

THE STATE OF SOUTH CAROLINA
In The Court Of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1402652

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SC Court of Appeals

James Lipscomb, Employee,

v.

Respondent-Appellant,

Stein Fibers/Innovative Fibers, Employer,
and StarNet Insurance Company, Carrier,

Appellants-Respondents.

RECORD-ON APPEAL

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
JUDICIAL CONFERENCE DECISION AND ORDER

James Lipscomb v Innovated Fibers

SCWCC: 1402652

Panel: Beck, Campbell, Wilkerson

This matter was heard before the South Carolina Workers' Compensation Full Commission in Judicial Conference on a **Motion to Rehear Appeal**. The Commissioners considered the matter and ordered the matter handled in the following manner:

IT IS, THEREFORE, ORDERED the pending appeal of the Administrative Order of the Commission is hereby;

_____ Dismissed as Interlocutory.

_____ Set for Oral Argument.

IT IS, THEREFORE, ORDERED the pending motion be, and hereby is;

_____ Granted.

/ _____ Denied.

_____ Dismissed

_____ Preserved for hearing

BEFORE THE;

_____ Hearing Comm.

_____ Jurisdictional Comm.

_____ Full Commission.

IT IS, THEREFORE, ORDERED this matter be, and hereby is; remanded to take such action and enter an Order consistent with the Court's directive.

_____ Remand to Panel as indicated below.

_____ Barden

_____ Beck

_____ James

_____ Campbell

_____ McCaskill

_____ Taylor

_____ Wilkerson

_____ Remand for Order consistent with the Order of the Court.

_____ Remand to the Hearing Commissioner.

_____ Remand to the Jurisdictional Commissioner.

_____ Other: _____

_____ Remand:

_____ Panel Oral Argument.

_____ En Banc Oral Argument.

AND IT IS SO ORDERED.



T. Scott Beck, Chair
For the Commission

Columbia, South Carolina

6/20

2016

CONCURRING:

Commissioner Susan S. Barden

Commissioner Melody James

Commissioner Aisha Taylor

Commissioner Avery Wilkerson

Commissioner Michael Campbell

Commissioner Gene McCaskill

NOT PARTICIPATING:

DISSENTING:

CERTIFICATE OF SERVICE

THIS IS TO CERTIFY THE UNDERSIGNED HAS THIS DATE SERVED THIS ORDER IN THE ABOVE ENTITLED ACTION UPON ALL PARTIES ELECTRONICALLY OR BY DEPOSITING A COPY THEREOF, POSTAGE PAID, IN THE UNITED STATES MAIL.

This 20th day of June, 2016.

By: 

SCWCC Judicial Department

Purpose of Hearing: To determine issues as set forth in the Form 30, filed by Employer.

Decision and Order: Commission Panel: Beck, Campbell, Wilkerson: Chair
Order Assigned to Commissioner Beck.

Filed: _____, 2016.

PROCEDURAL HISTORY

This is an appeal on behalf of Defendant employer from the Decision and Order of Commissioner Aisha Taylor, filed December 22, 2015. The case arises out of an injury to Claimant's right upper extremity due to an industrial accident suffered on March 20, 2014, while Claimant was working as a baler for Innovative Fibers/Stein Fibers.

Claimant filed his initial Form 50 claim on August 27, 2014. In their Form 51, Defendants denied that Claimant suffered an injury by accident arising out of and in the course of his employment and asserted the statutory defense of intoxication under Section 42-9-60, S.C. Code Ann. (1976). On January 15, 2015, Claimant filed an amended Form 50. He requested a hearing and again alleged that on March 20, 2014, he suffered an injury to his right upper extremity when his

arm was caught in the conveyer of an industrial baler. Defendants filed a Form 51 and again denied that Claimant suffered an injury by accident arising out of and in the course of his employment and asserted the affirmative defense of intoxication.

A hearing was held before Commissioner Aisha Taylor on April 14, 2015 and on December 22, 2015, Commissioner Taylor issued her Decision and Order. Commission Taylor found, among other things, that Claimant suffered an injury to his right arm on March 20, 2014, arising out of and in the course of his employment and denied Defendant's intoxication defense. Commissioner Taylor found that the greater weight of the evidence did not support Defendants' contention that Claimant's consumption of alcohol proximately caused Claimant's injury.

On December 28, 2015, Defendants filed their Form 30 (Request for Commission Review) alleging numerous grounds of error. Both parties filed briefs, and the parties presented oral arguments before the Appellate Panel on April 1, 2016.

EVIDENCE SUMMARY

APA SUBMISSIONS

Under the Administrative Procedures Act, the following documents appear of record in this case:

I. CLAIMANT'S APA SUBMISSIONS

<u>APA</u>	<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATES OF REPORTS</u>	<u>APA PAGE NO.</u>
1.	Spartanburg EMS	03/20/14	1-9
2.	Spartanburg Regional Emergency Center	03/20/14	10-39
3.	Spartanburg Regional Medical Center	03/20/14-04/04/14	40-108
4.	Carolina Musculoskeletal Institute	03/23/15	109-113
5.	Spartanburg Regional Medical Center (bill)	03/20/14-04/02/14	114-132

II. EMPLOYER'S APA SUBMISSIONS

<u>APA</u>	<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATES OF REPORTS</u>	<u>APA PAGE NO.</u>
6.	Innovative Fibers Substance Abuse Policy	November 12, 2014	1-5
7.	Claimant Acknowledgment of Alcohol Abuse Policy	February 27, 2013	6
8.	Claimant's Certification of Agreement To Company's Substance Abuse and Testing Policy	February 27, 2013	7
9.	Claimant's Attendance at Lockout/Tagout Safety Meeting	August 13, 2012	8-11
10.	Claimant's Termination Letter	May 22, 2014	12
11.	John H. Mennear, Ph. D.	August 18, 2014	13-20
12.	Spartanburg Regional Ethanol/Blood test	April 03, 2014	14

EXHIBIT(S):

The transcript deposition of the Claimant dated July 23, 2014;

The transcript deposition of Joanne Matthiesen dated November 24, 2014.

STATEMENT OF THE CASE

This matter came before the undersigned Appellate Panel for a hearing to determine issues set forth on timely filed form 30. This claim involves an alleged industrial accident that occurred on March 20, 2014. The claim involves an injury to the right upper extremity. The Claimant alleges total and permanent disability, and also seeks an award of temporary total benefits and medical bills. The Employer denies the Claimant has a compensable claim, alleging that the claimant is statutorily barred from recovery due to his intoxication at the time of injury, and that he was working outside the course and scope of his employment at the time of injury, due to his alleged noncompliance with acknowledged company policy. The Claimant was treated by Dr. Shawn Birchenough, Dr. Manny Trujillo, Dr. Michael Orseck, Dr. Todd Cook, and Dr. John Broderick, for a severe injury and degloving of his right arm, and associated reconstructive surgery. On March 23, 2015, Dr. Clark D. Moore assigned a 100% impairment to the right upper extremity, and a 60% impairment to the whole man (APA #4, p. 113).

FINDINGS OF FACT

In her December 27, 2015 order, the Single Commissioner made the following

findings of fact:

1. Claimant sustained a compensable injury to his right arm within the course and scope of his employment.

2. On March 20, 2014, Claimant was working as a baler at the Innovative Fibers plant in Spartanburg, South Carolina.

3. At the beginning of his shift, Claimant attended the mandatory safety meeting with his supervisor which was attended by the other employees on his shift.

4. Following the safety meeting, Claimant was told by his supervisor that he would be re-feeding bales during his shift that night.

5. Re-feeding bales requires feeding materials into the baler by hand.

6. Manually re-feeding material in this manner was part of Claimant's responsibilities as a baler.

7. During the re-feeding process, the baler is not running automatically but is activated manually by the cutter operating a pedal.

8. Claimant was attempting to remove scraps of material which had not fully cleared the baling machine during the re-feeding process when the baler was activated and the injury occurred.

9. Claimant was standing on the floor when the accident occurred. Claimant was not standing on the machine or reaching over a safety cage when the accident occurred.

10. Defendants' intoxication defense is denied. In order to bar a recovery based on intoxication, the injury must be "occasioned" by the intoxication of the

employee, which means that the proximate cause of the injury must be the intoxication of the employee. (See *Reeves v. Carolina Foundry & Machine Works*, 194 S.C. 403, 9 S.E.2d 919 (1940).)

11. The greater weight of the evidence does not support Defendants' contention that Claimant's consumption of alcohol proximately caused his injury. For intoxication to be a bar to recovery, it must be the proximate cause of the injury, and not just precede the injury. (See *Baggot v. Southern Music, Inc.*, 330 S.C. 1, 496 S.E.2d 852 (S.C. 1998) and *Kinsey v. Champion Am. Service Ctr.*, 268 S.C. 177, 232 S.E.2d 720 (S.C. 1977).)

12. Although there was a general safety policy as it pertained to the position of a "baler," there were some instances in the performing of the job that allowed the Claimant some discretion as to how to remove scraps that didn't fully clear the machine. Thus, this case is distinguishable from *Wright v. BI-LO, Inc.*, 314 S.C. 152, 442 S.E.2d 186 (Ct. App. 1994), wherein Claimant's claim was denied after he ignored specific and contemporaneous instructions from his supervisor.

13. Very little weight was given to Dr. Mennear's toxicology report, as he never met or examined the Claimant. Also, it is unclear from Dr. Mennear's report whether he had specific details of how the injury occurred.

14. Claimant is at maximum medical improvement.

15. Claimant has sustained 100% loss of use of his right arm as a result of his work injury and is entitled to the full 220 weeks of benefits based on the same.

16. Claimant is entitled to temporary total disability from March 20, 2014, to

March 23, 2015.

17. Defendants are liable for all causally-related medical treatment related to this injury.

18. Claimant is entitled to reimbursement for all causally-related out of pocket expenses, including mileage reimbursement, if any.

19. Claimant's claim for disfigurement to his right and left thigh is denied as high thighs are not normally exposed in his employment.

20. Claimant is entitled to receipt of his award in a lump sum.

21. No hearing costs are assessed.

CONCLUSIONS OF LAW

The Single Commissioner concluded as follows:

1. Claimant sustained a compensable injury to his right arm within the course and scope of his employment.

2. Defendants' intoxication defense is denied. In order to bar a recovery based on intoxication, the injury must be "occasioned" by the intoxication of the employee, which means that the proximate cause of the injury must be the intoxication of the employee. (See *Reeves v. Carolina Foundry & Machine Works*, 194 S.C. 403, 9 S.E.2d 919 (1940).)

3. South Carolina Code Ann. § 42-9-60 provides that "[n]o compensation shall be payable if the injury ... was occasioned by the intoxication of the employee" Our Supreme Court has "interpreted this provision as barring compensation when the employee's intoxication is the proximate cause of the injury." (*Baggot v. Southern*

Music, Inc., 330 S.C. 1, 7, 496 S.E.2d 852, 855 (1998).) Intoxication must proximately cause the injury; it is not enough that intoxication just precede the injury. (See *Kinsey v. Champion Am. Service Ctr.*, 268 S.C. 177, 183, 232 S.E.2d 720, 723 (S.C. 1977).)

4. As the party claiming the applicability of § 42-9-60, the burden of proof is upon Defendants to show that that Claimant's intoxication was the proximate cause of his injury. South Carolina Code Ann. § 42-9-60.

5. The greater weight of the evidence does not support Defendants' contention that Claimant's consumption of alcohol proximately caused his injury. For intoxication to be a bar to recovery, it must be the proximate cause of the injury, and not just precede the injury. (See *Baggot v. Southern Music, Inc.*, 330 S.C. 1, 496 S.E.2d 852 (S.C. 1998) and *Kinsey v. Champion Am. Service Ctr.*, 268 S.C. 177, 232 S.E.2d 720 (S.C. 1977).)

6. Defendants have not met their burden to show that Claimant's intoxication proximately caused his injury.

7. Although there was a general safety policy as it pertained to the position of a "baler," I find there were some instances in the performing of the job, where the Claimant had some discretion as to how to remove scraps that didn't fully clear the machine. Thus, I find that this case is distinguishable from *Wright v. BI-LO, Inc.*, 314 S.C. 152, 442 S.E.2d 186 (Ct. App. 1994), wherein Claimant's claim was denied after he ignored specific and contemporaneous instructions from his supervisor.

8. Claimant has sustained 100% loss of use of his right arm as a result of his work injury and is entitled to the full 220 weeks of benefits based on the same.

9. Claimant is entitled to temporary total disability from March 20, 2014, to March 23, 2015.

10. Defendants are liable for all causally-related medical treatment related to this injury.

11. Claimant is entitled to reimbursement for all causally-related out of pocket expenses, including mileage reimbursement, if any.

12. Claimant's claim for disfigurement to his right and left thigh is denied as high thighs are not normally exposed in his employment.

13. Claimant is entitled to receipt of his award in a lump sum.

14. No hearing costs are assessed.

DECISION

The Appellate Panel finds as follows:

1. The Single Commissioner's ruling that Claimant sustained a compensable injury to his right arm within the course and scope of his employment is affirmed.

2. The Single Commissioner's ruling that Claimant has sustained 100% loss of use of his right arm as a result of his work injury, and is entitled to the full 220 weeks of benefits based on the same, is affirmed.

3. The Single Commissioner's ruling that Defendants are liable for all causally-related medical treatment related to this injury is affirmed.

4. The Single Commissioner's ruling that Claimant is entitled to reimbursement for all causally-related out of pocket expenses, including mileage reimbursement, if any, is affirmed.

5. The Single Commissioner's ruling that Claimant's claim for disfigurement to his right and left thigh is denied as high thighs are not normally exposed in his employment is affirmed.

6. The Appellate panel affirms the Single Commissioner's finding that the greater weight of the evidence does not support Defendants' contention that Claimant's consumption of alcohol proximately caused his injury. For intoxication to be a bar to recovery, it must be the proximate cause of the injury, and not just precede the injury. (See *Baggot v. Southern Music, Inc.*, 330 S.C. 1, 496 S.E.2d 852 (S.C. 1998) and *Kinsey v. Champion Am. Service Ctr.*, 268 S.C. 177, 232 S.E.2d 720 (S.C. 1977)). The Appellate Panel affirms the Commissioner's finding that Defendants did not meet their burden to show that Claimant's intoxication proximately caused his injury.

7. With regard to the award of temporary total disability (TTD) benefits, the Appellate Panel finds that, although the totality of the evidence is insufficient to meet the Defendant's burden of proof to prevail on its statutory defense, because the post-accident emergency room blood test report specifically violated the Employer's drug and alcohol policy (to which the Claimant had expressly agreed), the Claimant should not be entitled to an award of TTD. The Claimant's employment was terminated shortly following the injury for this reason, an administrative decision that he did not contest or appeal. Therefore, the Single Commissioner's award of temporary total disability benefits is reversed.

AFFIRMED in part, REVERSED in part.

AND IT IS SO ORDERED

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION APPELLATE
PANEL.

By: _____

T. Scott Beck, Commissioner

By: _____

R. Michael Campbell, II, Commissioner

By: _____

Avery B. Wilkerson, Jr., Commissioner

May 12, 2016

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia Hollmon on May 24, 2016

DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1402652

JAMES C. LIPSCOMB

vs.

STEIN FIBERS / INNOVATIVE FIBERS

and

STARNET INSURANCE COMPANY,

Carrier

Hearing: Spartanburg, South Carolina

Appearances: For the Claimant:

W. Scott Palmer, Esquire
W. Scott Palmer Law Firm, P.A.
Santee, South Carolina

For the Defendants:

Richard B. Kale, Esquire
Willson Jones Carter & Baxley, P.A.
Greenville, South Carolina

Purpose of Hearing: To determine issues as set forth in the Forms 50/51.

Decision and Order: By Aisha Taylor, Commissioner.

Filed: December 22, 2015.

APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted by the parties for inclusion in the record of this case, without objections:

I. CLAIMANT'S APA SUBMISSIONS

<u>APA</u>	<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATES OF REPORTS</u>	<u>APA PAGE NO.</u>
1.	Spartanburg EMS	03/20/14	1-9
2.	Spartanburg Regional Emergency Center	03/20/14	10-39
3.	Spartanburg Regional Medical Center	03/20/14-04/04/14	40-108
4.	Carolina Musculoskeletal Institute	03/23/15	109-113
5.	Spartanburg Regional Medical Center (bill)	03/20/14-04/02/14	114-132
6.	Deposition Transcript of Joanne Matthiesen		133-157

II. DEFENDANT'S APA SUBMISSIONS

<u>APA</u>	<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATES OF REPORTS</u>	<u>APA PAGE NO.</u>
7.	John H. Mennear, Ph.D.	08/18/14	158-164
8.	Spartanburg Regional Emergency Center	03/20/14 - 04/02/04	165-170

9.	Spartanburg Regional Ethanol/Blood Test	03/21/14	171
10.	Dr. Shawn A. Birchenough	03/21/14 – 06/23/14	172-194
11.	Spartanburg Regional Healthcare System	12/09/07 – 12/10/07	195-202

Exhibits:

Exhibit #1

Innovative Fibers Substance Abuse Policy Statement	11/12/14	1-5

Exhibit #2

Claimant Acknowledgement of Alcohol Abuse Policy	04/24/13	6

Exhibit #3

Claimant's Certificate of Agreement to Company's Substance Abuse and Testing Policy	04/22/13	7

Exhibit #4

Claimant's Attendance at Lockout/ Tagout Safety Meeting	08/13/12 – 10/16/12	8-11

Exhibit #5

Claimant's Termination Letter	05/22/14	12

The transcript deposition of the Claimant dated July 23, 2014, was admitted into evidence without objection.

The transcript deposition of Joanne Matthiesen dated November 24, 2014, was admitted into evidence without objection.

APA Exhibit 7 was admitted into evidence over the objection of the Claimant's

attorney. Claimant's attorney objected based on the following: the qualifications of the Employer's expert, Dr. Mennear; the chain of custody with regard to the blood test and the type of blood test that was performed; and the reference in Dr. Mennear's report to information from a 2007 emergency room report.

STIPULATIONS

At the call of the case, the parties stipulated as follows:

1. The South Carolina Workers' Compensation Commission has jurisdiction.
2. Venue is proper in Spartanburg County.
3. Notice of Hearing was sufficient.
4. The Claimant's average weekly wage is \$437.79, resulting in a compensation rate of \$292.01.

STATEMENT OF THE CASE

This matter came before the undersigned Commissioner for a hearing to determine issues set forth on timely filed forms 50 and 51.

The Claimant, James C. Lipscomb, alleges he suffered an injury to his right upper extremity as the result of an industrial accident that occurred on March 20, 2014, in the course and scope of his employment at Stein Fibers/Innovative Fibers ("Employer"). Claimant seeks a finding of total and permanent disability, payment of temporary total benefits, and payment of outstanding medical bills. In addition, Claimant seeks compensation for serious bodily disfigurement of both lower extremities.

The Defendants deny that the claim is compensable contending that Claimant's

injury was occasioned by his intoxication. (See Tr. 10, lines 1-2.) In support of this position, the Defendants submit the emergency room toxicology report and the report of Dr. Mennear. The Defendants also contend that the Claimant was working outside the course and scope of his employment at the time of injury due to his alleged noncompliance with an acknowledged company policy. In support of this claim, the Defendants submit the company policy, the Claimant's acknowledgment form, the Claimant's certificate of understanding with regard to the substance abuse and testing policy, and Claimant's termination letter. The Defendants further cite *Wright v. BI-LO, Inc.*, 314 S.C. 152, 442 S.E.2d 186 (Ct. App. 1994) in support of this position.

The Claimant was treated by Dr. Shawn Birchenough, Dr. Manny Trujillo, Dr. Thomas Ashley, Dr. Michael Orseck, Dr. Todd Cook, and Dr. John Broderick for a severe injury and degloving of his right arm, and associated reconstructive surgery.

On March 23, 2015, Dr. Clark D. Moore assigned a 100% impairment to the right upper extremity, and a 60% impairment to the whole man. (Claimant's APA #4, p. 113.)

EVIDENCE OF THE CASE

Testimony:

The Claimant testified on his own behalf at the hearing on this matter. Claimant also called Nashid Henderson, a co-worker, to testify on behalf of Claimant. The Defendants called Human Resource Manager, Joanne Matthiesen, as a witness. The relevant testimony can be summarized as follows:

On March 20, 2014, Claimant suffered an injury while working as a baler at Innovative Fibers. (Tr. at 14:2-8.) At the time of the injury, Claimant had been

operating the baling machine for approximately one year. (Tr. at 15:8-15.) Before becoming a baler, Claimant had worked at Innovative Fibers as a creeler. (Tr. at 14:2-8.) Prior to working at Innovative Fibers, Claimant worked as a baler at Leigh Fibers. (Tr. at 14:9-16.) Claimant has a high school education and has attended trade school for brick masonry. (Tr. 34:11-16.) Claimant was 44 years old at the time of his injury.

At the time of the accident, Claimant was working 12-hour shifts, from 8 p.m. until 8 a.m., four days a week. (Tr. at 15:19-16:2.) Prior to the shift during which the accident occurred, Claimant had a 12 hour break following his previous shift. (Tr. at 18:6-18.) During this break, Claimant and a co-worker worked on Claimant's hot water heater. (Tr. at 18:19-19:15) Claimant testified that while he was working on the hot water heater, he had taken a shot of brandy at about 9:00 or 10:00 a.m. (Tr. at 18:19-19:15; 38:8-25.) He testified that he did not take more than one shot because he needed to drive to get parts for the hot water heater. (Tr. at 18:19-19:15; 38:8-25.) Claimant also testified that he was sick and had taken some cough medicine before he went to bed and again when he woke up. (Tr. at 19:25-21:19)

Claimant's co-worker and friend, Nashid Henderson, picked Claimant up for work on the evening of the accident. (Tr. at 22:5-6.) On the way to work, they stopped at the Hot Spot and bought snacks and energy drinks, and the Claimant then drove them from the Hot Spot to work. (Tr. at 22:13-17.) The Claimant testified that he did not have any difficulties making that drive. (Tr. at 22:20-21.) Mr. Henderson testified that at the time he picked up the Claimant, he was given no reason to believe that the Claimant had consumed any alcoholic beverage. (Tr. at 58:7-19.)

Prior to the beginning of his shift, Claimant attended the mandatory safety meeting with his supervisor. (Tr. at 22:22-24:10.) The other employees on the shift were present at the meeting, including Mr. Henderson. (Tr. at 22:22-24:10.) Mr. Henderson testified that he did not notice anything unusual about the Claimant during that meeting. (Tr. at 58:20-59:3.)

At the conclusion of the meeting, Claimant's supervisor told him that he (the Claimant) needed to re-feed bales during his shift. (Tr. at 24:11-25:7.) Re-feeding bales meant that the Claimant would be required to feed material into the baling machine by hand. (Tr. at 24:17-25:8.) Running the baler was a two-man operation with one person as the "cutter" and one person as the "gunner" or "baler." (Lipscomb Dep. 15:20-16:4.) During the re-feeding process, the machine was not running automatically; rather, the cutter operated the pedal that activated the baling machine. (Lipscomb Dep. 33:20-23.) When manually operating the baler, the cutter was supposed to observe the Claimant (baler), and not activate the baling machine unless he observed that the Claimant's hands were free of the baling machine. (Tr. at 26:22-25; Lipscomb Dep. 38:22-39:10; 39:25-40:4.)

The Claimant testified that, immediately prior to the accident, he was clearing scraps from the baling machine by hand and the machine had not been on. (Tr. at 36:13-22.) He testified that while his hands were still near the machine, the machine was activated, and the machine's rollers caught the fingers of his right hand and pulled his arm into the baling machine. (Tr. at 26:21-27:23.) The Claimant testified that the cutter was not watching him and activated the machine while the Claimant's hand was

still near the machine. (Tr. at 36:3-22.) The Claimant further testified that the rollers pulled him up and over a metal grid that was part of the machine and which became caught under his arm. (Tr. at 45:20-47:14.) Claimant testified that he was standing on the floor when the accident occurred and that he was not standing on a bar on the side of the machine and had not climbed on top of the machine at the time of the accident. (Tr. at 45:8-19.) Mr. Henderson testified that in order to wipe off the rollers, the baler can just reach from a standing position as the area is between shoulder and elbow level. (Tr. at 67:19-68:5.)

Claimant testified that at the time of the accident, there was no safety cage or screen around the machine to prevent the accident from happening. (Tr. at 36:3-12.) Ms. Matthiesen testified that safety guards were added to the baling machine after the accident as a safety precaution. (Matthiesen Dep. 23:7-15.)

After the accident, Mr. Henderson was one of the first individuals to see the Claimant. (Tr. at 60:8-61:19.) Mr. Henderson testified that he did not smell any alcohol or see any evidence that the Claimant had had anything to drink. (Tr. at 62:11-16.) Mr. Henderson further testified that he has never known the Claimant to drink on the job and, on the day of the accident, did not see the Claimant drink anything with alcohol in it. (Tr. at 64:17-22.)

Joanne Matthiesen testified that, as Human Resource Manager, she was called into the plant soon after the accident. (Tr. at 76:20-77:2.) She testified that it was standard protocol for her to go to the plant when an employee was injured and that when she arrived at the plant that evening, she found the Claimant to be calm, awake

and alert. (Tr. at 77:20-78:16.)

Ms. Matthiesen further testified that they conducted an accident investigation and concluded that Claimant bypassed safety procedure by standing on the side of the bale machine and reaching into the moving machine. (Tr. at 79:6-23.) Ms. Matthiesen testified that no one told her that the Claimant was under the influence of alcohol on the night of the accident and she did not encounter any information that would have led her to believe that Claimant was under the influence of alcohol that night. (Tr. at 80:15-23.) She further testified that she did not formally interview Claimant as part of the investigation. (Tr. at 79:24-80:9.)

Ms. Matthiesen also testified to the company alcohol abuse policy and the Claimant's acknowledgment of that policy. (Tr. at 72:2-73:3.) Ms. Matthiesen testified that Claimant's employment was terminated as a result of the post-accident blood test taken at Spartanburg Regional. (Tr. 73:8-74:11.) The blood alcohol test taken at the hospital showed a level of .097, which exceeded the .04 level of the company policy. (Tr. At 73:13-74:3.) Ms. Matthiesen testified that she was contacted by the hospital about taking a blood test but that Innovative Fibers did not order or direct the hospital to take the test or have anything else to do with the test. (Tr. at 75:6-76:6.) Ms. Matthiesen testified that employee drug and alcohol testing is normally performed by Mary Black Industrial Health, and not Spartanburg Regional Medical Center. (Tr. at 75:15-22.) The Defendant did not present any witnesses from the medical facility to establish the chain of custody of the blood sample taken from the Claimant, or to describe the testing procedure.

On cross-examination, Ms. Matthiesen testified that after the accident, she received a call from a nurse at Spartanburg Regional Medical Center who indicated that they had smelled alcohol on Claimant's breath and wanted to know if the company did post-accident drug testing. (Tr. at 83:11-16.) Ms. Matthiesen told the nurse to go ahead and do the drug testing. (Tr. at 84:25-85:2.)

Medical Evidence:

The medical evidence submitted by the parties pursuant to the Administrative Procedures Act is briefly summarized as follows:

Following the accident, Claimant was transported by EMS to Spartanburg Regional Emergency Center where he was initially treated by the trauma team prior to being admitted to Spartanburg Regional Medical Center. Prior to his discharge from Spartanburg Regional on April 4, 2014, Claimant underwent numerous surgeries and/or other procedures, including the following (Claimant's APA #1-3):

- Upon his admission, Claimant underwent emergency surgery performed by Dr. Thomas Ashley and Dr. Manny Trujillo with a postoperative diagnosis of trauma to the right forearm with avulsion of skin and subcutaneous tissue of the entire forearm with underlying fracture of the radius and ulna.
- On March 21, 2014, Dr. Todd Cook performed a right radial shaft external fixator placement with placement of a negative pressure wound device.
- On March 22, 2014, Dr. Scott Broderick performed an open treatment and internal fixation of the right radius and ulnar shaft with repeat irrigation and debridement of soft tissue only.

□ On March 20, 2014, Dr. Shawn Birchenough performed a sharp excisional debridement of skin and subcutaneous tissue and fascia of the arm over 200 sq. cm and of the dorsal hand 250 sq. cm. He also performed a fasciotomy of the hand and placed INTEGRA dermal skin substitute on the arm.

□ On March 28, 2014, Claimant underwent plastic and reconstructive surgery. Dr. Birchenough performed an anterolateral thigh flap from the right thigh to the right dorsal hand exposed extensor tendons. He also performed a 950 sq. cm split-thickness skin graft from the left thigh to the right arm. Dr. Michael Orseck was present during all critical portions of the procedures.

Claimant was examined by Clark D. Moore, M.D., a physician with Carolina Musculoskeletal Institute, on March 23, 2015. Dr. Moore assigned a 100% medical impairment to Claimant's right forearm, and a 60% whole man impairment. Dr. Moore also opined that Claimant is "currently unemployable and will be for the foreseeable future."

FINDINGS OF FACT

1. I find Claimant sustained a compensable injury to his right arm within the course and scope of his employment.
2. On March 20, 2014, Claimant was working as a baler at the Innovative Fibers plant in Spartanburg, South Carolina.
3. At the beginning of his shift, Claimant attended the mandatory safety meeting with his supervisor which was attended by the other employees on his shift.

4. Following the safety meeting, Claimant was told by his supervisor that he would be re-feeding bales during his shift that night.
5. Re-feeding bales requires feeding materials into the baler by hand.
6. Manually re-feeding material in this manner was part of Claimant's responsibilities as a baler.
7. During the re-feeding process, the baler is not running automatically but is activated manually by the cutter operating a pedal.
8. Claimant was attempting to remove scraps of material which had not fully cleared the baling machine during the re-feeding process when the baler was activated and the injury occurred.
9. Claimant was standing on the floor when the accident occurred. Claimant was not standing on the machine or reaching over a safety cage when the accident occurred.
10. Defendants' intoxication defense is denied. In order to bar a recovery based on intoxication, the injury must be "occasioned" by the intoxication of the employee, which means that the proximate cause of the injury must be the intoxication of the employee. (See *Reeves v. Carolina Foundry & Machine Works*, 194 S.C. 403, 9 S.E.2d 919 (1940).)11.
11. I find the greater weight of the evidence does not support Defendants' contention that Claimant's consumption of alcohol proximately caused his injury. For intoxication to be a bar to recovery, it must be the proximate cause of the injury, and not just precede the injury. (See *Baggot v. Southern Music, Inc.*, 330

S.C. 1, 496 S.E.2d 852 (S.C. 1998) and *Kinsey v. Champion Am. Service Ctr.*, 268 S.C. 177, 232 S.E.2d 720 (S.C. 1977).)12.

12. Additionally, I find that although there was a general safety policy as it pertained to the position of a "baler," I find there were some instances in the performance of the job that allowed the Claimant some discretion as to how to remove scraps that didn't fully clear the machine. Thus, I find that this case is distinguishable from *Wright v. BI-LO, Inc.*, 314 S.C. 152, 442 S.E.2d 186 (Ct. App. 1994), wherein Claimant's claim was denied after he ignored specific and contemporaneous instructions from his supervisor.

13. I gave very little weight to Dr. Mennear's toxicology report, as he never met or examined the Claimant. Also, it is unclear from Dr. Mennear's report whether he had specific details of how the injury occurred.

14. Claimant is at maximum medical improvement.

15. I find Claimant has sustained 100% loss of use of his right arm as a result of his work injury and is entitled to the full 220 weeks of benefits based on the same.

16. I find Claimant is entitled to temporary total disability from March 20, 2014, to March 23, 2015.

17. I find Defendants are liable for all causally-related medical treatment related to this injury.

18. I find Claimant is entitled to reimbursement for all causally-related out of pocket expenses, including mileage reimbursement, if any.

19. Claimant's claim for disfigurement to his right and left thigh is denied as high thighs are not normally exposed in his employment.
20. Claimant is entitled to receipt of his award in a lump sum.
21. No hearing costs are assessed.

CONCLUSIONS OF LAW

Based upon the foregoing and as provided by S.C. Code Ann. § 42-17-40, it is hereby concluded as a matter of law that:

1. I find Claimant sustained a compensable injury to his right arm within the course and scope of his employment.
2. Defendants' intoxication defense is denied. In order to bar a recovery based on intoxication, the injury must be "occasioned" by the intoxication of the employee, which means that the proximate cause of the injury must be the intoxication of the employee. (See *Reeves v. Carolina Foundry & Machine Works*, 194 S.C. 403, 9 S.E.2d 919 (1940).)
3. South Carolina Code Ann. § 42-9-60 provides that "[n]o compensation shall be payable if the injury ... was occasioned by the intoxication of the employee" Our Supreme Court has "interpreted this provision as barring compensation when the employee's intoxication is the proximate cause of the injury." (*Baggot v. Southern Music, Inc.*, 330 S.C. 1, 7, 496 S.E.2d 852, 855 (1998).) Intoxication must proximately cause the injury; it is not enough that intoxication just precede the injury. (See *Kinsey v. Champion Am. Service Ctr.*, 268 S.C. 177, 183, 232 S.E.2d 720, 723 (S.C. 1977).)

4. As the party claiming the applicability of § 42-9-60, the burden of proof is upon Defendants to show that Claimant's intoxication was the proximate cause of his injury. South Carolina Code Ann. § 42-9-60.

5. I find the greater weight of the evidence does not support Defendants' contention that Claimant's consumption of alcohol proximately caused his injury. For intoxication to be a bar to recovery, it must be the proximate cause of the injury, and not just precede the injury. (See *Baggot v. Southern Music, Inc.*, 330 S.C. 1, 496 S.E.2d 852 (S.C. 1998) and *Kinsey v. Champion Am. Service Ctr.*, 268 S.C. 177, 232 S.E.2d 720 (S.C. 1977).)

6. I do not find that Defendants have met their burden to show that Claimant's intoxication proximately caused his injury.

7. Additionally, I find that although there was a general safety policy as it pertained to the position of a "baler," I find there were some instances in the performing of the job, where the Claimant had some discretion as to how to remove scraps that didn't fully clear the machine. Thus, I find that this case is distinguishable from *Wright v. BI-LO, Inc.*, 314 S.C. 152, 442 S.E.2d 186 (Ct. App. 1994), wherein Claimant's claim was denied after he ignored specific and contemporaneous instructions from his supervisor.

8. I find Claimant has sustained 100% loss of use of his right arm as a result of his work injury and is entitled to the full 220 weeks of benefits based on the same.

9. I find Claimant is entitled to temporary total disability from March 20, 2014,

to March 23, 2015.

10. I find Defendants are liable for all causally-related medical treatment related to this injury.

11. I find Claimant is entitled to reimbursement for all causally-related out of pocket expenses, including mileage reimbursement, if any.

12. Claimant's claim for disfigurement to his right and left thigh is denied as high thighs are not normally exposed in his employment.

13. Claimant is entitled to receipt of his award in a lump sum.

14. No hearing costs are assessed.

AWARD

The Claimant shall receive an award from this Commission as follows:

Compensation Benefits:

1. Claimant is entitled to 220 weeks of compensation, at the compensation rate of \$292.01, with the award to be paid in a commuted lump sum, pursuant to the provisions of § 42-9-301, South Carolina Code of Laws; and pursuant to §§ 42-9-10 and 42-9-20 of the 1976 Code of Laws as interpreted by the South Carolina Supreme Court decision of *James v. Anne's Inc.*, 390 S.C. 188, 701 S.E.2d 730 (2010); Cf. *Utica Mohawk Mills v. Orr* 227 S.C. 226, 87 S.E.2d 587 (1955) and *Sciarotta v. Bowen*, 837 F.2d 135 (3d Cir. 1988).

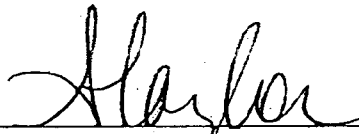
2. Temporary total disability from March 20, 2014, to March 23, 2015, for a period of 51 weeks at Claimant's compensation rate.

Medical and Other Benefits:

1. Reimbursement of all causally-related medical treatment related to this injury.
2. Reimbursement of all causally-related out of pocket expenses, including mileage reimbursement, if any.

AND IT IS SO ORDERED

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION



Commissioner Aisha Taylor

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

December 22, 2015

By: Renee Smith, Administrative Assistant to Commissioner Taylor

THE STATE OF SOUTH CAROLINA
In The Court Of Appeals

CROSS-APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

APPELLATE CASE NO. 2016-001509

James Lipscomb, Employee,

Respondent-Appellant,

v.

Stein Fibers/Innovative Fibers, Employer,
and Key Risk Management, Carrier

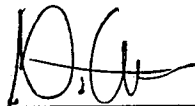
Appellants-Respondents.

AMENDED
NOTICE OF CROSS-APPEAL

James Lipscomb hereby appeals, in part, the Orders of the South Carolina Workers' Compensation Commission Appellate Panel, dated May 18, 2016, and June 20, 2016, on the following grounds:

1. Whether the Commission erred in reversing the Single Commissioner's award of temporary total disability (TTD) benefits, finding that the post-accident emergency room blood test report constituted a violation of the Employer's drug and alcohol policy, thereby denying the Employee/Claimant's award of TTD.
2. Whether the Commission erred in finding that the Employer's termination of Claimant's employment shortly following the compensable injury was sufficient grounds for reversing the Single Commissioner's award of TTD.

July 29, 2016



W. Scott Palmer
Bar No.: 011936
W. SCOTT PALMER LAW FIRM, P.A.
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Santee, South Carolina 29142
(803) 854-4417
Attorney for Respondent-Appellant

THE STATE OF SOUTH CAROLINA
In The Court Of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1402652

James Lipscomb, Employee,

Respondent,

v.

Stein Fibers/Innovative Fibers, Employer,
and Key Risk Management, Carrier,

Appellants.

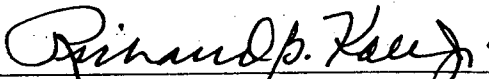
AMENDED NOTICE OF APPEAL

Stein Fibers/Innovative Fibers and StarNet Insurance Company appeal the Orders of the South Carolina Workers' Compensation Commission Appellate Panel, dated May 18, 2016, and June 20, 2016 on the following grounds:

1. Whether the Commission erred in finding that Claimant suffered a compensable injury by accident arising out of and in the course of employment, that error being that Claimant stepped outside the course and scope of his employment when he violated the Employer's specific, written Alcohol Abuse policy by working with a blood alcohol level of .097%?
2. Whether the Commission erred in not finding that Respondent's injury did not arise out of and in the course of employment after it found as a fact that Claimant specifically violated the Employer's written Alcohol Abuse policy?
3. Whether the Commission's finding which gave very little weight to the report of Dr. John H. Mennear, Toxicologist, because he never met or examined the Respondent, constituted an abuse of discretion?
4. Whether the Commission's finding which gave very little weight to the report of Dr. John H. Mennear, Toxicologist, because it was not clear whether Dr. Mennear had specific details of how the accident occurred, constituted an abuse of discretion?

5. Whether the Commission erred in finding that Appellants failed to prove by the greater weight of the evidence that Respondent's intoxication proximately caused his injury, that error being that Respondent's blood alcohol level and the opinion of Toxicologist John H. Mennear clearly established by the greater weight of the evidence that Respondent's intoxication was the probable cause?
6. Whether the Commission erred in finding and concluding that Respondent's intoxication was not the proximate cause of his injury, that error being that such finding was not supported by credible, reliable and substantial evidence in the whole record?
7. Whether the Commission erred in finding that the "totality of the evidence" was insufficient to meet the Appellants' burden of proof to prevail on the intoxication defense, that error being that Appellants' burden of proof was by the greater weight of the evidence, not the totality of the evidence?
8. Whether the Commission erred in awarding Respondent compensation for permanent disability and ordering payment of his medical expenses, that error being that Respondent did not suffer a compensable injury by accident arising out of and in the course of employment?

July 28, 2016


Richard B. Kale, Jr. (S.C. Bar No. 3264)
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
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(864) 527-3272
Attorney for Appellants

Other Counsel of Record:

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W. Scott Palmer Law Firm, P.A.
P.O. Box 722
Santee, South Carolina 29142
(803) 854-4417
Attorney for Respondent

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 1402652

James C. Lipscomb, Employee,)
)
Claimant,)
)
-vs-)
)
Innovative Fibers/Stein Fibers, Employer,)
and StarNet Insurance Company, Carrier,)
)
Defendants.)
_____)

**MOTION
FOR
REHEARING**

Defendants respectfully move pursuant to Section 1-23-380(1), S.C. Code Ann. (1976) and Rhame v. Charleston County School District, 412 S.C. 283, 772 S.E.2d 159 (2015) for a rehearing of the proceeding before the Appellate Panel on the following grounds:

1. That the Appellate Panel overlooked or misapprehended Defendants' defense that Claimant's injury and accident did not "arise out of" the employment because of his violation of the Employers' alcohol abuse policy, that error being that because Claimant's blood alcohol level test exceeded the .04% level imposed by Innovative Fibers' Alcohol Abuse Policy, his injury was not in the scope of his employment.

2. That the Appellate Panel overlooked or misapprehended Defendants' defense that Claimant's injury did not "arise out of" the employment, that error being that Innovative Fibers had limited the sphere of employment by prohibiting an employee from coming to work with a blood alcohol level of .04 or greater and therefore Claimant's violation of the prohibition took him out of the scope of his employment.

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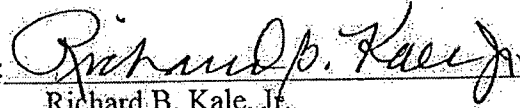
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Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.

June 3, 2016

BY:



Richard B. Kale, Jr.

Attorney for Defendants

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Members' Comp Comm

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Members' Comp Comm



WCC File #:	1402652
Carrier File #:	03149911
Carrier Code #:	
Employer FEIN #:	141584173

Claimant's Name: James T. Lipscomb SSN: 251-61-0801 Employer's Name: Stein Fibers
Address: 170 Irby Court Address: 185 Littlejohn Road
City: Spartanburg State: SC Zip: 29601 City: Spartanburg State: SC Zip: 29301
Home Phone: _____ Work Phone: _____ Insurance Carrier: StarNet Insurance Company
Preparer's Name: Richard B. Kale, Jr. Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (864) 527-3272

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: 3/20/2014

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

See Attached.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ Mediation

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: W. Scott Palmer, PO Box 722, Santee, SC 29142
Name & Address
and Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202 on the 28th day of December, 2015 by ☒ first class mail ☐ personal service ☐ certified mail

Richard B. Kale Jr. Attorney for Defendants rbkale@wjlaw.net 12/28/2015
Preparer's Signature Title Email Date
Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

GROUND FOR REVIEW

1. That the Hearing Commissioner erred in finding as a fact that Claimant sustained a compensable injury to his right arm within the course and scope of his employment, that error being that such finding was not supported by the greater weight of the evidence.
2. That the Hearing Commissioner erred in finding as a fact that Claimant suffered a compensable injury to his right arm within the course and scope of his employment, that error being that Claimant's injury was barred because the injury was occasioned by his intoxication.
3. That the Hearing Commissioner erred in finding as a fact that Claimant suffered a compensable injury to his right arm within the course and scope of his employment, that error being that Claimant stepped outside the course and scope of his employment by violating the company's alcohol abuse policy which prohibits an employee from reporting to work with a blood alcohol level of .04 or higher.
4. That the Hearing Commissioner erred in finding that Defendants failed to prove the intoxication defense under Section 42-9-60, S.C. Code Ann. (1976), that error being that the greater weight of the evidence established that Claimant's injury was proximately caused by his intoxication.
5. That the Hearing Commissioner erred in finding that Claimant's consumption of alcohol did not proximately cause his injury, that error being that such finding was not supported by the greater weight of the evidence.
6. That the Hearing Commissioner erred in giving little weight to the toxicology report of John H. Mennear, Ph.D., that error being that such finding constituted an abuse of discretion.
7. That the Hearing Commissioner erred in giving little weight to the toxicology report of John H. Mennear, Ph.D., that error being that Dr. Mennear's report was reliable, credible, probative and substantial evidence.
8. That the Hearing Commissioner erred in giving little weight to the toxicology report of John H. Mennear, Ph.D., that error being that Dr. Mennear's report was supported by the greater weight of the evidence.
9. That the Hearing Commissioner erred in giving little weight to the toxicology report of John H. Mennear, Ph.D. because Dr. Mennear never met or examined the Claimant, that error being that Dr. Mennear is a toxicologist and former Professor of Pharmacology and Toxicology and Chairman of the Department of Pharmacology Sciences, School of Pharmacy at Campbell University, and not a medical doctor.
10. That the Hearing Commissioner erred in giving little weight to the toxicology report of John H. Mennear, Ph.D., because Dr. Mennear never met or examined the Claimant, that error being that

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examining Claimant six months after the intoxication event would be a meaningless and useless act.

11. That the Hearing Commissioner erred in giving little weight to the toxicology report of John H. Mennear, Ph.D., that error being that the Hearing Commissioner gave no reasonable basis for her action and this constitutes an abuse of discretion.
12. That the Hearing Commissioner erred in finding as a fact that it was unclear from Dr. Mennear's report whether he had specific details on how the injury occurred, that error being that Dr. Mennear's report clearly indicates that he reviewed the Claimant's deposition testimony as a part of formulating his opinion, which deposition fully describes how the accident occurred.
13. That the Hearing Commissioner erred in finding as a fact that it was unclear from Dr. Mennear's report whether he had specific details on how the injury occurred, that error being that Dr. Mennear reviewed Claimant's deposition testimony which fully discussed how the accident occurred.
14. That the Hearing Commissioner erred and totally misconstrued Defendants' Wright v. Bi-Lo, Inc. defense, that error being that the defense was that Claimant stepped outside the course and scope of his employment by coming to work with a blood alcohol level of .097 which exceeded the company's alcohol abuse standard of .04.
15. That the Hearing Commissioner erred in finding that Claimant's case was distinguishable from Wright v. Bi-Lo, Inc., that error being that the Claimant was aware of the Employer's alcohol abuse policy, signed a copy of the alcohol abuse policy and further signed a certificate of agreement stating that he was aware that a positive substance abuse test might affect his right to obtain workers' compensation benefits.
16. That the Hearing Commissioner erred in finding as a fact that the baling machine was not running at the time that Claimant was attempting to remove scraps of material from the baling machine, that error being such finding was not supported by the greater weight of the evidence.
17. That the Hearing Commissioner erred in finding that the Claimant was standing on the floor and not on the machine when the accident occurred, that error being that such finding was not supported by the greater weight of the evidence.
18. That the Hearing Commissioner erred in finding that Claimant's injury was not occasioned by his intoxication, that error being that such finding was not supported by the greater weight of the evidence.
19. That the Hearing Commissioner erred in finding that Claimant's injury was not proximately caused by his intoxication, that error being that such finding was not supported by the greater weight of the evidence.

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20. That the Hearing Commissioner erred in not finding that Claimant's coming to work with a blood alcohol level of .097 constituted a violation of the company's specific, written alcohol abuse policy and, therefore, took Claimant out of the scope of his employment, that error being that such finding was supported by the greater weight of the evidence.
21. That the Hearing Commissioner erred in not finding that Claimant's coming to work with a blood alcohol level of .097 violated the company's alcohol abuse policy placing the Claimant outside the scope of his employment, that error being that such finding was supported by the greater weight of the evidence.
22. That the Hearing Commissioner erred in finding that the Claimant was at maximum medical improvement, that error being that such finding was not supported by the greater weight of the evidence.
23. That the Hearing Commissioner erred in finding that Claimant was at maximum medical improvement, that error being that such finding was not supported by the medical evidence.
24. That the Hearing Commissioner erred in finding and concluding that Claimant has sustained a 100% loss of use of the right arm as a result of his work injury, that error being that such finding was not supported by the greater weight of the evidence.
25. That the Hearing Commissioner erred in finding and concluding that Claimant has sustained a 100% loss of use of the right arm as a result of his work injury, that error being that a finding of permanent disability was premature since he had not reached maximum medical improvement.
26. That the Hearing Commissioner erred in finding and concluding that the Claimant was entitled to 100% loss of use of his right arm as a result of his work injury, that error being that Claimant did not suffer a compensable injury by accident arising out of and in the course of his employment.
27. That the Hearing Commissioner erred in finding and concluding that Claimant was entitled to temporary total disability compensation from March 20, 2014 to March 23, 2015, that error being that such finding was not supported by the greater weight of the evidence.
28. That the Hearing Commissioner erred in finding and concluding that Claimant was entitled to temporary total disability compensation from March 20, 2014 to March 23, 2015, that error being that Claimant did not suffer a compensable injury by accident arising out of and in the course of his employment.
29. That the Hearing Commissioner erred in finding and concluding that Defendants are liable for all causally-related medical treatment as a result of his injury of March 20, 2014; that error being that Claimant did not suffer a compensable injury by accident arising out of and in the course of his employment.

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-605 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

30. That the Hearing Commissioner erred in finding and concluding that Claimant was entitled to reimbursement for all casually-related out-of-pocket expenses, including mileage reimbursement, if any, that error being that Claimant did not suffer a compensable injury by accident arising out of and in the course of his employment.
31. That the Hearing Commissioner erred in finding and concluding that Claimant was entitled to receive his award in a lump sum, that error being that Claimant presented no evidence as to why a lump sum payment would be in his best interest.
32. That the Hearing Commissioner erred in finding and concluding that Claimant was entitled to receive his award in a lump sum, that error being that such finding was not supported by the greater of the evidence.
33. That the Hearing Commissioner erred in finding and concluding that Claimant was entitled to receive his award in a lump sum, that error being that such award constituted an abuse of discretion.
34. That the Hearing Commissioner erred in concluding as a matter of law that Claimant suffered a compensable injury to his right arm within the course and scope of his employment, that error being that such finding was not supported by the greater weight of the evidence.
35. That the Hearing Commissioner erred in concluding as a matter of law that Claimant sustained a compensable injury to his right arm within the course and scope of his employment, that error being that the claim was barred because Claimant's injury was occasioned by his intoxication.
36. That the Hearing Commissioner erred in concluding as a matter of law that Claimant suffered a compensable injury to his right arm within the course and scope of his employment, that error being that Claimant stepped outside the course and scope of his employment when he came to work with a blood alcohol level of .097 in violation of a specific, written company policy. Wright v. Bi-Lo, 314 S.C. 152, 442 S.E.2d 186 (Ct. App. 1994).
37. That the Hearing Commissioner erred in denying Defendants' intoxication defense under Section 42-9-60, that error being that the greater weight of the evidence established that Claimant's injury was occasioned by his intoxication.
38. That the Hearing Commissioner erred in denying Defendants' intoxication defense, that error being that the greater weight of the evidence established that Claimant's injury was proximately caused by his intoxication.
39. That the Hearing Commissioner erred in denying Defendants' intoxication defense, that error being that Defendants carried its burden of proof in establishing that Claimant's intoxication was the proximate cause of his injury.

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-605 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

40. That the Hearing Commissioner erred in not concluding that Claimant's injury was barred by his violation of the company's specific, written alcohol abuse policy, that error being that the greater weight of the evidence established that Claimant stepped outside the course and scope of his employment when he came to work with a .097 blood alcohol level in violation of the company's specific, written policy. Wright v. Bi-Lo, Inc., 314 S.C. 152, 442 S.E.2d 186 (Ct. App. 1994).
41. That the Hearing Commissioner erred in awarding Claimant compensation for temporary total disability from March 20, 2014 to March 23, 2015, that error being that Claimant did not suffer a compensable injury by accident arising out of and in the course of employment.
42. That the Hearing Commissioner erred in awarding the Claimant reimbursement for all causally-related medical treatment, that error being that Claimant did not suffer an injury by accident arising out of and in the course of his employment.
43. That the hearing Commissioner erred in awarding Claimant reimbursement for all causally related out-of-pocket expenses, including mileage, if any, that error being that Claimant did not suffer an injury by accident arising out of and in the course of his employment.

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-05 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.



WCC File #: 1402652
Carrier File #: 03149911
Carrier Code #:
Employer FEIN #: 141584173

Claimant's Name: James T. Lipscomb SSN: 251-61-0801 Employer's Name: Stein Fibers
Address: 170 Irby Court Address: 185 Littlejohn Road
City: Spartanburg State: SC Zip: 29601 City: Spartanburg State: SC Zip: 29301
Home Phone: Work Phone: Insurance Carrier: Key Risk Insurance Company of S.C.
Preparer's Name: Richard B. Kale, Jr. Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (864) 527-3272

Date of Injury or Illness: 3/20/2014

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

- It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
No injury by accident arising out of and in the course of employment; See #11
- It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
But see #1 and #11
- It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
But see #1 and #11
- It is ☐ Admitted ☒ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See #1 and #11
- It is ☐ Admitted ☒ Denied notice of injury was given the employer. The reasons for denial are:
See #1 and #11
- It is ☐ Admitted ☒ Denied the employee ☐ Needs ☐ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are:
See #1 and #11; No medical evidence.
- It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of :
- It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
See #1 and #11; No medical evidence.
- It is ☐ Admitted ☒ Denied the employee has serious disfigurement
- It is contended that an average weekly wage of \$ 437.79 applies, according to attached Form 20 as provided by law.
- Further contentions, grounds of defense, or unusual aspects are:
Section 42-9-60 (intoxication); Defendants reserve the right to amend.

Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

certify that I have served this document pursuant to R.67-212 by delivering a copy to: W. Scott Palmer, PO Box 722, Santee, SC 29142

Name & Address

I, Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202 on the 10th day of February, 2015 by ☒ first class mail ☐ personal service ☐ certified mail.
I certify the contents of this form are accurate and true to the best of my knowledge.

Richard B. Kale, Jr.
Preparer's Signature

Attorney for the Employer/Insurer
Title

rbkale@wjlaw.net 02/10/2015
Email Date

Jane C. Watkins
Certifier, Jane C. Watkins

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or jud@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with Claims Department at least 30 days from the date of filing this form.



WCC File #: 1402652
Carrier File #: 03149911
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: James T. Lipscomb SSN: 251-61-0801 Employer's Name: Stein Fibers
Address: 170 Irby Court Address: 185 Littlejohn Road
City: Spartanburg State: SC Zip: 29601 City: Spartanburg State: SC Zip: 2930
Home Phone: (864) 483-5613 Work Phone: () - Insurance Carrier: Key Risk Management
Preparer's Name: W. Scott Palmer Law Firm: W. Scott Palmer, P.A. Preparer's Phone #: (803) 854-4417

A claim for workers' compensation benefits is made based on the following grounds:

Date of Injury or Illness: _____

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to Right Upper Extremity (Part(s) of Body Injured) on 3/20/2014 (Month/Day/Year) in Spartanburg county, state of South Carolina.
2. Body part(s) affected are: Right Upper Extremity
Briefly describe how the accident occurred. Client was operating industrial baler when arm got caught in conveyor.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 3/20/2014 (Month/Day/Year) in the following manner:

☒ 7. Due to injury, the claimant is in need of (check one):

☒ (a) medical examination and treatment for: Fracture/DeGloving of right upper extremity.

☒ (b) additional medical examination and treatment for: Emotional Trauma

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
Date of accident continuing.

☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability: ☒ Total ☐ Partial ☒ (2) Specific Disability: ☒ Total ☐ Partial ☐ (3) Wage Loss

9a. ☐ A determination of permanent disability is premature at this time.

☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

Massive tissue and skin damage to right arm, scars on upper legs due to skin and tissue harvesting for grafts.

10a. At the time of the injury, the Claimant was paid weekly wages of \$_____, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
None

11. Further grounds or unusual aspects of claim:

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Spartanburg Regional Medical Center, Shawn Birchenough, MD

11b. To the best of your knowledge, did you have any prior permanent disability? NO
If yes, describe: N/A

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.

14. Estimated time needed for hearing: 1.5 hours

☒ 13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐ b. Mediation is required pursuant to Reg. 67-1802.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Richard B. Kale, Esquire, Attorney for Defendants, 872 S. Pleasantburg Drive, Greenville, SC 29607 on the ____ day of January 2015, by ☐ first class postage ☐ certified mail ☐ personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: [Signature] Attorney for Claimant: wpalmer@santeeattorney.com Title: _____ Email: _____ January 15, 2014 Date: _____

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50

Revised 7/13

50

(AMENDED)

Employee's Notice of Claim and/or
Request for Hearing



Claimant's Name: James T. Lipscomb SSN: 251-61-0801 Employer's Name: Stein Fibers
Address: 170 Irby Court Address: 185 Littlejohn Road
City: Spartanburg State: SC Zip: 29601 City: Spartanburg State: SC Zip: 29301
Home Phone: Work Phone: Insurance Carrier: Key Risk Insurance Company of S.C.
Preparer's Name: Richard B. Kale, Jr. Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (864) 527-3272

Date of Injury or Illness: 3/20/2014

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

- 1. It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
No injury by accident arising out of and in the course of employment; See #11
- 2. It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
But see #1 and #11
- 3. It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
But see #1 and #11
- 4. It is ☐ Admitted ☒ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See #1 and #11
- 5. It is ☐ Admitted ☒ Denied notice of injury was given the employer. The reasons for denial are:
See #1 and #11
- 6. It is ☐ Admitted ☒ Denied the employee ☐ Needs ☐ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are:
See #1 and #11; No medical evidence.
- 7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of :
- 8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
See #1 and #11; No medical evidence.
- 9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement
- 10. It is contended that an average weekly wage of \$ 437.79 applies, according to attached Form 20 as provided by law.
- 11. Further contentions, grounds of defense, or unusual aspects are:
Section 42-9-60 (intoxication); Defendants reserve the right to amend.

Mediation
☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.
Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

Certify that I have served this document pursuant to R.67-212 by delivering a copy to: W. Scott Palmer, PO Box 722, Santee, SC 29142
Name & Address
Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202 on the 3rd day of September, 2014 by ☒ first class mail ☐ personal service ☐ certified mail.
I verify the contents of this form are accurate and true to the best of my knowledge.

Richard B. Kale, Jr. Attorney for the Employer/Insurer Title
rbkale@wilaw.net 09/03/2014 Email Date
Jane C. Watkins
Jane C. Watkins

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or jud@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.



Claimant's Name: James T. Lipscomb SSN: 251-61-0801 Employer's Name: Stein Fibers
Address: 170 Irby Court Address: 185 Littlejohn Road
City: Spartanburg State: SC Zip: 29601 City: Spartanburg State: SC Zip: 29301
Home Phone: (864) 483-5613 Work Phone: () - Insurance Carrier: Key Risk Management

Preparer's Name: W. Scott Palmer Law Firm: W. Scott Palmer, P.A. Preparer's Phone #: (803) 854-4417

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: March 20, 2014

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to Right Upper Extremity (Part(s) of Body Injured) on 3/20/2014 (Month/Day/Year) in Spartanburg county, state of SC.
2. Body part(s) affected are: Right upper extremity.
Briefly describe how the accident occurred: _____
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 3/20/14 (Month/Day/Year) in the following manner: Supervisor notified

☒ Due to injury the claimant is in need of (check one):

☒ (a) medical examination and treatment for: Fracture/Degloving of right upper extremity

☒ (b) additional medical examination and treatment for: Emotional Trauma

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
Date of accident continuing

☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability: ☐ Total ☒ Partial

☒ (2) Specific Disability: ☒ Total ☐ Partial ☐ (3) Wage Loss

9a. ☒ A determination of permanent disability is premature at this time.

☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

Massive tissue and skin damage to right arm, scars on upper legs due to skin and tissue harvesting for grafts

10a. At the time of the injury, the Claimant was paid weekly wages of \$_____, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
None

11. Further grounds or unusual aspects of claim:

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Spartanburg Regional Med Cen, Shawn Birchenough, MD,

11b. To the best of your knowledge, did you have any prior permanent disability? NO
If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☒ 13a. I am filing a claim. I am not requesting a hearing at this time.

14. Estimated time needed for hearing: _____

☐ 13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐ b. Mediation is required pursuant to Reg. 67-1802.

☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Richard B. Kale, Jr.,

Address 872 S. Pleasantburg Dr., Greenville, SC 29607 on the 27th day of August 2014, by ☒ first class postage ☐ certified mail ☐ personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: [Signature] Attorney for Claimant: wpalmer@santeeattorney.com Email: August 27, 2014
Title: _____ Date: _____

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1402652

James Lipscomb,)
)
Claimant,)
)
v.)
)
Stein Fibers, LTD/Innovated)
Fibers,)
)
Employer,)
)
and)
)
State Accident Fund,)
)
Carrier/Defendants.)
)
-----)

FULL COMMISSION PANEL HEARING

Monday, March 21, 2016
4:34 p.m. - 4:49 p.m.

The full commission panel hearing was held before the South Carolina Workers' Compensation Commission, 1333 Main Street, 5th Floor, Columbia, South Carolina, on the 21st day of March, 2016 before Jill H. Vickers, Court Reporter and Notary Public in and for the State of South Carolina.



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

APPEARANCES

COMMISSION PANEL:
 Scott Beck, Chair
 Mike Campbell
 Avery Wilkerson

W. Scott Palmer, Esquire
 W. Scott Palmer Law Firm, P.A.
 Post Office Box 722
 Santee, South Carolina 29142
 Attorney for the Claimant

Richard B. Kale, Jr., Esquire
 Willson Jones Carter & Baxley, P.A.
 872 S. Pleasantburg Drive
 Greenville, South Carolina 29607
 Attorney for the Defendants

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Certificate 21



1 **COURT REPORTER:** Today is March 21st, 2016. This is
2 South Carolina Workers' Compensation Case
3 Number 1402652. This is the case of James
4 Lipscomb, Claimant, versus Stein Fibers,
5 LTD/Innovative Fibers, and StarNet Insurance
6 Company is the Carrier. The Appellant is the
7 Defendant represented by Richard B. Kale. The
8 respondent is represented by W. Scott Palmer.
9 Each side is allowed ten minutes for oral
10 argument and three minutes in reply. You are
11 requested to argue the grounds of exception and
12 stay within the record.

13 **MR. KALE:** May it please the panel. Mr. Lipscomb
14 worked as a baler for a company known as
15 Innovative fibers for approximately one year.
16 Innovative Fibers manufactured fibers used in
17 the automobile and various household products.
18 As a baler, he worked on a machine that would
19 take the fibers once they had been cut and
20 would take it up a conveyor to a hopper where
21 it would be formed into a bale, and then he
22 would be put straps around the bale, and
23 basically that was his job. On the day of his
24 injury, he was doing a function called
25 re-baling, and that's where a bale, for some



1 reason had failed, and so they were going to
2 re-bale it, and basically, the way he does that
3 is he takes the fibers from the old bale and
4 just throws them into the machine. The rollers
5 take it onto a conveyor and onto a hopper, and
6 it's re-baled. At the time of the injury, Mr.
7 Lipscomb was doing something he knew he
8 shouldn't have done. He went to knock fibers
9 off the rollers with his hand when the machine
10 started and caught his hand in the rollers, and
11 basically, he had a degloving of his hand. He
12 testified at his deposition that everyone knows
13 that you're not supposed to put your hand on
14 the rollers. He said he had never done this
15 before, and he said he had never seen anyone
16 else do this. After the injury, Mr. Lipscomb
17 was taken to Spartanburg Regional, and the
18 company HR Manager received a call from the
19 hospital advising that they smelled alcohol on
20 Mr. Lipscomb, Mr. Lipscomb's breath, and wanted
21 to know whether a Blood Alcohol Test should be
22 performed, and the Human Resources Manager told
23 them to do the testing. The test showed a
24 blood alcohol level of .097 -- and I forgot to
25 do this before I started, but I wanted to give



1 some handouts of some of the documents that are
2 into evidence. Okay. The first two exhibits
3 in the handouts are the Blood Alcohol Test
4 results that are shown from Spartanburg
5 Regional Medical Center. A .097 blood alcohol
6 level is above the blood alcohol level of .08
7 that's presumed to be driving impaired for
8 automobile purposes. We sent the medicals and
9 the claimant's deposition to Dr. John H.
10 Mennear who is a Toxicologist. And the third
11 and fourth handouts are Dr. Mennear's opinion
12 letter and his CV, and Dr. Mennear expressed an
13 opinion with a high degree of scientific
14 certainty that alcohol was the proximate cause
15 of Mr. Lipscomb's accident. He noted that a
16 blood alcohol concentration of .097 percent was
17 24 percent greater than the concentration
18 considered impairing for the operation of an
19 automobile. He indicated that a person with
20 this concentration feels as if he's functioning
21 at a better level than he really is, that it's
22 more difficult for the individual to perceive
23 danger, that judgment, self control, reasoning
24 and caution are impaired, and that even with a
25 concentration of .097, it's sufficient to cause



1 a slight impairment of balance. The Claimant
2 did not submit any expert opinion to the
3 contrary. We asserted the intoxication defense
4 in case. The Hearing Commissioner discounted
5 Dr. Mennear's opinion on two grounds. The
6 first, she said, was because Dr. Mennear had
7 never met or examined the claimant.
8 Dr. Mennear is a Toxicologist. He is not a
9 Medical Doctor. He does not examine patients.
10 He takes the blood alcohol test results, looks
11 at what studies have shown as to the impairment
12 and comes up with an opinion as to whether the
13 individual was impaired.

14 **COMMISSIONER BECK:** Mr. Kale, practically speaking,
15 though, and I can tell you just from my past
16 experiences, a .9 is not a .9, is not a .9 with
17 regard to effect. I mean, the three of us or
18 the three of y'all could be .9 and all act
19 differently, all function differently. I mean,
20 how to correlate that report to that finding?

21 **MR. KALE:** Well, basically, he's looking at what
22 that level of alcohol will do to the human
23 body, and he's saying that it impairs your
24 judgment.

25 **COMMISSIONER BECK:** But I guess my point is -- and



1 I'm going to stop the timer, because this might
2 take a minute. If I've got somebody 300 pounds
3 versus somebody 150 pounds, or if I've got
4 someone who is a seasoned drinker versus
5 somebody who is a teetotaler, the effects of
6 .09 are different. The amount of food in your
7 system has a difference on the effect of the
8 alcohol to you. I don't see in that report any
9 contemplation of any other factors other than
10 the mere presence of a concentration of alcohol
11 in his system in making that determination **MR.**
12 **KALE:** That is correct. He basically took what
13 the level was, and of course, you know, you
14 could make the same argument with automobiles,
15 that .08 doesn't mean that the individual is
16 driving impaired, but under the law, it's
17 presumed ---

18 **COMMISSIONER BECK:** We're not looking at a proximate
19 cause argument in a DUI. We're looking at a
20 presumption there.

21 **MR. KALE:** That's correct, but I would submit to
22 you, Commissioner, it's going to make it
23 virtually impossible to prove an intoxication
24 defense if you have to have an expert witness
25 testify that -- you know, that this person was



1 physically -- he observed this guy being
2 physically impaired. The problem is, one day
3 later, two days later, you're not going to be
4 able to ---

5 **COMMISSIONER BECK:** But in this particular case, he
6 had been witnessed by other employees during
7 the course of his work, and nobody detected
8 anything abnormal about his actions or his work
9 performance.

10 **MR. KALE:** That's true, and some people do not
11 necessarily show that, but that doesn't mean
12 their mental processing is not impaired, and we
13 submit that's what's shown here by him taking
14 his hand and putting it in this machine, which
15 he knew that you should not do.

16 **COMMISSIONER BECK:** And wasn't the machine
17 malfunctioning that day also, or wasn't ---

18 **MR. KALE:** No.

19 **COMMISSIONER BECK:** I thought there was some
20 automatic function that ...

