oxygen ☐ CPAP
☐ Other:
Equipment provided by:
Is patient > age 80 and lives alone? ☒ No ☐ Yes (MSS Referral)
Does patient need help with transportation? ☒ No ☐ Yes (MSS Referral)
Difficulty obtaining medications after D/C? ☒ No ☐ Yes (MSS Referral)
☐ Repeat inpatient or outpatient admissions (MSS Referral)

Lexington Medical Center Adult Patient Plan Of Care

Adult Vaccines

	Date: Ordered	Received	N/A
Pneumococcal:			
Influenza: Oct- Mar			
PPD given: Step 1-		Step 2-	

Disciplines Involved and Codes

- ☐ RN = Nursing
- ☐ CN=Clinical Nutrition
- ☐ CR=Cardiac Rehab
- ☐ OT=Occupational Therapy
- ☐ P=Pharmacy
- ☐ PT=Physical Therapy
- ☐ R=Radiology
- ☐ RT=Respiratory Therapy
- ☐ ST=Speech Therapy
- ☐ CH=Chaplain
- ☐ MSS=Medical Social Services

Codes for Problem Priority

A = Active
D = Deferred
M = Maintenance (stable condition continuing with current regimen)
R =Resolved*
NA = Not applicable to this patient at this time

* If patient does not reach R then discharge plan will address.

Code Status/Date

Full

Advance Directives

Patient has Advance Directive(s) ☐ Yes ~~☐~~ No

Copy on chart: ☐ Yes ☐ No

Date of 1st Request: _____

Date of 2nd Request:

Diagnosis/ Surgical Procedure:

(L) TH - 7 wks ago.
(L) Acetabulum ago.

Venous Access Devices

Date / Time Inserted	Device / Site	No. of Attempts	Nurse Initials	Date Discontinued
6-19-08	18 RA	IN ER		

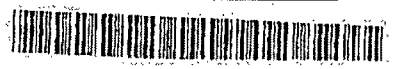
Pertinent History:

Smoker
Reflux

RN records first initial and last name for care plan review each shift:

Date	0700-1500	1500-2300	2300-0700
6/19	[signature]	A Earle CN	[signature]

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M [redacted]



ROA 1329
MR_Lex Med Ctr_0129

Problems (based on History, Assessment, &/or reassessment)	Problem Priority	Goals/Initials	Date Goal Met/Initials	Interventions
Pain	Code /Date A 6/19/08	Patient will express knowledge of use of pain scale. N Patient will report pain promptly when pain reaches 3 on the pain scale. N Patient will report no pain greater than 5 on the pain scale. N		Select appropriate pain scale and teach patient how to use. Assess pain level with vital signs. Assess patient satisfaction with pain regimen every shift. Administer prn pain meds regularly and/or by patient request. Use appropriate nonpharmacological measure
High Risk for Falls	Code /Date N/A	Patient to remain free from injury related to a preventable fall while hospitalized.		Implement Spot the Dot
Discharge Needs	Code /Date A 6/19/08	Establish post hospitalization plan for continuing care. N		Assess needs Consult MSS for identified needs Discuss options/preference with patient and/or significant other Contact appropriate resources and arrange for provision of needed services Comments:
High Risk for Skin Breakdown	Code /Date N/A	Patient will not develop new skin breakdown while hospitalized. Patient will exhibit healing or improvement of wound/lesion.		Implement Derm Alert Wound/Lesion Care: _____ Consults: ___ WOC Nurse ___ Nutrition Comments:
Impaired Physical Function Re: ☑ Ambulation ☑ Transfers ☐ Functional use of: _____	Code /Date A 6/19/08	The patient will: ☑ Ambulate, assistive device/assistance as needed. ☑ Perform transfers, assistive device/assistance as needed. ☐ Perform exercises to improve functional use of		The patient will participate in: ☑ Walking with assistance from nursing staff. ☑ Progressive gait training. ☐ Transfer training. ☐ Therapeutic exercise. ☐ Other: _____

[redacted] 06/19/08 35 nt Label
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M[redacted]

ROA 1330
MR_Lex Med Ctr_0130

ɔred Nutritional Status Potential for inadequate po intake Inability to meet needs po Other: _____	Code /Date NPT __/__ __/__ __/__	The patient will: ☐ Consume ≥ 50% of meals/snacks prior to discharge ☐ Pt will meet 75-100% of estimated needs with TF/PN. ☐ Other: _____		☐ Obtain food preferences. ☐ Offer nutritional supplements. ☐ Monitor tolerance of TF/PN. ☐ Assess/monitor TF/PN adequacy ☐ Monitor PO acceptance ☐ Other: _____
paired Respiratory Function Re: Hypoxemia Bronchospasms/Broncho-constriction Presence of or Potential for Atelectasis Impaired airway clearance Other: _____	Code /Date AT 6/19/08 __/__ __/__ __/__	☑ Oxygenation Maintain SpO2 ≥ 90% *CO2 retainers (SpO2 ≥ 88%) *Cardiac (SpO2 ≥ 95%) ☐ Bronchodilation as evidenced by physical assessment ☐ Improved lung expansion as evidenced by physical assessment ☐ Improve hydration and/or mobilization of secretions ☐ Other: _____		☑ Oxygen therapy ☐ Aerosolized bronchodilator ☐ Volume expansion therapy ☐ Bronchial hygiene therapy ☐ Other: _____
	Code /Date __/__ __/__ __/__ __/__			
	Code /Date __/__ __/__ __/__ __/__			

Initials	Signature/Discipline	Initials	Signature/Discipline	Initials	Signature/Discipline
AT	[signature] RN				

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID Y MD
HNTSP 595 1 W M [redacted]

ROA 1331
MR_Lex Med Ctr_0131

Multidisciplinary Patient/Family Education

Learner: (L)
P=Patient
F=Family Member
SO=Significant Other

Method: (M)
AV=Audio Visual
D=Demonstration
W=Written Material
V=Verbal

Readiness to Learn: (RL)
R=Ready, Interested
N=Not ready, Distracted
U=Uncooperative
P=Patient's Condition Prohibits

Outcomes: (O)
N=No Evidence of Learning
VR=Verbal Recall/Understanding
NR=Needs Reinforcement
D= Demonstrates Adequately

Patient Education Documentation:

Population	Date/Initial
Fluid Volume Overload and/or HF * (Includes the following) Activity, Diet, Weight monitoring, Symptom management, Follow-up appointment, Discharge medications	
AMI *	
Pneumonia *	
Anticoagulant Therapy	
Other:	
Other:	

*** Includes smoking cessation**

Date	Topic	L	RL	M	O	Signature/Title
6/19	Plan of Care/Disease Info Tests/Treatments	P	R	V	D	A Eargle RN
6/19	Pain Management Pain Scale	P	R	V	D	A Eargle RN
	Basic Health Practices and Safety					
	Nutrition /Diet					
	Respiratory Needs					
	Smoking Cessation					

Date	Topic	L	RL	M	O	Signature/Title
	Medication Use and Safety					
	Rehab Techniques					
	Medical Equipment					
	Discharge Planning					
	Other					

[redacted] Patient label
[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNISP 595 1 W M [redacted]



ROA 1332
MR_Lex Med Ctr_0132

LEXINGTON MEDICAL CENTER
DIAGNOSTIC PROCEDURE FORM

Date: 6-19-08 Time: 0100 Procedure: Agram c runoff

Allergies and Reactions: NKOA

ADMISSION MODE:
- ☐ Ambulate
- ☐ Wheelchair
- ☒ Stretcher
- ☐ Ambulance
- ☐ Other: _____

LOC:
- ☐ Alert
- ☒ Oriented
- ☐ Confused
- ☒ Responsive
- ☐ Arousable
- ☐ Unresponsive

SKIN:
- ☒ Pink
- ☐ Pale
- ☐ Dusky
- ☐ Ruddy
- ☒ Warm
- ☐ Hot
- ☐ Cool
- ☐ Clammy
- ☒ Dry
- ☐ Mottled
- ☐ Jaundice

HEART RHYTHM:
- ☒ Regular
- ☐ Irregular

RESPIRATORY:
- ☒ Non-labored
- ☐ Labored
- ☐ Breath Sounds _____

COPING:
- ☒ Cooperative
- ☐ Agitated
- ☐ Withdrawn
- ☒ Pleasant
- ☐ Relaxed
- ☐ Angry
- ☐ Combative

NPO since: 1400 6/18 ☐ NA
Permit signed? ☒ Yes ☐ No
Family member present? ☒ Yes ☐ No

IV ACCESS & FLUIDS

Time	Fluid	Size	Site
PTA	NSKVO	(R) AC	

Li Bayer
Nurse Signature

PROCEDURAL DATA

TIME	BP	HR	RR	SpO2	Nurse's Notes
0100	128/94	96	18	97%	pt to Rock for procedure. (R) dimenished pulsable pulse DP. traction remains in place. (R) cap refill. pt c/o/o. wife c pt (R)
0125					procedure complete. RAD tech to hold pressure x5.

Pulse Key: B=Bounding N=Normal D=Diminished Dp=Doppler A=Absent

Medications: 1% lido - local anes per MD

PULSES:

	Pre R	Pre L	Post R	Post L
Radial	B	N		
Brachial	N	N		
Femoral	N			
Popliteal	—	—		
Dorsalis Pedis	D			
Posterior Tibialis				

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED22 21 A W M [redacted]

MR_Lex Med Ctr_0133

Catheter Site: (B)groin Catheter In Time: 0104 Catheter Out Time: 0119

Injections:

	SITE	FLUIDS	RATE	AMOUNT OF CONTRAST
1.	@groin	15	8	10
2.		~~NSA~~	~~NA~~	—
3.		4	"hand"	2
4.		6	"hand"	3
5.		36	6	24
6.		12	4	8
7.		12	4	8
8.		15	6	10
9.		12	"hand"	6
10.		112		
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

TOTAL FLUID: 112

TOTAL CONTRAST: 71

TEST:

Complications:

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED22 21 A W M [redacted]

Nurse Signature

2

MR_Lex Med Ctr_0134

DC
STATUS

A	I	Nursing Diagnosis	A	I	Standard of Care (Goals & Patient Outcomes)	Met	Not Met	Standard of Practice (Interventions, Process, Standards)	Proc.
TR		Alteration in tissue perfusion related to pathophysiological and treatment-related factors or dysrhythmia.	TR		The patient will: Exhibit skin color and temperature unchanged or improved. Be free from life threatening dysrhthmia. Exhibit no sign of dizziness, syncope or vertigo. OTHER:	✓		Implement medical plan of care, report problems/deviations. Monitor vital signs Q 5-15 min. Continuous EKG monitoring during procedure and PRN in Step Down. Assess color & temperature of skin prc. And post procedure and upon discharge from Step Down. OTHER:	✓ ✓ ✓ ✓ ✓
TR		Risk of ineffective Therapeutic Regimen Management related to insufficient knowledge of care of procedural site, signs & symptoms of complications and restrictions.	TR		The patient will: List signs and symptoms that must be reported to a health care professional. Describe any at-home activity restrictions. Describe at-home wound management.	✓		Determine information needed to manage their care. Provide wound care instructions. Reinforce activity restrictions as indicated. Teach patient/family to report signs & symptoms of possible complications.	✓ ✓ ✓ ✓
TR		High risk for injury related to age related hazards, pathophysiological, or treatment-related factors. (IV sedation or dx. procedures)	TR		The patient will: Remain free of injury while hospitalized. The patient, family or significant other will: Identify factors that increase potential for injury. Identify strategies to maintain safety & prevent injury. OTHER:	✓		Implement medical plan of care, report problems/deviations. Teach patient, family or significant others: a. medication side effects, potential hazards. b. Corrective use of adaptive equipment or devices. c. Signs & symptoms to report to the MD. OTHER:	✓ ✓ ✓ ✓ ✓

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED22 21 A W M [redacted]

DC STATUS

A	I	Nursing Diagnosis	A	I	Standard of Care (Goals & Patient Outcomes)	Met	Not Met	Standard of Practice (Interventions, Process, Standards)	Proc.
TM		Acute pain related to procedural interruption of body structures.	TM		The patient will: Demonstrate adequate pain management. Verbalize relief of pain/discomfort.	✓		Instruct patient to request pain medication as needed before pain becomes severe. Encourage the patient to utilize a pain scale. Observe for physical signs of pain (e.g. increased heart and respiratory rates, elevated blood pressure, restlessness, facial grimancing, guarding)	✓ ✓ ✓
TM		Risk for infection related to a site for organism invasion secondary to procedure.	TM		The patient will: Verbalize the signs and symptoms of infection and whom to contact.	✓		Teach patient/family to monitor for signs and symptoms of infection, fever, redness, swelling purulent drainage from procedural site. Implement aseptic technique. Contact medical health care provider for any signs of infection.	✓ ✓ ✓
TM		Ineffective breathing patterns related to decreased energy, pain or medications as evidenced by altered respiratory pattern, changes in pulse, abnormal O2 levels at baseline or acceptable range.	TM		The patient will: Demonstrate an effective respiratory rate. Exhibit SpO2 levels at baseline or acceptable range.	✓		Ausculate breath sounds, evaluate respiratory rate and depth. Obtain SpO2 levels q 5-15 minutes. Monitor effectiveness of O2 therapy, if ordered. Implement medical plan of care. Report problems/deviations. Suction airway as needed.	✓ ✓ ✓ ✓ ✓ ✓

Care provided according to LMC & Perioperative Policies/Procedures/Standards

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED22 21 A W M [redacted]

TM
RN Initials

RN Signature

MR_Lex Med Ctr_0136

DATE JUN 19 2008 WEIGHT admission

	07	08	09	10	11	13	14	15	16	17	18	19	20	22	23	24	01	02	03	04	05	06
Temperature																						9
Pulse																						12
Respirations																						1
BP																						15
FiO2 (LPM)																					2L	4
SpO2																						97
Initials																						CH
Pain Score																						5
Initials																						CH
Blood Sugar																						
Initials																						

L=Left R=Right B=Back **TURNING / POSITIONING SCHEDULE** S=Self CH=Chair ST=Stand OFF=Off u

Position																						
Initials																						
Patient Rounds																						
1:1 Observation																						

INTAKE AND OUTPUT

INTAKE	7A-3P	3P-11P	11P-7A
IV		2400 c/o PPE	
Oral			
Blood			
PPN/TPN			
Tube Feeding			
8 Hour Total			2400
24 Hour Total			

OUTPUT	7A-3P	3P-11P	11P-7A
Urine			0
Emesis			
N/G Tube			
Hemovac			
JP Drain			
Chest Tube			
EBL			15
Bowel Movement			
8 Hour Total			
24 Hour Total			

Breakfast TYPE	Lunch TYPE	Dinner TYPE	Supplemental Feedings
All >Half <Half None NPO	All >Half <Half None NPO	All >Half <Half None NPO	All >Half <Half None NPO

ISOLATION ○ YES ○ NO TYPE

INTERVENTIONS / TREATMENTS	N/A	7A-3P	3P-11P	11P-7A
Bath C=Complete A=Assist S=Self SH-Shower				
Peri Care / Catheter Care				
Oral Care				
Linen Changed				
Activity B=Bedrest BRP=Bathroom Privileges U=Up ad lib C=Chair				B
HOB elevated Degrees				Comfort
PEG / NG Placement checked / Tube Feeding Residual (amount)				
Ambulation S=Self A1=Assist X1 A2=Assist X2				
TED Hose (Removed TID)		Time	Time	Time
Sequential Compression Device Intact				
Trach Care				
Incentive Spirometry				
Deep breathe & cough				Line
Suction O=Oral T=Trach NT=Nasotracheal ET=Endotracheal				
Aspiration Precautions				
Seizure Precautions				

SIGNATURE / TITLE / INITIALS

SIGNATURE / TITLE / INITIALS

Carolyn Rogers LPN CWE

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNI5P 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER ADULT DAILY CARE RECORD

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MR_Lex Med Ctr_0137

DATE JUN 1 9 2008

	NORMAL		7A-3P Time ____ Initial ____	3P-11P Initial ____	11P-7A Time 0600 Initial (illegible)
NEUROLOGIC	Alert, oriented X3, follows commands, speech clear, speech clear and appropriate, motor response appropriate, moves all extremities	WNL			
		* Disoriented to			
		* Agitated			
		* Lethargic			
		* Arouses to			verbal
		* Unresponsive			
		* Inappropriate behavior			
		Speech: WNL Aphasic Slurred			
CARDIOVASCULAR	Heart rhythm regular, brisk capillary refill, no edema, peripheral pulses present by palpation	WNL			
		Abnormal Heart Rate (brady, tachy)			tachy (125)
		Abnormal Heart Rhythm (Reg/Irregular)			
		Abnormal Heart Sounds (Murmur, Gallop, S3, S4, Rub, etc.)			
		Capillary Refill Time >3 sec			
		Edema - Location			
		- Type (pitting/nonpitting/generalized)			
	○ AV Graft present Location ____	Abnormal Peripheral Pulses (A=Absent, W=Weak, D=Doppler, N=Normal)	Right Left	Right Left	Right Left
		Radial			N N
		Pedal			W Dicc WNL
	○ Pacemaker/ICD Present	Remote Telemetry Present	YES / NO	YES / NO	YES / NO
		AV Bruit Present	YES / NO	YES / NO	YES / NO
		AV Thrill Present	YES / NO	YES / NO	YES / NO
PULMONARY	Respirations even unlabored lung sounds clear, no cough rate WNL, no secretions	WNL			Coarse
		Irregular - S=Shallow D=Deep L=Labored			
		Breath Sounds D=Diminished W=Wheezes, A=Absent C=Crackles, R=Rhonci	R L	R L	R L
		Cough N=Non-productive P=Productive			N
		Sputum - Color			
		Sputum - Consistency			
		Continuous Pulse Oximetry	YES / NO	YES / NO	YES / (NO)
	–	Chest Tube(s) R L	Water Seal OR Suction ____ cms Air Leak + / -	Water Seal OR Suction ____ cms Air Leak + / -	Water Seal OR Suction ____ cms Air Leak + / -
GASTROINTESTINAL	Abdomen soft, non-distended, non-tender, bowel sounds present in all 4 quadrants, no N/V, no diarrhea, no constipation	WNL			CVR
		Abdomen distended (Firm/Soft)			
		Abdomen Tender (Location)			
		Bowel sounds: A=Absent ♀=Hypoactive ♂=Hyperactive			
		N=Nausea V=Vomiting			
		Incontinent (Bowel)	YES / NO	YES / NO	YES / (NO)
	Last Bowel Movement ____	D=Diarrhea C=Constipated			
		Ostomy (Colostomy/Ileostomy)	Colostomy / Ileostomy	Colostomy / Ileostomy	Colostomy / Ileostomy
		Stoma Color			
		Tubes: (PEG, NG, Other)			
GENITOURINARY	Urine clear, yellow to amber No difficulty voiding No bladder distention	WNL			HNV
		Urine cloudy	YES / NO	YES / NO	YES / NO
		Urine color			
		Patient complains of Burning	YES / NO	YES / NO	YES / NO
		Frequency	YES / NO	YES / NO	YES / NO
		Dysuria	YES / NO	YES / NO	YES / NO
		Incontinent (Urine)	YES / NO	YES / NO	YES / NO
	Dialysis Today YES/NO	Catheters: F=Foley S=Suprapubic, N=Nephrostomy U=Urostomy (Describe stoma)			

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
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DATE JUN 19 2008

MUSCULOSKELETAL		7A-3P Time / Initial	3P-11P Time / Initial	11P-7A Time / Initial
NORMAL: Moves all extremities independently with purpose, full spontaneous ROM; self care; independent bed mobility; transfers, steady gait; ambulates without assistive device; absence of joint swelling or tenderness	WNL			2610 LD
	Weakness (General vs. Location)			Rt
	Paralysis (Location)			
	Joint Stiffness			L LE
	Contractures			
	Amputation (Type & Location)			
	Assistive Device/Type/Prosthesis			
	Immobilization device / Type			splint-Rt
	Orthopedic Devices			

PAIN MANAGEMENT

Codes

Scales: Color Intensity; FACES; FLACC; Simple Descriptive; Visual Analog; Numeric (0-10)

Quality: A=Aching; B=Burning; D=Dull; S=Sharp; C=Cramping; T=Throbbing; P=Prickling; R=Radiating

Intervention: 1=Discuss pain management w/MD; 2=Pharmacological (See EMAR); 3=Non-Pharmacological - A=Changed position; B=Relaxation technique; C=Splinting; D=Imagery; E=Music; F=Education

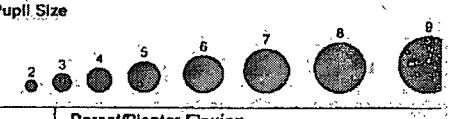
	7A-3P Time / Initial	3P-11P Time / Initial	11P-7A Time / Initial
Comfort Goal			0600 CN
Pain Scale Used			K5 N
Pain Rating			6
Location			L hip, Rt
Quality			—
Intervention			—

NEUROLOGICAL / NEUROVASCULAR ASSESSMENT

☑ N/A

	Time														
Coma Scale:	Eyes Open														
	Verbal Response														
	Motor Response														
Pupils: Size/Reaction	Right														
	Left														
Dorsal Flexion	R/L														
Plantar Flexion	R/L														
Limb Movement															
Hand Grips:	Equality														
	Strength Right														
	Left														
Capillary Refill															

Codes

Eyes Open	Verbal Reponse	Motor Response	Pupil Reaction	Hand Grips	Pupil Size
4=Spontaneously	5=Oriented	5=Obeys commands	B=Brisk	E=Equal	
3=To speech	4=Confused	4=Localizes pain	S=Sluggish	U=Unequal	
2=To pain	3=Inappropriate words	3=Flexion to pain	N=No reaction		
1=None	2=Incomprehensible sounds	2=Extension to pain	C=Eyes closed		
C=Swollen Closed	1=Unresponsive	1=No motor response			

Limb Movement
1=Normal power; 2=Cannot overcome resistance; 3=Overcome gravity; 4=Flicker of muscle; 5=Spastic flexion; 6=Extension; 7=No movement

Strength of Grips: S=Strong; W=Weak; A=Absent

Dorsal/Plantar Flexion: S=Strong; W=Weak; A=Absent

BRADEN SCORE FOR PREDICTING PRESSURE ULCER RISK

Sensory Perception	Moisture	Activity	Mobility	Nutrition	Friction & Shear
1=Completely Limited	1=Constantly moist	1=Bedrest	1=Completely Immobile	1=Very Poor	1=Problem
2=Very Limited	2=Very moist	2=Chairfast	2=Very Limited	2=Probably Inadequate	2=Potential problem
3=Slightly Limited	3=Occasionally moist	3=Walks occasionally	3=Slighty Limited	3=Adequate	3=No apparent problem
4=No Impairment	4=Rarely moist	4=Walks often	4=No Limitations	4=Excellent	
SCORE =	SCORE =	SCORE =	SCORE =	SCORE =	SCORE =

If total score ≤18, patient is a high risk for pressure ulcer implement Derm Alert Protocol. Total Score =

DERM ALERT INTERVENTIONS	7A-3P	3P-11P	11P-7A
Specialty Bed / Mattress Overlay			
Elbow / Heel Protectors			
Moisture Barrier Creams / Lotions			
Turn Clock posted over bed			

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
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MR_Lex Med Ctr_0140

DATE JUN 19 2008

☐ N/A

PCA/EPIDURAL/NARCOTIC DRIP FLOWSHEET *Remote telemetry for 1st 24 hours.