21 **MR. KALE:** He says that it was not running at the
22 time that he stuck his hand in there, but it
23 then began to run and caught his hand, but
24 there was no testimony it wasn't functioning.

25 **COMMISSIONER BECK:** Okay.



1 MR. KALE: Now, we think that the fact that he
2 didn't examine him is not an appropriate reason
3 for her to discount Dr. Mennear's testimony,
4 because it's virtually going to be impossible
5 to get a Toxicologist who examines him with any
6 meaningful results, because by the time you
7 examine him, he's going to be sober. The
8 second ground that she discounted Dr. Mennear's
9 opinion was that she was not sure that he
10 understood the details of the accident. We
11 gave him the deposition, the Claimant's
12 deposition. That was sent, and it's reference
13 in his opinion that he has it, and he cites
14 from the opinion. The Claimant fully testified
15 as to how the accident happened. If the
16 Commissioner had read the deposition, then she
17 would have know that he fully described it.
18 She said, "I'm not sure he understood", giving
19 no specifics. She doesn't give any specific as
20 to why she doesn't think he understand how the
21 accident occurred. The Claimant admitted that
22 he had had something to drink earlier that
23 morning, and he basically tried to say that he
24 had one shot of Brandy. So, this is not a case
25 where the Claimant totally denies having any



1 alcohol. He did that morning have one shot by
2 his own admission.

3 **COMMISSIONER WILKERSON:** And some cough syrup.

4 **MR. KALE:** And some cough syrup, which he didn't
5 know what brand it was or whether it had
6 alcohol in it or anything else, but he kept
7 wanting to say that he was drinking cough
8 medicine. But Dr. Mennear -- basically, we
9 feel like his testimony was clearly
10 contradicted by the Blood Alcohol Test.
11 Dr. Mennear testified that if he had only had
12 one shot of Brandy at 8:30 in the morning, then
13 it would not have been detectable at all on the
14 Blood Alcohol Test that was done at 9:23 that
15 night. The other thing that's important about
16 the time, this was after the accident.
17 Dr. Mennear said that it's likely that his
18 blood alcohol was higher at the time of the
19 accident than it was by the time that the test
20 was performed at the hospital. But we have a
21 second defense in this case. Innovative Fibers
22 has a written company policy, and I'm going to
23 quote it to you, and it's the last handout in
24 your little package there. It says, "An
25 employee's normal faculties are impaired due to



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1 the consumption of alcoholic beverages or whose
2 blood alcohol level test of .04 or higher while
3 on duty or company business shall be guilty of
4 misconduct and shall be subject to the
5 discipline up and to and including
6 termination". We cited the case of Wright
7 versus Bi-Lo, and in that case, the Court of
8 Appeals said, "When an employer limits the
9 sphere of employment by a specific prohibition,
10 injuries while violating those prohibitions are
11 not in the scope of employment and therefore
12 not compensable". You may remember that Wright
13 involved a fellow who tried to apprehend a
14 shoplifter against Bi-Lo's written policy that
15 says you should not apprehend. The same thing
16 applies here. The company policy says "You
17 don't come to work with a blood alcohol of .04
18 or higher". His was more than double that
19 amount, and therefore, we submit that he
20 violated the company policy, and therefore, he
21 was outside the scope of his employment.

22 **COMMISSIONER BECK:** Thank you, sir. Mr. Palmer?

23 **MR. PALMER:** May it please the Commission. We, of
24 course, feel that Commissioner Taylor decided
25 the case correctly based on the overall view of



1 the evidence, and here's why. She obviously
2 apparently gave little or no weight to this
3 Emergency Room blood test result. And I find
4 it ironic that both counsel, Mr. Kale and
5 Dr. Mennear have analogized this situation to
6 a DUI case, because in a DUI case, that test
7 would have never made it to the jury. It was
8 not a reliable piece of evidence. It had no
9 probative value, and the reason it didn't was
10 because their scientific evidence was not
11 accompanied by any science. We don't know how
12 the blood was drawn. We don't know who tested
13 it. We don't know who handled it. We don't
14 know the chain of custody. We don't know what
15 process they used, what methodology they used,
16 and all we have is a number on a piece of
17 paper, which somebody happened to write what
18 looks like sort of a leg opinion on it. It
19 says "80", and then there's a less-than sign,
20 and then it says "legal". Whatever that means
21 and whoever put it there, we don't know. We
22 don't even know the identity of the nurse who
23 was supposed to have called the HR manager and
24 asked for the testing, which by the way, the
25 testimony of Ms. Mathiason, who I actually

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1 thought was very forthcoming at the hearing and
2 her deposition, unequivocally said they don't
3 use ER testing. They use a separate private
4 facility to send their employees to if there's
5 any suspicion. So, we don't even -- in that
6 sense, she didn't even follow the company
7 policy, and the testimony is that she did not
8 initiate this case. She got an out-of-the-blue
9 call from someone at the ER that Mr. Lipscomb
10 smelled like alcohol. Now, what does that
11 mean? It hasn't been explained by Dr. Mennear.
12 It hasn't been explained by a scientist or a
13 doctor. It hasn't been explained by a lay
14 witness. What does it mean, and what kind of
15 alcohol did you smell? I know from DUI cases
16 that alcohol really doesn't have a smell. What
17 you're smelling is the other ingredients in the
18 beverage. So, our primary position, our
19 argument on this case is that their two
20 defenses are predicated on one thing, and it's
21 this ER blood test, which is not verified, not
22 corroborated. There's no chain of custody.
23 There's no explanation as to really what it
24 even means. And in order for us to accept Dr.
25 Mennear's opinion and their possession in the



1 case, we have to just sort of make that leap
2 into assuming all this was done correctly and
3 scientifically, and that this was an accurate
4 measure of this man's BA level using a test
5 that wouldn't be admissible in any other court.
6 You know, in a DUI, you have -- there's legal
7 blood, and there's medical blood. Legal blood
8 has to be admitted to create the presumption of
9 impairment. Moreover -- well, speaking towards
10 the issue of proximate cause, Commissioner
11 Taylor laid out in her order a completely
12 plausible credible logical set of facts that
13 explain how this accident happened, and it had
14 nothing to do with impairment. What wasn't
15 really developed until the order was written
16 was that this baling operation was a two-man
17 job. It wasn't just from Lipscomb running this
18 machine. There was another guy called a
19 cutter. In this case, his name was Tyquan, and
20 I forgot his last name, but his job was to
21 watch the guy running the baling machine and
22 turn the machine on and off using a foot pedal.
23 The testimony was that, when this happened, the
24 machine was off. Lipscomb was clearing the
25 machine manually, and the cutter wasn't



1 watching him, and so the machine got activated
2 while his hand was still in it. That's what
3 happened. Ironically, two weeks later, they
4 installed safety cages or screens or whatever
5 they put on them. So, my point with this is
6 that there's a completely plausible logical
7 explanation as to how this man got injured
8 other than he was drinking. So, if we discount
9 the BA test, here's what we have. We have a
10 guy who had a shot of Brandy after getting off
11 work. He was working on his hot water heater.
12 That was at 8:30 in the morning. At 1 o'clock,
13 he goes to bed and sleeps for six-and-a-half
14 hours, gets up, showers, eats. His co-worker
15 comes to get him. They ride together to the
16 convenient store that they always stop at and
17 get their snacks and energy drinks, and then
18 Mr. Lipscomb drives the rest of the way. The
19 co-worker obviously saw no impairment or no
20 problem. He successfully operated the vehicle
21 to the place of work. He got there on time,
22 attended a safety meeting with the entire shift
23 gathered around and his supervisors within
24 close proximity. Nobody observed anything out
25 of the ordinary about Mr. Lipscomb, and then he



1 worked for 49 minutes doing his job with nobody
2 showing any concern about his performance,
3 behavior or his ability to handle this baling
4 machine, and then the injury happens. EMS is
5 called. EMS processes him. The EMS report is
6 devoid of any observation, and I would submit
7 that those guys are pros in spotting signs of
8 intoxication. I think they see it all the
9 time. There's nothing in their report about
10 it. They say he's awake, alert. And then he
11 gets to the Emergency Room -- oh, excuse me,
12 I've left one out. Before that, they call in
13 the HR supervisor, Ms. Mathiason, who was a
14 witness at the hearing. She observes him
15 awake, oriented and alert, no concern at all
16 about intoxication, impairment, no smell of
17 alcohol. There wasn't any testimony about it.
18 She even walks him to the ER. The ER doctors
19 admit him. It's in my brief. He's alert.
20 He's answering questions. He's completely
21 coherent. It wasn't until sometime later that
22 this call came in from a nurse, who we don't
23 even know who he or she is, with the story
24 about the alcohol, which apparently led to the
25 test. So, the evidence viewed as a whole is



1 overwhelming that this guy was not impaired.
2 There were no signs of it. And even in a DUI
3 case, you have to prove some kind of impairment
4 or bad driving, and that's a much stronger
5 burden of proof than here. So, Commissioners,
6 ~~we think the case was decided correctly.~~

7 Commissioner Taylor admitted the report of
8 Dr. Mennear over my objection, and she admitted
9 the blood test, but that doesn't mean she has
10 to rule on the case based on those reports and
11 that evidence. In fact, she is certainly
12 entitled to give it little or no weight, which
13 apparently she did.

14 **COMMISSIONER BECK:** I assume your client was
15 terminated based on this drug-free policy?

16 **MR. PALMER:** He was, Commissioner.

17 **COMMISSIONER BECK:** When did that termination take
18 effect?

19 **MR. PALMER:** I think it was within two or three
20 days, I believe. He got a letter within two or
21 three days, I believe. I don't remember the
22 date, but certainly, if they want to terminate
23 him on what they think -- but that certainly
24 doesn't bind the Workers' Comp. Commission to
25 find that he was impaired.



1 **COMMISSIONER BECK:** Right. Thank you. Mr. Kale,
2 three minutes.

3 **MR. KALE:** Your Honors, Mr. Palmer argued that
4 apparently criminal standards should apply to
5 Workers' Compensation as far as the admission
6 of test. That has never been the case. This
7 is an administrative procedure. Tests are
8 submitted all the time without authentication.
9 That is the rules of this Commission, that you
10 can submit a report rather than testimony. And
11 in fact, Mr. Palmer submitted the Blood Alcohol
12 Test. If you will look at this first sheet,
13 that's his APA, Number 16. He submitted the
14 Blood Alcohol Test, and if you look two-thirds
15 of the way down, it says "Ethanol .097, high".
16 And so, you know, I think it's a little
17 disingenuous for him to now argue that it
18 shouldn't be submitted, but beyond that, he
19 objected to the admission of the Blood Alcohol
20 Test. It was overruled. He did not appeal.
21 I submit to you that his arguments about it not
22 being corroborated, not showing a chain of
23 custody, he has waived that by not appealing
24 from the overruling of his objection, and he
25 should not be allowed to argue now that that



1 should not be admitted or even given little
2 weight. Nowhere in the report does
3 Commissioner Taylor even address the Blood
4 Alcohol Test, whether she's giving it full
5 weight or no weight. Basically, she just
6 disregarded the opinion of Dr. Mennear. If you
7 look at our second defense, Commissioner Taylor
8 totally misunderstood that defense, and if you
9 look in her order, she talks about safety
10 rules, and that they didn't follow the
11 procedure for safety rules. That wasn't even
12 our defense. Our defense was he violated the
13 company policy as to the blood alcohol level by
14 coming to work with a greater than .04, that
15 the company prohibited that, he violated it,
16 and under the decisions that I've cited to the
17 court, in Wright versus Bi-Lo, that puts him
18 outside the scope of his employment. So,
19 regardless of Dr. Mennear's opinion, she should
20 have denied the case on the basis that it did
21 not arise out of the employment, but we think
22 very clearly that the intoxication defense
23 should also apply in this case, because it's
24 not like, know, he barely got over .08. He was
25 24 percent higher than what is presumed to be



1 impaired for automobile cases. And the fact
2 that the Human Resources Manager didn't get up
3 under him and smell his breath to determine
4 whether he had alcohol on his breath, and the
5 EMS were addressing his arm and may not have
6 noticed his breath, either, that shouldn't be
7 just, you know, some kind of conclusionary
8 argument made that that makes it clear that he
9 wasn't intoxicated. We think that the defense
10 should be -- both defenses should be ruled in
11 our favor and the Hearing Commissioner's order
12 reversed.

13 **COMMISSIONER BECK:** That will conclude this hearing.

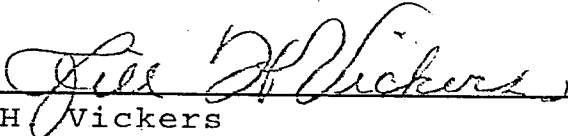
14 **(Whereupon, the hearing concluded at 4:49 p.m.)**

CERTIFICATE

This is to certify that the within hearing consisting of Twenty (20) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenowriter with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on August 18, 2016.



Jill H. Vickers
Certified Court Reporter

Notary Public for South Carolina
My Commission Expires: July 5, 2016



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

5 * * * * * * * * * * * * * * *

6 **BY COMMISSIONER TAYLOR:**

7 TODAY IS TUESDAY, APRIL 14TH, 2015. WE ARE
8 HERE ON WORKERS' COMP FILE NUMBER 1402652. THIS IS
9 THE CLAIM OF MR. JAMES LIPSCOMB, WHO IS REPRESENTED
10 TODAY BY MR. W. SCOTT PALMER. THE EMPLOYER IS
11 INNOVATIVE FIBERS -- DO I HAVE THAT RIGHT? -- OR
12 STEIN FIBERS, AND THE CARRIER IS STARNET INSURANCE
13 COMPANY. BOTH THE EMPLOYER AND CARRIER ARE
14 REPRESENTED TODAY BY MR. RICHARD B. KALE, JR. I
15 HAVE A DATE OF ACCIDENT OF MARCH 20TH, 2014. THE
16 CLAIMANT'S AVERAGE WEEKLY WAGE IS \$437.79, WHICH
17 YIELDS A COMPENSATION RATE OF \$292.01. WE ARE HERE
18 ON THE CLAIMANT'S FORM 50, REQUEST FOR HEARING. I
19 WILL ALLOW THE PARTIES TO PUT DETAILED POSITION
20 STATEMENTS ON THE RECORD. HOWEVER, PRIOR TO DOING
21 SO, ARE THERE ANY OBJECTIONS TO APAs, JURISDICTION,
22 VENUE, OR ANY OTHER ITEMS? MR. PALMER?

23 **BY MR. PALMER:**

24 YES, COMMISSIONER. I HAVE AN OBJECTION TO THE
25 EMPLOYER'S APA SUBMISSION NUMBER SEVEN, THE REPORT

1 OF DR. MENNEAR. MY OBJECTION IS SEVERAL LAYERS.

2 BY THE COMMISSIONER:

3 OKAY.

4 BY MR. PALMER:

5 MY FIRST PROBLEM WITH IT IS THAT -- AND LET ME
6 JUST SAY, YOUR HONOR, I HAVE CORRESPONDED WITH MR.
7 KALE ABOUT TAKING THIS GENTLEMAN'S DEPOSITION, AND
8 WE HAD DISCUSSED MY REQUEST TO ASK THE COMMISSIONER
9 TO, PERHAPS, CONSIDER KEEPING THE RECORD OPEN FOR ME
10 TO DO THAT. IT MAY NOT BE NECESSARY, BUT I THINK --
11 MY FIRST OBJECTION IS, PERHAPS, TO HIS
12 QUALIFICATIONS. NOT THAT I'M SAYING HE'S NOT A
13 TOXICOLOGIST OR A PROFESSOR OF PHARMACOLOGY, BECAUSE
14 HE CLEARLY SEEMS TO BE. BUT LOOKING AT HIS
15 CURRICULUM VITAE, IT SEEMS THAT HIS AREA OF PRACTICE
16 IS FOCUSED ON MANY THINGS OTHER THAN THE EFFECTS OF
17 ETHANOL ON HUMAN BEINGS, AND THERE'S CERTAINLY NO
18 INFORMATION IN HIS CURRICULUM VITAE THAT WOULD LEAD
19 US TO THINK THAT HE'S AN EXPERT ON THE CONTEXT OF
20 THIS HEARING, WHICH IS INTOXICATION IN THE
21 WORKPLACE. THAT'S MY FIRST OBJECTION.

22 MY SECOND OBJECTION IS THAT HE'S BASED HIS
23 REPORT, AT LEAST IN PART, ON AN EMERGENCY ROOM
24 MEDICAL BLOOD TEST WHICH DOESN'T APPEAR TO HAVE BEEN
25 BACKED BY ANY EVIDENCE THAT GIVES US A CHAIN OF

1 CUSTODY OR WHAT PROCEDURE WAS USED TO DETERMINE THAT
2 TEST. THERE'S REALLY NO INFORMATION ABOUT THAT, AND
3 HE DOESN'T REALLY COMMENT ON IT. HE SORT OF JUST
4 PRESUMES THAT IT'S ON ITS FACE VALID, WHICH I FOUND
5 A LITTLE UNUSUAL FOR A TOXICOLOGIST.

6 BUT, THIRDLY, COMMISSIONER, THIS IS REALLY
7 SOMETHING THAT KIND OF BUGS ME. IF HE -- IF YOU
8 LOOK AT THE FACE -- THE FIRST PAGE OF HIS REPORT,
9 ITEM SIX THAT HE CONSIDERED WAS A 2007 E.R. REPORT
10 THAT APPARENTLY MR. LIPSCOMB HAD GONE TO SPARTANBURG
11 REGIONAL FOR AN UNRELATED PROBLEM YEARS BEFORE HE
12 TOOK A JOB AT STEIN FIBERS, AND DURING THAT TIME HE
13 WAS APPARENTLY INTERVIEWED BY THE ATTENDING
14 PHYSICIAN AND GAVE SOME INFORMATION THAT'S REALLY
15 VAGUE. BUT THE INFORMATION IS BASICALLY FILLING OUT
16 THE QUESTIONNAIRE AS TO ALCOHOL AND DRUG USE, AND
17 APPARENTLY THERE'S SOME AFFIRMATIVE INFORMATION.
18 YOUR HONOR, I DON'T SEE WHAT RELEVANCE THAT
19 INFORMATION HAS TO THE ISSUE AT HAND, AND IF THE
20 COMMISSIONER DETERMINES THAT IT IS RELEVANT, I WOULD
21 FURTHER SUBMIT THAT WHATEVER PROBATIVE VALUE IT HAS
22 IS FAR OUTWEIGHED BY THE PREJUDICIAL EFFECT.
23 THERE'S NO ADMISSION OR CONCESSION ON THE PART OF
24 THE CLAIMANT THAT HE WAS USING DRUGS OR ALCOHOL AT
25 WORK. I THINK IT MAKES REFERENCE TO A DAILY BEER

1 AND SOME WEED. AND WHILE BOTH OF THOSE MAY GIVE US
2 CAUSE FOR CONCERN, IT DOESN'T REALLY PLAY INTO THE
3 ISSUE AT HAND, AND IT'S REMOTE IN TIME AS WELL. SO
4 I HAVE AN OBJECTION ON THAT BASIS.

5 NOW, THE QUALIFICATION THING, IF I DECIDE TO GO
6 AHEAD WITH THE DEPOSITION, I MAY BE ABLE TO CLEAR
7 THAT UP BY ASKING DR. MENNEAR. BUT THE OTHER TWO
8 OBJECTIONS, YOUR HONOR, I DON'T SEE HOW HE'S GOING
9 TO SHED ANY LIGHT ON THAT THAT ISN'T ALREADY THERE.

10 BY THE COMMISSIONER:

11 ALL RIGHT. WITH REGARD TO THE CLAIMANT'S
12 OBJECTION OF DR. MENNEAR'S REPORT, I AM GOING TO
13 ADMIT IT INTO EVIDENCE OVER THE OBJECTION. I'LL
14 RESERVE THE ISSUE OF WHETHER THE DEPOSITION IS
15 NECESSARY AFTER I HEAR THE TESTIMONY AND LOOK AT
16 SOME OF THE OTHER MEDICAL RECORDS. BUT IT IS NOTED
17 THAT IT IS A PRETTY BRIEF REPORT AND I'LL JUST HAVE
18 TO DECIDE WHAT WEIGHT I'LL GIVE IT, IF ANY, AT THE
19 CONCLUSION OF THE HEARING. SO I'M GOING TO ADMIT IT
20 OVER THE OBJECTION. ALL RIGHT. ANY ---

21 BY MR. KALE:

22 I WOULD POINT OUT, YOUR HONOR, WE DID PUT HIS
23 CURRICULUM VITAE ---

24 BY THE COMMISSIONER:

25 I SAW THAT.

1 BY MR. KALE:

2 OKAY.

3 BY THE COMMISSIONER:

4 THANK YOU. ANY OTHER OBJECTIONS, MR. PALMER?

5 BY MR. PALMER:

6 NO, COMMISSIONER.

7 BY THE COMMISSIONER:

8 OKAY. ANY OBJECTIONS, MR. KALE?

9 BY MR. KALE:

10 NO..

11 BY THE COMMISSIONER:

12 ALL RIGHT. WITHOUT ANY FURTHER OBJECTION THE
13 COMMISSION FILE BECOMES A PART OF THE RECORD WITH
14 THE EXCEPTION OF SELF-SERVING DECLARATIONS AND
15 UNSTIPULATED MEDICAL REPORTS.

16 MR. PALMER, YOUR POSITION STATEMENT, PLEASE.

17 BY MR. PALMER:

18 THANK YOU, COMMISSIONER. NATURALLY, I
19 REPRESENT THE CLAIMANT IN THIS MATTER. OUR POSITION
20 IS NOT COMPLICATED. OUR POSITION IS THAT THIS --
21 I'M GOING TO DESCRIBE IT AS HORRIFIC, AND CERTAINLY
22 MY CLIENT WOULD AGREE -- INJURY HAPPENED TO HIM ON A
23 NORMAL DAY AT WORK. HE IS NOT IN AGREEMENT WITH THE
24 ASSERTION THAT HE WAS INTOXICATED. HE ATTRIBUTES
25 THE ACCIDENT TO SOMETHING OTHER THAN THAT, AND I

1 THINK HE'S GOING TO EXPLAIN THAT TO US. NOW, AS A
2 RESULT OF THIS ACCIDENT HE HAS SUFFERED, AS OUR
3 MEDICAL EXPERT OPINED, 100 PERCENT IMPAIRMENT TO HIS
4 RIGHT ARM AND A 60 PERCENT WHOLE MAN IMPAIRMENT. ON
5 TOP OF THAT, COMMISSIONER, EVEN THOUGH I DON'T HAVE
6 AN IMPAIRMENT RATING, MR. LIPSCOMB IS EXPECTED TO
7 TELL US ABOUT THE CONDITION WITH BOTH HIS LEGS WHERE
8 HIS TISSUE HAS BEEN HARVESTED TO RECONSTRUCT HIS ARM
9 SUCH AS IT IS. BASICALLY, THAT'S OUR POSITION.
10 WHAT WE'RE ASKING FOR IS THAT THE COMMISSION AWARD
11 HIM PERMANENT AND TOTAL IMPAIRMENT AND PAY HIM
12 TEMPORARY TOTAL BENEFITS FROM THE DATE OF THE
13 ACCIDENT FORWARD.

14 **BY THE COMMISSIONER:**

15 MR. PALMER, JUST SO I'M CLEAR, ARE YOU SAYING
16 PERMANENT AND TOTAL DISABILITY OR JUST PERMANENCY
17 UNDER 42-9-30 FOR 100 PERCENT USE OF THE ARM?

18 **BY MR. PALMER:**

19 YOUR HONOR, OUR CASE IS PERMANENT AND TOTAL
20 DISABILITY.

21 **BY THE COMMISSIONER:**

22 OKAY. ALL RIGHT. I JUST WANTED TO MAKE SURE I
23 HAD IT NOTED ON THE RECORD. OKAY. THANK YOU. MR.
24 KALE?

25 **BY MR. KALE:**

1 YOUR HONOR, OUR POSITION IS THAT MR. LIPSCOMB'S
2 INJURY WAS OCCASIONED BY HIS INTOXICATION. WE HAVE
3 SUBMITTED HOSPITAL RECORDS WHICH SHOW THAT HE HAD A
4 BLOOD ALCOHOL LEVEL UPON TESTING OF .097, WHICH IS
5 ABOVE THE LIMITS IN SOUTH CAROLINA FOR INTOXICATION
6 WHILE DRIVING. WE HAVE SUBMITTED THE REPORT OF DR.
7 JOHN H. MENNEAR, A TOXICOLOGIST. DR. MENNEAR HAS
8 OPINED THAT MR. LIPSCOMB'S ALCOHOL LEVEL WAS THE
9 PROXIMATE CAUSE OF HIS ACCIDENT.

10 AS AN ADDITIONAL DEFENSE, WE ALSO CONTEND THAT
11 MR. LIPSCOMB WAS OUTSIDE THE COURSE AND SCOPE OF HIS
12 EMPLOYMENT BECAUSE HIS INTOXICATION WAS IN DIRECT
13 VIOLATION OF A SPECIFIC AND EXPRESS WRITTEN POLICY
14 OF THE COMPANY, AND WE HAVE SUBMITTED THE COMPANY
15 POLICY IN EXHIBIT ONE, PAGE FIVE, WHICH TALKS ABOUT
16 ALCOHOL ABUSE, AND IT SAYS, "AN EMPLOYEE WHOSE
17 NORMAL FACULTIES ARE IMPAIRED DUE TO HIS CONSUMPTION
18 OF ALCOHOLIC BEVERAGES OR WHOSE BLOOD ALCOHOL LEVEL
19 TESTS .04 OR HIGHER WHILE ON DUTY/COMPANY BUSINESS
20 SHALL BE GUILTY OF MISCONDUCT AND SHALL BE SUBJECT
21 TO DISCIPLINE UP TO AND INCLUDING TERMINATION."
22 CERTAINLY HIS BLOOD ALCOHOL OF .097 WAS HIGHER THAN
23 THE LEVEL PERMITTED BY THE COMPANY POLICY. I HAVE
24 SUBMITTED IN EXHIBIT TWO MR. LIPSCOMB'S
25 ACKNOWLEDGMENT FORM WHERE HE ACKNOWLEDGED THE

1 COMPANY POLICY. EXHIBIT THREE IS A CERTIFICATE
2 SAYING THAT HE HAD READ INNOVATIVE FIBERS' SUBSTANCE
3 ABUSE AND TESTING POLICY AND UNDERSTOOD THAT A
4 POSITIVE TEST MAY LEAD TO HIS TERMINATION. EXHIBIT
5 FOUR IS A LETTER FROM MS. MATTHIESEN WHERE SHE
6 TERMINATED HIS EMPLOYMENT ON MAY 22, 2014, AFTER HIS
7 BLOOD ALCOHOL TEST WAS REVEALED. AND WE CITE THE
8 CASE OF WRIGHT VERSUS BI-LO, INC., 442 S.E.2d 182, A
9 COURT OF APPEALS CASE IN 1994, TO SUPPORT OUR
10 POSITION ON THAT.

11 **BY THE COMMISSIONER:**

12 ALL RIGHT. THANK YOU. MR. PALMER, YOU MAY
13 CALL YOUR FIRST WITNESS.

14 **BY MR. PALMER:**

15 I CALL JAMES C. LIPSCOMB.

16 **BY THE COMMISSIONER:**

17 MADAM COURT REPORTER, WILL YOU PLEASE SWEAR MR.
18 LIPSCOMB.

19 **BY THE COURT REPORTER:**

20 SIR, IF YOU WOULD RAISE YOUR RIGHT HAND,
21 PLEASE.

22 * * * * *

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

JAMES C. LIPSCOMB,

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

DIRECT EXAMINATION BY MR. PALMER:

Q. ARE YOU JAMES C. LIPSCOMB?

A. YES.

Q. ARE YOU FROM THIS AREA, SIR?

A. NOW. I'M ACTUALLY FROM NORTH CAROLINA. I MOVED
DOWN HERE.

Q. YOU'VE LIVED HERE A LONG TIME?

A. YES.

Q. WHAT IS YOUR AGE?

A. FORTY-FIVE.

BY THE COMMISSIONER:

MR. LIPSCOMB, I NEED YOU TO SPEAK UP A LITTLE
BIT. THE MICROPHONE IS NOT ON, SO I JUST NEED YOU
TO SPEAK UP A LITTLE BIT LOUDER SO -- SHE'S GOING TO
TAKE DOWN EVERYTHING YOU SAY. OKAY?

BY THE WITNESS:

OKAY.

BY THE COMMISSIONER:

THANK YOU.

DIRECT EXAMINATION RESUMED BY MR. PALMER:

Q. MARITAL STATUS?

A. MARRIED.

1 Q. ANY CHILDREN?

2 A. NOT BY MY WIFE. BUT, YES, I HAVE TWO CHILDREN.

3 Q. OKAY. ARE YOU CURRENTLY EMPLOYED?

4 A. NO.

5 Q. WHEN IS THE LAST TIME YOU WORKED?

6 A. MARCH 20TH.

7 Q. OF WHAT YEAR, SIR?

8 A. 2014.

9 Q. AND WHAT WERE YOU DOING AT THE TIME?

10 A. WELL, WHEN I GOT TO WORK WE HAD OUR MEETING.

11 Q. BEFORE I GET INTO THE DETAILS, WHAT KIND OF JOB WERE
12 YOU PERFORMING?

13 A. WELL, WE HAD -- I HAD A RE-FEED BALE THAT WAS TOLD
14 TO ME BY MY SUPERVISOR THAT HAD TO BE THROWN BACK
15 TO THE MACHINE.

16 Q. OKAY. LET ME ASK YOU MAYBE A LITTLE MORE DIRECT
17 QUESTION. WERE YOU WORKING AT STEIN FIBERS,
18 OTHERWISE, I THINK, KNOWN AS INNOVATIVE FIBERS?

19 A. YES.

20 Q. I DON'T KNOW WHICH ONE YOU REFERRED TO IT BY, BUT
21 ---

22 A. BOTH.

23 Q. --- YOU UNDERSTAND THE COMPANY I'M REFERRING TO?

24 A. YES.

25 Q. YOU WERE EMPLOYED THERE?

1 A. YES.

2 Q. HOW LONG HAD YOU BEEN EMPLOYED THERE AS OF MARCH
3 20TH, 2014?

4 A. I DON'T REALLY KNOW THE EXACT HOW LONG, BUT I KNOW I
5 STARTED OFF IN THE CREEL AND I GOT MOVED UP TO THE
6 BALER SIDE.

7 Q. OKAY. DOES THAT MEAN THAT YOU WERE A BALER?

8 A. YES.

9 Q. AND HAD YOU WORKED IN ANY OTHER COMPANIES WHERE YOU
10 PERFORMED AS A BALER?

11 A. LEIGH FIBERS.

12 Q. LEIGH FIBERS, DID YOU SAY?

13 A. YES.

14 Q. AND WAS THAT RIGHT BEFORE YOUR JOB AT INNOVATIVE OR
15 WAS IT ---

16 A. YEAH.

17 Q. --- REMOTE IN TIME?

18 A. THERE WAS SOME TIME INVOLVED IN THERE BEFORE I FOUND
19 ---

20 Q. SO -- EXCUSE ME. I DON'T WALK TO TALK OVER YOU.

21 A. OKAY.

22 Q. SO IS IT FAIR TO SAY THAT YOU HAD SOME EXPERIENCE AS
23 A BALER WHEN YOU CAME TO INNOVATIVE?

24 A. I KNEW THE PROCEDURE, BUT LEIGH FIBERS AND
25 INNOVATIVE FIBERS, THE BALING SYSTEM IS ALL

1 DIFFERENT.

2 Q. OKAY.

3 A. SO...

4 Q. AND YOU SAID THAT WHEN YOU WENT TO INNOVATIVE YOU
5 STARTED IN SOME OTHER POSITION AND THEN WERE
6 TRANSFERRED TO BALING?

7 A. YEAH, I WAS A CREELER.

8 Q. OKAY. AND HOW LONG HAD YOU ACTUALLY BEEN WORKING
9 WITH THE BALING MACHINE, IF THAT'S THE CORRECT TERM,
10 WHEN THIS ACCIDENT HAPPENED?

11 A. MAYBE A YEAR. I PROBABLY WAS UP THERE PROBABLY
12 MAYBE A YEAR.

13 Q. DID YOU FEEL LIKE YOU HAD EXPERIENCE WORKING WITH
14 THAT MACHINE?

15 A. YES, 'CAUSE, YOU KNOW, THEY TRAINED ME UP ON HOW
16 THEY DO IT, AND I CAME IN ON SOME OF MY OFF DAYS TO
17 LEARN THE -- TO LEARN THE SYSTEM THE WAY THEY HAD
18 IT. SO, YES.

19 Q. AND WHAT TYPE OF SHIFTS WERE YOU WORKING AT THAT
20 TIME?

21 A. EIGHT TO EIGHT. EIGHT IN THE DAY TO EIGHT O'CLOCK
22 IN THE MORNING.

23 Q. OKAY. AND SO HOW MANY OF THOSE SHIFTS WOULD YOU
24 WORK IN A GIVEN WEEK?

25 A. WE WORKED -- WE WORKED FOUR ON, TWO OFF, THEN WE'LL

1 WORK THREE, THEN WE'LL HAVE THE WEEKEND, THREE DAYS
2 OFF.

3 Q. OKAY. NOW, WOULD YOU GIVE US A BRIEF DESCRIPTION OF
4 WHAT IT MEANS TO DO THAT JOB AS IT PERTAINS TO
5 INNOVATIVE?

6 A. OKAY.. WELL, WE GET THE MACHINE. THE PEOPLE THAT'S
7 GETTING READY TO LEAVE TELL YOU WHAT'S GOING ON,
8 PRETTY MUCH EVERYTHING THAT'S GOING ON THAT DAY.
9 OKAY. WE HAVE TO GET STRAPS FOR THE BALER MACHINE
10 TO WRAP THE BALE TO KEEP IT SECURE. WE'VE GOT TO
11 MAKE BAGS. WHEN THE BALER IS FINISHED AND THEY FALL
12 OUT ON THE SCALES, WE WRITE THE SCALE NUMBER DOWN,
13 THE WEIGHT, PUT THE TIME WHEN IT WAS DONE, DO THE
14 CRIMP TEST, TAKE YOUR SAMPLES EVERY -- I THINK IT
15 WAS EVERY TEN -- TEN BALES, SEVEN, SOMETHING LIKE
16 THAT. THAT WAS CONTINUOUS THROUGHOUT THE NIGHT.

17 Q. SO WHAT KIND OF MATERIAL ARE YOU BALING?

18 A. IT'S FIBER, DIFFERENT KINDS.

19 Q. SYNTHETIC FIBER OR NATURAL?

20 A. I DON'T REALLY KNOW. I THINK IT STARTS OFF AS
21 PLASTIC, AND THEN THEY RUN THROUGH SOME OTHER STUFF
22 AND IT TURNS INTO FIBER. SOME OF IT IS MADE TO
23 BRILLO PADS, AND SOME OF IT, I THINK, IS MADE TO GO
24 IN FURNITURE, STUFF TO GO IN CARS.

25 Q. NOW, IS THERE A MACHINE THAT YOU WORK WITH?

1 A. YES.

2 Q. AND WHAT'S IT CALLED?

3 A. IT'S THE "H" LINE BALER.

4 Q. OKAY. AND IN YOUR NORMAL COURSE OF DOING THIS JOB,
5 DO YOU ACTUALLY RUN THE MACHINE?

6 A. ACTUALLY I'M THE LAST PERSON TO SEE THE FIBER. I'VE
7 GOT BUTTONS. I'VE GOT A GUN THAT I HAVE TO KNOT THE
8 STRAPS. BASICALLY THE GUN, IT OPENS UP
9 AUTOMATICALLY. IT RUNS ON AN AUTOMATIC CYCLE WHEN
10 IT FILLS UP.

11 Q. NOW, THE DAY THAT THIS HAPPENED -- AND YOU'VE
12 IDENTIFIED IT AS MARCH 20TH, 2014?

13 A. UH-HUH.

14 Q. HOW LONG HAD YOU BEEN ON YOUR SHIFT WHEN THIS
15 ACCIDENT HAPPENED?

16 A. NOT EVEN A FULL HOUR. IT WAS LIKE 8:49, 'CAUSE WHEN
17 WE GET TO WORK WE ALWAYS -- THEY'LL LET US KNOW IF
18 WE HAVE A RE-FEED BALE. AND ---

19 Q. SO YOU STARTED AT EIGHT? YOUR SHIFT WAS TO BEGIN AT
20 EIGHT AND THIS HAPPENED ABOUT EIGHT FORTY-NINE; IS
21 THAT YOUR TESTIMONY?

22 A. SOMETHING LIKE THAT, YES.

23 Q. NOW, WHAT HAD YOU DONE -- WHAT HAD YOU BEEN DOING
24 BEFORE THAT?

25 A. I WAS GETTING -- GETTING STRAPS UP, MAKING BAGS, AND

1 I SAID -- WELL, THE MACHINE WAS DOWN. IT WASN'T
2 EVEN RUNNING. SO ---

3 Q. OKAY. BUT WHEN YOU WENT ON THE SHIFT -- AND THAT
4 WAS AN EVENING SHIFT?

5 A. UH-HUH.

6 Q. WHEN WAS THE -- WHEN DID YOU GET OFF THE SHIFT
7 BEFORE THAT?

8 A. THAT WAS -- THAT WOULD HAVE BEEN THURSDAY MORNING.

9 Q. OKAY.

10 A. I WORKED WEDNESDAY NIGHT, GOT OFF AT 8:00 A.M.
11 THURSDAY MORNING.

12 Q. OKAY. AND THIS INCIDENT HAPPENED THURSDAY -- THAT
13 SAME THURSDAY EVENING?

14 A. THURSDAY NIGHT.

15 Q. OKAY. SO, AM I DOING THE MATH CORRECTLY THAT YOU
16 HAD HAD 12 HOURS BETWEEN SHIFTS WHEN YOU WENT ON
17 THAT EVENING?

18 A. YES.

19 Q. AND WHAT HAD YOU DONE DURING THOSE 12 HOURS?

20 A. WHEN I GOT HOME I HAD ONE OF THE MAINTENANCE GUYS
21 COME BY TO LOOK AT MY HOT WATER HEATER.

22 Q. NOW, THIS WAS THURSDAY MORNING?

23 A. YES.

24 Q. AFTER YOU GOT OFF ---

25 A. YES.

1 Q. --- THE PREVIOUS SHIFT?

2 A. RIGHT.

3 Q. OKAY.

4 A. HE CAME BY TO LOOK AT MY HOT WATER HEATER. I DIDN'T
5 HAVE NO HOT WATER. AND HE REAL GOOD ON MECHANICAL
6 STUFF, SO -- HE LIVE RIGHT DOWN THE STREET FROM ME,
7 SO HE CAME UP THERE AND HELPED ME OUT WITH MY HOT
8 WATER HEATER, AND WE TALKED A LITTLE BIT. I TOOK ME
9 A SHOT OF BRANDY. BUT BUSTER -- THAT'S THE NICKNAME
10 WE CALL HIM -- HE DRUNK A BEER, AND I -- I LEFT
11 BECAUSE HE TOLD ME WHAT I NEEDED. I LEFT AND WENT
12 TO LOWE'S AND GET THE PART. WHEN I CAME BACK IT WAS
13 THE WRONG PART, SO I HAD TO GO BACK TO LOWE'S AGAIN
14 AND THEN CAME BACK, AND HE GOT IT STRAIGHTENED OUT
15 FOR ME.

16 Q. WHAT TIME OF DAY WOULD YOU SAY THAT YOU TOOK THIS
17 SHOT OF BRANDY?

18 A. IT WAS PROBABLY AROUND NINE OR TEN O'CLOCK. I
19 REALLY DON'T KNOW WHAT TIME IT WAS.

20 Q. IN THE MORNING?

21 A. YES, WHEN I -- YES.

22 Q. OKAY. AND AT SOME POINT DID YOU SLEEP THAT DAY?

23 A. WELL, I WENT TO SLEEP ABOUT QUARTER TO ONE, ONE
24 O'CLOCK, SOMETHING LIKE THAT.

25 Q. BETWEEN THE TIME YOU HAD THE BRANDY AT NINE OR TEN,

1 OR WHATEVER YOU SAID, AND THE TIME YOU WENT TO
2 SLEEP, DID YOU DRINK ANY OTHER ALCOHOLIC BEVERAGES?

3 A. NO.... I WAS JUST TAKING A LOT OF COUGH MEDICINE AT
4 THE TIME 'CAUSE I WAS SICK.

5 Q. WHY WERE YOU DRINKING -- WHY WERE YOU DRINKING COUGH
6 MEDICINE, AGAIN?

7 A. IT WAS COLD IN THE FACILITY. I MEAN, IF IT'S --
8 BASICALLY IF IT'S COLD OUTSIDE, IT'S COLD INSIDE
9 'CAUSE WHERE I WORKED AT IT WAS A TEN-FOOT HOLE
10 RIGHT -- RIGHT -- IF I'M WORKING LIKE THIS, THERE'S
11 A BIG HOLE IN THE BACK WHERE THE AIR JUST COMES IN,
12 AND THEN I HAVE TO STACK MY BALES THREE HIGH AND GO
13 THROUGH THE WAREHOUSE, AND IT'S ALWAYS COLD THEN.
14 REALLY THERE AIN'T NO HEAT.

15 Q. WHAT KIND OF COUGH MEDICINE WAS IT, AND WHERE DID
16 YOU GET IT?

17 A. WELL, I GOT IT FROM DOLLAR GENERAL STORE. IT WAS
18 JUST A COUGH SUPPRESSANT, COUGH MEDICINE.

19 Q. WAS IT ANY KIND OF NAME BRAND COUGH MEDICINE?

20 A. IT COMPARED ITSELF TO THERAFLU OR SOMETHING LIKE
21 THAT. SOMETHING LIKE THAT, I GUESS. I DON'T KNOW.
22 I TRIED TO FIND THE ONE THAT WOULD REALLY WORK FOR
23 ME; SO...

24 Q. AND WERE YOU DRINKING THIS WHEN YOU WENT TO SLEEP
25 LATER THAT DAY?

1 A. YEAH. I WENT TO SLEEP DRINKING IT; I WOKE UP
2 DRINKING IT.

3 Q. AND WHAT DO YOU MEAN BY DRINKING IT?

4 A. MOST PEOPLE JUST POUR IT IN A SPOON AND TAKE IT, BUT
5 I'M A GUY, SO I JUST TAKE THE TOP OFF AND DRINK ME
6 SOME, PUT IT DOWN, PUT IT BACK IN MY BAG, 'CAUSE I
7 HAD SOME IN MY BAG, TOO, AT WORK 'CAUSE, YOU KNOW,
8 LIKE I SAID, IT'S COLD AND I WAS ALREADY SICK AND
9 DIDN'T REALLY WANT TO MISS NO DAYS. WHEN YOU'RE
10 WORKING THIRD SHIFT AND YOU WORK THREE DAYS AND OFF
11 AND THEN YOU -- YOU CAN'T REALLY MESS UP -- YOU
12 SHOOT FOR THE LONG ONES.

13 Q. OKAY. SO AFTER YOU WENT TO SLEEP BETWEEN YOUR
14 SHIFTS, WHAT TIME DID YOU WAKE UP?

15 A. I WOKE UP ABOUT LIKE EVERY DAY, 6:30. I WOKE UP AT
16 6:30, DRUNK SOME MORE COUGH MEDICINE, SMOKED ME A
17 CIGARETTE, GOT UP, TOOK MY SHOWER, GOT DRESSED TO
18 GET READY FOR WORK, FOR MY BROTHER TO COME PICK ME
19 UP.

20 Q. AND HOW DID YOU FEEL AT THAT TIME?

21 A. WELL, YOU KNOW, YOU WAKE UP, YOU KNOW, YOU GET YOUR
22 NEURONS GOING, FELT PRETTY GOOD, LITTLE TIRED, BUT
23 IT WAS LIKE THE -- IT WAS THE LAST DAY BEFORE THE
24 WEEKEND. I WAS OFF THREE DAYS AFTER THAT.

25 Q. DID THE COUGH MEDICINE HAVE ANY NOTICEABLE EFFECT ON

1 YOU AS FAR AS MAKING YOU FEEL DROWSY OR ---

2 A. NOT THAT I KNOW OF. I FELT PRETTY GOOD. 'CAUSE,
3 YOU KNOW, EVERYTHING GOT POTENTIAL DANGER. SO, YOU
4 KNOW, YOU LEARN TO NOTICE THAT ABOUT A SPOT.

5 Q. HOW DID YOU GET TO WORK THAT DAY?

6 A. MY BROTHER, HE TOOK ME, NASHID HENDERSON.

7 Q. WAS HE ACTUALLY YOUR BROTHER?

8 A. HE'S MY GOOD FRIEND. WE'VE BEEN TOGETHER EVER SINCE
9 -- WE GROWED UP IN THE SAME AREA, IN THE SAME
10 NEIGHBORHOOD.

11 Q. OKAY. SO YOU'VE KNOWN HIM A LONG TIME?

12 A. YES.

13 Q. AND IS HE THE ONE THAT DROVE YOU TO WORK THAT DAY?

14 A. YES. WE WENT TO THE HOT SPOT LIKE ALWAYS, GOT OUR
15 SNACKS, GOT OUR ENERGY DRINKS, AND -- AND I DON'T
16 KNOW IF HE SAID, LOOK, DRIVE. HE WAS DOING
17 SOMETHING, SO I DROVE TO WORK FROM THE HOT SPOT.

18 Q. AND HOW FAR A DRIVE IS THAT?

19 A. THREE MINUTES. IT AIN'T REALLY THAT FAR.

20 Q. DID YOU HAVE ANY DIFFICULTY MAKING THAT DRIVE?

21 A. UH-UH, NO.

22 Q. AND WHAT TIME DO YOU RECOLLECT GETTING TO THE PLANT
23 THAT DAY?

24 A. WE PROBABLY HAD TEN MINUTES BEFORE OUR SHIFT. YOU
25 KNOW, WE GOT THERE PROBABLY ABOUT 15. WE SIT OUT

1 THERE, SMOKE A CIGARETTE, THEN WE'LL WALK IN AND
2 WE'LL SEE OUR SUPERVISORS GO IN, 'CAUSE THEY USUALLY
3 BE OUTSIDE, TOO. AND THEN WE WENT IN AND HAD A
4 SAFETY MEETING.

5 Q. IS THE SAFETY MEETING YOU HAVE SOMETHING YOU HAVE
6 BEFORE EVERY SHIFT?

7 A. EVERY DAY SINCE I'VE BEEN THERE WE HAD A SAFETY
8 MEETING.

9 Q. AND WHO IS PRESENT AT A SAFETY MEETING?

10 A. I DON'T REALLY KNOW WHO THE PRESIDENT. OUR
11 SUPERVISORS TALK TO US ABOUT SAFETY, AND WHATEVER
12 SUPERVISOR WE HAVE THAT DAY, YOU KNOW, ALWAYS
13 REMEMBER SAFETY, SAFETY, SAFETY.

14 Q. WELL, HOW MANY PEOPLE ARE AT THIS MEETING?

15 A. ALL THE -- EVERYBODY WHO WORKED THAT SHIFT.

16 Q. OKAY. AND ARE YOU INSIDE OR OUTSIDE?

17 A. INSIDE.

18 Q. IN WHAT TYPE OF ROOM?

19 A. WE WERE RIGHT THERE IN THE WAREHOUSE.

20 Q. OKAY. ALL RIGHT. SO ARE YOU STANDING IN A CROWD?

21 A. YES.

22 Q. WOULD THAT BE A FAIR ---

23 A. YES.

24 Q. --- DESCRIPTION?

25 A. UH-HUH.

1 Q. OKAY. AND YOUR SUPERVISOR IS THERE?

2 A. YEAH, HE TELLING US WHAT'S GOING ON, WHAT WE'VE GOT
3 TO RUN, DIFFERENT MACHINES RUNNING DIFFERENT FIBER,
4 AND IF IT'S SOMETHING IMPORTANT THAT WE HAVE TO DO.

5 Q. HOW -- DURING THAT SAFETY MEETING HOW CLOSE DO YOU
6 THINK YOU GOT TO YOUR SUPERVISOR?

7 A. WELL, I WAS STANDING -- WE ALWAYS STAND IN THE
8 FRONT. SO, YOU KNOW, HE WOULD BE RIGHT THERE,
9 PROBABLY ABOUT FIVE FEET, SIX FEET, IF EVEN THAT
10 FAR.

11 Q. WAS THERE ANYTHING UNUSUAL ABOUT THAT SAFETY
12 MEETING?

13 A. NO, JUST LETTING US KNOW WHAT WE'VE GOT TO DO. AND
14 RIGHT AT THE END HE SAID, "C.J., WE'VE GOT TO --
15 YOU'VE GOT A RE-FEED BALE OVER THERE THAT NEED TO BE
16 THROWN INTO THE MACHINE."

17 Q. AND WHAT DOES THAT MEAN? WHAT IS A RE-FEED BALE?

18 A. IT'S A BALE THAT THEY WASN'T QUITE SURE OF, THAT
19 SOMEBODY HAD TO GO CHECK IT TO MAKE SURE WE CAN PUT
20 IT -- IF IT'S CONTAMINATED OR DAMAGED WE CAN'T PUT
21 IT BACK IN THE ---

22 Q. AND WHEN YOU SAY IT HAS TO BE THROWN IN, ---

23 A. BY HAND.

24 Q. --- IS THAT BY HAND?

25 A. YES.

1 Q. IS THAT SOMETHING YOU WOULD DO?

2 A. I HAD TO DO IT. THAT WAS THE ONLY PART OF THE JOB
3 THAT ALL THE BALERS DIDN'T LIKE TO DO.

4 Q.. WHY IS THAT?

5 A. WE'VE GOT 560, 565 POUNDS OF MATERIAL ON THE FLOOR.
6 YOU'VE GOT TO PICK IT UP BY HAND AND THROW EVERY BIT
7 OF IT BACK INTO THE MACHINE.

8 Q. OKAY. SO AFTER THE SAFETY MEETING YOU WENT TO YOUR
9 WORK STATION?

10 A. YES.

11 Q. AND TELL US WHAT HAPPENED AFTER THAT.

12 A. WHAT YOU CALL IT? GOT OVER THERE, TALKED TO HIM,
13 WHAT'S UP? WHAT'S UP? AND THE RE-FEED BALE WAS
14 ALREADY THERE. I THINK SOMEBODY HAD STARTED ON IT,
15 OR I MIGHT HAVE STARTED ON IT. BUT I GOT MY STRAPS
16 UP, MADE ME SOME BAGS REAL FAST, 'CAUSE A LOT OF
17 THAT STUFF AIN'T NEVER DONE WHEN THIRD SHIFT GET
18 THERE. I WENT BACK AROUND MINE, STRAIGHTENED UP MY
19 -- GOT ALL MY PAPERWORK STRAIGHTENED OUT, AND LIKE I
20 SAID, THE MACHINE WASN'T RUNNING. SO WHEN YOU HIT
21 THE SWITCH AND ALL SOMEBODY'S GOT TO DO IS MASH THE
22 PEDAL AND IT'LL TAKE -- YOU KNOW, IF I'M THROWING
23 STUFF IN THE MACHINE, IT'LL TAKE IT UP THERE. IT'LL
24 MAKE IT NORMAL, SHOOT OUT THE BALE. WE GET IT. I
25 TAKE THE WEIGHT, THE TIME IT WAS MADE, PUT A STICKER

1 ON IT, STACK THEM THREE HIGH.

2 Q. OKAY. AND YOU DID THAT FOR APPROXIMATELY 45
3 MINUTES?

4 A. NO. IT TAKES A LOT LONGER TO MAKE A BALE WHEN
5 YOU'RE THROWING IT IN BY HAND.

6 Q. OKAY. BUT DIDN'T YOU SAY THAT THIS ACCIDENT
7 HAPPENED AT 8:49?

8 A. SOMETHING LIKE THAT.

9 Q. AND YOU'D GONE IN AT EIGHT?

10 A. YEAH.

11 Q. SO THE PROCESS YOU JUST DESCRIBED YOU HAD BEEN DOING
12 ---

13 A. YEAH.

14 Q. --- FOR 49 MINUTES; IS THAT A FAIR STATEMENT?

15 A. OFF AND ON, YOU KNOW, 'CAUSE WHEN THE MACHINE AIN'T
16 RUNNING PEOPLE DO GET A LITTLE SCARED. SO, YOU HAVE
17 TO HAVE SOMEBODY TO RUN THE PEDAL, HOLD THE PEDAL
18 DOWN. THAT WOULD BE MY PARTNER.

19 Q. YOUR PARTNER WAS NAMED?

20 A. I THINK TYWAN (PHONETIC).

21 Q. OKAY. NOW, TAKE US THROUGH THE ACCIDENT.

22 A. WHAT YOU CALL IT? I WAS THROWING IT IN, THROWING IT
23 IN. I COULDN'T REALLY SEE TYWAN, BUT THEY ALWAYS
24 SAY THE CUTTER IS SUPPOSED TO LOOK OUT FOR THE BALER
25 AND DO MY HAND LIKE THIS IF YOU GET TOO CLOSE TO THE

1 ROLLER 'CAUSE WE DID HAVE TO TAKE SAMPLES. THAT
2 MEANS YOU HAD TO PHYSICALLY REACH IN THE MACHINE AND
3 TAKE SAMPLES EVERY TEN OR EVERY SEVEN -- I THINK
4 THEY CHANGED IT. AND WHEN I WAS THROWING IT IN
5 THERE, THERE WAS A LOT OF IT ON THE ROLLERS, AND AS
6 I STEP IN THE MIDDLE THE CUTTER CAN SEE ME. BUT I
7 DON'T KNOW IF TY SEEN ME. AND I WENT TO WIPE IT OFF
8 'CAUSE I DIDN'T WANT IT TO GET JAMMED, YOU KNOW,
9 'CAUSE THE MAINTENANCE MAN HAVE TO COME OUT THERE
10 AND LOOSEN THE BELT TO GET IT UNJAMMED. AND WHEN HE
11 DID THAT, THE ROLLERS CAUGHT MY FIRST TWO FINGERS.
12 YOU KNOW, I GUESS HE DIDN'T SEE ME -- HIS FOOT WAS
13 STILL ON THE PEDAL -- UNTIL, YOU KNOW, IT DONE
14 SUCKED MY HAND IN AND BROKE -- YOU KNOW, POP, POP,
15 POP, POP -- PULLED ALL MY SKIN OFF. AFTER THAT, YOU
16 KNOW, EVERYBODY WAS RUNNING AROUND AND ACTUALLY
17 ASKED ME, "HOW WE GONNA GET YOUR ARM OUT?" I TOLD
18 THEM TO CUT THE BELT. BUT AFTER A WHILE, YOU KNOW,
19 I JUST FELT A BIG RELIEF, AND I PULLED MY ARM OUT,
20 AND I WAS SITTING THERE LIKE -- THE ONLY THING I
21 COULD THINK ABOUT, IT GOT MY PRIMARY HAND, YOU KNOW,
22 MY RIGHT HAND, 'CAUSE I'M RIGHT-HANDED. AND THAT
23 WAS IT. THEN THE EMS PEOPLE CAME.

24 Q. HOW LONG DID IT TAKE THE EMS TO GET THERE?

25 A. I DON'T REALLY KNOW. I WAS SITTING DOWN. I MEAN, I

1 WAS -- I WAS -- I WAS COOL ABOUT IT. I WAS JUST
2 KIND OF MAD IT GOT MY RIGHT ARM. BUT, YOU KNOW,
3 THEY TOLD ME I HAD TO GET ON THE GURNEY. I'M LIKE,
4 "I CAN WALK OUT THE DOOR." BUT THEY WOULDN'T
5 PROCEED. SO I HAD TO GET ON THE GURNEY. THEY TOOK
6 ME -- WELL, WE WENT TO -- WENT ON OUT DOWN THE
7 STEPS, GOT IN THE AMBULANCE, AND WE SAT THERE FOR
8 ABOUT MAYBE 15 MINUTES BEFORE WE LEFT AND WENT TO
9 THE HOSPITAL.

10 Q. AT THE MOMENT THIS HAPPENED TO YOU, DID YOU FEEL
11 LIKE YOU WERE UNDER THE INFLUENCE OF ANY BRANDY OR
12 COUGH SYRUP?

13 A. NO. I WAS -- I WAS COMPLETELY NORMAL. I MEAN, EVEN
14 WHEN I GOT TO THE HOSPITAL THEY ASKED ME A LOT OF
15 QUESTIONS. I ANSWERED THEIR QUESTIONS JUST LIKE I'M
16 ANSWERING YOUR QUESTIONS NOW.

17 Q. OKAY. AND BETWEEN THE TIME YOU HAD THE SHOT OF
18 BRANDY AND THIS HAPPENED, HAD YOU HAD ANYTHING
19 BESIDES COUGH SYRUP?

20 A. ENERGY DRINK. I ALWAYS DRINK A ---

21 Q. DID YOU SAY ENERGY DRINK?

22 A. YEAH. I ALWAYS DRINK A MONSTER ENERGY DRINK.

23 Q. OKAY. IS THAT A NON-ALCOHOLIC BEVERAGE?

24 A. YES.

25 Q. ALL RIGHT. NOW, WHEN YOU GOT TO THE HOSPITAL, WHAT

1 DID THEY DO FOR OR TO YOU?

2 A. IT WAS A LOT OF PEOPLE AROUND. THEY WAS SITTING
3 THERE TALKING. I DON'T KNOW WHAT THEY WERE SAYING.
4 BUT I GUESS THEY WAS TRYING TO FIGURE OUT HOW TO DO
5 MY ARM AT THAT MOMENT. I MEAN, I HAD MY FIRST
6 SURGERY SOON AS I GOT THERE, 'CAUSE ALL MY SKIN HAD
7 BEEN -- THEY CALL IT DEGLOVING. SO AFTER THEY HAD
8 PULLED ALL MY -- YOU KNOW, ALL MY MEAT OFF, I GUESS
9 -- WHEN I WOKE UP IT WAS DIFFERENT, YOU KNOW. ALL
10 THE WAY FROM THERE ALL THE WAY TO THERE, THERE
11 WASN'T NO SKIN ALL THE WAY AROUND.

12 Q. AND YOU'RE POINTING TO YOUR ARM NOW, AND IT DOES
13 HAVE SOME TISSUE ON IT. WHERE DID THAT COME FROM?

14 A. WELL, THE SKIN -- THE SKIN CAME FROM MY LEFT THIGH.
15 THIS RIGHT HERE, WHY IT'S SO BIG, THEY TOOK A TENDON
16 OUT OF MY RIGHT THIGH AND PUT IT RIGHT THERE, AND
17 THEY PUT THE SKIN GRAFT. SO THEY HAD -- 'CAUSE
18 EVERYTHING WAS DEAD. SO THEY HAD TO TAKE SOMETHING
19 TO MAKE IT GROW.

20 Q. AND HOW DO YOUR THIGHS LOOK AFTER THAT PROCEDURE?

21 A. I'VE GOT A CUT FROM HERE ALL THE WAY UP TO THERE,
22 AND MY LEFT THIGH, SKIN GRAFT ALL THE WAY AROUND THE
23 WHOLE THIGH.

24 Q. IS THERE ANY PAIN INVOLVED WITH THAT?

25 A. JUST RIGHT THERE WHERE THEY CUT ME KIND OF GOOD, AND

1 I STILL AIN'T GOT NO GOOD FEELING IN MY RIGHT THIGH.

2 Q. CAN YOU WEAR SHORTS WITHOUT IT BEING VISIBLE?

3 A. NO, UNLESS I WEAR LONG SHORTS.

4 Q. AND DOES IT AFFECT YOUR ABILITY TO USE YOUR LEGS AT
5 ALL?

6 A. ONLY SOMETIMES. YOU KNOW, YOU GET -- YOU GET A
7 LITTLE WOBBLY SOMETIMES, YOU KNOW, 'CAUSE, YOU KNOW,
8 I DIDN'T PLAN ON NOT BEING ABLE TO WALK FOR A WHILE.
9 SO, YES, IT DOES. I GET OFF BALANCE EASY NOW WITH
10 MY LEGS AND THE ARM.

11 Q. BESIDES THE TISSUE DAMAGE, DID YOU SUFFER ANY BROKEN
12 BONES IN YOUR RIGHT ARM?

13 A. THEY SAID I BROKE MY WRIST AND THE TWO BONES -- TWO
14 BONES IN YOUR FOREARM THAT ALLOWS YOU TO DO THIS. I
15 CAN'T -- IT WON'T -- IT'S, WHAT THEY SAY, RODS,
16 PINS, ALL KINDS OF STUFF, PRETTY MUCH RECONSTRUCTED.

17 Q. NOW, YOU'RE HOLDING YOUR RIGHT HAND AND FINGERS OUT
18 STRAIGHT. ARE YOU ABLE TO BEND THEM AT ALL?

19 A. NO. LIKE THAT, THAT'S AS FAR AS I CAN GET AFTER A
20 YEAR. THAT'S ME DOING IT HARD WHERE IT HURTS RIGHT
21 HERE.

22 Q. DO YOU HAVE THE ABILITY TO GRASP AND HOLD ANYTHING?

23 A. LIKE THIS BUT NOT LIKE THIS, NOT LIKE -- NOT LIKE
24 THAT, NO.

25 Q. CAN YOU GRASP IT IN ANY WAY? COULD YOU LIKE HOLD A

1 PENCIL LIKE THIS?

2 A. YES. I CAN DO THE SCISSOR THING WITH -- THERAPY
3 HELPED ME GET MY FINGERS WHERE I CAN PICK UP STUFF
4 LIKE THAT.

5 Q. AND WHAT'S THE HIGHEST YOU CAN RAISE THAT HAND, LIKE
6 IF YOU -- CAN YOU RAISE IT ---

7 A. I CAN RAISE IT ABOUT RIGHT THERE, BUT AFTER A WHILE
8 IT JUST -- IT GOES DEAD.

9 Q. ARE THERE ANY IMPEDIMENTS TO YOUR TWISTING YOUR
10 WRIST, LIKE I'M DOING?

11 A. YEAH. SINCE BOTH OF THESE BONES WAS BROKE AND
12 RECONSTRUCTED, THE FAR AS I CAN GET IT -- AND I HAD
13 TO GO TO THERAPY PROBABLY ABOUT FOUR MONTHS BEFORE I
14 GOT THAT RIGHT THERE TO SEE THE INSIDE OF MY HAND.
15 THAT'S FAR AS I CAN TURN. IT WON'T GO NO FURTHER.

16 Q. AND I KNOW I'VE ASKED YOU ABOUT PAIN IN YOUR LEGS.
17 BUT IS THERE PAIN AND/OR A DIFFERENT FEELING IN THAT
18 ARM?

19 A. EVERY MORNING IT'S TIGHT. IT'S ALWAYS TIGHT, 'CAUSE
20 I GUESS THEY SAID THE SCAR TISSUE, THE DAMAGE THAT
21 WAS DONE, WHATEVER. I DON'T -- I DON'T KNOW SCIENCE
22 STUFF, BUT I KNOW WHAT IT FEELS LIKE EVERY MORNING.
23 I SOAK IT USUALLY WHEN I WAKE UP IN THE MORNING. I
24 BOIL ME A LITTLE HOT WATER, PUT A LITTLE COLD IN IT,
25 A LITTLE EPSOM SALT, AND I LET MY HAND SOAK IN IT

1 FOR ABOUT 30 MINUTES.

2 Q. HAVE YOU HAD MORE THAN ONE SURGERY TO THAT ARM?

3 A. I HAD GOT CUT RIGHT HERE A LONG TIME AGO, RIGHT
4 HERE.

5 Q. I'M REFERRING TO AS A RESULT OF THIS ACCIDENT.

6 A. NO, SIR.

7 Q. YOU JUST HAD THE ONE SURGERY YOU'VE DESCRIBED?

8 A. YES.

9 Q. AND THAT WAS DONE BY DR. -- IS IT BIRCHENOUGH?

10 A. I HAD ABOUT MAYBE FIVE, SIX, UP TO SEVEN PEOPLE
11 WORKING ON THIS ARM.

12 Q. AND THEY WERE ALL AT SPARTANBURG REGIONAL?

13 A. YES.

14 Q. OKAY. NOW, HAVE YOU BEEN BACK TO ANY OF THESE
15 DOCTORS LATELY FOR ANY TYPE OF TREATMENT?

16 A. I HAD A STANDING APPOINTMENT WITH DR. BIRCHENOUGH,
17 BUT HE LOOKED AT IT AND HE WANTED IT TO HEAL A
18 LITTLE BIT MORE 'CAUSE, LIKE I SAY, I ALREADY HAD
19 FIVE SURGERIES. I'M SUPPOSED TO HAVE ONE MORE.

20 Q. OKAY. NOW, YOU JUST SAID YOU HAD FIVE SURGERIES. I
21 THOUGHT YOU SAID YOU JUST HAD ONE.

22 A. I HAD FIVE SURGERIES IN ALL.

23 Q. IN ALL?

24 A. UH-HUH.

25 Q. AND WAS THAT OVER A PERIOD OF TIME OR DID THEY DO IT

1 ALL WITH THAT ONE HOSPITAL ADMISSION?

2 A. NO. THEY DID IT AT DIFFERENT TIMES. MY LAST
3 SURGERY, I THINK, LASTED 14, 15 HOURS.

4 Q. AND HOW RECENTLY WAS THAT?

5 A. I AIN'T GOT THE DATE. THE 26TH -- I WAS ONLY IN THE
6 HOSPITAL TWO WEEKS, AND IN TWO WEEKS I HAD FIVE
7 SURGERIES.

8 Q. SO IT WAS DURING THE TIME THAT YOU WERE IN THE
9 HOSPITAL?

10 A. UH-HUH.

11 Q. OKAY. AND ARE YOU SCHEDULED FOR ANY OTHER
12 PROCEDURES WITH REGARD TO THE ARM?

13 A. I'M SUPPOSED TO HAVE ONE MORE SURGERY TO MAKE IT
14 LOOK MORE LIKE A HAND.

15 Q. OKAY. DOES THE ARM AFFECT YOUR ABILITY TO DO -- I
16 MEAN, I UNDERSTAND YOUR LIMITATIONS WITH THE ARM.
17 BUT DOES IT AFFECT ANY OTHER PART OF YOUR BODY?

18 A. SOMETIMES.

19 Q. I ASSUME YOU'RE RIGHT-HANDED?

20 A. YES.

21 Q. OR YOU WERE?

22 A. OH, YEAH, I WERE. I TRY TO WRITE EVERY DAY WITH THE
23 -- 'CAUSE I CAN'T DO NOTHING REALLY LEFT-HANDED. I
24 TRY TO WRITE EVERY DAY, BUT IT'S NOT LEGIBLE, KIND
25 OF LOOK LIKE KINDERGARTEN HANDWRITING.

1 Q. SINCE THIS ACCIDENT AND YOU'VE REACHED SOME LEVEL OF
2 HEALING, HAVE YOU THOUGHT ABOUT GOING BACK TO WORK
3 IN ANY TYPE OF JOB?

4 A. YEAH. I AIN'T USED TO SITTING AROUND.

5 Q. WHAT'S THE RESULT OF THAT?

6 A. WELL, I DON'T KNOW ANYBODY WILL HIRE ME WITH THIS.
7 SO, I DONE LOOK LIKE CONSTRUCTION, LIKE THE PEOPLE
8 THAT HOLDS THE STOP SIGN THAT SAYS SLOW, WHATNOT. I
9 FIGURE I COULD DO THAT. I DON'T REALLY HAVE TO DO
10 -- TRY TO DO WHAT I USED TO DO.

11 Q. WHAT IS YOUR LEVEL OF EDUCATION?

12 A. I GRADUATED.

13 Q. FROM HIGH SCHOOL?

14 A. YES, SIR.

15 Q. ANY TRAINING OR SCHOOLING AFTER THAT?

16 A. NO, SIR. I GOT MY DEGREE IN BRICK MASON.

17 Q. HAVE YOU APPLIED FOR SOCIAL SECURITY DISABILITY?

18 A. YES.

19 Q. AND HAVE YOU BEEN APPROVED?

20 **BY MR. KALE:**

21 I'D OBJECT TO WHAT SOCIAL SECURITY DID, YOUR
22 HONOR. IT'S IRRELEVANT FOR WORKERS' COMP.

23 **WITNES ANSWERS:**

24 A. YES.

25 **BY THE COMMISSIONER:**

1 I'LL OVERRULE THE OBJECTION WITH THE
2 ACKNOWLEDGMENT THAT IT HAS NO BEARING ON THE
3 WORKERS' COMP DECISION. BUT IT'S ADMISSIBLE
4 EVIDENCE.

5 **DIRECT EXAMINATION RESUMED BY MR. PALMER:**

6 Q. SO, MR. LIPSCOMB, ARE YOU -- DO YOU THINK YOU'RE
7 REACHING A LEVEL OF HEALING IN THIS ARM, OR IS IT
8 STILL AN ONGOING PROCESS?

9 A. ONGOING PROCESS.

10 Q. AND WHAT DO YOU EXPECT IS GOING TO HAPPEN, SAY, IN
11 THE NEXT YEAR WITH YOUR ARM?

12 A. I HAVE NO IDEA. I STILL DO MY EXERCISES THAT THE
13 THERAPIST TAUGHT ME. I STILL KEEP DOING THAT, YOU
14 KNOW. THEY WANT MY FINGERS TO BEND, BUT THEY WON'T
15 BEND, AND DR. -- I MEAN, I THOUGHT I WAS DOING
16 PRETTY GOOD MYSELF WITH THE WAY IT'S GOING, BUT I
17 DON'T THINK HE IS TOO MUCH IMPRESSED.

18 **BY MR. KALE:**

19 YOUR HONOR, I'M GOING TO OBJECT TO WHAT THE
20 DOCTOR THOUGHT. IT WOULD BE HEARSAY.

21 **BY THE COMMISSIONER:**

22 SUSTAINED.

23 **BY MR. PALMER:**

24 MAY I HAVE JUST A MOMENT, COMMISSIONER?

25 **BY THE COMMISSIONER:**

1 SURE.

2 **DIRECT EXAMINATION RESUMED BY MR. PALMER:**

3 Q. MR. LIPSCOMB, THAT DAY, MARCH 20TH, 2014, WHAT DO
4 YOU THINK CAUSED THAT -- YOUR ARM TO GET CAUGHT IN
5 THAT MACHINE?

6 A. WELL, IT'S A COUPLE OF THINGS. THERE WASN'T NO
7 SAFETY AROUND TO STOP IT FROM HAPPENING, AND I DON'T
8 THINK MY PARTNER THAT ALWAYS SUPPOSED TO WATCH, HE
9 WASN'T WATCHING ME. I MEAN, IF EITHER ONE OF THEM
10 -- LIKE IF SAFETY WAS IN PLACE, I COULDN'T HAVE
11 NEVER GOT THAT FAR ANYWAY. AND IF HE WAS WATCHING
12 ME, IT WOULD NEVER HAPPENED.

13 Q. WHEN YOUR ARM WAS NEAR THE BALER, WAS IT OPERATING?
14 WAS IT RUNNING?

15 A. WELL, SEE, THE THING IS WHEN YOU'RE RUNNING THE
16 PEDAL ALL YOU'VE GOT TO DO IS TAKE YOUR FOOT OFF THE
17 PEDAL. THE BALER WASN'T RUNNING, LIKE I SAY. AND
18 WHEN I -- SOON AS I WIPE IT OFF, I GUESS HE HIT THE
19 PEDAL AND IT CAUGHT THESE TWO FINGERS. IT DIDN'T
20 CATCH THE WHOLE HAND. IT CAUGHT THESE TWO FINGERS.
21 AND ONCE IT CAUGHT THEM, IT JUST WENT IN AND DID
22 WHAT IT DID TO IT.

23 **BY MR. PALMER:**

24 NO FURTHER QUESTIONS.

25 **BY THE COMMISSIONER:**

1 OKAY. MR. KALE?

2 CROSS EXAMINATION BY MR. KALE:

3 Q. MR. LIPSCOMB, AS I UNDERSTAND IT, AT THE TIME OF
4 THIS INCIDENT YOU WERE WORKING A 12-HOUR SHIFT THAT
5 RAN FROM 8 P.M. TO 8 A.M.; IS THAT CORRECT?

6 A. THAT'S CORRECT.

7 Q. AND YOU GOT OFF THE MORNING OF -- THAT THURSDAY
8 MORNING, THE DAY BEFORE THIS INCIDENT, AT 8 A.M. AND
9 A FRIEND OF YOURS THAT YOU CALL BUZZARD -- AND I
10 UNDERSTAND YOU DON'T KNOW ---

11 A. I CAN'T -- I DON'T REMEMBER HIS FIRST NAME.

12 Q. OKAY. BUT YOU CALL HIM BUZZARD?

13 A. YES.

14 Q. HE CAME OVER TO YOUR HOUSE TO HELP REPAIR A BROKEN
15 WATER HEATER; IS THAT CORRECT?

16 A. YES.

17 Q. AND WHILE YOU WERE WORKING ON THE WATER HEATER YOU
18 HAD SOME BRANDY?

19 A. YES.

20 Q. AND MR. BUZZARD, DID HE HAVE SOME BRANDY?

21 A. NO. HE WAS DRINKING A BEER. HE SAID HE DIDN'T WANT
22 NONE.

23 Q. OKAY. AND YOU INDICATED THAT YOU WENT OFF TO GET
24 SOME PARTS. DID BUZZARD STAY AT YOUR HOUSE?

25 A. YES.

1 Q. DID HE CONTINUE TO DRINK SOME BEER?

2 A. IF I WASN'T THERE, I WOULDN'T KNOW THAT.

3 Q. OKAY. DID YOU SEE MORE THAN ONE BEER CAN?

4 A. NO, SIR, NOT THAT I KNOW OF.

5 Q. OKAY. SO, HE COULD HAVE DRANK SOME MORE BEER AND
6 YOU JUST DIDN'T KNOW IT; IS THAT CORRECT?

7 A. COULD HAVE, YES.

8 Q. OKAY. NOW, WHAT WERE YOU -- WHAT KIND OF BRANDY
9 WERE YOU DRINKING?

10 A. IT'S CHRISTIAN BROTHERS. I JUST TOOK ME A SHOT.

11 Q. YOU'RE HOLDING UP A FINGER, A SHOT?

12 A. SHOT GLASS.

13 Q. A SHOT GLASS FULL OF BRANDY?

14 A. UH-HUH.

15 Q. STRAIGHT?

16 A. YES.

17 Q. OKAY. DID YOU HAVE MORE THAN ONE SHOT?

18 A. NO, NOT THAT I KNOW, 'CAUSE I HAD TO GO TO LOWE'S,
19 HAD TO KEEP GOING BACK AND FORTH TO LOWE'S.

20 Q. YOU SAY NOT THAT YOU KNOW?

21 A. NO, I SAID I HAD TO GO TO LOWE'S.

22 Q. OKAY. BUT YOU SAID NOT ---

23 A. I WAS -- WHEN I TOOK MY SHOT HE HAD TO TAKE SOME
24 PARTS OFF AND HE WAS TELLING ME ABOUT IT, AND WE WAS
25 JUST TALKING IN GENERAL.

1 Q. OKAY. AND YOU HAVE REFERRED TO THIS COUGH MEDICINE.
2 DO YOU KNOW THE BRAND OF THE COUGH MEDICINE?

3 A. NO, SIR. IT'S BEEN ENTIRELY TOO LONG. IT WAS -- IT
4 WAS DOLLAR GENERAL STORE BRAND. I KNOW THAT MUCH.

5 Q. SO YOU DON'T KNOW THE NAME OF IT?

6 A. NO, SIR.

7 Q. YOU DON'T KNOW WHAT'S IN IT?

8 A. NO. I DIDN'T MAKE -- NO.

9 Q. SO, YOU DON'T KNOW IF IT HAS ANY ALCOHOL IN IT OR
10 NOT, DO YOU?

11 A. NO. IT WAS JUST COUGH MEDICINE, YOU KNOW.

12 Q. NOW, HAVE YOU EVER BEEN FOUND GUILTY OF DRIVING
13 UNDER THE INFLUENCE?

14 A. YES, MANY, MANY YEARS AGO WHEN I WAS YOUNGER.

15 Q. DID YOU LOSE YOUR LICENSE FOR THAT?

16 A. YES.

17 Q. AND ---

18 A. AND I ALSO GOT THEM BACK, TOO.

19 Q. OKAY. DO YOU HAVE A LICENSE NOW?

20 A. THEY CURRENTLY SUSPENDED DUE TO THAT I AIN'T BEEN
21 WORKING IN A YEAR. CHILD SUPPORT GOT THEM.

22 Q. SAY THAT AGAIN.

23 A. CHILD SUPPORT.

24 Q. OKAY. SO YOU LOST YOUR DRIVER'S LICENSE BECAUSE OF
25 CHILD SUPPORT?

1 A. YES.

2 Q. NOW, BASICALLY NASHID HENDERSON BASICALLY DRIVES YOU
3 TO WORK EVERY DAY; IS THAT CORRECT?

4 A. YES.

5 Q. AND NASHID IS YOUR BEST FRIEND?

6 A. YES, ONE OF THEM. YES. WE'RE VERY GOOD FRIENDS.

7 Q. IN FACT, YOU ALL REFER TO YOURSELVES AS BROTHERS,
8 DON'T YOU?

9 A. YES.

10 Q. IS THERE ANY ACTUAL RELATIONSHIP THERE?

11 A. NO, SIR.

12 Q. YOU GREW UP IN THE SAME TOWN?

13 A. SAME NEIGHBORHOOD.

14 Q. SAME NEIGHBORHOOD IN THE SAME TOWN?

15 A. YES.

16 Q. WHAT TOWN WAS THAT?

17 A. GREER, SOUTH CAROLINA.

18 Q. GREER, SOUTH CAROLINA?

19 A. YES.

20 Q. OKAY. SO YOU'VE KNOWN HIM FOR HOW MANY YEARS?

21 A. I MET HIM WHEN I WAS SEVEN AND HE WAS FIVE.

22 Q. AND SO HOW -- SO YOU'VE KNOWN HIM, WHAT, FOR 35 TO
23 40 YEARS?

24 A. YES.

25 Q. DURING THAT TIME HAS HE ALWAYS BEEN YOUR BEST

1 FRIEND?

2 A. NO, NOT ALWAYS. YOU KNOW, WE WENT OUR SEPARATE
3 WAYS. I WENT BACK HOME. I MOVED BACK TO NORTH
4 CAROLINA AFTER I GRADUATED HIGH SCHOOL, AND I STAYED
5 UP THERE FOUR YEARS.

6 Q. AND THEN YOU CAME BACK?

7 A. YES.

8 Q. HOW LONG HAVE YOU BEEN IN SOUTH CAROLINA?

9 A. WELL, THAT'S WHEN I WAS YOUNGER, LIKE I WAS TELLING
10 YOU. IT AIN'T BEEN RECENTLY.

11 Q. OKAY. YOU MOVED BACK FROM NORTH CAROLINA TO SOUTH
12 CAROLINA, CORRECT?

13 A. YES.

14 Q. HOW LONG HAVE YOU BEEN IN SOUTH CAROLINA?

15 A. EVER SINCE I WAS LIKE -- I MOVED BACK WHEN I WAS
16 LIKE 22, 23 YEARS OLD.

17 Q. OKAY. SO YOU'VE BEEN BACK 20 YEARS OR SO?

18 A. YES.

19 Q. AND DURING THIS TIME DID YOU REKINDLE YOUR
20 FRIENDSHIP WITH MR. HENDERSON?

21 A. YES.

22 Q. SO HE'S BEEN YOUR BEST FRIEND FOR SOME 20 YEARS
23 SINCE YOU'VE BEEN BACK IN SOUTH CAROLINA?

24 A. I'VE GOT -- I'VE GOT A COUPLE OF BEST FRIENDS. I'VE
25 GOT A PERSON THAT WE STARTED KINDERGARTEN TOGETHER.

1 WE'RE STILL BEST FRIENDS.

2 Q. BUT HE'S ONE OF YOUR BEST FRIENDS?

3 A. YES.

4 Q. OKAY. NOW, AT THE TIME THAT THIS INJURY OCCURRED,
5 YOU WERE DOING WHAT THEY CALL RE-FEED, IS THAT
6 RIGHT?

7 A. YEAH.

8 Q. AND BASICALLY WHAT HAPPENS NORMALLY IN THE JOB IS
9 YOU HAVE LONG STRANDS OF FIBERS; THEY'RE CUT BY THE
10 CUTTING MACHINE; IT GOES IN THROUGH THE ROLLERS,
11 GOES UP THE CONVEYOR, FILLS A BALE?

12 A. UH-HUH.

13 Q. IN RE-FEED THAT HAD ALREADY BEEN DONE, HAD IT NOT?

14 A. WHAT YOU MEAN?

15 Q. IT HAD ALREADY BEEN CUT?

16 A. YEAH. IT'S LAYING IN THE FLOOR. YOU'VE GOT TO --
17 YOU'VE GOT TO PICK IT UP AND THROW IT IN THE
18 MACHINE.

19 Q. IT'S A BALE THAT HAD ALREADY BEEN RUN, BUT FOR SOME
20 REASON IT WAS EITHER SHORT OR ---

21 A. WHEN YOU CUT THE STRAPS OFF OF IT, IT GOES
22 EVERYWHERE. SO, YES.

23 Q. SO BASICALLY WHAT YOU WERE DOING WAS ONLY FEEDING IT
24 BACK INTO THE MACHINE SO IT WOULD GO UP TO THE
25 HOPPER?

1 A. UH-HUH.

2 Q. AND MAKE A NEW BALE?

3 A. RIGHT.

4 Q. OKAY. SO THE CUTTING PART DIDN'T HAVE TO BE DONE
5 BECAUSE IT HAD ALREADY BEEN CUT?

6 A. RIGHT. THE ONLY THING THAT WAS RUNNING WAS THE
7 CONVEYOR BELT, 'CAUSE HE HAD THE PEDAL.

8 Q. AND THE ROLLERS?

9 A. YES.

10 Q. OKAY. NOW, WHAT YOU DO, YOU'VE GOT A BAG OF THIS
11 BALE. YOU PICK UP FIBERS THAT HAVE ALREADY BEEN CUT
12 AND YOU THROW IT INTO THE MACHINE?

13 A. RIGHT.

14 Q. AND AS I UNDERSTAND IT, WHAT HAPPENED WAS A BUNCH OF
15 THE FIBER BUILT UP AND WASN'T GOING THROUGH THE
16 ROLLERS TO GO UP TO THE ---

17 A. NOT REALLY. LIKE WHEN IT GET JAMMED UP, NO. SO I
18 WENT OVER THERE AND WHEN I DID LIKE THIS TO KNOCK IT
19 BACK OFF INTO THE ---

20 Q. LET'S NOT GET AHEAD OF ME, OKAY? JUST HOLD ON A
21 SECOND. YOUR PARTNER, HE'S CALLED THE CUTTER?

22 A. YES.

23 Q. OKAY. AND HE OPERATES THE MACHINE AND MAKES IT GO?

24 A. RIGHT.

25 Q. WHEN YOU WENT TO PUSH THE FIBER INTO THE ROLLER, YOU

1 DIDN'T TELL THE CUTTER THAT YOU WERE GOING TO DO
2 THAT, DID YOU?

3 A. NO. THE MACHINE WASN'T RUNNING THEN.

4 Q. ANSWER MY QUESTION. YOU DIDN'T TELL THE CUTTER THAT
5 YOU WERE GOING TO DO THAT?

6 A. YEAH. I STICK UP MY FINGERS LIKE THIS. YOU'VE GOT
7 TO -- IF I'M RIGHT HERE, HE'S LOOKING DEAD AT ME.
8 BUT ---

9 Q. WELL, WHEN YOU DID YOUR FINGERS, DID YOU LOOK AT HIM
10 AND SEE IF HE WAS LOOKING AT YOU?

11 A. YEAH. HE TOOK HIS -- HE TOOK HIS FOOT OFF THE
12 PEDAL. BUT, LIKE I SAY, IT HAPPENED JUST LIKE THAT.
13 WHEN I DID LIKE THIS TO KNOCK THE FIBER OFF, HE MUST
14 HAVE THOUGHT I WAS FINISHED AND HIT THE PEDAL. I
15 MEAN, I DON'T CONTROL HIM. HE CONTROLS HIMSELF.

16 Q. WAS THE MACHINE ACTUALLY RUNNING WHEN YOU GOT UP
17 THERE?

18 A. NO. THAT'S WHAT I'M SAYING. THAT'S WHY I SAID, TY,
19 AND I DID LIKE THIS WIPING IT OFF, AND, YOU KNOW,
20 THE CUTTER REALLY DON'T PAY CLOSE ENOUGH ATTENTION
21 TO THE BALER ANYWAY.

22 Q. OKAY. WELL, YOU JUST DON'T GO LIKE THIS; YOU HAVE
23 TO ---

24 A. NO. ALL YOU HAD TO DO WAS KNOCK THE FIBER OFF ONTO
25 THE BALER.

1 Q. BUT YOU HAVE TO ---

2 A. IT AIN'T NO BIG THING.

3 Q. LET ME ASK MY QUESTIONS.

4 **BY MR. KALE:**

5 AND, YOUR HONOR, IF YOU WOULD INSTRUCT HIM TO
6 ANSWER AFTER I FINISH MY QUESTION.

7 **CROSS EXAMINATION RESUMED BY MR. KALE:**

8 Q. YOU HAVE TO GET UP TO WHERE YOU CAN DO THAT, DON'T
9 YOU?

10 A. YOU'VE GOT TO BE STANDING, YES.

11 Q. OKAY. YOU HAVE TO STAND UP ON THE SIDE OF THE
12 MACHINE?

13 A. NO, YOU DON'T. YOU'RE JUST STANDING RIGHT THERE.

14 Q. ARE YOU DENYING THAT YOU WERE STANDING ON A BAR ON
15 THE SIDE OF THE MACHINE?

16 A. NO. YOU'RE STANDING ON THE FLOOR, MAN. YOU'RE
17 STANDING ON THE FLOOR.

18 Q. YOU DIDN'T CLIMB UP THE MACHINE AT ALL?

19 A. NO.

20 Q. THERE'S A METAL SCREEN?

21 A. IT AIN'T NOWHERE NEAR WHERE WE TALKING ABOUT.

22 Q. WHAT WAS CAUGHT UNDERNEATH YOUR ARM WHEN YOU GOT
23 CAUGHT?

24 A. THAT'S THE -- THAT'S THE -- THAT'S -- THIS SIDE OF
25 THE MACHINE ON DOWN FURTHER. THE -- WHERE YOU'VE

1 GOT TO THROW THE STUFF IN IS RIGHT HERE. OVER HERE
2 IS THE CONVEYOR BELT. RIGHT HERE IS THE ROLLER WITH
3 THE RAZORBLADES IN IT.

4 Q. AND THERE'S A METAL GRID THAT'S ABOUT ONE FOOT BY
5 TWO AND A HALF FEET?

6 A. THAT'S ON DOWN RIGHT HERE, YES.

7 Q. THAT'S RIGHT IN FRONT OF THE ROLLERS?

8 A. YES. BUT IT DON'T ---

9 Q. AND WHEN YOU REACHED OVER THAT ---

10 A. I DIDN'T REACH OVER NOTHING. IT'S RIGHT HERE.
11 HERE'S THE THING RIGHT HERE. HERE'S THE ROLLER
12 RIGHT HERE. THE MATERIAL -- THERE'S A CONVEYOR BELT
13 GOES UP. I FALL BACK OFF IN THERE.

14 Q. WHAT WAS CAUGHT UNDERNEATH YOUR ARM?

15 A. THAT'S -- IT DONE PULLED ME FORWARD. THAT WAS ---

16 Q. YOU SAID ---

17 A. THAT WAS THE -- THAT WAS THE FRONT SIDE OF THE
18 MACHINE WHERE -- I DON'T KNOW. IT'S A STEEL THING,
19 LOOK LIKE A CAGE, RIGHT THERE.

20 Q. OKAY. STEEL THING?

21 A. UH-HUH.

22 Q. ABOUT TWO AND A HALF FEET WIDE?

23 A. I DON'T KNOW HOW BIG IT IS.

24 Q. WELL, YOU SAID IN YOUR DEPOSITION IT WAS TWO AND A
25 HALF FEET WIDE.

1 A. WELL, YEAH.

2 Q. ABOUT ONE FOOT TALL?

3 A. RIGHT.

4 Q. IT HAD A SCREEN OR A GRID TO IT, DID IT NOT?

5 A. YEAH, LIKE LITTLE HOLES IN IT, YES.

6 Q. OKAY. AND THAT WAS UNDERNEATH YOUR ARM WHEN YOU ---

7 A. YEAH. IT WAS LIKE, YEAH, RIGHT THERE. I'VE STILL
8 GOT THE SCAR FROM IT. IT WAS LIKE -- ONCE THE
9 MACHINE PULLED ME IN, IT PULLED ME TO, LIKE THIS,
10 AND IT TOOK -- KIND OF HAD ME ON MY TIPTOES. SO
11 THEY WENT DOWN THERE AND GOT ME A LITTLE STEPPING
12 STOOL THING SO IT WOULD RELIEVE -- IT WAS KIND OF, I
13 MEAN, REALLY LIKE RIGHT UP UNDER MY ARM. IT HIT ME
14 RIGHT HERE AND THEN IT WENT UP UNDER MY ARM.

15 Q. AND I BELIEVE IN YOUR DEPOSITION YOU CALLED THAT
16 METAL GRID A CAGE?

17 A. YES.

18 Q. YOU DON'T WANT TO CALL IT A SAFETY BARRIER, DO YOU?

19 A. NO. IT AIN'T -- IT AIN'T NO SAFETY IN IT. IT'S --
20 IT'S SOMETHING FOR THE FRONT SIDE, SOMETHING THAT WE
21 DON'T EVEN HAVE TO DEAL WITH.

22 Q. THE ONLY THING IT DOES IS TO PUT A BARRIER IN FRONT
23 OF THE ROLLERS, ISN'T IT?

24 A. NO. THAT'S THE -- THAT'S A WHOLE OTHER PART OF THE
25 MACHINE.

1 Q. NOT THAT LITTLE SCREEN ISN'T?

2 A. IT'S JUST A PART OF THE MACHINE.

3 BY THE COMMISSIONER:

4 IS THAT A QUESTION? I'M SORRY.

5 BY MR. KALE:

6 I'LL ASK HIM.

7 BY THE COMMISSIONER:

8 OKAY.

9 CROSS EXAMINATION RESUMED BY MR. KALE:

10 Q. THAT GRID ---

11 A. IT AIN'T PROTECTING NOTHING THAT WE'VE GOTTA DO, NO.

12 Q. THAT ISN'T THE QUESTION I'M ASKING.

13 BY THE COMMISSIONER:

14 JUST LET HIM FINISH HIS QUESTION, OKAY?

15 BY THE WITNESS:

16 OKAY.

17 CROSS EXAMINATION RESUMED BY MR. KALE:

18 Q. THE GRID ISN'T HOLDING UP THE MACHINE, IS IT?

19 A. NOT THAT I KNOW OF.

20 Q. THE ONLY THING IT DOES IS PUT UP A BARRIER IN FRONT
21 OF THE ROLLERS? THAT'S THE ONLY THING IT DOES?

22 A. NO. NO, IT'S -- THAT'S FOR MAINTENANCE THING. NO,
23 NOT THE -- NOT WHAT I DID. IT DIDN'T -- IT DIDN'T
24 HINDER ME FROM PUTTING IN THERE, BUT IT DIDN'T STOP
25 NOTHING FROM BEING RIGHT THERE NEITHER. IT'S JUST

1 PART OF THE MACHINE, WHAT I'M TRYING TO TELL YOU.

2 Q. AND WHEN IT -- AND WHEN YOUR ARM WENT DOWN, IT WAS
3 UNDERNEATH YOUR ARM AND HAD YOU ---

4 A. NO.

5 Q. --- IN A POSITION WHERE YOU WERE OFF THE GROUND?

6 A. IT PULLED ME -- WELL, YOU KNOW, THE ROLLERS UP HIGH,
7 SO, YEAH, WHEN I DID LIKE THAT AND IT CAUGHT MY TWO
8 FINGERS, IT PULLED ME FORWARD. SO, YES, IT PULLED
9 ME UP ONTO IT, YES.

10 Q. NOW, WHEN I TOOK YOUR DEPOSITION I ASKED YOU IF YOU
11 HAD EVER SEEN ANYONE ELSE, ANY OTHER WORKER DO WHAT
12 YOU DID THAT DAY AND BRUSH IT OFF, AND YOU SAID YOU
13 HAD NEVER SEEN ANYBODY DO THAT, RIGHT?

14 A. NOT THAT DAY 'CAUSE THEY DIDN'T HAVE NO RE-FEED
15 BALES THAT DAY.

16 Q. YOU SAID YOU NEVER HAD SEEN ANYONE DO THAT?

17 A. THAT DAY.

18 Q. YOU DIDN'T SAY THAT DAY.

19 A. WELL, THAT'S WHAT I THOUGHT YOU WAS ASKING ME.
20 THAT'S ALL RIGHT.

21 **BY MR. KALE:**

22 I'M GOING TO SUBMIT HIS DEPOSITION, YOUR HONOR.

23 **BY THE COMMISSIONER:**

24 OKAY.

25 **CROSS EXAMINATION RESUMED BY MR. KALE:**

1 Q. NOW, MR. LIPSCOMB, YOU KNOW YOU'RE NOT SUPPOSED TO
2 STICK YOUR HANDS IN THERE WHERE THE ROLLERS ARE,
3 DON'T YOU?

4 A. EVERYBODY KNEW THAT, YES. BUT WE ALL KNOW WE HAVE
5 TO TAKE OFF THE -- IF THE ROLLER -- WE HAVE TO STICK
6 OUR HANDS IN THERE TO GET A SAMPLE. I MEAN, THAT'S
7 CLOSE ENOUGH.

8 Q. DON'T YOU GET THE SAMPLE FROM THE FINISHED BALE?

9 A. YOU GET IT FROM THE -- YOU'VE GOT -- NO, YOU GET IT
10 FROM THE INSIDE WHERE THE CONVEYOR BELT WHERE YOU'VE
11 GOT TO TELL THE CUTTER TO STOP. I DON'T KNOW HOW
12 THEY DO IT NOW, BUT WHEN I WAS ---

13 Q. YOU TELL THE CUTTER TO STOP?

14 A. YEAH. THEY -- THEY HAVE TO STOP. THEY HAVE TO STOP
15 RUNNING THE MACHINE TO GET THE ---

16 Q. YOU TELL THE CUTTER TO STOP ---

17 A. YES.

18 Q. --- SO YOU CAN GET A SAMPLE?

19 A. YES.

20 Q. OKAY. AND ---

21 A. YOU CAN GET IT ANY WAY, I THINK, BUT THAT'S WHAT WE
22 DID.

23 Q. I ASKED YOU HAD YOU EVER SEEN A BALER DO WHAT YOU
24 DID. DO YOU REMEMBER ME ASKING YOU THAT?

25 A. VAGUELY, BUT ---

1 Q. OKAY. WELL, LET ME LET YOU LOOK AT YOUR DEPOSITION.

2 A. ALL RIGHT.

3 BY THE COMMISSIONER:

4 MR. KALE, WHAT PAGE IS THAT?

5 BY MR. KALE:

6 FORTY-ONE. AT THE TOP OF THE PAGE, YOUR HONOR.

7 CROSS EXAMINATION RESUMED BY MR. KALE:

8 Q. READ THE TOP PAGE, 41. "HAVE YOU EVER SEEN A BALER
9 DO WHAT YOU DID?"

10 A. I SAID, "NO, 'CAUSE MY MACHINE IS DIFFERENT, ALL THE
11 MACHINES ARE, THE 'K' LINE, 'H' LINE, AND THEY'RE
12 BASICALLY THE SAME, BUT THEY'RE DIFFERENT. THEY RUN
13 DIFFERENT MATERIALS. MINE WAS ONE OF THE EASIEST
14 ONES TO THROW MATERIAL INTO. MY BOSS AND SUPERVISOR
15 COME AND TOLD ME JUST HOW TO THROW -- I MEAN, THEY
16 ALWAYS CAME AND TOLD ME -- YOU HAVE GO THROUGH AND
17 YOU HAVE TO LOOK AT IT, YOU KNOW. YOU HAD TO PULL
18 IT TO MAKE SURE IT DIDN'T HAVE LONG FIBERS. AND
19 SOME OF THEM THEY SAID IT WAS ALL RIGHT JUST TO
20 THROW INTO THE MACHINE. WE DIDN'T HAVE TO WASTE NO
21 TIME TRYING TO LOOK AT IT."

22 Q. I ASKED YOU THEN ON LINE 13, "SO YOU'VE NEVER SEEN
23 ANYBODY DO WHAT YOU DID?" AND WHAT WAS YOUR ANSWER?

24 A. I SAID NO.

25 Q. IN FACT, THEY HAVE A PROCEDURE THAT THEY CALL LOCK-

1 OUT TAG-OUT, DON'T THEY?

2 A. YES.

3 Q. AND TELL ME WHAT THAT PROCEDURE IS.

4 A. YOU HAVE TO PUT LOCKS ON. WE DON'T DO THAT. THE
5 MAINTENANCE HAVE TO BE CALLED TO DO THAT.

6 Q. IF THERE IS A PROBLEM WITH THE MACHINE ---

7 A. CALL MAINTENANCE.

8 Q. --- YOU'RE SUPPOSED TO CALL MAINTENANCE?

9 A. UH-HUH.

10 Q. YOU'RE NOT SUPPOSED TO GET UP ON THE MACHINE AND TRY
11 TO ---

12 A. BUT ---

13 Q. WELL, LET ME FINISH.

14 A. ALL RIGHT. GO AHEAD.

15 Q. YOU'RE SUPPOSED TO CALL MAINTENANCE; YOU'RE NOT
16 SUPPOSED TO GET UP ON THE MACHINE AND BRUSH OFF
17 MATERIAL, ARE YOU? YOU'RE SUPPOSED TO CALL
18 MAINTENANCE IF THAT'S A PROBLEM?

19 A. NO, 'CAUSE WE DON'T GET UP ON THE MACHINE. IT'S
20 RIGHT THERE. IT AIN'T NO LIKE GREAT BIG MACHINE
21 THAT YOU HAVE TO CRAWL UP ON TOP OF TO GET SOME
22 MATERIAL OFF. NOW, WE HAD THE -- AT ONE TIME WE HAD
23 TO CLEAN THE MACHINE, THE TOP LEVEL, BUT THEY
24 STOPPED DOING THAT. THEY SAID THE MAINTENANCE
25 PEOPLE SUPPOSED TO DO IT. I DON'T REMEMBER WHEN

1 THAT WENT IN EFFECT, BUT THEY TOLD US -- WELL,
2 FARREN (PHONETIC) CAME AND TOLD US THAT WE DIDN'T
3 SUPPOSED TO GET ON TOP OF THE MACHINE, CLIMB UP THE
4 LADDER AND CLEAN THE -- AND KICK ALL THE STUFF OFF
5 NO MORE. MAINTENANCE WAS SUPPOSED TO DO THAT. I
6 MEAN, YOU MAKE IT SOUND LIKE THE MACHINE IS WAY UP
7 HERE. THE ROLLERS IS -- I MEAN, IF I STAND UP I'M
8 RIGHT THERE AT THE ROLLERS. YOU CAN JUST ---

9 Q. THE ROLLERS ARE AT WHAT LEVEL? YOUR NECK LEVEL?

10 A. PROBABLY, YOU KNOW. IT AIN'T THAT HIGH. YOU KNOW,
11 YOU CAN JUST DO IT LIKE THIS.

12 Q. SO, YOU HAVE TO REACH OVER?

13 A. NO. YOU HAVE TO STEP UP TO IT AND WIPE -- YOU AIN'T
14 REALLY GOTTA REACH. I MEAN, YOU -- I MEAN, I WISH
15 WE HAD A PICTURE OF THE BALER, AND IT WILL SHOW YOU
16 BETTER THAN I CAN TELL YOU. I MEAN, IT AIN'T -- IT
17 AIN'T NOTHING. YOU JUST KNOCK THE MATERIAL OFF THE
18 ROLLERS AND YOU KEEP IT -- KEEP IT GOING.

19 **BY MR. KALE:**

20 THAT'S ALL I HAVE, YOUR HONOR.

21 **BY THE COMMISSIONER:**

22 OKAY. ALL RIGHT. MR. PALMER, ANY REDIRECT?

23 **BY MR. PALMER:**

24 NO FURTHER QUESTIONS.

25 **BY THE COMMISSIONER:**

1 OKAY. MR. LIPSCOMB, YOU MAY HAVE A SEAT NEXT
2 TO YOUR ATTORNEY. I'M GOING TO TAKE A FIVE MINUTES
3 RECESS BEFORE WE CALL THE NEXT WITNESS.

4 (OFF THE RECORD)

5 BY THE COMMISSIONER:

6 ALL RIGHT. WE'RE BACK ON THE RECORD. MR.
7 PALMER, YOU MAY CALL YOUR NEXT WITNESS.

8 BY MR. PALMER:

9 THANK YOU, COMMISSIONER. I CALL NASHID
10 HENDERSON.

11 BY THE COMMISSIONER:

12 MR. HENDERSON, YOU CAN HAVE A SEAT RIGHT UP
13 HERE.

14 BY THE COURT REPORTER:

15 SIR, WOULD YOU SPELL YOUR FIRST NAME FOR ME,
16 PLEASE?

17 BY THE WITNESS:

18 N-A-S-H-I-D.

19 BY THE COURT REPORTER:

20 SIR, IF YOU WOULD RAISE YOUR RIGHT HAND,
21 PLEASE.

22 * * * * * * * * * * * * * * *

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

NASHID HENDERSON,

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

DIRECT EXAMINATION BY MR. PALMER:

Q. STATE YOUR FULL NAME.

A. NASHID HENDERSON.

Q. MR. HENDERSON, WHERE DO YOU LIVE, SIR?

A. 302 SCENIC LANE DRIVE.

Q. AND WHERE IS THAT; IN SPARTANBURG?

A. GREER.

Q. IN GREER? AND ARE YOU FROM THIS AREA?

A. FROM THE GREER AREA, SPARTANBURG COUNTY.

Q. OKAY. ARE YOU RELATED TO OR ACQUAINTED WITH MR.
LIPSCOMB?

A. BEST FRIEND IN THE WORLD.

Q. AND HOW LONG HAVE YOU BEEN HIS BEST FRIEND?

A. ALL MY LIFE.

Q. OKAY. SO YOU GO WAY BACK?

A. WAY BACK.

Q. YOU -- SINCE YOU'VE GROWN UP WITH HIM, YOU'VE SEEN
HIM ON A FREQUENT BASIS OVER THE YEARS?

A. ALMOST EVERY DAY OF MY LIFE.

Q. DO YOU THINK YOU KNOW HIM AS WELL AS A FAMILY
MEMBER?

A. I CALL HIM MY BROTHER.

1 Q. OKAY. AND IT'S MY UNDERSTANDING YOU AND HE WORKED
2 TOGETHER LAST YEAR?

3 A. YES.

4 Q. AND WHERE DID YOU WORK?

5 A. INNOVATIVE FIBERS.

6 Q. HOW LONG DID YOU WORK THERE?

7 A. A TOTAL OF TWO YEARS AND SOME ODD MONTHS, MAYBE SIX,
8 SEVEN MONTHS.

9 Q. AND WAS THAT -- DID YOU WORKING THERE HAVE ANYTHING
10 TO DO WITH JAMES WORKING THERE? I MEAN, DID YOU ALL
11 GET EACH OTHER JOBS, IS WHAT I'M ASKING?

12 A. YEAH, SORT OF. YEAH, YOU COULD SAY THAT.

13 Q. OKAY.

14 A. IF I HAD A JOB AND THERE WAS AN OPENING, OF COURSE
15 I'M GOING TO TRY TO GET HIM IN, AND VICE VERSA.

16 Q. OKAY. DO YOU FEEL LIKE YOU KNOW JAMES -- OR DO YOU
17 CALL HIM SOMETHING ELSE?

18 A. I CALL HIM CHRIS.

19 Q. CHRIS? OKAY. DO YOU THINK YOU KNOW CHRIS WELL
20 ENOUGH TO KNOW THAT IF SOMETHING WAS UP WITH HIM OR
21 SOMETHING WAS WRONG WITH HIM YOU'D BE ABLE TO DETECT
22 IT?

23 A. OF COURSE.

24 Q. OKAY. AND AS OF MARCH 20TH OF 2014, YOU AND HE WERE
25 WORKING THE SAME SHIFT?

1 A. YES.

2 Q. WHAT WAS YOUR JOB AT INNOVATIVE?

3 A. I WAS A STRETCH OPERATOR.

4 Q. OKAY. AND DOES A STRETCH OPERATOR WORK ANYWHERE IN
5 THE VICINITY OF THE BALER?

6 A. RIGHT DOWN THE LINE FROM HIM, WALKING DISTANCE.

7 Q. OKAY. AND YOU AND MR. -- YOU AND CHRIS WERE WORKING
8 THE NIGHT SHIFT, THE EIGHT TO EIGHT SHIFT, ON MARCH
9 20TH, 2014?

10 A. YES.

11 Q. DID YOU ARRIVE AT WORK TOGETHER?

12 A. YES.

13 Q. HAD YOU PICKED HIM UP AND BROUGHT HIM TO THE PLANT?

14 A. YES.

15 Q. WHAT TIME DID YOU PICK HIM UP?

16 A. I'M GONNA SAY AROUND ABOUT -- BETWEEN THE HOUR OF
17 6:45 -- BETWEEN 6:45 AND 7:00, 'CAUSE WE ALWAYS HAD
18 TO BE THERE AT 7:45 TO HAVE OUR 15 MINUTE MEETING
19 BEFORE OUR SHIFT ACTUALLY STARTS.

20 Q. AND FROM WHERE YOU PICKED HIM UP TO THE PLANT, HOW
21 LONG A DRIVE IS THAT?

22 A. NO MORE THAN ABOUT 15 MINUTES.

23 Q. DID YOU STOP ANYWHERE ALONG THE WAY?

24 A. WE MAKE OUR NORMAL STOP AT THE HOT SPOT ON
25 BLACKSTOCK, EAST BLACKSTOCK I THINK IT IS, WHERE WE

1 GET OUR ENERGY DRINKS, OUR SNACKS, ANY OTHER SORT --
2 ANYTHING THAT WE NEED FOR THAT NIGHT.

3 Q. OKAY. AND AFTER YOU PICKED CHRIS UP, DID YOU HAVE
4 ANY REASON TO BELIEVE HE'D BEEN DRINKING ALCOHOLIC
5 BEVERAGES?

6 A. NO.

7 Q. WAS THERE ANYTHING ABOUT HIS DEMEANOR, THE WAY HE
8 LOOKED, THE WAY HE SMELLED, THE WAY HE TALKED OR
9 ACTED THAT WOULD GIVE YOU THAT SUSPICION?

10 A. NOT THAT I COULD TELL. IF THERE WAS ANYTHING WRONG
11 WITH HIM, OF COURSE I WOULD BE THE FIRST ONE TO
12 TELL. AND AT THE TIME HE DROVE FROM THE STORE TO
13 THE JOB, 'CAUSE I TOOK A LITTLE EXTRA MINUTE BECAUSE
14 I HAD TO USE THE BATHROOM. AS WE SAY, I HAD TO DO A
15 NUMBER TWO. AND HE DROVE, AND I'M ON THE PASSENGER
16 SIDE, AND IF ANYTHING WAS WRONG I BEST BY FAR WOULD
17 BE ABLE TO TELL. THERE WAS NO SWERVE. THERE WAS --
18 THERE WAS NOTHING. I MEAN, EVERYTHING WAS NORMAL
19 LIKE EVERY DAY LIFE LIKE WE NORMALLY DO.

20 Q. DID YOU ATTEND A SAFETY MEETING BEFORE THAT SHIFT?

21 A. YES.

22 Q. AND WAS CHRIS THERE?

23 A. YES.

24 Q. DID YOU HAVE A CHANCE TO OBSERVE HIM AT THE SAFETY
25 MEETING?

1 A. YES. HE WAS RIGHT BESIDE ME.

2 Q. OKAY. DID YOU NOTICE ANYTHING UNUSUAL?

3 A. NO, I DIDN'T.

4 Q. AND THEN WHEN YOU ACTUALLY WENT ON THE FLOOR AND
5 STARTED WORKING, WERE YOU ABLE TO SEE HIM FROM WHERE
6 YOUR POSITION WAS?

7 A. I COULD SEE HIM IF HE STEPPED FROM BEHIND THE BALER
8 ON THE SIDE OF IT, BECAUSE WHERE I'M -- WHERE MY
9 STATION WERE, IT'S LIKE A STRAIGHT SHOT DOWN, AND I
10 COULD SEE THE OPERATOR THAT WORKS WITH HIM, AND HE'S
11 RIGHT BEHIND IT. SO IF HE EVER STEPPED BEHIND THE
12 BALER, I HAVE NO VISION OF HIM. BUT ON THE SIDE I
13 HAVE VISION OF HIM.

14 Q. OKAY. ARE YOU FAMILIAR WITH THE PROCESS THAT THEY
15 REFER TO AS A RE-BALE?

16 A. YEAH.

17 Q. WAS THERE ANY RE-BALING GOING ON DURING THAT SHIFT?

18 A. YES.

19 Q. WAS CHRIS INVOLVED WITH THAT?

20 A. YES.

21 Q. WERE YOU ABLE TO SEE IT?

22 A. NOT AT THE TIME BECAUSE I WAS -- WHAT THEY CALL THE
23 CREEL, I WAS DOWN IN THE CREEL. WE HAD ANOTHER GUY
24 THAT WAS STILL LEARNING THE JOB, AND I HAD
25 INSTRUCTIONS TO TRY TO KEEP UP WITH HIM A LITTLE

1 BIT, TRY TO INFORM HIM, YOU KNOW, AS FAR AS, SAY,
2 TRAINING. AND I WAS BACK AND FORTH FROM THE CREEL
3 TO MY STATION AS STRETCH OPERATOR.

4 Q. AT SOME POINT WERE YOU MADE AWARE THAT CHRIS HAD
5 INJURED HIMSELF IN THE -- HAD BECOME INJURED IN THE
6 BALER?

7 A. YES.

8 Q. TELL US WHAT YOUR RECOLLECTION IS.

9 A. I WAS STANDING IN THE CREEL AT THE TIME. I JUST HAD
10 WALKED OUT FROM MY STATION TO CHECK ON MY CREELERS,
11 AND WE HAD A SITUATION WHERE WE HAD A KNOT COME
12 THROUGH AND WE WAS TRYING TO STOP IT. WE WAS TRYING
13 TO CATCH IT BEFORE IT ACTUALLY WENT THROUGH THE
14 ROLLERS, AND WE DID. WE WERE SUCCESSFUL AT THAT.
15 AND AS I WAS COMING FROM THAT, CHECKING ON THE
16 CREELERS AS WELL, MAKING SURE THE CANS WERE RUNNING
17 SMOOTHLY, ANOTHER EMPLOYEE CAME DOWN TO ME WITH
18 TEARS IN HIS EYES, SAYING, AND I QUOTE, "YOUR
19 BROTHER DOWN THERE HURT. YOU NEED TO GET TO HIM,"
20 'CAUSE THAT'S HOW THEY KNOW US, AS BROTHERS. AND I
21 WAS LIKE, "WHAT'S WRONG?" AND HE SAID, "YOU JUST
22 NEED TO GO DOWN THERE." SO I RAN UP TO MY STATION,
23 DOWN MY STATION TOWARDS THE END, AND THE ONLY THING
24 I COULD SEE WAS HIM ON HIS TIPTOES. I MEAN, HE
25 LOOKED LIKE HE WAS, YOU KNOW, IN PAIN, WHICH I KNOW

1 HE WAS, AND HIS ARM WAS TWISTED, AND NO ONE REALLY
2 KNEW WHAT TO DO AT THAT TIME, AND EVERYBODY JUST --
3 YOU KNOW, IT'S ONE OF THOSE MOMENTS WHERE YOU'RE
4 JUST CONFUSED AND NOBODY KNOWING WHAT TO DO AT THE
5 MOMENT. NO ONE KNEW HOW TO TURN THE MACHINE OFF
6 RIGHT THEN. THEY DIDN'T KNOW IF THEY COULD CUT THE
7 BALES, TAKE THE BOLTS OFF, OR WHAT. MY MAIN CONCERN
8 WAS HIM, AND I INSTRUCTED ONE OF THE MAINTENANCE
9 GUYS TO GO AND GET A -- WHAT WE HAVE IS A STEP-UP
10 STOOL -- SO HE COULD STAND UP ON IT TO TAKE THE
11 PRESSURE OFF HIS ARM THAT WAS FROM A -- ONE OF THE
12 METAL PLATES, 'CAUSE THE WAY HE WAS, HE WAS -- HIS
13 ARM WAS UP HIGH, TWISTED BACK BEHIND HIM, AND THE
14 PLATE WAS IN HIS ARMPIT AREA. THAT'S CLOSE TO A
15 PRESSURE POINT, I'M THINKING. SO THAT'S WHY, TRY TO
16 RELIEVE AS MUCH AS I COULD BY GETTING THAT STEPPING
17 STOOL FOR HIM TO STEP UP ON, AND I STOOD THERE WITH
18 HIM THE WHOLE TIME UNTIL THEY CAME UP WITH A
19 SOLUTION TO GET HIS ARM OUT.

20 Q. AND HOW LONG DO YOU THINK YOU STOOD THERE WITH HIM
21 BEFORE THEY GOT HIS ARM OUT?

22 A. I'M GONNA SAY AT LEAST ABOUT 20 TO 30 MINUTES.

23 Q. DURING THAT TIME DID YOU NOTICE ANYTHING THAT STRUCK
24 YOU ABOUT HIS BEHAVIOR?

25 A. WELL, I WAS -- I WOULD SAY, NO, THERE WAS NOTHING

1 ODD EXCEPT FOR I WAS JUST TALKING TO HIM, YOU KNOW,
2 TO KEEP HIM CALM BECAUSE EVERYBODY WAS JUST RUNNING
3 AROUND, AND I WAS LIKE, YOU KNOW, "IT'S GONNA BE
4 OKAY. WE'RE GONNA GET YOU OUT OF HERE," JUST SORT
5 OF ON THAT SAME LINE.

6 Q. DID HE APPEAR TO BE ALERT?

7 A. YES, HE WAS VERT ALERT.

8 Q. AND WAS HE SPEAKING AND ANSWERING QUESTIONS?

9 A. YEAH, EXCEPT FOR EVERY FEW OFTEN HE WOULD SCREAM OUT
10 'CAUSE OF THE PAIN WAS SO SEVERE.

11 Q. DID YOU SMELL ANY ALCOHOLIC BEVERAGE COMING FROM
12 HIM?

13 A. NO.

14 Q. DID YOU SEE ANY EVIDENCE THAT HE'D HAD ANYTHING TO
15 DRINK?

16 A. NO.

17 Q. DID YOU KNOW HE WAS DRINKING COUGH SYRUP THAT NIGHT?

18 A. I CAN'T SAY THAT I KNEW HE WAS DRINKING COUGH SYRUP,
19 BUT I KNEW THAT WE HAVE COUGH SYRUP IN THE BAG WHEN
20 WE DO HAVE A COLD. SOMETIMES I MAY PURCHASE IT.
21 SOMETIMES HE MAY PURCHASE IT. WE HAVE IT BECAUSE
22 WHEN YOU CATCH A COLD AND IT'S -- WHEN IT'S COLD
23 OUTSIDE, IT'S ABOUT TEN MORE DEGREES COLDER INSIDE
24 AT INNOVATIVE FIBERS. SO WHEN YOU CATCH A COLD,
25 YOU'VE GOT TO TAKE CARE OF THAT COLD, 'CAUSE WHEN

1 YOU GET OFF IN THE MORNING THE ONLY THING ON YOUR
2 MIND IS LET ME GET MY MEDICINE IN ME. I KNOW I'M
3 GOING TO SLEEP. LET ME GET A LITTLE BITE TO EAT,
4 AND I'M GOING TO SLEEP. AT 5:00 I'M WAKING UP.
5 LET'S DO THIS THING AGAIN. OUR THING WAS WE'RE NOT
6 TRYING TO MISS ANY TIME FROM WORK. WE'RE TRYING TO
7 BE THERE. WE'RE TEAM PLAYERS. PRODUCTION,
8 PRODUCTION, PRODUCTION; THAT'S WHAT WE'RE TRYING TO
9 DO.

10 Q. THE YEARS YOU'VE KNOWN CHRIS, HAVE YOU KNOWN HIM TO
11 BE A DRINKER, IF YOU UNDERSTAND THE TERM I USED?

12 A. COULD YOU BE MORE SPECIFIC?

13 Q. WELL, DOES HE USE ALCOHOL BEVERAGES?

14 A. SAY -- TO SAY ON A REGULAR BASIS OR A HEAVY DRINKER,
15 IS THAT THE TYPE OF QUESTION YOU'RE ASKING ME?

16 Q. DO YOU UNDERSTAND -- DO YOU HAVE A NOTION OF WHAT
17 THE TERM SOCIAL DRINKER MEANS?

18 A. YES.

19 Q. WOULD YOU DESCRIBE HIM AS A SOCIAL DRINKER?

20 A. A SOCIAL DRINKER ---

21 BY MR. KALE:

22 OBJECTION TO LEADING, YOUR HONOR.

23 BY THE COMMISSIONER:

24 SUSTAINED.

25 WITNESS ANSWERS:

1 A. A SOCIAL DRINKER -- YES, I WOULD ---

2 BY MR. KALE:

3 YOUR HONOR ---

4 BY THE COMMISSIONER:

5 IT'S SUSTAINED. SO, MR. PALMER, ASK HIM ---

6 BY MR. PALMER:

7 LET ME WITHDRAW THAT QUESTION.

8 BY THE COMMISSIONER:

9 THANK YOU. OKAY.

10 DIRECT EXAMINATION RESUMED BY MR. PALMER:

11 Q. HOW WOULD YOU DESCRIBE CHRIS' ALCOHOL CONSUMPTION,
12 IF YOU CAN?

13 A. I WOULD SAY EVERY SO OFTEN WHEN I -- WHEN I WAS
14 THERE. 'CAUSE IF I BROUGHT IT, WE HAD A DRINK.

15 Q. YOU MEAN IF YOU BROUGHT IT TO HIS HOUSE?

16 A. YES. IF I BROUGHT IT MYSELF, WE WOULD HAVE A DRINK.

17 Q. HAVE YOU EVER KNOWN HIM TO DRINK ON THE JOB?

18 A. NO.

19 Q. AND THAT DAY LEADING UP TO THAT SHIFT, DID YOU SEE
20 HIM DRINK ANYTHING WITH ALCOHOL IN IT?

21 A. NO.

22 BY MR. PALMER:

23 NO FURTHER QUESTIONS.

24 BY THE COMMISSIONER:

25 OKAY. MR. KALE?

CROSS EXAMINATION BY MR. KALE:

Q. YOU INDICATED THAT YOU REFERRED TO YOURSELF -- EACH OTHER AS BROTHERS; IS THAT CORRECT?

A. THAT'S A TRUE STATEMENT.

Q. OKAY. SO, DID THE PEOPLE AT THE PLANT ACTUALLY THINK YOU WERE BROTHERS?

A. THEY MAY HAVE.

Q. DID MR. LIPSCOMB TELL YOU THAT HE HAD DRANK SOME BRANDY THAT DAY?

A. I HAVE NO RECOLLECTION OF THAT. I DON'T THINK.

Q. SO HE DIDN'T TELL YOU THAT?

A. NO.

Q. OKAY. NOW, YOU DIDN'T SEE HIM, THEN, UNTIL 6:45 OR 7:00, SOMETHING AROUND THERE?

A. WHEN IT'S TIME TO GET UP AND GO TO WORK, THAT'S WHEN I SEEN HIM.

Q. SO YOU DON'T KNOW WHAT HE WAS DOING DURING THE DAY?

A. OF COURSE NOT.

Q. AND IF HE HAD HAD ANYTHING TO DRINK, YOU WOULDN'T KNOW THAT?

A. OF COURSE NOT 'CAUSE I WOULDN'T BE THERE.

Q. HOW LONG DID IT TAKE FOR YOU TO DRIVE FROM HIS HOUSE TO THE HOT SPOT?

A. FROM HIS HOUSE TO THE HOT SPOT? 15, 20 MINUTES.

Q. OKAY. SO, THEN IT WAS ANOTHER 15 MINUTES TO THE

1 PLANT?

2 A. NO. I SAID ABOUT A GOOD FIVE.

3 Q. FIVE MINUTES?

4 A. FIVE, SEVEN MINUTES.

5 Q. OKAY. SO THE HOT SPOT WAS VERY CLOSE TO THE PLANT?

6 A. YES.

7 Q. NOW, DURING THE TIME THAT YOU ALL WERE WORKING, MY
8 UNDERSTANDING IS YOU COULDN'T SEE WHAT HE WAS DOING
9 WHEN HE WAS DOING THE RE-BALING?

10 A. CORRECT.

11 **BY MR. KALE:**

12 THAT'S ALL THE QUESTIONS I HAVE.

13 **BY MR. PALMER:**

14 NO MORE QUESTIONS. NO MORE WITNESSES.

15 **BY THE COMMISSIONER:**

16 I HAVE A QUESTION. MR. HENDERSON, DO YOU --
17 ARE YOU FAMILIAR WITH THE MACHINE THAT MR. LIPSCOMB
18 WAS WORKING ON AT THE TIME OF THE INJURY?

19 **BY THE WITNESS:**

20 YES.

21 **EXAMINATION BY THE COMMISSIONER:**

22 Q. HAVE YOU EVER WORKED ON THAT MACHINE?

23 A. NO.

24 Q. OKAY. CAN YOU DESCRIBE IT FOR US?

25 A. AS FAR AS THE BALING PART OR THE CUTTER PART?

1 Q. REALLY WE'RE -- BECAUSE I THINK YOU TESTIFIED THAT
2 YOU WERE STANDING NEXT TO HIM WHILE YOU WERE WAITING
3 TO FIGURE OUT WHAT WAS GOING TO BE DONE AFTER HE WAS
4 INJURED.

5 A. RIGHT.

6 Q. CAN YOU DESCRIBE THE AREA WHERE YOU ALL WERE
7 STANDING?

8 A. THE AREA WHERE WE WERE STANDING AT IS RIGHT THERE AS
9 -- WHERE THE CONVEYOR BELT GOES UP, GOES UNDER A
10 ROLLER AND GOES UP. RIGHT THERE BETWEEN THAT AREA
11 YOU ARE ACTUALLY IN BETWEEN THE CUTTER AND THE BALER
12 ITSELF, 'CAUSE, I MEAN, YOU HAVE ACCESS TO -- YOU
13 KNOW, THERE'S NOTHING THERE. YOU HAVE ACCESS TO
14 STEP IN AND STEP OUT. BASICALLY THAT'S WHERE WE
15 WERE. TWO STEPS FROM WHERE HE WAS WHEN HIS ARM WAS
16 TANGLED UP, WE WAS NO MORE THAN TWO STEPS AWAY FROM
17 IT. BUT AS FAR AS THE MACHINE ITSELF, DO YOU WANT
18 ME TO EXPLAIN HOW THE MACHINE RUNS?

19 Q. NO. WELL, LET ME ASK YOU THIS. IF YOU HAD TO REACH
20 IN TO WIPE SOMETHING OFF NEAR THE ROLLERS, WOULD YOU
21 HAVE TO STAND UP ON YOUR TOES? WOULD YOU HAVE TO
22 CLIMB ON SOMETHING, OR COULD YOU JUST REACH FROM
23 STANDING?

24 A. YOU COULD JUST REACH FROM STANDING.

25 Q. OKAY. ALL RIGHT. HOW TALL ARE YOU?

1 A. SIX TWO.

2 Q. OKAY. SO, HOW FAR WOULD YOU SAY THAT AREA COMES?
3 LIKE IS IT SHOULDER LEVEL, HEAD LEVEL, BELOW
4 SHOULDER?

5 A. BETWEEN SHOULDER AND ELBOW LEVEL.

6 **BY THE COMMISSIONER:**

7 OKAY. ALL RIGHT. ANY QUESTIONS FOR THE
8 WITNESS IN RELATION TO WHAT I'VE ASKED?

9 **BY MR. PALMER:**

10 NONE FROM ME.

11 **BY THE COMMISSIONER:**

12 OKAY. MR. KALE?

13 **BY MR. KALE:**

14 LET ME ASK A QUESTION.

15 **RE CROSS EXAMINATION RESUMED BY MR. KALE:**

16 Q. WHAT WAS UNDERNEATH HIS ARM?

17 A. IT WAS A PIECE OF SHEET METAL THAT'S -- THAT'S A
18 PART OF THE MACHINE, SORT OF LIKE A ROUNDED ARCH TO
19 IT, CLOSE TO THE ROLLERS. OF COURSE, YOU KNOW, ON
20 ANY ROLLER YOU'VE GOT SOMETHING ON EACH SIDE OF IT.

21 Q. DID IT HAVE A WIRE GRID INSIDE THE PIECE?

22 A. I CAN'T SAY RIGHT NOW 'CAUSE IT'S BEEN A MINUTE --
23 IT'S BEEN A WHILE SINCE I'VE BEEN THERE, SO I CAN'T
24 REALLY SAY RIGHT NOW.

25 Q. BUT THAT METAL PIECE WAS RIGHT IN FRONT OF THE

1 ROLLERS?

2 A. YES, IT WAS ON THIS SIDE OF THE ROLLERS WHERE HE
3 WERE.

4 BY MR. KALE:

5 THAT'S ALL I HAVE.

6 BY THE COMMISSIONER:

7 ALL RIGHT. THANK YOU. MR. HENDERSON, YOU'RE
8 ACTUALLY EXCUSED, SO YOU CAN LEAVE IF YOU'D LIKE TO.

9 BY THE WITNESS:

10 THANK YOU.

11 BY THE COMMISSIONER:

12 THANK YOU. ALL RIGHT. MR. PALMER, DO YOU HAVE
13 ANY OTHER WITNESSES?

14 BY MR. PALMER:

15 NO OTHER WITNESSES, COMMISSIONER.

16 BY THE COMMISSIONER:

17 ALL RIGHT. MR. KALE, YOU MAY CALL YOUR FIRST
18 WITNESS.

19 BY MR. KALE:

20 WE CALL JOANNE MATTHIESEN.

21 BY THE COMMISSIONER:

22 OKAY. MS. MATTHIESEN, PLEASE HAVE A SEAT UP
23 HERE.

24 BY THE COURT REPORTER:

25 MA'AM, IF YOU WOULD RAISE YOUR RIGHT HAND,

1 PLEASE.

2 * * * * *

3 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
4 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
5 MATTER HEREIN:

6 JOANNE MATTHIESEN,

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

9 DIRECT EXAMINATION BY MR. KALE:

10 Q. GIVE US YOUR FULL NAME FOR THE RECORD.

11 A. JOANNE MATTHIESEN.

12 Q. AND BY WHOM ARE YOU EMPLOYED?

13 A. INNOVATIVE FIBERS.

14 Q. AND WHAT IS YOUR POSITION WITH INNOVATIVE FIBERS?

15 A. HUMAN RESOURCES MANAGER.

16 Q. AND JUST VERY BRIEFLY TELL US WHAT INNOVATIVE FIBERS
17 DOES. WHAT IS THEIR MANUFACTURED PRODUCT?

18 A. WE MANUFACTURE FIBER. WE BUY RAW MATERIAL,
19 PLASTICS. IT GOES THROUGH AN EXTRUSION PROCESS. IT
20 GETS MELTED, GOES THROUGH SPINNING, CREELING, DRAW
21 LINE, AND THEN INTO THE BALER.

22 Q. AND WHAT ARE SOME OF THE USES FOR THIS FIBER?

23 A. HOUSEHOLD FURNISHING, BMW BED LINERS, TRUCK LINERS
24 FOR THE BEDS, CLOROX TOILET WANDS. WE SELL TO OTHER
25 COMPANIES THAT THEN DO THEIR FINISHED PRODUCT. THEY

1 USE OUR FIBER TO FINISH THE GOODS.

2 Q. OKAY. NOW, AS THE HUMAN RESOURCE MANAGER DO YOU
3 HIRE AND FIRE EMPLOYEES AS PART OF YOUR JOB?

4 A. YES.

5 Q. AND ARE YOU IN CHARGE OF THE SUBSTANCE ABUSE
6 TESTING?

7 A. YES.

8 Q. AND WHAT TYPE OF TESTING DOES THE COMPANY PERFORM?

9 A. WE HAVE PRE-EMPLOYMENT/POST-OFFER, RANDOM,
10 REASONABLE SUSPICION, AND POST-ACCIDENT.

11 Q. AND DOES INNOVATIVE FIBER HAVE A SUBSTANCE ABUSE
12 POLICY?

13 A. YES.

14 Q. OKAY. LET ME SHOW YOU WHAT'S MARKED AS EXHIBIT ONE.

15 BY MR. KALE:

16 YOUR HONOR, THIS IS ATTACHED. DO I NEED TO
17 MARK THIS AS AN EXHIBIT FOR PURPOSES ---

18 BY THE COMMISSIONER:

19 NO. I HAVE IT AS PART OF THE APAs.

20 BY MR. KALE:

21 SO IT WILL BE ADMITTED AS AN EXHIBIT?

22 BY THE COMMISSIONER:

23 YES.

24 BY MR. KALE:

25 OKAY.

DIRECT EXAMINATION RESUMED BY MR. KALE:

Q. LET ME SHOW YOU EXHIBIT ONE. IS THAT INNOVATIVE
FIBERS' SUBSTANCE ABUSE ---

A. YES, SIR.

Q. --- POLICY STATEMENT?

A. YES, SIR.

Q. AND LET ME TURN TO PAGE FIVE OF THAT POLICY. WHAT
IS THAT PARAGRAPH CALLED?

A. THAT'S THE ALCOHOL ABUSE.

Q. AND DOES THE ALCOHOL ABUSE POLICY HAVE A PROVISION
AS TO BLOOD ALCOHOL LEVEL THAT EMPLOYEES, IF THEY
TEST THAT OR HIGHER, WOULD BE TERMINATED?

A. YES, SIR.

Q. WHAT IS THE PROVISION?

A. "... .04 OR HIGHER WHILE ON DUTY/COMPANY BUSINESS
SHALL BE GUILTY OF MISCONDUCT AND SHALL BE SUBJECT
TO DISCIPLINE UP TO AND INCLUDING TERMINATION."

Q. AND I'M GOING TO SHOW YOU EXHIBIT TWO, WHICH IS A
STATEMENT ABOUT ALCOHOL ABUSE. AND DID MR. LIPSCOMB
SIGN THAT ACKNOWLEDGING HE WAS AWARE OF THAT ALCOHOL
ABUSE POLICY?

A. YES, SIR.

Q. NOW I'M GOING TO SHOW YOU EXHIBIT THREE, WHICH IS
CALLED ACTIVE EMPLOYEE CERTIFICATE OF AGREEMENT.
AND DOES HE ACKNOWLEDGE THAT HE HAS READ AND

1 UNDERSTANDS THE INNOVATIVE FIBERS SUBSTANCE ABUSE
2 POLICY?

3 A. YES, SIR.

4 Q. AND HE AGREES TO TESTING?

5 A. YES, SIR.

6 Q. AND THAT'S HIS SIGNATURE DOWN AT THE BOTTOM?

7 A. YES, SIR.

8 Q. NOW, AS PART OF YOUR DUTIES AS HUMAN RESOURCES
9 MANAGER -- WELL, LET ME ASK ANOTHER QUESTION FIRST.
10 WAS MR. LIPSCOMB GIVEN A POST-ACCIDENT BLOOD ALCOHOL
11 TEST AT SPARTANBURG REGIONAL?

12 A. YES, SIR.

13 Q. AND DO YOU KNOW WHAT THE RESULTS OF THAT TESTING
14 WERE?

15 A. YES. I LATER LEARNED THAT THEY WERE POSITIVE.

16 Q. OKAY. AND DO YOU KNOW THE LEVEL?

17 A. NOT OFF THE TOP OF MY HEAD; NO, SIR.

18 Q. OKAY. LET ME SHOW YOU THEN. THIS IS PAGE 171 OF
19 THE APAs.

20 A. OKAY.

21 Q. DO YOU SEE WHERE IT GIVES THE AMOUNT?

22 A. POINT NINE SEVEN.

23 Q. NINETY-SEVEN?

24 A. IS THAT WHAT YOU MEAN THERE?

25 Q. YES. SO, .097, IF YOU PUT IT IN THAT NOMENCLATURE,

1 THAT WOULD EXCEED THE .04 LEVEL OF YOUR POLICY,
2 CORRECT?

3 A. YES, SIR.

4 Q. SO, WAS MR. LIPSCOMB TERMINATED AS A RESULT OF THE
5 ---

6 A. AS A RESULT; YES, SIR.

7 Q. AS A RESULT OF WHAT?

8 A. OF OUR POLICY, FAILING A POST-ACCIDENT DRUG -- OR
9 ALCOHOL TEST.

10 Q. EXCEEDING THE .04?

11 A. EXCEEDING THE .04.

12 **BY MR. KALE:**

13 THAT'S ALL THE QUESTIONS I HAVE, YOUR HONOR.

14 **BY THE COMMISSIONER:**

15 OKAY. MR. PALMER?

16 **CROSS EXAMINATION BY MR. PALMER:**

17 Q. NICE TO SEE YOU AGAIN, MA'AM.

18 A. YOU AS WELL.

19 Q. JUST A FEW QUESTIONS.

20 A. OKAY.

21 Q. I REMEMBER TAKING YOUR DEPOSITION WHEN WE MET AT
22 YOUR PLANT, AND I BELIEVE YOU TOLD ME THAT PART OF
23 YOUR DRUG POLICY, YOUR DRUG ALCOHOL POLICY AT
24 INNOVATIVE, IS TO CONDUCT TESTING, EITHER FOR DRUGS
25 OR ALCOHOL ---

1 A. YES, SIR.

2 Q. --- IN THE EVENT THERE'S -- I THINK YOU SAID, DIDN'T
3 YOU, THAT YOU DO IT RANDOMLY AND POST-ACCIDENT?

4 A. POST-ACCIDENT, POST-OFFER, RANDOM, AND REASONABLE
5 SUSPICION.

6 Q. OKAY. IS IT A FAIR STATEMENT THAT INNOVATIVE FIBERS
7 OR YOUR OFFICE HAD NOTHING TO DO WITH THE
8 SPARTANBURG REGIONAL TEST PURPORTEDLY PERFORMED ON
9 MR. LIPSCOMB'S BLOOD?