Time	Drug	Strength (mg/ml)	Contin Rate (mg)	Loading Dose	PCA Dose	Lockout (min)	4-Hour Limit	1st RN	2nd RN

Patient monitoring will be documented upon initiation, then every 2 hours for 8 hours, then every 4 hours

Time									
New Syringe	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Waste Amount									
Purge Amount									
Cumulative Volume Delivered									
Review History & Program									
Pain Level									
Respiratory Rate									
O2 Sat									
Ramsey Scale									

Ramsey Scale - 1=Patient anxious, agitated or restless; 2=Patient cooperative, oriented and tranquil; 3=Patient responds to command only; 4=Patient responds to gentle shaking; 5=Patient responds to noxious stimuli; 6=Patient has no response to firm nail bed pressure or other noxious stimuli

Time	NARRATIVE NOTE
0610	Pt. to room via bed. V.S. checked pt. drowsy, wants to "go outside" Informed pt. he cannot go at this time. C/O R- L toes warm & good refill, movement. Splint & bulky dsg + ace wrap D+I - Pt. only allowed 1 pillow under LLE. Explained to pt. re: edema, swelling & pain. Pt. states it "hurts my hip to raise my foot." Ice to both sides of lower leg/ankle and 1 on top. O2 on at 2L & humidity due to de-sat on room air to 86-87%. Ice chips given p.o. per C/O R.

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

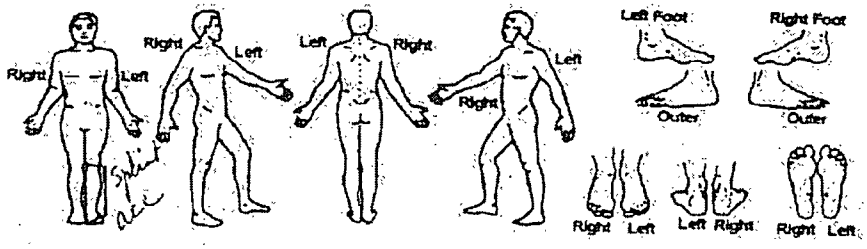
[redacted] 06/19/08 35
[redacted] RAEL C
[redacted] LEE, DAVID K MD
ANTSP 595 1 W M [redacted]

DATE JUN 1 9 2008

	7A-3P	3P-11P	11P-7A
	Time____ Initial____	Time____ Initial____	Time 0616 Initial LVK
WNL			
Skin Discoloration/Location- C=Cyanosis J=Jaundice P=Pallor V=Vitiligo E=Erythema			

INTEGUMENT

Skin intact; turgor elastic; no discoloration; warm and dry to touch; oral cavity pink; moist and intact



WOUND ASSESSMENT CODES

Stage
I - Non-blanchable reddened area (intact skin)
II - Blister, skin break
III - Skin break exposing subcu tissue
IV - Skin break exposing muscle and/or bone

Appearance
P = Pink / Clean
S = Slough
E = Eschar

Drainage
O = None
S = Serous
SG = Sero-sanguineous
P = Purulent

Odor
O = None
M = Mild
F = Foul

Peri-Wound Tissue
WNL = Within Normal Limits
R = Reddened
D = Darkened
M = Macerated

☐ N/A

WOUND ASSESSMENT

	7A-3P Time____ Initial____	3P-11P Time____ Initial____	11P-7A Time 0616 Initial LVK
Wound #1 Location			
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision			Traumatic / Surg
Stage			
Appearance			D. E
Drainage			S
Odor			O
Peri-Wound Tissue			—
Size - cm (LxWxD)			L L F,
Undermining	YES / NO	YES / NO	~~YES / NO~~
Irrigation			—
Treatment			splint - ace
Wound #2 Location			
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision			
Stage			
Appearance			
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / NO	YES / NO	YES / NO
Irrigation			
Treatment			
Wound #3 Location			
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision			
Stage			
Appearance			
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / NO	YES / NO	YES / NO
Irrigation			
Treatment			

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RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
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LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

DATE JUN 19 2008

FALL RISK ASSESSMENT

Risk Factor	Points	7A-3P	3P-11P	11P-7A
Confusion/Disorientation/Impulsivity	4			
Symptomatic Depression	2			
Altered Elimination	1			1
Dizziness/Vertigo	1			
Gender - Male	1			1
Any Administered Antiepileptics	2			
Any Administered Benzodiazepines	1			
Shift Assessment Score				2

Get Up and Go Test (To be completed daily in AM & on Admission)

	Points	Score
Ability to rise in a single movement - No loss of balance with steps	0	
Pushes up, successful in one attempt	1	
Multiple attempts, but successful	3	
Unable to rise without assistance during test (OR if a medical order states the same and/or complete bedrest is ordered)	4	

AM Fall Risk Assessment
Get Up/Go score _____
TOTAL _____
(A score of 5 or > = High risk)

FALL PREVENTION INTERVENTIONS

	N/A	7A-3P	3P-11P	11P-7A
Spot The Dot				CWL
Non-skid Slipper Socks on when OOB				—
Wall Sign reflects Spot The Dot				CWL
Call Light in Reach				CWL
Bed Low & Locked				CWL
Bed Alarm Activated				
Side Rails Up		☐ X2 ☐ X3 ☐ X4*	☐ X2 ☐ X3 ☐ X4*	☐ X2 ☐ X3 ☑ X4*
*Siderails - 0X4 Reason				Post OP

RESTRAINT ASSESSMENT

☑ N/A

Criteria ○ Acute or chronic confusion AND at least one of the following: ☐ High risk for fall AND repeated attempts to get up w/o assistance
☐ Pulling, picking or otherwise endangering the patency of lines, tubes, dressings, or other medical device that if disconnected would pose a threat to patient's
Time limited MD order obtained each calendar day: ☐ Yes

Behavioral Assessment q2Hrs:	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
I. Confused; disoriented AND at least one of the following																								
A. Attempts to pull/pick at lines, tubes, dressings, etc...																								
B. Attempts to get out of bed/chair without assistance																								
II. Alert, oriented X3																								
III. Calm, Cooperative																								
IV. Other:																								
Restraints:																								
Type: M=Mitten S=Soft V=Vest L=Leather R=Siderails 0X4																								
Location: B=Bilateral L=Left R=Right W=Wrist A=Ankle																								
Initials																								
Restraints checked q 1 hr for appropriate application/circulation																								
Restraints removed/adjusted q 2hrs; ROM; Skin assessment																								
Restraints Off																								
Other Interventions In Use																								
Family member / volunteer with patient																								
Conceal tubes, lines, dressings, etc...																								

☐ N/A

IV SITE ASSESSMENT

Codes		7A-3P	3P-11P	11P-7A
Venous Access: C=Central Line P=Peripheral Line, I=Implanted Device	Venous Access			P
	Location			LSRA
Phlebitis Scale: 0=No Pain/Swelling 1=Erythema @ site; 2=Pain @ site 3=Pain, reddness, swelling; 4=Palpable cord w/ purulent drainage	Phlebitis Scale			0
Infiltration Scale: 0=No symptoms 1=Skin blanched, cool to touch; 2=#1 plus edema; 3=#1 plus translucent skin, edema, mild to mod pain; 4 =#3 plus skin tight, discolored, mod-severe pain	Infiltration Scale			0
	Dressing Intact	YES / NO	YES / NO	YES / NO
	Dressing changed	YES / NO	YES / NO	YES / NO

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

MR_Lex Med Ctr_0142

DATE JUN 19 2008 WEIGHT 140 lbs 9 oz 55

	07	08	09	10	11	13	14	15	16	17	18	19	20	22	23	24	01	02	03	04	05	06
Temperature					98									99.0			98.4					
Pulse					95									109			107					
Respirations					98									16			18					
BP					147/91									133/92			133/91					
FiO2 (LPM)														RA			RA					
SpO2					95									95			95					
Initials														JB			JB					
Pain Score		5			8									6			10			8		0
Initials		AE			AE															10		
Blood Sugar																				126		76
Initials																						

L=Left R=Right B=Back **TURNING / POSITIONING SCHEDULE** S=Self CH=Chair ST=Stand OFF=Off

Position	B	S	B	S	S	S																
Initials	AE	AE	AE	AE	AE	AE																
Patient Rounds	AE	AE	AE	AE	AE	AE	AE	AE	AE	AE	AE											
1:1 Observation																						

INTAKE AND OUTPUT

INTAKE	7A-3P	3P-11P	11P-7A
IV			
Oral	480	600	250
Blood			
PPN/TPN			
Tube Feeding			
8 Hour Total			
24 Hour Total			

OUTPUT	7A-3P	3P-11P	11P-7A
Urine	1000	1000	X1
Emesis			
N/G Tube			
Hemovac			
JP Drain			
Chest Tube			
Bowel Movement			
8 Hour Total			
24 Hour Total			

Breakfast TYPE _____ All >Half <Half None NPO

Lunch TYPE _____ All >Half <Half None NPO

Dinner TYPE Reg All >Half <Half None NPO

Supplemental Feedings All >Half <Half None NPO

ISOLATION ( ) YES (X) NO TYPE _____

INTERVENTIONS / TREATMENTS	N/A	7A-3P	3P-11P	11P-7A
Bath C=Complete A=Assist S=Self SH=Shower				
Peri Care / Catheter Care				
Oral Care				
Linen Changed				
Activity B=Bedrest BRP=Bathroom Privileges U=Up ad lib C=Chair				
HOB elevated ____ Degrees	✓			
PEG / NG Placement checked / Tube Feeding Residual (amount)	✓			
Ambulation S=Self A1=Assist X1 A2=Assist X2				
TED Hose (Removed TID)	✓	Time	Time	Time
Sequential Compression Device intact	✓			
Trach Care	✓			
Incentive Spirometry	✓			
Deep breathe & cough		✓AE	✓AE	
Suction O=Oral T=Trach NT=Nasotracheal ET=Endotracheal	✓			
Aspiration Precautions	✓			
Seizure Precautions	✓			

SIGNATURE / TITLE / INITIALS

Angelia Eargle RN/NE

SIGNATURE / TITLE / INITIALS

Kathleen Brown CMA

Jane Bee NT JB

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER ADULT DAILY CARE RECORD

7181-548-1 (3/08) Page 1 of 6

MR_Lex Med Ctr_0143

DATE NORMAN JUN 19 2008

			7A-3P	3R-11P	11P-7A
			Time 0910 Initial AE	Time 1000 Initial AE	Time 0800 Initial
NEUROLOGIC	Alert, oriented X3, follows commands, speech clear, speech clear and appropriate, motor response appropriate, moves all extremities	WNL	✓	✓	
		* Disoriented to			
		* Agitated			
		* Lethargic			
		* Arouses to			
		* Unresponsive			
		* Inappropriate behavior			
		Speech: WNL Aphasic Slurred	WNL ✓	WNL ✓	WNL
CARDIOVASCULAR	Heart rhythm regular, brisk capillary refill, no edema, peripheral pulses present by palpation	WNL			
		Abnormal Heart Rate (brady, tachy)			
		Abnormal Heart Rhythm (Reg/Irregular)			
		Abnormal Heart Sounds (Murmur, Gallop, S3, S4, Rub, etc.)			
		Capillary Refill Time >3 sec			
		Edema - Location			
		- Type (pitting/nonpitting/generalized)			
	○ AV Graft present Location	Abnormal Peripheral Pulses (A=Absent, W=Weak, D=Doppler, N=Normal)	Right / Left	Right / Left	Right / Left
		Radial			
		Pedal	N / N	N / N	N / N
	○ Pacemaker/ICD Present	Remote Telemetry Present	YES / NO	YES / NO	YES / NO
		AV Bruit Present	YES / NO	YES / NO	YES / NO
		AV Thrill Present	YES / NO	YES / NO	YES / NO
PULMONARY	Respirations even unlabored, lung sounds clear, no cough rate WNL, no secretions	WNL	✓	✓	
		Irregular - S=Shallow D=Deep L=Labored			
		Breath Sounds D=Diminished W=Wheezes, A=Absent C=Crackles, R=Rhonci	R / L	R / L	R / L
		Cough N=Non-productive P=Productive			
		Sputum - Color			
		Sputum - Consistency			
		Continuous Pulse Oximetry	YES / NO	YES / NO	YES / NO
		Chest Tube(s) R L	Water Seal OR Suction ____ cms Air Leak +/-	Water Seal OR Suction ____ cms Air Leak +/-	Water Seal OR Suction ____ cms Air Leak +/-
GASTROINTESTINAL	Abdomen soft non-distended, non-tender, bowel sounds present in all 4 quadrants, no N/V, no diarrhea, no constipation	WNL	✓	✓	
		Abdomen distended (Firm/Soft)			
		Abdomen Tender (Location)			
		Bowel sounds: A=Absent ø=Hypoactive ô=Hyperactive			
		N=Nausea V=Vomiting			
		Incontinent (Bowel)	YES / NO	YES / NO	YES / NO
	Last Bowel Movement	D=Diarrhea C=Constipated			
		Ostomy (Colostomy/Ileostomy)	Colostomy / Ileostomy	Colostomy / Ileostomy	Colostomy / Ileostomy
		Stoma Color			
		Tubes: (PEG, NG, Other)			
GENITOURINARY	Urine clear, yellow to amber, No difficulty voiding No bladder distention	WNL	✓ WNL	✓	
		Urine cloudy	YES / NO	YES / NO	YES / NO
		Urine color		YELLOW	yellow
		Patient complains of Burning	YES / NO	YES / NO	YES / NO
		Frequency	YES / NO	YES / NO	YES / NO
		Dysuria	YES / NO	YES / NO	YES / NO
		Incontinent (Urine)	YES / NO	YES / NO	YES / NO
	Dialysis Today YES/NO	Catheters: F=Foley S=Suprapubic, N=Nephrostomy U=Urostomy (Describe stoma)			

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

DATE JUN 19 2008

MUSCULOSKELETAL	7A-3P	3P-11P	11P-7A
NORMAL: Moves all extremities independently with purpose, full spontaneous ROM; self care; independent bed mobility; transfers, steady gait; ambulates without assistive device; absence of joint swelling or tenderness	Time 0020 Initial AE	Time 1000 Initial AE	Time 03 Initial [illegible]
WNL			
Weakness (General vs. Location)			
Paralysis (Location)			
Joint Stiffness	LLE	LLE	LLE
Contractures			
Amputation (Type & Location)			
Assistive Device/Type/Prosthesis			
Immobilization device / Type			
Orthopedic Devices			

PAIN MANAGEMENT

Codes
Scales: Color Intensity; FACES; FLACC; Simple Descriptive; Visual Analog; Numeric (0-10)
Quality: A=Aching; B=Burning; D=Dull; S=Sharp; C=Cramping; T=Throbbing; P=Prickling; R=Radiating
Intervention: 1=Discuss pain management w/MD; 2=Pharmacological (See EMAR); 3=Non-Pharmacological - A=Changed position; B=Relaxation technique; C=Splinting; D=Imagery; E=Music; F=Education

	7A-3P	3P-11P	11P-7A
	Time 0020 Initial AE	Time 1000 Initial AE	Time [illegible] Initial [illegible]
Comfort Goal	<5	<5	<5
Pain Scale Used	NUMERIC	NUMERIC	Numeric
Pain Rating	5	8	
Location	LLE	LLE	LLE
Quality	A	A	A
Intervention	2	2	2

☐ N/A

NEUROLOGICAL / NEUROVASCULAR ASSESSMENT

	Time															
Coma Scale:	Eyes Open															
	Verbal Response															
	Motor Response															
Pupils:	Size/Reaction Right															
	Left															
Dorsal Flexion	R/L															
Plantar Flexion	R/L															
Limb Movement																
Hand Grips:	Equality															
	Strength Right															
	Left															
Capillary Refill																

Codes

Eyes Open	Verbal Reponse	Motor Response	Pupil Reaction	Hand Grips
4=Spontaneously	5=Oriented	5=Obeys commands	B=Brisk	E=Equal
3=To speech	4=Confused	4=Localizes pain	S=Sluggish	U=Unequal
2=To pain	3=Inappropriate words	3=Flexion to pain	N=No reaction	
1=None	2=Incomprehensible sounds	2=Extension to pain	C=Eyes closed	
C=Swollen Closed	1=Unresponsive	1=No motor response		

Pupil Size: 2 3 4 5 6 7 8 9

Limb Movement
1=Normal power; 2=Cannot overcome resistance; 3=Overcome gravity; 4=Flicker of muscle; 5=Spastic flexion; 6=Extension; 7=No movement

Strength of Grips
S=Strong; W=Weak; A=Absent

Dorsal/Plantar Flexion
S=Strong; W=Weak; A=Absent

BRADEN SCORE FOR PREDICTING PRESSURE ULCER RISK

Sensory Perception	Moisture	Activity	Mobility	Nutrition	Friction & Shear
1=Completely Limited	1=Constantly moist	1=Bedrest	1=Completely Immobile	1=Very Poor	1=Problem
2=Very Limited	2=Very moist	2=Chairfast	2=Very Limited	2=Probably Inadequate	2=Potential problem
3=Slightly Limited	3=Occasionally moist	3=Walks occasionally	3=Slighty Limited	3=Adequate	3=No apparent problem
4=No Impairment	4=Rarely moist	4=Walks often	4=No Limitations	4=Excellent	
SCORE = 4	SCORE = 4	SCORE =	SCORE = 3	SCORE = 4	SCORE = 3

If total score ≤18, patient is a high risk for pressure ulcer implement Derm Alert Protocol — Total Score = 16

DERM ALERT INTERVENTIONS	7A-3P	3P-11P	11P-7A
Specialty Bed / Mattress Overlay			
Elbow / Heel Protectors			
Moisture Barrier Creams / Lotions			
Turn Clock posted over bed			

Patient Label

[redacted] 06/19/08 35
RUSSELL, MICHAEL C.
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

MR_Lex Med Ctr_0145

MR_Lex Med Ctr_0146

DATE JUN 1 9 2008

☒ N/A

PCA/EPIDURAL/NARCOTIC DRIP FLOWSHEET *Remote telemetry for 1st 24 hours

Time	Drug	Strength (mg/ml)	Contin Rate (mg)	Loading Dose	PCA Dose	Lockout (min)	4-Hour Limit	1st RN	2nd RN

Patient monitoring will be documented upon initiation, then every 2 hours for 8 hours, then every 4 hours

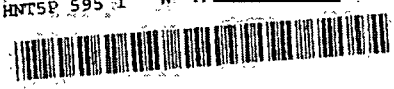
Time									
New Syringe	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Waste Amount									
Purge Amount									
Cumulative Volume Delivered									
Review History & Program									
Pain Level									
Respiratory Rate									
O2 Sat									
Ramsey Scale									

Ramsey Scale - 1=Patient anxious, agitated or restless; 2=Patient cooperative, oriented and tranquil; 3=Patient responds to command only; 4=Patient responds to gentle shaking; 5=Patient responds to noxious stimuli; 6=Patient has no response to firm nail bed pressure or other noxious stimuli

Time	NARRATIVE NOTE
0810	Pt c/o pain 5/10. Morphine ~~5~~ 4mg IV slowly given by another RN. AE
0920	Pt resting quietly c/o pain 5/10. Pt states "pain med did help". will continue to monitor. AE
1200	Pt c/o pain 8/10. Given vicodin 2 tabs PO. — AE
1559	Pt c/o pain 8/10. Given vicodin 2 tabs PO. — AE
1915	Pt c/o pain 9/10. Given morphine 4mg IV for breakthrough pain. AE

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

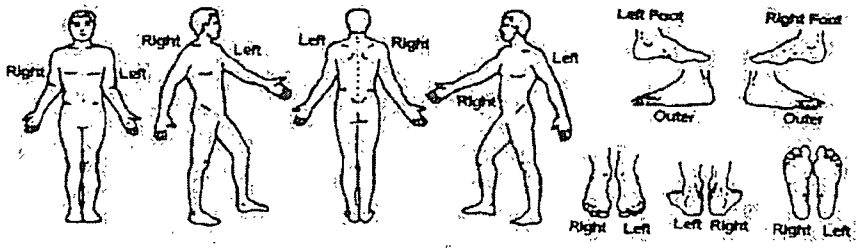


DATE JUN 19 2008

	7A-3P	3P-11P	11P-7A
	Time 0920 Initial [redacted]	Time 1000 Initial AE	Time [redacted] Initial [redacted]
WNL	✓	✓	
Skin Discoloration/Location- C=Cyanosis J=Jaundice P=Pallor V= Vitiligo E=Erythema			