10 A. YES.

11 Q. I MEAN, THAT WASN'T ANYTHING YOU HAD DONE, IS IT?

12 A. NO. I MEAN, THEY CALLED ME FROM THE HOSPITAL AND
13 ASKED IF WE DO A POST-ACCIDENT DRUG SCREEN AND
14 ALCOHOL TEST, AND I SAID YES.

15 Q. NOW, WHEN YOU HAVE REASONABLE SUSPICION, POST-
16 ACCIDENT, OR RANDOM, AND I THINK YOU SAID ANOTHER
17 ONE, DO YOU HAVE THOSE TESTS DONE AT SPARTANBURG
18 REGIONAL?

19 A. NO, SIR.

20 Q. IS IT DONE WITH A PRIVATE FIRM THAT SPECIALIZES IN
21 TESTING?

22 A. IT'S DONE WITH MARY BLACK INDUSTRIAL HEALTH.

23 Q. OKAY. SO, THIS TEST THAT WAS DONE WHEN MR. LIPSCOMB
24 WAS IN THE HOSPITAL FOLLOWING HIS INJURY WASN'T
25 SOMETHING YOU ORDERED, WAS IT?

1 A. NO.

2 Q. OKAY. ARE YOU AWARE OF ANY OTHER TESTS -- AND WHEN
3 I SAY TESTS, EITHER DRUG OR ALCOHOL -- THAT HAVE
4 BEEN PERFORMED ON MR. LIPSCOMB EITHER BEFORE OR
5 AFTER THIS ACCIDENT AT YOUR REQUEST?

6 A. NO.

7 Q. SO AS FAR AS YOU RECOLLECT THERE'S NO RECORD OF HIM
8 BEING TESTED AT YOUR PLANT OR AT YOUR BEHEST, IF YOU
9 UNDERSTAND THE EXPRESSION?

10 A. IT WOULD BE POSSIBLY POST-OFFER/PRE-EMPLOYMENT
11 DEPENDING ON WHEN HE WAS HIRED.

12 Q. UNDERSTOOD. OKAY. SO, SINCE YOUR OFFICE, YOUR
13 COMPANY, HAD NOTHING TO DO WITH THE TESTING AT
14 SPARTANBURG REGIONAL, YOU DON'T HAVE ANY IDEA OF
15 WHAT THE TEST PROCEDURE CONSISTED OF?

16 A. NO, SIR.

17 Q. OKAY. AND CERTAINLY YOU DON'T HAVE ANY TRAINING IN
18 TOXICOLOGY OR PHARMACOLOGY?

19 A. NO, SIR.

20 Q. NOW, I BELIEVE YOU TESTIFIED THAT THE NIGHT OF THIS
21 ACCIDENT YOU WERE NOT AT THE PLANT, BUT YOU GOT
22 CALLED IN. IS THAT A FAIR STATEMENT?

23 A. YES.

24 Q. HOW LONG BEFORE -- AFTER YOU GOT CALLED IN DID IT
25 TAKE YOU TO GET TO THE PLANT?

1 A. I WOULD SAY WITHIN FIVE TO TEN MINUTES. I LIVE LESS
2 THAN A MILE FROM THE PLANT.

3 Q. OKAY. AND WHEN YOU GOT THERE WAS MR. LIPSCOMB STILL
4 THERE?

5 A. YES.

6 Q. AND WAS HE BEING WORKED ON BY THE EMS ATTENDANTS?

7 A. EMS HAD JUST ARRIVED, YES.

8 Q. OKAY. AND DO YOU REMEMBER ME ASKING YOU AT YOUR
9 DEPOSITION WHAT STATE DID HE APPEAR TO BE IN?

10 A. I DON'T RECALL YOU ASKING ME.

11 Q. OKAY. I'M GOING TO ASK YOU TO TAKE A LOOK AT YOUR
12 DEPOSITION TRANSCRIPT, AND I'M GOING TO HAND THE
13 ORIGINAL UP TO THE COMMISSIONER.

14 **BY MR. PALMER:**

15 DO YOU MIND IF I ASK A COUPLE QUESTIONS WHILE

16 ---

17 **BY THE COMMISSIONER:**

18 SURE, SURE.

19 **CROSS EXAMINATION RESUMED BY MR. PALMER:**

20 Q. MS. MATTHIESEN, YOU STATED AT THE DEPOSITION, IF YOU
21 RECALL, THAT IT WAS PROTOCOL FOR YOU TO GO TO THE
22 PLANT IN THE EVENT ONE OF YOUR EMPLOYEES GOT
23 INJURED?

24 A. YES.

25 Q. OKAY. AND YOU CONSIDERED IT PROTOCOL WHEN YOU

1 SHOWED UP FOR MR. LIPSCOMB?

2 A. YES.

3 Q. OKAY. I'M GOING TO SHOW YOU THE DEPOSITION
4 TRANSCRIPT. I'M GOING TO REFER YOU TO -- IT'S PAGE
5 14, AND I'M GOING TO START WITH LINE 15, AND I'M
6 GOING TO ASK YOU -- IF I CAN COME AROUND HERE -- MY
7 QUESTION WAS, "AND SO WHEN YOU ARRIVED AT THE PLANT
8 WHAT DID YOU FIND?" AND YOUR ANSWER WAS?

9 A. "MR. LIPSCOMB WAS SITTING IN A CHAIR. I ARRIVED AT
10 THE SAME TIME THE AMBULANCE DID. MR. LIPSCOMB WAS
11 SITTING IN A CHAIR, AND HIS ARM WAS WRAPPED, AND THE
12 PARAMEDICS WERE SURROUNDING HIM."

13 Q. AND THEN MY QUESTION WAS, "OKAY." WELL, THAT'S NOT
14 A QUESTION. BUT THEN THE QUESTION WAS, "WHAT STATE
15 DID HE APPEAR TO BE IN?"

16 A. "HE WAS CALM, AND HE WAS AWAKE AND ALERT."

17 Q. OKAY. THANK YOU. OH, SORRY.

18 A. THAT'S OKAY.

19 Q. I DON'T HAVE THAT MANY MORE QUESTIONS. YOU DID SAY
20 LATER IN YOUR -- IF YOU RECALL, IN YOUR TESTIMONY
21 THAT YOU HAD DONE ABOUT A HALF A DOZEN ACCIDENT
22 INVESTIGATIONS?

23 A. YES.

24 Q. AND THEN I ASKED YOU WHAT YOU DID AS PART OF YOUR
25 ACCIDENT INVESTIGATION. AND DO YOU REMEMBER WHAT

1 YOU TOLD ME, OR DO YOU REMEMBER WHAT YOU DO?

2 A. WHAT WE -- WHAT WE NORMALLY DO IN OUR PROCEDURE,
3 IT'S A GROUP OF PEOPLE. WE GET TOGETHER. WE
4 EVALUATE THE MACHINE, THE EQUIPMENT, WHAT THE PERSON
5 WAS DOING AT THE TIME OF THE ACCIDENT.

6 Q. OKAY. AND THEN I ASKED YOU WHEN YOU FINISHED YOUR
7 ACCIDENT INVESTIGATION DID YOU REACH ANY KIND OF
8 CONCLUSION ABOUT WHAT HAPPENED. DO YOU REMEMBER
9 WHAT YOUR ANSWER WAS?

10 A. I DON'T REMEMBER EXACTLY WHAT ---

11 Q. OKAY. I'M GOING TO SHOW YOU ---

12 A. --- MY ANSWER WAS. NO, SIR.

13 Q. OKAY. WAY DOWN AT THE BOTTOM OF PAGE 15, AT LINE
14 25, AND THEN WE'RE GOING TO GO OVER TO PAGE 26. SO
15 I ALREADY POSED THE QUESTION. YOUR ANSWER WOULD
16 HAVE BEEN ---

17 A. "YES."

18 Q. --- YES? AND THEN MY FOLLOW-UP WAS, "WHAT WAS
19 THAT?"

20 A. "WE CONCLUDED THAT MR. LIPSCOMB BYPASSED SAFETY
21 PROCEDURE BY STANDING ON THE SIDE OF THE BALE
22 MACHINE AND REACHING INTO A MOVING MACHINE, REACHING
23 HIS HAND INTO A MOVING MACHINE."

24 Q. OKAY. THANK YOU. NOW I'M GOING TO SKIP AHEAD A
25 LITTLE BIT, AND I'M GOING TO ASK YOU, ON PAGE 17 --

1 WELL, I'LL JUST ASK YOU. YOU PROBABLY REMEMBER
2 THIS. DID YOU INTERVIEW MR. LIPSCOMB AS PART OF
3 YOUR ACCIDENT INVESTIGATION?

4 A. DID I SPEAK WITH HIM THAT NIGHT; IS THAT WHAT YOU
5 MEAN?

6 Q. WELL, I DIDN'T REALLY SPECIFY. I JUST SAID DID YOU
7 INTERVIEW HIM AS PART OF YOUR INVESTIGATION. YOUR
8 ANSWER, ON LINE 15 OF PAGE 17?

9 A. WAS, "NO, WE DIDN'T HAVE ANY FORMAL INTERACTION."

10 Q. OF COURSE, HE WAS IN THE HOSPITAL; SO...

11 A. YES.

12 Q. AND I BELIEVE YOU SAID THAT YOU WENT AND VISITED HIM
13 AT SOME POINT?

14 A. I DID, ABSOLUTELY.

15 Q. OKAY. AND THEN FINALLY, MY QUESTION ON PAGE 18,
16 BEGINNING WITH LINE 11, I ASKED YOU, AFTER I
17 MUTTERED A FEW THINGS, "EITHER THE DAY OR THE NIGHT
18 THIS HAPPENED, WHEN YOU WERE CALLED IN OR SUBSEQUENT
19 TO THAT, DID YOU ENCOUNTER ANY INFORMATION THAT
20 WOULD LEAD YOU TO BELIEVE THAT MR. LIPSCOMB MAY HAVE
21 BEEN UNDER THE INFLUENCE OF ALCOHOL THAT NIGHT?"
22 AND YOUR ANSWER, ON LINE 16, WAS?

23 A. "PERSONALLY, NO."

24 Q. OKAY. NOW, I THINK I'M DONE WITH THE TRANSCRIPT,
25 BUT LET ME ASK YOU, SUBSEQUENTLY MR. LIPSCOMB WAS

1 TERMINATED. HE WAS SENT A LETTER, I BELIEVE, ---

2 A. YES.

3 Q. --- SOMETIME IN MAY OF 2014. AND THE REASON CITED
4 WAS THAT HE TESTED POSITIVE, I THINK THE LETTER
5 SAID. WAS THAT LETTER WRITTEN ON THE BASIS OF
6 ANYTHING THAT YOUR INVESTIGATION REVEALED OTHER THAN
7 THE SPARTANBURG REGIONAL BLOOD ALCOHOL TEST?

8 A. THAT INFORMATION WAS RECEIVED BY -- WAS GIVEN TO ME
9 BY OUR INSURANCE COMPANY AS THE RESULT OF HIS BLOOD
10 ALCOHOL TEST.

11 Q. NOW, THE INFORMATION YOU'RE REFERRING TO IS THE
12 SPARTANBURG REGIONAL TEST RESULT?

13 A. YES.

14 Q. IS THAT WHAT YOU'RE SAYING?

15 A. YES.

16 Q. SO, IS IT A FAIR STATEMENT THAT THAT WAS THE SOLE
17 REASON HE WAS TERMINATED, THAT TEST RESULT?

18 A. YES.

19 Q. OKAY. THANK YOU.

20 A. YOU'RE WELCOME.

21 BY MR. PALMER:

22 NO FURTHER QUESTIONS.

23 BY THE COMMISSIONER:

24 OKAY. MR. KALE, ANY REDIRECT?

25 REDIRECT EXAMINATION BY MR. KALE:

1 Q. MS. MATTHIESEN, WHEN YOU RECEIVED THE CALL THAT YOU
2 TOLD MR. PALMER ABOUT FROM SPARTANBURG REGIONAL,
3 WHAT DID THEY INDICATE IN THAT CONVERSATION?

4 A. WHEN THEY CALLED ME ---

5 BY MR. PALMER:

6 YOUR HONOR, ---

7 BY MR. KALE:

8 HE OPENED THE DOOR, YOUR HONOR.

9 BY MR. PALMER:

10 --- OBJECTION.

11 BY MR. KALE:

12 HE OPENED THE DOOR.

13 BY THE COMMISSIONER:

14 WELL, WHAT'S THE OBJECTION?

15 BY MR. PALMER:

16 HOW DID I OPEN THE DOOR? IT'S HEARSAY.

17 BY THE COMMISSIONER:

18 OKAY.

19 BY MR. KALE:

20 HE OPENED THE DOOR BY ASKING IF SHE RECEIVED
21 ANY CALL FROM SPARTANBURG REGIONAL.

22 BY MR. PALMER:

23 I DON'T BELIEVE I ASKED THAT.

24 BY MR. KALE:

25 YES, HE DID.

1 BY THE COMMISSIONER:

2 HE DIDN'T ASK IT. THAT WAS HER -- IN HER
3 TESTIMONY, THAT SHE RECEIVED A CALL FROM SPARTANBURG
4 ABOUT THE DRUG TESTING, AND THEN HE ASKED HER
5 WHETHER SHE DIRECTED -- WHETHER SHE ORDERED A DRUG
6 TEST, AND SHE SAID NO. NOW, CAN YOU REPEAT YOUR
7 QUESTION?

8 BY MR. KALE:

9 OKAY.

10 REDIRECT EXAMINATION RESUMED BY MR. KALE:

11 Q. DID THEY INDICATE IN THE CONVERSATION THAT THEY
12 SMELLED ALCOHOL ON HIS BREATH?

13 A. YES, THE NURSE THAT CALLED ME THAT NIGHT.

14 Q. OKAY. AND AS A RESULT OF THAT, THEY WERE ASKING IF
15 YOU DID POST-ACCIDENT DRUG TESTING?

16 A. YES, SIR.

17 BY THE COMMISSIONER:

18 JUST SO -- FOR THE RECORD, NOW THAT YOU'VE
19 ASKED THE FOLLOW-UP QUESTIONS I'M GOING TO OVERRULE
20 THE OBJECTION.

21 REDIRECT EXAMINATION RESUMED BY MR. KALE:

22 Q. AND AS A RESULT OF THAT -- WELL, LET ME ASK YOU
23 THIS. DID YOU TELL THEM TO GO AHEAD AND DO IT, OR
24 DID THEY DECIDE TO GO AHEAD AND DO IT ON THEIR OWN?

25 A. AM I ALLOWED TO SPEAK TO THE CONVERSATION THAT HER

1 AND I HAD?

2 BY MR. PALMER:

3 I'LL RENEW MY OBJECTION.

4 BY MR. KALE:

5 HE HAS MADE A POINT, YOUR HONOR, ABOUT THE FACT
6 THAT INNOVATIVE FIBERS DIDN'T HAVE ANYTHING TO DO
7 WITH SPARTANBURG REGIONAL TESTING, AND I THINK THIS
8 EVIDENCE GOES TO THAT.

9 BY THE COMMISSIONER:

10 BUT I THINK WE CAN GET THE EVIDENCE WITHOUT
11 NECESSARILY GETTING ALL OF THE DETAILED HEARSAY
12 CONVERSATION. THE QUESTION IS WHETHER THE COMPANY
13 DIRECTED THE TEST OR NOT, AND IT WAS MY
14 UNDERSTANDING ON THE DIRECT -- OR, THE CROSS
15 EXAMINATION THAT THEY DID NOT. SO ---

16 BY MR. KALE:

17 ON THE DIRECT EXAMINATION?

18 BY THE COMMISSIONER:

19 CORRECT.

20 REDIRECT EXAMINATION RESUMED BY MR. KALE:

21 Q. MY QUESTION IS, DID YOU AT ANY POINT ---

22 BY MR. KALE:

23 AND I'M CLARIFYING HER TESTIMONY.

24 REDIRECT EXAMINATION RESUMED BY MR. KALE:

25 Q. DID YOU AT ANY POINT TELL THEM TO GO AHEAD AND DO

1 THE TESTING?

2 A. YES.

3 BY MR. KALE:

4 THAT'S ALL THE QUESTIONS I HAVE.

5 BY THE COMMISSIONER:

6 MR. PALMER?

7 BY MR. PALMER:

8 NOTHING FURTHER.

9 BY THE COMMISSIONER:

10 OKAY. ALL RIGHT. YOU ARE EXCUSED. THANK YOU.

11 BY THE WITNESS:

12 THANK YOU.

13 BY THE COMMISSIONER:

14 ALL RIGHT. ANY OTHER WITNESSES ON BEHALF OF
15 THE DEFENDANTS?

16 BY MR. KALE:

17 NONE FROM THE DEFENDANT, YOUR HONOR.

18 BY THE COMMISSIONER:

19 OKAY. I BELIEVE THAT CONCLUDES THIS MATTER.

20 THANK YOU VERY MUCH.

21 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS

22 CONCLUDED AT THE HOUR OF 1:20 P.M.)

1 JAMES LIPSCOMB, being duly sworn, testified as
2 follows:

3 EXAMINATION

4 BY MR. KALE:

5 Q. Mr. Lipscomb, give me your full name for the
6 record.

7 A. James Christopher Lipscomb.

8 Q. Christopher is your middle name?

9 A. Yes, sir.

10 Q. Why have I got T.?

11 Is there no T.? It's James C.?

12 A. Yeah.

13 Q. Where do you presently live?

14 A. 170 Irby Court, Greer, South Carolina.

15 Q. And how long have you lived at that address?

16 A. About a year now.

17 Q. Where did you live before that?

18 A. 713 Amy Gray Street.

19 Q. Was that in Spartanburg also?

20 A. Greer.

21 Q. Are you married?

22 A. Yes.

23 Q. What is your wife's name?

24 A. Kirsten Renee Johnson.

25 Q. K-I-R-S-T-E-N?

1 A. Yes, sir.

2 Q. And you said Renee?

3 A. Right.

4 Q. And how long have y'all been married?

5 A. 13 -- maybe 13-plus. We separated now. Well,
6 not legally.

7 Q. You're not living together?

8 A. Right.

9 Q. Any children?

10 A. No.

11 Q. You never had any children at all?

12 A. (Witness shakes head.)

13 Q. Give me a no if you would:

14 A. No.

15 Q. What is your age?

16 A. 44.

17 Q. And your date of birth?

18 A. 12/2/69.

19 Q. Okay. And your Social Security number?

20 A. 251-61-0801.

21 Q. And your driver's license number?

22 A. I used to know it by heart. 8943415.

23 Q. How far did you get in school?

24 A. Graduated, 12th.

25 Q. High school?

- 1 A. Yes.
- 2 Q. Where did you attend?
- 3 A. James F. Byrnes High School.
- 4 Q. What year did you graduate?
- 5 A. '88.
- 6 Q. And any college or tech school after that?
- 7 A. I went to RD Anderson while I was in school.
- 8 Q. And what is RD Anderson?
- 9 A. It's a trade school.
- 10 Q. And were you training for a particular --
- 11 A. Brick masonry.
- 12 Q. Any tech school after that?
- 13 A. No, sir.
- 14 Q. I got your date of hire at Stein Fibers to be
- 15 April 30th of 2013.
- 16 Does that sound correct?
- 17 A. Uh-huh. Yes, sir.
- 18 Q. Prior to Stein Fibers, where did you work?
- 19 A. Leigh Fibers.
- 20 Q. Pardon me?
- 21 A. Leigh Fibers.
- 22 Q. How long did you work at Leigh Fibers?
- 23 A. Guesstimation, roughly probably about seven
- 24 months.
- 25 Q. Okay. And what did you do at Leigh Fibers?

1 A. Bailer.

2 Q. And what was your reason for leaving that job?

3 A. My brother, he got laid off, and he was my
4 ride. I didn't have a way back and forth to
5 work.

6 Q. And prior to Leigh Fibers, where did you work?

7 A. It's hard to remember all this. I think I
8 worked at Fed Ex.

9 Q. And what did you do at Fed Ex?

10 A. Take the package off the conveyor belt and
11 stack them in numerical order for the drivers
12 to put on trucks.

13 Q. Okay. How long did you work at Fed Ex?

14 A. It was seasonal. It wasn't that long. It was
15 just seasonal.

16 Q. Okay. And prior to Fed Ex, where did you work?

17 A. Syncreon.

18 Q. Can you spell that for me?

19 A. No, sir. It's really weird.

20 Q. Syncreon?

21 A. It's Syncreon, S-E-C-E-R-O-N, something like
22 that.

23 Q. What kind of company was that? What did they
24 do?

25 A. BMW parts manufacturer. It's all BMW parts

1 basically.

2 Q. Where was it located?

3 A. It was in Duncan, South Carolina.

4 Q. What was your job there?

5 A. Forklift operator.

6 Q. And what years did you work at Syncreon?

7 A. 2009 and '10, I guess. That's a guesstimation.

8 Q. Were you out of work between 2010 and when you
9 started with Syncreon?

10 A. Yes.

11 Q. I mean, with Fed Ex?

12 A. I was out of work for a little while before I
13 got Syncreon.

14 Q. Were you out of work between Syncreon --

15 A. Then I got laid off at Syncreon. Then one of
16 my friends got me the job at Fed Ex.

17 Q. During when you were laid off at Syncreon, did
18 you draw unemployment compensation?

19 A. Yes.

20 Q. Prior to Syncreon, where did you work?

21 A. All that's a blank right now. I don't know.

22 Q. Okay. Have you ever had any long-term
23 employment?

24 A. Greenville Finishing.

25 Q. Greenville Finishing?

1 A. Yes.

2 Q. What did you do at Greenville Finishing?

3 A. I was a chemical spec and machine operator,
4 forklift.

5 Q. Chemical spec?

6 A. Specialist.

7 Q. Chemical specialist and forklift --

8 A. Machine operator.

9 Q. Machine and forklift?

10 A. Yes.

11 Q. How long did you work for Greenville Finishing?

12 A. About seven, eight years. Something like that.

13 Q. And what years were you working there?

14 A. I don't remember my dates too well.

15 Q. Was it in the 1990's, the 1980's?

16 A. No, it wasn't no '80s. It had to be '90s,
17 2000, something like that.

18 Q. What was your reason for leaving Greenville
19 Finishing?

20 A. The company shut down.

21 Q. Any other employments that you can recall?

22 A. I worked at BMW for awhile.

23 Q. Okay. Did you work actually for BMW or
24 temporary?

25 A. Worked temporary.

1 Q. Which temporary did you work through?

2 A. Staff Masters, I think.

3 Q. And what did you do at BMW?

4 A. Well, I worked for them different times. One
5 time I worked at the sequence center. I was
6 forklift operator there.

7 Q. How long was that time that you worked for
8 them?

9 A. It's been a long time ago, sir.

10 Q. Was it months or was it years?

11 A. It was close to a year.

12 Q. How many times did you work at BMW?

13 A. Twice, if I'm not mistaken.

14 Q. And what was the reason you left Staff Masters?

15 A. It was temporary. Like when the job ends,
16 they'll find you another one or -- well, in my
17 case with BMW, they requested for me to come
18 back on the job, so I did. They liked my work.

19 Q. Any other employments?

20 A. Tindall Concrete.

21 Q. Tindall?

22 A. Yes.

23 Q. Where is that located?

24 A. Spartanburg, South Carolina. Well, actually
25 Fairforest.

1 Q. And what did you do for Tindall Concrete?

2 A. I worked on a bed. Laborer.

3 Q. What does that mean --

4 A. Laborer.

5 Q. You said worked on the bed?

6 A. Yeah. Our bed was called 360. It was the
7 biggest bed that was out there. Made the
8 slabs.

9 Q. This was precast-type concrete things?

10 A. Uh-huh.

11 Q. Okay. Is that a yes?

12 A. Yes, sir.

13 Q. How long did you work for Tindall?

14 A. Four or five years.

15 Q. Who is your family doctor?

16 Before I go into that, let me ask you this.

17 What was your job at Stein Fibers?

18 A. I started off as a creeler.

19 Q. Creeler?

20 A. Yes.

21 Q. Tell me what you do in that job.

22 A. Material comes down, it pushes it out to us.

23 It's fiber, and we just tie it in -- we stitch
24 it in so it keep running to make the bails, the
25 finished product at the front of the machine.

1 Q. What does Stein Fibers make?

2 A. It's the fiber that goes up in the hood of your
3 cars. It's make for a lot of different stuff.
4 That's just one of them. They make Brillo
5 pads. It's used for a lot of different stuff.

6 Q. How long were you a creeler?

7 A. Roughly eight, nine months.

8 Q. Okay. And then what did you become?

9 A. Bailer.

10 Q. And was that the job that you were injured on?

11 A. Yes, sir.

12 Q. How long had you been doing the bailer job?

13 A. I was doing that for a little over a year.

14 Q. What was your work hours?

15 A. From eight to eight.

16 Q. Eight p.m. to eight a.m.?

17 A. Eight a.m., yes.

18 Q. Eight P to eight A?

19 A. Yes, sir.

20 Q. And was that Monday through Friday or was that

21 --

22 A. We worked -- say, we worked Monday and Tuesday,
23 we off Wednesday and Thursday, and then work
24 Friday, Saturday, Sunday. The next week would
25 be just the opposite.

1 Q. So the next week you would only work Wednesday
2 and Thursday?

3 A. No.

4 Q. Because you said work Monday, Tuesday, then
5 you're off Wednesday and Thursday, then you
6 said you work Friday, Saturday, Sunday?

7 A. Right. Then the next week would be just the
8 opposite of that.

9 Q. So that would be you would work Wednesday and
10 Thursday?

11 A. We would work -- the next week we off that
12 weekend, so it was just the opposite.

13 Q. So the first week you worked Monday, Tuesday,
14 then were you off Wednesday, Thursday and
15 Friday?

16 A. Wednesday and Thursday.

17 Q. So then you worked Friday, Saturday and Sunday?

18 A. Yes. Get off Monday morning.

19 Q. So the next week you were off Monday and
20 Tuesday?

21 A. Yes.

22 Q. You worked Wednesday, Thursday?

23 A. And then off.

24 Q. And then off for the rest of the week?

25 A. Right.

1 Q. So how many hours did you work for that
2 two-week period? Was that an 80-hour --

3 A. No. We got paid every week. One week we get
4 48 and one week we get 36. They take out for
5 our breaks, of course.

6 Q. Tell me what a bailer does.

7 A. Well, we come in, we get our paperwork. We log
8 all the weights, the times that the bail come
9 off. Have to do your crimp test on the
10 material.

11 Q. What is a crimp test?

12 A. When you -- you have to stretch out and count
13 the points on the material and make sure they
14 coincide with what's on the paperwork.

15 Q. What's a point?

16 A. The points on the material. When you stretch
17 it out, you count the points. Like, say, you
18 got to check the length, and if it's in between
19 a seven or eight, five or six, you just have to
20 know, have to see it to --

21 Q. Aren't these fibers?

22 A. Yeah.

23 Q. It's not cloth, is it?

24 A. No.

25 Q. It's strings of fiber?

1 A. Yes. But it turns into something different.

2 It's a process.

3 Q. So when you're counting, are you counting the
4 end product after it's been turned into
5 something or is this the raw material?

6 A. Yes, the finished material. And you've got to
7 pick up straps --

8 Q. What kind of --

9 A. -- plastic straps that we have to use to band
10 up the bails.

11 Q. Okay. So run me through the process as the
12 fiber goes through the machine and tell me what
13 you're doing.

14 A. Well, I get the finished product. I'm the end
15 man.

16 Q. So you get the finished bail?

17 A. I'm the last one to touch it, to see it.

18 Q. Okay. So when it comes to you, it's a bail?

19 A. It's a bail after I make it, yes.

20 Q. And you make it by putting the straps around?

21 A. No. My cutter -- it's a two-man operation.

22 I'm the bailer. He the cutter. He holds the
23 material, run it in until we get full up. Then
24 the bail machine comes up, we put the sheets
25 over it and put the straps in. I run the gun,

1 six straps. Hit the button, it pops out. It's
2 already on -- it flips out onto a scale. I go
3 to my computer, I put the weight in and the
4 time, so that completes a bail.

5 Q. Okay. During the time that it's running before
6 there is a finished bail, what do you do?

7 A. I'm getting straps, making sheets, stacking
8 them, because the bailer does all that.

9 Q. When you say, sheets, what kind of sheets are
10 you getting?

11 A. It's plastic sheets that we cover the bail so
12 don't get no contaminants in.

13 Q. So do you do anything directly with the bailing
14 machine?

15 A. I don't understand.

16 Q. Okay. The machine that you were working on,
17 isn't that called a bailer?

18 A. Yeah. Well, what I do was considered a bailer.
19 I had to operate the -- when the finished
20 cycle, when the machine comes up, I had to hit
21 the button to make the bail come out, to put
22 the bag on, one on the bottom, one on the top,
23 hit the button --

24 Q. While it's running through the bailer, you're
25 not doing anything directly with the bailer?

1 A. No. While it's running, I'm getting sheets,
2 making sheets, getting straps, go through the
3 crimp test, because you have to have all that
4 done.

5 Q. But you're not doing anything with the running
6 of the bailing machine itself?

7 A. No, no.

8 Q. Okay.

9 A. That's the front side man.

10 Q. And did you work with the same person every day
11 or did it change?

12 A. I had seven different partners.

13 Q. During the time you were there you mean?

14 A. (Witness nods head.)

15 Q. Who was the partner at the time that you were
16 injured?

17 A. Tai.

18 Q. His name is Tai?

19 A. Yes.

20 Q. Do you know his last name?

21 A. I can't remember now.

22 Q. And he's the cutter?

23 A. His name was Taiwan actually.

24 Q. And his last name was what?

25 A. I don't remember.

1 Q. Oh, you don't remember that. And he's the
2 cutter?

3 A. Yes.

4 Q. Who is your family doctor?

5 A. Don't have one.

6 Q. Where do you go when you get ill?

7 A. Emergency room.

8 Q. Where?

9 A. Spartanburg.

10 Q. Spartanburg Regional?

11 A. Yes.

12 Q. Have you ever been -- other than for this
13 accident, I'm going to go into the details
14 about this accident later, but otherwise, have
15 you ever been hospitalized for any type of
16 medical problem?

17 A. Yes.

18 Q. Tell me what.

19 A. What's it called --

20 Q. Describe what the problem is.

21 A. It's when your testicles swell up real big.

22 Q. And you were put in the hospital for that?

23 A. Twice.

24 Q. And did you have any type of surgery?

25 A. Yes.

1 Q. Do you know who did the surgery?

2 A. It's been awhile. No, I can't remember.

3 Q. When was this?

4 A. It's been a couple of years ago.

5 Q. So it would have been in the early 2000's?

6 A. It happened while I was working out there, too.

7 Q. It happened while you were at Stein Fibers?

8 A. It's just I told them I didn't want to get cut
9 no more.

10 Q. So that would have been in 2013?

11 A. Somewhere around there.

12 Q. And the hospitalization, was that Spartanburg
13 Regional?

14 A. (Witness nods head.)

15 Q. Is that a yes?

16 A. Yes, sir.

17 Q. Okay. Any other hospitalizations?

18 A. No.

19 Q. Have you ever had any outpatient surgery,
20 hospital outpatient surgery?

21 A. No, not that I recall.

22 Q. Other than for this injury, have you ever been
23 under the care of a medical specialist? When I
24 say, medical specialist, I mean somebody other
25 than a family doctor, like an orthopedic

- 1 surgeon or a neurosurgeon or something of that
2 nature.
- 3 A. No, sir.
- 4 Q. Have you ever been treated by a chiropractor?
- 5 A. No, sir.
- 6 Q. Other than this workers' compensation claim,
7 have you ever had any other workers' comp
8 claims?
- 9 A. No, sir.
- 10 Q. Have you ever had a motor vehicle accident?
- 11 A. Yes, sir.
- 12 Q. Okay. When was that?
- 13 A. Back in maybe '91, '92, '93. Something like
14 that.
- 15 Q. And tell me what happened.
- 16 A. I was working -- worked a 17-hour day, came
17 home, fell asleep at the wheel, hit a ditch.
- 18 Q. One-car --
- 19 A. Just mine.
- 20 Q. -- accident?
- 21 A. Yes.
- 22 Q. Did you have any injuries?
- 23 A. No.
- 24 Q. Did you go to the emergency room?
- 25 A. No.

1 Q. Did you go to a medical doctor?

2 A. No.

3 Q. So no medical treatment whatsoever?

4 A. No.

5 Q. Any other motor vehicle accident?

6 A. I hydroplaned one time.

7 Q. Was that again a one-car accident?

8 A. Yeah. Just mine, yes.

9 Q. And what year was that?

10 A. Maybe '91.

11 Q. And did you go to the emergency room?

12 A. No.

13 Q. Did you go to a medical doctor?

14 A. No.

15 Q. Did you have any injuries?

16 A. No.

17 Q. Any other motor vehicle accident?

18 A. (Witness shakes head.)

19 Q. Did you ever have any other type of accidental
20 injury playing sports in school?

21 A. Yes.

22 Q. Tell me what kind of injury.

23 A. Both ankles, right and left.

24 Q. Okay. And what sport were you playing?

25 A. I was playing football in the back yard and

1 broke my ankle, and the other one I did on a
2 skateboard.

3 Q. Which ankle was it you broke playing football
4 in the back yard?

5 A. My left.

6 Q. And then you broke your right ankle on a
7 skateboard?

8 A. Yeah.

9 Q. Where did you get treatment for that?

10 A. I think it was Allen Bennett at the time.

11 Q. How many years ago was that?

12 A. I was a kid then.

13 Q. Any other accidental injuries, slips and falls,
14 working around the house, anything like that?

15 A. No, sir.

16 Q. Did you serve in the military?

17 A. No, sir.

18 Q. Have you ever been convicted of a crime?

19 A. No, sir.

20 Q. Have you ever been convicted of DUI?

21 A. Yes, sir.

22 Q. Tell me when.

23 A. I can't remember all these dates.

24 Q. How many times have you been convicted of DUI?

25 A. One.

1 Q. One time?

2 A. Yes, sir, one time.

3 Q. And did you pay a fine?

4 A. Yes.

5 Q. Any other traffic offenses?

6 A. No, sir.

7 Q. Any other criminal convictions?

8 A. No, sir.

9 Q. Prior to March 20th of 2014, which is the date
10 that you had your accident, had you ever had
11 any problems with your right hand or your right
12 arm?

13 A. No. Just the palm because I worked the gun.

14 Q. Okay. What kind of problem did you have with
15 your palm?

16 A. It's the gun. It's the thing that melts the
17 two plastic bands together. 12 hours doing the
18 same thing.

19 Q. Did you seek any medical attention?

20 A. It just gets sore. Everybody went through that
21 who worked that side.

22 Q. Did you ever have any treatment for your right
23 hand or your right arm prior to March 20th of
24 2014?

25 A. No.

1 Q. Had you ever injured your right hand or arm
2 prior to March 20th of 2014?

3 A. No.

4 Q. So let's talk about this injury that you had on
5 -- I have the date of it is March 20, 2014.

6 A. Right.

7 Q. Is that the correct date?

8 A. Yes.

9 Q. Do you know what day of the week it was?

10 A. Wednesday, Thursday.

11 Q. And what time of the shift was it?

12 A. I think I was there less than an hour. I would
13 say maybe 45 minutes after I got there. It was
14 about 8:45.

15 Q. And you worked starting at eight p.m. on one
16 day and then finished up at eight a.m. the next
17 day?

18 A. Yes, sir.

19 Q. So was this at the start of the shift on
20 Wednesday or start of a shift on Thursday?

21 A. It was the date -- the 20th, I don't really
22 remember what day the 20th was on.

23 Q. I think it was a Thursday.

24 A. That's what I said, Wednesday or Thursday.

25 Q. So you went to work at 8:00 and got injured 45

1 minutes later?

2 A. Yes, sir. 44, 45 minutes later, yes.

3 Q. So had you worked the previous day?

4 A. Yes, sir.

5 Q. Or was that the day you were off?

6 A. I can't remember.

7 Q. You had indicated that --

8 A. Whatever we was working, it's always the same.

9 Q. So this would have been the week that you would
10 have worked Wednesday, Thursday; is that
11 correct, since you were working Thursday?

12 A. Yes.

13 Q. So you had worked the day before?

14 A. Uh-huh.

15 Q. Is that yes?

16 A. Yes.

17 Q. What did you do after you got off of work on
18 Wednesday at eight a.m.?

19 A. Wednesday? Let's see. I talked to my
20 co-worker because I asked him to come by and
21 take a look at my hot water heater. It was
22 acting funny. I didn't have no hot water in
23 the house.

24 Q. This is Tyrone?

25 A. No. I work with a lot of different people. He

1 was the maintenance man.

2 Q. What was his name?

3 A. I don't know his name. His nickname is
4 Buzzard.

5 Q. And did he go home with you to look at your
6 water heater?

7 A. He went to his house and then he came up there
8 probably 15, 20 minutes later.

9 Q. And did y'all work on the water heater?

10 A. Yes.

11 Q. How long did you work on the water heater?

12 A. Probably all the way up until 11:30.

13 Q. That night?

14 A. That morning.

15 Q. That morning I mean. Excuse me.

16 What did you say, 11:30?

17 A. Something like that, yes, because I went to the
18 hardware store about twice.

19 Q. During that period of time?

20 A. Yes.

21 Q. What did you do after -- well, let me ask you
22 this. Did you get the water heater fixed?

23 A. Yes.

24 Q. What did you do after you got the water heater
25 fixed?

1 A. He left.

2 Q. Okay. What did you do?

3 A. I went to sleep.

4 Q. How long did you sleep?

5 A. Probably till 6:30, 6:35 that evening.

6 Q. And then what did you do after you got up from
7 your sleep?

8 A. I woke up, sat up like I usually do, smoked a
9 cigarette, got up, went in to wash my face,
10 drunk some of the cough medicine because I had
11 a real bad chest cold, took a shower, came back
12 out, smoked another cigarette, getting ready
13 for work.

14 Q. What kind of cough medicine did you take?

15 A. It was a Dollar General brand.

16 Q. Do you know what it was?

17 A. It was a Dollar General brand.

18 Q. I mean, do you know what the name of the
19 medicine?

20 A. Dollar General brand.

21 Q. That's who sells it, but --

22 A. That's what was on the bottle.

23 Q. So you don't know the specific type of cough
24 medicine? Because they've got all kinds.

25 A. Right. It was the cheap kind. They had the

1 same stuff -- I read it was the same stuff as
2 Theraflu or something like that, I guess.

3 Q. Say that again.

4 A. I think the contents on it were the same stuff
5 they have in Theraflu or something, so I
6 thought it was pretty good.

7 Q. Okay. And how much cough medicine did you
8 take?

9 A. I was just taking it -- you know, I can't sit
10 here and tell you how much I was taking. I
11 just --

12 Q. Teaspoon or tablespoon?

13 A. I just --

14 Q. You just took a sip?

15 A. Yeah. A sip, yes.

16 Q. And what time did you leave for work?

17 A. I think my brother might have got there about
18 7:00.

19 Q. Does he work at Stein Fibers?

20 A. He used to.

21 Q. At this point in time he was not, or was he?

22 A. Yeah, he was working. Yeah.

23 Q. At that time he was working?

24 A. Yeah. We both worked there. We both got hired
25 the same day. Let me correct you. He ain't

1 really my brother. We just been together for
2 so long. He's more like my best friend.

3 Q. What is his name?

4 A. Nisheed (phonetic) Henderson.

5 Q. Pardon?

6 A. Nisheed Henderson.

7 Q. That's a man, Nisheed?

8 A. (Witness nods head.)

9 Q. But y'all are not really related?

10 A. No.

11 Q. During the time that you worked -- I mean, that
12 you were at home or got off work at eight a.m.
13 until you went that night at eight p.m., did
14 you consume any alcoholic beverages?

15 A. Yes. I took a shot of brandy.

16 Q. And was that at your house or was that
17 somewhere else?

18 A. Yeah, it was at my house.

19 Q. And do you know the brand of brandy?

20 A. Give me one second. I can't think of the name
21 right now. I can't think of the name right
22 now.

23 Q. And when during that period from eight a.m. to
24 eight p.m. did you take the shot of brandy?

25 A. It was probably about 8:30, 8:35.

1 Q. In the morning?

2 A. Yes, that morning when we got off work.

3 Q. Was that while Buzzard was there?

4 A. Yes.

5 Q. Did Buzzard take a shot of brandy, too?

6 A. I don't know if he did or not. I can't recall
7 because he was -- I know he was drinking beer.

8 Q. Buzzard was drinking beer while you were
9 drinking brandy?

10 A. (Witness nods head.)

11 Q. And did you have more than one shot?

12 A. No. I just took a shot because I knew I had to
13 go back and forth to the parts store.

14 Q. Did you take more brandy after y'all had
15 finished working on the water heater?

16 A. No. Just we were coming in from work, so when
17 you work 12 hours, of course you're going to be
18 tired.

19 Q. So it's your testimony you took one shot of
20 brandy and that was it?

21 A. Uh-huh.

22 Q. Is that a yes?

23 A. Yes. Just being hospitable.

24 Q. Do you have any explanation as to why your
25 blood alcohol level when you were at the

1 hospital came out .097?

2 A. That throws me too.

3 Q. You don't have any explanation for it?

4 A. (Witness shakes head.)

5 Q. And when did you clock in at work, what time?

6 A. Before eight.

7 Q. That's eight p.m.?

8 A. Yes.

9 Q. And did you start work immediately or did you
10 do something in between?

11 A. No, we have our meetings at 7:45. After the
12 meeting is over we go to the other side to our
13 respective workplaces, and the person who is
14 working there doing from eight a.m. to eight
15 p.m., because they're getting ready to get off,
16 they let us know how the machine running, how
17 everything is going.

18 Q. What kind of meetings do you have at 7:45?

19 A. Just for the people upstairs, myself, what my
20 friend did that we call each other brother,
21 they give us pointers on what we're running, if
22 we're having a wheel change, if we're going to
23 stop at this. Just information about the job
24 that we're doing that night, general
25 information.

1 Q. And do they go over safety things as well?

2 A. No. Just safety, safety, safety, all the time.

3 Q. When you say, safety, safety, safety, all the
4 time, you mean they talk about safety all the
5 time?

6 A. No, they just say that. Just be aware, be
7 aware of your surroundings.

8 Q. Do they have safety meetings?

9 A. Yes.

10 Q. Okay. And do you attend those?

11 A. Yes.

12 Q. So when you started work, were y'all running
13 the same thing you normally run?

14 A. No. We run different fabric every day, fiber.
15 We'll run 102, 101. It's a lot of different
16 ones we run. They're all different. Some of
17 them feel the same, but they're different.

18 Q. And tell me what happened that caused your
19 injury.

20 A. Well, we had -- there is a thing that we have
21 out there that's called a refeed bail. It's a
22 bail that --

23 Q. Refeed?

24 A. Yeah. We have to refeed. The bails come out
25 about 560.

1 Q. You said refill bills?

2 A. Refeed bails.

3 Q. Okay. Bails. So these are fibers that have
4 already been run and bailed?

5 A. Yes. Set to the side until somebody -- I think
6 Clark; he checks them to see if they can sub it
7 or sell it for the right price if it ain't that
8 bad. So we have to refeed it back into the
9 machine.

10 Q. When you refeed it into the machine, what does
11 it do?

12 A. It's on the floor. That means we have to pick
13 it up and throw it all in by hand.

14 Q. So is this loose fiber then?

15 A. No. You have to bust the bail and physically
16 throw it in by hand.

17 Q. Okay. And was that what you were doing when
18 you started work?

19 A. Yes, sir.

20 Q. So you started at eight or did you start after
21 that?

22 A. Probably after. So I got my straps, made sure
23 I had enough sheets already made up so we could
24 start, because to my knowledge, I don't know if
25 we was running yet or not. So I had some time

1 to start on the rebail already because that
2 would put me behind.

3 Q. So is the cutter doing anything during the
4 refeeds?

5 A. No, sir. He running the pedal for me while I
6 throw the material in.

7 Q. So the cutter is running the pedal?

8 A. Yes. Because I don't believe the machine was
9 running. I think it was down.

10 Q. The machine was down?

11 A. Yes.

12 Q. So the machine was down when your arm was
13 caught?

14 A. The pedal runs the belt. You hit the pedal and
15 the belt takes the material.

16 Q. But you're saying the machine was down.
17 Does that mean it wasn't running?

18 A. No, the machine wasn't running. But when
19 you're doing the refeed bail, you still throw
20 the material in. Somebody just works the pedal
21 and it still does the same thing, just
22 manually. I don't know if Tai was running the
23 pedal or Steven was running the pedal.

24 Q. Okay. Normally, from where the cutter is,
25 there is a long strand of fiber that goes

1 through the bailer.

2 Was that feeding fiber or was it just you
3 throwing in the loose stuff or were both going
4 on at the same time?

5 A. No. A refeed, if the machine was down, wasn't
6 nothing running, it's just me throwing the
7 fiber into the machine and somebody running the
8 pedal.

9 Q. Okay. So you would throw it in the machine and
10 they would operate the pedal so -- that machine
11 cuts it, right?

12 A. No. It's already cut. I just had to refeed it
13 back into the machine.

14 Q. When you refeed it, it then goes through a
15 conveyor?

16 A. It goes up the conveyor to a hopper until it
17 fills up.

18 Q. And that's a bail?

19 A. Then the machine, it's compresses it and makes
20 a bail about 550, 560.

21 Q. Tell me how you injured your hand.

22 A. I was just throwing it in normal like I did a
23 hundred times and throwing it in, throwing it
24 in. There was a big -- it was a lot of
25 material right there. I knocked it off and --

1 Q. When you say, a lot of material right there,
2 where are you talking about?

3 A. On the roller. It's on the roller. So I just
4 did like that and kept throwing it in. Caught
5 these two fingers.

6 Q. Was your hand caught in the conveyor?

7 A. Yes.

8 Q. And the rollers you're talking about are --

9 A. It went through the rollers first. The rollers
10 are what actually caught my two fingers and
11 pulled my arm in like this.

12 Q. But the rollers were there at the conveyor?

13 A. Yes. It's part of the machine.

14 Q. Had you ever been warned or instructed not to
15 put your hands where the rollers are?

16 A. Anybody can see the machine you not supposed to
17 put your hand in the rollers.

18 Q. Had the company in safety meetings told you not
19 to do that?

20 A. No. That's just something you know.. I mean,
21 if you just -- you're just putting material
22 into the -- that's how it had always been done,
23 but it wasn't no guards or nothing up to stop
24 you from getting too close. Because on one
25 side it's the cutter blade, on this side it's

1 the conveyor belt and the rollers. Right there
2 in the middle between the cutter blade, that's
3 where we had to throw our refeed bails at on
4 the belt, so it can take it where it need to
5 go.

6 Q. So you knew not to put your hand in there, but
7 you did it anyway?

8 A. No, I didn't put my hand in there. Here go the
9 machine. Here is an empty spot. You got the
10 cutter blade right here. You've got the
11 rollers right here. You're throwing the
12 material right there. I mean, when you -- you
13 don't -- I ain't sticking my hand in there, no.
14 It's just the material on top of there. As
15 you're throwing it in there, it's just a freak
16 accident. It caught --

17 Q. But it caught in the rollers?

18 A. The rollers caught my finger and sucked my arm
19 into it.

20 Q. And the conveyor sucked it down or --

21 A. No. The rollers and the conveyor belt -- the
22 conveyor belt is rubber.

23 Q. So your --

24 A. I'm sorry. The rollers are metal steel, I
25 guess. The belts are plastic. I mean, not

1 plastic but rubber. I guess --

2 Q. And you're caught between the roller and the
3 conveyor belt?

4 A. Yeah, I'm stuck.

5 Q. My question is, you had put your hand over
6 there where the roller was --

7 A. Yes.

8 Q. -- right?

9 A. Uh-huh.

10 Q. Is that a yes?

11 A. Yes.

12 Q. And had you been warned not to do that?

13 A. Everybody know -- not warned, per se. Just
14 something you know not to do. It was just a
15 whole bunch of material right there. All I did
16 was knock it down where it need to go and it
17 happened.

18 Q. Had you ever done that before?

19 A. No, sir.

20 Q. That was the first time?

21 A. Yes.

22 Q. Had you ever seen anybody else do that, stick
23 their hand down where the rollers are?

24 A. No, because when you -- the cutter has to watch
25 out for the bailer. Like now this is the thing

1 I know they have if we have to -- like I have
2 to reach in and get my samples out. The cutter
3 have to stop, take his foot off the cutter and
4 grab the material out, and then we start back
5 up after I'm clear.

6 Q. So that's the way it's supposed to work?

7 A. That's the way -- yes.

8 Q. And so you're supposed to tell the cutter --

9 A. Don't tell them. They supposed to be watching
10 us.

11 Q. But if you're seeing some material build up,
12 was it jamming?

13 A. No. That's what I was preventing because it
14 will get jammed.

15 Q. So you were trying to prevent it from getting
16 jammed.

17 Was there anything hard that had gotten caught
18 down in there?

19 A. No. It was just with fiber it's -- it gets
20 into the little bitty spots, little bitty
21 crevices, and it will stop the belt, and then
22 we have a lot of downtime, which they really
23 don't appreciate that. That means you have to
24 bring out the maintenance people.

25 Q. Did you say anything to the cutter about

1 stopping the belt before you stuck your hand
2 down there?

3 A. No. Like I said, I don't know how clear I can
4 be, the cutter watches the bailer.

5 Q. But you didn't say anything to him?

6 A. Well, the machine wasn't running. All he had
7 to do was watch me. He sees what I'm doing.
8 I'm throwing it in there. All he's doing is
9 doing like this. My thing is I don't know --

10 Q. I understand that he's watching, but my
11 question is, did you say anything to him before
12 --

13 A. Well, you wouldn't be able to hear it anyway,
14 so no, I probably didn't.

15 Q. So all the employees know that you don't stick
16 your hand down where the rollers are?

17 A. The way you're saying it, somebody -- it's a
18 moving part and somebody actually sticking
19 their hand down in there. It ain't like that.

20 Q. Let me rephrase. All the employees know not to
21 get their hand near the rollers?

22 A. You can get near them, but just don't --

23 Q. Don't get close enough that it can be caught in
24 there?

25 A. You're right. That's what I said. It was just

1 something that happened.

2 Q. Had you ever seen a bailer do what you did?

3 A. No, because my machine is different. All the
4 machines are -- the K line, the H line, they're
5 basically the same, but they're different --
6 they run different material. Mine is one of
7 the easiest ones that throw material into -- my
8 boss or supervisor come and tell me we can just
9 throw this right in because the material wasn't
10 bad, they thought it was bad, or we have to do
11 it handfuls at a time. That means we have to
12 check it and then you throw it in.

13 Q. So you've never seen anybody do what you did?

14 A. No.

15 Q. Now, how far did the conveyor belt take your
16 hand down?

17 A. It got me right before it get to the elbow.

18 Q. Did the cutter see that your arm was caught?

19 A. Yes.

20 Q. Now, right there where the rollers are and the
21 conveyor comes down behind, is there not a
22 metal screen?

23 A. Nothing.

24 Q. No?

25 A. No, sir. Let's do it like this. When I was

1 there, nothing.

2 Q. I'm talking about a screen that would be
3 approximately maybe two and a half feet wide by
4 one foot --

5 A. Not when I was there, no.

6 Q. -- that had a wire kind of grid mesh to it.

7 A. No.

8 Q. That wasn't there?

9 A. Uh-uh.

10 Q. Is that a no?

11 A. No.

12 Q. So was there anything that you had to kind of
13 go over the top of to get to where those --
14 where the fiber was sort of building up?

15 A. No. The machine is totally open while I worked
16 there, but I heard it's been changed now.

17 Q. So in other words, you could put your hand
18 right in to where the roller was --

19 A. And --

20 Q. -- and nothing was there to --

21 A. No safety features around it, no.

22 Q. Okay. When your hand got caught, what happened
23 at that point in time?

24 A. As soon as it went in, I heard my wrist break,
25 just cracking, and I think whoever was running

1 the cutter side, the pedal, seen it because it
2 got my two fingers and pulled me right in. I'm
3 standing like this because I was throwing the
4 material in this way. So when it caught my
5 fingers, I went in, had my hand -- when I
6 finally kind of leaned up a little bit, I could
7 see my hand behind me. And then --

8 Q. So it went down back?

9 A. Yes. It was like this.

10 Q. Went back?

11 A. Yeah. If I looked back, I could see my hand
12 still stuck. So they're running around trying
13 to figure out how they're going to get me out.
14 The steel thing on this side don't stop
15 nothing. When it pulled me in, it lifted --
16 this didn't, per se, hurt that bad when it
17 caught me. It was the cage. There is like a
18 cage where they put on there for the belts for
19 where the big belts go. It was up under my
20 arm. That really was bothering me. So they
21 went and got me a stepladder and I stood up on
22 that to take the pressure off it being stuck up
23 under my arm.

24 Q. That cage, what color was that?

25 A. It wasn't no color. It was just a regular

1 cage. It didn't stop nothing. It was just --
2 on the back side they've got a cage that go
3 around the machine, but it wasn't on the front
4 side.

5 Q. The thing that was under your shoulder, what
6 you're calling, a cage --

7 A. Yeah, it was just a little thing they put right
8 there.

9 Q. Was it something about two and a half feet
10 long?

11 A. I guess.

12 Q. About a foot high?

13 A. No. It was tall enough to go under my arm.

14 Q. But it's on the machine, so the machine has
15 some height to it?

16 A. Right.

17 Q. Was the part that was under your arm, was it
18 about a foot high?

19 A. I can't recall that.

20 Q. Did it have kind of a metal grid to it?

21 A. Yes.

22 Q. Okay. How long did it take them to get your
23 arm out?

24 A. I wasn't really counting, but I figure just say
25 -- the accident happened a lot faster than they

1 got my arm out.

2 Q. Do you think 10 minutes, 15 minutes, 30
3 minutes?

4 A. It didn't take that long. It took maybe, say,
5 five minutes.

6 Q. And --

7 A. Maybe it took a little bit longer than that
8 because first they started trying to crank it
9 and loosen the belt. Maybe two people trying
10 to do that. And then they just -- I don't know
11 -- all I remember was a lot of pressure was
12 released because the -- I don't know if they
13 cut the belt or what they did. I was just
14 trying to -- I was stitched up, so --

15 Q. So did they call EMS?

16 A. Yes.

17 Q. And where did EMS take you?

18 A. Spartanburg Regional.

19 Q. Once they got you out of the machine --

20 A. I was sitting there.

21 Q. Just sitting there?

22 A. I was sitting there because they degloved me,
23 as they call it, a degloving.

24 Q. That means it took your skin off?

25 A. It took my skin from here all the way down

1 there.

2 Q. That was from your elbow?

3 A. Almost my elbow. It's probably maybe that far
4 from my elbow.

5 Q. So about an inch below your elbow?

6 A. Yes.

7 Q. And down through the top of your hand, almost
8 to your knuckles?

9 A. It took it from here, yeah, down to my
10 knuckles.

11 Q. Okay. Where did EMS take you?

12 A. Spartanburg Regional.

13 Q. Spartanburg Regional?

14 A. Yes.

15 Q. And were you admitted to the hospital?

16 A. Yes. If I'm not mistaken, they gave me
17 medicine, put me to sleep. I had my first
18 surgery right then and there.

19 Q. How long all together were you in the hospital?

20 A. Two weeks, five surgeries.

21 Q. And who were the doctors that did the surgery?

22 A. It was a lot of them, but I know Dr. Broderick
23 was one of them, and the chief man, the big man
24 I think is, he's my plastic surgeon now, Dr.
25 Shawn Birchenough.

1 Q. Okay.

2 A. It was a lot more, but I just -- I know them.

3 Q. Were you released after the two weeks to go
4 home?

5 A. Yes.

6 Q. Okay. And what follow-up care have you had?

7 A. A nurse came out because with this I had to get
8 skin grafts on my thigh all the way around.
9 They opened up my -- that's my left thigh. My
10 right thigh, they cut it open and took
11 something out because all this was -- it wasn't
12 no blood.

13 Q. You didn't have any skin so you had to have
14 grafts?

15 A. That's my left thigh. And this one I had about
16 57 staples in this thigh.

17 Q. Okay. Did they take a skin graft or something
18 else out of --

19 A. Well, the skin graft came from my left thigh.

20 Q. What did they take out of your right thigh?

21 A. They could be more specific, but they took some
22 muscles, tendons out of my leg to put across
23 there on my right thigh.

24 Q. Who have you been seeing for follow-up care?

25 A. I've been seeing Dr. Birchenough, my plastic

1 surgeon, and Dr. Mike -- his last name kind of
2 rhymes with tomato. He works at the Y. He's
3 my physical therapist.

4 Q. He works at the Y.?

5 A. Yes. He's my physical therapist in
6 Spartanburg. The new Y.

7 Q. That's the YMCA?

8 A. Yes.

9 Q. So your follow-up care has been with Dr.
10 Birchenough not with Dr. Broderick?

11 A. No, I haven't -- I missed that appointment. He
12 wanted to take x-rays. Like I said, I don't
13 have a car right now.

14 Q. So you missed the appointment with Dr.
15 Broderick?

16 A. Yes. I had a whole lot of them. I couldn't
17 hardly keep up with them.

18 Q. But you have been seeing Dr. Birchenough?

19 A. It's Birchenough. That's his name.

20 Q. What's the last time you saw --

21 A. I see him August 4th.

22 Q. You have an appointment August 4th?

23 A. Yes.

24 Q. When was the last one that you saw him, what
25 was the date of that?

1 A. Actually, it's every month now.

2 Q. So you see him once a month?

3 A. Yes. I was supposed to have seen him the other
4 day, but it was raining too hard.

5 Q. So you missed the appointment?

6 A. Yes. So rescheduled for August 4th.

7 Q. So have you been out of work since March 20th,
8 2014?

9 A. Yes, sir.

10 Q. Are you still employed at Stein Fibers?

11 A. That's a question I can't answer right now.

12 Q. You didn't get any kind of letter from them?

13 A. No. No, sir. I got a letter saying that
14 something they find it not their fault, but
15 that's about it. I ain't got no confidential
16 saying you're fired, all that stuff, no.

17 Q. Have you worked anyplace since March 20, 2014?

18 A. No, sir.

19 Q. Do you have any income?

20 A. No, sir.

21 Q. How are you supporting yourself?

22 A. Well, basically where I stay at, my mom and my
23 sister own the trailer, so they tell me don't
24 worry about rent.

25 Q. So you're living in a trailer owned by your

1 mother and sister?

2 A. Yes.

3 Q. Tell me how your hand and arm are at the
4 present time.

5 A. It's still the way it is, but it don't hurt
6 anymore. It's -- the pain has -- I mean, I
7 have some shooting pains. You know, as they
8 say, you have your good days and your bad days.

9 Q. Yes.

10 A. That's basically what it is, because the weight
11 of all this has done affected my shoulder. I
12 can't move my shoulder but so much. But right
13 now it's feeling pretty decent.

14 Q. Did the plastic surgeon indicate that you're
15 going to have to have additional surgeries?

16 A. Yes.

17 Q. What --

18 A. He's supposed to -- if I would have went the
19 other day, that's what we were going to talk
20 about, but like I said, I rescheduled for
21 August 4th.

22 Q. Has he told you what they're going to do in the
23 surgeries?

24 A. No.

25 Q. Now, the top of your hand has raised.

1 Is that swelling or is that just the way it is?

2 A. I ain't no doctor, but ever since they had
3 this, see, all this no feeling. I think that
4 was just here to see if it was going to help
5 everything mend and grow, because you see the
6 hair growing, so that lets you know it's
7 working. I think the surgery, from what I
8 understand, when I go back, he going to debulk
9 it. That means he's going to --

10 Q. Lower it down so it's more natural?

11 A. It will kind of look like a hand. That's what
12 my understanding is, but like I say, I ain't no
13 doctor.

14 Q. So you may not know the answer to this, but was
15 that put on then to cause the skin underneath
16 to grow, to have growth of skin, and then
17 they're going to remove that top part?

18 A. Well, no. From what I understand, my regular
19 like from here down the skin was busted. It
20 wasn't no good. So what the doctors did, they
21 found whatever was in my thigh.

22 Q. They grafted on?

23 A. They had to take the tendons and put them in
24 certain points because there wasn't no blood
25 circulating through.

- 1 Q. I gotcha.
- 2 Can you use your right arm at all?
- 3 A. No, sir.
- 4 Q. Are you able to drive?
- 5 A. I've been driving with my left hand, yes.
- 6 Q. Do you own a vehicle?
- 7 A. No.
- 8 Q. Do you borrow vehicles?
- 9 A. I don't borrow vehicles.
- 10 Q. What are you driving?
- 11 A. I drive my girl's car.
- 12 Q. When you say, girl, you mean your girlfriend?
- 13 A. Yeah. Future wife.
- 14 Q. Do you go out grocery shopping and things like
- 15 that?
- 16 A. Yes.
- 17 Q. Do you go out socially to a movie or to a
- 18 restaurant or anything like that?
- 19 A. Yes.
- 20 Q. What do you do during a typical day?
- 21 A. Typical day, watch TV, and I keep it on a
- 22 pillow. That seems more comfortable to me.
- 23 Q. Other than watch TV, are you able to do any of
- 24 the housework or anything like that?
- 25 A. No. I can vacuum. I mean, I've still got my

1 left hand. To make up the bed, it just takes
2 me longer.

3 Q. Do you go out any with your buddies to night
4 clubs or anything like that?

5 A. No, sir.

6 Q. Okay. You've talked about the pain.
7 Do you have any other symptoms like numbness,
8 tingling or anything like that?

9 A. Yeah. That comes along with it, yes.
10 Fingertips on the side where all the staples
11 was just --

12 Q. Tell me what it is that you've got.

13 A. It's tingling. Like I say, all this right
14 here, I can't feel none of that.

15 Q. So that's the top of your hand?

16 A. Yeah. All this been numb since they put it on
17 higher. No feeling whatsoever. No feeling in
18 my right thigh on the -- if you cut my thigh in
19 half, the left-hand side, no feeling in that
20 neither.

21 Q. Has a doctor indicated when he thinks you're
22 going to be finished with the medical
23 treatment?

24 A. No, sir, not really.

25 MR. KALE: I think that's all the questions I have.

1 MR. PALMER: None from me.

2 THE COURT REPORTER:

3 Mr. Palmer, will he read and sign or waive?

4 MR. PALMER: We're going to read and sign.

5 THE COURT REPORTER:

6 And would you like a copy?

7 MR. PALMER: Yes, please.

8 (Deposition concluded at 3:18 p.m.)

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STIPULATIONS

IT IS STIPULATED BY AND BETWEEN COUNSEL
FOR THE RESPECTIVE PARTIES THAT ALL OBJECTIONS
ARE RESERVED UNTIL THE TIME OF TRIAL, EXCEPT
AS TO THE FORM OF THE QUESTION.

THIS DEPOSITION IS BEING TAKEN PURSUANT
TO THE RULES OF THE SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION.

— • — —

THE READING AND SIGNING OF THIS DEPOSITION IS
WAIVED BY THE DEPONENT AND COUNSEL FOR THE RESPECTIVE
PARTIES.

WHEREUPON, JOANNE MATTHIESEN BEING DULY SWORN
AND CAUTIONED TO SPEAK THE TRUTH, THE WHOLE TRUTH, AND
NOTHING BUT THE TRUTH, TESTIFIED AND DEPOSED AS
FOLLOWS:

EXAMINATION

BY MR. PALMER:

Q . Good morning.

A Good morning.

Q My name is Scott Palmer. I'm a lawyer, and I represent Mr. James Lipscomb, who you probably know.

A Yes.

Q And I'm going to try to pronounce your name, Matthiesen?

1 A Matthiesen.

2 Q Matthiesen. Sorry.

3 Okay. Let me ask you, before I give you my little
4 spiel, have you been in a deposition before?

5 A Yes, sir.

6 Q Do you feel like you have a pretty comfortable
7 knowledge of the rules? Basically the guidelines of
8 how we conduct these depositions?

9 A Yes, sir.

10 Q Okay. Do you think I need to go over them?

11 A No.

12 Q I'll just do it in a nutshell.

13 A Okay.

14 Q Basically, you're under oath. It's just like courtroom
15 testimony without the courtroom. You are not under any
16 pressure to give me a particular answer. If you don't
17 understand my question, please ask me to rephrase it.
18 You don't need to basically answer anything that's
19 unclear to you. And other than that, I think you
20 probably pretty much know what's going to happen.

21 A Okay.

22 Q I don't expect to really take too long.

23 A Okay.

24 Q So let me just ask you, first of all, what is your job
25 title here?

- 1 A Human Resources Manager.
- 2 Q Okay. And this company is, walking in, is Innovative
- 3 Fibers?
- 4 A Yes.
- 5 Q How does that relate to Stein Fibers?
- 6 A Stein Fibers is the parent company.
- 7 Q Okay. And is this the only facility that this company
- 8 -- and by this company, I mean Innovative -- has in
- 9 South Carolina?
- 10 A Yes.
- 11 Q Okay. And what do y'all do here?
- 12 A We are a 100 percent recyclable facility. We buy 100
- 13 percent recyclable materials. We melt them down. They
- 14 go through a spinning, creeling, drawing and baling
- 15 process. The end process is polyester fiber.
- 16 Q Okay.
- 17 A So it starts out as plastic and ends up as polyester
- 18 fiber.
- 19 Q Okay. And you said you work with a hundred percent
- 20 recycled materials?
- 21 A Yes, sir.
- 22 Q Okay. How long have you been with this company?
- 23 A October 25th was two years for me.
- 24 Q Okay. And what did you do before that?
- 25 A I was the operations manager of a staffing agency.

- 1 Q Do you feel like you have any particular qualifications
2 to be the HR person here?
- 3 A I have over 20 years in this industry.
- 4 Q Okay.
- 5 A Yes.
- 6 Q And are you the only -- are you in charge of HR here?
- 7 A Yes. I have an HR assistant.
- 8 Q Okay. Does that job involve any type of hiring or
9 firing?
- 10 A Yes.
- 11 Q Okay. Are you in charge of that or do you answer to
12 someone else with regard to hiring and firing?
- 13 A Can you clarify that question?
- 14 Q Well, if someone applies for a job here, do they
15 interview with you?
- 16 A Yes.
- 17 Q And do you make the decision ---
- 18 A Yes.
- 19 Q --- as to whether or not they get hired?
- 20 A Yes.
- 21 Q And if somebody has a poor work record or is a low
22 performer then, likewise, you would counsel them or
23 discipline them ---
- 24 A Yes.
- 25 Q --- and make the decision as to whether or not they're

1 terminated?

2 A Yes.

3 Q Okay. And you've already indicated you know Mr.
4 Lipscomb.

5 A Yes.

6 Q Was he here when you came to Innovative?

7 A I believe he was a temp when I came.

8 Q Okay. So you didn't hire James Lipscomb?

9 A No. No, sir.

10 Q Okay. And during the time that you've been here -- you
11 said it's about two years?

12 A Uh-huh.

13 Q Have you worked closely with James Lipscomb?

14 A No.

15 Q Okay. Can you tell me if he had an immediate
16 supervisor?

17 A Yes, he would.

18 Q And what would the name of that person be?

19 A There would be different supervisors on nights. It
20 would be Jose Escalante, Sr.

21 Q Okay.

22 A And the other supervisor on nights -- he's now on days
23 -- would be James Pouncey.

24 Q I am going to guess at that spelling.

25 A P-o-u-n-c-e-y.

1 Q Okay. Now, just getting back to your role in this
2 company a moment, as HR supervisor, who do you answer
3 to?

4 A The plant manager.

5 Q And what is his name?

6 A Charles Bracebridge.

7 Q Bracebridge?

8 A Uh-huh.

9 Q Okay. And the plant manager, is he the top guy, I
10 guess is the best way to ---

11 A Here at our facility, yes.

12 Q Yeah. So he would answer to someone corporate that's
13 off the premises here?

14 A Yes. The owner.

15 Q I see. Okay. And the whole time that you've been
16 here, you've -- I keep using the word answer to, but
17 you know what I mean.

18 A Yes.

19 Q You've worked for Mr. Bracebridge?

20 A Yes.

21 Q Okay. What is the name of your assistant that works
22 with you?

23 A Tonya Mendoza.

24 Q All right. And besides hiring and firing, what would
25 you say that some of your other duties are as the HR

1 department head or supervisor?

2 A I do payroll.

3 Q Oh, okay.

4 A Benefits, counseling.

5 Q Okay. I noticed -- some of the policy stuff I was

6 handed this morning, I was able to look through it a

7 moment, and there's some information here about

8 substance abuse testing?

9 A Yes, sir.

10 Q Are you also in charge of that?

11 A Yes.

12 Q Okay. Do you actually conduct the testing or is it

13 farmed out to a ---

14 A It's done off-site.

15 Q Okay. And is that done randomly or ---

16 A We do post-offer, random, post-accident and reasonable

17 suspicion.

18 Q Is there anyone else in your company besides you or

19 your assistant that manages that testing program?

20 A No.

21 Q Okay. So that is purely in your ---

22 A Yes.

23 Q --- area of work? All right. And how about

24 enforcement of some of these other policies? Is that

25 also in your job description?

1 A Yes.

2 Q And would that include enforcement of the policy here,
3 as I look (as read), "It's a violation of company
4 policy for any employee to report to work under the
5 influence of or impaired by alcohol"?

6 A Yes.

7 Q That would be someone out here would answer to you for
8 that?

9 A They would -- what do you mean answer to me? They
10 would tell me -- they would come to me about it.

11 Q Yeah, let me rephrase my question because I agree
12 that's not a good question. With regard to any
13 violations of this paragraph three here, you would be
14 in charge of handling investigating ---

15 A Yes.

16 Q --- and perhaps disciplining the employee for a
17 violation of that policy?

18 A Yes.

19 Q Okay. And what is your policy? I know it says it's a
20 violation of company policy, but what is the practical
21 policy if someone shows up and they're visibly impaired
22 or intoxicated by alcohol?

23 A They are sent to our facility for testing.

24 Q Okay. And what's the name of the facility?

25 A Mary Black Industrial Health.

1 Q Okay. And is that done immediately?

2 A Yes.

3 Q And what if they refuse to do it?

4 A If they refuse, they're terminated.

5 Q Okay. Now before I get into what this particular case
6 is about, let me ask you what you know about Mr.

7 Lipscomb's everyday duties here at Innovative. What
8 was his job?

9 A He was a baler.

10 Q Okay. What does a baler do?

11 A That is the end process. He was a baler cutter, I
12 believe. Or baler gun, I apologize. So he's the final
13 process when the bale comes out, the ram opens up and
14 Mr. Lipscomb would be responsible for taking the heat
15 gun and attaching the -- oh, what are those called?
16 The green straps that go around it. They heat strap
17 those. And so it would be pick up the gun, put the two
18 pieces of straps together, heat all the way across.

19 Q Okay.

20 A And then hit the button and the bale falls out. He
21 would then get on the forklift and move the bale to the
22 side until he had three bales.

23 Q Okay. And so, as someone who knows nothing about this
24 process, is it a fair or accurate statement that he's
25 basically packaging up your product to be shipped out?

1 It's baled sort of like cotton? Is that ---
2 A Yes.
3 Q --- the process?
4 A Yes.
5 Q Okay. And as I look out the window here, I know this
6 is not going to appear on the record, but there's these
7 huge white -- it looks like bundles of material. Is
8 that what you would consider a bale?
9 A No, sir. That's raw material.
10 Q Oh, I see. Okay. I gotcha. All right.
11 A The bales would be the -- do you see the yellow and
12 black?
13 Q Yes.
14 A That's a bale.
15 Q Oh, okay.
16 A That's a completed bale.
17 Q Way over on the other side of the plant?
18 A Uh-huh.
19 Q Okay. And so his sole job was to make that happen?
20 A Yes.
21 Q Okay. Were you on duty at the time of his injury?
22 A No.
23 Q When did you first find out about it?
24 A Shortly within five minutes after it happened, I
25 received the phone call.

- 1 Q Okay. And who was the phone call from?
- 2 A Jose Escalante, Sr.
- 3 Q His supervisor?
- 4 A Yes.
- 5 Q And what did Mr. Escalante tell you about this?
- 6 A That there was an accident at the plant.
- 7 Q Okay. And did he identify it was with Mr. Lipscomb?
- 8 A Yes.
- 9 Q Okay. Did he tell you anything else to describe the
10 accident?
- 11 A No.
- 12 Q Okay. And what was your reaction then?
- 13 A I'll be right there. It was protocol for me. When
14 someone's injured at the plant, I always come.
- 15 Q All right. And so, when you arrived at the plant, what
16 did you find?
- 17 A Mr. Lipscomb was sitting in a chair. I arrived at the
18 same time that the ambulance did. Mr. Lipscomb was
19 sitting in a chair and his arm was wrapped and the
20 paramedics were surrounding him.
- 21 Q Okay. What state did he appear to be in?
- 22 A He was calm and he was awake and alert.
- 23 Q Okay. Did you then have any further conversation with
24 Mr. Escalante about what happened?
- 25 A Yes.

1 Q And did you otherwise conduct any kind of investigation
2 into what happened?

3 A Myself, the plant manager and the maintenance manager
4 that night met with the supervisors on duty and
5 conducted an accident investigation.

6 Q Okay. And is that a standard thing that happens in
7 your company?

8 A Yes.

9 Q Okay. Have you done those before this particular
10 incident?

11 A Yes.

12 Q How many do you think you've done? Accident
13 investigations?

14 A Here?

15 Q Yes.

16 A Probably half a dozen or so.

17 Q Okay. And what exactly do you do in an accident
18 investigation?

19 A We talk with the supervisor on duty. We talk with
20 employees that were in the work area. We look at the
21 machine or equipment.

22 Q Okay. And when you finished your accident
23 investigation, did you reach any kind of conclusion
24 about what had happened?

25 A Yes.

1 Q What was that?

2 A We concluded that Mr. Lipscomb bypassed safety
3 procedures by standing on the side of the bale machine
4 and reaching into a moving machine, reaching his hand
5 into a moving machine.

6 Q Okay. Is that something he was trained not to do?

7 A Everybody's had safety -- yes. Yes.

8 Q Okay. I mean, your -- I assume from your answer and
9 that partial answer that your company trains the balers
10 not to do it that way?

11 A Yes..

12 Q Is that a fair statement?

13 A Yes.

14 Q Okay. And Mr. Lipscomb had been a baler since you had
15 been at Innovative? About two years?

16 A I believe so.

17 Q Well, it wasn't two years at that point, was it?

18 A No, not at that point. About a year and a half.

19 Q Okay. In your time at Innovative, have you ever seen
20 any other accidents where a baler did that?

21 A No, sir.

22 Q Okay. And is that technique or that procedure for
23 using the baler set out in any of these materials, that
24 you know of?

25 A No, sir.

1 Q Okay. Does it appear in any written training manuals
2 or anything like that that Innovative keeps on hand or
3 produces?

4 A Not that I know of.

5 Q Okay. So the proper way to run the baler is basically
6 something that's done on the job, in person?

7 A Yes, sir.

8 Q Is that a fair statement?

9 A Yes.

10 Q Okay. And your understanding is that Mr. Lipscomb had
11 had that training?

12 A Yes.

13 Q Okay. Did you interview Mr. Lipscomb as part of your
14 accident investigation?

15 A No.

16 Q Do you know if anyone else from the plant here did?

17 A No, I do not.

18 Q Okay. Besides talking with his supervisor, and I think
19 you mentioned some co-workers?

20 A Yes.

21 Q Did you interview anyone else, either within or without
22 this company, as part of the accident investigation?

23 A No.

24 Q Okay.

25 A I did speak with Mr. Lipscomb in the hospital, but it

- 1 was very informal.
- 2 Q Okay.
- 3 A It was not a part of our accident investigation.
- 4 Q Did you go to visit him?
- 5 A Yes, I did.
- 6 Q Was that just more of less a courtesy call or just to
- 7 check on him?
- 8 A If any of our employees are injured, that's just ---
- 9 Q Right.
- 10 A --- who I am. That's just how I do it.
- 11 Q Okay. Understood. All right. Either the day or the
- 12 night this happened when you were called in or
- 13 subsequent to that, did you encounter any information
- 14 that would lead you to believe that Mr. Lipscomb may
- 15 have been under the influence of alcohol that night?
- 16 A Personally, no.
- 17 Q Okay. No one told you that or ---
- 18 A No.
- 19 Q Okay. And was he sent for testing?
- 20 A They tested at the hospital.
- 21 Q Oh, okay. Okay. I know you don't have your records
- 22 with you, but do you have just personal knowledge of
- 23 who Mr. Lipscomb might have been working with that
- 24 night?
- 25 A I believe it was Tywand Middleton and/or Stephen

1 Woodruff.

2 Q And, actually, I should have done this before I asked
3 the question, but when I mean working with him, maybe
4 on the same machinery or in the immediate vicinity ---

5 A Yes.

6 Q --- of where he was working?

7 A Both of those gentlemen.

8 Q Okay. And what was the other guy's name?

9 A Stephen, S-t-e-p-h-e-n, Woodruff.

10 Q Okay. And are they both balers?

11 A Yes.

12 Q Okay. How many balers do you have here at Innovative?
13 It doesn't have to be exact.

14 A Twenty-four.

15 Q Okay. And total employees, estimated?

16 A Approximately 130.

17 Q Is there anything else about your observation of James
18 Lipscomb the night you were called in that you haven't
19 mentioned or talked about that you think might be
20 relevant to this case?

21 A No, sir.

22 Q Okay. How many baling machines do you have in the
23 plant here?

24 A Three.

25 Q Okay. And are they all running at once or are they

1 alternating?

2 A No. At peak efficiency, they would all be running
3 simultaneously.

4 Q As a result of your investigation, is a formal report
5 issued?

6 A There was not. It was informal.

7 Q Okay. So would there be any type of documentation that
8 would let the reader know what your conclusion or your
9 boss's conclusion was as a result of the investigation?

10 A At that time, no.

11 Q Okay. And what about now?

12 A Now accident investigations are formal.

13 Q Oh, I see. You've changed the policy, then?

14 A Yes.

15 Q Okay. When did that change?

16 A Approximately three months ago.

17 Q Okay. Is there anything, in particular, that happened?

18 A We hired a safety coordinator.

19 Q Okay.

20 A So someone has that official role.

21 Q And do you know who that person is?

22 A That is Tonya Mendoza.

23 Q That's your assistant?

24 A Uh-huh.

25 Q Okay.

1 A Part-time assistant, full-time safety coordinator.

2 Q Okay. And at the time of Mr. Lipscomb's injury, which
3 was back in February, was Ms. Mendoza working in that
4 capacity?

5 A No, she was not.

6 Q Was she working here at all?

7 A Yes.

8 Q Okay. So she was basically given that additional duty?

9 A Yes.

10 Q Okay. I gotcha. Was adding that job description to
11 Ms. Mendoza's overall duties part of an overall safety
12 program that you implemented?

13 A No.

14 Q Okay. Did you have a safety program in place before
15 that?

16 A Yes.

17 Q Okay. And is that set forth anywhere, other than in
18 these materials?

19 A No.

20 Q Okay. Is there anything else that you give employees
21 when they sign on or come to work at Innovative besides
22 the handbook and maybe this stuff?

23 A Currently now they go through a safety training.

24 Q Okay.

25 A It's an approximately three-hour class that Tonya heads

1 up, which is all based on their position on the floor,
2 general safety and then safety related to that
3 particular position.

4 Q Okay. Have any changes been made to the actual
5 machinery since Mr. Lipscomb's injury?

6 A The actual -- the machine itself?

7 Q Yes.

8 A No.

9 Q Okay. Do you know what brand of baler that is?

10 A No, sir.

11 Q Okay. Do Mr. Middleton or Mr. Woodruff?

12 A Woodruff.

13 Q Yeah. Do they still work here?

14 A Yes.

15 Q Okay. Well, is there anything else that stands out in
16 your mind about Mr. Lipscomb's accident or injury or
17 the resulting investigation that we haven't talked
18 about?

19 A No, sir.

20 Q Does that pretty much cover it?

21 A Yes, sir.

22 Q Okay.

23 MR. PALMER: Thank you so much for your answers
24 today.

25 THE WITNESS: Thank you.

1 MR. KALE: Let me just ask one question, by way of
2 clarification, so that you're not misled. You asked if
3 there's been any change in the machine. She indicated
4 the machine itself, there's been no change.

5 EXAMINATION

6 BY MR. KALE:

7 Q Has there been additional cage ---

8 A Yes.

9 Q --- placed around the machine?

10 A Yes. There's been additional safety guards put in
11 place.

12 Q Okay.

13 A By way of cage. As Mr. Kale had said, there's a cage
14 now with an inner lock, that if they open that door, it
15 cuts off all the power.

16 MR. PALMER: I see.

17 BY MR. KALE:

18 Q But the machine itself ---

19 A No.

20 Q --- is the same?

21 A The machine is exactly the same.

22 MR. PALMER: See, that's why better lawyers ask
23 better questions.

24 MR. KALE: No, I just didn't want you to be misled

25 ---

1 MR. PALMER: Yes, sir.

2 MR. KALE: --- that nothing at all had been done to
3 that particular operation.

4 MR. PALMER: Okay.

5 FURTHER EXAMINATION

6 BY MR. PALMER:

7 Q Okay. Well, let me just follow up with that.

8 A Okay.

9 Q Is it your experience or understanding or opinion that
10 adding the cage has made this a safer work environment?

11 A Yes. Because when they open the door now, the power is
12 off.

13 Q I see.

14 A They don't have -- the opportunity that Mr. Lipscomb
15 had to reach into a moving conveyor is not there
16 anymore.

17 Q Okay. Did an outside company add that cage with the
18 safety feature?

19 A No, that was done in-house.

20 Q Okay. Great.

21 MR. PALMER: Thank you.

22 THE WITNESS: You're welcome.

23 MR. PALMER: That's all the questions I have.

24 MR. KALE: Okay. That's it. No questions.

25 (WHEREUPON, THE DEPOSITION CONCLUDED AT 11:35 A.M.)

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
COUNTY OF ORANGEBURG	)	COMMISSION
JAMES T. LIPSCOMB,	)	WCC # 1402652
	)	
Claimant,	)	
	)	
vs.	)	NOTICE OF WITNESSES AND
	)	WRITTEN MEDICAL REPORTS
STEIN FIBERS,	)	TO BE INTRODUCED AS DIRECT
	)	EVIDENCE ON BEHALF OF
	)	CLAIMANT
	)	
Employer,	)	
	)	
and	)	
	)	
KEY RISK MANAGEMENT,	)	
	)	
Carrier,	)	
	)	
Defendants.	)	
	)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, RICHARD B. KALE, JR., ESQUIRE, ATTORNEY FOR THE EMPLOYER.

YOU ARE HEREBY NOTIFIED THAT THE CLAIMANT, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the Plaintiff, to wit:

NAME OF WITNESS:

James T. Lipscomb (Claimant)
Nasheed Henderson

<u>NAME OF PHYSICIAN</u>	<u>DATE OF REPORT</u>	<u>NO. OF PAGES</u>
Spartanburg EMS	03/20/14	01-09
Spartanburg Regional Emergency Center	03/20/14	10-39
Spartanburg Regional Medical Center	03/20/14 – 04/04/14	40-108
Carolina Musculoskeletal Institute, PA	03/23/15	109-113

MEDICAL BILLS:

Spartanburg Regional Medical Center 03/20/14 – 04/02/14 114-132

EXHIBITS:

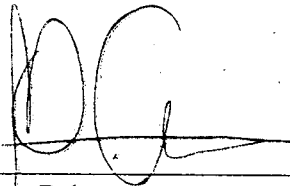
Deposition Transcript of Joanne Matthiesen 133-157

YOU ARE FURTHER NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right you are to forthwith schedule the deposition of any of the physicians, whose reports are submitted, for the purposes of cross examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physician/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusive into evidence on behalf of the Employee/Claimant.

Santee, South Carolina

March 27, 2015



W. Scott Palmer
W. Scott Palmer Law Firm, P.A.
Post Office Box 722
Santee, South Carolina 29142
(803) 854-4417
ATTORNEY FOR CLAIMANT

FINAL**Patient Care Report****Spartanburg EMS**

525 UNION STREET
SPARTANBURG, SC 29306
(864) 560-9300 Ext.

Run Number: 10233

Patient Number 1 of 1

Date of Service: 03/20/2014

Patient Name: JAMES LIPSCOMB

Medical Record # 000891319

Account # 7709002283

CREW INFO	RESPONSE INFO	DISPOSITION	TIMES
Vehicle: 05702 Call Sign: M-23 Crew #1: HOCKER, JOEL Crew #2: DUNCAN, BRITNEY Doc'd By: HOCKER, JOEL Assisted By: 2 0 0 Fire Dept on Scene: WFFD	Med/Trauma: Trauma Response Priority: Emergency Nature Of Call: Extrication Response - Equipment/Machinery Start Mileage: 4,580.2 At Scene Mileage: 4,582.6 At Dest. Mileage: 4,580.8 Resp. Delay: No Delay <None> <None> Trans. Delay: No Delay <None> <None> Call Taken by: 911 Resp. m.t.t.: Pile Incident: (A1) (A1) (A1) (A1) Spartanburg, SC 29301 Pt. Found: At Scene	Outcome: Hospital Dest. Reason: Trauma Center Transport Priority: Emergency Condition at Dest.: Unchanged Level of care: ALS Barriers to Care: None None None Hospital Disposition: Not Known Pt. Transported: Semi-Followers - Main Stretcher Scene Delay: No Delay Destination: Spartanburg Regional Medical Center 101 E. WOOD ST SPARTANBURG, SC 29303 Pt. Name: MESSER, CATHY	Recvd: 20:28 03-20-14 Dispatch: 20:30 03-20-14 En route: 20:31 03-20-14 At scene: 20:36 03-20-14 At patient: 20:40 03-20-14 Last Seen Normal Transport: 20:53 03-20-14 At dest.: 21:12 03-20-14 In service: 21:33 03-20-14 At base:

PATIENT INFORMATION

Name: JAMES LIPSCOMB	Phone: (864) 483-5613	DL Info:
SSN: 251-61-0801	DOB: 12/02/1969 (44 yrs)	Weight: 240 lbs
Sex: Male	Home Addr.: SPARTANBURG, SC 29301	Mailing Addr.: 170 IRBY SPARTANBURG, SC 29301
Race: African American		
Mental Status: Married		

Charges

Account #	Admitted Yes / No
Base Charge	AmbSvc, Emergency, ALS Level 1 A0427.
Mileage Type	Mileage A0425 Transport Mileage: 8.2
Origin Modifier S - Scene of Accident / Injury	Destination Modifier H - Hospital

Medicare Questions

Retirement Date	
Pt on Dialysis?	Pt receive VA benefits?
Pt in Black Lung Program?	Pt had Kidney Transplant?

NEXT OF KIN

Name:	Phone:	Relation

FINAL**Patient Care Report****Spartanburg EMS**

525 UNION STREET
SPARTANBURG, SC 29306
(864) 560-9300 Ext.

Run Number: 10233

Patient Number 1 of 1

Date of Service: 03/20/2014

Patient Name: JAMES LIPSCOMB

Medical Record # 000891310

Account # 7709002283

SSN :

DOB :

Sex :

Home Addr. :

INSURANCE

Employer: INNOVATIVE FIBERS

Employer Phone:

Guarantor:

no insurance information entered

HISTORYAllergies

No Known Drug Allergies

Cause of Injury

Machinery Accidents

Chief Complaint

Trauma - Other (Explain)

Note: DE GLOVING, RIGHT ARM, FROM
ELBOW TO WRIST

Medications

None

Past Medical History

Hypertension

ASSESSMENTS

03/20/2014 20:40:00 By: HOCKER, JOEL

Body Area	Assessment	Body Area	Assessment
Airway	Patent Patent :	Breathing	Normal Respirations Normal Respirations :
Circulation	Normal Normal :	LOC	A & O to person, place, time, event A & O to person, place, time, event :
Central Nervous System	Neuro Sensory and Motorfunction Normal Neuro Sensory and Motorfunction Normal :	Blood/Fluid Loss	< 100 ML < 100 ML :
Lower Right Arm	Mangling Mangling : DE GLOVING		

IMPRESSIONS

Primary Impression: Injury - Arm 850.30

Secondary Impressions: None

TRAUMATrauma Description

Equipment - Heavy Equipment/Machinery

FINAL**Patient Care Report****Spartanburg EMS**

525 UNION STREET
SPARTANBURG, SC 29306
(864) 560-9300 Ext.

Run Number: 10233

Patient Number 1 of 1

Date of Service: 03/20/2014

Patient Name: JAMES LIPSCOMB

Medical Record # 000891319

Account # 7709002283

VITAL SIGNS

Time	BP	Pulse	Respiratory	SPO2	EtCO2	Glucose	OCs
20:49	166/108 NIBP Machine	78, Strong, Regular	18 Normal, Regular				E4 + V5 + M6 = 16
Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Lung Sounds Left=Normal / Clear Lung Sounds Right=Normal / Clear Pupil Reacts: Left=Reactive, Right=Reactive Level of Consciousness: Alert; Pain Scale=10; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement: Left=Spontaneous, Right=Spontaneous ECG=Normal Sinus Rhythm							
Completed By: HOCKER, JOEL							
21:04	136/110 NIBP Machine	109, Strong, Regular	18 Normal, Regular				E4 + V5 + M6 = 16
Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Lung Sounds Left=Normal / Clear Lung Sounds Right=Normal / Clear Pupil Reacts: Left=Reactive, Right=Reactive Level of Consciousness: Alert; Pain Scale=10; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement: Left=Spontaneous, Right=Spontaneous ECG=Normal Sinus Rhythm							
Completed By: HOCKER, JOEL							
21:08	163/106 NIBP Machine	73, Strong, Regular	14 Normal, Regular				E4 + V5 + M6 = 15
Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Lung Sounds Left=Normal / Clear Lung Sounds Right=Normal / Clear Level of Consciousness: Alert; Pain Scale=10; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement: Left=Spontaneous, Right=Spontaneous ECG=Normal Sinus Rhythm							
Completed By: HOCKER, JOEL							

TRAUMA SCORES

no trauma scores entered

Comments:

TREATMENT SUMMARY

Time	PTA	Treatment	Who performed	Comments
20:42	Oxygen Complication	None	HOCKER, JOEL Complication Narrative	
Device=Non-Rebreather		Indication=Trauma	LPM=15 LPM	
Result=No Change		Response=Unchanged	Route=Inhalation	
Time	PTA	Treatment	Who performed	Comments
20:49	Cardiac Monitor Complication	None	HOCKER, JOEL Complication Narrative	
Indication=Trauma		Pads=Standard Electrodes	Lead=I, II, & III	
Response=Unchanged		Attempts=1	Successful=Successful	
Integration Performed=Yes				

FINAL**Patient Care Report****Spartanburg EMS**

525 UNION STREET
SPARTANBURG, SC 29306
(864) 660-9300 Ext.

Run Number: 10233

Patient Number 1 of 1

Date of Service: 03/20/2014

Patient Name: JAMES LIPSCOMB

Medical Record # 000891319

Account # 7709002283

VITAL SIGNS

Time	BP	Pulse	Respiratory	SPO2	EtCO2	Glucose	OCs
20:49	166/108 NIBP Machine	78, Strong, Regular	18 Normal, Regular				E4 + V5 + M6 = 16
Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Lung Sounds Left=Normal / Clear Lung Sounds Right=Normal / Clear Pupil Reacts: Left=Reactive, Right=Reactive Level of Consciousness: Alert; Pain Scale=10; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement: Left=Spontaneous, Right=Spontaneous ECG=Normal Sinus Rhythm							
Completed By: HOCKER, JOEL							
21:04	135/110 NIBP Machine	109, Strong, Regular	18 Normal, Regular				E4 + V5 + M6 = 16
Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Lung Sounds Left=Normal / Clear Lung Sounds Right=Normal / Clear Pupil Reacts: Left=Reactive, Right=Reactive Level of Consciousness: Alert; Pain Scale=10; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement: Left=Spontaneous, Right=Spontaneous ECG=Normal Sinus Rhythm							
Completed By: HOCKER, JOEL							
21:08	163/106 NIBP Machine	73, Strong, Regular	14 Normal, Regular				E4 + V5 + M6 = 15
Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Lung Sounds Left=Normal / Clear Lung Sounds Right=Normal / Clear Level of Consciousness: Alert; Pain Scale=10; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement: Left=Spontaneous, Right=Spontaneous ECG=Normal Sinus Rhythm							
Completed By: HOCKER, JOEL							

TRAUMA SCORES

no trauma scores entered

Comments:

TREATMENT SUMMARY

Time	PTA	Treatment	Who performed	Comments
20:42		Oxygen	HOCKER, JOEL	
		Complication	Complication Negative	
		None		
		Device=Non-Rebreather	Indication=Trauma	LPM=15 LPM
		Result=No Change	Response=Unchanged	Route=Inhalation
Time	PTA	Treatment	Who performed	Comments
20:49		Cardiac Monitor	HOCKER, JOEL	
		Complication	Complication Negative	
		None		
		Indication=Trauma	Pads=Standard Electrodes	Lead=I, II, & III
		Response=Unchanged	Attempts=1	Successful=Successful
		Integration Performed=Yes		

FINAL**Patient Care Report****Spartanburg EMS**

525 UNION STREET
SPARTANBURG, SC 29306
(864) 580-9300 Ext.

Run Number: 10233

Patient Number 1 of 1

Date of Service: 03/20/2014

Patient Name: JAMES LIPSCOMB

Medical Record # 000891319

Account # 7709002263

TREATMENT SUMMARY CONTINUED

Time	PTA	Treatment	Who performed	Comments
20:50		Hospital Notified	HOCKER, JOEL	PER DOCTOR MESSER UP TO 8MG MORPHINE IVP. ORDER REPEATED AND CONFIRMED.
		Complication	Complication Narrative	
		None		
		Orders Requested=Yes	Orders Received=Yes	Contact Made=Yes
		Method=800mhz Med Channel	Response=Unchanged	Attempts=1
20:51		IV/IO	HOCKER, JOEL	
		Complication	Complication Narrative	
		None		
		Rate=Unsucc.	Solution=Saline Flush	Tubing=None
		Volume=None	Size=16 G	Length=1.25
		Blood Drawn=No	Successful IV Site=None	Type=IV - Extremity
		Attempts=1	Response=Unchanged	Successful=Unsuccessful
20:53		IV/IO	HOCKER, JOEL	
		Complication	Complication Narrative	
		None		
		Rate=Unsucc.	Successful=Unsuccessful	Solution=Saline Flush
		Tubing=None	Volume=None	Size=18 G
		Length=1.25	Blood Drawn=No	Successful IV Site=None
		Type=IV - Extremity	Attempts=2	Response=Unchanged
20:55		IV/IO	HOCKER, JOEL	
		Complication	Complication Narrative	
		None		
		Rate=TKO	Successful=Successful	Solution=0.9% Sodium Chloride
		Tubing=Macro Drip	Volume=100 ML	Size=20 G
		Length=1.25	Blood Drawn=No	Successful IV Site=Hand- Left
		Type=IV - Extremity	Attempts=3	Response=Unchanged
20:57		Morphine	HOCKER, JOEL	
		Complication	Complication Narrative	
		None		
		Dosage=4.0	Route=Intravenous	Indication=Pain Management
		Response=Unchanged	Dosage Units=MG	

FINAL

Patient Care Report



Spartanburg EMS
525 UNION STREET
SPARTANBURG, SC 29306
(864) 580-8300 Ext.

Run Number: 10233

Patient Number: 1 of 1

Date of Service: 03/20/2014

Patient Name: JAMES LIPSCOMB

Medical Record # 000891319

Account # 7709002263

TREATMENT SUMMARY CONTINUED

Time	PTA	Treatment	Who performed	Comments
20:50		Hospital Notified	HOCKER, JOEL	PER DOCTOR MESSER UP TO 8MG MORPHINE IVP. ORDER REPEATED AND CONFIRMED.
		Complication None	Complication Narrative	
		Orders Requested=Yes	Orders Received=Yes	Contact Made=Yes
		Method=800mhz Med Channel	Response=Unchanged	Attempts=1
Time	PTA	Treatment	Who performed	Comments
20:51		IVIO	HOCKER, JOEL	
		Complication None	Complication Narrative	
		Rate=Unsucc.	Solution=Saline Flush	Tubing=None
		Volume=None	Size=16 G	Length=1.25
		Blood Drawn=No	Successful IV Site=None	Type=IV - Extremity
		Attempts=1	Response=Unchanged	Successful=Unsuccessful
Time	PTA	Treatment	Who performed	Comments
20:53		IVIO	HOCKER, JOEL	
		Complication None	Complication Narrative	
		Rate=Unsucc.	Successful=Unsuccessful	Solution=Saline Flush
		Tubing=None	Volume=None	Size=16 G
		Length=1.25	Blood Drawn=No	Successful IV Site=None
		Type=IV - Extremity	Attempts=2	Response=Unchanged
Time	PTA	Treatment	Who performed	Comments
20:55		IVIO	HOCKER, JOEL	
		Complication None	Complication Narrative	
		Rate=TKO	Successful=Successful	Solution=0.9% Sodium Chloride
		Tubing=Macro Drip	Volume=100 ML	Size=20 G
		Length=1.25	Blood Drawn=No	Successful IV Site=Hand - Left
		Type=IV - Extremity	Attempts=3	Response=Unchanged
Time	PTA	Treatment	Who performed	Comments
20:57		Morphine	HOCKER, JOEL	
		Complication None	Complication Narrative	
		Dosage=4.0	Route=Intravenous	Indication=Pain Management
		Response=Unchanged	Dosage Units=MG	

FINAL**Patient Care Report**

Spartanburg EMS
 525 UNION STREET
 SPARTANBURG, SC 29308
 (864) 560-9300 Ext.

Run Number: 10233

Patient Number 1 of 1

Date of Service: 03/20/2014

Patient Name: JAMES LIPSCOMB

Medical Record # 000891319

Account # 7709002283

TREATMENT SUMMARY CONTINUED

Time	PTA	Treatment	Who performed	Comments
21:07		Morphine <u>Complication</u> None	HOCKER, JOEL <u>Complication Narrative</u>	
		Dosage=4.0	Route=Intravenous	Indication=Pain Management
		Response=Improved	Dosage Units=MG	

Time	PTA	Treatment	Who performed	Comments
21:08		Zofran <u>Complication</u> None	HOCKER, JOEL <u>Complication Narrative</u>	
		Indication=Nausea	Dosage=4.0	Route=Intravenous
		Response=Unchanged	Dosage Units=MG	

Time	PTA	Treatment	Who performed	Comments
21:29	Y	Bandaging <u>Complication</u> None	EMT-Paramedic <u>Complication Narrative</u>	PERFORMED BY FD.
		Type Used=Multi Trauma Dressing	Secured With=Kerlix	Indication=Laceration
		Response=Unchanged	Attempts=1	Successful=Successful

Time	PTA	Treatment	Who performed	Comments
21:29	Y	Splint <u>Complication</u> None	EMT-Paramedic <u>Complication Narrative</u>	PERFORMED BY FD.
		Type=Sling/Swoth	Extremity=Right Wrist/Forearm	Indication=Pain
		Result=Immobilized with Distal Pulse	Response=Unchanged	Attempts=1
		Successful=Successful		

NARRATIVE

ARRIVED ON SCENE TO FIND 44 YR OLD M SEATED IN CHAIR NEAR MACHINERY IN PLANT. FIRE DEPT ON SCENE WITH PT. PT. IS A&Ox4 AND HAD HIS RIGHT ARM CAUGHT IN A BAILER. PT. RIGHT HAS BEEN DE GLOVED FROM ELBOW TO WRIST. FIRE DEPT HAS BANDAGED ARM WITH TRAUMA DRESSING AND KERLEX AND HAS ARM IN SLING AND SWOTH. FIRE DEPT STATES NO DEFORMITY OR FRACTURE NOTED. ONLY DE GLOVING. BLEEDING IS CONTROLLED. PT. OXYGEN TRANSFERRED TO JD CYLINDER. PT. ASSISTED ON STRETCHER. SECURED WITH RAILS AND BELTS AND MOVED TO AMBULANCE. PT. DENIES ANY OTHER INJURY. ABRASION NOTED ON RIGHT SHOULDER. PT. DENIES LOC. CARDIAC MONITOR APPLIED. IVs ATTEMPTED. SWELLING NOTED DURING FLUSH ON FIRST TWO ATTEMPTS. IVs DC'D. ON THIRD ATTEMPT IV ESTABLISHED IN LEFT HAND. SITE FLUSHED WITH NSS. NO SWELLING OR INFILTRATION NOTED. IV PATENT. MEDICAL CONTROL CONTACTED FOR ORDERS FOR PAIN MANAGEMENT. 8MG MORPHINE REQUESTED AT 4MG INCRIMENTS. 8MG MORPHINE AT 4MG INCREMENTS CONFIRMED BY DOCTOR MESSER. BRIEF REPORT GIVEN AND CODE TRAUMA REQUESTED. TRANSPORT INITIATED EMERGENT TRAFFIC. VITALS REASSESSED EN ROUTE. MORPHINE GIVEN. ZOFRAN GIVEN FOR NAUSEA. PT. STATES IMPROVEMENT IN PAIN UPON RECEIVING 8MG. UPON ARRIVAL PT. MOVED TO TRAUMA BAY 1 VIA STRETCHER WITH RAILS AND BELTS SECURED. PT. LIFTED AND MOVED TO BED USING SHEET. FULL REPORT GIVEN TO RECEIVING RN AND MD. SIGNATURES OBTAINED. DUE TO PT. INJURY ACR USED.

FINAL

Patient Care Report



Spartanburg EMS
525 UNION STREET
SPARTANBURG, SC 29308
(864) 560-9300 Ext.

Run Number: 10233

Patient Number 1 of 1

Date of Service: 03/20/2014

Patient Name: JAMES LIPSCOMB

Medical Record #: 000891319

Account #: 7708002263

SIGNATURES

<u>Time</u>	<u>Type</u>	<u>Who signed</u>	<u>Why patient did not sign</u>
03/20/2014 21:20	Ordering Physician	Physician / MD - MESSER, CATHY Ordering Physician	

X

Witness

<u>Time</u>	<u>Type</u>	<u>Who signed</u>	<u>Why patient did not sign</u>
03/20/2014 21:27	Receiving Signature	RN - SHANDS, TEESA I acknowledge receiving EMS Patient JAMES LIPSCOMB on the time indicated in this report.	

X

Witness

JOEL HOCKER

<u>Time</u>	<u>Type</u>	<u>Who signed</u>	<u>Why patient did not sign</u>
03/20/2014 21:29	Ambulance Crew Representative	Crew Member #1 - HOCKER, JOEL	Pt Impaired - unable to use hands

My signature below indicates that, at the time of service, this patient, JAMES LIPSCOMB was physically or mentally incapable of signing and that no authorized representatives were available or willing to sign.

The patient, JAMES LIPSCOMB was unable to sign due to condition in this report. The patient was transported to the listed medical facility.

The patient, JAMES LIPSCOMB received services from this agency on the date noted in this document.

FINAL**Patient Care Report****Spartanburg EMS**525 UNION STREET
SPARTANBURG, SC 29306
(864) 560-9800 Ext.

Run Number: 10233

Patient Number 1 of 1

Date of Service: 03/20/2014

Patient Name: JAMES LIPSCOMB

Medical Record # 000891319

Account # 7709002283

Witness

CREW INFORMATION

Start Date/Time: 03/20/2014 20:33

Name

HOCKER, JOEL

EMT-Paramedic

Name

DUNCAN, BRITTNEY

EMT-Basic

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct#: 7709002283
Med Rcd#: 000881319

GLASGOW COMA SCORE: (adult) - eyes open spontaneously 4, verbal converses and oriented 5, motor obeys commands 6, glasgow coma total 15.

DATA REVIEWED:

COUNSELING:

Created and Electronically Authenticated By: Winkles, Blake (Scribe) Created: 3/20/2014 2124 Last Entry: 2132

Provider Note:
CRIBE NOTE -This documentation has been scribed by me as dictated by Messer, Cathy A D.O..

3/20/2014 2131 - Dr. Ashley (attending surgeon) present at bedside. Pt w/ stable vitals.

Created and Electronically Authenticated By: Messer, Cathy A D.O. Created: 3/20/2014 2136 Last Entry: 2137

Provider Note: Code Trauma The patient was seen and treated in the trauma resuscitation bay in conjunction with the trauma team. My participation and evaluation are documented above. At this time Ashley, Tom M.D. is present as the trauma attending and their service has agreed to assume care. They will be admitted to the trauma service unless an alternate disposition is arranged by their service. The patient is admitted in stable condition.

CLINICAL IMPRESSION: Diagnosis: Fractured Ulna, Open (Unspecified), Degloving of right forearm

Created and Electronically Authenticated By: Messer, Cathy A D.O. Created: 3/20/2014 2138 Last Entry: 2138

Provider Note:
CRIBE ATTESTATION NOTE - The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me.

Created and Electronically Authenticated By: Messer, Cathy A D.O. Created: 3/20/2014 2209 Last Entry: 2209

Results Reviewed by ED Provider:

- BORH2
- COMPLETE BLOOD COUNT
- PROTHROMBIN TIME
- ARTIAL THROMBOPLASTIN TIME
- COMPREHENSIVE METABOLIC PANEL

Clinical Decision Support		
Alert	CPT II	Compliance
Alert: 70 Bed Time - 05 minutes after Decision to Admit		performed and documented
Alert: 20 Bed Time - 277 minutes LOS		performed and documented

Vital Signs										
ID	Dia	Pulse	Resp	SAT	O2 Delivered	Temp (F)	Route	Pain Scale	Comment	Taken at
1	72	81	20	95%	RA	98.7 F	and		Wbld Vitals	3/20/2014 2115
										Shenck, Teresa D R.N. (C.C.)
2	72	82	20	95%	RA				Wbld Vitals	3/20/2014 2205
										Shenck, Teresa D R.N. (C.C.)

Spartanburg Regional Emergency Center
1 East Wood Street, Spartanburg, SC 29303 == (864) 560-6000

3/21/2014 Pg 4

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct#: 7709002283
Med Rcd#: 000891319

Home Medications			
Medication	Indication	Last Dose	Comments
Patient Not Found			

Allergies	
allergic Substance	Reaction
NA	

Input & Output			
Fluid Type	Intake	Output	I/O Time
Empty			

PMH	
Condition	
Function	

PSH	
Procedure	
diagnosis report	

Orders			
Order	Sched D/T	Comp D/T	Provider Sig
As and Street Comment: to boy	3/20/2014 2113	3/20/2014 2214	Wesner, Cathy A MD O 3/20/2014 2130
FE Status, Comment: the boy 1	3/20/2014 2113	3/20/2014 2216	Wesner, Cathy A MD O 3/20/2014 2138
ILRH2	3/20/2014 2133	3/20/2014 2151	Wesner, Cathy A MD O 3/20/2014 2138
FE Status	3/20/2014 2133	3/20/2014 2215	Wesner, Cathy A MD O 3/20/2014 2130
ALPHATERIE ODN COUNT		3/20/2014 2135	Wesner, Cathy A MD O 3/20/2014 2138
OTHER COMMENTS		3/20/2014 2147	DATE 04/30/20

PRINTED BY: TT32485

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

Orders (continued)

Order	Sched D/T	Comp D/T	Provider Sig
ACTUAL TITROM/DOPLASTIN TIME		3/20/2014 2140	
OM TREHENSIVE METASOUC PANEL		3/20/2014 2203	
TC-TEST		3/20/2014 2209	
211 JIMEROUP (2 VIEWS)		3/20/2014 2209	
2 FOREARM (MIN 2 VIEWS)		3/20/2014 2209	
211 END (2 VIEWS)		3/20/2014 2210	
HAVCL BLOOD		3/20/2014 2214	
1 FOREARM FTT, JIMEROUP	3/20/2014 2300		
1 OPERATIVE FLUCROUP TO HR	3/20/2014 2300		

Orders (Mods)

Order	Sched D/T	Infusion Started	Administered D

```

TBM1 Scale
-----
1ter1a                                Present
-----
>>= 6E
3 CAD no < 10000
pen capillary shunt1a >= 50%
1 use in next 7 days
ing 100 capsules in prior 24 hours
stated reason < 10000: none with
deviation >= 3 term or admission ECG
===== TO A TBM Score
-----
U a daily technique RISK
===== Opt'mo Performed
===== User Name

```

Pneumonia Scale		
Pneumonia Criteria	Present	Points
		+100
1. CXR New infiltrate		+10
2. Abstr U. Leuko Meter		+5
3. Discolor		+20
4. Positive Hapt. Ferritin		+10
5. Procalcitonin > 0.5		

DATE 04/30/20

12

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

Pneumonia Scale (continued)		
Pneumonia Criteria	Present	Points
Chest Disease		+1
Altered Mental Status		+1
Respiratory Rate > 25/min		+2
Systolic Blood Pressure < 90 mmHg		+2
Temperature: DEF or > 103.6F		+1
WBC > 12,000/mm ³		+1
WBC < 7,000		+2
WBC > 25,000		+2
CRP > 25mg/L		+1
Procalcitonin < 0.1ng/L		+1
Procalcitonin > 0.1ng/L		+1
Leukopenia on X-ray		+1
TOTAL Score		
MEDICATIONS		
Performed on		
User Name		

NIH Stroke Scale											
OC	Questions	Comma	Gaze	Visual	Fl	Paresis	RA Motor	LA Motor	RL Motor	LL Motor	Ataxia
Sensory											
Language											
Dysarthria											
Ext											
Errors											

Procedures			
Procedure	Performed By	Quantity Entered	Billing No.
Errors			

Inpatient Medication Orders					
Medication	Dose	Route	Comments	Entered	Administered By
Errors					

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

Created and Electronically Authenticated By: Shands, Teresa D.R.N. (EC) Created: 3/20/2014 2209 Last Entry: 2212

Clinical Note:

ASSESS TRAUMA Assessment performed at 3/20/2014 2119.
PMH List (See PMH Table) PSH List (See PSH Table)
SH: drinks alcohol, drug usage
PHYSICAL EXAM:
AIRWAY: (+)patent, (-)obstructed.
BREATHING: no breathing compromise. (-)accessory muscle use, good air exchange bilateral.
CIRCULATION: no circulatory compromise, capillary refill <2 seconds.
MENTAL STATUS: speech clear, oriented X 3, normal affect, responds appropriately to questions, alert, cooperative.
LUNGS: no wheezing, no rales, no rhonchi, (-)accessory muscle use, good air exchange bilateral
HEAD: no swelling/tenderness on the head. MUSCULOSKELETAL: Onset 1hr ago while working, nothing improves symptoms, movement makes it worse. (-)deformity, (-)distal neuro deficits. (-)altered sensation.
EXTREMITIES: good pulses all extremities, severe tenderness in the RUE, no edema.
SKIN: warm, dry, good color, no rash, no abrasions/lacerations. pt with degloving from elbow to wrist of RUE. pt with sensation to fingers on right hand. pt has limited movement to RUE, good radial pulses noted. pt reports arm was caught in machine at work, no other injuries noted.
GLASGOW COMA SCORE: (adult) 3/20/2014 2122 - eyes open spontaneously 4, verbal converses and oriented 5, motor obeys commands 6, glasgow coma total 15
EXPOSURE: Clothing removed, Hospital gown provided, caregiver at bedside.
SAFETY: Call light at bedside, Use of call bell explained to patient. Side rails raised for patient safety.
FALLS ASSESSMENT ADULT:
FALL HISTORY: No history of falling 0
SECONDARY DIAGNOSIS: No secondary diagnosis 0
IV ACCESS: IV Access 20
AMBULATORY AID: None/bed rest/nurse assist 0
GAIT: Gait Normal bed rest or wheelchair 0
MENTAL STATUS: Oriented to own ability 0
FALL RISK SCORE: Low Risk (0-44).
Plan of Care to Decrease Fall Risk: Low Risk Interventions include - (+)Oriented to room, (+)Instruct to call for help/call bell within reach. (+)Family/caregiver at bedside, (+)Bed in low position, (+)Bed/stretcher brakes on, (+)Bed rails up.

Created and Electronically Authenticated By: Shands, Teresa D.R.N. (EC) Created: 3/20/2014 2212 Last Entry: 2213

Clinical Note:

IT INSERTED - pta by ems 20qa left hand following 1 attempt(s) without labs drawn. 10mL normal saline flush. Patient tolerated procedure well.
IT INSERTED - 3/20/2014 2128 18qa left forearm following 1 attempt(s) with labs drawn. 10mL normal saline flush. Patient tolerated procedure well.

Created and Electronically Authenticated By: Shands, Teresa D.R.N. (EC) Created: 3/20/2014 2213 Last Entry: 2214

Clinical Note:

SP ADMISSION(on Monitor)
Impaired Skin Integrity: Wound(s) assessed at 3/20/2014 2124 and was present on arrival.
Color
Edges
Drainage.
Falls Risk Assessment was completed.
Patient prepared for transport to inpatient bed or, admitted to service of Ashley, Tom M.D.. Admission orders were received. Nursing report provided to receiving unit. Verified SBAR report with or. Patient's belongings given to registration. Transport to floor on portable cardiac monitor by nurse and ED-Technician with RN accompanying.

Illips, Emily R (Cust Svc) Created: 3/20/2014 2056 Last Entry: 2056

Other Note: per medic 23, calling trauma alert on 44 vom. pt arm stuck in machine at work, ems sts pt has degloving from elbow to wrist. ems request for no more time on 240 lb pt no allergies. BATTN. Per 03/30/2014

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

Wallace pt may receive 8 mg morphine. ems repeated orders back. bp 166/76, hr 76. Upgraded to Code
uma per Dr. Wallace. Clinical Coordinator contacted, Code Trauma paged.

James, Andy (Cust Svc) Created: 3/20/2014 2:13 Last Entry: 2114

Other Note:

UPDATE per M23 with 6min eta bp 163/106 p 72 pt given 8mg Morphine with no changes.

Charge nurse updated.

Wrenn, Randy (Chaplain) Created: 3/20/2014 2128 Last Entry: 2128

Other Note:

Chaplain at Bedside. family present, taking them to surgery waiting.

Miller, Melody L (Par) Created: 3/20/2014 2153 Last Entry: 2154

Other Note:

Registration Note: pt is James Lipscomb DOB 12/2/69

Miller, Melody L (Par) Created: 3/20/2014 2154 Last Entry: 2154

Other Note:

Registration Note: was in ec safe

Vellsoft Interface Created: 3/20/2014 2135 Last Entry: 2:35

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 124570545

----- COMPLETE BLOOD COUNT -----

Source: BLOOD

Comment: tra bay 1

White Blood Cell Count	8.7	Norm	K/cmm	3.1-9.7
Red Blood Cell Count	4.53	Norm	million/cmm	4.08-5.70
Hemoglobin	14.8	Norm	g/dL	13.1-16.8
Hematocrit	43.7	Norm	%	38.2-48.4
Mean Corpuscular Volume	96.4	Norm	fL	80.1-98.7
Mean Corpuscular Hemoglobin	32.6	Norm	pg	27.5-34.3
Mean Corpuscular Hemoglobin Concentration	33.9	Norm	g/dL	33.2-35.7
Red Cell Distribution Width	14.3	Norm	%	11.7-15.0
Platelet	279	Norm	K/cmm	119-332

The above 9 analytes were performed by SPARTANBURG REGIONAL LABORATORY
01 EAST WOOD STREET, SPARTANBURG, SC 29303

Vellsoft Interface Created: 3/20/2014 2147 Last Entry: 2:47

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 124570546

----- PROTHROMBIN TIME -----

Source: BLOOD

Comment: tra bay 1

Prothrombin Time	13.6	Norm	seconds	11.7-14.3
INR	1.0	Low		2.0-3.0

The above 2 analytes were performed by SPARTANBURG REGIONAL LABORATORY
01 EAST WOOD STREET, SPARTANBURG, SC 29303

Vellsoft Interface Created: 3/20/2014 2148 Last Entry: 2:48

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 124570547

----- PARTIAL THROMBOPLASTIN TIME -----

Source: BLOOD

Comment: tra bay 1

Partial Thromboplastin Time	23.6	Norm	seconds	23.3-36.3

The above 1 analytes were performed by SPARTANBURG REGIONAL LABORATORY
01 EAST WOOD STREET, SPARTANBURG, SC 29303

Vellsoft Interface Created: 3/20/2014 2151 Last Entry: 2:51

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2133 ; 14079436301

----- ABORH2 -----

Source: BLOOD

Group and RH (2nd) B Rh Positive

The above 1 analytes were performed by SPARTANBURG REGIONAL LABORATORY

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709802283
Med Rcd: 000891319

01 EAST WOOD STREET, SPARTANBURG, SC 29303

Soft Interface Created: 3/20/2014 2203 Last Entry: 2203

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 124570548

---- COMPREHENSIVE METABOLIC PANEL -----

Source: BLOOD

Comment: tra bay 1

hemolysis noted

urea Nitrogen	17	Norm	mg/dL	7-25
Sodium	141	Norm	mmol/L	133-146
Potassium	3.0	Low	mmol/L	3.5-5.2
Chloride	104	Norm	mmol/L	100-111
Carbon Dioxide	25.3	Norm	mmol/L	23.0-32.6
Glucose	134	High	mg/dL	70-100
Creatinine	1.63	High	mg/dL	0.47-1.35
Calcium	8.6	Low	mg/dL	8.9-10.3
Total Protein	7.0	Norm	g/dL	6.1-8.0
Albumin	4.2	Norm	g/dL	3.5-4.9
Alanine Transferase	19	Norm	IU/L	8-39
Alkaline Phosphatase	104	Norm	IU/L	36-108
Aspartate Transferase	32	Norm	IU/L	12-33
Total Bilirubin	1.0	Norm	mg/dL	0.0-1.5
BUN/Creat Ratio	10	Norm		8-23
Osmolality Calculation	285	Norm	mOsm/kg	270-350
Anion Gap	15	High	mmol/L	6-13
Hemoglobin	2.8	Norm	g/dL	2.0-4.5
Albumin/Globulin Ratio	1.5	Norm		0.9-2.4
Estimated GFR-African American	45		mL/min/1.73 m ²	
Estimated GFR-Other	37		mL/min/1.73 m ²	

Do not use this eGFR calculation for medication dose adjustments.

The above 21 analytes were performed by SPARTANBURG REGIONAL LABORATORY

01 EAST WOOD STREET, SPARTANBURG, SC 29303

Soft Interface Created: 3/20/2014 2214 Last Entry: 2214

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 124570549

--- ETHANOL, BLOOD -----

Source: BLOOD

Comment: tra bay 1

Ethanol 97 High mg/dL 0-0

The above 1 analytes were performed by SPARTANBURG REGIONAL LABORATORY

01 EAST WOOD STREET, SPARTANBURG, SC 29303

Soft Interface Created: 3/20/2014 2214 Last Entry: 2214

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 14079436212

---- Type and Screen (PRELIMINARY RESULTS) -----

Source: BLOOD

Comment: tra bay 1

Group and RH To Follow

Antibody Screen Negative

Previous ABORH Check To Follow

Previous Clinically Significant Antibody To Follow

Specimen expiration date: 3/23/2014 2359

The above 5 analytes were performed by SPARTANBURG REGIONAL LABORATORY

01 EAST WOOD STREET, SPARTANBURG, SC 29303

TE: Additional Information is Available in the Sections Below.

Soft Interface Created: 3/20/2014 2214 Last Entry: 2214

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 14079436212

---- Type and Screen (PRELIMINARY RESULTS) -----

Source: BLOOD

PRINTED BY: T132485

DATE 04/30/20

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709802283
Med Rcd: 000891319

Comment: tra bay 1
Group and RH B Rh Positive
Antibody Screen Negative
Previous ABORH Check To Follow
Previous Clinically Significant Antibody To Follow
Specimen expiration date: 3/23/2014 2359
The above 5 analytes were performed by SPARTANBURG REGIONAL LABORATORY
01 EAST WOOD STREET, SPARTANBURG, SC 29303
NOTE: Additional Information is Available in the Sections Below.

Vellosoft Interface Created: 3/20/2014 2215 Last Entry: 2215

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 14079436212
----- Type and Screen (PRELIMINARY RESULTS) -----

Source: BLOOD

Comment: tra bay 1

Group and RH B Rh Positive
Antibody Screen Negative
Previous ABORH Check No Hist ABORH
Previous Clinically Significant Antibody To Follow
Specimen expiration date: 3/23/2014 2359

The above 5 analytes were performed by SPARTANBURG REGIONAL LABORATORY
01 EAST WOOD STREET, SPARTANBURG, SC 29303
NOTE: Additional Information is Available in the Sections Below.

Vellosoft Interface Created: 3/20/2014 2215 Last Entry: 2215

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 14079436212
----- Type and Screen -----

Source: BLOOD

Comment: tra bay 1

Group and RH B Rh Positive
Antibody Screen Negative
Previous ABORH Check No Hist ABORH
Previous Clinically Significant Antibody No Hist Cl Sign Ab
Specimen expiration date: 3/23/2014 2359

The above 5 analytes were performed by SPARTANBURG REGIONAL LABORATORY
01 EAST WOOD STREET, SPARTANBURG, SC 29303

Vellosoft Interface Created: 3/20/2014 2215 Last Entry: 2215

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 14079436213
----- XME Status -----

Source: BLOOD

Comment: tra bay 1

XME Status XME Ready
The above 1 analytes were performed by SPARTANBURG REGIONAL LABORATORY
01 EAST WOOD STREET, SPARTANBURG, SC 29303

Vellosoft Interface Created: 3/20/2014 2215 Last Entry: 2215

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2133 ; 14079436302
----- XME Status -----

Source: BLOOD

XME Status XME Ready

The above 1 analytes were performed by SPARTANBURG REGIONAL LABORATORY
01 EAST WOOD STREET, SPARTANBURG, SC 29303

Vellosoft Interface Created: 3/20/2014 2209 Last Entry: 2209

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: ; 124570736
----- ER CHEST P** -----

a bay 1

Lead By: Neil H Parnes MD

PRINTED BY: TT32485

DATE

04/30/20

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct#: 7709802283
Med Rcd#: 000891319

Report: Right forearm 3/20/2014
Report: 3 views
Report: Indication- Degloving injury
Report: Extensive soft tissue injury is noted throughout the forearm soft
Report: tissues. Soft tissue Edema is noted. There are slightly displaced
Report: fractures of the mid to distal radial diaphysis and mid ulnar
Report: diaphysis.
Report: Impression- Extensive soft tissue injury as described above, radial
Report: and ulnar fractures.
Report: Right Humerus 3/20/2014
Report: Indication- Trauma
Report: 2 Views-
Report: Findings-
Report: There are no soft tissue or bony abnormalities, fracture, or
Report: dislocation.
Report: Impression- No soft tissue or bony abnormalities, fracture, or
Report: dislocation.
Report: Right Hand 3/20/2014
Report: Indication- Trauma
Report: 2 views
Report: Findings-
Report: The soft tissues are remarkable for diffuse soft tissue edema. The
Report: bony structures are unremarkable. There is no fracture, dislocation,
Report: or other significant degenerative arthritic changes.
Report: IMPRESSION- Diffuse Soft tissue edema
Report: Note- If a subtle fracture or ligamentous injury is suspected, then an
Report: MRI scan would be most definitive.
Report:
Report: Transcriptionist- MEVA
Report: Reading Radiologist- Neil H Parnes MD
Report: Releasing Radiologist- Neil H Parnes MD
Report: Released Date Time- 03/20/14 2209
Report:
Released By: Neil H Parnes MD

NOTE: Additional Information Is Available in the Sections Below.

Velsoft Interface Created: 3/20/2014 2209 Last Entry: 2209

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2113 ; 124570739

----- ER HUMERUS (2 VIEWS) -----

tab 1

Read By: Neil H Parnes MD

Report: Right forearm 3/20/2014

Report: 3 views

Report: Indication- Degloving injury

Report: Extensive soft tissue injury is noted throughout the forearm soft

Report: tissues. Soft tissue Edema is noted. There are slightly displaced

Report: fractures of the mid to distal radial diaphysis and mid ulnar

Report: diaphysis.

Report: Impression- Extensive soft tissue injury as described above, radial

Report: and ulnar fractures.

Report: Right Humerus 3/20/2014

Report: Indication- Trauma

Report: 2 Views-

Report: Findings-

Report: There are no soft tissue or bony abnormalities, fracture, or

Report: dislocation.

Report: Impression- No soft tissue or bony abnormalities, fracture, or

DATE

04/30/20

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

report: dislocation.
report: Right Hand 3/20/2014
report: Indication- Trauma
report: 2 views
report: Findings-
report: The soft tissues are remarkable for diffuse soft tissue edema. The
report: bony structures are unremarkable. There is no fracture, dislocation,
report: or other significant degenerative arthritic changes.
report: IMPRESSION- Diffuse Soft tissue edema
report: Note- If a subtle fracture or ligamentous injury is suspected, then an
report: MRI scan would be most definitive.
report:
report: Transcriptionist- MEVA
report: Reading Radiologist- Neil H Parnes MD
report: Releasing Radiologist- Neil H Parnes MD
report: Released Date Time- 03/20/14 2209
report:
report: Released By: Neil H ParnesMD
NOTE: Additional Information is Available in the Sections Below.

cells of interface Created: 3/20/2014 2209 Last Entry: 2209
patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2113 ; 124570738
----- ER FOREARM (MIN 2 VIEWS)-----

bay 1
read By: Neil H ParnesMD
report: Right forearm 3/20/2014
report: 3 views
report: Indication- Degloving injury
report: Extensive soft tissue injury is noted throughout the forearm soft
report: tissues. Soft tissue Edema is noted. There are slightly displaced
report: fractures of the mid to distal radial diaphysis and mid ulnar
report: diaphysis.
report: Impression- Extensive soft tissue injury as described above, radial
report: and ulnar fractures.
report: Right Humerus 3/20/2014
report: Indication- Trauma
report: 2 Views-
report: Findings-
report: There are no soft tissue or bony abnormalities, fracture, or
report: dislocation.
report: Impression- No soft tissue or bony abnormalities, fracture, or
report: dislocation.
report: Right Hand 3/20/2014
report: Indication- Trauma
report: 2 views
report: Findings-
report: The soft tissues are remarkable for diffuse soft tissue edema. The
report: bony structures are unremarkable. There is no fracture, dislocation,
report: or other significant degenerative arthritic changes.
report: IMPRESSION- Diffuse Soft tissue edema
report: Note- If a subtle fracture or ligamentous injury is suspected, then an
report: MRI scan would be most definitive.
report:
report: Transcriptionist- MEVA
report: Reading Radiologist- Neil H Parnes MD
report: Releasing Radiologist- Neil H Parnes MD
report: Released Date Time- 03/20/14 2209 BY: TT32485

Spartanburg Regional Emergency Center
 31 East Wood Street, Spartanburg, SC 29303 == (864) 560-6000

Patient: Lipscomb, James
 Arrival: 3/20/2014 2113
 Pt Acct: 7709802283
 Med Rcd: 000891319

Report:
 Released By: Neil H ParnesMD
 NOTE: Additional Information is Available in the Sections Below.
 Wellssoft Interface Created: 3/20/2014 2210 Last Entry: 2210
 Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2113 ; 124570737
 ----- XR HAND (2 VIEWS) -----

Bay 1
 Read By: Neil H ParnesMD
 Report: Right forearm 3/20/2014
 Report: 3 views
 Report: Indication- Degloving injury
 Report: Extensive soft tissue injury is noted throughout the forearm soft
 Report: tissues. Soft tissue Edema is noted. There are slightly displaced
 Report: fractures of the mid to distal radial diaphysis and mid ulnar
 Report: diaphysis.
 Report: Impression- Extensive soft tissue injury as described above, radial
 Report: and ulnar fractures.
 Report: Right Humerus 3/20/2014
 Report: Indication- Trauma
 Report: 2 Views-
 Report: Findings-
 Report: There are no soft tissue or bony abnormalities, fracture, or
 Report: dislocation.
 Report: Impression- No soft tissue or bony abnormalities, fracture, or
 Report: dislocation.
 Report: Right Hand 3/20/2014
 Report: Indication- Trauma
 Report: 2 views
 Report: Findings-
 Report: The soft tissues are remarkable for diffuse soft tissue edema. The
 Report: bony structures are unremarkable. There is no fracture, dislocation,
 Report: or other significant degenerative arthritic changes.
 Report: IMPRESSION- Diffuse Soft tissue edema
 Report: Note- If a subtle fracture or ligamentous injury is suspected, then an
 Report: MRI scan would be most definitive.
 Report:
 Report: Transcriptionist- MEVA
 Report: Reading Radiologist- Neil H Parnes MD
 Report: Releasing Radiologist- Neil H Parnes MD
 Report: Released Date Time- 03/20/14 2209
 Report:
 Released By: Neil H ParnesMD

NOTE: Additional Information is Available in the Sections Below.

Wellssoft Interface Created: 3/20/2014 2210 Last Entry: 2210

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2113 ; 124570739
 ----- ER HUMERUS (2 VIEWS) -----

Bay 1
 Read By: Neil H Parnes MD
 Report: Right forearm 3/20/2014
 Report: 3 views
 Report: Indication- Degloving injury
 Report: Extensive soft tissue injury is noted throughout the forearm soft
 Report: tissues. Soft tissue Edema is noted. There are slightly displaced
 Report: fractures of the mid to distal radial diaphysis and mid ulnar
 Report: diaphysis.
 Report: Impression- Extensive soft tissue injury as described above, radial

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000881319

Report: and ulnar fractures.
Report: Right Humerus 3/20/2014
Report: Indication- Trauma
Report: 2 Views-
Report: Findings-
Report: There are no soft tissue or bony abnormalities, fracture, or
Report: dislocation.
Report: Impression- No soft tissue or bony abnormalities, fracture, or
Report: dislocation.
Report: Right Hand 3/20/2014
Report: Indication- Trauma
Report: 2 views
Report: Findings-
Report: The soft tissues are remarkable for diffuse soft tissue edema. The
Report: bony structures are unremarkable. There is no fracture, dislocation,
Report: or other significant degenerative arthritic changes.
Report: IMPRESSION- Diffuse Soft tissue edema
Report: Note- If a subtle fracture or ligamentous injury is suspected, then an
Report: MRI scan would be most definitive.
Report:
Report: Transcriptionist- MEA
Report: Reading Radiologist- Neil H Parnes MD
Report: Releasing Radiologist- Neil H Parnes MD
Report: Released Date Time- 03/20/14 2209
Report:
Released By: Neil H Parnes MD

Callsoft Interface Created: 3/20/2014 2210 Last Entry: 2210

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2113 ; 124570736
----- ER CHEST P** -----

Bay 1
Read By: Neil H Parnes MD
Report: Right forearm 3/20/2014
Report: 3 views
Report: Indication- Degloving injury
Report: Extensive soft tissue injury is noted throughout the forearm soft
Report: tissues. Soft tissue Edema is noted. There are slightly displaced
Report: fractures of the mid to distal radial diaphysis and mid ulnar
Report: diaphysis.
Report: Impression- Extensive soft tissue injury as described above, radial
Report: and ulnar fractures.
Report: Right Humerus 3/20/2014
Report: Indication- Trauma
Report: 2 Views-
Report: Findings-
Report: There are no soft tissue or bony abnormalities, fracture, or
Report: dislocation.
Report: Impression- No soft tissue or bony abnormalities, fracture, or
Report: dislocation.
Report: Right Hand 3/20/2014
Report: Indication- Trauma
Report: 2 views
Report: Findings-
Report: The soft tissues are remarkable for diffuse soft tissue edema. The
Report: bony structures are unremarkable. There is no fracture, dislocation,
Report: or other significant degenerative arthritic changes.
Report: IMPRESSION- Diffuse Soft tissue edema
Report: T132485

DATE

04/30/20

Patient: Upscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709802283
Med Rcd: 000891319

Report Note- If a subtle fracture or ligamentous injury is suspected, then an
MRI scan would be most definitive.

Report:
Transcriptionist- NEVA
Reading Radiologist- Neil H Parnes MD
Releasing Radiologist- Neil H Parnes MD
Released Date Time- 03/20/14 2209
Released By: Neil H Parnes MD

Soft Interface Created: 3/20/2014 2210 Last Entry: 2210

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2113 ; 124570738
----- ER FOREARM (MIN 2 VIEWS)-----

3 bay 1

Read By: Neil H Parnes MD
Report: Right forearm 3/20/2014
Report: 3 views

Report: Indication- Degloving injury
Report: Extensive soft tissue injury is noted throughout the forearm soft
tissues. Soft tissue Edema is noted. There are slightly displaced
fractures of the mid to distal radial diaphysis and mid ulnar
diaphysis.
Report: Impression- Extensive soft tissue injury as described above, radial
and ulnar fractures.
Report: Right Humerus 3/20/2014
Report: Indication- Trauma
Report: 2 Views-

Report: Findings-
Report: There are no soft tissue or bony abnormalities, fracture, or
dislocation.
Report: Impression- No soft tissue or bony abnormalities, fracture, or
dislocation.

Report: Right Hand 3/20/2014
Report: Indication- Trauma
Report: 2 views

Report: Findings-
Report: The soft tissues are remarkable for diffuse soft tissue edema. The
bony structures are unremarkable. There is no fracture, dislocation,
or other significant degenerative arthritic changes.
Report: IMPRESSION- Diffuse Soft tissue edema
Report: Note- If a subtle fracture or ligamentous injury is suspected, then an
MRI scan would be most definitive.