INTEGUMENT

Skin intact; turgor elastic; no discoloration; warm and dry to touch; oral cavity pink; moist and intact



WOUND ASSESSMENT CODES

Stage
I - Non-blanchable reddened area (intact skin)
II - Blister, skin break
III - Skin break exposing subcu tissue
IV - Skin break exposing muscle and/or bone

Appearance
P = Pink / Clean
S = Slough
E = Eschar

Drainage
O = None
S = Serous
SG = Sero-sanguineous
P = Purulent

Odor
O = None
M = Mild
F = Foul

Peri-Wound Tissue
WNL = Within Normal Limits
R = Reddened
D = Darkened
M = Macerated

☐ N/A

WOUND ASSESSMENT

	7A-3P	3P-11P	11P-7A
Wound #1 Location LLE	Time 0920 Initial AE	Time 1000 Initial AE	Time [redacted] Initial [redacted]
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision	surgical incision	surgical incision	surgical incision
Stage			
Appearance	open/clean + splint	open/clean + splint	open/clean + splint
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / NO	YES / NO	YES / NO
Irrigation			
Treatment			
Wound #2 Location			
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision			
Stage			
Appearance			
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / NO	YES / NO	YES / NO
Irrigation			
Treatment			
Wound #3 Location			
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision			
Stage			
Appearance			
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / NO	YES / NO	YES / NO
Irrigation			
Treatment			

[redacted] 06/19/08 35
[redacted] MICHAEL C
[redacted] LEE, DAVID K MD
RNT5P 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

MR_Lex Med Ctr_0147

DATE JUN 19 2008

FALL RISK ASSESSMENT

Risk Factor	Points	7A-3P	3P-11P	11P-7A
Confusion/Disorientation/Impulsivity	4			
Symptomatic Depression	2			
Altered Elimination	1	1	1	1
Dizziness/Vertigo	1			
Gender - Male	1	1	1	1
Any Administered Antiepileptics	2			
Any Administered Benzodiazepines	1			
Shift Assessment Score		2	2	2

Get Up and Go Test (To be completed daily in AM & on Admission)

	Points	Score
Ability to rise in a single movement - No loss of balance with steps	0	
Pushes up, successful in one attempt	1	
Multiple attempts, but successful	3	
Unable to rise without assistance during test (OR if a medical order states the same and/or complete bedrest is ordered)	4	4

AM Fall Risk Assessment 2
Get Up/Go score 4
TOTAL 6
(A score of 5 or > = High risk)

FALL PREVENTION INTERVENTIONS

	N/A	7A-3P	3P-11P	11P-7A
Spot The Dot		✓	✓	✓
Non-skid Slipper Socks on when OOB		✓	✓	✓
Wall Sign reflects Spot The Dot		✓	✓	✓
Call Light in Reach		✓	✓	✓
Bed Low & Locked		✓	✓	✓
Bed Alarm Activated				
Side Rails Up		☒ X2 ☐ X3 ☐ X4*	☒ X2 ☐ X3 ☐ X4*	☑ X2 ☐ X3 ☐ X4*
*Siderails ◊X4 Reason				

☒ N/A RESTRAINT ASSESSMENT

Criteria ○ Acute or chronic confusion AND at least one of the following: ☐ High risk for fall AND repeated attempts to get up w/o assistance
☐ Pulling, picking or otherwise endangering the patency of lines, tubes, dressings, or other medical device that if disconnected would pose a threat to patient's
Time limited MD order obtained each calendar day: ☐ Yes

Behavioral Assessment q2Hrs:	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
I. Confused, disoriented AND at least one of the following																								
A. Attempts to pull/pick at lines, tubes, dressings, etc.																								
B. Attempts to get out of bed/chair without assistance																								
II. Alert, oriented X3																								
III. Calm, Cooperative																								
IV. Other:																								
Restraints:																								
Type: M=Mitten S=Soft V=Vest L=Leather R=Siderails ◊X4																								
Location: B=Bilateral L=Left R=Right W=Wrist A=Ankle																								
Initials																								
Restraints checked q 1 hr for appropriate application/circulation																								
Restraints removed/adjusted q 2hrs; ROM, Skin assessment																								
Restraints Off																								
Other Interventions In Use																								
Family member / volunteer with patient																								
Conceal tubes, lines, dressings, etc.																								

☐ N/A IV SITE ASSESSMENT

Codes		7A-3P	3P-11P	11P-7A
Venous Access: C=Central Line P=Peripheral Line, I=Implanted Device	Venous Access	~~P~~ I	D	P
Phlebitis Scale: 0=No Pain/Swelling 1=Erythema @ site; 2=Pain @ site 3=Pain, reddness, swelling; 4=Palpable cord w/ purulent drainage	Location	18 R arm	18 R arm	18 R arm
	Phlebitis Scale	0	0	0
Infiltration Scale: 0=No symptoms 1=Skin blanched, cool to touch; 2=#1 plus edema; 3=#1 plus translucent skin, edema, mild to mod pain; 4 =#3 plus skin tight, discolored, mod-severe pain	Infiltration Scale	0	0	0
	Dressing Intact	YES / NO	YES / NO	YES / NO
	Dressing changed	YES / NO	YES / NO	YES / NO

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M [redacted]

MR_Lex Med Ctr_0148

DATE JUN 20 2008 WEIGHT

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
Temperature	98.1				99																			
Pulse	109				119																			
Respirations	18				18																			
BP	135/95				140/90																			
FiO2 (LPM)	RA				RA																			
SpO2	92				94																			
Initials	JB				AE																			
Pain Score		9		8	5																			
Initials		AE		AE	AE																			
Blood Sugar																								
Initials																								

L=Left R=Right B=Back **TURNING / POSITIONING SCHEDULE** S=Self CH=Chair ST=Stand OFF=Off

Position		B		B																				
Initials		AE		AE																				
Patient Rounds	JB	AE	AE	AE																				
1:1 Observation																								

INTAKE AND OUTPUT

INTAKE	7A-3P	3P-11P	11P-7A
IV			
Oral			
Blood			
PPN/TPN			
Tube Feeding			
8 Hour Total			
24 Hour Total			

OUTPUT	7A-3P	3P-11P	11P-7A
Urine			
Emesis			
N/G Tube			
Hemovac			
JP Drain			
Chest Tube			
Bowel Movement			
8 Hour Total			
24 Hour Total			

Breakfast TYPE	Lunch TYPE	Dinner TYPE	Supplemental Feedings
All >Half <Half None NPO	All >Half <Half None NPO	All >Half <Half None NPO	All >Half <Half None NPO

ISOLATION ○ YES ☒ NO TYPE

INTERVENTIONS / TREATMENTS	N/A	7A-3P	3P-11P	11P-7A
Bath C=Complete A=Assist S=Self SH-Shower				
Peri Care / Catheter Care				
Oral Care				
Linen Changed				
Activity B=Bedrest BRP=Bathroom Privileges U=Up ad lib C=Chair		B		
HOB elevated ____ Degrees	✓			
PEG / NG Placement checked / Tube Feeding Residual (amount)	✓			
Ambulation S=Self A1=Assist X1 A2=Assist X2	✓			
TED Hose (Removed TID)	✓	Time	Time	Time
Sequential Compression Device Intact	✓			
Trach Care	✓			
Incentive Spirometry	✓			
Deep breathe & cough		✓AE		
Suction O=Oral T=Trach NT=Nasotracheal ET=Endotracheal	✓			
Aspiration Precautions	✓			
Seizure Precautions	✓			

SIGNATURE / TITLE / INITIALS

Kathleen Brown, CMT
Angelia Ecergic RN AE

SIGNATURE / TITLE / INITIALS

Jane H Bee NT JB

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER ADULT DAILY CARE RECORD

7181-548-1 (3/08) Page 1 of 6

MR_Lex Med Ctr_0149

DATE JUN 2 0 2008

	NORMAL		7A-3P Time 0830 Initial	3P-11P Time Initial	11P-7A Time Initial
NEUROLOGIC	Alert, oriented X3, follows commands, speech clear, speech clear and appropriate, motor response appropriate, moves all extremities	WNL	✓		
		* Disoriented to			
		* Agitated			
		* Lethargic			
		* Arouses to			
		* Unresponsive			
		* Inappropriate behavior			
		Speech: WNL Aphasic Slurred	WNL		
CARDIOVASCULAR	Heart rhythm regular, brisk capillary refill, no edema, peripheral pulses present by palpation ○ AV Graft present Location_____ ○ Pacemaker/ICD Present	WNL	✓		
		Abnormal Heart Rate (brady, tachy)			
		Abnormal Heart Rhythm (Reg/Irregular)			
		Abnormal Heart Sounds (Murmur, Gallop, S3, S4, Rub, etc.)			
		Capillary Refill Time >3 sec			
		Edema - Location			
		- Type (pitting/nonpitting/generalized)			
		Abnormal Peripheral Pulses (A=Absent, W=Weak, D=Doppler, N=Normal)	Right Left	Right Left	Right Left
		Radial			
		Pedal	N N		
		Remote Telemetry Present	YES / NO	YES / NO	YES / NO
		AV Bruit Present	YES / NO	YES / NO	YES / NO
		AV Thrill Present	YES / NO	YES / NO	YES / NO
PULMONARY	Respirations even unlabored, lung sounds clear, no cough rate WNL, no secretions	WNL	✓		
		Irregular - S=Shallow D=Deep L=Labored			
		Breath Sounds D=Diminished W=Wheezes, A=Absent C=Crackles, R=Rhonci	R L	R L	R L
		Cough N=Non-productive P=Productive			
		Sputum - Color			
		Sputum - Consistency			
		Continuous Pulse Oximetry	YES / NO	YES / NO	YES / NO
		Chest Tube(s) R L	Water Seal OR Suction _____ cms Air Leak +/-	Water Seal OR Suction _____ cms Air Leak +/-	Water Seal OR Suction _____ cms Air Leak +/-
GASTROINTESTINAL	Abdomen soft non-distended, non-tender, bowel sounds present in all 4 quadrants, no N/V, no diarrhea, no constipation Last Bowel Movement _____	WNL	✓		
		Abdomen distended (Firm/Soft)			
		Abdomen Tender (Location)			
		Bowel sounds: A=Absent ↓=Hypoactive ↑=Hyperactive			
		N=Nausea V=Vomiting			
		Incontinent (Bowel)	YES NO	YES / NO	YES / NO
		D=Diarrhea C=Constipated			
		Ostomy (Colostomy/Ileostomy)	Colostomy / Ileostomy	Colostomy / Ileostomy	Colostomy / Ileostomy
		Stoma Color			
		Tubes: (PEG, NG, Other)			
GENITOURINARY	Urine clear, yellow to amber No difficulty voiding No bladder distention Dialysis Today YES/NO	WNL	✓		
		Urine cloudy	YES NO	YES / NO	YES / NO
		Urine color	YELLOW		
		Patient complains of Burning	YES / NO	YES / NO	YES / NO
		Frequency	YES / NO	YES / NO	YES / NO
		Dysuria	YES / NO	YES / NO	YES / NO
		Incontinent (Urine)	YES / NO	YES / NO	YES / NO
		Catheters: F=Foley S=Suprapubic, N=Nephrostomy U=Urostomy (Describe stoma)			

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]



LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

DATE JUN 20 2008

MUSCULOSKELETAL		7A-3P	3P-11P	11P-7A
NORMAL: Moves all extremities independently with purpose, full spontaneous ROM; self care; independent bed mobility; transfers; steady gait; ambulates without assistive device; absence of joint swelling or tenderness		Time 0830 Initial AE	Time Initial	Time Initial
	WNL			
	Weakness (General vs. Location)			
	Paralysis (Location)			
	Joint Stiffness	LLE		
	Contractures			
	Amputation (Type & Location)			
	Assistive Device/Type/Prosthesis			
	Immobilization device / Type			
	Orthopedic Devices			

PAIN MANAGEMENT

Codes
Scales: Color Intensity; FACES; FLACC; Simple Descriptive; Visual Analog; Numeric (0-10)
Quality: A=Aching; B=Burning; D=Dull; S=Sharp; C=Cramping; T=Throbbing; P=Prickling; R=Radiating
Intervention: 1=Discuss pain management w/MD; 2=Pharmacological (See EMAR); 3=Non-Pharmacological - A=Changed position; B=Relaxation technique; C=Splinting; D=Imagery; E=Music; F=Education

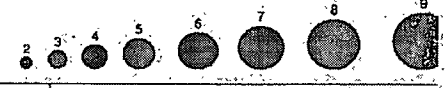
	7A-3P	3P-11P	11P-7A
	Time 0830 Initial AE	Time Initial	Time Initial
Comfort Goal	<8		
Pain Scale Used	Numeric		
Pain Rating	9		
Location	LLE		
Quality	A		
Intervention	2		

NEUROLOGICAL / NEUROVASCULAR ASSESSMENT

☐ N/A

		Time	0830														
Coma Scale:		Eyes Open															
		Verbal Response															
		Motor Response															
Pupils:	Size/Reaction	Right															
		Left															
Dorsal Flexion	R/L		5 WD														
Plantar Flexion	R/L		5 WD														
Limb Movement																	
Hand Grips:	Equality																
	Strength	Right															
		Left															
Capillary Refill			<3 SEC														

Codes

Eyes Open	Verbal Reponse	Motor Response	Pupil Reaction	Hand Grips	Pupil Size
4=Spontaneously	5=Oriented	5=Obeys commands	B=Brisk	E=Equal	
3=To speech	4=Confused	4=Localizes pain	S=Sluggish	U=Unequal	
2=To pain	3=Inappropriate words	3=Flexion to pain	N=No reaction		
1=None	2=Incomprehensible sounds	2=Extension to pain	C=Eyes closed		
C=Swollen Closed	1=Unresponsive	1=No motor response			

Limb Movement
1=Normal power; 2=Cannot overcome resistance; 3=Overcome gravity; 4=Flicker of muscle; 5=Spastic flexion; 6=Extension; 7=No movement

Strength of Grips: S=Strong; W=Weak; A=Absent

Dorsal/Plantar Flexion: S=Strong; W=Weak; A=Absent

BRADEN SCORE FOR PREDICTING PRESSURE ULCER RISK

Sensory Perception	Moisture	Activity	Mobility	Nutrition	Friction & Shear
1=Completely Limited	1=Constantly moist	1=Bedfast	1=Completely Immobile	1=Very Poor	1=Problem
2=Very Limited	2=Very moist	2=Chairfast	2=Very Limited	2=Probably Inadequate	2=Potential problem
3=Slightly Limited	3=Occasionally moist	3=Walks occasionally	3=Slighty Limited	3=Adequate	3=No apparent problem
4=No Impairment	4=Rarely moist	4=Walks often	4=No Limitations	4=Excellent	
SCORE = 4	SCORE = 3	SCORE = 1	SCORE = 4	SCORE = 4	SCORE = 3

If total score ≤18, patient is a high risk for pressure ulcer implement Derm Alert Protocol — Total Score = 19

DERM ALERT INTERVENTIONS	7A-3P	3P-11P	11P-7A
Specialty Bed / Mattress Overlay			
Elbow / Heel Protectors			
Moisture Barrier Creams / Lotions			
Turn Clock posted over bed			

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

MR_Lex Med Ctr_0151

MR_Lex Med Ctr_0152

DATE JUN 20 2008

☒ N/A

PCA/EPIDURAL/NARCOTIC DRIP FLOWSHEET *Remote telemetry for 1st 24 hours

Time	Drug	Strength (mg/ml)	Contin Rate (mg)	Loading Dose	PCA Dose	Lockout (min)	4 Hour Limit	1st RN	2nd RN

Patient monitoring will be documented upon initiation, then every 2 hours for 8 hours, then every 4 hours

Time									
New Syringe	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Waste Amount									
Purge Amount									
Cumulative Volume Delivered									
Review History & Program									
Pain Level									
Respiratory Rate									
O2 Sat									
Ramsey Scale									

Ramsey Scale - 1=Patient anxious, agitated or restless; 2=Patient cooperative, oriented and tranquil; 3=Patient responds to command only; 4=Patient responds to gentle shaking; 5=Patient responds to noxious stimuli; 6=Patient has no response to firm nail bed pressure or other noxious stimuli

Time	NARRATIVE NOTE
0825	Pt c/o pain 9/10 to LLE. Given morphine 4mg slow IVP for breakthrough pain. ——— AE
1000	Pt c/o pain 8/10 to LLE. Given PERCOCET 2 tabs PO. —AB
1045	Given morphine 4mg slow IVP prior to transfer to Richland hospital via EMS. ——— AE

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M [redacted]

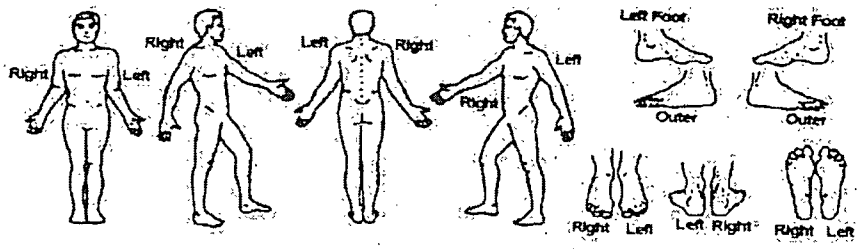
LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

DATE JUN 20 2008

INTEGUMENT

	7A-3P	3P-11P	11P-7A
	Time 0930 Initial AE	Time ____ Initial ____	Time ____ Initial ____
WNL			
Skin Discoloration/Location- C=Cyanosis J=Jaundice P=Pallor V= Vitiligo E=Erythema			

Skin intact; turgor elastic; no discoloration; warm and dry to touch; oral cavity pink; moist and intact



WOUND ASSESSMENT CODES

Stage	Appearance	Drainage	Odor	Peri-Wound Tissue
I - Non-blanchable reddened area (intact skin)	P = Pink / Clean	O = None	O = None	WNL = Within Normal Limits
II - Blister, skin break	S = Slough	S = Serous	M = Mild	R = Reddened
III - Skin break exposing subcu tissue	E = Eschar	SG - Sero-sanguineous	F = Foul	D = Darkened
IV - Skin break exposing muscle and/or bone		P = Purulent		M = Macerated

☐ N/A

WOUND ASSESSMENT

	7A-3P	3P-11P	11P-7A
Wound #1 Location LLE	Time 0930 Initial AE	Time ____ Initial ____	Time ____ Initial ____
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision	SURGICAL INCISION		
Stage			
Appearance	clean w/ staple + steri-strip		
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / (NO)	YES / NO	YES / NO
Irrigation			
Treatment			
Wound #2 Location ____			
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision			
Stage			
Appearance			
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / NO	YES / NO	YES / NO
Irrigation			
Treatment			
Wound #3 Location ____			
Type - Venous Stasis, Pressure Ulcer, Traumatic Wound, Surgical Incision			
Stage			
Appearance			
Drainage			
Odor			
Peri-Wound Tissue			
Size - cm (LxWxD)			
Undermining	YES / NO	YES / NO	YES / NO
Irrigation			
Treatment			

[redacted] 05/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

MR_Lex Med Ctr_0153

DATE JUN 20 2008

FALL RISK ASSESSMENT

Risk Factor	Points	7A-3P	3P-11P	11P-7A
Confusion/Disorientation/Impulsivity	4			
Symptomatic Depression	2			
Altered Elimination	1	1		
Dizziness/Vertigo	1			
Gender - Male	1	1		
Any Administered Antiepileptics	2			
Any Administered Benzodiazepines	1			
Shift Assessment Score		2		

Get Up and Go Test (To be completed daily in AM & on Admission)

	Points	Score
Ability to rise in a single movement - No loss of balance with steps	0	
Pushes up, successful in one attempt	1	
Multiple attempts, but successful	3	
Unable to rise without assistance during test (OR if a medical order states the same and/or complete bedrest is ordered)	4	4

AM Fall Risk Assessment 2
Get Up/Go score 4
TOTAL 6
(A score of 5 or > = High risk)

FALL PREVENTION INTERVENTIONS

	N/A	7A-3P	3P-11P	11P-7A
Spot The Dot	✓			
Non-skid Slipper Socks on when OOB	✓			
Wall Sign reflects Spot The Dot	✓			
Call Light in Reach		✓		
Bed Low & Locked		✓		
Bed Alarm Activated	✓			
Side Rails Up		☒ X2 ☐ X3 ☐ X4*	☐ X2 ☐ X3 ☐ X4*	☐ X2 ☐ X3 ☐ X4*
*Siderails ◊X4 Reason				

RESTRAINT ASSESSMENT

☒ N/A

Criteria ○ Acute or chronic confusion AND at least one of the following: ☐ High risk for fall AND repeated attempts to get up w/o assistance
☐ Pulling, picking or otherwise endangering the patency of lines, tubes, dressings, or other medical device that if disconnected would pose a threat to patient's
Time limited MD order obtained each calendar day: ☐ Yes

Behavioral Assessment q2Hrs:	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
I. Confused; disoriented AND at least one of the following:																								
A: Attempts to pull/pick at lines, tubes, dressings, etc...																								
B: Attempts to get out of bed/chair without assistance																								
II. Alert, oriented X3																								
III. Calm, Cooperative																								
IV. Other:																								
Restraints:																								
Type: M=Mitten S=Soft V=Vest L=Leather R=Siderails ◊X4																								
Location: B=Bilateral L=Left R=Right W=Wrist A=Ankle																								
Initials																								
Restraints checked q 1 hr for appropriate application/circulation																								
Restraints removed/adjusted q 2hrs; ROM; Skin assessment																								
Restraints Off																								
Other Interventions In Use																								
Family member / volunteer with patient																								
Conceal tubes, lines, dressings, etc...																								