Report:
Transcriptionist- NEVA
Reading Radiologist- Neil H Parnes MD
Releasing Radiologist- Neil H Parnes MD
Released Date Time- 03/20/14 2209
Released By: Neil H Parnes MD

Soft Interface Created: 3/20/2014 2210 Last Entry: 2210

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2113 ; 124570737
----- XR HAND (2 VIEWS)-----

3 bay 1

Read By: Neil H Parnes MD
Report: Right forearm 3/20/2014
Report: 3 views

Report: Indication- Degloving injury
PRINTED BY: TT32485

DATE

04/30/20

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000881319

Report: Extensive soft tissue injury is noted throughout the forearm soft
Report: tissues. Soft tissue edema is noted. There are slightly displaced
Report: fractures of the mid to distal radial diaphysis and mid ulnar
Report: diaphysis.
Report: Impression- Extensive soft tissue injury as described above, radial
Report: and ulnar fractures.
Report: Right Humerus 3/20/2014
Report: Indication- Trauma
Report: 2 Views-
Report: Findings-
Report: There are no soft tissue or bony abnormalities, fracture, or
Report: dislocation.
Report: Impression- No soft tissue or bony abnormalities, fracture, or
Report: dislocation.
Report: Right Hand 3/20/2014
Report: Indication- Trauma
Report: 2 views
Report: Findings-
Report: The soft tissues are remarkable for diffuse soft tissue edema. The
Report: bony structures are unremarkable. There is no fracture, dislocation,
Report: or other significant degenerative arthritic changes.
Report: IMPRESSION- Diffuse Soft tissue edema
Report: Note- If a subtle fracture or ligamentous injury is suspected, then an
Report: MRI scan would be most definitive.
Report:
Report: Transcriptionist- MEVA
Report: Reading Radiologist- Neil H Parnes MD
Report: Releasing Radiologist- Neil H Parnes MD
Report: Released Date Time- 03/20/14 2209
Report:
Released By: Neil H Parnes MD

Prescribed Meds / Rx
Disposition

Signatures
Electronically Authenticated Messer, Cathy A D.O. 3/20/2014 2139

Electronically Authenticated Shands, Teresa D.R.N. (E.C.) 3/20/2014 2216

Admitting Dx: Degloving right forearm
Instr:
Dx 1: Fractured Ulna, Open (Unspecified)
Dx 2: Degloving right forearm
2011 Wellsoft, Elsevier THIS IS THE LAST PAGE

3/21/2014

Spartanburg Regional Emergency Center
101 East Wood Street, Spartanburg, SC 29303 == (864) 560-6000

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

ED RECORD

Patient: Lipscomb, James
Home Address: 170 Irby Ct

DOB: 12/2/1969
Age: 44yr
Sex: M

City: Spartanburg
State: SC Zip: 29301
Home Ph: (864) 483-5613

Patient Code Alert: Code Trauma

Insurance Companies

Insurance Company

WORKERS COMPENSATION
WORKERS COMPENSATION

Acuity: 2
Advance Directive: No
Disposition: Admit
Condition at Dispo: Stable
Pt Weight: 104.3 kg
(230 lbs)
Pt Height: 6'1" (185cms)
Triage Impression: Code Trauma
Nature of EMS Call: machine accident

Created Record: 3/20/2014 2050
Mode of Arrival: Ambulance
Decision To Admit: 3/20/2014 2138
Time Left ED: 3/20/2014 2211
BMI: 30.5

RSA: 2.32 m2

RN Triage: Shands, Teresa D R.N. (E.C.)
RN Dispo: Shands, Teresa D R.N. (E.C.)
Provider: Messer, Cathy A D.O.

FCP: none
Admit Phys: Ashley, Tom M.D.
Admit Phys Phone: 864-560-1576
Referring Phys: 18103
Referring Phys Ph:
Consult Phys:
Cnslt Phys Ph:

Created and Electronically Authenticated By: Winkles, Blake (Scribe) Created: 3/20/2014 2107 Last Entry: 2135
Created and Electronically Authenticated By: Messer, Cathy A D.O. First Entry: 3/20/2014 2136 Last Entry: 2136

PHYSICIAN H&P INJURY/ PAIN/ MULTIPLE TRAUMA

Patient seen at: 3/20/2014 2113.

PREHOSPITAL CARE: Arrived by EMS.

History not limited.

Chief Complaint: (+) injury

HPI: 44 y/o male presents to ED w/ injury to right arm caught in a conveyor belt and right arm degloved from elbow to wrist. Pt was given 8mg of morphine and 4mg of zofran. hx of HTN. Denies any other injuries. Says he feels "like needles pricking his entire hand".

ROS:
() Unable to obtain full ROS due to patient's condition TT32405

DATE

04/30/2014

Patient: Lipscomb, James

Arrival: 3/20/2014 2113

Pt Acct: 7709002283

Med Rcd: 000891319

CONST(System): () fatigue (-) headache.
ENT(System): () tooth pain, () nose bleed.
EYES(System): (-) blurry vision, () pain, () eye pain.
CV(System): () palpitations, (-) chest pain.
RESP(System): () cough, () wheezing, (-) SOB, () hemoptysis.
GI(System): (-) abdominal pain, (+) nausea, (-) vomiting.
GU(System): () difficulty urinating, () hematuria.
MS(System): () back pain, () joint pain, () leg pain, () neck pain. (+) arm pain
SKIN(System): (+) redness, (+) abrasions, () lacerations. (+) de gloving
NEURO(System): (+) numbness. () weakness () difficulty walking, () difficulty with speech, () confusion.
PSYCH(System): () anxiety, () depression.

(+) Except as marked, all systems above reviewed and found negative or are noted in HPI.

PMH List (See PMH Table) PSH List (See PSH Table)

(+) PMH, PSH, Family Hx, and Social Hx reviewed and agree with or are modified the table.

(+) Medications and allergies reviewed and confirmed or modified in table.

(+) MLP triage assessment and/or nursing notes reviewed and agree unless otherwise noted or supplemented in chart.

FH: () CAD, () DM, () HTN, () Other type in

SH: employed

IMMUNIZATIONS:

Tetanus: not up to date

PHYSICAL EXAM:

VITAL SIGNS REVIEWED

GENERAL APPEARANCE: well nourished, alert, cooperative, no obvious discomfort.

HEAD: no abrasions/lacerations on the head.

EYES: conjunctiva clear PERRL, EOMI

NOSE: (-) injury, no swelling/tenderness.

THROAT: no airway obstruction

NECK: trachea midline.

SPINE: no cervical spine tenderness.

RESPIRATORY: (-) respiratory distress, good air exchange bilateral, no wheezing, no rhonchi, no rales.

CHEST WALL: no chest tenderness

CVS: normal rhythm, normal rate, (-) friction rub, no murmur.

ABDOMEN/GI: (-) rebound, (-) guarding, soft, normal BS, no abd tenderness, no abd masses, (-) distended.

SKIN: good color, warm other trauma: none

EXTREMITIES: Right UE: de gloving of Rt forearm from elbow to wrist, violated fascia on lateral aspect of right forearm, decreased sensation in hand, decreased ROM with 2nd finger and 5th finger, nml wrist ROM, 3cm laceration on proximal aspect of RUE, pulses intact and nml

(+) pulse in all extremities -

HIP Bilateral: no swelling/tenderness, (-) external rotation of the leg, (-) shortening of the leg, (-) deformity, (-) decreased range of motion.

BACK: no back tenderness.

NEURO: motor intact, sensory grossly intact.

MENTAL STATUS: speech clear, oriented X 3, responds appropriately to questions.

PSYCH: normal affect.

CLINICAL DECISION TOOLS:

JEXUS CRITERIA:

PRINTED BY: TT32485

DATE

04/30/20

Patient: Lipscomb, James
 Arrival: 3/20/2014 2113
 Pt Acct: 7709002283
 Med Rcd: 000881319

GLASGOW COMA SCORE: (adult) - eyes open spontaneously 4, verbal converses and oriented 5, motor obeys commands 6, glasgow coma total 15.

DATA REVIEWED:

COUNSELING:

Created and Electronically Authenticated By: Winkles, Blake (Scribe) Created: 3/20/2014 2124 Last Entry: 2132

Provider Note:

SCRIBE NOTE - This documentation has been scribed by me as dictated by Messer, Cathy A D.O..

3/20/2014 2131 - Dr. Ashley (attending surgeon) present at bedside. Pt w/ stable vitals.

Created and Electronically Authenticated By: Messer, Cathy A D.O. Created: 3/20/2014 2136 Last Entry: 2137

Provider Note: Code Trauma The patient was seen and treated in the trauma resuscitation bay in conjunction with the trauma team. My participation and evaluation are documented above. At this time Ashley, Tom M.D. is present as the trauma attending and their service has agreed to assume care. They will be admitted to the trauma service unless an alternate disposition is arranged by their service. The patient is admitted in stable condition.

CLINICAL IMPRESSION: Diagnosis: Fractured Ulna, Open (Unspecified), Degloving of right forearm

Created and Electronically Authenticated By: Messer, Cathy A D.O. Created: 3/20/2014 2138 Last Entry: 2138

Provider Note:

SCRIBE ATTESTATION NOTE - The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me.

Created and Electronically Authenticated By: Messer, Cathy A D.O. Created: 3/20/2014 2209 Last Entry: 2209

Results Reviewed by ED Provider:

LABORH2
 COMPLETE BLOOD COUNT
 PROTHROMBIN TIME
 PARTIAL THROMBOPLASTIN TIME
 COMPREHENSIVE METABOLIC PANEL

Clinical Decision Support		
Alert	CPT II	Compliance
Time to Rev Time - 06 minutes after Decision to Admit		performed and documented
Time to Bed Time - 277 minutes LOS		performed and documented

Vital Signs										
ys	Dia	Pulse	Resp	SAT	O2 Delivered	Temp (F)	Route	Pain Scale	Comment	Taken at
1	20	83	20	95%	RA	98.7 F	oral		Initial Vitals	3/20/2014 2115
14	20	92	20	95%	RA				Discharge Vitals	3/20/2014 2205

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

Home Medications			
Arrival Medication	Indication	Last Dose	Comments
No Patient Not Found			

Allergies	
Allergic Substance	Reaction
No Allergies Found	

Input & Output			
Fluid Type	Intake	Output	I/O Time
No Data			

PMH	
Condition	Location
No Data	

PSH	
Procedure	Location
No Data	

Orders			
Order	Sched D/T	Comp D/T	Provider Sig
Land Screen Comment: "a day"	3/20/2014 2113	3/20/2014 2214	Mason, Cathy A D O 3/20/2014 2130
State Comment: "a day"	3/20/2014 2113	3/20/2014 2216	Mason, Cathy A D O 3/20/2014 2130
KH2	3/20/2014 2133	3/20/2014 2151	Mason, Cathy A D O 3/20/2014 2130
State	3/20/2014 2133	3/20/2014 2215	Mason, Cathy A D O 3/20/2014 2130
API AFTER GON COUNT		3/20/2014 2135	Mason, Cathy A D O 3/20/2014 2130
INTERVIEW TIME		3/20/2014 2147	
PRINTED BY: TT32485			DATE 04/30/20

Patient: Lpscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

Orders (continued)

Order	Sched D/T	Comp D/T	Provider Sig
PARTIAL THROMBOPLASTIN TIME		3/20/2014 2140	
COMPREHENSIVE METABOLIC PANEL		3/20/2014 2203	
HR CHEST X"		3/20/2014 2209	
RT HUMERUS (2 VIEWS)		3/20/2014 2209	
RT FOREARM (MIN 2 VIEWS)		3/20/2014 2209	
RT HAND (2 VIEWS)		3/20/2014 2210	
ETHANOL BLOOD		3/20/2014 2214	
RT FOREARM FEMUR (MIN 2 VIEWS)	3/20/2014 2248		
RT OPERATIVE FLUOROSCOPY TO HR "	3/20/2014 2358		

Orders (Meds)

Order	Sched D/T	Infusion Started	Administered D

```

TIMI Scale
-----
Criteria                               Present
-----
BP >= 60
ECG Abnormalities
Chest Pain History > 50%
Prior MI within 7 days
Ang. Rx implanted in prior 24 hours
Subst. abuse within 30 days
Revelation >= 2.6 prior admission ECG
=====
TQ-A TIMI Score
-----
U Daily Electrocardiogram
=====
Get the Performed
=====
User Name
=====

```

Pneumonia Scale		
Pneumonia Criteria	Present	Points
		+1 hyper
Age		-1C
History Home Resident		+1C
History U. S. Home History		+1C
Disorder		+2C
History Home Resident		+1C
History U. S. Home History		+1C

DATE _____

04/30/20:

28

Arrival: 3/20/2014 2113

Pt Acct: 7709002283

Med Rcrd: 000891319

Present

Points

General Closures

4.5

Unfired Mental Status

江

רשמי, תלמידי חכמים > גוימאן

+

Diastolic Blood Pressure = 90 mmHg

+2C

உறுப்பினர்: DEF 02 1038F

4'E

1030 > 28 mmHg/min

4.5

~ 4735

435

JUN 2 2004

† 25.

iodine = 150 mg/day

→ 2C

5. **DATE: 25/01/11**

4-8

interest 1 = 3.5%

171

025 : תוכנית רגומה

+c

Neural Diffusion on X_{∞}^2

4.

TOTAL Score

13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 1045 104

***** Delimiter: **

Use Notes

OC Questions CommarGaze Visual FlParesis RA MotorLA Motor RL MotorLL Motor Ataxia Sensory LanguageDysarthriaExtl

עס איז דא

Procedure	Performed By	Quantity Entered	Billing No.

5 Error 09

Medication	Dose	Route	Comments	Entered	Administered By

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Created and Electronically Authenticated By: Shands, Teresa D R.N. (EC) Created: 3/20/2014 2206 Last Entry: 2209

Trauma Patient - See Trauma Flow Sheet.

Assessment performed at 3/20/2014 12:13:41 PM T132405

DATE _____

04/30/201

29
253

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

Created and Electronically Authenticated By: Shands, Teresa D.R.N. (EC.) Created: 3/20/2014 2209 Last Entry: 2212

Clinical Note:

ASSESS TRAUMA Assessment performed at 3/20/2014 2119.

PMH List (See PMH Table) PSH List (See PSH Table)

SH: drinks alcohol, drug usage

PHYSICAL EXAM:

AIRWAY: (+)patent, (-)obstructed.

BREATHING: no breathing compromise. (-)accessory muscle use, good air exchange bilateral.

CIRCULATION: no circulatory compromise, capillary refill <2 seconds.

MENTAL STATUS: speech clear, oriented X 3, normal affect, responds appropriately to questions, alert, cooperative.

LUNGS: no wheezing, no rales, no rhonchi, (-)accessory muscle use, good air exchange bilateral

HEAD: no swelling/tenderness on the head. MUSCULOSKELETAL: Onset 1hr ago while working, nothing improves symptoms, movement makes it worse. (-)deformity, (-)distal neuro deficits. (-)altered sensation.

EXTREMITIES: good pulses all extremities, severe tenderness in the RUE, no edema.

SKIN: warm, dry, good color, no rash, no abrasions/lacerations. pt with degloving from elbow to wrist of RUE. pt with sensation to fingers on right hand. pt has limited movement to RUE, good radial pulses noted. pt reports arm was caught in machine at work, no other injuries noted.

GLASGOW COMA SCORE: (adult) 3/20/2014 2122 - eyes open spontaneously 4, verbal converses and oriented 5, motor obeys commands 6, glasgow coma total 15

EXPOSURE: Clothing removed, Hospital gown provided, caregiver at bedside.

SAFETY: Call light at bedside, Use of call bell explained to patient. Side rails raised for patient safety.

FALLS ASSESSMENT ADULT:

FALL HISTORY: No history of falling 0

SECONDARY DIAGNOSIS: No secondary diagnosis 0

IV ACCESS: IV Access 20

AMBULATORY AID: None/bed rest/nurse assist 0

GAIT: Gait Normal bed rest or wheelchair 0

MENTAL STATUS: Oriented to own ability 0

FALL RISK SCORE: Low Risk (0-44).

Plan of Care to Decrease Fall Risk: Low Risk Interventions include - (+)Oriented to room, (+)Instruct to call for help/call bell within reach. (+)Family/caregiver at bedside. (+)Bed in low position, (+)Bed/stretcher brakes on, (+)Bed rails up.

Created and Electronically Authenticated By: Shands, Teresa D.R.N. (EC.) Created: 3/20/2014 2212 Last Entry: 2213

Clinical Note:

INT INSERTED - pta by ems 20qa left hand following 1 attempt(s) without labs drawn. 10mL normal saline flush. Patient tolerated procedure well.

INT INSERTED - 3/20/2014 2128 18qa left forearm following 1 attempt(s) with labs drawn. 10mL normal saline flush. Patient tolerated procedure well.

Created and Electronically Authenticated By: Shands, Teresa D.R.N. (EC.) Created: 3/20/2014 2213 Last Entry: 2214

Clinical Note:

DSP ADMISSION(on Monitor)

Impaired Skin Integrity: Wound(s) assessed at 3/20/2014 2124 and was present on arrival.

ISI Color

ISI Edges

ISI Drainage.

(+)Falls Risk Assessment was completed.

- Patient prepared for transport to inpatient bed or, admitted to service of Ashley, Tom M.D.. Admission orders were received. Nursing report provided to receiving unit. Verified SBAR report with or. Patient's belongings given to registration. Transport to floor on portable cardiac monitor by nurse and ED-Technician with RN accompanying.

Phillips, Emily R (Cust Svc) Created: 3/20/2014 2056 Last Entry: 2058

Other Note: per medic 23, calling trauma alert on 44 yom. pt arm stuck in machine at work, ems sts pt has degloving from elbow to wrist. ems reports no other injuries on 240 lb pt no allergies known. Per 3/20/2014

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

Wallace pt may receive 8 mg morphine. ems repeated orders back. bp 166/76, hr 76. Upgraded to Code Trauma per Dr. Wallace. Clinical Coordinator contacted, Code Trauma paged.

Thomas, Ondy (Cust Svc) Created: 3/20/2014 2113 Last Entry: 2114

Other Note:
UPDATE per M23 with 6min eta bp 163/106 p 72 pt given 8mg Morphine with no changes.
Charge nurse updated.

Perrenoud, Randy (Chaplain) Created: 3/20/2014 2128 Last Entry: 2128

Other Note:
Chaplain at Bedside. family present taking them to surgery waiting.

Miller, Melody L (Par) Created: 3/20/2014 2153 Last Entry: 2154

Other Note:
Registration Note: pt is James Lipscomb DOB 12/2/69

Miller, Melody L (Par) Created: 3/20/2014 2154 Last Entry: 2154

Other Note:
Registration Note: Mas in ec safe

Wellsort Interface Created: 3/20/2014 2135 Last Entry: 2135

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 124570545
----- COMPLETE BLOOD COUNT -----

Source: BLOOD
Comment: tra bay 1
White Blood Cell Count 8.7 Norm K/cmm 3.1-9.7
Red Blood Cell Count 4.53 Norm million/cmm 4.08-5.70
Hemoglobin 14.8 Norm g/dL 13.1-16.8
Hematocrit 43.7 Norm % 38.2-48.4
Mean Corpuscular Volume 96.4 Norm fL 80.1-98.7
Mean Corpuscular Hemoglobin 32.6 Norm pg 27.5-34.3
Mean Corpuscular Hemoglobin Concentration 33.9 Norm g/dL 33.2-35.7
Red Cell Distribution Width 14.3 Norm % 11.7-15.0
Platelet 279 Norm K/cmm 119-332

The above 9 analytes were performed by SPARTANBURG REGIONAL LABORATORY
01 EAST WOOD STREET, SPARTANBURG, SC 29303

Wellsort Interface Created: 3/20/2014 2147 Last Entry: 2147

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 124570546
----- PROTHROMBIN TIME -----

Source: BLOOD
Comment: tra bay 1
Prothrombin Time 13.6 Norm seconds 11.7-14.3
INR 1.0 Low 2.0-3.0

The above 2 analytes were performed by SPARTANBURG REGIONAL LABORATORY
01 EAST WOOD STREET, SPARTANBURG, SC 29303

Wellsort Interface Created: 3/20/2014 2148 Last Entry: 2148

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 124570547
----- PARTIAL THROMBOPLASTIN TIME -----

Source: BLOOD
Comment: tra bay 1
Partial Thromboplastin Time 23.6 Norm seconds 23.3-36.3

The above 1 analytes were performed by SPARTANBURG REGIONAL LABORATORY
01 EAST WOOD STREET, SPARTANBURG, SC 29303

Wellsort Interface Created: 3/20/2014 2151 Last Entry: 2151

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2133 ; 14079436301
----- ABORH2 -----

Source: BLOOD
Group and RH (2nd) B Rh Positive
The above 1 analytes were performed by SPARTANBURG REGIONAL LABORATORY

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct#: 7709002283
Med Rcd#: 000891319

01 EAST WOOD STREET, SPARTANBURG, SC 29303

Wellsort Interface Created: 3/20/2014 2203 Last Entry: 2203

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 124570548

----- COMPREHENSIVE METABOLIC PANEL -----

Source: BLOOD

Comment: tra bay 1

No hemolysis noted

Urea Nitrogen	17	Norm	mg/dL	7-25
Sodium	141	Norm	mmol/L	133-146
Potassium	3.0	Low	mmol/L	3.5-5.2
Chloride	104	Norm	mmol/L	100-111
Carbon Dioxide	25.3	Norm	mmol/L	23.0-32.6
Glucose	134	High	mg/dL	70-100
Creatinine	1.63	High	mg/dL	0.47-1.35
Calcium	8.6	Low	mg/dL	8.9-10.3
Total Protein	7.0	Norm	g/dL	6.1-8.0
Albumin	4.2	Norm	g/dL	3.5-4.9
Alanine Transferase	19	Norm	IU/L	8-39
Alkaline Phosphatase	104	Norm	IU/L	36-108
Aspartate Aminotransferase	32	Norm	IU/L	12-33
Total Bilirubin	1.0	Norm	mg/dL	0.0-1.5
Bun/Creat Ratio	10	Norm		8-23
Osmolality Calculation	285	Norm	mOsm/kg	270-350
Anion Gap	15	High	mmol/L	6-13
Globulin	2.8	Norm	g/dL	2.0-4.5
Albumin/Globulin Ratio	1.5	Norm		0.9-2.4
Estimated GFR-African American	45		mL/min/1.73 m ²	
Estimated GFR-Other	37		mL/min/1.73 m ²	

Do not use this eGFR calculation for medication dose adjustments.

The above 21 analytes were performed by SPARTANBURG REGIONAL LABORATORY

01 EAST WOOD STREET, SPARTANBURG, SC 29303

Wellsort Interface Created: 3/20/2014 2214 Last Entry: 2214

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 124570549

----- ETHANOL, BLOOD -----

Source: BLOOD

Comment: tra bay 1

Ethanol 97 High mg/dL 0-0

The above 1 analytes were performed by SPARTANBURG REGIONAL LABORATORY

01 EAST WOOD STREET, SPARTANBURG, SC 29303

Wellsort Interface Created: 3/20/2014 2214 Last Entry: 2214

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 14079436212

----- Type and Screen (PRELIMINARY RESULTS) -----

Source: BLOOD

Comment: tra bay 1

Group and RH To Follow
Antibody Screen Negative
Previous ABORH Check To Follow
Previous Clinically Significant Antibody To Follow
Specimen expiration date: 3/23/2014 2359

The above 5 analytes were performed by SPARTANBURG REGIONAL LABORATORY

01 EAST WOOD STREET, SPARTANBURG, SC 29303

NOTE: Additional Information is Available in the Sections Below.

Wellsort Interface Created: 3/20/2014 2214 Last Entry: 2214

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 14079436212

----- Type and Screen (PRELIMINARY RESULTS) -----

Source: BLOOD

PRINTED BY: TT32485

DATE 04/30/2014

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

Comment: tra bay 1
Group and RH B Rh Positive
Antibody Screen Negative
Previous ABORH Check To Follow
Previous Clinically Significant Antibody To Follow
specimen expiration date: 3/23/2014 2359
The above 5 analytes were performed by SPARTANBURG REGIONAL LABORATORY
101 EAST WOOD STREET, SPARTANBURG, SC 29303
OTE: Additional Information is Available in the Sections Below.

Wellsort Interface Created: 3/20/2014 2215 Last Entry: 2215

atient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 14079436212

----- Type and Screen (PRELIMINARY RESULTS) -----

Source: BLOOD

Comment: tra bay 1

Group and RH B Rh Positive
Antibody Screen Negative
Previous ABORH Check No Hist ABORH
Previous Clinically Significant Antibody To Follow
specimen expiration date: 3/23/2014 2359

The above 5 analytes were performed by SPARTANBURG REGIONAL LABORATORY
101 EAST WOOD STREET, SPARTANBURG, SC 29303

OTE: Additional Information is Available in the Sections Below.

Wellsort Interface Created: 3/20/2014 2215 Last Entry: 2215

atient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 14079436212

----- Type and Screen -----

Source: BLOOD

Comment: tra bay 1

Group and RH B Rh Positive
Antibody Screen Negative
Previous ABORH Check No Hist ABORH
Previous Clinically Significant Antibody No Hist Cl Sign Ab
specimen expiration date: 3/23/2014 2359

The above 5 analytes were performed by SPARTANBURG REGIONAL LABORATORY
101 EAST WOOD STREET, SPARTANBURG, SC 29303

Wellsort Interface Created: 3/20/2014 2215 Last Entry: 2215

atient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2123 ; 14079436213

----- XME Status -----

Source: BLOOD

Comment: tra bay 1

XME Status XME Ready

The above 1 analytes were performed by SPARTANBURG REGIONAL LABORATORY
101 EAST WOOD STREET, SPARTANBURG, SC 29303

Wellsort Interface Created: 3/20/2014 2215 Last Entry: 2215

atient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2133 ; 14079436302

----- XME Status -----

Source: BLOOD

XME Status XME Ready

The above 1 analytes were performed by SPARTANBURG REGIONAL LABORATORY
101 EAST WOOD STREET, SPARTANBURG, SC 29303

Wellsort Interface Created: 3/20/2014 2209 Last Entry: 2209

atient: CHARLIE, ER THIRTY SEVEN ; Date/Time: : 124570736

----- ER CHEST P** -----

Bay 1

Lead By: Neil H ParnesMD

PRINTED BY: TT32485

DATE

04/30/20

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

Report: Right forearm 3/20/2014
Report: 3 views
Report: Indication- Degloving injury
Report: Extensive soft tissue injury is noted throughout the forearm soft
Report: tissues. Soft tissue Edema is noted. There are slightly displaced
Report: fractures of the mid to distal radial diaphysis and mid ulnar
Report: diaphysis.
Report: Impression- Extensive soft tissue injury as described above, radial
Report: and ulnar fractures.
Report: Right Humerus 3/20/2014
Report: Indication- Trauma
Report: 2 Views-
Report: Findings-
Report: There are no soft tissue or bony abnormalities, fracture, or
Report: dislocation.
Report: Impression- No soft tissue or bony abnormalities, fracture, or
Report: dislocation.
Report: Right Hand 3/20/2014
Report: Indication- Trauma
Report: 2 views
Report: Findings-
Report: The soft tissues are remarkable for diffuse soft tissue edema. The
Report: bony structures are unremarkable. There is no fracture, dislocation,
Report: or other significant degenerative arthritic changes.
Report: IMPRESSION- Diffuse Soft tissue edema
Report: Note- If a subtle fracture or ligamentous injury is suspected, then an
Report: MRI scan would be most definitive.
Report:

Report: Transcriptionist- NIEA

Report: Reading Radiologist- Neil H Parnes MD

Report: Releasing Radiologist- Neil H Parnes MD

Report: Released Date Time- 03/20/14 2209

Report:

Released By: Neil H ParnesMD

NOTE: Additional Information is Available in the Sections Below.

Volisoft Interface Created: 3/20/2014 2209 Last Entry: 2209

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2113 ; 124570739

----- ER HUMERUS (2 VIEWS) -----

a bay 1

Lead By: Neil H ParnesMD

Report: Right forearm 3/20/2014

Report: 3 views

Report: Indication- Degloving injury

Report: Extensive soft tissue injury is noted throughout the forearm soft

Report: tissues. Soft tissue Edema is noted. There are slightly displaced

Report: fractures of the mid to distal radial diaphysis and mid ulnar

Report: diaphysis.

Report: Impression- Extensive soft tissue injury as described above, radial

Report: and ulnar fractures.

Report: Right Humerus 3/20/2014

Report: Indication- Trauma

Report: 2 Views-

Report: Findings-

Report: There are no soft tissue or bony abnormalities, fracture, or

Report: dislocation.

Report: Impression- No soft tissue or bony abnormalities, fracture, or

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct#: 7709002283
Med Rcd#: 000891319

Report: dislocation.

Report: Right Hand 3/20/2014

Report: Indication- Trauma

Report: 2 views

Report: Findings-

Report: The soft tissues are remarkable for diffuse soft tissue edema. The

Report: bony structures are unremarkable. There is no fracture, dislocation,

Report: or other significant degenerative arthritic changes.

Report: IMPRESSION- Diffuse Soft tissue edema

Report: Note- If a subtle fracture or ligamentous injury is suspected, then an

Report: MRI scan would be most definitive.

Report:

Report: Transcriptionist- MEVA

Report: Reading Radiologist- Neil H Parnes MD

Report: Releasing Radiologist- Neil H Parnes MD

Report: Released Date Time- 03/20/14 2209

Report:

Released By: Neil H Parnes MD

NOTE: Additional Information is Available in the Sections Below.

Wellsort Interface Created: 3/20/2014 2209 Last Entry: 2209

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2113 ; 124570738

----- ER FOREARM (MIN 2 VIEWS) -----

ra bay 1

Read By: Neil H Parnes MD

Report: Right forearm 3/20/2014

Report: 3 views

Report: Indication- Degloving injury

Report: Extensive soft tissue injury is noted throughout the forearm soft

Report: tissues. Soft tissue Edema is noted. There are slightly displaced

Report: fractures of the mid to distal radial diaphysis and mid ulnar

Report: diaphysis.

Report: Impression- Extensive soft tissue injury as described above, radial

Report: and ulnar fractures.

Report: Right Humerus 3/20/2014

Report: Indication- Trauma

Report: 2 Views-

Report: Findings-

Report: There are no soft tissue or bony abnormalities, fracture, or

Report: dislocation.

Report: Impression- No soft tissue or bony abnormalities, fracture, or

Report: dislocation.

Report: Right Hand 3/20/2014

Report: Indication- Trauma

Report: 2 views

Report: Findings-

Report: The soft tissues are remarkable for diffuse soft tissue edema. The

Report: bony structures are unremarkable. There is no fracture, dislocation,

Report: or other significant degenerative arthritic changes.

Report: IMPRESSION- Diffuse Soft tissue edema

Report: Note- If a subtle fracture or ligamentous injury is suspected, then an

Report: MRI scan would be most definitive.

Report:

Report: Transcriptionist- MEVA

Report: Reading Radiologist- Neil H Parnes MD

Report: Releasing Radiologist- Neil H Parnes MD

Report: Released Date Time- 03/20/14 2209 BY: TT32485

DATE

04/30/201

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

Report:
Released By: Neil H ParnesMD
NOTE: Additional Information is Available in the Sections Below.

Wellsoft Interface Created: 3/20/2014 2210 Last Entry: 2210

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2113 ; 124570737
----- XR HAND (2 VIEWS) -----

ra bay 1

Read By: Neil H ParnesMD

Report: Right forearm 3/20/2014

Report: 3 views

Report: Indication- Degloving injury

Report: Extensive soft tissue injury is noted throughout the forearm soft

Report: tissues. Soft tissue Edema is noted. There are slightly displaced

Report: fractures of the mid to distal radial diaphysis and mid ulnar

Report: diaphysis.

Report: Impression- Extensive soft tissue injury as described above, radial

Report: and ulnar fractures.

Report: Right Humerus 3/20/2014

Report: Indication- Trauma

Report: 2 Views-

Report: Findings-

Report: There are no soft tissue or bony abnormalities, fracture, or

Report: dislocation.

Report: Impression- No soft tissue or bony abnormalities, fracture, or

Report: dislocation.

Report: Right Hand 3/20/2014

Report: Indication- Trauma

Report: 2 views

Report: Findings-

Report: The soft tissues are remarkable for diffuse soft tissue edema. The

Report: bony structures are unremarkable. There is no fracture, dislocation,

Report: or other significant degenerative arthritic changes.

Report: IMPRESSION- Diffuse Soft tissue edema

Report: Note- If a subtle fracture or ligamentous injury is suspected, then an
Report: MRI scan would be most definitive.

Report:

Report: Transcriptionist- MEVA

Report: Reading Radiologist- Neil H Parnes MD

Report: Releasing Radiologist- Neil H Parnes MD

Report: Released Date Time- 03/20/14 2209

Report:

Released By: Neil H ParnesMD

NOTE: Additional Information is Available in the Sections Below.

Wellsoft Interface Created: 3/20/2014 2210 Last Entry: 2210

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2113 ; 124570739
----- ER HUMERUS (2 VIEWS) -----

ra bay 1

Read By: Neil H Parnes MD

Report: Right forearm 3/20/2014

Report: 3 views

Report: Indication- Degloving injury

Report: Extensive soft tissue injury is noted throughout the forearm soft

Report: tissues. Soft tissue Edema is noted. There are slightly displaced

Report: fractures of the mid to distal radial diaphysis and mid ulnar

Report: diaphysis.

Report: Impression- Extensive soft tissue injury as described above, radial

DATE

04/30/20

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

Report: and ulnar fractures.
Report: Right Humerus 3/20/2014
Report: Indication-Trauma
Report: 2 Views-
Report: Findings-
Report: There are no soft tissue or bony abnormalities, fracture, or
Report: dislocation.
Report: Impression- No soft tissue or bony abnormalities, fracture, or
Report: dislocation.
Report: Right Hand 3/20/2014
Report: Indication- Trauma
Report: 2 views
Report: Findings-
Report: The soft tissues are remarkable for diffuse soft tissue edema. The
Report: bony structures are unremarkable. There is no fracture, dislocation,
Report: or other significant degenerative arthritic changes.
Report: IMPRESSION- Diffuse Soft tissue edema
Report: Note- If a subtle fracture or ligamentous injury is suspected, then an
Report: MRI scan would be most definitive.
Report:
Report: Transcriptionist- NIEA
Report: Reading Radiologist- Neil H Parnes MD
Report: Releasing Radiologist- Neil H Parnes MD
Report: Released Date Time- 03/20/14 2209
Report:
Released By: Neil H Parnes MD

Wellsort Interface Created: 3/20/2014 2210 Last Entry: 2210

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2113 ; 124570736
----- ER CHEST P** -----

ra bay 1
Read By: Neil H Parnes MD
Report: Right forearm 3/20/2014
Report: 3 views
Report: Indication- Degloving injury
Report: Extensive soft tissue injury is noted throughout the forearm soft
Report: tissues. Soft tissue Edema is noted. There are slightly displaced
Report: fractures of the mid to distal radial diaphysis and mid ulnar
Report: diaphysis.
Report: Impression- Extensive soft tissue injury as described above, radial
Report: and ulnar fractures.
Report: Right Humerus 3/20/2014
Report: Indication-Trauma
Report: 2 Views-
Report: Findings-
Report: There are no soft tissue or bony abnormalities, fracture, or
Report: dislocation.
Report: Impression- No soft tissue or bony abnormalities, fracture, or
Report: dislocation.
Report: Right Hand 3/20/2014
Report: Indication- Trauma
Report: 2 views
Report: Findings-
Report: The soft tissues are remarkable for diffuse soft tissue edema. The
Report: bony structures are unremarkable. There is no fracture, dislocation,
Report: or other significant degenerative arthritic changes.
Report: IMPRESSION- Diffuse Soft tissue edema

DATE

04/30/20

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

Report: Note- If a subtle fracture or ligamentous injury is suspected, then an
Report: MRI scan would be most definitive.

Report:

Report: Transcriptionist- NIEVA

Report: Reading Radiologist- Neil H Parnes MD

Report: Releasing Radiologist- Neil H Parnes MD

Report: Released Date Time- 03/20/14 2209

Report:

Released By: Neil H Parnes MD

Wellsoft Interface Created: 3/20/2014 2210 Last Entry: 2210

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2113 ; 124570738

----- ER FOREARM (MIN 2 VIEWS) -----

tra bay 1

Read By: Neil H Parnes MD

Report: Right forearm 3/20/2014

Report: 3 views

Report: Indication- Degloving injury

Report: Extensive soft tissue injury is noted throughout the forearm soft

Report: tissues. Soft tissue Edema is noted. There are slightly displaced

Report: fractures of the mid to distal radial diaphysis and mid ulnar

Report: diaphysis.

Report: Impression- Extensive soft tissue injury as described above, radial

Report: and ulnar fractures.

Report: Right Humerus 3/20/2014

Report: Indication- Trauma

Report: 2 Views-

Report: Findings-

Report: There are no soft tissue or bony abnormalities, fracture, or

Report: dislocation.

Report: Impression- No soft tissue or bony abnormalities, fracture, or

Report: dislocation.

Report: Right Hand 3/20/2014

Report: Indication- Trauma

Report: 2 views

Report: Findings-

Report: The soft tissues are remarkable for diffuse soft tissue edema. The

Report: bony structures are unremarkable. There is no fracture, dislocation,

Report: or other significant degenerative arthritic changes.

Report: IMPRESSION- Diffuse Soft tissue edema

Report: Note- If a subtle fracture or ligamentous injury is suspected, then an

Report: MRI scan would be most definitive.

Report:

Report: Transcriptionist- NIEVA

Report: Reading Radiologist- Neil H Parnes MD

Report: Releasing Radiologist- Neil H Parnes MD

Report: Released Date Time- 03/20/14 2209

Report:

Released By: Neil H Parnes MD

Wellsoft Interface Created: 3/20/2014 2210 Last Entry: 2210

Patient: CHARLIE, ER THIRTY SEVEN ; Date/Time: 3/20/2014 2113 ; 124570737

----- XR HAND (2 VIEWS) -----

tra bay 1

Read By: Neil H Parnes MD

Report: Right forearm 3/20/2014

Report: 3 views

Report: Indication- Degloving injury

PRINTED BY: TT32485

DATE

04/30/20

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

Report: Extensive soft tissue injury is noted throughout the forearm soft
tissues. Soft tissue Edema is noted. There are slightly displaced
fractures of the mid to distal radial diaphysis and mid ulnar
diaphysis.
Impression- Extensive soft tissue injury as described above, radial
and ulnar fractures.
Right Humerus 3/20/2014
Indication- Trauma
2 Views-
Findings-
There are no soft tissue or bony abnormalities, fracture, or
dislocation.
Impression- No soft tissue or bony abnormalities, fracture, or
dislocation.
Right Hand 3/20/2014
Indication- Trauma
2 views
Findings-
The soft tissues are remarkable for diffuse soft tissue edema. The
bony structures are unremarkable. There is no fracture, dislocation,
or other significant degenerative arthritic changes.
IMPRESSION- Diffuse Soft tissue edema
Note- If a subtle fracture or ligamentous injury is suspected, then an
MRI scan would be most definitive.
Transcriptionist- NEVA
Reading Radiologist- Neil H Parnes MD
Releasing Radiologist- Neil H Parnes MD
Released Date Time- 03/20/14 2209
Released By: Neil H Parnes MD

Scribed Meds / Rx
Position
Signatures
Electronically Authenticated: Masser, Cathy A.D.O. 3/20/2014 2139
Electronically Authenticated: Shands, Teresa D.R.N. (E.C.) 3/20/2014 2216

Admitting Dx: Degloving right forearm
Dx 1: Fractured Ulna, Open (Unspecified)
Dx 2: Degloving right forearm
2011 Wellsoft, Elsevier THIS IS THE LAST PAGE

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CHARLIE, ER THIRTY SEVEN
ORDERING PHYSICIAN: TRUJILLO, MANNY G

LOC: ETB-TR01-A

Pt. Type: ER

DOB: 01/01/90

EMERG DEPT

UNIT #: 0008913-9

CI#: 3882101

AN#: S7709002283

FINAL

Exam

10134 ER HUMERUS (2 VIEWS)*R
73060

Date: 03/20/14 2120

Ord Diag: degloving

10052 ER CHEST P**
71010

Date: 03/20/14 2120

Ord Diag: degloving

10096 ER FOREARM (MIN 2 VIEWS)*R
73090

Date: 03/20/14 2120

Ord Diag: degloving

50443 XR HAND (2 VIEWS)*R
73120

Date: 03/20/14 2120

Ord Diag: degloving

** Portable **

Read By:

Released By:

Page 1

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CHARLIE, ER THIRTY SEVEN

ORDERING PHYSICIAN: TRUJILLO, MANNY G

LOC: ET3-TR01-A

Pt. Type: ER

DOB: 01/01/90

EMERG DEPT

UNIT #: 000E913-9

CI#: 3082101

AN#: S7709002283

FINAL

Exam

10134 ER HUMERUS (2 VIEWS)*R
73060

Date: 03/20/14 2120

Ord Diag: degloving

10052 ER CHEST P**
71010

Date: 03/20/14 2120

Ord Diag: degloving

** Portable **

10096 ER FOREARM (MIN 2 VIEWS)*R
73090

Date: 03/20/14 2120

Ord Diag: degloving

50443 XR HAND (2 VIEWS)*R
73120

Date: 03/20/14 2120

Ord Diag: degloving

Right forearm 3/20/2014

3 views

Indication: Degloving injury

Extensive soft tissue injury is noted throughout the forearm soft tissues. Soft tissue Edema is noted. There are slightly displaced fractures of the mid to distal radial diaphysis and mid ulnar diaphysis.

Impression: Extensive soft tissue injury as described above, radial and ulnar fractures.

RightHumerus 3/20/2014

Indication: Trauma

2 Views:

Page 1

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CHARLIE, ER THIRTY SEVEN
ORDERING PHYSICIAN: TRUJILLO, MANNY G
LOC: ETE-TR01-A
PL. Type: CR
DOB: 01/01/90
EMERG DEPT

UNIT #: 000691319
CI#: 3882101
AN#: S7709002283

Checkin-Exam Code Summary
3882100-10134, 3882102-10052, 3882103-10096, 3882101-50443

Findings:

There are no soft tissue or bony abnormalities, fracture, or dislocation.

Impression: No soft tissue or bony abnormalities, fracture, or dislocation.

Right Hand 3/20/2014

Indication: Trauma
2 views

Findings:

The soft tissues are remarkable for diffuse soft tissue edema. The bony structures are unremarkable. There is no fracture, dislocation, or other significant degenerative arthritic changes.

IMPRESSION: Diffuse Soft tissue edema

Note: If a subtle fracture or ligamentous injury is suspected, then an MRI scan would be most definitive.

Transcriptionist- V/A
Reading Radiologist- Neil H Parnes MD
Releasing Radiologist- Neil H Parnes MD
Released Date Time- 03/20/14 2209

Page 2



SPARTANBURG
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ VH

PHYSICIAN PROGRESS NOTE

IMMEDIATE PRE PROCEDURAL HISTORY & PHYSICAL UPDATE EXAM

Health Status, Vital Signs and Systems Reviewed

☐ No Substantive Changes

H & P Updates :

Physician Signature :

Date :

Time :

IMMEDIATE POST PROCEDURAL NOTE

Pre-Procedural Diagnosis (Optional):

5/2 trauma Right forearm
with avulsion skin / SQ tissue
6 ft radius & subno
Post-Operative Diagnosis: Same All skin / SQ
avulsed non viable per SPY

Procedure:

debride skin & SQ all forearm
skin so prox circumference / 20
total circumference X 25 cm long
Proximal volar forearm / carpal tunnel

Surgeon/Physician:

Assistant:

Anesthesia (Optional):

☐ General ☐ Monitored Anesthesia Care ☐ Regional ☐ Local

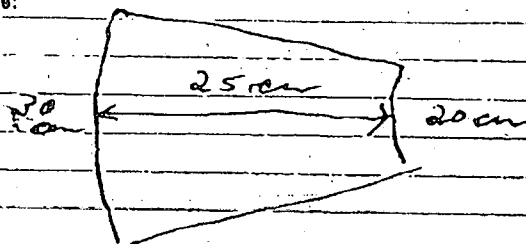
Specimen(s):

Estimated Blood Loss:

Findings:

Other:

SPY Angiography
WITH-INTRA OP INTERPRETATION



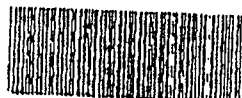
Date: 3/20/14 Time: 11:27 PM

Physician Signature: J. [Signature]

Original - Medical Record; Yellow - Physician; Pink - Resident

Patient Label

7709002283 000-891319 03/20/14
CHARLEER THIRTY SEVE 01/01/90 M 124Y
ADM: PHYSICIANS, ED
REF:



Emergency: ☒ Code ☐ Alert ☐ Consult
Junior Resident: White
Kush

Junior Resident: 2017 ☐ Alert ☐ Consult

Native, Volcanic Island	Yes	No
High School	1	2
6 or 7 years	At	Li
Head on Collision	Passenger	
Severe Impact		
Redevelop		
Driver		
prolonged Examination		
Major vehicle damage		
Severe but not fatal injuries		
Death at scene	Yes	No
Arrested	Yes	No
Arrested	Yes	No

Asun	Shokum	Rife	
Chalun	Calbar:		
Asah			
Wapan:			
Motor Vehicle va Pedestrian			
Cycle Crash			
Motorcycle	Mossd		
Helmets	Ves No		
Agasuna	Fid	Club	Klan
Other			
Pall	Harmm		

11. Time of injury 20:30
 12. Initial contact by police 14.01.
 Lase of consciousness:
 Yes No
 A. Intentional? Unintentional Traumatic Arrest
 Suicide Unsuicide
 Unconscious Yes No Attempted Resuscitated
 T. Hospital EMS? Yes No Resuscitated
 Hospital:

Pt: 6440 holes to
its left & road made at
the present in bulwer Pass in E. arm. site as mentioned before.
Extra pa. ~~empty~~ below the. Objects story very old.

Page 10

[illegible]

(G)	Respiration	Normal	Normal	Normal
(C)	Circulation	Normal	Normal	Normal
(D)	Disability	5/5	5/5	5/5
(E)	Temperature	98.6	98.6	98.6
	FAST			
	Radial (R) / Femoral (L)	Carotid	ACL	Dorsalis Pedis (L)

1547 (Rev. 10-12) Page 1 of 4

PAT: 1547 (Rev. 10-12) Page 1 of 4

CHARLES E. 000-97238
ABM PLANET
DATE: 03/20/74 20:57
DOB: 07/01/50

7709003283

VS: HR 83 BP 80/60 RR 20 Temp 97.2
 (A) HEENT: Normal
 (B) Maxillofacial: Normal
 (C) Neck: Normal
 (D) Chest/Lungs: Normal
 (E) Cardiovascular: Normal
 (F) Abdomen: Normal
 (G) Rectal: Normal
 (H) Pelvis: Normal
 (I) Back: Normal
 (J) Extremities: Normal
 (K) Neurologic: Normal

Significant Neglected Injury to (L) Forearm/Forearm
 Distal 2nd Metacarpal in Proximal Forearm/Forearm at
 1st Metacarpal Base of Proximal Forearm/Forearm at
 1st Metacarpal Base of Proximal Forearm/Forearm at

Adjuvant Procedures - Resident

Intubation _____
 Central Access _____
 Chest Tube _____
 Foley _____
 FAST Exam _____
 NPL _____
 Cardiac Resusc _____
 Out Down _____
 Chg. _____
 Trach _____
 PAO _____

Revised Trauma Score (Circle)

Respiratory Rate	10-24 = 3	25-35 = 2	36-40 = 1	0 = 0
Systolic BP	>90 = 3	70-89 = 2	50-69 = 1	1-49 = 0
GCS	13-15 = 3	9-12 = 2	6-8 = 1	4-5 = 0
Total	0 = 0			

Revised Trauma Score (Circle)

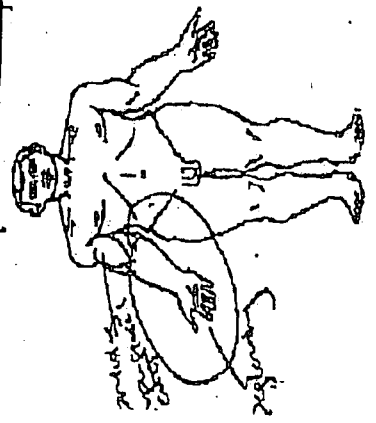
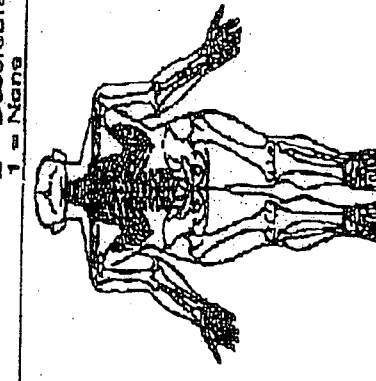
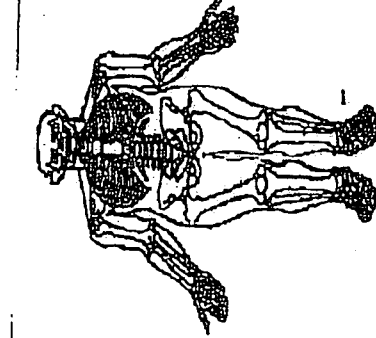
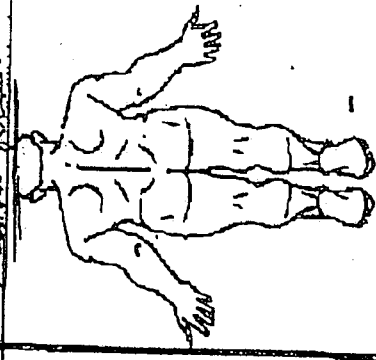
Respiratory Rate	10-24 = 3	25-35 = 2	36-40 = 1	0 = 0
Systolic BP	>90 = 3	70-89 = 2	50-69 = 1	1-49 = 0
GCS	13-15 = 3	9-12 = 2	6-8 = 1	4-5 = 0
Total	0 = 0			

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Systolic BP	>90 = 3	70-89 = 2	50-69 = 1	1-49 = 0
GCS	13-15 = 3	9-12 = 2	6-8 = 1	4-5 = 0
Total	0 = 0			

Revised Trauma Score (Circle)

Respiratory Rate	10-24 = 3	25-35 = 2	36-40 = 1	0 = 0
Systolic BP	>90 = 3	70-89 = 2	50-69 = 1	1-49 = 0
GCS	13-15 = 3	9-12 = 2	6-8 = 1	4-5 = 0
Total	0 = 0			



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3/8

by: Prasanna Kumar

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PT: 26 INR: 1.0

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Cardiaco Enzymes

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INSTITUT DE RECHERCHES

[illegible]

Trauma Attending Admission Note

The patient's documented history, physical examination, laboratory, and radiologic studies have been reviewed in detail by me with this house staff. I have personally examined the patient and I concur with the resident's examination findings, assessment, and plan of care except as modified in my written comments below.

History: (above restaurant note reviewed with house staff)

THE

10

Allegras:

Medication:

SECRET

संस्कृत-विभाग

Expenditure

1

SECRET

1890

1954

100

Longford

—

○

1

TUORA/Cura Abington

[illegible]

The first will be to provide a more comprehensive and accurate picture of the current state of the world's oceans.

1

אגודת חובבי התורה

Arrived 11:00 AM for Goods Train. Arrivals

1547 (Rev. 10-1-65) Page 4 of 4

47
271

תחת זאת נד. תת.נ.י.א.ו.ה

LEAK

44

OF REPORT

PATIENT NAME: LIPSCOMB, JAMES T
DOB: 12/02/1969
MEDICAL RECORD #: 891319
PROCEDURE DATE: 03/20/2014
ACCOUNT NUMBER: 7709002283
ROOM: 701

MEDICAL RECORD NUMBER: 891319.

ATTENDING PHYSICIAN
Thomas L Ashley, MD

ASSISTANT
Nanny Trujillo, MD

PREOPERATIVE DIAGNOSES

Trauma to the right forearm with avulsion of skin and subcutaneous tissue of the entire forearm with underlying fracture of the radius and ulna.

POSTOPERATIVE DIAGNOSES

Trauma to the right forearm with avulsion of skin and subcutaneous tissue of the entire forearm with underlying fracture of the radius and ulna. Noting all skin and subcutaneous tissue that was avulsed being nonviable after spy angiography.

PROCEDURES PERFORMED

1. Spy angiography with intraoperative interpretation of right upper extremity.
2. Debridement of skin and subcutaneous tissue right forearm, skin approximating 550 sq. cm.
3. Fasciotomy of volar forearm.
4. Carpal tunnel release.

ANESTHESIA
General.

SPECIMENS
None.

ESTIMATED BLOOD LOSS
Minimal from our portion of the procedure.

DETAILS OF PROCEDURE

The patient was evaluated preoperatively. ATLS was performed in the trauma bay on his arrival. He was hemodynamically stable. So subsequent workup was performed in his right upper extremity. He was found to have underlying fractures of his radius and ulna as well as a degloving soft tissue circumferential injury to the right upper extremity. Physical exam was performed in its entirety including a detailed neurovascular exam of the right upper extremity, which was somewhat limited to pain. Please see details of physical exam on Trauma history and physical. The patient was then taken to the operative suite, where he was placed in the supine position. General

anesthesia was induced. The patient was prepped and draped in the usual sterile fashion. The right arm was placed on an arm board. After being prepped and draped, a time-out was performed correctly. Next, the area in question, specifically, the degloved skin that was circumferentially degloved was evaluated with spy angiography. This was performed using 3 mL of indocyanine green injected with a 10 mL saline push following spy angiography confirms lack of perfusion of this degloved segment of skin in the right arm. This was circumferential. The hand was well perfused beginning at the proximal carpal crease. This was on the palmar aspect. The dorsal aspect of the hand not including the fingers was questionable perfusion. Next, the skin and subcutaneous tissue of the forearm was debrided circumferentially to the proximal wrist crease. The skin and subcutaneous tissue of the dorsum of the hand was left intact as a biologic dressing for the extensor tendons. There was clinical evidence of undermining avulsion of skin, however. Next, the forearm was evaluated and the volar aspect was inspected. The radial nerve was seen and grossly appeared intact. Superficial branches of the radial nerve to the skin were clearly avulsed and involved with the area of devitalized tissue. The circumferential area of devitalized tissue including skin and subcutaneous tissue was debrided approximating 550 sq. cm as mentioned before. This was discarded. Next, a forearm fasciotomy was performed at the volar aspect. This was done along the flexor carpi radialis tendon and muscle belly. This was done approximately to the antecubital fossa. Distally, this fasciotomy extended through the transverse carpal ligament and to the palm. The dissection was performed carefully to avoid injury to the superficial branch of the median nerve to the palm as well as the motor branch to the thenar muscles. Next, the case was turned over to Dr. Cook the orthopedic surgeon for external fixation of the fractured radius and ulna and then dressing placement. Please note Dr. Ashley was present and scrubbed throughout the entirety of our portion of the procedure and the patient tolerated our portion well.

DICTATED BY: MANNY TRUJILLO, M.D.

DICTATED FOR (IF APPLICABLE):

D:03/20/2014 23:40:40

T:03/21/2014 00:10:46/en corrected by td 03/24/2014

1501197/1300105

cc:Health Informatics

THOMAS L ASHLEY, M.D.

THOMAS L ASHLEY, M.D., Admitting Physician

RONALD FIGURA, MD, Consulting Physician

Authenticated by Manny G. Trujillo, MD. On 03/28/2014 02:46:19 PM

Authenticated by Thomas L. Ashley, M. D. On 04/09/2014 08:10:31 AM

CONSULT

PATIENT NAME: LIPSCOMB, JAMES T
DOB: 12/02/1969
MEDICAL RECORD #: 891319
ACCOUNT NUMBER: 7709002283
ADMISSION DATE: 03/21/2014
DATE OF SERVICE: 03/31/2014
ATTENDING PHYSICIAN: ASHLEY, THOMAS L.
ROOM: 625

He is in room #625.

REQUESTING PHYSICIAN
Dr. Thomas Ashley.

IMPRESSION

1. Chronic renal disease.
 - a. Serum creatinine 1.90 mg% today.
 - b. Serum creatinine March 26th 2014, 1.96 mg %.
 - c. Serum creatinine March 20th 2014, 1.63 mg %.
2. Hypertension.
3. Right forearm injury (crush injury).
 - a. Avulsion injury right forearm with skin and subcutaneous tissue avulsed.
 - b. Fracture right radius and right ulna as part of same accident.
4. Anemia.
 - a. Hemoglobin March 21st 2014 was 11.7 g%.
 - b. Hemoglobin on March 26th was 8.1 g%.
 - c. Hemoglobin today 8.2 g%, normal indices.

ALLERGIES

No known allergies.

HISTORY OF PRESENT ILLNESS

I am asked to see this 44-year-old black gentleman because of an elevated creatinine and also to assist with blood pressure control and management.

This man says that he works for fiber company here in Spartanburg called Stein Industries or something similar to that, and that about 10 days ago at work, he sustained a severe injury to his right forearm. He said his right forearm became caught in a conveyor belt and over a period of a few seconds, the skin on his right forearm extensor surface was torn off. This was described by surgical notes as a severe avulsion fracture of the right forearm and skin and the subcutaneous tissue. Also as part of that same accident, he had evidence of fractured radius and ulna of the right forearm.

He has undergone surgical treatment for this. He says he has had skin grafting with grafts taken from both anterior thighs. His right forearm is still wrapped in a very thick dense dressing.

He says he is unaware of any prior kidney problems, and there is no family history of kidney problems.

He has had high blood pressure in the past and has taken medicine for that.

He has never had a heart disease, a stroke, cancer, diabetes mellitus or any other major problems.

About 15 years ago, it sounds like he had some problems with epididymitis. He required some surgery for that but he says he still has both testes.

FAMILY HISTORY

Negative for kidney disease or dialysis.

SOCIAL HISTORY

He is married, has children, nonsmoker, no alcohol, no drug use.

REVIEW OF SYSTEMS

Benign. He is breathing okay, no seizures, no syncope, no pulmonary issues, no hemoptysis, has had what he describes as stomach ulcers relieved with Prilosec, no hematemesis, no melena, no red rectal bleeding, no edema disorder, no kidney stones, no hematuria, no psychiatric issues and no oncology issues.

PHYSICAL EXAMINATION

VITAL SIGNS: Shows a blood pressure today at 148/88 with earlier pressures today 183/110 and 155/96. Other vital signs are normal.

GENERAL: He is alert, bedside chair, no distress, responds well to questions.

HEENT: Without acute findings, no icterus.

NECK: Without masses.

LUNGS: Clear without dyspnea or wheezes.

CARDIAC EXAM: Reveals a regular rhythm without rub.

ABDOMEN: Without masses or tenderness.

EXTREMITIES: Without leg edema, right forearm is wrapped in a thick postoperative dressing.

LABORATORY DATA

Today include normal electrolytes, creatinine 1.9, BUN 23 mg/dl, calcium 8.7 mg/dl, white count 9700, hemoglobin 8.2 g/dl, normal indices and normal platelet count. Urinalysis on March 20th was cancelled.

COMMENT

He is currently on labetalol 250 mg twice daily, and I will increase that to 300 mg twice daily. He currently is receiving clonidine 0.1 mg twice daily, and I shall leave that where it is for now. Also, he is on hydrochlorothiazide 25 mg daily which I shall leave unchanged. Finally, he is on lisinopril 20 mg daily and I shall increase that to 40 mg daily.

A renal ultrasound has been ordered to document kidney size and architecture.

His blood pressure meds will likely need to be adjusted both on an inpatient and an outpatient basis.

Following with you.

DICTATED BY: DAVID MULLINS, MD
DICTATED FOR (IF APPLICABLE):
D:03/31/2014 15:41:17
T:04/01/2014 10:07:58/sn
1505089/1311824

cc:THOMAS L ASHLEY, M.D., Attending Physician
Authenticated by David E. Mullins, MD. On 04/04/2014 04:32:13 PM

CONSULT

PATIENT NAME: LIPSCOMB, JAMES T
DOB: 12/02/1969
MEDICAL RECORD #: 891319
ACCOUNT NUMBER: 7709002283
ADMISSION DATE: 03/21/2014
DATE OF SERVICE: 03/21/2014
ATTENDING PHYSICIAN: ASHLEY, THOMAS L.
ROOM: 701

REASON FOR CONSULTATION

Status post crush in traction injury, right upper extremity, with open both bone forearm and significant soft tissue damage.

CONSULTED SERVICE

Orthopedic trauma, Dr. Broderick.

CONSULTING SERVICE

Orthopedics, Dr. Cook.

BRIEF HISTORY

Mr. Lipscomb is a right-hand dominant 44-year-old male who was at work yesterday when his arm got caught in a machine, had significant damage to his forearm. He was seen and evaluated both by the trauma team and Dr. Cook, taken to the OR for fasciotomies, carpal tunnel release and external fixation of his radius. Today, his only complaints are pain in the forearm. He really does not have any pain anywhere else. Subjectively, he feels as though he is a little numb on the dorsum of his hand, but nowhere else and his pain is currently under control.

Past medical, surgical and social history as well as a review of systems are noted in Dr. Rush's admission note and currently are noncontributory to this particular injury.

PHYSICAL EXAMINATION

This is a healthy-appearing male, whose general appearance is good. He is awake and alert. He is responding appropriately. He is afebrile and the rest of his vitals are within normal limits. Unable to obtain test his gait as he is resting in the bed. Neck is nontender, shows full active range of motion. Right upper extremity, no pain with passive range of motion of the shoulder. He can actively move it, but it is somewhat painful down in the forearm. Elbow, triceps and biceps are intact, but again pain with range of motion of that. He is not swollen there. He has a full dressing with a wound VAC on his forearm. Digits with the exception of the index all appear to have full active range of motion including extension at the MCP. The thumb has extension and flexion of the MP, full extension of the index both passively and actively hurt about a third of the way up the forearm. He can flex it all the way down, though he has and good capillary refill and light touch sensation is normal on the volar surface of the ulnar nerve, relatively normal where the

superficial radial nerve, but is decreased over the median nerve distribution.

DIAGNOSTIC IMAGING

Multiple views of the humerus and forearm both pre-fixation and then surgically show no injury to the humerus. The forearm has a transverse fracture of the radius about the mid distal third junction and the ulnar has a fracture with a butterfly fragment. Both are minimally displaced and better reduced with the Ex-Fix on.

IMPRESSION AND PLAN

This is a gentleman with a severe injury to his right upper extremity. I think he needs to go back to the operating room for a repeat irrigation and debridement as well as definitive fixation of both bones. I have talked to Dr. Cook about this as well as Dr. Birchenough who is the plastic surgeon. This is going to help with the soft tissue management. I have gone over the risks and the benefits with the patient. Our plan is to take him early tomorrow morning for definitive fixation of his forearm and then continued work on his soft tissue.

DICTATED BY: JOHN SCOTT BRODERICK, M.D.

DICTATED FOR (IF APPLICABLE):

D:03/21/2014 15:13:48

T:03/22/2014 05:41:18/ub

1501562/1308722

cc:THOMAS L ASHLEY, M.D., Attending Physician

Authenticated by John Scott Broderick, MD. On 03/27/2014 03:21:45 PM

P REPORT

ATIENT NAME: LIPSCOMB, JAMES T

OB: 12/02/1969

EDICAL RECORD #: 891319

PROCEDURE DATE: 03/22/2014

CCOUNT NUMBER: 7709002283

OOM: 701

REOPERATIVE DIAGNOSIS

rush injury, right upper extremity, with open both-bone forearm fracture, status post irrigation and debridement and temporary external fixation.

POSTOPERATIVE DIAGNOSIS

rush injury, right upper extremity, with open both-bone forearm fracture, status post irrigation and debridement and temporary external fixation.

PROCEDURES

1. Open treatment and internal fixation of right radius and ulnar shaft.
2. Repeat irrigation and debridement of soft tissue only.

SURGEONS

John Scott Broderick, MD and Shawn A Birchenough, MD

ANESTHESIA

General endotracheal.

ESTIMATED BLOOD LOSS

Minimal.

SPECIMENS

None.

COMPLICATIONS

No.

DRAINS

None.

IMPLANTS

Non-locking DC plates, one 3.5 and one 2.7.

INDICATIONS FOR SURGERY

Mr. Lipscomb's history is well documented. He was involved in an industrial accident a couple of days ago, was taken to the operative suite for irrigation and debridement by trauma and Dr. Cook, underwent temporary ex-fix of his radius, has done well on the floor. Risks and benefits of this procedure were explained. Consent was signed. He was posted for the above procedure.

INTRAOPERATIVE FINDINGS

All the musculature was in reasonable condition. There was some slight necrosis to a little bit of the dorsal fascia and some of the fat, but otherwise, it was in good

55
279

condition. We were able to open up the interval between the FCR and the mobile wad, visualized the radius fracture and compressed it and then we went through the typical interval for the ulna, kept the butterfly fragment intact, may have left the ulna just slightly angulated, but good compression and really reasonable alignment on both views and both sets of hardware were covered up by soft tissue easily at the end of my portion of the case.

PROCEDURE IN DETAIL

The patient was brought to the operating room and placed in supine position. General endotracheal anesthesia was administered. Once adequate level of anesthesia was obtained, it was agreed that he was appropriate antibiotics, and the right arm was prepped and draped in the usual sterile fashion. We then performed time-out in a typical manner. We irrigated the wound out, cleaned off just a little bit of fascia as well as some overlying subcutaneous fat. We then went through the interval

seen the FCR and the mobile wad, identified the radius fracture, elevated just enough soft tissue so that we could visualize the fracture and position our plate. We attached our plate to the distal end in what was a reasonable position and then used a little clamp to make the fracture anatomic and then in compressive mode put fixation in the proximal segment. Once that was done, we irrigated that out. We then turned our attention to the ulna; again elevated off just enough soft tissue so that we could visualize the fracture. We attached the plate this time to the proximal end and then held the fracture reduced while we again compressed it from the distal segment. We then obtained final images, irrigated the entire wound out. We then closed the fascia over our volar approach covering up our hardware and then turned the case over to Dr. Birchenough.

DISPOSITION

From my standpoint, the patient will be allowed range of motion as tolerated. He is not to do any lifting or pushing off for 3 months. Antibiotics will be per Dr. Birchenough and the trauma team.

DICTATED BY: JOHN SCOTT BRODERICK, M.D.

DICTATED FOR (IF APPLICABLE):

03/22/2014 10:46:41

03/23/2014 02:05:45/pm

501778/1308940

THOMAS L ASHLEY, M.D., Admitting Physician

RONALD FIGURA, MD, Consulting Physician

Authenticated by John Scott Broderick, MD. On 03/27/2014 03:21:46 PM

CONSULT

PATIENT NAME: LIPSCOMB, JAMES T.

DOR: 12/02/1969

MEDICAL RECORD #: 891319

ACCOUNT NUMBER: 7709002283

ADMISSION DATE: 03/21/2014

DATE OF SERVICE:

ATTENDING PHYSICIAN: ASHLEY, THOMAS L.

ROOM: 701

His trauma name was ER 37 Charlie.

Date of consultation was 03/20/2014.

CONSULTING SERVICE

General surgery, trauma.

REASON FOR CONSULTATION

Right forearm degloving injury with associated radial and ulnar shaft fractures.

HISTORY OF PRESENT ILLNESS

Mr. Lipscomb is a 44-year-old African American male, who got his right forearm caught in a conveyor belt while at work. He was transported to Spartanburg Regional Emergency Department and was evaluated for a right forearm degloving injury with exposed muscle fascia.

Imaging in the emergency department revealed a midshaft ulnar shaft fracture as well as distal one third radial shaft fracture. I evaluated the patient in the preoperative area. He was noted to have significant amount of pain. His examination was somewhat unreliable.

PAST MEDICAL HISTORY

Hypertension.

PAST SURGICAL HISTORY

None.

ALLERGIES

No known drug allergies.

MEDICATIONS

Lisinopril.

FAMILY HISTORY

Noncontributory.

SOCIAL HISTORY

Did not obtain.