IV SITE ASSESSMENT

☐ N/A

Codes
Venous Access: C=Central Line
P=Peripheral Line, I=Implanted Device
Phlebitis Scale: 0=No Pain/Swelling
1=Erythema @ site; 2=Pain @ site
3=Pain, redness, swelling; 4=Palpable cord w/ purulent drainage
Infiltration Scale: 0=No symptoms 1=Skin blanched, cool to touch; 2=#1 plus edema; 3=#1 plus translucent skin, edema, mild to mod pain; 4=#3 plus skin tight, discolored, mod-severe pain

	7A-3P	3P-11P	11P-7A
Venous Access	P		
Location -	18 RAcm		
Phlebitis Scale	0		
Infiltration Scale	0		
Dressing Intact	YES / NO	YES / NO	YES / NO
Dressing changed	YES / NO	YES / NO	YES / NO

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595 1 W M [redacted]

LEXINGTON MEDICAL CENTER
ADULT DAILY CARE RECORD

MR_Lex Med Ctr_0154

JUN 2 0 2008

Intake-Output Worksheet

Measurements	
Water pitcher	900cc
Small Styrofoam cup	180cc
Clear glass	240cc
Soup Bowl	150cc
Juice	120cc
Milk (1/2 pt.)	240cc
Coffee cup	240cc
Jello	60cc

Patient Sticker

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNTSP 595 1 W M [redacted]

	Intake			Output			
Shifts	Oral	Tube Feeding	IV	Urine	Stool	Emesis	Other
7-3							
3-11							
11-7							
Totals							

MR_Lex Med Ctr_0155

Patient Worksheet

Not intended for Medical Record - Do not place in patient's chart

HNT5P1 595-1
DAVID K LEE, MD

RUSSELL, MICHAEL C

DOB: [redacted]
Male 35 years

Account #: [redacted]
Medical Record #: [redacted]

Weight: 187.3 pounds

Allergies: No Known Allergies

Report:

Scheduled Medications	Due
Cefazolin (Kefzol/Ancef) 1 g/Sodium Chloride 0.9% 50 mL 1 g IVPB Every 8 Hours Total Volume: 50 mL; Infuse over 30 minutes Start: 06/19/2008 0600 Stop: 07/03/2008 0600	06 • 14 • 22
Famotidine (Pepcid) Tab 20 mg By Mouth Twice Daily (20 mg = 1 tab) SUBSTITUTE FOR ZANTAC AND AXID Start: 06/19/2008 0900	09 • 21
Nicotine (Nicoderm CQ) 21mg/24-hr Patch 1 patch Transdermal Daily Start: 06/19/2008 0900	09
PRN Medications	**Given**
Morphine Inj 2-4 mg Intravenous Every 4 Hours As Needed PRN BREAKTHROUGH PAIN; FOR MODERATE TO SEVERE PAIN Start: 06/19/2008 0730 Stop: 06/24/2008 0730	2216 6/19/2008
Oxycodone 5 mg/APAP 325 mg (Percocet) Tab 1-2 tab By Mouth Every 4 Hours As Needed FOR MODERATE TO SEVERE PAIN; NOT TO EXCEED 12 TABLETS/DAY; (MAX ACETAMINOPHEN DAILY = 4000 MG); LMC SUB FOR TYLOX Start: 06/19/2008 2245 Stop: 06/24/2008 2245	0138 6/20/2008
Promethazine (Phenergan) Tab 25 mg By Mouth Every 4 Hours As Needed (25 mg = 1 tab) PAIN; FOR NAUSEA OR VOMITING Start: 06/19/2008 2245	2049 6/19/2008

Sodium Chloride 0.9%
2.5 mL Intravenous Non Standard
Frequency As Needed
FLUSH PRE AND POST ABX ; FLUSH DAILY FOR PATENTCY
Start: 06/19/2008 0745

0000
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0200
0300
0400
0500
0600
0700
0800
0900
1000
1100

Printed: 06/20/2008 0152
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Shift Time: 06/20/2008 0000 - 06/21/2008 0000

MR_Lex Med Ctr_0156

Covers Doses from:

6/19/2008 0000 to 6/19/2008 2359

Medical Record

Medication Administration Record

Lexington Medical Center

Scheduled Medications

Start Ord #	Stop Ver. by	Drug/Dose/Route/Comments	Freq	0000-0659	0700-1459	1500-2359
06/19/2008 0600 11106377	07/03/2008 0600 06/19/2008 0750 HJHAR	**Cefazolin (Kefzol/Ancef) 1 g/Sodium Chloride 0.9% 50 mL** 1 g IVPB Total Volume: 50 mL; Infuse over 30 minutes	Every 8 Hours		0816 *HJHAR* 1315 *AMDUG*	2208 *LJGAY*
06/19/2008 0900 11108595	06/19/2008 1432 AMDUG	**Famotidine (Pepcid) Tab** 20 mg By Mouth SUBSTITUTE FOR ZANTAC AND AXID	Twice Daily			2036 *LJGAY*
06/19/2008 0900 11108592	06/19/2008 1433 AMDUG	**Nicotine (Nicoderm CQ) 21mg/24-hr Patch** 1 patch Transdermal	Daily			1600 *AMDUG* Arm RU

Allergies: No Known Allergies

MRN [redacted] Acct.# [redacted]

RUSSELL, MICHAEL C 595-1 HNT5P1

DOB: [redacted] 35 years Male Adm: 06/19/2008

Weight: 187.3 pounds

Dr: DAVID K LEE, MD

MR_Lex Med Ctr_0157

Lexington Medical Center

PRN Medications

Start Ord #	Stop Ver. by	Drug/Dose/Route/Comments	Freq	0000-0659	0700-1459	1500-2359
06/19/2008 0730 11106378	06/19/2008 2243 06/19/2008 0749 HJHAR	**Acetaminophen 500 mg/ Hydrocodone 5 mg (Vicodin) Tab** 1-2 tab By Mouth FOR MODERATE TO SEVERE PAIN; NOT TO EXCEED 8 TABS/DAY; (MAX ACETAMINOPHEN = 4000 MG/DAY) ; LORTAB/VICODIN	Every 4 Hours As Needed		1 1154 *AMDUG* 2 tab	2 1559 *AMDUG* 2 tab
				1 At 1154 *AMDUG* recorded "Pain" as [8 Adult]; 2 At 1559 *AMDUG* recorded "Pain" as [8 Adult];		
06/19/2008 0730 11106378	06/19/2008 2242 06/19/2008 2244 LJGAY	*update to above order* DISCONTINUE AT 06/19/2008 2243 LJGAY	Every 4 Hours As Needed			
06/19/2008 0730 11106379	06/24/2008 0730 06/19/2008 0749 HJHAR	**Morphine Inj** 2-4 mg Intravenous PRN BREAKTHROUGH PAIN; FOR MODERATE TO SEVERE PAIN	Every 4 Hours As Needed		1 0810 *HJHAR* 4 mg	1913 *AMDUG* 4 mg 2 2216 *LJGAY* 4 mg
				1 At 0810 *HJHAR* recorded "Pain" as [5 Adult]; 2 At 2216 *LJGAY* recorded "Pain" as [6 Adult];		
06/19/2008 2245 11110692	06/24/2008 2245 06/20/2008 0035 LJGAY	**Oxycodone 5 mg/APAP 325 mg (Percocet) Tab** 1-2 tab By Mouth FOR MODERATE TO SEVERE PAIN; NOT TO EXCEED 12 TABLETS/DAY; (MAX ACETAMINOPHEN DAILY = 4000 MG); LMC SUB FOR TYLOX	Every 4 Hours As Needed			1 2042 *LJGAY* 2 tab
				1 At 2042 *LJGAY* recorded "Pain" as [10 Adult];		
06/19/2008 2245 11110691	06/20/2008 0035 LJGAY	**Promethazine (Phenergan) Tab** 25 mg By Mouth PAIN; FOR NAUSEA OR VOMITING	Every 4 Hours As Needed			2049 *LJGAY*
06/19/2008 0745 11106380	06/19/2008 0750 HJHAR	**Sodium Chloride 0.9%** 2.5 mL Intravenous FLUSH PRE AND POST ABX ; FLUSH DAILY FOR PATENTCY	Non Standard Frequency As Needed			

Allergies: No Known Allergies

MRN [redacted] Acct.# [redacted]

RUSSELL, MICHAEL C 595-1 HNT5P1

DOB: [redacted] 35 years Male Adm: 06/19/2008

Weight: 187.3 pounds

Dr: DAVID K LEE, MD

Other Administrations

Start Ord.#	Stop Ver. by	Drug/Dose/ Route/Comments	Freq	0000-0659	0700-1459	1500-2359
		HYDROmorphONE (Dilaudid) Inj 2 mg/1 mL		1 0546 *SRCOR* Intravenous 0.5 mg 2 0552 *SRCOR* Intravenous 0.5 mg		
				1 At 0546 *SRCOR* recorded "Pain" as [6 Adult]; 2 At 0552 *SRCOR* recorded "Pain" as [4 Adult];		
		Morphine Inj 10 mg/1 mL		1 0536 *SRCOR* Intravenous 5 mg		
				1 At 0536 *SRCOR* recorded "Pain" as [6 Adult];		

Initials	Name	Initials	Name
AMDUG	Angelia M . Eargle, RN	HJHAR	Harvey J . Harmon, RN
LJGAY	Linda J . Gay, RN	SRCOR	Stephanie R . Corley, RN

Allergies: No Known Allergies,

MRN [redacted] Acct.# [redacted]

RUSSELL, MICHAEL C 595-1 HNT5P1

DOB: [redacted] 35 years Male Adm: 06/19/2008

Weight: 187.3 pounds

Dr: DAVID K LEE, MD

Covers Doses from:

6/20/2008 0000 to 6/20/2008 2359

Medical Record

Medication Administration Record

Lexington Medical Center

Scheduled Medications

Start Ord #	Stop Ver. by	Drug/Dose/ Route/Comments	Freq	0000-0659	0700-1459	1500-2359
06/19/2008 0600 11106377	07/03/2008 0600 06/19/2008 0750 HJHAR	**Cefazolin (Kefzol/Ancef) 1 g/Sodium Chloride 0.9% 50 mL** 1 g IVPB Total Volume: 50 mL; Infuse over 30 minutes	Every 8 Hours	0531 *LJGAY*		
06/19/2008 0900 11108595	06/19/2008 1432 AMDUG	**Famotidine (Pepcid) Tab** 20 mg By Mouth SUBSTITUTE FOR ZANTAC AND AXID	Twice Daily		0829 *AMDUG*	
06/19/2008 0900 11108592	06/19/2008 1433 AMDUG	**Nicotine (Nicoderm CQ) 21mg/24-hr Patch** 1 patch Transdermal	Daily		1003 *AMDUG* Arm LU	

Allergies: No Known Allergies

MRN [redacted] Acct.# [redacted]

RUSSELL, MICHAEL C 595-1 HNT5P1

DOB: [redacted] 35 years Male Adm: 06/19/2008

Weight: 187.3 pounds

Dr: LEE,DAVID K MD

Lexington Medical Center

PRN Medications

Start Ord #	Stop Ver. by	Drug/Dose/ Route/Comments	Freq	0000-0659	0700-1459	1500-2359
06/19/2008 0730 11106379	06/24/2008 0730 06/19/2008 0749 HJHAR	**Morphine Inj** 2-4 mg Intravenous PRN BREAKTHROUGH PAIN; FOR MODERATE TO SEVERE PAIN	Every 4 Hours As Needed	1 0405 *LJGAY* 4 mg	0827 *AMDUG* 4 mg 2 1046 *AMDUG* 4 mg	
				1 At 0405 *LJGAY* recorded "Pain" as [10 Adult]; 2 At 1046 *AMDUG* recorded "Pain" as [5 Adult];		
06/19/2008 2245 11110692	06/24/2008 2245 06/20/2008 0035 LJGAY	**Oxycodone 5 mg/APAP 325 mg (Percocet) Tab** 1-2 tab By Mouth FOR MODERATE TO SEVERE PAIN; NOT TO EXCEED 12 TABLETS/DAY; (MAX ACETAMINOPHEN DAILY = 4000 MG); LMC SUB FOR TYLOX	Every 4 Hours As Needed	1 0138 *LJGAY* 2 tab 2 0614 *LJGAY* 2 tab	1002 *AMDUG* 2 tab	
				1 At 0138 *LJGAY* recorded "Pain" as [10 Adult]; 2 At 0614 *LJGAY* recorded "Pain" as [9 Adult];		
06/19/2008 2245 11110691	06/20/2008 0035 LJGAY	**Promethazine (Phenergan) Tab** 25 mg By Mouth PAIN; FOR NAUSEA OR VOMITING	Every 4 Hours As Needed			
06/19/2008 0745 11106380	06/19/2008 0750 HJHAR	**Sodium Chloride 0.9%** 2.5 mL Intravenous FLUSH PRE AND POST ABX ; FLUSH DAILY FOR PATENTCY	Non Standard Frequency As Needed			

Initials	Name	Initials	Name
AMDUG	Angelia M . Eargle, RN	HJHAR	Harvey J. . Harmon, RN
LJGAY	Linda J . Gay, RN		

Allergies: No Known Allergies

MRN [redacted] Acct.# [redacted]

RUSSELL, MICHAEL C 595-1 HNT5P.I

DOB: [redacted] 35 years Male Adm: 06/19/2008

Weight: 187.3 pounds

Dr: LEE,DAVID K MD

LEXINGTON MEDICAL CENTER

DEPARTMENT OF PATHOLOGY & LABORATORY MEDICINE
2720 SUNSET BOULEVARD WEST COLUMBIA, SC 29169
(803) 791-2401 www.lexmed.com/laborato.htm

Ervid S. Shaw, MD
John S. Carter, MD
Kip R. McMaster, MD
Beverly W. Daniel, MD
E. Jayne Moffatt, MD
X. Karen Xu, MD PhD
William R. Armstrong, MD

Name: RUSSELL,MICHAEL C Room: 595 Physician: Lee, David K., MD Age: 35Y
Hosp No: [redacted] Loc: HNT5P Sex: M
SSN:

Admit Date: 06/19/2008

CBC/DIFFERENTIAL

	DATE: 06/18/08 TIME: 2300	NORMALS	UNITS
WBC	14.7 *	4.0-11.0	K/ul
RBC	4.31 *	4.60-6.10	M/ul
HGB	13.8	13.5-18.0	gm/dl
HCT	39.3 *	41.0-53.0	%
MCV	91.2	80.0-98.0	fl
MCHC	35.0	32.0-36.0	gm/dL
RDW	13.0	11.5-14.5	%
PLT	266	130-400	K/ul
% LYMPHOCYTES	18	17-44	%
% MONOCYTES	6	0-10	%
% GRANULOCYTES	75 *	43-72	%
% EOSINOPHILS	1	0-5	%
% BASOPHILS	0	0-3	%
ABS LYMPHOCYTES	2.70	0.7-5.0	K/ul
ABS MONOCYTES	0.90	0.0-1.1	K/ul
ABS GRANULOCYTES	10.90 *	1.7-8.0	K/ul
ABS EOSINOPHILS	0.20	0.0-0.6	K/ul
ABS BASOPHILS	0.00	0.0-0.2	K/ul
% NUCLEATED RBC	0	0	%
ABS NUCLEATED RBC	0.0	0.0	K/uL

CONTINUED

Specimen date/time represents the collect date/time
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Accredited continuously since 1977-2006 by CAP; CCLA 2006-Present

MR_Lex Med Ctr_0162

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William R. Armstrong, MD

Name: RUSSELL,MICHAEL C Room: 595 Physician: Lee, David K., MD Age: 35Y
Hosp No: [redacted] Loc: HNT5P Sex: M
SSN:
Admit Date: 06/19/2008

HEMOSTASIS

	DATE: 06/18/08 TIME: 2300	NORMALS	UNITS
PROTHROMBIN TIME	12.1 *	12.3-14.9	sec
INR VALUE	0.9 INRC		
APTT	20.7 * HEPE	26.1-34.0	sec

---FOOTNOTES---
HEPE Therapeutic Range: [55-90] Sec
INRC The INR Value is intended for assessing only those patients stabilized on long term oral anticoagulant therapy. Therapeutic INR range is 2.0-3.0

CONTINUED

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William R. Armstrong, MD

Name: RUSSELL,MICHAEL C Room: 595 Physician: Lee, David K., MD Age: 35Y
Hosp No: [redacted] Loc: HNT5P Sex: M
SSN:

Admit Date: 06/19/2008

CHEMISTRY PROFILES

	DATE: 06/18/08 TIME: 2300	NORMALS	UNITS
GLUCOSE	113 *	70-100	MG/DL
SODIUM	142	135-145	MEQ/L
POTASSIUM	4.6	3.5-5.5	MEQ/L
	SLT HEMOLYSIS		
CHLORIDE	110 *	98-107	MEQ/L
CO2	17 *	23.0-31.0	MEQ/L
ANION GAP	15	7-16	MEQ/L
BUN	12	5-25	MG/DL
CREATININE	0.93	0.65-1.25	MG/DL
	CRE		
CALCIUM	8.0 *	8.7-10.2	MG/DL
BILIRUBIN (TOTAL)	0.5	0-1.0	MG/DL
BILIRUBIN (DIRECT)	0.3	0-0.4	MG/DL
TOTAL PROTEIN	6.9	6.3-8.2	G/DL
ALBUMIN	3.9	3.5-5.0	G/DL
AST	101 *	14-50	U/L
ALT (SGPT)	63	21-72	U/L
ALK PHOS	118	50-136	U/L
GGTP	195 *	8-78	U/L
eGFR	>60	90-110	mL/min/1.73 sqm
	GFC		

---FOOTNOTES---
CRE Please note new reference range effective 05/08/08 @1200.
GFC (Multiply result X 1.2 if Afr. Am.)

CONTINUED

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X. Karen Xu, MD PhD
William R. Armstrong, MD

Name: RUSSELL,MICHAEL C
Hosp No: [redacted]
SSN:

Room: 595
Loc: HNT5P

Physician: Lee, David K., MD

Age: 35Y
Sex: M

Admit Date: 06/19/2008

DRUGS OF ABUSE

06/18/08 2300	ALCOHOL	*0.232	[<0.01]	%

CONTINUED

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E. Jayne Moffett, MD
X. Karen Xu MD PhD
William R. Armstrong, MD

Name: RUSSELL,MICHAEL C Room: 595 Physician: Lee, David K., MD Age: 35Y
Hosp No: [redacted] Loc: HNT5P Sex: M
SSN:

Admit Date: 06/19/2008

BLOOD BANK TESTS

06/18/08
2300 TYPE SCREEN AND HOLD

ABO/RH(D)	O POSITIVE
ANTIBODY SCREEN	NEGATIVE
NOTE:	TYPE AND SCREEN ONLY

CONTINUED

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X. Karen Xu, MD PhD
William R. Armstrong, MD

Name: RUSSELL,MICHAEL C Room: 595 Physician: Lee, David K., MD Age: 35Y
Hosp No: [redacted] Loc: HNT5P Sex: M
SSN:

Admit Date: 06/19/2008

STAT ORDER APPENDIX

COLLECT DATE	TIME	TEST NAME	CREDITED
01/02/08	0910	URINE CHEMICAL EXAM	
	0910	URINE MICROSCOPIC	
06/18/08	2300	CBC HEMOGRAM	
	2300	COMPREHENSIVE METABO	
	2300	DIFFERENTIAL	
	2300	ALCOHOL	
	2300	PROTHROMBIN TIME	
	2300	APTT	
	2300	TYPE SCREEN AND HOLD	

END OF REPORT

Specimen date/time represents the collect date/time
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Accredited continuously since 1977-2006 by CAP; CCLA 2006-Present

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C

Age: 35 M
DOB: [redacted]
Patient SSN: [redacted]
Order Dr: HALL,THOMAS R,MD

Unit/Mr No: [redacted]
Acct No:
Report No: 20080619-0062
Pt Location: HNT5P1

Req No: 08-79815 Dictated By: MCGUIRE,KEITH A, MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0618-0264 RAD/TIBIA&FIBULA/LOWER LEG LEFT

DATE OF EXAM: 06/18/08

CLINICAL DATA: 35M, MOTORCYCLE ACCIDENT, LEFT LOWER EXTREMITY PAIN

LEFT LOWER EXTREMITY - TWO VIEWS:

COMPARISON: None.

FINDINGS: Acute transverse fractures that are overlapping involving the distal left tibial and fibular metadiaphysis is noted. The fibular fracture appears comminuted. Visualized left ankle mortise appears intact.

Transcribed by:AKHOO ANITA K HOOK Report Status: Signed

MR_Lex Med Ctr_0168

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C
Age: 35 M
DOB: [redacted]
Patient SSN : [redacted]
Order Dr: HALL,THOMAS R,MD

Unit/Mr No: [redacted]
Acct No:
Report No: 20080619-0069
Pt Location: HNT5P1

Req No: 08-79823 Dictated By: HAYNES,JOHN W,MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0618-0272 RAD/CHEST 1 VIEW

DATE OF EXAM: 06/18/08

CLINICAL DATA: 35M, CHEST PAIN

AP SUPINE CHEST:

FINDINGS: Backboard artifacts are present. Heart, lungs, mediastinum and visualized osseous structures are within the limits of normal for this technique.

Transcribed by:MASMI MARY A SMITH Report Status: Signed

MR_Lex Med Ctr_0169

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C
Unit/Mr No: [redacted]
Acct No:
Age: 35 M
Report No: 20080619-0070
DOB: [redacted]
Pt Location: HNT5P1
Patient SSN: [redacted]
Order Dr: HALL,THOMAS R,MD
Req No: 08-79823
Dictated By: HAYNES,JOHN W,MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0618-0273 RAD/PELVIS

DATE OF EXAM: 06/18/08

CLINICAL DATA: 35M, PELVIC PAIN

PELVIS:

Single view was obtained. Backboard artifacts obscure anatomy of the left hemipelvis but there appears to be an acute fracture of the left acetabulum with superior subluxation of the femoral head which has impacted the acetabular roof. No other obvious fractures are visible. There is evidence of previous right inguinal hernia repair.

Transcribed by:AKHOO ANITA K HOOK
Report Status: Signed

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C

Age: 35 M
DOB: [redacted]
Patient SSN : [redacted]
Order Dr: HALL,THOMAS R,MD

Unit/Mr No: [redacted]
Acct No:
Report No: 20080619-0071
Pt Location: HNT5P1

Req No: 08-79823 Dictated By: HAYNES,JOHN W,MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0618-0274 RAD/FEMUR LEFT

DATE OF EXAM: 06/18/08

CLINICAL DATA: 35M, LEFT FEMUR PAIN

LEFT FEMUR (2 VIEWS):

Two views of the left femur show no traumatic or pathologic changes.

NOTE: Note comments on femur position on the pelvic radiograph report.

Transcribed by:MASMI MARY A SMITH Report Status: Signed

MR_Lex Med Ctr_0171

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C
Age: 35 M
DOB: [redacted]
Patient SSN: [redacted]
Order Dr: HALL,THOMAS R,MD

Unit/Mr No: [redacted]
Acct No:
Report No: 20080619-0077
Pt Location: HNT5P1

Req No: 08-79828 Dictated By: HAYNES,JOHN W,MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0618-0279 RAD/TIBIA&FIBULA/LOWER LEG LEFT

DATE OF EXAM: 06/18/08

CLINICAL DATA: 35M, INJURED LEFT LEG

LEFT TIBIA-FIBULA:

FINDINGS: AP and lateral views of the left tibia and fibula are made through a lower leg splint. Artifacts compromise evaluation of the proximal tibia and fibula which appear grossly normal. There are acute transverse fractures through the distal shafts of both tibia and fibula, again partially obscured by the overlying metallic splint.

Transcribed by:MASMI MARY A SMITH Report Status: Signed

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C
Age: 35 M
DOB: [redacted]
Patient SSN : [redacted]
Order Dr: HALL,THOMAS R,MD

Unit/Mr No: [redacted]
Acct No:
Report No: 20080619-0095
Pt Location: HNT5P1

Req No: 08-79846 Dictated By: HAYNES,JOHN W,MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0619-0032 RAD/CERV SP 2 OR 3 VIEWS OR TRAUMA

DATE OF EXAM: 06/19/08

CLINICAL DATA: 35M, INJURED CERVICAL SPINE

CERVICAL SPINE:

COMPARISON: None.

Radiographic examination of the cervical spine consists of AP, lateral, swimmer's lateral, and odontoid views. Alignment of all seven cervical vertebrae is normal. Osseous structures, including the odontoid, appear intact without signs of an acute fracture. Soft tissues are nonspecific.

IMPRESSION: Unremarkable cervical spine.

Transcribed by: MASMI MARY A SMITH Report Status: Signed

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C

Age: 35 M
DOB: [redacted]
Patient SSN : [redacted]
Order Dr: HALL,THOMAS R,MD

Unit/Mr No: [redacted]
Acct No:
Report No: 20080619-0097
Pt Location: HNT5P1

Req No: 08-79846 Dictated By: HAYNES,JOHN W,MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0619-0033 RAD/LUMBAR SPINE 2 or 3 VIEWS

DATE OF EXAM: 06/19/08

CLINICAL DATA: 35M, INJURED LUMBAR SPINE

LUMBAR SPINE (3 VIEWS):

Three views of the lumbar spine, including a spot lateral of the lumbosacral region, show the bony structures to be intact. Disc spaces are well maintained. The facets are within normal limits. There is a normal lumbar curve.

IMPRESSION: Negative lumbar spine.

NOTE: Urographic contrast is present within the renal collecting system and within the urinary bladder apparently from recent CT study. Left acetabular fracture is reidentified.

Transcribed by:MASMI MARY A SMITH Report Status: Signed

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C
Unit/Mr No: [redacted]
Acct No:
Age: 35 M
DOB: [redacted]
Report No: 20080619-0254
Pt Location: HNT5P1
Patient SSN : [redacted]
Order Dr: HALL,THOMAS R,MD
HALL,THOMAS R,MD
HALL,THOMAS R,MD
Req No: 08-79836
08-79836
08-79836
Dictated By: HUDSON,EDWIN R MD
HUDSON,EDWIN R MD
HUDSON,EDWIN R MD

ORDERED BY: RICK HALL MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0618-0056 SPP/ARTERIOGRAM EXTREMITY UNI;
0618-0057 SPP/CATH SEL ABDOMEN PELVIS 1ST;
0618-0058 SPP/MOD CS >5 YR FIRST 30 MINUTES

DATE OF EXAM: 06/18/08

CLINICAL DATA: 35M INVOLVED IN MOTOR VEHICLE ACCIDENT WITH LEFT LEG FRACTURES

PELVIC AND LEFT LEG ARTERIOGRAM:

PROCEDURE: Informed consent was obtained from the patient's wife by staff. The right groin was prepped and draped. 1% Lidocaine was used as local anesthesia. The right common femoral artery was accessed using a Microaccess system and a 4Fr vascular sheath placed. Over a 0.035 guidewire a universal flush catheter was positioned at the level of the distal abdominal aorta and an oblique view of the pelvis performed. The catheter was then manipulated across the aortic bifurcation past the level of the left common femoral artery. Digital imaging was performed from the level of the left hip to the level of the distal left foot. Following review of the films the catheter and sheath were removed and hemostasis achieved with manual pressure. No acute complications were encountered.

FINDINGS: The pelvic arteriogram shows no atherosclerotic disease or flow-limiting stenosis. Imaging down the left leg shows no spasm or injury to the left common femoral artery. The superficial femoral artery is widely patent with no significant atherosclerotic disease or vasospasm.

Popliteal artery remains well defined with no injury. Three vessel run-off is documented proximally. Vasospasm is noted within the anterior and posterior tibial arteries but pseudoaneurysm or definite intimal injury is not identified. Both the anterior and posterior tibial arteries are seen across the level of the ankle. Peroneal artery can be seen to the level of the ankle.

IMPRESSION: Vasospasm of the anterior and posterior tibial arteries at and just above the level of the patient's tib/fib fracture. Both vessels are well defined across the ankle.

Transcribed by:AKHOO ANITA K HOOK
Report Status: Signed

Radiology Department
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29169
(803) 791-2000

Patient: RUSSELL,MICHAEL C
Age: 35 M
DOB: [redacted]
Patient SSN : [redacted]
Order Dr: LEE,DAVID K MD

Unit/Mr No: [redacted]
Acct No:
Report No: 20080619-0467
Pt Location: HNT5P1

Req No: 08-79876 Dictated By: RADIOLOGY DEPARTMENT

ORDERED BY: DAVID K LEE MD
LOCATION: ADM IN HNT5P1 595
STUDY TYPE: 0619-0001 OR/FLUORO 1 HR LEFT

DATE OF EXAM: 06/19/08

CLINICAL DATA: 35M, LEG INJURY, PROCEDURE DONE IN OR

FLUOROSCOPY:

Fluoroscopy was provided by means of a portable image intensifier. No films were taken.

Transcribed by:CGBEN CHERYL D GANUS Report Status: Signed

MR_Lex Med Ctr_0176

RUSSELL ,MICHAEL C
MRN#: [redacted]
D.O.B: [redacted] Age:35 years
Sex:Male Race:Caucasian
Ordering MD:HALL
Review Phy: A, IMA GROUP
Room#:21 Tech:VML
DX:LEG INJURY

595

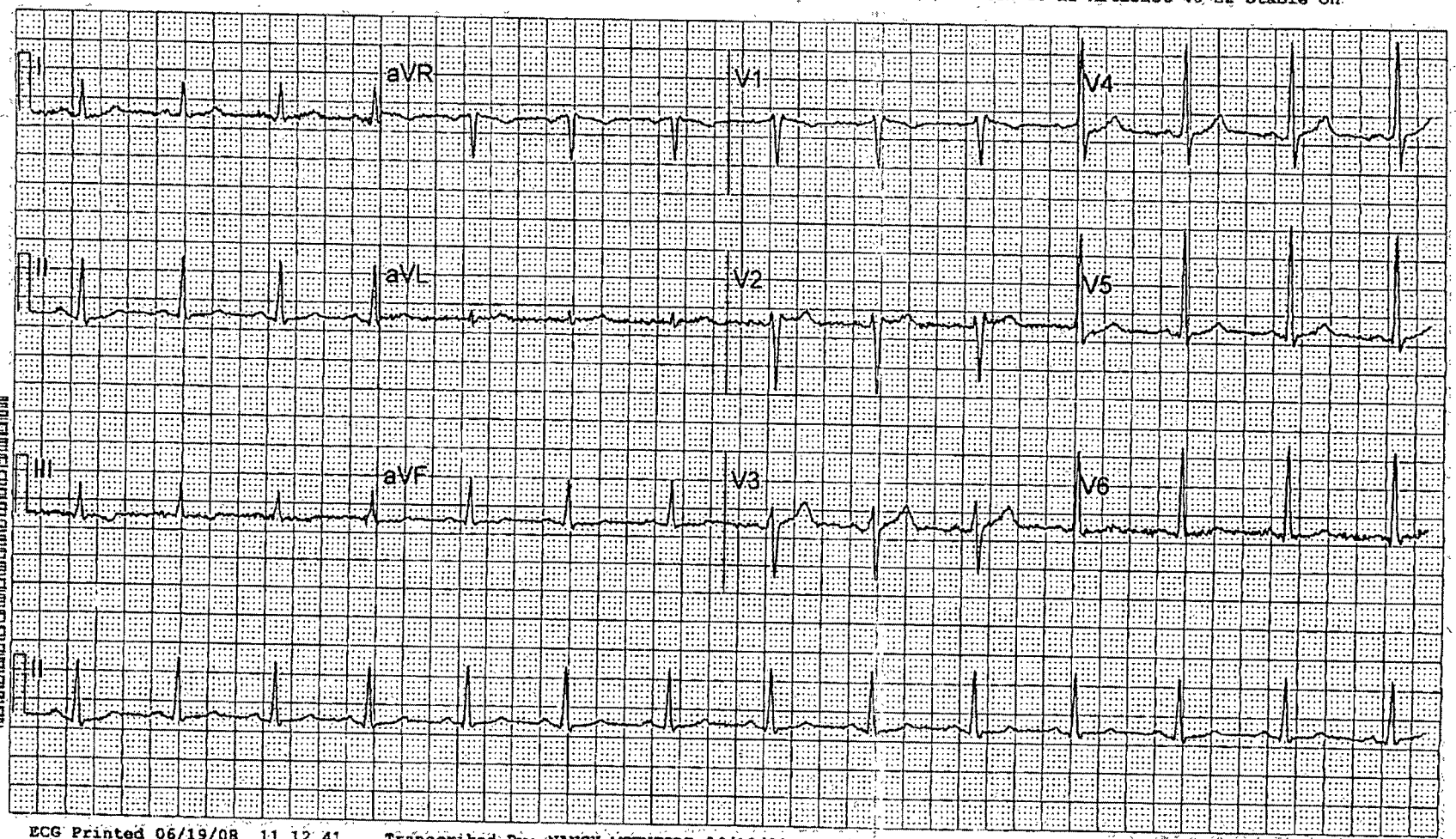
Dept:ER
Time:23.10:46 06/18/08
Lexington Medical Center

Vent rate: 83	SINUS RHYTHM
RR : 720	NONSPECIFIC T WAVE CHANGES INFERIOR LEADS
--Durations--	
P : 112	
QRS: 106	
--Intervals--	
PR : 144	
QT : 368	
QTcH: 408	
QTd: 44	
--Axes--	
P : 35	
QRS: 53	
T : 5	

caw

Confirmed test: C. WHITE M.D.

Speed: 25 mm/s Limb Lead Gain: 10.0 mm/mV Chest Lead Gain: 10.0 mm/mV Filters(s): Notch 60 Hz Artifact 40 Hz Stable On



ECG Printed 06/19/08 11.12.41 Transcribed By: NANCY MCENTIRE 06/19/08 11.12.35

ROA 1377

MR_Lex Med Ctr_0177

EKG SLIPS

NAME / ROOM NO. _____

V-RATE	A-RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE

-21
:58 18JUN2008

22:06	120/	82(	97)	mmHg	PR=	82	(NIBP)
22:31	103/	81(	89)	mmHg	PR=	86	(ECG)
22:35	106/	72(	88)	mmHg	PR=	87	(ECG)
22:40	118/	84(	93)	mmHg	PR=	84	(ECG)
22:45	117/	80(	95)	mmHg	PR=	89	(NIBP)

STAT

LAST BP=
23:29
06/18

NIBP

11
[illegible]

V-RATE	A-RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE

18JUN2008

22:50	???						
22:55	???						
23:00	???						
23:12	97/	80(	87)	mmHg	PR=	88	(ECG)
23:29	113/	81(	94)	mmHg	PR=	86	(ECG)

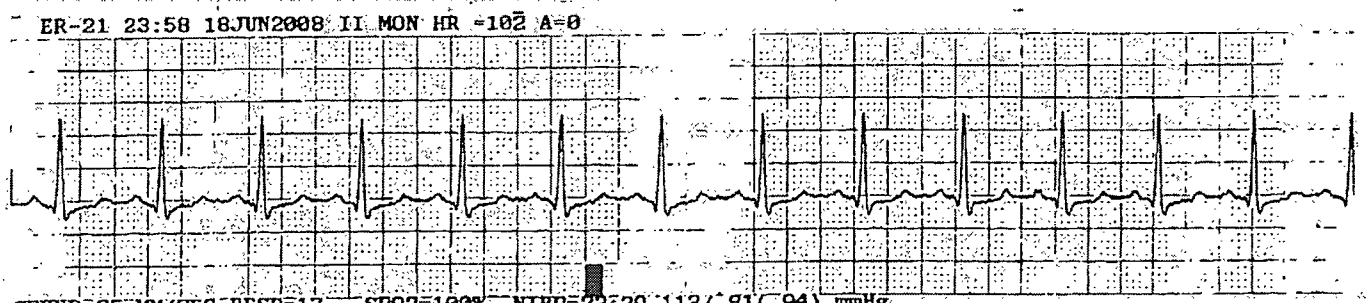
STAT

LAST BP=
23:29
06/18

NIBP

11[illegible]
8[illegible]

V-RATE	A-RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE



[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
RED W M [redacted]

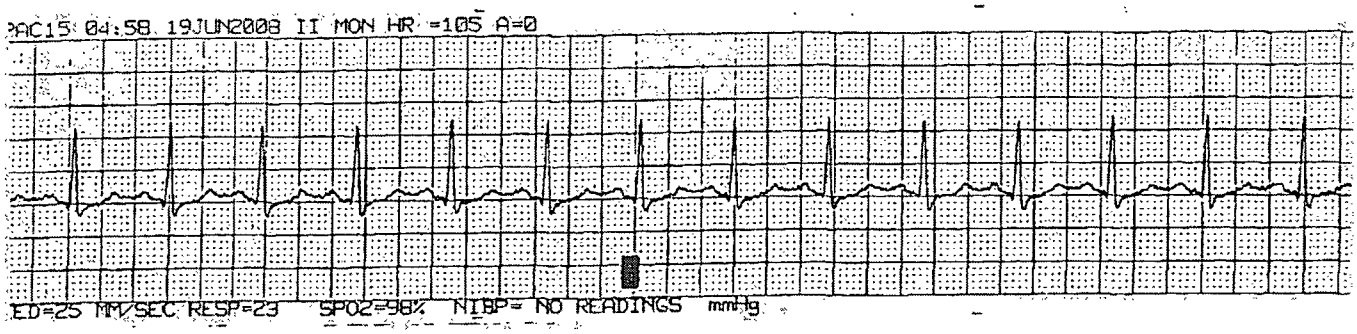
[redacted]

MR_Lex Med Ctr_0178

EKG SLIPS

NAME / ROOM NO. _____

V-RATE	A-RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE
105	105	.16	.10	S Tach	



V-RATE	A-RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE

V-RATE	A-RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE

[redacted] 06/18/08 35
RUSSELL,MICHAEL C
[redacted] HALL,THOMAS R MD
HED22 21 A W M[redacted]

LEXINGTON MEDICAL CENTER

MR_Lex Med Ctr_0179

PATIENT TRANSFER

PATIENT NAME: Michael Russell

PATIENT CONDITION: ☐ Patient has no reasonable likelihood of deterioration from or during transport.
☐ Patient may be at risk for deterioration from or during transport; however, benefits from transfer outweigh the risks.
☐ Patient is pregnant with contractions

REASON FOR TRANSFER:
☐ Equipment or services not available (list) Trauma Surgery
☐ Patient or legal responsible person acting on the patient's behalf requests transfer. Services are available and offered to patient.
Name of person: _____ Relationship: _____

Summary of Benefits: Receive needed surgery

Summary of Risks: _____

[x] All transfers have inherent risks of delays or accidents in transit, pain or discomfort upon movement, and limited medical capacity of transport units that may limit available care in the event of patient deterioration.

RECEIVING HOSPITAL: Palmetto Richland **NAME OF ACCEPTING PERSONNEL:** _____
DATE: 6/20/08 TIME: 1100 **NAME OF RECEIVING PHYSICIAN:** Loquisto
Notified ☐ No ☒ Yes Time: 1000

PHYSICIAN/QUALIFIED MEDICAL PERSONNEL CERTIFICATION

The undersigned physician/qualified medical personnel has examined the above named patient and certifies that the patient is being transferred to another facility because the patient's medical condition is sufficiently stable for transfer, the medical benefits reasonably expectable from treatment at another facility outweigh the increased risk to the patient's medical condition from effectuating the transfer, or the patient requests and consents to the transfer to another facility.

Physician/Qualified Medical Personnel's Signature: [signature] Date: 6/20/08 Time: 1100

Copies of Record Accompanying Transfer: ☒ X-rays ☒ Lab reports ☒ Transfer form ☒ ER record
☐ Progress notes ☒ Discharge/Transfer Summary ☐ Other _____
Medical Transportation: ☒ Ambulance ☐ Air transport ☐ Other: _____
Additional Personnel: ☐ RN ☐ RT ☐ MD ☐ Other: _____
Vital Signs (within five (5) minutes of transfer): T 98.0 P 64 R 18 BP 140/90 Pain Scale: 5 SpO2: 94%
Orders During Transport: ☒ ACLS Protocol ☐ Other: _____

TRANSFER REFUSAL:
☐ Patient was offered transfer but refused. Patient informed of the risks of refusal.
☐ Transfer by medical vehicle with medical personnel & equipment to safeguard patient condition during transport offered but refused.

Signature of patient/responsible party: _____ Date: _____ Witness: _____

PATIENT'S CONSENT TO TRANSFER

The patient/responsible party acknowledges that the above named patient has been examined by the Lexington Medical Center and that he/she hereby consents to be transferred from the Lexington Medical Center to another facility. He/She has been fully informed of the risks involved in the transfer. He/She hereby releases the attending physician and the Lexington Medical Center from any and all legal responsibility for any and all claims, which may result from the transfer from the Lexington Medical Center to another facility.

Signature of Patient/Responsible Party: [signature] Witness: [signature]
Date: 6/20/08 Time: 1050

7181-153-2 (Rev. 3/01) Original – Medical Records Copy – Send with Patient

Lexington Medical Center

[redacted] 06/19/08 35
RUSSELL, MICHAEL C
[redacted] LEE, DAVID K MD
HNT5P 595.1 W M [redacted]

MR_Lex Med Ctr_0180

Lexington Medical Center

1. I hereby consent to and authorize Lexington Medical Center and my physician to perform the following operation or procedure: Conscious Sedation
(L) Tib/Fib Fx reduction
to be performed on (patient name) Michael Russell, under the direction of Dr.(s) Hall and/or other doctor(s) he/she may choose.

2. I know that during the operation or procedure, sometimes an additional or different procedure is needed. I give my permission to the above-named physician and any other physicians and assistants he may choose to perform these procedures if needed.

3. I know sedation and/or anesthesia (complete or partial loss of physical sensation) will be needed for the operation or procedure. I give permission to the physician to decide how much and what kind, with the exception of: None: ✓

4. I understand that blood and/or blood products may be needed before, during and/or after the operation or procedure. I understand the risks and the choices available. **I (do) (do not)** give my permission to the physician to use blood and/or blood products if necessary. **I (have) (have not)** made prior arrangements for autologous donation, which is the donation and storage of one's own blood for elective medical/surgical procedures.

5. I give the hospital permission to dispose any tissue recovered or amputated parts, if amputation is necessary, during the course of the operation or procedure. I give the hospital permission to, at their discretion, save for research purposes all or part of the blood and/or tissue normally discarded. I understand that saved blood and/or tissue, as well as associated clinical data, will not identify me in any way.

6. I give permission to allow my physician to take pictures of my body parts, if needed, during the operation or procedure.

7. My physician or his/her designee has explained to me my diagnosis, the nature of the procedure, the major risks involved, the potential benefits, the probability of success associated with the procedure, the prognosis if the procedure is not done, any alternatives or options, and the potential problems related to recuperation. I understand the explanation provided and no guarantee of results has been given to me. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily give my consent to the above operation or procedure.

Witness: [signature] **Signature:** Susanne C. Russell

Date: 10/16 **Time:** ____ AM PM **Relationship to Patient:** Wife

I have discussed with the patient his/her diagnosis, the nature of the procedure, the major risks, the benefits, the potential complications, the probability of success, the prognosis if the procedure is not carried out, any alternatives, the potential problems related to recuperation, and the possible use of sedation/anesthesia and blood/blood products. I have answered the patient's questions and obtained permission to proceed.

[signature] 6/18/08
Physician Signature Date

For Surgical, Interventional or Invasive Diagnostic Procedure Use Only

Date: 6/18 Time: 2014 AM PM

Correct Patient Correct Site
Correct Procedure Correct Side
Correct Films Correct Position
Correct Implants/equipment, as applicable

Consent Verification by Surgical/Procedure Team

Physician: ✓ Anesthesia ___ RN 1: ✓ ST ___
RN/Lead Tech: [signature]

Perioperative documentation of this process is in the electronic medical record.

Consent to Operation or Procedure

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED W M [redacted]

If the patient does not consent to the administration of blood or blood products, notify the physician as soon as possi
Treatment" form.