REVIEW OF SYSTEMS

Thirteen-point review of systems is otherwise negative and noncontributory other than that noted in the HPT.

PHYSICAL EXAMINATION

VITAL SIGNS: Blood pressure 170/110, pulse 95, respirations 20, O2 saturation 100% on 2 L nasal cannula.
GENERAL: Mild distress. Alert and oriented x3.
HEENT: Normocephalic and atraumatic.
PULMONARY: Clear to auscultation bilaterally.
ABDOMEN: Soft, nontender and nondistended.
CARDIOVASCULAR: Peripheral pulses regular rate and rhythm.
MUSCULOSKELETAL: Focus examination of the patient's right upper extremity showed circumferential degloving just distally antecubital crease down to the level of the wrist with the entire sleeve of tissue down to the forearm fascia degloved except for a small bridge on the volar surface. It measured 2 to 3 cm. There is no obvious pulsatile bleeding distally. The patient had sensation on the dorsum of his hand and he had tingling in the remainder of his fingertips but sensation intact in the median and ulnar nerve distributions. AIN was intact. He had inability to extend the fingers. He was able to abduct the small finger suggesting possible radial nerve palsy. Strong palpable radial and ulnar pulses were noted.

Hemoglobin and hematocrit 14.8 and 43.7.

IMAGING

Plain films of the patient forearm revealed a mildly comminuted midshaft ulnar fracture and distal one third radial shaft fracture. Both mildly displaced.

ASSESSMENT AND PLAN

Mr. Lipscomb will be taken to the operating room for wound exploration, irrigation, debridement and depending on the extent of soft tissue damage likely damage control treatment with external fixator placement. He understood that moving forward surgery he will need multiple procedures and is at risk for loss of function or loss of limb. I will perform the procedure in conjunction with the general surgery trauma team, who have plans for debridement and fasciotomies.

DICTATED BY: TODD D. COOK, MD

DICTATED FOR (IF APPLICABLE):

D:03/21/2014 12:49:25

T:03/22/2014 03:23:44/jn

1501445/1300644

cc:THOMAS L. ASHLEY, M.D., Attending Physician

Authenticated and Edited by Todd D. Cook, MD. On 3/26/14 6:17:47 PM

OF REPORT

PATIENT NAME: LIPSCOMB, JAMES T

DOR: 12/02/1969

MEDICAL RECORD #: 891319

PROCEDURE DATE: 03/21/2014

ACCOUNT NUMBER: 7709002283

ROOM: 701

PREOPERATIVE DIAGNOSES

1. Right forearm degloving injury.
2. Right radius and ulnar shaft fractures.

POSTOPERATIVE DIAGNOSES

1. Right forearm degloving injury.
2. Right radius and ulnar shaft fractures.

PROCEDURE DATE

1. Right radial shaft external fixator placement.
2. Right forearm I and D.
3. Placement of negative pressure wound device greater 20 sq cm.

SURGEON

Todd Cook, MD

ASSISTANT

Matthew Naegel.

ANESTHESIA

General.

SPECIMENS

None.

ESTIMATED BLOOD LOSS

See anesthesia record.

INDICATIONS FOR PROCEDURE

Mr. Lipscomb is a 44-year-old male who sustained an extensive degloving injury and associated radial and ulnar shaft fractures at of the right forearm. His arm was caught in a conveyor belt causing the injury. He was evaluated in the emergency department and then brought urgently to the operating room as there were concerns for significant pain and possible development of compartment syndrome. Prior to surgery, he was consented by myself in the general surgery service for irrigation and debridement, stabilization of his long bones and placement of a negative pressure wound device. He signed an informed consent to willingly move forward with the procedure after being made aware of the possible risks including, but not limited to pain, blood loss, infection, need for future surgeries, malunion, nonunion, continued pain or dysfunction in that limb, loss of limb, heart attack, stroke, blindness, or death.

PROCEDURE IN DETAIL

The patient was brought to the operative suite. He was

placed under general anesthesia and intubated without complication. An official time-out was taken to verify the correct patient and procedures to be performed. He had received Ancel and gentamicin prior to being brought to the operating room.

Please refer to the general surgery trauma service dictation in regards to vascular evaluation of the patient's arm. A scan of vascular perfusion of the patient's degloved forearm was performed. It was found that all the skin and subcutaneous tissue of the degloved sleeve from the antecubital fossa down to the level of the wrist was devascularized. This was performed prior to sterile prep and drape of the patient's right upper extremity.

A nonsterile tourniquet was placed. The patient's right upper extremity was sterilely prepped and draped in normal fashion.

Please refer to general surgery service dictation in regards to removal of the devitalized soft tissues as well as fasciotomies and carpal tunnel release.

After multicompartamental fascial release, all compartments were soft, there was some muscle in the volar compartment, most likely the FCR or the ECR that was contractile, but had a dusky appearance. The superficial radial nerve was visible in its entirety and was not disrupted. The only other muscle damage was to that of the FCU and the ECU in the area of the ulnar shaft fracture. The ulnar shaft fracture was easily palpable in the superficial portion of the ulnar border of his forearm. The radial shaft fracture had good soft tissue coverage.

The patient had degloving of the dorsal surface of his hand as well that extended down the level of the MCPs. He also had further degloving up into the antecubital fossa, that skin was left intact to allow for future demarcation at the time of repeat irrigation and debridement.

Given the extent of his soft tissue injury, there may be further development of loss of muscle or infection. I elected to perform temporary stabilization of his radial shaft fracture with external fixator with delayed definitive management with plate and screws at his second and D in the next 24 to 48 hours.

Four Synthes 2.5mm threaded pins and bar construct external fixator was placed on the radius to maintain length, alignment, and allow the soft tissues to recover. I used C-arm imaging to verify location of the radial shaft fracture underlying the muscles. I placed 2 pins distal to the fracture and 2 pins proximal to the fracture in a dorsolateral position while protecting the extensor tendons and the superficial radial nerve. Once the pins were in place connectors and a single rod were placed and tightened. The radial shaft fracture was reduced to near anatomic position and final tightening of the external fixator was performed. I obtained images and verified that the radial bow and overall alignment were near-anatomic. We then copiously irrigated all the fascial compartments. We then moved forward with placement of negative pressure wound dressing. A large wound VAC sponge was cut in half, another secondary small sponge was

used. These were stapled together to cover the defect and then a combination of Ioban and wound VAC tape were used to seal the wound. The wound VAC had good seal and we covered the external fixator with ABD and Kerlix. Tourniquet was not used during the case. The patient then awoke from anesthesia, was extubated and transferred recovery in stable condition.

PLAN

The patient will be evaluated by plastic surgery for definitive coverage of his large soft tissue defect. He will be returned to the operating room in the next 24 to 48 hours for repeat irrigation and debridement and likely definitive stabilization with plates and screws at that time. I plan to discuss definitive fracture management with Dr. Broderick our orthopedic trauma specialist. He will remain nonweightbearing of the right upper extremity. We will follow his wound VAC drainage closely and monitor his neurovascular status in the right upper extremity.

DICTATED BY: TODD D. COOK, MD

DICTATED FOR (IF APPLICABLE):

D:03/21/2014 12:59:08

T:03/22/2014 09:07:51/pm

1501450/1308814

cc:THOMAS L ASHLEY, M.D., Admitting Physician
RONALD FIGURA, MD, Consulting Physician
Health Informatics

Authenticated and Edited by Todd D. Cook, MD. On 3/22/14 9:45:48 AM

OF REPORT

PATIENT NAME: LIPSCOMB, JAMES T

DOB: 12/02/1969

MEDICAL RECORD #: 891319

PROCEDURE DATE: 03/22/2014

ACCOUNT NUMBER: 7709002283

ROOM:

LOCATION

Spartanburg Regional Main Operating Room.

PREOPERATIVE DIAGNOSIS

Right arm and hand degloving injury, which is a massive injury.

POSTOPERATIVE DIAGNOSIS

Right arm and hand degloving injury, which is a massive injury.

PROCEDURES

1. Sharp excisional debridement of skin and subcutaneous tissue and fascia of the arm over 200 sq cm and of the dorsal hand 250 sq cm.
2. Fasciotomy of the hand at the thenar eminence first dorsal compartment.
3. SPY indocyanine green dye intraoperative angiography x2.
4. INTEGRA dermal skin substitute placement on the arm, 680 sq cm and on the hand 250 sq cm.
5. Placement of a long arm splint.

SURGEON

Shawn A Birchenough, MD

ANESTHESIA

General.

ESTIMATED BLOOD LOSS

150 mL.

BRIEF HISTORY

The patient is a 44-year-old right-hand dominant male who cut his arm, caught in a machine at work on 03/21/2014. He went to the operating room that night with the surgery team where debridement was performed circumferentially around the entire arm from the wrist to the elbow. There was some questionable skin on the dorsum of the hand. He returns to the operating room today for open reduction and internal fixation by Dr. Broderick with removal of the external fixator that was placed on his wrist fractures as well as further skin debridement and the initiation of reconstruction. The alternatives, benefits, complications and risks were discussed with the patient, and written and verbal informed consents were obtained.

He was marked in the preoperative area.

DESCRIPTION OF PROCEDURE

The patient was brought to the operating room and placed in the supine position. All pressure points were well padded. SCDs were placed. Preoperative antibiotics had been given. General anesthesia was administered. Time-out performed. The entire right arm and hand was prepped and draped sterily.

Initially, nonviable tissue was identified in the arm at the elbow; this was excised sharply with debridement of skin, subcutaneous tissue and fascia. The remaining muscle in the forearm was noted to be well perfused. The location of the open reduction plates was also covered by muscle in the forearm both at the ulna and radius.

SPY indocyanine green dye was used and this noted a very poor perfusion of the dorsal hand skin. This needed to be excised sharply over an area of 250 sq cm from the wrist crease to the metacarpophalangeal joint of the thumb and over the metacarpophalangeal joints of all the digits. The palmar side of the hand skin was noted to be intact.

The arm was then pulse irrigated and INTEGRA dermal skin substitute was placed and stapled into position over the arm 680 sq cm and at the hand 250 sq cm. In addition, silver impregnated wound VAC sponges were stapled into position to create compression on the skin substitute, but the VAC was not attached or used. The entire arm was then wrapped and long-arm splint was placed from the fingertips to the elbow. There was good perfusion in the remaining skin and all digits. The patient was allowed to awaken, extubated and taken to the PACU in stable condition. Needle, sponge and instrument counts were correct.

DICTATED BY: SHAWN A. BIRCHENOUGH, M.D.

DICTATED FOR (IF APPLICABLE):

D:04/07/2014 07:57:03
T:04/06/2014 01:59:12/pm
1507487/1313064

cc:JOHN SCOTT BRODERICK, M.D., Consulting Physician
Authenticated and Edited by Shawn A. Birchenough, MD. On 4/15/14 7:47:04 AM

OF REPORT

PATIENT NAME: LIPSCOMB, JAMES T

DOR: 12/02/1969

MEDICAL RECORD #: 891319

PROCEDURE DATE: 03/25/2014

ACCOUNT NUMBER: 7709002283

ROOM:

PREOPERATIVE DIAGNOSIS

Right arm avulsion injury, status post further debridement and placement of INTEGRA skin substitute.

POSTOPERATIVE DIAGNOSIS

Right arm avulsion injury, status post further debridement and placement of INTEGRA skin substitute.

PROCEDURES

1. Dressing change under anesthesia of the right arm.
2. Obtaining cultures from the dorsal forearm fluid.

SURGEON

Shawn A. Birchenough, MD

ANESTHESIA

General.

SPECIMENS

Cultures.

ESTIMATED BLOOD LOSS

10 mL.

BRIEF HISTORY

The patient is a right-hand dominant male with a significant large massive soft tissue wound of the right arm circumferentially from the elbow to the wrist and including the entire hand dorsum to the metacarpophalangeal joints. He had debridement previously and he comes to the operating room for dressing change today. All of his dressings were removed. It was noted that the INTEGRA was adherent. There was a small amount of fluid coming from a Penrose drain that had previously been placed. This was cultured; this was directly over the radial open reduction and internal fixation plate, which was covered by muscle.

New dressing was applied in the same fashion as well as a long arm splint. The patient was allowed to awaken and taken to the PACU in stable condition. Needle, sponge and instrument counts were correct. There were no complications.

DICTATED BY: SHAWN A. BIRCHENOUGH, M.D.

DICTATED FOR (IF APPLICABLE):

D:04/07/2014 00:00:40

T:04/08/2014 05:42:37/pm
1507494/1313963

cc:JOHN SCOTT BRODERICK, M.D., Consulting Physician
Authenticated by Shawn A. Birchenough, MD. On 04/15/2014 07:47:19 AM

OF REPORT

PATIENT NAME: LIPSCOMB, JAMES T

DOB: 12/02/1969

MEDICAL RECORD #: 891319

PROCEDURE DATE: 03/28/2014

ACCOUNT NUMBER: 7709002283

ROOM:

LOCATION

Spartanburg Regional Main Operating Room.

PREOPERATIVE DIAGNOSES

Right arm and dorsal hand avulsion injury and recurrent carpal tunnel syndrome.

POSTOPERATIVE DIAGNOSES

Right arm and dorsal hand avulsion injury and recurrent carpal tunnel syndrome.

PROCEDURES

1. Anterolateral thigh flap from the right thigh to the right dorsal hand exposed extensor tendons.
2. A 950 sq cm split-thickness skin graft from the left thigh to the right arm.
3. Right carpal tunnel release.

SURGEON

Shawn A Birchenough, MD

ASSISTANT

Michael J Orseck, MD, who was scrubbed and present during all critical portions of the case including the elevation of the anterolateral thigh flap, the microsurgical anastomosis to the radial vessels as well as the skin grafting and carpal tunnel release.

BRIEF HISTORY

The patient is a 44-year-old right-hand dominant male, who got his arm caught in a machine several days ago. He has been to the operating room multiple times for debridements and placement of Integra. He returns to the operating room today for definitive coverage, particularly of the dorsal hand given the multiple exposed extensor tendons. The wound extends up to and slightly beyond the metacarpophalangeal joint dorsally and then over the base of the dorsal thumb circumferentially from the wrist to the elbow completely. The Integra is healing in nicely. He did have an open fracture of the radius and ulna plated previously by orthopedist. He also previously had a carpal tunnel release at the first surgery by the trauma team, however, he is still having numbness and tingling in the median nerve distribution of his fingers.

DESCRIPTION OF PROCEDURE

He was brought to the operating room, placed in the supine position. All pressure points were padded. SCDs were placed. Preoperative antibiotics were given. The entire

right arm as well as the right and left thighs were prepped and draped sterily. Time-out was performed.

Initially, sharp debridement of the skin edges was performed. The Integra backing was removed noting that the majority of the Integra had partially incorporated into the wound creating a stable base. There was granulation tissue throughout. There was no evidence of significant necrosis remaining.

The dorsal hand had all the extensor tendons exposed and it was critical to cover those.

The anterolateral thigh flap was marked on the right lateral thigh and the medial incision was made and dissection was carried down to and through the deep fascia. Identification of the A perforator was identified and this was dissected back through the muscle to the descending branch of the lateral circumflex femoral vessel. The accompanying venous vessels were brought with the pedicle.

The inferior incision was then made after sizing the skin paddle to appropriately cover the width of his hand and extend back to the extensor retinaculum. This incision was made and the flap was fully dissected, but left on its pedicle.

The right wrist had no skin. The remaining muscle was divided and the radial vessels were noted to be intact. The radial artery and the venous comitantes were carefully dissected under microsurgical technique and brought out from distal to proximal leaving adequate length to anastomose to over the dorsal side of the wrist and to the hand. The digits were noted to remain well perfuse as his arch was intact and this was checked preoperatively with a Doppler-assisted Allen test.

The ALT flap was then transferred and anastomosed under standard microsurgical technique using end-to-end anastomosis of the artery using 9-0 nylon in an interrupted fashion using a 2.5-mm venous coupler for the larger of the 2 venous comitantes.

After unclamping, the flap was noted to be well perfuse throughout.

The flap was inset in multiple places with a Penrose drain underneath closing the dorsal hand.

The right thigh was then closed after closing the majority of the fascia of the thigh. A 15-French round drain was placed into the wound and the skin was closed under moderate tension after multiple layer closure.

The left thigh was used for the skin graft donor site. Skin grafts were taken circumferentially given the significant amount of skin grafting that was necessary. This was all meshed 1-1/2 to 1 and stapled into position throughout the left arm from the wrist crease to the elbow circumferentially.

Prior to a closing the volar wrist crease, the carpal tunnel was explored. There was noted to be still some portion of the transverse carpal ligament intact, likely contributing to his symptoms under direct visualization. The incision was extended through the distal palmar skin, and under direct visualization, the remaining carpal tunnel release was performed noting good space within the carpal tunnel. Of note, the median nerve and the tendons were intact throughout this carpal tunnel.

The dressings were applied at all sites. Of note, 950 sq cm of skin graft were used to cover the entire forearm circumferentially. The ALT flap was noted to be 10 cm x 25 cm in size.

A splint was placed on the arm, which was a long-arm splint and all donor sites were dressed. The patient was allowed to awaken, extubated and taken to the PACU in stable condition. Needle, sponge and instrument counts were correct.

DICTATED BY: SHAWN A. BIRCHENOUGH, M.D.

DICTATED FOR (IF APPLICABLE):

D:04/14/2014 07:10:03
T:04/14/2014 22:24:32/en
1509872/1315847

cc:MANNY TRUJILLO, M.D., Consulting Physician
Authenticated by Shawn A. Birchenough, MD. On 04/15/2014 07:57:36 AM

OF REPORT

PATIENT NAME: LIPSCOMB, JAMES T

DOR: 12/02/1969

MEDICAL RECORD #: 891319

PROCEDURE DATE:

ACCOUNT NUMBER: 7709002283

ROOM: 625

PREPROCEDURAL DIAGNOSIS

De gloving of the right forearm, status post ALT flap and split thickness skin graft from bilateral lower extremities.

POSTOPERATIVE DIAGNOSIS

De gloving of the right forearm, status post ALT flap and split-thickness skin graft from bilateral lower extremities.

PROCEDURE

1. Dressing change to right arm.
2. Placement of splint to right arm.
3. Dressing change to bilateral lower extremity, split-thickness skin graft site and ALT donor site.

SURGEON

Shawn A Birchenough, MD

ASSISTANT

Nicholas R White, MD

ANESTHESIA

GENERAL.

SPECIMENS

None.

BLOOD LOSS

Zero.

PROCEDURE IN DETAIL

Mr. Lipscomb is a 44-year-old white male that was involved in a degloving incident. The patient previously had an ALT flap placed with split-thickness skin graft. The patient was brought to the operating room for removal of ViOptix and dressing change. The patient was brought into the room on his stretcher. All operative procedures were done from this position. The patient had general anesthesia induced. Afterwards, we called a surgical timeout to ensure proper patient and procedure. We then proceeded to take down all previously placed dressings. We cleaned the hand with hydrogen peroxide and water. The split-thickness skin graft was taking to the skin quite well and was healing without any signs of ischemia, infection. After we had the hand completely cleaned off, we placed Xeroform dressing over the split-thickness skin graft sites. We then placed Kerlix dressings. Around the Kerlix, we placed a splint to the right arm extending above the elbow proximally 10 to 12 cm and extending down onto the hand holding it in neutral.

position. After this had dried in proper position, we wrapped the splint and arm with Ace bandages. After this, we proceeded to look at the left lower extremity split thickness skin graft donor site. The Xeroform was left in place. A new dressing was placed overtop along with 6-inch Ace wrap. Xeroform was removed. A sterile dressing was placed overtop of the ALT donor site on the right. The JP drain was left in place at this point. The patient was awakened from general anesthesia and sent to his room for further recovery. Dr. Birchrough was present and scrubbed for the entirety of this procedure.

ATTENDING PHYSICIAN
Shawn A Birchrough, MD

DICTATED BY: NICHOLAS R. WHITE, MD

DICTATED FOR (IF APPLICABLE):

D:04/02/2014 14:18:11
T:04/02/2014 15:27:12/AM
1505953/1312241

cc: THOMAS I. ASHLEY, M.D., Admitting Physician
JOHN SCOTT BRODERICK, M.D., Consulting Physician
SHAWN A. BIRCHROUGH, M.D.

Authenticated and Edited by Nicholas White, MD. On 4/03/14 9:20:33 AM
Authenticated and Edited by Shawn A. Birchrough, MD. On 4/15/14 7:55:18 AM

OF REPORT

PATIENT NAME: LIPSCOMB, JAMES T

DOB: 12/02/1969

MEDICAL RECORD #: 891319

PROCEDURE DATE: 03/22/2014

ACCOUNT NUMBER: 7709002283

ROOM: 701

PREOPERATIVE DIAGNOSIS

Crush injury, right upper extremity, with open both-bone forearm fracture, status post irrigation and debridement and temporary external fixation.

POSTOPERATIVE DIAGNOSIS

Crush injury, right upper extremity, with open both-bone forearm fracture, status post irrigation and debridement and temporary external fixation.

PROCEDURES

1. Oper treatment and internal fixation of right radius and ulnar shaft.
2. Repeat irrigation and debridement of soft tissue only.

SURGEONS

John Scott Broderick, MD and Shawn A Birchenough, MD

ANESTHESIA

General endotracheal.

ESTIMATED BLOOD LOSS

Minimal.

SPECIMENS

None.

COMPLICATIONS

None.

DRAINS

None.

IMPLANTS

Non-locking DC plates, one 3.5 and one 2.7.

INDICATIONS FOR SURGERY

Mr. Lipscomb's history is well documented. He was involved in an industrial accident a couple of days ago, was taken to the operative suite for irrigation and debridement by trauma and Dr. Cook, underwent temporary ex-fix of his radius, has done well on the floor. Risks and benefits of this procedure were explained. Consent was signed. He was posted for the above procedure.

INTRAOPERATIVE FINDINGS

All the musculature was in reasonable condition. There was some slight necrosis to a little bit of the dorsal fascia and some of the fat, but otherwise, it was in good

condition. We were able to open up the interval between the FCR and the mobile wad, visualized the radius fracture and compressed it and then we went through the typical interval for the ulna, kept the butterfly fragment intact, may have left the ulna just slightly angulated, but good compression and really reasonable alignment on both views and both sets of hardware were covered up by soft tissue easily at the end of my portion of the case.

PROCEDURE IN DETAIL

The patient was brought to the operating room and placed in supine position. General endotracheal anesthesia was administered. Once adequate level of anesthesia was obtained, it was agreed that he was appropriate antibiotics, and the right arm was prepped and draped in the usual sterile fashion. We then performed time-out in a typical manner. We irrigated the wound out, cleaned off just a little bit of fascia as well as some overlying subcutaneous fat. We then went through the interval between the FCR and the mobile wad, identified the radius fracture, elevated just enough soft tissue so that we could visualize the fracture and position our plate. We attached our plate to the distal end in what was a reasonable position and then used a little clamp to make the fracture anatomic and then in compressive mode put fixation in the proximal segment. Once that was done, we irrigated that out. We then turned our attention to the ulna; again elevated off just enough soft tissue so that we could visualize the fracture. We attached the plate this time to the proximal end and then held the fracture reduced while we again compressed it from the distal segment. We then obtained final images, irrigated the entire wound out. We then closed the fascia over our volar approach covering up our hardware and then turned the case over to Dr. Bircherough.

DISPOSITION

From my standpoint, the patient will be allowed range of motion as tolerated. He is not to do any lifting or pushing off for 3 months. Antibiotics will be per Dr. Bircherough and the trauma team.

DICTATED BY: JOHN SCOTT BRODERICK, M.D.

DICTATED FOR (IF APPLICABLE):

D:03/22/2014 10:46:41
T:03/22/2014 02:05:45/pm
150177E/1300940

GO:THOMAS L. ASHLEY, M.D., Admitting Physician
RONALD FIGURA, MD, Consulting Physician
Authenticated by John Scott Broderick, MD. On 03/27/2014 03:21:46 PM

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303**OP REPORT**

PATIENT NAME: LIPSCOMB, JAMES T
DOB: 12/02/1969
MEDICAL RECORD #: 891319
PROCEDURE DATE: 03/22/2014
ACCOUNT NUMBER: 7709002283
ROOM: 701

PREOPERATIVE DIAGNOSIS

Crush injury, right upper extremity, with open both-bone forearm fracture, status post irrigation and debridement and temporary external fixation.

POSTOPERATIVE DIAGNOSIS

Crush injury, right upper extremity, with open both-bone forearm fracture, status post irrigation and debridement and temporary external fixation.

PROCEDURES

1. Open treatment and internal fixation of right radius and ulnar shaft.
2. Repeat irrigation and debridement of soft tissue only.

SURGEONS

John Scott Broderick, MD and Shawn A Birchenough, MD

ANESTHESIA

General endotracheal.

ESTIMATED BLOOD LOSS

Minimal.

SPECIMENS

None.

COMPLICATIONS

None.

DRAINS

None.

IMPLANTS

Non-locking DC plates, one 3.5 and one 2.7.

OP REPORT

LIPSCOMB, JAMES T

891319

PHYSICIAN COPY

Page 1 of 3

DICTATING

Note: Document is draft unless signed

Received Time Mar. 23. 2014 2:18AM No. 1532

73
297

INDICATIONS FOR SURGERY

Mr. Lipscomb's history is well documented. He was involved in an industrial accident a couple of days ago, was taken to the operative suite for irrigation and debridement by trauma and Dr. Cook, underwent temporary ex-fix of his radius, has done well on the floor. Risks and benefits of this procedure were explained. Consent was signed. He was posted for the above procedure.

INTRAOPERATIVE FINDINGS

All the musculature was in reasonable condition. There was some slight necrosis to a little bit of the dorsal fascia and some of the fat, but otherwise, it was in good condition. We were able to open up the interval between the FCR and the mobile wad, visualized the radius fracture and compressed it and then we went through the typical interval for the ulna, kept the butterfly fragment intact, may have left the ulna just slightly angulated, but good compression and really reasonable alignment on both views and both sets of hardware were covered up by soft tissue easily at the end of my portion of the case.

PROCEDURE IN DETAIL

The patient was brought to the operating room and placed in supine position. General endotracheal anesthesia was administered. Once adequate level of anesthesia was obtained, it was agreed that he was appropriate antibiotics, and the right arm was prepped and draped in the usual sterile fashion. We then performed time-out in a typical manner. We irrigated the wound out, cleaned off just a little bit of fascia as well as some overlying subcutaneous fat. We then went through the interval between the FCR and the mobile wad, identified the radius fracture, elevated just enough soft tissue so that we could visualize the fracture and position our plate. We attached our plate to the distal end in what was a reasonable position and then used a little clamp to make the fracture anatomic and then in compressive mode put fixation in the proximal segment. Once that was done, we irrigated that out. We then turned our attention to the ulna; again elevated off just enough soft tissue so that we could visualize the fracture. We attached the plate this time to the proximal end and then held the fracture reduced while we again compressed it from the distal segment. We then obtained final images, irrigated the entire wound out. We then closed the fascia over our volar approach covering up our hardware and then turned the case over to Dr. Birchenough.

DISPOSITION

From my standpoint, the patient will be allowed range of motion as tolerated. He is not to do any lifting or pushing off for 3 months. Antibiotics will be per Dr. Birchenough and the trauma team.

DICTATED BY: JOHN SCOTT BRODERICK, M.D.

DICTATED FOR (IF APPLICABLE):

D:03/22/2014 10:46:41

OP REPORT
LIPSCOMB, JAMES T
891319
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Page 2 of 3

DICTATING

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Received Time Mar. 23. 2014 2:18AM No. 1532

T:03/23/2014 02:05:45/pn
1501778/1308940

cc: THOMAS L ASHLEY, M.D., Admitting Physician
RONALD FIGURA, MD, Consulting Physician

OP REPORT
LIPSCOMB, JAMES T
891319
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Page 3 of 3

DICTATING

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Received Time Mar. 23. 2014. 2:18AM No. 1532

Trauma Surgery/ACS Progress Note

Sunday, March 23, 2014

Pain controlled. W/ding Amb.
 Same drainage and dressing

98.9°F 97 (184/99) 18 94% RA
 RRR, hypertensive
 CTAB
 (R) forearm dressing w/ significant bloody drainage,
 elevated arm

Problem List / Assessment and Plan of Care:

44 yo M s/p conveyor belt injury

- Degloving of Right Forearm - s/p Debridement. For repeat debrid 3/22 with Dr. Birchenough. ~~Wound~~ ~~vacuum~~ back to OR on 3/25 for debridement
- Fractures of R Radius and Ulna - ~~s/p ORIF~~ ORIF 3/22.
- Prophylaxis - hep subq
- ~~DC Planning~~

- pass ROM w/ PT when ok
 with PRS

- cont pain control

- ↑ BP meds, patient doesn't
 know how many meds

3/23-SSC U for Non
 Encephalopathy - PAIR
 Control low ch
 1/1/14

7709002283 000-891319 03/21/14
 LIPSCOMB, JAMES 12/02/69 M 44Y
 ADM: ASHLEY, THOMAS L
 REF: ASHLEY, THOMAS L



MS Thomas

Resident/Nurse Practitioner
 Time: 0530

Attending Physician

Time: 8:10

The patient's history/updated history, laboratory studies, radiologic images, and resident orders were personally reviewed by me with the resident. The patient was examined by me and I concur with the resident's note as written except as noted by my written comments.

Trauma Surgery/ACS Progress Note

Monday, March 24, 2014

PT	Taking good	No SOB, N, V
Pain	Controlled	
Eating		
Ambulating		
Voiding	② BM ④ F/atus	No Abdominal Pain
98.5	108	18 95RA 157/112
RRR		
CTAB		
SXTND		
② Arm Ace Wound		CDI

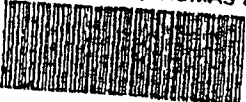
Problem List / Assessment and Plan of Care:

44 yo M s/p conveyor belt injury

- Degloving of Right Forearm – s/p Debridement. Repeat debrid 3/22 with Dr. Birchenough. To OR on 3/25
- Fractures of R Radius and Ulna – s/p Ex-fix. S/P ORIF 3/22.
- Prophylaxis—
- DC Planning—

To OR tomorrow
Pain controlled

7709002283 000-891319 03/21/14
LIPSCOMB, JAMES 12/02/69 M 44Y
ADM: ASHLEY, THOMAS L
REF: ASHLEY, THOMAS L



J. Rush MD
Resident/Nurse Practitioner
Time: 6:00

Attending Physician
Time: 10:26

The patient's history/updated history, laboratory studies, radiologic images, and resident orders were personally reviewed by me with the resident. The patient was examined by me and I concur with the resident's notes written except as noted by my written comments.

Trauma Surgery, ACS Progress Note

Tuesday, March 25, 2014

PT fairly good No N.V. SOB
Pain controlled
Ambulating
Vitals
+ BM

99.7 101 18 95AA 179/116

RRR
CTAB
SNTRO
Accaband e Wound
NS: 100

B.P. Resistant to labetalol

Problem List / Assessment and Plan of Care:

44 yo M s/p conveyor belt injury

- Degloving of Right Forearm — Dr. Birchenough managing. s/p Debridements x 2. To OR on 3/25 for repeat debrid
- Fractures of R Radius and Ulna — s/p Ex-fix. S/P ORIF 3/22
- Htn — cont home meds.
- Prophylaxis —
- DC Planning —

HTN: PLabetalol

No acute change
Plan to OR for
debridement.

7708002283 000-891319 03/21/14
LIPSCOMB, JAMES 12/02/69 M 44Y
ADM: ASHLEY, THOMAS L
REF: ASHLEY, THOMAS L



J. Rush MD
Resident/Nurse Practitioner
Time: 600

[Signature]
Attending Physician
Time: 825A

The patient's history/updated history, laboratory studies, radiologic images, and resident orders were personally reviewed by me with the resident. The patient was examined by me and I concur with the resident's note as written except as noted by my written comments.

Trauma Surgery/ACS Progress Note

Wednesday, March 26, 2014

PT Feeding goal No SOB, N, V				
Eating well				
Ambulating				
+ Voiding				
+ B.M.				
99-1	87	18	95 RA	168/98
RRR				
CTAB				
SATAB				
① Arm Dressing CDI				

Problem List / Assessment and Plan of Care:

44 yo M s/p conveyor belt injury

- Degloving of Right Forearm – Dr. Birchenough managing. s/p Debridements x 2. Dsg change 3/25.
Plan for skin graft to R FA 3/28
- Fractures of R Radius and Ulna – s/p Ex-fix. S/P ORIF 3/22
- Htn – cont home meds.
- Prophylaxis –
- DC Planning –

NO issues.
STS6 F.A.R.

7709002283 000-891319 03/21/14
LIPSCOMB, JAMES 12/02/69 M 44Y
ADM: ASHLEY, THOMAS L
REF: ASHLEY, THOMAS L



J. Perkins
Resident/Nurse Practitioner
Time: 5:30

RS
Attending Physician
Time: 8:00A.

The patient's history/updated history, laboratory studies, radiologic images, and resident orders were personally reviewed by me with the resident. The patient was examined by me and I concur with the resident's note as written except as noted by my written comments.

Trauma Surgery/ACS Progress Note

Thursday, March 27, 2014

S: no acute event. Pain controlled. Tolerating diet. Wound well. BVP. Ambulatory.

98.6 87 18 97AA 126/103

MAA

H-ER12

L-LT1A13

Qj Spt (W/T/N/D)

Ext - @ Pain with ^{spinal} BVP & dressing in place.

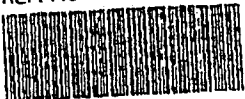
Problem List / Assessment and Plan of Care:

44 yo M s/p conveyor belt injury

- Degloving of Right Forearm - Dr. Birchenough managing. s/p Debridements x 2. Dsg change 3/25. Plan for skin graft to R FA 3/28
- Fractures of R Radius and Ulna - s/p Ex-fix. S/P ORIF 3/22
- Htn - cont home meds.
- Prophylaxis -
- DC Planning -

NO acute Δ
to or tomorrow.

7709002263 000-891319 03/21/14
LIPSCOMB, JAMES 12/02/69 M 44Y
ADM: ASHLEY, THOMAS L
REF: ASHLEY, THOMAS L



[Signature]
Resident/Nurse Practitioner
Time: 0600

[Signature]
Attending Physician
Time: 857A

The patient's history/updated history, laboratory studies, radiologic images, and resident orders were personally reviewed by me with the resident. The patient was examined by me and I concur with the resident's note as written except as noted by my written comments.

Trauma Surgery/ACS Progress Note

Friday, March 28, 2014

5: no acute events. Per contralateral
NPO: knees well. Ambulatory

T = 98.5 P 90 R 18 BP 152/97 96% O2A
NAD
RRR
C-CTAB
(4) ext - wrap in blue

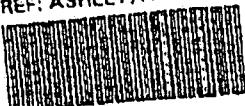
Problem List / Assessment and Plan of Care:

44 yo M s/p conveyor belt injury

- Degloving of Right Forearm - Dr. Birchenough managing. s/p Debridements x 2. Dsg change 3/25. Plan for skin graft to R FA 3/28
- Fractures of R Radius and Ulna - s/p Ex-fix. S/P ORIF 3/22
- Htn - cont home meds.
- Prophylaxis -
- DC Planning -

To OR today for STS6
No acute S.

7709002283 000-891319 03/21/14
LIPSCOMB, JAMES 12/02/69 M 44Y
ADM: ASHLEY, THOMAS L
REF: ASHLEY, THOMAS L



[Signature]
Resident/Nurse Practitioner
Time: 0700

[Signature]
Attending Physician
Time: 850

The patient's history/updated history, laboratory studies, radiologic images, and resident orders were personally reviewed by me with the resident. The patient was examined by me and I concur with the resident's notes written except as noted by my written comments.

J. David Wren, MD PhD, Director

Spartanburg Regional Medical Center
101 E. Wood Street
Spartanburg, South Carolina 29303-3072Dept of Laboratory Medicine
864-560-6212LIPSCOMB JAMES T
44Y
ASHLEY, THOMAS LMR#: S000891318
DOB: 12/05/1969
Location: BT 625AACCT#: S7708002283
Admitted: 03/21/2014
PT Type: INPATIENTHEMATOLOGY

BLOOD Collected	03/27 04:00 ¹	03/28 05:02	03/25 03:33	03/24 04:46 ¹	03/23 05:47		
Released	03/27 05:14	03/28 06:08	03/25 04:07	03/24 06:20	03/23 08:15	Reference	Units
Accession	H140850780	H140840734	H140830226	H140820349	H140810110		
WBC	6.9	7.9	8.4	9.9 H	17.9 H	3.1-9.7	K/cmm
RBC	2.67 L	2.42 L	2.67 L	2.88 L	3.20 L	4.08-5.70	million/cmm
HGB	8.8 L	8.1 L	8.7 L	9.8 L	10.3 L	13.1-16.8	g/dl
HCT	25.0 L	23.5 L	26.1 L	28.2 L	31.4 L	38.2-48.4	%
MCV	97.3	97.2	97.9	97.7	98.2	80.1-98.7	fL
MCH	34.1	33.5	32.5	34.0	32.3	27.5-34.3	pg
MCHC	35.0	34.4	33.2	34.8	32.9 L	33.2-35.7	g/dl
RDW	13.8	13.8	14.2	14.5	14.0	11.7-15.0	%
P.T	358	306	207	200	223	119-352	K/cmm

BLOOD Collected	03/22 03:57 ¹						
Released	03/22 08:39					Reference	Units
Accession	H140800716						
WBC	12.1 H					3.1-9.7	K/cmm
RBC	3.43 L					4.08-5.70	million/cmm
HGB	11.2 L					13.1-16.8	g/dl
HCT	33.4 L					38.2-48.4	%
MCV	97.4					80.1-98.7	fL
MCH	32.7					27.5-34.3	pg
MCHC	33.6					33.2-35.7	g/dl
RDW	13.8					11.7-15.0	%
P.T	174					119-352	K/cmm

COAGULATION STUDIES

1.000

Patient Name: LIPSCOMB, JAMES T
Location: BT 625A
PT Type: INPATIENT

SRNC CUM WEEKLY PERM REPORT - TO P

Printed: 03/29/2014 20:06
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DATE

04/30/2014

J. David Wren, MD PhD, Director

Spartanburg Regional Medical Center
101 E. Wood Street
Spartanburg, South Carolina 29303-3072

Dept of Laboratory Medicine
864-560-6212

LIPSCOMB JAMES T
44Y
ASHLEY, THOMAS L

MR#: S000881319
DOB: 12/02/1969
Location: 6T 625A

ACCT#: S7708002283
Admitted: 03/21/2014
PT Type: INFAT ENT

Collected	03/22		
Released	03/22		
Accession	06:49	Reference	Units
PTT	0140310008		
	25.2	23.3-35.3	seconds

CHEMISTRY

BLOOD

Patient Name: LIPSCOMB, JAMES T
Location: 6T 625A
PT Type: INPATIENT

SRMC CUM WEEKLY PERM REPORT - TO P

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Printed: 03/28/2014 3:08
Page: 2 of 5

DATE

04/30/2014

Ω2

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Spartanburg Regional Medical Center
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Spartanburg, South Carolina 29303-3072

Dept of Laboratory Medicine
864-560-6212

LIPSCOMB JAMES T
44Y
ASHLEY, THOMAS L

MR#: S000881318
DOB: 12/02/1968
Location: 6T 625A

ACCT#: S7709002283
Admitted: 03/21/2014
PT Type: INFAT ENT

Collected	03/27	03/28	03/25	03/24	03/23		
Released	04:00 ¹	05:02 ¹	03:33 ¹	04:48 ¹	01:47 ¹		
	03/27	03/26	03/25	03/24	03/23	Reference	Units
Accession	05:35	06:28	04:22	06:28	08:24		
Creol	C140851890	C140841918	C140830410	C140820427	C140810219		
UN	1.86 H	1.96 H	1.59 H	1.53 H	1.81 H	0.47-1.35	mg/dL
Na	23	23	19	19	20	7-25	mg/dL
Chlor	137	137	134	139	135	133-146	mmol/L
CO2	102	104	101	105	100	100-111	mmol/L
K	25.4	30.1	29.7	26.8	29.3	23.0-32.6	mmol/L
Gluc	3.6	4.0	3.8	3.8	3.2 L	3.5-5.2	mmol/L
Ca	95	97	100	101 H	93	70-100	mg/dL
Bun/Crea	8.9	8.2 L	8.6 L	9.0	9.0	8.9-10.3	mg/dL
Anl Gap	12	12	12	12	10	8-28	mg/dL
Osmo Cal	12	7	7	11	10	6-19	mmol/L
eGFR-AA	277	277	271	280	274	270-350	mL/min/1.73
eGFR-Crh	40	45	58	58	47		mL/min/1.73
CrCl	40 ¹	37 ¹	48 ¹	48 ¹	38 ¹		mL/min/1.73
	87 L ¹	54 L ¹	87 L ¹	65 L ¹	56 L ¹	90-139	mL/min/1.73

Collected	03/22						
Released	03:57 ¹						
	03/22					Reference	Units
Accession	06:59						
Creol	C140801675						
UN	1.63 H					0.47-1.35	mg/dL
Na	16					7-25	mg/dL
Chlor	140					133-146	mmol/L
CO2	107					100-111	mmol/L
K	35.8					23.0-32.6	mmol/L
Gluc	3.4 L					3.5-5.2	mmol/L
Ca	89					70-100	mg/dL
Bun/Crea	8.2 L					8.9-10.3	mg/dL
Anl Gap	10					8-28	mg/dL
Osmo Cal	11					6-19	mmol/L
eGFR-AA	260					270-350	mL/min/1.73
eGFR-Crh	56						mL/min/1.73
CrCl	47 ¹						mL/min/1.73
	66 L ¹					90-139	mL/min/1.73

Collected	03/28	03/27	03/27	03/27	03/27		
Released	07:52	20:54	16:39	11:12	08:47		
	03/28	03/27	03/27	03/27	03/27	Reference	Units
Accession	07:52	20:54	16:39	11:12	08:47		
	EC140870224	EC140860755	EC140860505	EC140880365	EC140880145		

No hemolysis noted

No hemolysis noted

Do not use this eGFR calculation for medication dose adjustments.

Height in inches: 73

Patient Name: LIPSCOMB, JAMES T
Location: 6T 625A
PT Type: INPATIENT

SRMC CUM WEEKLY PEFM REPORT - TO P

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Page: 3 of 8

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01/30/2014

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Spartanburg Regional Medical Center
101 E. Wood Street
Spartanburg, South Carolina 29303-3072

Dept of Laboratory Medicine
864-560-6212

LIPSCOMB JAMES T
44Y
ASHLEY, THOMAS L

MR#: S000801318
DOB: 12/02/1969
Location: 6T 625A

ACCT#: S7709002283
Admitted: 03/21/2014
PT Type: INPATIENT

MARK							
Collected	03/20	03/27	03/27	03/27	03/27		
Released	07:52	20:54	16:39	11:12	06:47		
Accession	03/28	03/27	03/27	03/27	03/27	Reference	Units
FS Glu	07:52	20:54	16:39	11:12	08:47		
	EC140870224	EC140880725	EC140880805	EC140880385	EC140880145		
	108 H	89	83	82	104 H	70-100	mg/dL
BLOOD							
Collected	03/26	03/26	03/26	03/26	03/25		
Released	20:43	16:30	10:55	06:47	20:35		
Accession	03/28	03/28	03/28	03/28	03/25	Reference	Units
FS Glu	20:43	16:30	10:55	06:47	20:35		
	EC140850846	EC140850658	EC140850424	EC140850217	EC140840864		
	91	110 H	119 H	112 H	89	70-100	mg/dL
BLOOD							
Collected	03/25	03/25	03/25	03/24	03/24		
Released	17:19	11:40	07:11	20:21	16:37		
Accession	03/25	03/25	03/25	03/24	03/24	Reference	Units
FS Glu	17:19	11:40	07:11	20:21	16:37		
	EC140840709	EC140840486	EC140840241	EC140830822	EC140830631		
	144 H	106 H	129 H	100	88	70-100	mg/dL
BLOOD							
Collected	03/24	03/24	03/23	03/23	03/23		
Released	11:01	06:54	19:38	16:14	10:44		
Accession	03/24	03/24	03/23	03/23	03/23	Reference	Units
FS Glu	11:01	06:54	19:38	16:14	10:44		
	EC140830355	EC140830163	EC140820830	EC140820567	EC140820346		
	116 H	117 H	124 H	129 H	100	70-100	mg/dL
BLOOD							
Collected	03/23	03/22	03/22	03/22	03/21		
Released	07:15	20:15	15:27	05:04	20:18		
Accession	03/23	03/22	03/22	03/22	03/21	Reference	Units
FS Glu	07:15	20:15	15:27	05:04	20:18		
	EC140820262	EC140810804	EC140810616	EC140801009	EC140800902		
	98	174 H	143 H	162 H	110 H	70-100	mg/dL
BLOOD							
Collected	03/21						
Released	16:22						
Accession	03/21					Reference	Units
FS Glu	16:22						
	EC140800804						
	112 H					70-100	mg/dL

*Fingerstick glucose levels greater than 500 mg/dL must be sent to the laboratory for confirmation.

Patient Name: LIPSCOMB, JAMES T
Location: 6T 625A
PT Type: INPATIENT

SRMC CUM WEEKLY PEFM REPORT - TO P

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DATE 04/30/2014

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J. David Wren, MD PhD, Director

Spartanburg Regional Medical Center
101 E. Wood Street
Spartanburg, South Carolina 29303-3072

Dept of Laboratory Medicine
864-560-6212

LIPSCOMB JAMES T
44Y
ASHLEY, THOMAS L

MR#: S000891319
DOB: 12/05/1969
Location: 6T 625A

ACCT#: S7709002283
Admitted: 03/21/2014
PT Type: INFATENT

MICROBIOLOGY

CULTURE ANAEROBIC, AEROBIC

Accession #: KVL1084026

Specimen: WOUND

Collected: 03/25/2014 14:15

Source: RT DORSAL FA

Released: 03/29/2014 12:52

Gram Stain with Culture (Final)

Rare polys seen and No organisms seen

Results: (Final)

No Anaerobes Isolated

Isolate (Final)

Coagulase Negative Staphylococcus, 2 COLONIES PRESENT
No Identification or Susceptibility will be Performed

MRKMK

RT INTERNAL MRKMK

MRKMK	ABORH	ABSC	PABORH	PREVCSAP
03/28/2014 12:39 Released 03/28/2014 13:46	B Rh Positive	Negative	Yes Hist ABORH Avail	No Hist Cl Sign Ab

BLOOD	Espec Ex
03/28/2014 12:39 Released 03/28/2014 13:46	03/31/20 14 23:59

RT/CM
XNS Stat

PLEASE CALL ROOM 17 (N) 60217

Patient Name: LIPSCOMB, JAMES T
Location: 6T 625A
PT Type: INPATIENT

SRMC CUM WEEKLY PEFM REPORT - TO P

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Printed: 03/29/2014 20:06
Page: 5 of 6

DATE 04/30/2014

J. David Wren, MD PhD, Director

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101 E. Wood Street
Spartanburg, South Carolina 29303-3072

Dept of Laboratory Medicine
864-550-6212

LIPSCOMB JAMES T
44Y
ASHLEY, THOMAS L

MR#: S000891319
DOB: 12/02/1969
Location: 6T 625A

ACCT#: S7709002283
Admitted: 03/21/2014

PT Type: INPATIENT

BLOOD

XME Stat

03/28/2014
12:39
Released
03/28/2014
13:46'

XME
Ready

PLEASE CALL ROOM 17 (X) 50217

Patient Name: LIPSCOMB, JAMES T
Location: 6T 625A
PT Type: INPATIENT

SRMC CUM WEEKLY PERM REPORT - TO P

PRINTED BY: TT32465

Printed: 03/28/2014 2005
Page: 8 of 8

DATE

04/30/2014

07
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OF REPORT
PATIENT NAME: LIPSCOMB, JAMES T
DOB: 12/02/1969
MEDICAL RECORD #: 891319
PROCEDURE DATE: 03/28/2014
ACCOUNT NUMBER: 7709002283
ROOM:

SERVICE

Plastic and reconstructive surgery.

PROCEDURE PERFORMED

Anterolateral thigh free flap from the right thigh to right dorsal hand exposed extensor tendons.

SURGEON

Dr. Birchenough.

ASSISTANT

Dr. Orseck.

I was involved in all critical portions including the anterolateral thigh free flap, the microsurgical anastomosis of the radial vessels as well as the skin grafting and carpal tunnel release.

PROCEDURE IN DETAIL

After all debridement was performed, the anterolateral thigh free flap was marked on the right lateral thigh and was developed to the lateral circumflex femoral vessels. The flap was detached, and using standard microvascular technique, this was anastomosed to the radial artery and venae comitantes. Next, 950 of split-thickness skin graft was performed to the proximal arm, and finally, carpal tunnel release was performed. Sterile dressings were placed. ViOptix monitor was placed on the flap. The patient was extubated and taken to the recovery room in stable condition. Please refer to Dr. Birchenough's operative note for flap specifics.

DICTATED BY: MICHAEL J. ORSECK, M.D.

DICTATED FOR (IF APPLICABLE):

D:04/19/2014 11:06:05
T:04/20/2014 00:39:51/pm
1512200/1317799

cc: SHAWN A. BIRCHENOUGH, M.D., Admitting Physician
MANNY TRUJILLO, M.D., Consulting Physician
Authenticated by Michael J. Orseck, MD. On 04/21/2014 08:47:14 AM

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report
ACR Accredited Facility for Ultrasound

NAME: LIPSCOMB, JAMES

ORDERING PHYSICIAN: MULLINS, DAVID

LOC: 6T-625-A

Pt. Type: IP

DOB: 12/02/69

INPATIENT

UNIT #: 000E91379

CL#: 3090E01

AN#: S7709002283

FINAL

Exam

80137 US RENAL STUDY
76775

Date: 04/01/14 0646
Ord Diag: 959.9

Renal ultrasound dated 4/1/2014

Clinical information: Chronic renal disease

No comparison

Multiple sonographic images of the kidneys were obtained.

The kidneys are normal in size, both kidneys 9.9 CM in length. Renal contours appear smooth. Renal parenchymal echogenicity is unremarkable. No renal stones. No hydronephrosis.

Bladder volume approximately 44 cc.

Impression: No acute abnormality

Transcriptionist- N/A

Reading Radiologist- MICHAEL ENRIGHT MD

Releasing Radiologist- MICHAEL ENRIGHT MD

Released Date Time- 04/01/14 0857

Page 1

PRINTED BY: TP32405

DATE

04/30/201

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33

J. David Wren, MD PhD, Director

Spartanburg Regional Medical Center
101 E. Wood Street
Spartanburg, South Carolina 29303-3072Dept of Laboratory Medicine
864-560-6212LIPSCOMB JAMES T
44Y
BIRCHENOUGH, SHAWN AMR#: S000891318
DOB: 12/05/1969
Location: 6T 625AACCT#: S7708002283
Admitted: 03/21/2014
Pt. Type: INPATIENTHEMATOLOGY

BLOOD	04/03	04/02	03/31	03/30	03/29	Reference	Units
Collected	04:03	04:21	04:28	05:31	05:52		
Released	04/03	04/02	03/31	03/30	03/29		
Accession	04:48	04:55	05:48	05:51	06:12		
WBC	H140820255	H140910255	H140890498	H140880088	H140870618		
RBC	10.8 H	10.2 H	9.7	13.4 H	12.1 H	3.1-9.7	K/mm ³
HGB	2.36 L	2.48 L	2.42 L	2.36 L	2.42 L	4.08-5.70	milligram/cm ³
HCT	7.6 L	8.4 L	8.2 L	7.8 L	8.1 L	13.1-16.8	g/dL
MCV	29.0 L	23.8 L	29.6 L	21.1 L	29.6 L	38.2-43.4	%
MCH	97.3	98.4	97.2	97.8	97.7	80.1-98.7	fL
MCHC	32.0	33.8	33.6	31.9	33.4	27.5-34.3	pg
RDW	32.8 L	33.2	34.8	32.7 L	34.2	33.2-35.7	g/dL
PLT	13.7	13.7	13.6	14.0	13.8	11.7-15.0	%
	445 H	427 H	354 H	346 H	317	119-332	K/mm ³

URINALYSIS

VOIDED URINE	03/31	Reference	Units
Collected	17:00		
Released	03/31		
Accession	18:35		
U COLOR	U110900301		
	Yellow		
U APPEAR	Clear	Pale	
U SP GRA	1.017	Straw, Straw, Yellow	
U PH	7.0	Clear, Slightly Hazy	
U PRO	Negative	1.005-1.030	
U GLU	Negative	5.0-8.0	
U KET	Negative	Negative	
U BIL	Negative	Negative	
U BLOOD	Negative	Negative	
U LEUK	Negative	Negative	
U NIT	Negative	Negative	
Urobilin	2.0	Negative	
WBC	<1		E/mtl
J RBC	1	0-3	/hpf
U SQEP	None seen	0-3	/hpf
U BACT	None seen		/hpf

CHEMISTRY

BLOOD

Patient Name: LIPSCOMB, JAMES T
Location: 6T 625A
PT Type: INPATIENT

SRMC CUM DAILY REPORT - TO PRINT, A

Printed: 04/03/2014 21:16
Page: 1 of 3

J. David Wren, MD PhD, Director

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101 E. Wood Street
Spartanburg, South Carolina 29303-3072

Dept of Laboratory Medicine
864-560-6212

LIPSCOMB JAMES T
44Y
BIRCHENOUGH, SHAWN A

MR#: S000891319
DOB: 12/02/1969
Location: 8T 625A

ACCT#: S7706002283
Admitted: 03/21/2014
Pt. Type: INPATIENT

Collected	04/03	04/03	04/02	03/31	03/30		
Released	04/03	04/03	04/02	04/28	05/31		
	05:09	03:09	05:07	03:31	03:30	Reference	Units
Accession	C140820461	C140820450	C140810478	C140890789	C140880151		
Creat		2.26 H	2.21 H	1.80 H	1.78 H	0.47-1.35	mg/dL
UN		27 H	27 H	23	20	7-25	mg/dL
Na		136	138	137	135	133-146	mmol/L
Chlor		103	104	103	102	100-111	mmol/L
CO2		28.9	28.6	25.9	28.3	23.0-32.6	mmol/L
K		4.3	4.0	4.1	4.3	3.5-5.2	mmol/L
Gluc		108 H	111 H	98	111 H	70-100	mg/dL
Ca		8.7 L	8.7 L	8.7 L	8.5 L	8.9-10.3	mg/dL
Bun/Crea		12	12	12	11	8-39	
Alt Gap		11	10	12	9	6-13	mmol/L
Osmo Cal		282	281	277	273	270-350	mOsm/kg
Ferr	88.9					22.0-322.0	ng/mL
Fe		<10 L				20-175	ug/dL
Transf		806 L				250-400	mg/dL
TIBC Cal		307				304-538	ug/dL
eGFR-4A		38	39	41	50		mL/min/1.73
eGFR-0th		32	33	39	42		mL/min/1.73
% Sat T1		3 L				80-90	%
CrCl		47 L	49 L	56 L	60 L	90-139	mL/minute

BLOOD							
Collected	03/29						
	05:52						
Released	03/29					Reference	Units
	06:29						
Accession	C140371326						
Creat	1.85 H					0.47-1.35	mg/dL
UN	24					7-25	mg/dL
Na	137					133-146	mmol/L
Chlor	108					100-111	mmol/L
CO2	30.6					23.0-32.6	mmol/L
K	4.4					3.5-5.2	mmol/L
Gluc	120 H					70-100	mg/dL
Ca	8.3 L					8.9-10.3	mg/dL
Bun/Crea	13					8-39	
Alt Gap	3 L					6-13	mmol/L
Osmo Cal	279					270-350	mOsm/kg
eGFR-4A	48						mL/min/1.73
eGFR-0th	40						mL/min/1.73
CrCl	58 L					90-139	mL/minute

BLOOD							
Collected	04/03	04/03	04/03	04/02	04/02		
	16:20	11:13	06:51	20:16	15:52		
Released	04/03	04/03	04/03	04/02	04/02	Reference	Units
	16:20	11:13	06:51	20:16	15:52		
Accession	EC140930731	EC140930454	EC140930339	EC140930057	EC140920648		

No hemolysis noted

No hemolysis noted

Do not use this eGFR calculation for medication dose adjustments.

Height in inches: 73

Patient Name: LIPSCOMB, JAMES T
Location: 8T 625A
PT Type: INPATIENT

SRMG CUM DAILY REPORT - TO PRINT, A

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04/30/2013 15

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Spartanburg Regional Medical Center
101 E. Wood Street
Spartanburg, South Carolina 29303-3072

Dept of Laboratory Medicine
864-560-6212

LIPSCOMB JAMES T

44Y

BIRCHENOUGH, SHAWN A

MR#: S000891318

DOB: 12/02/1969

Location: 6T 625A

ACCT#: S7709002283

Admitted: 03/21/2014

Pl. Type: INPATIENT

H (KID)							
Collected	04/03	04/03	04/03	04/02	04/02		
	16:20	11:13	08:51	20:18	15:52		
Released	04/03	04/03	04/03	04/02	04/02	Reference	Units
	16:20	11:13	08:51	20:18	15:52		
Accession	EC140930731	EC140930454	EC140930339	EC140930057	EC140920848		
FS Glu	132 H ²	105 H ²	125 H ²	88 ²	112 H ²	70-100	mg/dL

B (NON)							
Collected	04/02	04/02	04/01	04/01	04/01		
	10:54	06:41	21:00	16:43	12:27		
Released	04/02	04/02	04/01	04/01	04/01	Reference	Units
	10:54	06:41	21:00	16:43	12:27		
Accession	EC140920367	EC140920152	EC140920068	EC140910570	EC140910420		
FS Glu	110 H ²	124 H ²	126 H ²	138 H ²	114 H ²	70-100	mg/dL

L (KID)							
Collected	04/01	03/31	03/31	03/31	03/31		
	07:58	21:08	16:41	11:31	07:05		
Released	04/01	03/31	03/31	03/31	03/31	Reference	Units
	07:58	21:08	16:41	11:31	07:05		
Accession	EC140910189	EC140900561	EC140900566	EC140900321	EC140900103		
FS Glu	117 H ²	104 H ²	107 H ²	129 H ²	107 H ²	70-100	mg/dL

BLOOD							
Collected	03/30	03/30	03/30	03/30	03/29		
	20:41	15:58	11:48	07:27	20:24		
Released	03/30	03/30	03/30	03/30	03/29	Reference	Units
	20:41	15:58	11:48	07:27	20:24		
Accession	EC140890519	EC140890479	EC140890258	EC140890102	EC140890009		
FS Glu	137 H ²	128 H ²	108 H ²	130 H ²	108 H ²	70-100	mg/dL

BLOOD							
Collected	03/29	03/29	03/29				
	18:07	12:16	08:26				
Released	03/29	03/29	03/29			Reference	Units
	18:07	12:16	08:26				
Accession	EC140880539	EC140880377	EC140880384				
FS Glu	134 H ²	116 H ²	185 H ²			70-100	mg/dL

*Fingerstick glucose levels greater than 500 mg/dL must be sent to the laboratory for confirmation.

Patient Name: LIPSCOMB, JAMES T
Location: 6T 625A
Pl. Type: INPATIENT

SRMC CUM DAILY REPORT - TO PRINT, A

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04/30/2014

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Dept of Laboratory Medicine
864-560-6212

LIPSCOMB JAMES T
44Y
BIRCHENOUGH, STAWN A

MRN: S000891319
DOB: 12/02/1969
Location: IP IP

ACCT#: S7709002283
Admitted: 03/21/2014
PT Type: INPATIENT

HEMATOLOGY

BLOOD							
Collected	04/04	04/03	04/02	03/31	03/30		
	05:38	04:03	04:21	04:28	05:31		
Released	04/04	04/03	04/02	03/31	03/30		
	08:01	04:18	04:55	05:48	05:51	Reference	Units
Accession	H140930123	H140920258	H140910295	H140890458	H140880088		
WBC	8.8 H	10.8 H	10.2 H	9.7	13.4 H	3.1-9.7	K/mm
RBC	2.37 L	2.36 L	2.48 L	2.42 L	2.36 L	4.08-5.70	million/cmm
HGB	7.4 L	7.8 L	8.4 L	8.2 L	7.9 L	13.1-16.8	g/dl
HCT	22.7 L	23.0 L	23.8 L	23.5 L	23.1 L	38.2-48.4	%
MCV	95.8	97.3	98.4	97.2	97.8	80.1-98.7	fL
MCH	31.2	32.0	33.8	33.6	31.9	27.5-34.3	pg
MCHC	32.8 L	32.8 L	35.2	34.6	32.7 L	33.2-35.7	g/dl
RDW	14.1	13.7	13.7	13.6	14.0	11.7-15.0	%
P.T	472 H	448 H	427 H	354 H	346 H	119-332	K/mm

BLOOD							
Collected	03/29	03/27	03/26	03/25	03/24		
	06:52	04:00	05:02	03:33	04:48		
Released	03/29	03/27	03/26	03/25	03/24	Reference	Units
	06:12	05:14	06:08	04:07	06:20		
Accession	H140870516	H140850730	H140840704	H140830225	H140820349		
WBC	12.1 H	8.8	7.8	8.4	9.9 H	3.1-9.7	K/mm
RBC	2.42 L	2.87 L	2.42 L	2.87 L	2.88 L	4.08-5.70	million/cmm
HGB	8.1 L	8.8 L	8.1 L	8.7 L	8.8 L	13.1-16.8	g/dl
HCT	23.8 L	25.0 L	23.5 L	26.1 L	26.2 L	38.2-48.4	%
MCV	97.7	87.3	87.2	87.8	97.7	80.1-98.7	fL
MCH	33.4	34.1	33.5	32.5	34.0	27.5-34.3	pg
MCHC	34.2	35.0	34.4	33.2	34.8	33.2-35.7	g/dl
RDW	13.8	13.0	13.8	14.0	14.3	11.7-15.0	%
P.T	317	258	205	207	200	119-332	K/mm

BLOOD							
Collected	03/23	03/22	03/21	03/20			
	05:47	03:57	06:09	21:23			
Released	03/23	03/22	03/21	03/20		Reference	Units
	08:16	06:33	06:47	21:56			
Accession	H140810110	H140800718	H140800007	H140790703			
WBC	17.9 H	12.1 H	11.2 H	8.7		3.1-9.7	K/mm
RBC	3.80 L	3.43 L	3.50 L	4.53		4.08-5.70	million/cmm
HGB	10.3 L	11.2 L	11.7 L	14.8		13.1-16.8	g/dl
HCT	31.4 L	33.4 L	33.7 L	43.7		38.2-48.4	%
MCV	98.2	97.4	98.3	98.4		80.1-98.7	fL
MCH	32.3	32.7	33.3	32.6		27.5-34.3	pg
MCHC	32.9 L	33.8	34.6	33.8		33.2-35.7	g/dl
RDW	14.0	13.9	14.1	14.3		11.7-15.0	%
P.T	223	174	214	279		119-332	K/mm

COAGULATION STUDIES

BLOOD

Comment: Irr day 1

*Results verified and called. Read back performed by MAGGIE MCCRAWL Time: 0646

Patient Name: LIPSCOMB, JAMES T
Location: IP IP
PT Type: INPATIENT

SRMC CLM FINAL DISCHARGE REPORT

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J. David Wren, MD PhD, Director

Spartanburg Regional Medical Center
101 E. Wood Street
Spartanburg, South Carolina 29303-3072Dept of Laboratory Medicine
864-560-6212LIPSCOMB JAMES T
44Y
BIRCHENOUGH, SHAWN AMR#: S000891319
DOB: 12/02/1969
Location: IP IPACCT#: S7709002283
Admitted: 03/21/2014
PT Type: INPATIENT

Collected	04/04	04/03	04/03	04/02	03/31	Reference	Units
Released	05:38	04:03	04:03	04:21	04:28		
	04/04	04/03	04/03	04/02	03/31		
Accession	05:21	05:09	05:09	05:07	05:55		
Creat	C140830267	C140820451	C140820450	C140610478	C140880789		
UN	2.17 H		2.26 H	2.21 H	1.80 H	0.47-1.35	mg/dL
Na	27 H		27 H	27 H	23	7-25	mg/dL
Chlor	138		138	138	137	133-146	mmol/L
CO2	105		103	104	103	100-111	mmol/L
K	28.6		28.9	28.6	25.9	23.0-32.6	mmol/L
Gluc	4.3		4.3	4.0	4.1	3.5-5.2	mmol/L
Ca	119 H		105 H	111 H	98	70-100	mg/dL
Bun/Crea	8.6 L		8.7 L	8.7 L	8.7 L	8.9-10.3	mg/dL
Alt Gap	12		12	12	12	8-23	mmol/L
Osmo Cal	10		11	10	12	6-13	mmol/L
Ferr	284		283	281	277	270-350	mOsm/kg
Fe		88.9				22-0-322.0	ng/mL
Transf			<10 L			26-175	ug/dL
TIBC Cal			206 L			250-400	mg/dL
eGFR-AA	40		307			304-538	ug/dL
eGFR-Oth	33		38	39	47		mL/min/1.73
% Sat T			32	33	39		mL/min/1.73
CrCl	48 L		3 L			20-50	%
			47 L	48 L	56 L	90-139	mL/min/1.73

Collected	03/30	03/29	03/27	03/26	03/25	Reference	Units
Released	05:31	05:52	04:00	05:02	03:33		
	03/30	03/29	03/27	03/26	03/25		
Accession	08:09	08:29	05:35	06:28	04:22		
Creat	C140830161	C140871528	C14085690	C140841918	C140830410		
UN	1.78 H	1.85 H	1.86 H	1.96 H	1.59 H	0.47-1.35	mg/dL
Na	30	24	23	23	19	7-25	mg/dL
Chlor	135	137	137	137	134	133-146	mmol/L
CO2	102	108	102	104	101	100-111	mmol/L
K	28.3	30.5	26.4	30.1	29.7	23.0-32.6	mmol/L
Gluc	4.3	4.4	3.5	4.0	3.8	3.5-5.2	mmol/L
Ca	111 H	120 H	95	97	100	70-100	mg/dL
Bun/Crea	8.5 L	8.3 L	8.8	8.2 L	8.6 L	8.9-10.3	mg/dL
Alt Gap	11	13	12	12	12	8-23	mmol/L
Osmo Cal	9	3 L	12	7	7	6-13	mmol/L
eGFR-AA	273	275	277	277	271	270-350	mOsm/kg
eGFR-Oth	50	48	48	45	58		mL/min/1.73
CrCl	42	40	40	37	48		mL/min/1.73
	60 L	58 L	57 L	54 L	67 L	90-139	mL/min/1.73

Collected	03/24	03/23	03/22	03/21	03/20	Reference	Units
Released	04:46	05:47	03:57	06:09	21:23		
	03/24	03/23	03/22	03/21	03/20		
Accession	06:28	08:24	06:59	07:00	22:14		
Creat	C140830427	C140810219	C14080673	C140800026	C140791847		
UN	1.63 H	1.91 H	1.82 H	1.79 H		0.47-1.35	mg/dL
Na	19	20	16	17		7-25	mg/dL
Chlor	139	136	140	142		133-146	mmol/L
CO2	105	100	107	100		100-111	mmol/L
	28.8	29.3	25.8	29.5		23.0-32.6	mmol/L

No hemolysis noted

No hemolysis noted

Do not use this eGFR calculation for medication dose adjustments.