7181-441-1
03/08

7

MR_Lex Med Ctr_0181

MR_Lex Med Ctr_0182

Sterilization Permit
(Ligation of Fallopian Tubes, Vasectomy, or Hysterectomy)

I, being over 18 years of age, give permission for the following operation _____ _____ to be performed on (name)_____ under the direction of Dr.(s) _____ and/or other Dr.(s) he/she may choose. I know anesthesia may be necessary. I give my permission to the doctor(s) to decide how much and what kind except _____.

It has been explained to me that this operation is intended to result in sterility, and I understand that if it proves successful, the results may be permanent and if they are, it will be impossible to produce children. I understand that the operation may result in sterility and that no guarantee of sterility has been given to me.

Witness:_____ Signature:_____

Date: _____ Time: _____AM PM

Lexington Medical Center

1. I hereby consent to and authorize Lexington Medical Center and my physician to perform the following operation or procedure: Arteriogram with runoff

to be performed on (patient name) Michael Russell, under the direction of Dr.(s) Hudson and/or other doctor(s) he/she may choose.

2. I know that during the operation or procedure, sometimes an additional or different procedure is needed. I give my permission to the above-named physician and any other physicians and assistants he may choose to perform these procedures if needed.

3. I know sedation and/or anesthesia (complete or partial loss of physical sensation) will be needed for the operation or procedure. I give permission to the physician to decide how much and what kind, with the exception of: None: √

4. I understand that blood and/or blood products may be needed before, during and/or after the operation or procedure. I understand the risks and the choices available. ~~I (do)~~ **(do not)** give my permission to the physician to use blood and/or blood products if necessary. **I (have) (have not)** made prior arrangements for antologous donation, which is the donation and storage of one's own blood for elective medical/surgical procedures.

5. I give the hospital permission to dispose any tissue recovered or amputated parts, if amputation is necessary, during the course of the operation or procedure.

6. I give permission to allow my physician to take pictures of my body parts, if needed, during the operation or procedure.

7. My physician or his/her designee has explained to me my diagnosis, the nature of the procedure, the major risks involved, the potential benefits, the probability of success associated with the procedure, the prognosis if the procedure is not done, any alternatives or options, and the potential problems related to recuperation. I understand the explanation provided and no guarantee of results has been given to me. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily give my consent to the above operation or procedure.

Witness: J. Boyce RN **Signature:** Susanne C. Russell

Date: 6-19-08 **Time:** 1239 (AM) PM **Relationship to Patient:** Wife

I have discussed with the patient his/her diagnosis, the nature of the procedure, the major risks, the benefits, the potential complications, the probability of success, the prognosis if the procedure is not carried out, any alternatives, the potential problems related to recuperation, and the possible use of sedation/anesthesia and blood/blood products. I have answered the patient's questions and obtained permission to proceed.

Physician Signature 6/18/08 Date

For Surgical, Interventional or Invasive Diagnostic Procedure Use Only

Date: 6-19-08 Time: 0102 (AM) PM

~~Correct Patient~~ ~~Correct Site~~
~~Correct Procedure~~ ~~Correct Side~~
Correct Films ~~Correct Position~~
Correct implants/equipment, as applicable

Consent Verification by Surgical/Procedure Team

Physician √ Anesthesia RN √ RT √ ST

RN/Lead Tech J. Boyce RN

Perioperative documentation of this process is in the electronic medical record.

Consent to Operation or Procedure

If the patient does not consent to the administration of blood or blood products, notify the physician as soon as possible and have the patient sign the "Refusal of Treatment" form.

7181-441-1
07/07

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED22 21 A A W M [redacted]

7

MR_Lex Med Ctr_0183

MR_Lex Med Ctr_0184

Sterilization Permit
(Ligation of Fallopian Tubes, Vasectomy, or Hysterectomy)

I, being over 18 years of age, give permission for the following operation _____ _____ to be performed on (name)_____ under the direction of Dr.(s) _____ and/or other Dr.(s) he/she may choose. I know anesthesia may be necessary. I give my permission to the doctor(s) to decide how much and what kind except _____.

It has been explained to me that this operation is intended to result in sterility, and I understand that if it proves successful, the results may be permanent and if they are, it will be impossible to produce children. I understand that the operation may result in sterility and that no guarantee of sterility has been given to me.

Witness:_____ Signature:_____

Date: _____ Time: _____ AM PM

Lexington Medical Center

1. I hereby consent to and authorize Lexington Medical Center and my physician to perform the following operation or procedure: Open Reduction Internal Fixation of Left Lower Leg and Irrigation and Debridement to be performed on (patient name) Michael Russell, under the direction of Dr.(s) _____ and/or other doctor(s) he/she may choose.

2. I know that during the operation or procedure, sometimes an additional or different procedure is needed. I give my permission to the above-named physician and any other physicians and assistants he may choose to perform these procedures if needed.

3. I know sedation and/or anesthesia (complete or partial loss of physical sensation) will be needed for the operation or procedure. I give permission to the physician to decide how much and what kind, with the exception of: None: ✓

4. I understand that blood and/or blood products may be needed before, during and/or after the operation or procedure. I understand the risks and the choices available. I **(do)** **(do not)** give my permission to the physician to use blood and/or blood products if necessary. I **(have)** **(have not)** made prior arrangements for antologous donation, which is the donation and storage of one's own blood for elective medical/surgical procedures.

5. I give the hospital permission to dispose any tissue recovered or amputated parts, if amputation is necessary, during the course of the operation or procedure. I give the hospital permission to, at their discretion, save for research purposes all or part of the blood and/or tissue normally discarded. I understand that saved blood and/or tissue, as well as associated clinical data, will not identify me in any way.

6. I give permission to allow my physician to take pictures of my body parts, if needed, during the operation or procedure.

7. My physician or his/her designee has explained to me my diagnosis, the nature of the procedure, the major risks involved, the potential benefits, the probability of success associated with the procedure, the prognosis if the procedure is not done, any alternatives or options, and the potential problems related to recuperation. I understand the explanation provided and no guarantee of results has been given to me. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily give my consent to the above operation or procedure.

Witness: Candi Thomas RN **Signature:** Susan C. Russell

Date: 6/19/08 **Time:** 0849 AM/PM **Relationship to Patient:** Wife

I have discussed with the patient his/her diagnosis, the nature of the procedure, the major risks, the benefits, the potential complications, the probability of success, the prognosis if the procedure is not carried out, any alternatives, the potential problems related to recuperation, and the possible use of sedation/anesthesia and blood/blood products. I have answered the patient's questions and obtained permission to proceed.

Physician Signature — Date: 6/19/08

For Surgical, Interventional or Invasive Diagnostic Procedure Use Only

Date: 6/19/08 Time: 0935 AM/PM

Correct Patient — Correct Site
Correct Procedure — Correct Side
Correct Films — Correct Position
Correct Implants/equipment, as applicable

Consent Verification by Surgical/Procedure Team

Physician ____ Anesthesia ____ RN ____ ST ____
RN/Lead Tech Candi Thomas

Perioperative documentation of this process is in the electronic medical record.

Consent to Operation or Procedure — Label

If the patient does not consent to the administration of blood or blood products, notify the physician as soon as possible and have the patient sign the "Refusal of Treatment" form.

7181-441-1
03/08

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
Rm:D22 21 A W M [redacted]

7

MR_Lex Med Ctr_0185

Sterilization Permit
(Ligation of Fallopian Tubes, Vasectomy, or Hysterectomy)

I, being over 18 years of age, give permission for the following operation _____ _____ to be performed on (name)_____ under the direction of Dr.(s) _____ and/or other Dr.(s) he/she may choose. I know anesthesia may be necessary. I give my permission to the doctor(s) to decide how much and what kind except _____.

It has been explained to me that this operation is intended to result in sterility, and I understand that if it proves successful, the results may be permanent and if they are, it will be impossible to produce children. I understand that the operation may result in sterility and that no guarantee of sterility has been given to me.

Witness:_____ Signature:_____

Date: _____ Time: _____ AM PM

ADVISEMENT OF IMPLIED CONSENT RIGHTS

Michael C. Rosell

Subject's Name (Print) [redacted] Date of Birth

Driver's License Number [redacted] State Licensed SC

DRIVING UNDER THE INFLUENCE ADVISEMENT

(A) Will test be video recorded? If answer is Yes, start here → ◆ Inform subject of ~~video recording~~.
◆ Advise subject of Miranda rights.
If answer is No, start here → ◆ Inform subject of the type (breath, blood, urine) samples requested.

(B) Then read the following advisement to subject:

- ◆ You are under arrest for Driving Under the Influence (DUI), Section 56-5-2930, South Carolina Code of Laws 1976, as amended.
- ◆ The arresting officer has directed that samples be taken for alcohol and/or drug testing.
- ◆ The samples will be taken and tested according to Section 56-5-2950 and SLED policies.
- ◆ You do not have to take the tests or give the samples, but if you refuse to submit to the tests, your privilege to drive in South Carolina must be suspended or denied for at least ninety (90) days and your refusal may be used against you in court.
- ◆ If you take the tests or give the samples and have an alcohol concentration of eight one-hundredths of one percent (0.08%) or more, you may instead be charged with Driving with an Unlawful Alcohol Concentration (DUAC), Section 56-5-2933.
- ◆ If you have an alcohol concentration of fifteen one-hundredths of one percent (0.15%) or more, your privilege to drive in South Carolina must be suspended for at least thirty (30) days.
- ◆ You have the right to have a qualified person of your own choosing conduct additional independent tests at your expense and the officer, upon request, must provide you affirmative assistance.
- ◆ You have the right to request an administrative hearing within thirty (30) days of the issuance of the notice of suspension.
- ◆ If you do not request an administrative hearing or if your suspension is upheld at the administrative hearing, you must enroll in an Alcohol and Drug Safety Action Program.

If applicable, perform the following procedures:

(C) Check subject's mouth and remove any foreign material. (Not required if a refusal has occurred.)
(D) Time stamp Breath Alcohol Analysis Test Report. (Not required if a refusal has occurred.)
(E) Observe subject for a minimum of twenty (20) minutes before collecting breath sample. (Not required if a refusal has occurred.)
(F) Enter biographical data into BAC DataMaster. (Required for all tests, including refusals.)

FELONY DRIVING UNDER THE INFLUENCE ADVISEMENT

(B) Will test be video recorded? If answer is Yes, start here → ◆ Inform subject of video recording.
◆ Advise subject of Miranda rights.
If answer is No, start here → ◆ Inform subject of the type (breath, blood, urine) samples requested.

(B) Then read the following advisement to subject:

- ◆ You are under arrest for Felony Driving Under the Influence (Felony DUI), Section 56-5-2945, South Carolina Code of Laws 1976, as amended, or a law enforcement officer has probable cause to believe that you have violated this section.
- ◆ The officer has directed that samples be taken for alcohol and/or drug testing.
- ◆ The samples will be taken and tested according to Section 56-5-2950 and SLED policies.
- ◆ Pursuant to Section 56-5-2946, you must submit to either one or a combination of chemical tests for the purpose of determining the presence of alcohol, drugs, or a combination of alcohol and drugs.
- ◆ The resistance, obstruction, or opposition to testing pursuant to Section 56-5-2946 is evidence admissible at trial.
- ◆ If your tests or samples have an alcohol concentration of fifteen one-hundredths of one percent (0.15%) or more, your privilege to drive in South Carolina must be suspended for at least thirty (30) days.
- ◆ You have the right to have a qualified person of your own choosing conduct additional independent tests at your expense and the officer, upon request, must provide you affirmative assistance.
- ◆ You have the right to request an administrative hearing within thirty (30) days of the issuance of the notice of suspension.
- ◆ If you do not request an administrative hearing or if your suspension is upheld at the administrative hearing, you must enroll in an Alcohol and Drug Safety Action Program.

If applicable, perform the following procedures:

(C) Check subject's mouth and remove any foreign material.
(D) Time stamp Breath Alcohol Analysis Test Report.
(E) Observe subject for a minimum of twenty (20) minutes before collecting breath sample.
(F) Enter biographical data into BAC DataMaster.

William C. Hannon
Officer's Name (Print)

Officer's Signature

Unable to sign
Subject's Signature (Received Copy)

08-18-2008 2330
Date Time 2355

SLED Permanent Form # SCE-031, April 2006

MR_Lex Med Ctr_0187

PERIOPERATIVE CHECKLIST

PRE-OP Initials	ANES Initials	OR Initials	Procedure: Open Reduction Internal Fixation
			CONSENT: Left Lower Leg Fx with Intramed Nail and debridement
CT	HE	CT	Procedure completely written out
CT	HE	CT	Signed by Patient
CT	HE	CT	Signed by MD
			CONSENT VERIFIED WITH:
CT	HE	CT	Patient and or family/significant other
CT	HE	CT	H&P (within 30 days with update within 24 hrs.)
CT	HE	CT	Schedule Add on
			SITE AND SIDE MARKING:
CT	HE	CT	Surgical/Procedural site/side marked . (Obvious)
CT	HE	CT	Surgical/Procedural site/side marked matches Consent
CT	HE	CT	Surgical/Procedural site/side marked verified with Physician order
CT	HE	LT	Surgical/Procedural site/side marked verified with Patient/family/significant other
			ADDITIONAL EQUIPMENT NEEDED
			Radiographic films needed:
	CT		If Yes, they are in the OR Suite
			Implants/ Equipment needed:
	CT		If Yes, they are in the OR Suite & surgeon verifies
			TIME OUT
	CT		Scrub Tech did not hand scapel to Surgeon/Physician until all members of the surgical team verbally agreed with Procedure, Patient, Site, Side and Position as read from the Consent

Pre-Op RN Signature: Andia Nordo RN

Anesthesia Signature: H. Ellitsey CRNA

OR RN Signature: Andia Nordo RN

Form # 7181-663-1 (11/07)

Patient Label

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
HED22 21 A A W M [redacted]

PERIOPERATIVE PLAN OF CARE

NURSING DIAGNOSIS	I&A	Pre-Op	PACU-I	PACU-II
Date/Time	N/A	6/19/08 0305	6/19/08 0550	
Altered health maintenance				
Anxiety/Fear		✓		
Risk for Perioperative positioning injury				
Risk for infection		✓		
Ineffective breathing pattern/inability to sustain spontaneous ventilation			✓	
Altered tissue perfusion/Decreased cardiac output				
Acute pain		✓	✓	
Potential for complications		✓	✓	
OTHER PROBLEMS				
INITIALS:	N/A	CT	JQ	

INTERVENTIONS	I&A	Pre-Op	PACU-I	PACU-II
Date/Time	N/A	6/19/08 0305	6/19/08 0550	
Risk identification		✓		
Preoperative coordination		✓		
Patient/family teaching/Anticipatory guidance		✓		
Surgical preparation		✓		
Surgical assistance		✓		
Surveillance		✓		
Invasive monitoring: ICP/Hemodynamic				
Temperature regulation				
Blood products administration				
O2 therapy/Ventilation assistance/Airway management			✓	
Pain management		✓	✓	
Circulatory care		✓		
Fluid & electrolyte management		✓	✓	
Wound/drain/tube care			✓	
Other:				
INITIALS:	N/A	CT	JQ	

Pre-Op Test: Abnormals
☐ None

COMMENTS:
Emergent procedure.

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R, MD
HED22 21 A W M [redacted]

PERIOPERATIVE PLAN OF CARE

FAMILY MEMBER/CONTACT PERSON here day of surgery: wife

VALUABLES REMOVED:

- ☐ NONE
- ☐ Jewelry: *(describe)*: N/A
- ☐ Dentures: (CIRLCE) Upper Lower Partial
- ☐ Glasses
- ☐ Contacts
- ☐ Hearing Aid
- ☐ Clothing: _____
- ☐ Purse/Wallet: _____
- ☐ Other: _____

I hereby acknowledge that all articles listed have been returned to me; and I hereby absolve Lexington Medical Center from all responsibility for any error and/or omissions noted herein.

SIGNED: N/A

Patient (Parent/Guardian)

Date: _____ Time: _____

PATIENT/FAMILY TEACHING

LEARNING NEEDS: Pre-operative Instructions/Routine Post-Op Care DATE/TIME: _____

LEARNER READINESS: ___ Receptive ___ Uncooperative ___ Denies Need

WRITTEN MATERIAL PROVIDED: _____

NAME (S)/RELATIONSHIP OS PERSON TAUGHT: _____

TEACHING CONTENT	EXPECTED PATIENT OUTCOMES	GOAL YES	MET? NO	COMMENTS
Diagnosis: Etiology and basic physiology	Verbalizes basic understanding of etiology and physiology of diagnosis and reason for surgery			
Treatment Plan	Verbalizes understanding of plan of care including type of surgery, how long will be in hospital, etc.			
Pre-Op Instructions	Verbalizes/demonstrates: ☐ When to report (date/time) ☐ NPO after midnight ☐ Pre-Op medications ☐ Need to remove jewelry ☐ Need to arrange for someone to be drive patient home and for some to be available for assistance for 24 hours after surgery ☐ Other			
Post-Op Self care	Describes/demonstrate: ☐ Cough & deep breathe ☐ Incentive spirometer ☐ Ankle pumps/other exercises ☐ Need to increase activity ☐ Ask for/ take pain medication when needed ☐ Other:			

INIT	Signature/Title	Date/Time	INIT	Signature/Title	Date/Time
C	Andrea Thrasher	6/18/08 0855	[redacted]	[redacted]	6/19/08 0730

[redacted] 06/18/08 35
RUSSELL, MICHAEL C
[redacted] HALL, THOMAS R MD
HED22 21 A W M [redacted]

MR_Lex Med Ctr_0190

STATE OF SOUTH CAROLINA

COURT OF COMMON PLEAS

COUNTY OF LEXINGTON

MIKE RUSSELL,

Plaintiff,

vs. CASE NO. 2011-CP-32-04981

RANDOLPH GILL AND PENNSYLVANIA LIFE INSURANCE COMPANY,

Defendants.

DEPOSITION OF: GERALD D. ROTHELL

DATE: May 2, 2012

TIME: 1:19 p.m.

LOCATION: Law Offices of
Nelson Mullins Riley & Scarborough
1320 Main Street, 17th Floor
Columbia, South Carolina

TAKEN BY: Counsel for the Defendants

REPORTED BY: Carolyn M. Beam
Court Reporter

A. WILLIAM ROBERTS, JR., & ASSOCIATES

Fast, Accurate & Friendly

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Columbia, SC	Greenville, SC	Charlotte, NC
(803) 731-5224	(864) 234-7030	(704) 573-3919

APPEARANCES OF COUNSEL:

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(803) 796-9160
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ATTORNEYS FOR THE DEFENDANT RANDOLPH GILL AND PENNSYLVANIA LIFE INSURANCE COMPANY:

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The Meridian Building
1320 Main Street, 17th Floor
Columbia, SC 29201
(803) 799-2000
kristen.horne@nelsonmullins.com

(INDEX AT REAR OF TRANSCRIPT)

GERALD D. ROTHELL

being first duly sworn, testified as follows:

EXAMINATION

BY MS. HORNE:

Q. Trooper Rothell, I'm Kristen Horne. I represent Pennsylvania Life Insurance in this matter. Thank you for coming today. Have you ever been deposed before?

A. Yes.

Q. In what kind of situations have you been deposed?

A. In several civil trials involving collisions.

Q. Traffic collisions?

A. Yes, ma'am.

Q. Like in those situations, other depositions, please let me know if you need a break. I will ask you questions. If you don't understand them or you need me to clarify or repeat them, please let me know. If you answer the question, I assume that you'll understand it, or that you have understood it.

Make sure you give spoken answers. The Court Reporter can't take down nods or uh-huh's or huh-uh's. And we want to stay friends with her.

Can you please give me your full name?

A. Gerald Douglas Rothell, R-O-T-H-E-L-L.

Q. What's the best way to reach you while you're working? Is there a cellphone number or --

A. My state cell number is area code (803) 917-0327. And if I don't answer, that means I'm asleep.

Q. Okay. Where do you live?

A. In Gilbert.

Q. How long have you been in Gilbert?

A. Since 1993.

Q. My family has a house out near there, not quite to the traffic circle.

A. That's Leesville.

MR. RILEY: That's a good county over there.

BY MS. HORNE:

Q. Where did you go to school?

A. West Side High School in Anderson.

Q. Do you have any other degrees or certificates?

A. No. I have the education I've received from the criminal justice academy. Also through the U.S. Army in the military police and basic training.

Q. How long did you serve in the military?
A. Three years on active duty. I retired in 2006 from the Guard, 20 years of service.
Q. What branch of military did you serve?
A. Army, military police.
Q. How long have you been with the highway patrol?
A. Since April of 1991.
Q. What's your post?
A. Lexington county.
Q. Is that post one or something?
A. It's troop one --
Q. Troop one.
A. -- post C.
Q. What was your first job in law enforcement?
A. I was a military police officer.
Q. When did you start doing that?
A. In August of 1987.
Q. What was your next job in law enforcement?
A. Highway patrol.
Q. And I'm sorry, tell me again when you started?
A. In April of -- of '91. I worked

private security very briefly between the two while I was transitioning.

Q. What's your current rank or title?

A. Corporal, I'm a shift supervisor.

Q. How long have you had that position?

A. Sixteen months.

Q. What was your rank prior to that?

A. I was a lance corporal. Prior to being a corporal, getting promoted to corporal, I'd spent almost two years assigned to the troop on DUI team. And prior to that, I've been a regular line enforcement officer, working the road in Lexington county.

Q. Tell me about the DUI team.

A. Almost two years prior to me getting promoted -- that's all federal grant money -- they were looking for officers that were effective in making DUI arrests, that was willing to work straight night shift, to do so. I accepted it and spent almost two years on the DUI team as a lance corporal. I also served basically as that shift supervisor. I was senior to the people under me and answered directly to the -- the lieutenant.

Q. What are your current responsibilities?

A. I still patrol the road -- road detail,

work hand-in-hand with the guys that are assigned to work under me. The benefit of the promotion, if you call it the benefit, is now I'm responsible for what they do. So, in addition to trying to maintain my patrol activity, I supervise them; I respond to the scenes and situations and assist them and make sure that they're doing what they need to be doing when they need to be doing it.

Q. Does -- do your responsibilities include investigation of crime scenes?

A. Of collisions, yes, ma'am.

Q. Collisions. Tell me about your responsibilities for training new officers?

A. I am a certified field training officer. The responsibility for that is just an eight-week cycle, where the new officer, just graduating from the academy, rides with you. During two weeks of that phase, he does nothing but observe. The next two weeks, he begins doing some things, but the training officer is more involved. I'm basically deciding what to do and let him do it.

The third week, I step back and let him -- or the third phase, I step back and let him make a greater portion of those decisions, but I'm still

fairly involved. And then the last two weeks is where I'm basically supposed to step back and watch and observe, let him do everything, make all the decisions, and I would only intervene if he has a problem or if I see him making an error. The purpose of those is to try to transition him slowly into being able to work on his own and make those independent decisions.

Q. Once an officer starts working on his own, do you still have training responsibilities?

A. Yes. As a matter of course, I mean, just as a trooper in general, the way that I've always done business is, if I've got a question, I'm going to call another officer over there and get a second set of eyes and a different opinion. At the same time, I've -- I've always been quick to respond to other officers so, if they had a question, I could give them the second set of eyes and the opinion.

Q. Did you get special training to be able to serve as a certified field training officer?

A. We have to attend a class at the criminal justice academy that's through the highway patrol to be trained to be a field training officer. The first step actually is to be selected

from your supervisor so that, based on your experience and your abilities, they have confidence in your ability to train a new officer.

You then go through the training course at the academy. And primarily, that's to teach me what I need to do during each phase, so that I don't just wade my way through it, so I understand the clear purpose of each of the four phases, so that they don't just wind up being eight weeks of us being together and him learning nothing.

Q. And at the end of the course at the criminal justice academy, were you automatically assigned a trainee or did you have to do anything else before you began training?

A. No, once -- once I completed the course, I've been approved to be a field training officer. When the class graduates and the assignments are made to each county, then the supervisors, from the first sergeant through the captain, try to match up each officer with somebody that they think that the training officer would be effective with.

For example, I've got military experience. And if we're getting an officer that's coming out of the military, they might match me

with him because he and I have something in common to work with. If I'm a very direct person and we have an officer that may have appeared a little more timid at some process, they may match me up with him because he needs that type of supervision. But whatever they feel is the best match is how they're going to try to match us up. And I'm not privy to what forms those decisions.

Q. Have you had any special training or specific training directed to the investigation of wreck scenes?

A. I had the training that I went through when I first came on the patrol, at the scene. To be honest, I don't know the names of them, but over the course of almost 22 years going through inservice training and different training, I've had constant training throughout the years in collision investigation.

Q. Does that include training on accident reconstruction?

A. I've not been though the reconstruction courses. I was scheduled to begin those in 2002. However, the military decided they needed me to go to Guantanamo Bay, Cuba for a year, and someone else received that training opportunity.

Q. How many wreck scenes have you investigated during your career do you guess?

A. In Lexington county, if we lowball it to 15 wrecks per month on average, it's probably closer to 30, fifteen times 12 times 20. A lot.

Q. One or two, huh? What are the purposes -- what are the purposes of the investigations into wreck scenes?

A. The primary cause is to determine who's at fault in the collision. You look at the principal evidence, try to determine who's at fault. Well, first you figure out what happened and then you determine who's at fault. And you do so in accordance with figuring out if there's any applicable law that's been violated that resulted to the cause of the collision.

Q. So criminal activity, physical evidence about what happened and who was at fault?

A. Yes, ma'am.

Q. Do you, as a part of your investigations, evaluate whether there's anything unsafe about the place where the wreck occurred?

A. We have to look at that because, probably the most used traffic law there is -- concerning traffic collisions is too fast for

conditions. So you have to look at the location of the roadway, the sight distance that's available. Because if I'm going to consider whether or not someone failed to use due care, I have to consider how much warning they had of that hazard to be able to avoid it.

Q. Do you report unsafe conditions that you discover so they can be corrected?

A. If they are highway defects, we will report those. If it's something that caused a sight distance, overhanging trees or something, we would report those also, yes, ma'am. But if I think that a curve is a blind curve, DOT is well aware of that, and to be honest, they're not going to come out and straighten the road just because of it.

Q. Have you ever testified about accidents before in court?

A. Yes, ma'am.

Q. In criminal cases?

A. Criminal and civil, yes, ma'am.

Q. And civil cases. In that testimony, have you talked about the way that you've gathered physical evidence?

A. Yes, ma'am.

Q. And the process of determining who is at fault?

A. Yes, ma'am.

Q. Or the causes of an accident?

A. Yes, ma'am.

Q. Do you recall being called to the wreck scene involving Michael Russell on the evening of June 18th, 2008?

A. I remember being on the scene with Trooper Harman.

Q. Do you remember how you learned about the wreck, how you were notified?

A. We were notified via radio communication, through dispatch.

Q. Were you in the same car as him?

A. Yes, ma'am.

Q. Why were you in the same car as him?

A. I was assigned as his training officer.

Q. Do you remember which phase of the process he was in at that time?

A. I'm thinking it was 3 or 4, which would have been the phases where I'm more in the background to allow him to make the decision. But I -- I can't recall specifically.

Q. Was he driving the vehicle or were you?

A. Yes, ma'am. Anything outside of that first two weeks, he would have been driving the vehicle.

MS. HORNE: I'd like to get this document marked as Penn Life's Exhibit 1.

(DFT. EXH. 1, South Carolina Traffic Collision Report Form, Bates Stamp PLIC 0411 and 0412, marked for identification.)

BY MS. HORNE:

Q. What is this document?

A. It's a copy of the TR-310 from the collision that occurred on -- it appears to be June the 18th, 2008, approximately 9:24 p.m., involving Michael Russell and Connie Collins.

Q. It's entitled South Carolina Traffic Collision Report Form?

A. Yes, ma'am.

Q. When was this document prepared?

A. The initial phases of this document would have been prepared that night. If you look about four lines down on the collision report, where the line starts X, dash, 561055.

Q. Yes, sir.

A. That entire block across there is required to be completed at the time of the

investigation because it goes to a carbon form and prints off to the FR-10 that we use to give people for insurance information -- or insurance verification and to allow them to have the information of the other parties involved in the collision. And the portion we would give them would be filled out from there all the way down, 6 or 7 lines, to the point where "contributed to collision" blocks are filled out and everything across there.

Q. We can talk more specifically about some of the other components of this document. But just generally, for the moment, who prepared this document?

A. Trooper Harman prepared this document. And as his training officer, I checked this report and approved it.

Q. When did you review the document and approve it?

A. It would have been within a couple days after June the 18th, when he had it prepared and turned in. I'm not sure the exact date.

Q. Close to the time of the wreck?

A. Yes, ma'am.

Q. And this is your name at the bottom of

the first page?

A. Yes, ma'am, almost directly into narrative --

Q. Exactly.

A. -- is my name.

Q. Thank you. I want to talk a little bit about what you observed when you got to the scene. Where did the wreck happen?

A. It happened on the I-26 eastbound exit ramp to US-321. That's in Lexington county, possibly in the city of Cayce but right -- right around the Cayce area.

Q. What was your role when you arrived at the scene? What were your responsibilities?

A. I got out of the car at that point, again to observe Trooper Harman conduct a collision investigation. I tried to stay within earshot of what was being said, but not get so close that I became a part of the discussion. Because I needed, at that point, to see how he conducted himself with dealing with the public, to make sure that he was asking appropriate questions, or that the questions that he did ask answered all the questions and didn't generate new ones that he failed to ask.

Q. Where did the -- where did your patrol

vehicle get parked?

A. We were on -- we would have been parked back behind what he has marked on this diagram as unit number two, which is Ms. Collins' vehicle. And also, it would have been back behind the motorcycle.

Q. What did you see when you arrived at the scene?

A. Motorcycle was leaning over on its side. The car at this point was setting in -- I call it a gore area. The way we do our diagrams isn't real clear. But when you exit off the interstate, you've got a white line that will be to your left on the ramp that you're not supposed to drive left of. And if you go straight down the interstate, you've got a white line to the right of the far right lane that you're not supposed to drive right of. That area in between, which is partially median and it widens out at that point is around -- goes away from the interstate, I call a gore area.

The majority of Ms. Collins' car was parked in that area. Well, at that point, the whole car was in that area. But upon examining the scene, you could see a slide mark from her right

rear tire, and also the debris, which indicated that her right rear was actually partially in that lane of travel, no more than 1 to 2 feet prior to the impact. And the impact is what forced her car to move over.

Q. How far did the impact move the vehicle?

A. It appeared to move it a couple -- no more than a couple feet. Whether the car was moved afterwards, after the impact, I don't know. But I know there was a slide mark which indicated that the impact had moved the vehicle some.

Q. Where did the motorcycle strike the car?

A. If I recall correctly, it was on the right rear, right about the taillight.

Q. Did the car have its lights on?

A. Yes, ma'am, my recollection, it did.

Q. And where was the motorcycle when you got there?

A. It was laying on its side on the roadway on the ramp.

Q. Where, in relation to the other car, was it?

A. To be honest, I don't recall, post

impact, how far it had traveled. I remember it was in the roadway because we had to block that part of the roadway with blue lights, to allow the traffic coming to move around it without striking it.

Q. Who else was at the scene when you got there?

A. To be honest, I can't recall. I know at one point we were the only ones at the scene. I can't remember if the fire service stayed until we got there or if Cayce had arrived before us, or the county, and waited. But I remember, at one point, we were -- we were out there by ourselves waiting.

Q. When you say by yourselves, was the other driver there?

A. Yes, ma'am. Yes, ma'am. I'm sorry, I was thinking strictly about other -- other emergency vehicles. But yes, Ms. Collins was there.

Q. Were there any other people who were not responding because of their official duties to the accident?

A. I don't recall.

Q. You mentioned that there were some slide marks that showed that the impact of the motorcycle moved the vehicle. Were there any skid

marks that you attributed to the motorcycle itself?

A. No, ma'am.

Q. No brake skidding or anything like that?

A. No, ma'am.

Q. What did you do to investigate the scene while you were there?

A. The first thing is Trooper Harman would have interviewed Ms. Collins. And I recall that she had -- she had told him, while I was standing there listening, that she had intended to stop there, that her vehicle was not in the road. However, the examining at the scene of the physical evidence didn't coincide with her statement at that time. And based off the physical evidence is the reason that we showed her, in our opinion, as contributing to the collision.

Additionally, even if her car had of become disabled, given the fact that it would have been traveling at some speed in excess of 40 miles an hour when it broke down, she should have been able to coast it out of the lane of traffic. So we -- we viewed it, even the event of a breakdown with a mechanical failure, that she still should have got her vehicle out of the roadway.

Q. How much was her vehicle in the roadway?

A. The right rear was out, no more than a couple of feet. The vehicle was out at an angle. And I know the Court Reporter can't -- I don't mind drawing a diagram, if you'd like --

Q. We can make an exhibit.

A. -- to kind of illustrate the angle.

Q. Yes, please.

A. And this is not to scale.

Q. I'm impressed with your artistic skills.

A. Comes from many, many times of doing this sitting in the car. Her vehicle was sitting at a little bit of an angle, where the left rear would have been out of the lane but the right rear would have been in, indicating that she had been coming down the ramp when she had pulled back into this area. And then the -- the right rear of the car had been left-exposed.

I may have misspoken with the paper turned around. It was the right rear of the car that was exposed in that lane of travel.

MS. HORNE: We'll mark this as Penn Life's Exhibit 2.

(DFT. EXH. 2, Hand-drawn diagram, marked for identification.)

BY MS. HORNE:

Q. So you said that, when you were investigating the wreck at the scene, Trooper Harman interviewed Ms. Collins. What else did you do while you were there?

A. We observed the scene. We looked at the point of the impact, given the location of her vehicle, we looked at the width of the route, which we didn't measure it. And we determined that, even though that her vehicle was there, that it was visible, when you come down the hill on 26 and around the curve, you've got a clear view of the -- before the collision happened, well, before you get to the point of impact.

And we determined that Mr. Russell also should have been able to see that vehicle, given the limited amount of space that Ms. Collins' vehicle was taking up on the ramp and the -- create a word here -- the smallness of Mr. Russell's vehicle, that there's no reason that he shouldn't have been able to negotiate around that safely. Cars had been negotiating around it since the collision happened and did so while we were there.

And we saw no reason that a motorcycle should not have been able to do the same.

Q. Did the ambulance negotiate around it as well?

A. Yes, ma'am.

Q. What did you observe at the scene that indicated how the accident happened?

A. You had the location of her vehicle; you had her statement as to where the vehicle was; you had the physical evidence with the marker to support her statement for the relative location of the vehicle, even though it did contradict the exact location. And we view that it could possibly be a matter of perception, that she thought it was out of the road, but it wasn't. And the physical evidence indicates that.

Then you have the location of the bike -- or not bike but the debris from the impact that would also support that it happened just inside that fog line, that left-hand fog line.

Q. Was there anything about the exit ramp where the accident happened that was unusual?

A. No, ma'am. You come off the ramp, there's a lane there that will -- you can move over into the merge. So it's a long ramp, counting that

access to the ramp that's on -- directly adjacent to the interstate that we -- there's actually a lane of traffic on the interstate, not part of the ramp. But it's designed specifically for exit. And there's a clear line of sight on -- on that point on the ramp.

It's further down, but the ramp starts to curve back right and left to get to 321. This is a fairly straight portion of the roadway with no sight -- nothing to impair your sight line.

Q. Is it a dangerous exit ramp?

A. No, ma'am. Most of the collisions I've investigated on that ramp has either been in the curves, where they become more speed related from people running those curves too fast, or during peak rush hours, being generally morning and afternoon, mornings 7:30 to 9:00, afternoons 4:30 to 6:30, where there's a large volume of traffic and people just didn't anticipate somebody stopped there.

At this time of the night, there was relatively light traffic on the interstate. There was nothing there that should have posed a problem for someone coming down the roadway.

Q. So the exit ramp is safe?

A. Yes, ma'am. According to the report, we were there within ten minutes of the collision happening.

Q. How many accidents do you think you've seen at that ramp?

A. To be honest, over the course of -- of 20 years, I couldn't tell you. It's not a totally unexpected place to work a collision, but it's nowhere like US-1 and I-20, where I might as well put an officer there every morning, just to get ready for -- for the morning rush hour.

Q. I guess that's job security?

A. Yes.

Q. When did you leave the accident scene?

A. The time, I don't know. We wouldn't have departed the scene of the collision until after both vehicles were removed, as much as the FR-10 portion, if you will, of the collision was done, so that we could provide that to Ms. Collins. And then we would have left and went straight to the hospital.

Q. I don't think I asked you, was Mr. Russell, the motorcycle driver, there when you got there?

A. No, ma'am. If he was, he was being

loaded in the ambulance at that point. Like I said, I -- I know he wasn't on the scene during the investigation.

Q. What did you do after you left the accident scene?

A. We would have went to the hospital. The hospital is 7, 8 miles away, straight up the interstate. I'm thinking -- is that right? Yeah, rough -- roughly, seven, seven and a half, eight miles.

Q. What did you do when you got to the ER?

A. At that point, I would have allowed Trooper Harman to go in and speak with him. I would have, again, stayed within earshot, try to stay uninvolved. And at that point, he made a -- a decision that he felt that Mr. Russell was under the influence. And I assisted him in making sure that the paperwork for the blood draw, all the procedures to get that blood draw was properly done.

The blood was drawn. I believe this is also a case where, based off of his injuries, we opted to issue him a courtesy summons, as opposed to a custodial arrest, due to the fact that, in my opinion, the reason we arrest people for DUI is to

make sure they are sober before they can get back out in public again. And the hospital served that purpose by keeping him there for treatment, onto the point where sobriety wouldn't have been a question. So he was issued a courtesy summons.

Q. What did you observe about Mr. Russell's condition while you were at the ER?

A. To be honest, I do not recall a lot about being at the hospital. But I do know, as a matter of course, and something I've done since I've been on that, with me responsible for Harman, I would have made sure that procedures to get the blood were properly followed. But I -- I don't recall getting very involved in the actual investigation. I let him handle that.

And when he came to the conclusion that he was under the influence, then there was no need for me to intervene in that portion of his training; he was doing what he needed to do and I was just there to support him and make sure that everything was documented correctly for the collection.

Q. If you had disagreed with Trooper Harman's assessment that Mr. Russell seemed intoxicated, would you have intervened?

A. Yes, ma'am. Again, my job is to make sure he's making the right decision, and if the DUI hadn't have been the right decision, in my opinion, I would not have allowed him to have proceeded with it. That would have been contrary, not only my obligation to train him, but in my opinion, my office to uphold the law.

Q. Did you issue any traffic tickets while you were with Mr. Russell?

A. Yes, ma'am. He was charged for driving under the influence by Trooper Harman. In addition, Ms. Collins was issued a traffic ticket.

Q. You talked about the procedures for drawing a blood sample. Did you see the blood sample get taken?

A. I know that I would have been in the room, to my recollection at this point. I -- I don't recall actually seeing it being drawn. But it would have been drawn in the ER room with officers present to take control of it. That's the way that I do it, that's the way that I train people that I train to do it. And there's no reason it would not have been done this way.

Q. Can you walk me through the specific protocol for dealing with blood evidence that's

going to be submitted to SLED?

A. The first thing you have to do is ascertain, from the doctor or the licensed medical personnel, that the person is not able to be transported to a jail to provide a breath sample. Once the doctor signs off on that form, you tell them to go ahead and call the lab or whoever's going to draw and have them on the way.

At that point, you're going to advise the person of their implied consent warnings. Generally at the hospital, and I don't know if this is the case, but generally, the person can't sign, simply because ink pens don't write upsidedown. And we'll put unable to sign on there, if that's the case. Once the person's been read their implied consent warnings, I will explain to him inference levels.

Because I'm a full believer, whether it's something criminal -- whether it's a blood case or a blow, at that point, when I arrest you, my job is not just to offer you that test, it's to make you understand your rights. And if you tell me you're going to refuse, then I'm going to explain to you, if you refuse, this is the road you're going down. And I want to make sure they

understand that so they don't go well, I'm not taking the test and all of a sudden they don't have a license, and they didn't know.

If they've got questions, I want to explain the inference levels. There's still some people out there who believe one drink puts them under the influence. And I want -- I want to explain to them the different inference levels so that they understand, based off of what they know that they've had to drink, and they can make an informed decision. Once the person consents to have the blood drown, we'll be in the room, we'll observe it.

The blood boxes that we get from SLED is a cardboard box. Inside of that is two vials. It's got everything that's needed to draw the blood in there, including non-alcohol prep. Sometimes the hospital staff will actually use their own. And we always -- we'll always -- and I teach my people to always ask, can I see the swab, I want to make sure it's a non-alcohol prep that's being used.

Once that's done, I'll watch them open it up, swab the arm, they insert the needle in the arm, they draw a vial of blood, pop that vial out,

put the other one straight in, draw the second one. While they're doing that, I look at my watch so I can get the time of collection. Once both vials are drawn -- or while both are being drawn, I can write on the form the time of the collection.

There's a long sticker that comes in there, about that -- I'm sorry, about, I'm guessing again, 3 to 5 inches long, maybe a half to three quarters of an inch high, that we sign off on. And then we place it over the top of the vial so that nothing can be added to it without breaking the paper on the sticker. One of those vials is provided to the Defendant at that point. The other vile is placed inside of that box.

There's another evidence seal sticker on the outside of that box. When the box is closed up, the sticker's put over the -- where the box would open, to ensure that nobody can open that box. So at this point, I've got a double sealed system; I've got the top of the vial, where the rubber is, sealed and I also have the box sealed. We initial the box. Then, we get back to the office, we will enter in the evidence. Another procedure in place at this time, we will put a --

Q. Excuse me. At this time, you mean at

the time of the accident, 2008?

A. Correct. We will put the evidence number on it, put the Defendant's name on it. There's a refrigerator in our office in Lexington that has padlock on it. Sergeant Sheldon is our evidence custodian. At the time of this collision, he was a sole evidence custodian. We didn't have a backup at the time because our other sergeant's position was vacant at -- if I recall correctly.

And we place it in that refrigerator, we lock it, we put the chain of custody, indicating that it was -- went from the officer to the evidence refrigerator. And we either place it in the refrigerator with -- or put it in Sergeant Shelton's cubby box at the office. And typically we'll send him an email so that he knows there's evidence in there. When he returns to work, he'll do the paperwork he has to, as the evidence custodian, and then he will transport it. At the time of the collision, he would have transported it to the state law enforcement division and turned it into their evidence for testing.

Q. To your knowledge, was that complete protocol followed with Mr. Russell's evidence?

A. All the way up to the turning into

Sergeant Shelton, I can testify that that's the way it was done, because that's the way I have always done it. I would not have let him make a mistake at that point. And then I could look at the SLED paperwork and, if he signed it, then I would know that he transported it to SLED.

Q. We can talk about the SLED paperwork in just a second. After this procedure and after you had completed your investigation at the ER, what happened next?

A. As far as our involvement with the collision, the investigation was completed. Trooper Harman would have completed the TR-310, or the traffic collision report, given the limited manpower and cost for service, most likely within 1 or 2 days, on his time off, he would have given it to me, I would have checked it. And generally, the supervisor checks the report for neatness and completeness.

Given his handwriting, I couldn't check it for neatness very well. But it was complete. But because I was at the scene, I also checked it for accuracy. And the information that he reflected on the report was accurate with what I had observed during the investigation of the

collision. And I signed off on it and approved it.

Q. Did you talk to anybody else about the case, like the other driver or insurance companies or anything like that?

A. At this point in time, to my knowledge, I don't recall speaking with them. Harman may have. Because, by the time this got to the insurance companies, if there was any point of contention or question, he would have been on his own. And I may not have known that he spoke with them.

Q. Did Mr. Russell have to go to court for his tickets?

A. Yes, ma'am, he did.

Q. What is your understanding of what happened at court?

A. At the point in time that this came to trial, I was no longer training Trooper Harman. I was still working on the same shift with him, still available for him. But, to my recollection, it was just prior to trial when I found out that this was coming up. I didn't have time to have him go get the subpoenas necessary.

When he went to court, due to a lack of people present to prove the chain of custody on the

blood, that case was somewhat -- was dismissed. Because he could not -- he could not get the blood introduced to prove the intoxication.

MS. HORNE: Let's mark this as Penn Life 3.

(DFT. EXH. 3, South Carolina Law Enforcement Division Forensic Service Laboratory Report, Bates Stamp PLIC 0417 through 0426, marked for identification.)

BY MS. HORNE:

Q. What is this document?

A. This document appears to be consistent with what SLED sends out to us once we've submitted evidence for testing, whether -- regardless of the type of evidence, it will come back to us on a SLED letterhead, very much -- well, formatted, in almost all cases, the exact same as this is, with the officer's name, their evidence numbers and then the result of the testing they performed. The testing they performed is in accordance with what we're asking for, in this case it was a blood alcohol level that we were requesting.

Q. And it -- this -- this document says -- lists WC Harman as the trooper involved. And then on the next column, at the top, it says toxicology

department, July 3rd, 2008, and it indicates Michael C. Russell as the name of the individual; is that correct?

A. Yes, ma'am.

Q. By looking at these documents that we have introduced as exhibits, can you tell what time Russell's blood was drawn?

A. Five minutes after midnight. We got to the hospital and he was placed under arrest at 23:50. By the time the procedure was went through to get the blood that I described earlier, it was five minutes after midnight. So the wreck happened on the 18th at 9:24 p.m. the 18th of June 2008, at 9:24 p.m. and the blood was drawn on the 19th of June at five minutes after midnight.

Q. If you look at page -- the page identified PLIC 0418, whose name and signature is at the bottom of that document?

A. Sergeant Shelton's.

Q. What does this document show, this particular page?

A. It shows the agency item number, which is the highway patrolman evidence number, that he delivered blood evidence to SLED and requested an analysis. And then it has a SLED lab number at

top, which appears to be O -- LO8, dash, 9554.

Q. And the page prior to that, SLED laboratory forensic services request, what does this page show?

A. There is a form that Trooper Harman would have filled out when he turned it in, just indicates his information as the investigating officer, the address to our office, the contact number, our ORI number, the highway patrolman evidence number, the fact that it's a DUI case, the offense date, where it occurred, whether or not there was a traffic fatality involved, the other cause, which is indicated on here for drug or poison control, just in keeping with it being alcohol, and then the DUI, that it's not a fatality, and then that there was not a breath test given. Then it lists Mr. Russell's name, date of birth, sex and race.

Q. What is the ORI number that you have referenced?

A. Its in the top right hundred -- right-hand corner.

Q. Oh, I see.

A. It's SC03299SP. All I can tell you off that number is SC must mean SC, 32 means Lexington.

Q. Okay.

A. And 99SP would be state police or highway patrol.

Q. Okay. What does the SLED toxicology report conclude?

A. The result that we received back from SLED indicated a blood alcohol level of .199 percent.

MS. HORNE: Let's mark this Penn Life Number 4 please.

(DFT. EXH. 4, South Carolina Law Enforcement Division Chain of Custody L08-09554, Bates Stamp PLIC 0427, marked for identification.)

BY MS. HORNE:

Q. What's this document?

A. This would be the copy of the SLED chain of the custody, showing where Sergeant Shelton turned it into SLED. And then, as it cycles through SLED's testing procedures, I understand that their evidence is tested and verified. I would assume that's why it's going from different technicians. And then, ultimately it shows, on February the 2nd of 2009, that the disposal -- the evidence had been disposed of as a biohazard.

Q. And who -- who does the document indicate submitted the blood sample?

A. Sergeant Shelton.

Q. And that's the usual highway patrol procedure for --

A. At the time, yes, ma'am. At the time the evidence technician would transport evidence to SLED directly. They've since implemented an extra step to help further document and control evidence. Now all the evidence has to go to our central evidence facility, then they take it to SLED.

Q. Let's go back and talk in some more detail about the traffic collision report. When would Mr. Russell have gotten this document?

A. His -- a copy of the collision report or a copy of the FR-10 form?

Q. This collision report.

A. We do not provide those to people in collisions. What happens is we issue them the green FR-10 form -- or we're did at the time. We're now computerized; it's a little bit different. But we would issue them the green form for insurance verification at the bottom of that form and instruct them how to obtain a copy of the report through the Department of Motor Vehicles,

and it was up to them to get it. Or I would generally tell people, if you talk to your insurance company, they're going to buy it anyway and, for what you pay them, they can afford to make you a copy. So when he would have obtained it, I do not know.

Q. On the first page of the form, will you please read for us the description in the bottom right corner?

A. Unit number one and unit number two were eastbound on I-26 eastbound ramp to US-321. Unit number 2 is stopped on the side, with the rear corner still in the roadway. Unit number one, driving under the influence, struck unit number two on the right rear.

Q. On the next page, let's just walk through the various sections of this document. I guess we can start -- we don't have to go through every single detail of it, but let's start at the top. Will you identify who unit 1 and unit 2 refer to?

A. Unit number one is Mr. Russell and unit number two is Ms. Collins. If you go through the blocks, left and right, for unit one, it's going to identify which unit they were, date of birth, sex,

race. And the injury block on injury number three indicates an incapacitating injury.

Then the next block indicates whether or not a helmet was used. In this incident, it showed -- I'm sorry whether it was a head injury. It indicates that there was not a head injury. The seat and location 01 shows he's in the driver seat. The restraint device shows -- let me look at it make sure -- shows 00, which also indicates that a helmet was used. The airbag deployment indicates that an air bag was not available. The ejection, three, indicates -- if I can find it on this form.

Q. It looks like it's directly below the columns for injury and seat, down one block. Ejection, number three, lists totally ejected.

A. Okay.

Q. Do you see that?

A. Yes, ma'am. That's what I was trying to verify, if it showed -- it does show total ejection. The location after the impact indicates that he was not trapped. The transport attended medical facility, one is yes. And the next one, the dotted block beside it indicates it was done by ambulance.

Q. And the next section of the report that

relates to the sequences of events. Can you walk us through the sequence of events, as reported in this form?

A. Right. It shows that the first harmful event for Mr. Russell was a stopped motor vehicle, that's what he struck. And then the sequence of events for Ms. Collins would have been a vehicle in motion, that's the first thing that struck her. It shows an angle to the impact, because her vehicle was turned, it wasn't a true rear-end collision, it was an angler collision because of the angle her vehicle was stopped at.

Q. And that's in the section entitled manner of collision?

A. Yes, ma'am. On the next thing, it shows the vehicle type, one's a motorcycle, one's a passenger car. Then it shows that the vehicles were for personal use, there was no trailers. The action prior to impact on -- which would be based off the motorcycle, was a movement which is essentially straight ahead, meaning that it was traveling in the same direction that the road was designed for people to travel in.

It was clear, it was dark and there was no lights out there. That's not referring to the

lighting on the vehicles, that would be overhead lighting on the interstate, a parking lot or other illumination that illuminates the roadway itself. It's shown as a Y intersection because of the way the ramp forks off the interstate there.

On the primary contributing factors, on this one, it's listed as 16, under the influence, which is the reflection of Mr. Collins (sic) being under the influence, in our opinion. The first deformed, under vehicles, just shows that, for the motorcycle, on the area it was damaged in, and the same for the car.

Override/underride has to do with whether or not the collision was so severe that there was an intrusion into the passenger's compartment, which there wasn't. The extent of the form shows that those -- both vehicles -- he has them coded as severe or total on the report. The traffic way is the two-way divided highway, which we did use divided barrier because we were considering the ramp separation from the roadway, as opposed to separation between east and westbound lanes of the interstate.

Q. Oh, I see.

A. The collision happened in the roadway.

There was not a crosswalk on the exit ramp, thank God. It was a straight road on a slight grade. So it shows straight on grade. The roadway was dry, the collision type -- you can't really read what he has for traffic control type on here. I'm not sure what he coded that as. And then there wasn't a school bus involved and there wasn't a work zone.

Q. All right. You noted, in the section entitled contributing factors, at the bottom of the document, that he had coded number 16, under the influence. Are there any other contributing factors that are listed on this report?

A. Not on the report, no, ma'am. He and I discussed this and I remember talking to him about it, because we had both parties contributing. She did violate the traffic law, in our opinion, by stopping and leaving her vehicle exposed on the roadway. But the primary cause of this collision, in our opinion, was the fact that he was intoxicated. And despite having plenty of sight distance, in our estimate, and plenty of authority to maneuver around it without even having to leave that lane of travel, that his impairments is what ultimately led to this collision that happened.

Q. In your experience investigating DUI

collisions, what about this particular wreck demonstrated to you that this motorcycle hit this car because of the intoxication of the operator?

A. Based off training I've received and supported by evidence of arrests that I've made for driving under the influence of people operating motorcycles, I found that there's different things that you have to look for in a motorcycle than a car. Was the motorcycle -- if he stopped, you're going to look, is he able to pick his feet up and drive off or does he got to get a rolling start to get it moving to keep his balance? You're going to look at that as a factor, which wasn't in this wreck.

But you're also going to look at, when he's riding, does he go way deep in a curve, does he appear to be having trouble, weaving the bike side to side, trying to stay on it. But also, the people that are under the influence on motorcycles typically will ride right up against the lines. They do it in a car also a lot, that's the reason they'll weave left of center occasionally or right center, is because they're trying to follow that line that's right there for them, almost like a train track, to get them home, and they're just not

able to do it.

But with a motorcycle, when they ride, they're going to ride right on the line. Typically when I see motorcycles ride, they going to ride in the tire tracks where cars have been. But as people get intoxicated, in my experience, they tend to get over closer to that line, again, as a train track to get them where they're going. And where this collision happened, within a foot or so or two feet of the line. That, in itself, indicated to me that there may be a problem.

Then, of course, when you talk to them, with the blood alcohol that SLED came back at, it's going to be obvious, in talking with these people, that they have consumed a larger quantity of alcohol than is preferable, in my opinion, for people and that's going to prompt you to start investigating the driving under the influence, the combination of the two.

MS. HORNE: Let's mark this please as -- is it 5?

(DFT. EXH. 5, South Carolina Department of Motor Vehicles Notice of Requirement, Bates Stamp PLIC 0286, marked for identification.)

BY MS. HORNE:

Q. What is this document?

A. That's the FR-10 forms that we were using at the time. Or we call them FR-10 forms. I think they're actually called FR-22. But it's the form that -- we provide it to people, when they have been involved in a collision, they can take that form to their insurance company, the insurance company has to verify the insurance, within 15 days of the date of the collision, back to the Department of Public Safety. And it provides the people involved, as well as the insurance company's contact information so that they can start working towards a resolution of the civil truck -- civil liability issues that arise out of collisions.

Q. When is this document prepared? When was --

A. That document's prepared the night of the collision. Because we have to be able to issue it to the people prior to releasing them so that they will have something to take to their insurance company.

Q. It's related to but separate from the collision report, correct?

A. No, ma'am. When we -- with the old style book, when we got them issued, the two pages

that you handed me for Exhibit 1 is actually a front and back page. The next three pages of that is the State's Exhibit 5, which is -- they're all pages 2, 3, and 4 of that report, with one being the Exhibit 1. All the green forms are exactly the same. They're carbonized, so when we write through it, it makes copies.

So it's -- it's the exact same form that I'm filling out, for the purposes of the collision reports for the officer to document what happened. And the FR-10 form, or Exhibit Number 5's purpose is for the person to use for insurance verification.

Q. Does the FR-10 document list the cause of the wreck?

A. No, the only thing that it's going to list on it is the driver's informations -- information, I'm sorry, the vehicle ownership and the vehicle identification information, the date, the time, the county, the location of the roadway, and then we circle contributing party.

The collision report itself will show the name of the insurance company, if available, the FR-10 will also show the agent, the policy number, the contact number for the insurance.

That's to help the insurance company to be able to work out the civil resolution.

Q. Does the FR-10 indicate anything about intoxication or a DUI charge?

A. No, ma'am. That would be on the collision report, not on the FR-10 form.

Q. Did the other driver in this accident get a ticket?

A. Yes, ma'am. Both parties received tickets in this collision.

Q. What was her ticket for?

A. Would have been either for improper parking or for improper stopping on a controlled access highway.

MS. HORNE: Number 6, please.

(DFT. EXH. 6, Copy of Uniform Traffic Tickets, Bates Stamp PLIC 0414, marked for identification.)

BY MS. HORNE:

Q. What is this document?

A. It's a copy of two uniform traffic citations that Trooper Harman issued to Mr. Russell, summons number D365378 was issued to Mr. Russell for driving under the influence. This document does not show his blood alcohol level on

the bottom right-hand corner, because it's a blood case that was pending at the time the summons was issued, and PND to represent pending is represented in that block. D365377 was issued to Mr. Russell for having an expired motorcycle license.

Q. When would Mr. Russell have received these tickets?

A. They would have been issued on that night to him, from looking at the date of the ticket. The collision happened on the 18th. By the time the summons were issued at the hospital, they were issued on the 19th, which is consistent with when the blood was drawn the morning of the 19th.

Q. I'd like to go back for just a second to the SLED report relating to the results from the toxicology investigation that has been marked as Penn Life's Exhibit Number 3. If you look at page 0419, I just wanted to get you to give a little bit more information about this particular page. You talked about the procedure for collecting blood samples and for getting informed consent --

A. Yes, ma'am.

Q. -- and for documenting the procedure used to draw the blood. Can you describe what is

shown on that form, please?

A. It indicates that Mr. Russell was being placed under arrest for driving under the influence. And again, in this situation, it did not turn out to be a custodial arrest. It was done as a courtesy summons, the same as when you charge somebody for speeding on the side of the road, because of his medical condition and the fact that he was going to be there.

Indicates that he was advised of his implied consent rights and then the -- a blood sample was requested by the arresting officer because the licensed medical personnel advised the officer that the subject was unable to take a breath test at this time, due to any reason deemed acceptable by the licensed medical personnel.

This form was signed off under the block concerning the licensed medical personnel by a registered nurse named Michael A, I believe that's Cowen. On the next block, there's a certification that a non-ethenol prep -- non-ethenol -- non-ethenol prep pad was used and that a blood sample was collected in an unused, uncontaminated vial and given directly to the -- directly to the arresting officer or to the subject

requesting a sample for his or her own independent use after collection. And it is signed by Jill Burrows, who is a hospital employee that is licensed to take blood samples. The final checks for the law enforcement officers is in the next block. It's signed by Trooper Harman on the 19th.

And it says the sample collection was under my direct supervision, the sample container was properly sealed with the subject's name and time of the collection, and the sample is properly sealed and ready for transport as evidence. Again, that's signed by Trooper Harman. And keeping with my earlier -- earlier testimony, it's annotated on here that the Defendant in the case was unable to sign it.

And whether or not they were able to sign it, even in cases where they're unconscious, a copy of this form is provided to the Defendant at the time of the draw, when it's completed. This isn't a case where he was unconscious, but even if had he been, it would have been left with his belongings or with a family member, if one was at the hospital.

Q. As Trooper Harman's supervisor, with him at the ER that night, would you have watched

him complete this form?

A. Yes, ma'am.

Q. Supervised?

A. From looking at the chicken scratch on here, the arresting officer's address, the date of arrest, the date of test and the times and the Lexington ER appears to be my handwriting, where I helped him completing the form. The information above appears that it may actually be his -- his handwriting.

I'm not sure if it's his or mine, to be honest, up there. But the lower part, the way the ER is written, is definitely mine, and the way the numbers on the date and time. So I did help him in preparing and completing this form and was involved in making sure that the blood was drawn correctly.

Q. I don't mean to jump around, but let's look at Exhibit Number 6 --

A. Okay.

Q. -- one last time. Why did ticket number D365378 get issued to Mr. Russell?

A. It was our opinion, based off the investigation, from speaking with Mr. Russell, that he was under the influence of alcohol. Based off of the manner in which the collision occurred and

from speaking with him, based off of that, he was charged for driving under the influence and the blood sample was requested and provided by Mr. Russell.

Q. Did the SLED toxicology report uphold your opinion when you issued the ticket?

A. Yes, ma'am.

MS. HORNE: Give me just a second, but I don't think I have any other questions. Thank you very much. That's all I have.

EXAMINATION

BY MR. RILEY:

Q. Trooper Rothell, did you observe Mr. Russell, at any time, driving the motorcycle on the evening in question?

A. No, sir. The other collision happened prior to our arrival.

Q. So Trooper Harman wouldn't have observed that either?

A. No, sir. Ms. Collins would have observed that.

Q. And was Mr. Russell ever convicted of DUI for this incident?

A. No, sir. As I testified earlier on, due to the failure of the state, at that point, to

produce the witnesses necessary to provide the chain of custody, the case was dismissed.

Q. Were you -- were you present when Mr. Russell's motorcycle struck Ms. Collins' vehicle?

A. No, sir. We got there approximately ten minutes later, according to the report.

Q. So sitting here today, you have no way of knowing whether Ms. Collins' lights were on at the time of the collision?

A. No, sir.

Q. And you also --

A. Other than her statement. And to be honest, I'm not sure if Mr. Russell indicated he saw them or not.

Q. And you also have no way of knowing whether her emergency flashers were on at the time of the collision?

A. No, sir.

Q. Did you perform any -- or excuse me. Did you administer any field sobriety tests on Mr. Russell on the night in question?

A. No, sir. Given his physical condition, the only sobriety test that we may have been able to have done would have been the horizontal HGN.

And given the fact that the courts rule that alone is not able to be testified to without the other testing, it would have been fruitless to perform an HGN at that point.

Q. Now, no standard field sobriety tests from the National Highway Standard Transportation Administration, but can't you also perform what -- I guess the shorthand version, called the ABC test?

A. Yeah, you can do the ABC's you can do the finger dexterity, but there again, Mr. Russell's blood alcohol was a .19, it was not a borderline thing. It was fairly obvious that he was under the influence.

Q. Did you know his alcohol level at -- at the scene?

A. No, sir. But I knew his condition. I mean, we're going to see him, we're going to talk to him. I never know a defendant's blood alcohol level before I place him under arrest. But there are times when I don't do any sobriety tests at all, I just say get out of the car and come on. And those are typically the blood alcohol levels that are in that 19, 20 or sometimes 40 level.

Q. Did you know his blood alcohol level at the hospital?

A. No, sir.

Q. Did either you or Trooper Harman know his blood alcohol level when -- the highway report that is Penn Life's Exhibit 1, was made?

A. No, sir. As a matter of fact, if you look on the back of it, there's one portion I forgot to go over on it, for the driver number, being Mr. Russell. It indicates that the blood test was given and the results were pending. Whether, as a matter of us not following up or it's a matter of this report being purchased prior to DMV or -- getting the amendment or whether they just didn't provide it to you at DMV, I don't know.

But what should have happened, what y'all should have a copy of would be a copy of an amended report also that lists on the back the blood alcohol levels reported by SLED. And then, in the narrative block, it should state on there that this report is amended to show the blood alcohol level, whether it's an oversight on the officer's part to -- to do the amended report or whichever the three scenarios I described, this report does not have that on there.

Q. So it's your testimony here today that, when this report was drafted, and specifically the

portion of the report that says unit one driving under the influence, you did not have his blood alcohol level at the time that you or Trooper Harman drafted this report?

A. No, sir. But in keeping with the disclaimer on the report, it was our opinion, at the time of that collision, that he was under the influence. Having received the information back from SLED with a blood alcohol of .19, we believe that the evidence provided supports our decision and our determining that he was under the influence of alcohol.

Q. And your evidence at the time that the report was made was merely the Defendant's speech -- excuse me, Mr. Russell's speech?

A. No sir. As a manner of the collision. Again, I testified as to what I've seen in my experience and through my training in how people ride the bike, it's the fact that, regardless of whether or not the car had the taillights on, his bike had the headlight on, taillights are reflective on cars, even if they're not on. And given the amount -- the sight distance and the visibility available, his headlight available, it was our opinion that he should have been able to

have avoided that.

Upon speaking with him and determining that, in our opinion, he was under the influence, we feel that the alcohol that he consumed impaired his ability to see and negotiate around that vehicle. That's the reason he was shown at fault; that's the reason that he was charged. And also with Ms. Collins, even though her statement was contrary to what we have in the report, the physical evidence supported the fact that the right rear of the car on the road was in -- the right rear of the car was in the roadway, and that's the reason she was cited on that also.

MR. RILEY: Thank you, Trooper. I have no further questions.

MS. HORNE: Nor do I. Thank you.

(The witness, after having been advised of his right to read and sign this transcript, waives that right.)

(The deposition was concluded at 2:32 p.m.)

CERTIFICATE OF REPORTER

I, Carolyn M. Beam Court 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 14th day of May, 2012, at Lexington, Lexington County, South Carolina.

_____

Carolyn M. Beam
Court Reporter
My Commission expires
October 24, 2016

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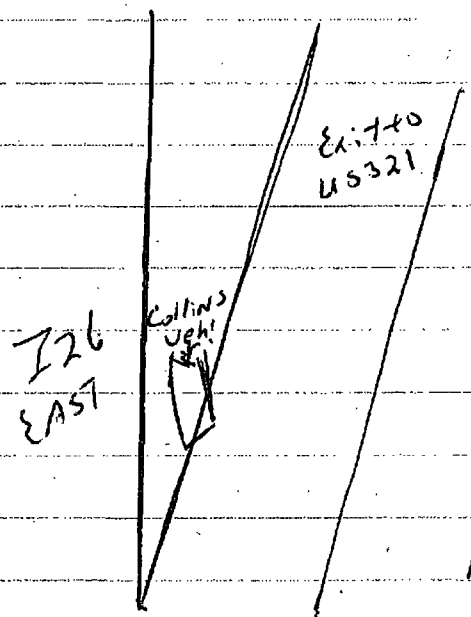
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NOT TO SCALE

DEFENDANT'S EXHIBIT 2 9/12 Both