Height in inches: 75

Comment: tray 1

Patient Name: LIPSCOMB, JAMES T

Location: IP IP

PT Type: INPATIENT

SRMC CUM FINAL DISCHARGE REPORT

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Dept of Laboratory Medicine
864-560-6212

LIPSCOMB JAMES T
44Y
BIRCHENOUGH, SHAWN A

MR#: S000891319
DOB: 12/02/1969
Location: IP IP

ACCT#: S7709002203
Admitted: 03/21/2014
PT Type: INPATIENT

H. KODI						
Collected	03/25	03/25	03/25	03/25	03/24	
Released	20:35	17:19	11:40	07:11	20:21	
Accession	03/25	03/25	03/25	03/25	03/24	Reference
FS Glu	20:35	17:19	11:40	07:11	20:21	Units
	EC140840854	EC140840719	EC140840488	EC140840241	EC140830822	
	89 ¹³	144 H ¹³	106 H ¹³	129 H ¹³	100 ¹³	70-100 mg/dL
H. KODI						
Collected	03/24	03/24	03/24	03/23	03/23	
Released	16:37	11:01	06:54	19:58	16:14	
Accession	03/24	03/24	03/24	03/23	03/23	Reference
FS Glu	16:37	11:01	06:54	19:58	16:14	Units
	EC140830831	EC140830355	EC140830183	EC140820830	EC140820567	
	99 ¹³	116 H ¹³	117 H ¹³	124 H ¹³	129 H ¹³	70-100 mg/dL
H. KODI						
Collected	03/23	03/23	03/22	03/22	03/22	
Released	10:44	07:15	20:15	15:27	05:04	
Accession	03/23	03/23	03/22	03/22	03/22	Reference
FS Glu	10:44	07:15	20:15	15:27	05:04	Units
	EC140820346	EC140820262	EC140810804	EC140810616	EC140810109	
	100 ¹³	98 ¹³	174 H ¹³	149 H ¹³	102 H ¹³	70-100 mg/dL
B. LOD						
Collected	03/21	03/21				
Released	20:18	16:22				
Accession	03/21	03/21				Reference
FS Glu	20:18	16:22				Units
	EC140800802	EC140800604				
	110 H ¹³	112 H ¹³				70-100 mg/dL

Patient Name: LIPSCOMB, JAMES T
Location: IP IP
PT Type: INPATIENT

SRMC CUM FINAL DISCHARGE REPORT

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04/30/2014

95
319

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Dept of Laboratory Medicine
864-560-6212

LIPSCOMB JAMES T
44Y
BIRCHENOUGH, SHAWN A

MR#: S000891316
DOB: 12/02/1969
Location: IP IP

ACCT#: S7708002283
Admitted: 03/21/2014
PT Type: INPATIENT

MICROBIOLOGY

CULTURE ANAEROBIC, AEROBIC

Accession #: MW14084026

Specimen: WOUND

Collected: 03/25/2014 14:15

Source: RT DORSAL FX

Released: 03/29/2014 12:52

Gram Stain with Culture (Final)

Rare polys seen and No organisms seen

Results: (Final)

No Anaerobes Isolated

Isolate (Final)

Coagulase Negative Staphylococcus, 2 COLONIES PRESENT

No Identification or Susceptibility will be Performed

SOURCE

RT DORSAL FORRARM

CANCELLED TESTS

Collection Date	Specimen	Test Name	Reason
03/20/2014 21:13 ¹³	URINE CATHETERIZED	DRUG SCREEN URINE	Specimen not received in lab after 4 days.
04/05/2014 05:00 ¹³	BLOOD	BASIC METABOLIC PANEL	Other
04/05/2014 05:00 ¹⁶	BLOOD	COMPLETE BLOOD COUNT	Other

BLOOD

ABORH

ABSC

PABORH

PREVCSAB

Comment in box 1

Patient Name: LIPSCOMB, JAMES T
Location: IP IP
PT Type: INPATIENT

SRMC CUM FINAL DISCHARGE REPORT

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04/30/2014

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Dept of Laboratory Medicine
864-550-6212

LIPSCOMB JAMES T
44Y
BIRCHENOUGH, SHAWN A

MR#: S000391316
DOB: 12/02/1960
Location: IP IP

ACCT#: S7709002283
Admitted: 03/21/2014
PT Type: INPATIENT

BLOOD	03/24	03/23	03/22	03/21	03/20	Reference	Units
Collected	04:46	05:47	03:57	08:09	21:23		
Released	03/24	03/23	03/22	03/21	03/20		
Accession	08:28	08:24	08:58	07:00	22:14		
K	C140320427	C140610219	C140800873	C140800028	C140791847		
Gluc	3.8	3.2 L	3.4 L	3.4 L		3.5-5.2	mmol/L
Ca	101 H	93	89	123 H		76-100	mg/dL
Bun/Crea	9.0	9.0	8.2 L	8.2 L		8.9-10.3	mg/dL
Ari Gap	12	10	10	9		8-29	mg/dL
Osmo Cal	11	10	11	8		6-13	mmol/L
ETOH	280	274	280	286		270-350	mOsm/kg
eGFR-AA					87 H	0-0	mg/dL
eGFR-Coh	56	47	56	50			mL/min/1.73
CrCl	46	38	47	41			mL/min/1.73
	65 L	58 L	66 L	60 L		90-139	mL/minute

BLOOD	03/20	Reference	Units
Collected	21:23 ¹²		
Released	03/20		
Accession	22:03		
A-T	C140791846		
Ab	19		
Ab Phos	4.2	8-39	IUA
Creat	104	3.5-4.8	g/dL
AST	1.63 H	36-108	IUA
UN	32	0.47-1.35	mg/dL
Na	17	12-33	IUA
Chlor	14	7-25	mg/dL
CO2	104	133-146	mmol/L
K	25.3	160-111	mmol/L
Gluc	3.0 L	23.0-32.6	mmol/L
Ca	134 H	3.5-5.2	mmol/L
Bun/Crea	8.6 L	76-100	mg/dL
Ari Gap	10	8.9-10.3	mg/dL
Osmo Cal	16 H	8-23	mmol/L
T Bil	205	6-13	mmol/L
T Prot	1.0	270-350	mOsm/kg
AG Rat	7.0	0.0-1.5	mg/dL
Job	1.5	6.1-8.0	g/dL
eGFR-AA	2.8	0.9-2.4	g/dL
eGFR-Coh	45	2.0-4.5	g/dL
	37		mL/min/1.73
			mL/min/1.73

BLOOD	04/04	04/04	04/03	04/03	04/03	Reference	Units
Collected	11:18	06:43	21:08	16:20	11:13		
Released	04/04	04/04	04/03	04/03	04/03		
Accession	11:18	06:43	21:05	16:20	11:13		
	EC140040875	EC140040172	EC140030010	EC140030731	EC140030454		

Comment tra bay 1
No hemolysis noted

Patient Name: LIPSCOMB, JAMES T
Location: IP IP
PT Type: INPATIENT

SRMC CUM FINAL DISCHARGE REPORT

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04/30/2014 921

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101 E. Wood Street
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Dept of Laboratory Medicine
864-560-6212

LIPSCOMB JAMES T
44Y
BIRCHENOUGH, SHAWN A

MR#: S000881319
DOB: 12/02/1969
Location: IP IP

ACCT#: S7709002283
Admitted: 03/21/2014
PT Type: INPATIENT

Collected	03/22	03/23	03/20		
	09:57	21:23	21:23		
Released	03/22	05:20	03/20		
	08:49	21:49	21:47		
Accession	0140910006	0140790239	0140790239		
PT			13.6		
INR			1.0 L	11.7-14.3	seconds
PTT	25.2	25.5		20-30	
				23.3-36.3	seconds

URINALYSIS

UNINE
CATHETERIZED

Comment: tra bay 1

Patient Name: LIPSCOMB, JAMES T
Location: IP IP
PT Type: INPATIENT

SRMC CUM FINAL DISCHARGE REPORT -

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DATE 04/30/2014

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101 E. Wood Street
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Dept of Laboratory Medicine
864-560-6212

LIPSCOMB JAMES T
44Y
BIRCHENOUGH, SHAWN A

MR#: S000881318
DOB: 12/02/1969
Location: IP IP

ACCT#: S7709002283
Admitted: 09/21/2014
PT Type: INPATIENT

Collected	03/20		
	21:13*		
Released	03/21		
	23:08		
Accession	U140790176	Reference	Units
U COLOR	Canceled		
U APPEAR	Canceled	Pale	
U SP GRA	Canceled	Straw, Straw, Yellow	
U PH	Canceled	Clear, Slightly Hazy	
U PRO	Canceled	1.005-1.030	
U GLU	Canceled	5.0-8.0	
U KET	Canceled	Negative	
U BIL	Canceled	Negative	
U BLOOD	Canceled	Negative	
U LEUK	Canceled	Negative	
U NT	Canceled	Negative	

VOIDING UTI INK

Collected	03/31		
	17:00		
Released	03/31		
	19:35		
Accession	U140900204	Reference	Units
U COLOR	Yellow		
U APPEAR	Clear	Pale	
U SP GRA	1.017	Straw, Straw, Yellow	
U PH	7.0	Clear, Slightly Hazy	
U PRO	Negative	1.005-1.030	
U GLU	Negative	5.0-8.0	
U KET	Negative	Negative	
U BIL	Negative	Negative	
U BLOOD	Negative	Negative	
U LEUK	Negative	Negative	
U NT	Negative	Negative	
Urobilin	2.0	Negative	
U WBC	<1		
U RBC	1		EU/dL
U SQEP	None seen	0-2	/hpf
U BACT	None seen	0-3	/hpf

CHEMISTRY

R:000

*Specimen not received in lab after 4 days.
Comment: tra bay 1

Patient Name: LIPSCOMB, JAMES T
Location: IP IP
PT Type: INPATIENT

SRMC CUM FINAL DISCHARGE REPORT

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DATE 04/30/2014

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J. David Wren, MD PhD, Director

Spartanburg Regional Medical Center
101 E. Wood Street
Spartanburg, South Carolina 29303-3072Dept of Laboratory Medicine
864-560-6212LIPSCOMB JAMES T
44Y
BIRCHENOUGH, SHAWN AMR#: S000881319
DOB: 12/02/1969
Location: IP IPACCT#: S7709002283
Admitted: 03/21/2014
PT Type: INPATIENT

BLOOD						
Collected	04/04	04/04	04/03	04/03	04/03	
Released	11:18	08:43	21:05	16:20	11:13	
Accession	04/04	04/04	04/03	04/03	04/03	Reference
FS Glu	11:18	08:43	21:05	16:20	11:13	Units
	EC140940375	EC140940172	EC140930915	EC140930731	EC140930454	
	112 H ¹³	136 H ¹³	112 H ¹³	132 H ¹³	105 H ¹³	70-100 mg/dL
BLOOD						
Collected	04/03	04/02	04/02	04/02	04/02	
Released	06:51	20:18	15:52	10:54	06:41	
Accession	04/03	04/02	04/02	04/02	04/02	Reference
FS Glu	06:51	20:18	15:52	10:54	06:41	Units
	EC140930339	EC140930057	EC140920948	EC140920367	EC140920152	
	125 H ¹³	88 ¹¹	112 H ¹³	110 H ¹³	124 H ¹³	70-100 mg/dL
BLOOD						
Collected	04/01	04/01	04/01	04/01	03/31	
Released	21:00	16:43	12:27	07:58	21:08	
Accession	04/01	04/01	04/01	04/01	03/31	Reference
FS Glu	21:00	16:43	12:27	07:58	21:08	Units
	EC140820058	EC140910570	EC140910420	EC140901188	EC140900681	
	126 H ¹³	138 H ¹³	114 H ¹³	117 H ¹³	104 H ¹³	70-100 mg/dL
BLOOD						
Collected	03/31	03/31	03/31	03/30	03/30	
Released	16:41	11:31	07:05	20:41	15:58	
Accession	03/31	03/31	03/31	03/30	03/30	Reference
FS Glu	16:41	11:31	07:05	20:41	15:58	Units
	EC140800596	EC140800321	EC140800103	EC140800518	EC140800479	
	107 H ¹³	128 H ¹³	107 H ¹³	137 H ¹³	128 H ¹³	70-100 mg/dL
BLOOD						
Collected	03/30	03/30	03/29	03/29	03/29	
Released	11:48	07:27	20:24	18:07	12:16	
Accession	03/30	03/30	03/29	03/29	03/29	Reference
FS Glu	11:48	07:27	20:24	18:07	12:16	Units
	EC140890258	EC140880102	EC140880009	EC140880532	EC140880377	
	105 H ¹³	130 H ¹³	108 H ¹³	134 H ¹³	116 H ¹³	70-100 mg/dL
BLOOD						
Collected	03/29	03/28	03/27	03/27	03/27	
Released	08:26	07:52	20:54	16:39	11:12	
Accession	03/29	03/28	03/27	03/27	03/27	Reference
FS Glu	08:26	07:52	20:54	16:39	11:12	Units
	EC140880384	EC140870224	EC140860755	EC140860605	EC140860365	
	125 H ¹³	108 H ¹³	89 ¹¹	83 ¹¹	82 ¹¹	70-100 mg/dL
BLOOD						
Collected	03/27	03/26	03/25	03/25	03/25	
Released	06:47	20:43	18:20	10:55	08:47	
Accession	03/27	03/26	03/26	03/26	03/25	Reference
FS Glu	06:47	20:43	18:20	10:55	08:47	Units
	EC140850145	EC140850848	EC140850558	EC140850424	EC140850217	
	104 H ¹³	91 ¹¹	110 H ¹³	119 H ¹³	112 H ¹³	70-100 mg/dL

*Fingerstick glucose levels greater than 500 mg/dL must be sent to the laboratory for confirmation.

Patient Name: LIPSCOMB, JAMES T
Location: IP IP
PT Type: INPATIENT

SRMC CUM FINAL DISCHARGE REPORT

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04/30/2014 100

J. David Wren, MD PH-D, Director

Spartanburg Regional Medical Center
101 E. Wood Street
Spartanburg, South Carolina 29303-3072

Dept of Laboratory Medicine
864-560-6212

LIPSCOMB JAMES T
44Y
BIRCHENOUGH, SHAWN A

MR#: S000891316
DOB: 12/02/1969
Location: IP IP

ACCT#: S7708002283
Admitted: 03/21/2014
PT Type: INPATIENT

BLOOD	ABORH	ABSC	PABORH	PREVCSAB
03/20/2014 21:23 Released 03/20/2014 22:15"	B Rh Positive	Negative	No Hist ABORH	No Hist Cl Sign Ab
03/28/2014 12:39 Released 03/28/2014 13:46"	E Rh Positive	Negative	Yes Hist ABORH Avail	No Hist Cl Sign Ab

BLOOD	Espec Ex
03/20/2014 21:23 Released 03/20/2014 22:15"	03/23/2014 23:59
03/28/2014 12:39 Released 03/28/2014 13:46"	03/31/20 14 23:59

BLOOD

KME Stat

1" Comment: tra bay 1
10" PLEASE CALL ROOM 17 (4) 60217
Patient Name: LIPSCOMB, JAMES T
Location: IP IP
PT Type: INPATIENT

SRMC CUM FINAL DISCHARGE REPORT

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DATE

04/30/2014

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J. David Wren, MD PH-D, Director

Spartanburg Regional Medical Center
101 E. Wood Street
Spartanburg, South Carolina 29303-3072

Dept of Laboratory Medicine
864-560-6212

LIPSCOMB JAMES T
44Y
BIRCHENOUGH, SHAWN A

MR#: S000881319
DOB: 12/02/1969
Location: IP IP

ACCT#: S7709002283
Admitted: 03/21/2014
PT Type: INPATIENT

BLOOD XME Stat

03/20/2014 XME Ready
21:23
Released
03/20/2014
22:15
03/20/2014 XME Ready
21:33
Released
03/20/2014
22:15
03/28/2014 XME
12:39 Ready
Released
03/28/2014
13:46

BLOOD ABORH2

03/20/2014 8 Hh Positive
21:33
Released
03/20/2014
21:51

Comment tra bay 1
PLEASE CALL ROOM 17 @ 60217

Patient Name: LIPSCOMB, JAMES T
Location: IP IP
PT Type: INPATIENT

SRMC CUM FINAL DISCHARGE REPORT

PRINTED BY: TT32485

Printed: 04/05/2014 02:11
Page: 10 of 10

DATE 04/30/2014

DISCHARGE SUMMARY

PATIENT NAME: LIPSCOMB, JAMES T

DOB: 12/02/1969

MEDICAL RECORD #: 891319

ACCOUNT NUMBER: 7709002283

ADMISSION DATE: 03/21/2014 DISCHARGE DATE: 04/04/2014

ATTENDING PHYSICIAN: BIRCHENOUGH, SHAWN A

HOSPITAL COURSE

Mr. Lipscomb 44-year-old male that was admitted to the hospital in the trauma bay on 03/21/2014 after a traumatic degloving of his right arm. The patient was taken to the operating suite immediately after the trauma. During that procedure, he had debridement and ex-fix placed, shortly thereafter plastic reconstructive surgery was consulted. The patient did have a repeat debridement by Dr. Birchenough on 3/22 and 3/25. The patient still maintained the ex-fix on his radius and ulna. On 3/28/2014 the patient had a ALT flap from the right thigh to the right dorsal hand. Postoperatively the patient did quite well. The patient did have some renal insufficiency, which was followed by Dr. Mullins. On 04/04/2014, the patient was sent home after being able to tolerate a dressing change with p.o. pain medications. The patient was sent with home health nursing to change his dressings and the patient had a scheduled followup with Dr. Birchenough in 1 week. He also had an appointment to see Dr. Mullins to follow his acute renal insufficiency. The patient was to call with any questions or concerns.

DICTATED BY: NICHOLAS R. WHITE, MD
DICTATED FOR:

D:04/18/2014 16:54:06
T:04/18/2014 18:37:17 /pn
151206C/1317409

cc:SHAWN A. BIRCHENOUGH, M.D., Admitting Physician
MANNY TRUJILLO, M.D., Consulting Physician
Authenticated and Edited by Nicholas White, MD. On 4/19/14 7:30:50 AM
Authenticated by Shawn A. Birchenough, MD. On 04/21/2014 04:20:49 PM

564
804 560-6000

LIPSCOMB, JAMES		Opt Out: No
SRMC - 6T		
Home Discharge Instructions		
From: 04/03/2014 13:20	To: 04/04/2014 13:20	
Rm-Bed: 625 - A	Admit Dt: 03/21/2014 02:45	
Age: 44 yr	Gender: M MD	Birchenough, Shawn A, MD
DOB: 12/02/1969	Acct: 7709002283	
MRN: 000891319		
Requested: 04/04/2014 13:20 (IMM)		Page 1 of 3

Patient Discharge Instructions for: JAMES LIPSCOMB

Allergies: NKA

Most Recent Vital Wt. (kg): 109.7kg
Signs:

NSG:DISCHARGE ACTIVITY: As tolerated. Keep Right arm elevated. [charted by: NRWW]
HMS CONSULT FOR HOME HEALTH Ordering Diagnosis: degloving s/p ALT flap. [charted by: NRWW]
 Ordering Diagnosis: [charted by: NRWW]
 PT will need OT, nursing assistance for dressing changes. [charted by: NRWW]
 patient is being discharged; wound care and OT. [charted by: NRWW]
HMS- D/C PLANNING- EVAL PLNG Ordering Diagnosis: HMS Consult for Discharge. [charted by: JL09]
WORK / SCHOOL RELEASE INSTRUCTIONS: may not work until released by MD. [charted by: NRWW]

Staff Initials	Staff Name
NRWW	White, Nicholas R., MD
JL09	Locke, Jason, MD

	Question	Response
Smoking Cessation	Smoking Cess Info	provided
Discharge Meds	Prescrip given	yes
	Discharge Meds	Univ Med Form
Diet Instruction	Home Diet	regular
Call The Doctor	#1	fever over 101
	#2	chest pain
	#3	short of breath
	#4	redness, drainage, bleeding, at wound site
	#5	severe pain, if unrelieve/med
	#6	other symptoms Comment: call your doctor if your JP drain 1) begins to put out bright red bloody drainage 2) drainage becomes more in amount than usual 3) JP drain does not stay compressed 4) any other concerns
Activity Limits	#1	(as tolerated) Comment: keep right arm elevated.

LIPSCOMB, JAMES

Opt Out No

SRMC - 6T

Home Discharge Instructions

From: 04/03/2014 13:20

To: 04/04/2014 13:20

Rm-Bed 625 - A

Admit DI 03/21/2014 02:45

Age: 44 yr

Gender: M

MD: Birchenough, Shawn A, MD

DOB: 12/02/1969 Acct 7709002283

MRN: 000891319

Requested: 04/04/2014 13:20 (IMM)

Page 2 of 3

(continued)

	Question	Response
Activity Limits		avoid strenuous activity until cleared by doctor, maintain splint
	#2	no driving
	#3	no tub bath
	#4	no lifting, until MD okays Comment: pulling or pushing
/ointments	Doctor #1	Comment: FOLLOW UP WITH DR. BRODERICK IN MID-MAY. CALL FOR AN APPOINTMENT AT 864-582-2188
	Doctor #2	Comment: FOLLOW UP WITH DR. MULLINS. CALL FOR AN APPOINTMENT AT 864-327-1212
	Doctor #3	Comment: FOLLOW UP WITH DR. BIRCHENOUGH NEXT WEEK. CALL FOR AN APPOINTMENT AT 864-560-6717
	Agency #3	Comment: Interim Home Health, 587-6129
Misc Information	Instruct Sheets	Comment: Empty, strip, and record JP drain as instructed. Measure in "ml". bring your drainage record to your follow up appointment with Dr. Birchenough. Home health will be assisting you with dressing changes.
	Post-DC Labs	Comment: Dressing changes bacitracin oint to open areas of right arm. Adaptic gauzes to all repair of right arm. secure with kerlix. replace splint / ace wrap. Change daily if walking, re-wrap left thigh with telfa and ACE wrap to ambulate
	PHR acc inst prv	yes
	Pain Mgmt Teach	medications, altern measures
	Instructions	understood, by patient
	Signature	patient

NO DATA FOUND FOR MODULE

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LIPSCOMB, JAMES

Opt Out: No

SRMC: 6T

Home Discharge Instructions

From: 04/03/2014 13:20

To: 04/04/2014 13:20

Rm-Bed: 625 - A

Admit Dt: 03/21/2014 02:45

Age: 44 yr

Gender: M

MD: Birchenough, Shawn A, MD

DOB: 12/02/1969

Acct: 7709002283

MRN: 000891319

Requested: 04/04/2014 13:20 (IMM)

Page 3 of 3

If you smoke, STOP NOW!

Call 1- 800- QUIT NOW (1- 800- 784- 8669) for help to stop smoking.

Call Regional Nurse OnCall at 864- 591- 7999 for any questions after discharge.



FORM 1746



Spartanburg Regional

Patient Name: LIPSCOMB, JAMES THIRTY SEVEN Opt Out
Unit: 6T
Adm Med Rec
Rm-Bed: 625-A Admit Date: 3/21/14 2:45
Age: 44 years Gender: M MD: BIRCHENOUGH, SHAWN A. MD
Date of Birth: 12/02/1969 Account Number: 7709002283
MRN: 000891319
Requested: 04/04/2014 11:48 Page 1 of 3

DISCHARGE MEDICATION SUMMARY FOR PATIENTS

Allergies: NO KNOWN PATIENT ALLERGIES

CONTINUE THESE MEDICATIONS AT HOME

Medication	Dose	Route	Frequency	Last Dose Given
clonidine - <i>Catapres</i>	0.1 mg	ORAL	EVERY 12 HOURS	4/4/14 9:07 am
diazepam - <i>Valium</i>	5 mg	ORAL	EVERY 8 HOURS	4/4/14 6:19 am
hydrochlorothiazide - <i>Oretic</i>	25 mg	Oral	ONCE A DAY	4/3/14 9:10 am
labetalol - <i>Trandate</i>	300 mg	ORAL	EVERY 12 HOURS	4/4/14 9:07 am
lisinopril - <i>Prinivil</i>	40 mg	ORAL	ONCE A DAY	4/4/14 9:07 am
acetaminophen-oxyCODONE 325 mg-7.5 mg - <i>Endocet</i>	1 - 2 tab	ORAL	EVERY 4 HOURS PR AS NEEDED	4/4/14 9:34 am
polyethylene glycol 3350 - <i>MiraLax</i>	17 g	Oral	ONCE A DAY	4/4/14 9:07 am
Notes: <i>over the counter</i>				
pregabalin - <i>Lyrica</i>	100 mg	ORAL	EVERY 8 HOURS	4/4/14 9:34 am

LIPSCOMB, JAMES THIRTY SEVEN

6T-625-A

Page 1 of 3



PATIENT ID: 7709002283



FORM 1746



Spartanburg Regional

Patient Name: LIPSCOMB, JAMES THIRTY SEVEN Opt Out
Unit: 6T
Adm Med Rec
Rm-Bed: 625-A Admit Date: 3/21/14 2:45
Age: 44 years Gender: M MD: BIRCHENOUGH, SHAWN A. MD
Date of Birth: 12/02/1969 Account Number: 7709002283
MRN: 000891319
Requested: 04/04/2014 11:48 Page 2 of 3

DISCHARGE MEDICATION SUMMARY FOR PATIENTS

Allergies: *NO KNOWN PATIENT ALLERGIES*

DO NOT CONTINUE THESE MEDICATIONS AT HOME

Medication	Dose	Route	Frequency
no home meds	Unknown	+	Unknown

LIPSCOMB, JAMES THIRTY SEVEN

6T - 625-A

Page 2 of 3

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PATIENT ID: 7709002283

LIPSCOMB, JAMES T.
INDEPENDENT MEDICAL EXAM
03/23/2015

The patient is here with his girlfriend Felicia Massey.

RECORDS REVIEWED:

1. Consultation – David Mullins, M. D.
2. Consultation – Scott Broderick, M. D.
3. Consultation – Todd D. Cook, M. D.
4. Narrative – Shawn A. Birchenough, M. D.
5. Narrative – Manny Trujillo, M. D.
6. Plastic Surgery Narrative – Michael Orseck, M. D.
7. Narrative – Todd D. Cook, M. D.
8. Pre-op/Post-op Narrative – John Broderick, M. D.
9. SRMC – Emergency Records
10. Trauma Surgery/ACS Progress Note – Ashley L. Thomas, M. D.
11. SRMC/Dept. of Trauma Surgery – Trauma History & Physical
12. SRMC/Dept. of Laboratory Medicine – Daily Reports
13. SRMC/Dept. of Laboratory Medicine – Weekly Reports
14. SRMC/Dept. of Laboratory Medicine – Final Discharge Reports
15. SRMC – Radiology Report
16. Discharge Summary – Nicholas R. White, M. D.
17. SRHS – Operative Report
18. SRHS – Physician Progress Note
19. Patient Discharge Instructions – Shawn A. Birchenough, M. D.

PRESENT ILLNESS:

The patient is a 45-year-old man who at the time of injury, 3/20/14, was working for Innovative Fibers as a baler. The baling machine was not working correctly, and apparently, was shut down. As he put the bale back into the machine, a coworker apparently turned the machine on and he was dragged into the machine up to his right elbow. He was taken to the emergency room at Spartanburg Regional Medical Center and underwent surgery that same evening. In total, he has had 5 operations over a two-week period of time performed by a Dr. Shawn Birchenough, a plastic surgeon, as well as Dr. Broderick, an orthopedist. These included a primary debridement and ex-fix stabilization of fractures of mid-radius and ulna; repeat debridement, fasciotomy, carpal tunnel release, plate fixation of both radius and ulna; split thickness skin graft from left thigh to forearm; and free flap graft from anterior right thigh to dorsal hand and wrist. He has had occupational therapy for but according to him is considered self-pay and has been having trouble keeping up with payments and has no further appointments with Dr. Birchenough. He and his girlfriend continue to work with ROM and strengthening program to right forearm, wrist and hand.

Trauma films at time of accident show mid-shaft radius and ulna fractures.

LIPSCOMB, JAMES T.
INDEPENDENT MEDICAL EXAM
03/23/2015

He has not worked since the accident. He has constant achy pain, constant tight feeling, and both worse at night in bed. He is stiff in the morning. He must use a scissors-like motion to pick things up; he cannot carry with right hand secondary to limited ROM of digits as well as poor strength. He was RHD, but now uses left hand for all activities; he keeps his shoes tied and his shirts buttoned because he requires assistance to button, tie, and place earring. He states his writing is illegible with either hand but is working on getting better. He used to fish but can't use a spinning rod any longer.

He is a high school graduate; he worked for this employer for 2 years prior to the accident; he denies previous injury.

PHYSICAL EXAM:

General: Height 6' 2", Weight 257 lbs and BP 152/88. He is a well-muscled, well-groomed and right UE and graft sites well-cared for. He answers questions directly and is knowledgeable with regards to his problem.

Waddell's Signs: negative

SHEENT: normal

Neck: normal

Back: normal

Abdomen: normal

U/E's: shoulders normal; left U/E normal; right U/E normal to elbow, elbow 0-140, pronation 90 degrees, supination 0 degrees, entire forearm covered with STSG which is healed and in good condition but has a small tender cutaneous horn on ulnar distal aspect, has protective sensation over entire forearm.

Entire dorsal wrist covered with free flap with mildly hypertrophic fat free graft is anesthetic. ROM Wrist: 0-degrees dorsiflexion, 45 degrees palmar flexion, normal radioulnar deviation. Healed CTR incision, volar right wrist.

Right thumb: 40-degrees abduction, MPJ 0-20, IPJ 0-20, thumb can oppose only index and long. ROM Digits: index MPJ 0-45, PIPJ 15-20 and claws, DIPJ 0-30; long MPJ 0-10, PIPJ 0-45, DIP 0-40; ring MPJ 0-10, PIPJ 15-10 and claws, DIPJ 0-30; Pinky MPJ 0-20, PIPJ 0-10, DIP 0-20 and cannot oppose. Can abduct and adduct all 4 fingers. Appears to have normal sensation dorsal and volar all digits; digits not swollen

Left LE: circumferential STSG donor site well healed approx. 4" wide.

Right LE: healed anterior graft donor incision length of anterior thigh.

LIPSCOMB, JAMES T.
INDEPENDENT MEDICAL EXAM
03/23/2015

IMPRESSION:

1. Severe degloving injury right forearm, wrist and hand
2. Healed compound fractures of right radius and ulna
3. Healed STSG entire right forearm
4. Healed free flap dorsal right wrist and hand with mildly hypertrophic fat
5. Decreased ROM right wrist, all fingers and thumb- significant
6. Loss of supination right forearm
7. Decreased strength right forearm wrist and all digits- significant
8. Loss of lumbrical function to index and long fingers
9. Loss of hypothenar muscle function
10. Cosmetic aberration right forearm wrist and hand as well as left thigh

DISCUSSION:

This injury is a direct result of an on-the-job injury as described above. He is right-hand dominant and must now use right hand as assistive extremity. He is very limited by profound loss of strength in wrist and digital flexors, profound decrease in flexion of fingers, and inability to oppose the ulnar two digits. He will need defatting of flap graft sometime in future. He needs to continue to work with right upper extremity although I expect gains in future will be minimal. He needs training of left upper extremity so that he can write and perform ADLs plus he will likely need adaptive devices for activities such as buttoning, shoe tying, getting socks on etc.

He is currently unemployable and will be for the foreseeable future.

IMPAIRMENT:

100% right UE; 60% whole man. See attached notes.

Clark D. Moore, M. D.

CDM:jbe

DICTATED BUT
NOT PROOF-READ
BY DR. MOORE

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Figure 16-1a Upper Extremity Impairment Evaluation Record-Part 1 (Hand)

Side ☒ R ☐ L

Name: JAMES L. PSCARIS Age: _____ Sex: ☐ M ☐ F Dominant hand: ☒ R ☐ L Date: 3/24/10

Occupation: _____ Diagnosis: _____

TABLE

16-1a

16-1b

16-5a

16-19

16-21

16-23

16-25

16-21

16-23

16-25

16-21

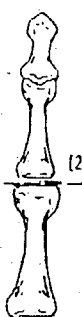
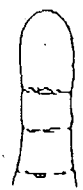
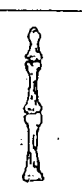
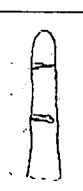
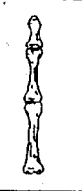
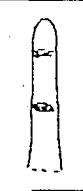
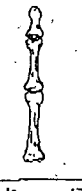
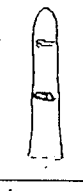
16-23

16-25

16-21

16-23

16-25

Abnormal Motion					Amputation	Sensory Loss	Other Disorders	Hand Impairment %															
Record motion or ankylosis angles and digit impairment %					Mark level & impairment %	Mark type, level, & impairment %	List type & impairment %	• Combine digit imp % • Convert to hand imp %															
		Flexion	Extension	Ankylosis	Imp %																		
Thumb	IP	Angle°	20	0																			
		Imp %	4	0					10														
	MP	Angle°	20	0					5														
		Imp %	4	0																			
	CMC	Radial abduction	Angle°	40									[2]										
			Imp %	2													2						
		Adduction	Angle°	5													30						
			Imp %	30																	30		
		Opposition	Angle°	15													30						
			Imp %	30																			
Add digit Impairment % CMC + MP + IP = 77 [1]					Digit IMP % = [2]	Digit IMP % = [3]	Digit IMP % = [4]	Hand impairment % * Convert above 77															
Index	DIP	Angle°	0	30																			
		Imp %	0	20					21														
	PIP	Angle°	15	20					48														
		Imp %	0	48																			
	MP	Angle°	0	45					30														
		Imp %	5	25																			
	• Combine digit Impairment % MP, PIP, DIP = 99 [1]								Digit IMP % = [2]							Digit IMP % = [3]	Digit IMP % = [4]	Hand impairment % * Convert above 99					
	Middle	DIP	Angle°	0	10																		
			Imp %	0	15														15				
PIP		Angle°	0	45		35																	
		Imp %	0	35																			
MP		Angle°	0	10		44																	
		Imp %	5	44																			
• Combine digit Impairment % MP, PIP, DIP = 92 [1]					Digit IMP % = [2]	Digit IMP % = [3]							Digit IMP % = [4]	Hand impairment % * Convert above 92									
Ring		DIP	Angle°	0	30																		
			Imp %	0	21														21				
	PIP	Angle°	15	10		54																	
		Imp %	0	54																			
	MP	Angle°	0	10		49																	
		Imp %	5	49																			
	• Combine digit Impairment % MP, PIP, DIP = 124 [1]					Digit IMP % = [2]				Digit IMP % = [3]	Digit IMP % = [4]	Hand Impairment % * Convert above 124											
	Little	DIP	Angle°	0	20																		
			Imp %	0	20														20				
PIP		Angle°	0	10		54																	
		Imp %	0	54																			
MP		Angle°	0	30		43																	
		Imp %	5	38																			
• Combine digit Impairment % MP, PIP, DIP = 123 [1]					Digit IMP % = [2]	Digit IMP % = [3]	Digit IMP % = [4]	Hand Impairment % * Convert above 123															
Total hand Impairment: Add hand Impairment % for thumb + index + middle + ring + little finger = 167 %																							
Convert total hand impairment to upper extremity impairment* (If thumb metacarpal intact, enter on Part 2, line 1) = %																							
*Add thumb ray upper extremity amputation imp [5] % + hand upper extremity imp % = %																							
If hand region impairment is only impairment, convert upper extremity impairment to whole person impairment† = %																							

* Combined Values Chart (p. 604). * Use Table 16-1 (digits to hand). † Use Table 16-2 (hand to upper extremity). ‡ Use Table 16-3.
Courtesy of G. de Groot Swanson, MD, Grand Rapids, Michigan

Name JAMES LIPSCOMBS Age Sex ☐ M ☐ F Dominant hand ☒ R ☐ L Date 3/29/17
Occupation Diagnosis

Abnormal Motion					Other Disorders	Regional Impairment %	Amputation	
Record motion or ankylosis angles and impairment %					List type & impairment %	• Combine [1] + [2]	Mark level & impairment %	
Wrist	Flexion	Extension	Ankylosis	Imp %				
	Angle°	45	0					14
	Imp %	3	11					
	RD	UD	Ankylosis	Imp %				
	Angle°	20	30					0
	Imp %	0	0					
Add Imp % Flex/Ext + RD/UD =				[1]	Imp % =	[2]		
Elbow	Flexion	Extension	Ankylosis	Imp %				
	Angle°	140	0					0
	Imp %	0	0					
	Pronation	Supination	Ankylosis	Imp %				
	Angle°	90	0					3
	Imp %	0	3					
Add Imp % Flex/Ext + Pro/Sup =				[1]	Imp % =	[2]		
Shoulder	Flexion	Extension	Ankylosis	Imp %				
	Angle°							
	Imp %							
	Adduction	Abduction	Ankylosis	Imp %				
	Angle°							
	Imp %							
Add Imp % Flex/Ext + Add/Abd + Int Rot/Ext Rot =				[1]	Imp % =	[2]		

I. Amputation impairment (other than digits)	=	0	%
II. Regional impairment of upper extremity (•Combine hand _____ % + wrist _____ % + elbow _____ % + shoulder _____ %)	=	100	%
III. Peripheral nerve system impairment <u>ANESTHETIC DORSAL WRIST</u>	=	?	%
IV. Peripheral vascular system impairment <u>HYPERTENSIVE FOR HAND</u>	=		%
V. Other disorders (not included in regional impairment) <u>STSG + FLESH FLAP GRAFT</u>	=	?	%
Total upper extremity impairment (•Combine I, II, III, IV, and V)	=	100	%
Impairment of the whole person (Use Table 16-3)	=	60	%

• Combined Values Chart (p. 604).

If both limbs are involved, calculate the whole person impairment for each on a separate chart and combine the percents (Combined Values Chart).

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1402652
Carrier File # 03149911
Carrier Code #
Employer FEIN 141584173

James T. Lipscomb 251-61-0801
Claimant's Name SSN
170 Irby Court, Spartanburg, SC 29601
Address City State Zip
Home Phone Work Phone
Richard B. Kale, Jr. 872 S. Pleasantburg Drive, Greenville, SC 29607
Preparer's Name Address

Stein Fibers
Employer's Name
185 Littlejohn Road, Spartanburg, SC 29301
Address City State Zip
StarNet Insurance Company
Insurance Carrier
(864) 527-3272
Phone #

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
W. SCOTT PALMER, ESQUIRE, ATTORNEY FOR CLAIMANT

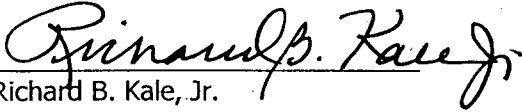
YOU ARE HEREBY NOTIFIED THAT DEFENDANTS, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the defendants, to wit:

<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u>PAGE</u>
APA #7 – John H. Mennear, Ph.D.	08/18/14	158-164
APA #8 – Spartanburg Regional Emergency Center	03/20/14 – 04/02/04	165-170
APA #9 – Spartanburg Regional Ethanol/Blood Test	03/21/14	171
APA #10 – Dr. Shawn A. Birchenough	03/21/14 – 06/23/14	172-194
APA #11 – Spartanburg Regional Healthcare System	12/09/07 – 12/10/07	195-202
EXHIBITS		
Exhibit #1 – Innovative Fibers Substance Abuse Policy Statement	11/12/14	1-5
Exhibit #2 – Claimant Acknowledgement of Alcohol Abuse Policy	04/24/13	6
Exhibit #3 – Claimant's Certificate of Agreement to Company's Substance Abuse and Testing Policy	04/22/13	7
Exhibit #4 – Claimant's Attendance at Lockout/Tagout Safety Meeting	08/13/12 – 10/16/12	8-11
Exhibit #5 – Claimant's Termination Letter	05/22/14	12

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into the evidence on behalf of the employer-defendant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants: See Pre-Hearing Brief.



Richard B. Kale, Jr.
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, SC 29607

April 2, 2015

April 14, 2015
(hearing date)

John H. Mennear, Ph.D.

Professor Emeritus
Pharmacology and Toxicology

Jmennear1@nc.rr.com

Tel (919) 469-3658
103 Eagle Court, Cary, NC 27511

Monday, August 18, 2014

Richard B. Kale, Jr.
Willson Jones Carter & Baxley, PA
872 S. Pleasantburg Dr.
Greenville, South Carolina 29607

Re: James Lipscomb vs. Stein Fibers and Key Risk Management

Dear Mr. Kale:

Thank you for the opportunity to examine the records for the mentioned case and to provide an opinion relative to the probability that alcohol consumption was a causative factor in the personal injury accident suffered by Mr. James Lipscomb on March 20, 2014. My review included examination of the following materials provided by your office:

1. Spartanburg EMS report.
2. Spartanburg Regional Medical Center's ER/Hospital reports.
3. Ethanol, Blood Test.
4. Additional SRMC reports (there may be some duplication).
5. Dr. Broderick's office notes.
6. A 2007 ER report that indicates daily ETOH use and marijuana use.
7. Condensed transcript of Mr. Lipscomb's deposition.
8. Stein Fiber safety information.

In addition to these materials I relied upon personal knowledge and experience gained during a 50 year career of teaching and research in pharmacology and toxicology. My Curriculum vitae is attached.

My understanding of the issue is that on March 20, 2014, at approximately 8:25 PM, Mr. Lipscomb suffered a hand and arm injury after reaching into a fiber baling machine. According to Mr. Lipscomb's deposition (pages 36-41) he had never reached into the machine before, he was not instructed to reach into the machine nor had he ever seen anyone else do so.

During Mr. Lipscomb's treatment (at 9:23 PM, March 20, 2014) a sample of his blood was taken and analyzed for, among other things, ethyl alcohol. The concentration of alcohol in that blood sample was 97 mg/dL (0.097%). Since he consumed no alcohol between the accident and the time of blood sampling it is reasonable to assume that his blood alcohol concentration was actually higher at the time of the accident than at the time of blood sampling.

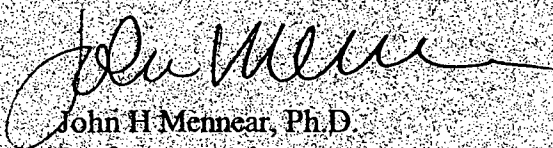
The concentration of ethyl alcohol in Mr. Lipscomb's blood is not consistent with his deposition statement of July 23, 2014 when he said that on the day of his accident he consumed "a shot of brandy" at about 8:30 AM then "a sip" of cough medicine at about 6:30 PM. Mr. Lipscomb

denied consuming additional alcohol prior to his work shift which began at 8:00 PM. Had this been the case Mr. Lipscomb's blood alcohol concentration at 9:23 PM on March 20, 2014 would have been less than the detectable limit of the assay which is usually 10 mg/dl.

A blood alcohol concentration of 97 mg/dL is 24% greater than the concentration considered impairing for operators of automobiles (80 mg/dL). A person with this concentration feels as if he/she is functioning at a better level than they really are. At this concentration it is more difficult to perceive danger and judgment, self-control, reasoning and caution are impaired. A concentration of 97 mg/dL is sufficient to cause slight impairment of balance.

Because of the known pharmacologic effects of ethyl alcohol and the recognized relationship between blood concentration and effects on the central nervous system it is my opinion, held with a high degree of scientific certainty, that alcohol was the proximal cause of Mr. Lipscomb's accident.

Sincerely,



John H. Menear, Ph.D.

Professor emeritus

Campbell University School of Pharmacy

JOHN H. MENNEAR, PH.D.

Professor Emeritus of Pharmacology and Toxicology Campbell
University 103 Eagle Court, Cary, NC 27511

Tel 919.469.3658

Email: jmennear1@nc.rr.com

EDUCATION

BS in Pharmacy	Ferris State College School of Pharmacy, Big Rapids, MI, Minor subjects: Physiology and Chemistry
MS and PhD in Pharmacology	Purdue University School of Pharmacy, West Lafayette, IN. Major Advisor, Tom S. Miya, PhD; Minor subjects: Physiology and Biochemistry

PROFESSIONAL EXPERIENCE

1996 to Present	Consultant Scientist in Pharmacology and Toxicology for clients in the pharmaceutical, legal, and chemical industries.

1987 to 1996	Professor of Pharmacology and Toxicology, and Chairman, Department of Pharmaceutical Sciences, School of Pharmacy, Campbell University, Buies Creek, NC.

Research and academic administration; generation of extramural support for departmental and school programs; pursuit of scholarly activities. In this position I recruited the departmental faculty, established promotion and tenure guidelines for the school, guided young and inexperienced faculty in development of their courses as well as their research areas.

Conceived and developed a new academic program (BS in Pharmaceutical Sciences), recruited additional faculty and played a major role in teaching.

1980 to 1987 Expert Toxicologist, National Toxicology Program, National Institutes of Health, Research Triangle Park, NC

Design and oversight of acute, subacute and chronic toxicology and carcinogenesis studies in laboratory animals; evaluation and interpretation of study results; authorship and public presentation of National Toxicology Program technical reports

1978 to 1980 Director of Corporate Toxicology, Baxter Travenol Laboratories, Morton Grove, IL

Administered and directed a department of 75 researchers (doctorate through BS level). Research and administration in toxicology studies of drugs, biomaterials, medical devices and nutritional products. Final responsibility for study design and interpretation and departmental activities relative to regulatory (FDA) affairs.

PROFESSIONAL MEMBERSHIPS

Elected to membership in the following learned societies: Society of Sigma Xi, Society of Rho Chi, American Society for Pharmacology and Experimental Therapeutics, Society of Toxicology, Academy of Toxicological Sciences.

PROFESSIONAL LICENSURE

Registered Pharmacist, Michigan, Certificate No. 18334

SUMMARY

During my tenure as Expert Toxicologist with the National Toxicology Program my major responsibility was in the design and reporting of chronic toxicology and carcinogenesis studies. This experience afforded me skills in the interpretation, organization and logical presentation, both written and verbal, of complex bodies of scientific data and information.

My publication record includes over 100 scientific papers, abstracts, and carcinogenesis reports. I have been a scientific consultant to the World Health Organization, invited lecturer to the International Congress on Toxicology in Tokyo, and served several international clients on toxicology and regulatory issues of concern to the US EPA, FDA, and the European Community.

My experience in the drug regulatory affairs arena includes conduct of studies for registration of medical devices, authoring preclinical sections of INDs and NDAs, and authoring Expert Opinion dossiers for registration of drugs in the European Community.

Pharmaceutical industry clients include:

- Burroughs Wellcome (international regulatory documents)
- Glaxo (peer reviewed publications of clinical data)
- Boehringer Ingelheim (technical reports, international regulatory documents, and position white papers)
- PPD-Pharmaco (non clinical pharmacology and toxicology portion of NDA),
- Ciba-Geigy (regulatory documents and position paper)
- Parexel International (IND and NDA applications)
- Karl Thomae GMBH (Technical toxicology reports)
- ISIS Pharmaceuticals (Regulatory documents and peer reviewed scientific publications)

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Bernard, BK, Nakamura, Y, Bando, I, and Mennear, JH (2005). Studies of the toxicological potential of tripeptides (l-valyl-l-prolyl-l-proline and l-isoleucyl-l-prolyl-l-proline): II. Introduction. *International Journal of Toxicology* 24:5-12.

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Nakamura, Y, Bando, I, Mennear, JH, and Bernard, BK (2005). Studies of the toxicological potential of tripeptides (l-valyl-l-prolyl-l-proline and l-isoleucyl-l-prolyl-l-proline): IV. Assessment of the repeated dose toxicological potential of synthesized l-valyl-l-prolyl-l-proline in male and female rats and dogs. *International Journal of Toxicology* 24:25-40.

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Kurosaki, T, Maeno, M, Mennear, JH, and Bernard, BK (2005). Studies of the toxicological potential of tripeptides (l-valyl-l-prolyl-l-proline and l-isoleucyl-l-prolyl-l-proline): VI. Effects of lactobacillus helveticus-fermented milk powder on fertility and reproductive performances of rats. *International Journal of Toxicology* 24:61-90.

Matsuura, K, Mennear, JH, Maeno, M, and Bernard, BK (2005). Studies of the toxicological potential of tripeptides (l-valyl-l-prolyl-l-proline and l-isoleucyl-l-prolyl-l-proline): VII. Micronucleus test of tripeptides-containing casein hydrolysate and Lactobacillus helveticus-fermented milk powders in rats and mice. *International Journal of Toxicology* 24:91-96.

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Bernard, BK, Nakamura, Y, Aihara, K, and Mennear, JH (2005). Studies of the toxicological potential of tripeptides (l-valyl-l-prolyl-l-proline and l-isoleucyl-l-prolyl-l-proline): IX. Evaluation of the mutagenic potential of synthesized l-valyl-l-prolyl-l-proline in the Salmonella-Escherichia coli/microsome incorporation assay. *International Journal of Toxicology* 24:107-113.

Stoll, RE, Blanchard, KT, Stoltz, JH, Majeska, JB, Furst, S, Lilly, PD, and Mennear, JH (2006). Phenolphthalein and bisacodyl: Assessment of genotoxic and carcinogenic responses in heterozygous p53 (+/-) mice and Syrian hamster embryo (SHE) assay. *Toxicological Sciences* 90 (2): 440-450.

Henry, SP, Levin, AA, White, K, and Mennear, JH (2006). Assessment of the effects of ISIS 2302, an antisense inhibitor of human ICAM-1, on cellular and humoral immunity in mice. *Journ. of Immunotoxicol.* 3:199-211.

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

RECORD

Patient: Lipscomb, James
Home Address: 170 Irby Ct

City: Spartanburg
State: SC Zip: 29301
Home Ph: (864) 483-5613

DOB: 12/2/1969
Age: 44yr
Sex: M

Patient Code Alert: Code Trauma

Insurance Companies

Insurance Company

WORKERS COMPENSATION
WORKERS COMPENSATION

Acuity: 2
Advance Directive: No
Disposition: Admit
Condition at Dispo: Stable
Pt Weight: 104.3 kg
(230 lbs)
Pt Height: 6'1" (185cms)
Triage Impression: Code Trauma
Nature of EMS Call: machine accident

RN Triage: Shands, Teresa D R.N. (E.C.)
RN Dispo: Shands, Teresa D R.N. (E.C.)
Provider: Messer, Cathy A D.O.

Created Record: 3/20/2014 2050
Mode of Arrival: Ambulance
Decision To Admit: 3/20/2014 2138
Time Left ED: 3/20/2014 2211
BMI: 30.5
BSA: 2.32 m2

PCP: none
Admit Phys: Ashley, Tom M.D.
Admit Phys Phone: 864-560-1576
Referring Phys: 18103
Referring Phys Ph:
Consult Phys:
Cnst Phys Ph:

Created and Electronically Authenticated By: Winkles, Blake (Scribe) Created: 3/20/2014 2107 Last Entry: 2135
Created and Electronically Authenticated By: Messer, Cathy A D.O. First Entry: 3/20/2014 2136 Last Entry: 2136

PHYSICIAN H&P INJURY/ PAIN/ MULTIPLE TRAUMA

Patient seen at: 3/20/2014 2113.

— PREHOSPITAL CARE: Arrived by EMS.

— History not limited.

— Chief Complaint: (+) injury

— HPI: 44 y/o male presents to ED w/ injury to right arm caught in a conveyor belt and right arm dislocated from elbow to wrist. Pt was given 8mg of morphine and 4mg of zofran. hx of HTN. Denies any other injuries. Says he feels "like needles pricking his entire hand".

Patient: Lipscomb, James
Arrival: 3/20/2014 2113
Pt Acct: 7709002283
Med Rcd: 000891319

INST(System): () fatigue (-) headache.
T(System): () tooth pain, () nose bleed.
ES(System): (-) blurry vision, () pain, () eye pain.
(System): () palpitations, (-) chest pain.
SP(System): () cough, () wheezing, (-) SOB, () hemoptysis.
System): (-) abdominal pain, (+) nausea, (-) vomiting,
(System): () difficulty urinating, () hematuria.
(System): () back pain, () joint pain, () leg pain, () neck pain. (+) arm pain
IN(System): (+) redness, (+) abrasions, () lacerations. (+) degloving
URO(System): (+) numbness, () weakness () difficulty walking, () difficulty with speech, () confusion.
YCH(System): () anxiety, () depression.

) Except as marked, all systems above reviewed and found negative or are noted in HPI.

— PMH List (See PMH Table) PSH List (See PSH Table)

) PMH, PSH, Family Hx, and Social Hx reviewed and agree with or are modified the table.

) Medications and allergies reviewed and confirmed or modified in table.

) MLP triage assessment and/or nursing notes reviewed and agree unless otherwise noted or supplemented chart.

— FH: () CAD, () DM, () HTN () Other type in

— SH: employed

— IMMUNIZATIONS:

Status: not up to date

— PHYSICAL EXAM:

VITAL SIGNS REVIEWED

GENERAL APPEARANCE: well nourished, alert, cooperative, no obvious discomfort.

HEAD: no abrasions/lacerations on the head.

EYES: conjunctiva clear PERRL, EOMI

EARS: (-) injury, no swelling/tenderness.

THROAT: no airway obstruction

CHECK: trachea midline.

SPINE: no cervical spine tenderness.

RESPIRATORY: (-) respiratory distress, good air exchange bilateral, no wheezing, no rhonchi, no rales.

CHEST WALL: no chest tenderness

HEART: normal rhythm, normal rate, (-) friction rub, no murmur.

ABDOMEN: (-) rebound, (-) guarding, soft, normal BS, no abd tenderness, no abd masses, (-) distended.

SKIN: good color, warm other trauma: none

EXTREMITIES: Right UE: degloving of Rt forearm from elbow to wrist, violated fascia on lateral aspect of right forearm, decreased sensation in hand, decreased ROM with 2nd finger and 5th finger, nml wrist ROM, 3cm laceration on proximal aspect of RUE, pulses intact and nml

Left (+) pulse in all extremities -

2 Bilateral: no swelling/tenderness, (-) external rotation of the leg, (-) shortening of the leg, (-) deformity, (-) decreased range of motion.

CHECK: no back tenderness.

NEURO: motor intact, sensory grossly intact.

ENT/348 TATUS: speech clear, oriented X 3, responds appropriately to questions.

PSYCH: normal affect,

J. David Wren, MD PHD, Director

Spartanburg Regional Medical Center
101 E. Wood Street
Spartanburg, South Carolina 29303-3072

Dept of Laboratory Medicine
864-560-6212

LIPSCOMB, JAMES T
44Y
ASHLEY, THOMAS L

MR#: S000891319
DOB: 12/02/1969
Location: 6T 625A

ACCT#: S7709002283
Admitted: 03/21/2014
Pt. Type: INPATIENT

HEMATOLOGY

BLOOD						
Collected	04/02	03/31	03/30	03/29		
	04:21	04:28 ¹	05:31 ¹	05:52		
Released	04/02	03/31	03/30	03/29	Reference	Units
	04:55	05:46	05:51	06:12		
Accession	H140910295	H140890496	H140880088	H140870616		
WBC	10.2 H	9.7	13.4 H	12.1 H	3.1-9.7	K/cmm
RBC	2.48 L	2.42 L	2.36 L	2.42 L	4.08-5.70	million/cmm
HGB	8.4 L	8.2 L	7.6 L	8.1 L	13.1-16.8	g/dL
HCT	23.9 L	23.5 L	23.1 L	23.6 L	38.2-48.4	%
MCV	96.4	97.2	97.6	97.7	80.1-98.7	fL
MCH	33.9	33.8	31.9	33.4	27.5-34.3	pg
MCHC	35.2	34.8	32.7 L	34.2	33.2-35.7	g/dL
RDW	13.7	13.6	14.0	13.8	11.7-15.0	%
PLT	427 H	354 H	346 H	317	119-332	K/cmm

URINALYSIS

VOIDED URINE				
Collected	03/31			
	17:00			
Released	03/31			
	19:35			
Accession	U140900204			
U COLOR	Yellow			Pale Straw, Straw, Yellow
U APPEAR	Clear			Clear, Slightly Hazy
U SP GRA	1.017			1.005-1.030
U PH	7.0			5.0-8.0
U PRO	Negative			Negative
U GLU	Negative			Negative
U KET	Negative			Negative
U BILI	Negative			Negative
U BLOOD	Negative			Negative
U LEUK	Negative			Negative
U NIT	Negative			Negative
Urobilin	2.0			EU/dL
U WBC	<1			0-8 /hpf
U RBC	1			0-3 /hpf
U SQEP	None seen			/hpf
U BACT	None seen			

CHEMISTRY

BLOOD

J. David Wren, MD PHD, Director

Spartanburg Regional Medical Center
101 E. Wood Street
Spartanburg, South Carolina 29303-3072

Dept of Laboratory Medicine
864-560-6212

LIPSCOMB, JAMES T
44Y
ASHLEY, THOMAS L

MR#: S000891319
DOB: 12/02/1969
Location: 6T 625A

ACCT#: S7709002283
Admitted: 03/21/2014
Pt. Type: INPATIENT

Collected	04/02 04:21 ²	03/31 04:28 ³	03/30 05:31 ³	03/29 05:52 ²		
Released	04/02 05:07	03/31 05:56	03/30 06:09	03/29 06:29	Reference	Units
Accession	C140910478	C140890789	C140880161	C140871528		
Creat	2.21 H	1.90 H	1.78 H	1.85 H	0.47-1.35	mg/dL
UN	27 H	23	20	24	7-25	mg/dL
Na	138	137	135	137	133-146	mmol/L
Chlor	104	103	102	108	100-111	mmol/L
CO2	28.6	25.9	28.3	30.5	23.0-32.6	mmol/L
K	4.2	4.1	4.3	4.4	3.5-5.2	mmol/L
Gluc	111 H	98	111 H	120 H	70-100	mg/dL
Ca	8.7 L	8.7 L	8.5 L	8.3 L	8.9-10.3	mg/dL
Bun/Crea	12	12	11	13	8-23	
Ani Gap	10	12	9	3 L	6-13	mmol/L
Osmo Cal	281	277	273	279	270-350	mOsm/kg
eGFR-AA	39	47	50	48		mL/min/1.73
eGFR-Oth	33 ⁴	39 ⁴	42 ⁴	40 ⁴		mL/min/1.73
CrCl	48 L ⁵	56 L ⁵	60 L ⁵	58 L ⁵	90-139	mL/minute

BLOOD						
Collected	04/02 15:52	04/02 10:54	04/02 06:41	04/01 21:00	04/01 16:43	
Released	04/02 15:52	04/02 10:54	04/02 06:41	04/01 21:00	04/01 16:43	Reference Units
Accession	EC140920648	EC140920367	EC140920152	EC140920068	EC140910570	

²No hemolysis noted

³...

No hemolysis noted

⁴**Do not use** this eGFR calculation for medication dose adjustments.

⁵Height in inches: 73

J. David Wren, MD PHD, Director

Spartanburg Regional Medical Center
101 E. Wood Street
Spartanburg, South Carolina 29303-3072

Dept of Laboratory Medicine
864-560-6212

LIPSCOMB, JAMES T
44Y
ASHLEY, THOMAS L

MR#: S000891319
DOB: 12/02/1969
Location: 6T 625A

ACCT#: S7709002283
Admitted: 03/21/2014
Pt. Type: INPATIENT

BLOOD Collected	04/02 15:52	04/02 10:54	04/02 06:41	04/01 21:00	04/01 16:43		
Released	04/02 15:52	04/02 10:54	04/02 06:41	04/01 21:00	04/01 16:43	Reference	Units
Accession FS Glu	EC140920648 112 H ⁶	EC140920367 110 H ⁶	EC140920152 124 H ⁶	EC140920068 126 H ⁶	EC140910570 136 H ⁶	70-100	mg/dL

BLOOD Collected	04/01 12:27	04/01 07:56	03/31 21:08	03/31 16:41	03/31 11:31		
Released	04/01 12:27	04/01 07:56	03/31 21:08	03/31 16:41	03/31 11:31	Reference	Units
Accession FS Glu	EC140910420 114 H ⁶	EC140910199 117 H ⁶	EC140900691 104 H ⁶	EC140900596 107 H ⁶	EC140900321 129 H ⁶	70-100	mg/dL

BLOOD Collected	03/31 07:05	03/30 20:41	03/30 15:58	03/30 11:48	03/30 07:27		
Released	03/31 07:05	03/30 20:41	03/30 15:58	03/30 11:48	03/30 07:27	Reference	Units
Accession FS Glu	EC140900103 107 H ⁶	EC140890519 137 H ⁶	EC140890479 128 H ⁶	EC140890258 106 H ⁶	EC140890102 130 H ⁶	70-100	mg/dL

BLOOD Collected	03/29 20:24	03/29 18:07	03/29 12:16	03/29 08:26			
Released	03/29 20:24	03/29 18:07	03/29 12:16	03/29 08:26		Reference	Units
Accession FS Glu	EC140890009 108 H ⁶	EC140880539 134 H ⁶	EC140880377 116 H ⁶	EC140880384 125 H ⁶		70-100	mg/dL

*Fingerstick glucose levels greater than 500 mg/dL must be sent to the laboratory for confirmation.

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report
ACR Accredited Facility for Ultrasound

NAME: LIPSCOMB, JAMES
ORDERING PHYSICIAN: MULLINS, DAVID
LOC: 6T-625-A
Pt. Type: IP
UNIT #: 000891319
CI#: 3890881
AN#: S7709002283
DOB: 12/02/69
INPATIENT

FINAL

Exam

80137 US RENAL STUDY
76775

Date: 04/01/14 0646
Ord Diag: 959.9

Renal ultrasound dated 4/1/2014

Clinical information: Chronic renal disease

No comparison

Multiple sonographic images of the kidneys were obtained.

The kidneys are normal in size, both kidneys 9.9 CM in length. Renal contours appear smooth. Renal parenchymal echogenicity is unremarkable. No renal stones. No hydronephrosis.

Bladder volume approximately 44 cc.

Impression: No acute abnormality

Transcriptionist- N/A
Reading Radiologist- MICHAEL ENRIGHT MD
Releasing Radiologist- MICHAEL ENRIGHT MD
Released Date Time- 04/01/14 0857

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Barbara Yoonkin: April 3, 2014 [my portal](#) [suspend](#) [help](#) [logout](#)Site Controls: [Select](#)[Locator](#) [Results](#) [Flowsheet](#) [Orders](#) [Facsheet](#) [Home](#) [Medical Records](#)Patient: Lipscomb, James ; S000891319; 8905190; 00807440 ; 6T-625-A * [-](#) [-](#) Encounter: 03/21/14 (a)**(1) (44) Patient Demographics**

Pat. Name	Location	Age	Sex	Adm. Date	Adm. Diagnosis	Last Refs
Lipscomb, James	6T-625-A	44Y	M	03/21/14 02:45	959.9-INJURY-SITE NOS	NI

(7) (22) CM Results Viewer

Report for Lipscomb, James (MRN: 000891319)

[Results List](#) [Select All Tests](#) [Check 10 on All Selected](#)**Check 10 on Selected Components for ETHANOL, BLOOD**☒ TEST: ETHANOL, BLOOD

Collected Date & Time: 03/20/14 21:23

Result Name	Results	Units	Reference Range
Ethanol	97 H	mg/dL	0-0

The above 1 analytes were performed by SPARTANBURG REGIONAL LABORATORY
101 EAST MOOD STREET, SPARTANBURG, SC 29303
Accession #: C140791647 Specimen: BLOOD
Order/Accession Comment: Comment: tra bay 1

Other Clinicians who have viewed this Result in Portal or Roundline

[Results List](#) [Select All Tests](#) [Check 10 on All Selected](#)powered
by MEDXSS

level 80 <

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303**CONSULT**

PATIENT NAME: LIPSCOMB, JAMES T.
DOB: 12/02/1969
MEDICAL RECORD #: 891319
ACCOUNT NUMBER: 7709002283
ADMISSION DATE: 03/21/2014
DATE OF SERVICE: 03/21/2014
ATTENDING PHYSICIAN: BIRCHENOUGH, SHAWN A
ROOM:

LOCATION

Spartanburg Regional. The patient is seen in the operating room.

ATTENDING PHYSICIAN

Dr. Ashley.

REASON FOR CONSULTATION

Significant right arm wound.

BRIEF HISTORY

The patient is a 44-year-old right-hand dominant male, who was admitted on this day for having right arm caught in a machine at work. He has a circumferential loss of skin and subcutaneous tissue from his elbow to his wrist. He was debrided in the operating room by the trauma team and was seen in the operating room.

PAST MEDICAL HISTORY

Significant for hypertension and alcohol use.

PHYSICAL EXAMINATION

He does have a fracture of the right radius. On examination, he has exposed fascia and muscle only from the elbow to the wrist circumferentially. No skin or subcutaneous soft tissue is present. He does have decreased capillary refill on the skin on the dorsal hand as well. There is an external fixator over the radius fracture radially in the mid forearm.

PLAN

The patient is expected to go to the operating room by the orthopedic trauma team for ORIF of the radius and removal of the external fixator. From a plastic surgery standpoint, serial debridements maybe required including the skin over the dorsal hand with Integra skin substitute. The patient is going to require multiple surgeries with grafting and possible eventual

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LIPSCOMB, JAMES T

891319

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Page 1 of 2

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flap for coverage of this area. It is a very large extensive wound. Wound VAC should be placed at this time with hand and arm elevation and non-use.

DICTATED BY: SHAWN A. BIRCHENOUGH, M.D.

DICTATED FOR (IF APPLICABLE):

D:06/16/2014 07:34:04

T:06/17/2014 05:47:04/hn

1534648/1336908

cc: SHAWN A. BIRCHENOUGH, M.D., Attending Physician



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SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

OP REPORT

PATIENT NAME: LIPSCOMB, JAMES T
DOB: 12/02/1969
MEDICAL RECORD #: 891319
PROCEDURE DATE: 03/22/2014
ACCOUNT NUMBER: 7709002283
ROOM:

LOCATION

Spartanburg Regional Main Operating Room.

PREOPERATIVE DIAGNOSIS

Right arm and hand degloving injury, which is a massive injury.

POSTOPERATIVE DIAGNOSIS

Right arm and hand degloving injury, which is a massive injury.

PROCEDURES

1. Sharp excisional debridement of skin and subcutaneous tissue and fascia of the arm over 200 sq cm and of the dorsal hand 250 sq cm.
2. Fasciotomy of the hand at the thenar eminence first dorsal compartment.
3. SPY indocyanine green dye intraoperative angiography x2.
4. INTEGRA dermal skin substitute placement on the arm, 680 sq cm and on the hand 250 sq cm.
5. Placement of a long-arm splint.

SURGEON

Shawn A Birchenough, MD

ANESTHESIA

General.

ESTIMATED BLOOD LOSS

150 mL.

BRIEF HISTORY

The patient is a 44-year-old right-hand dominant male who cut his arm, caught in a machine at work on 03/21/2014. He went to the operating room that night with the surgery team where debridement was performed circumferentially around the entire arm from the wrist to the elbow. There was some questionable skin on the dorsum of the hand. He returns to the operating room today for open reduction and internal fixation by Dr. Broderick with removal of the external

OP REPORT

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LIPSCOMB, JAMES T

891319

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fixator that was placed on his wrist fractures as well as further skin debridement and the initiation of reconstruction. The alternatives, benefits, complications and risks were discussed with the patient, and written and verbal informed consents were obtained.

He was marked in the preoperative area.

DESCRIPTION OF PROCEDURE

The patient was brought to the operating room and placed in the supine position. All pressure points were well padded. SCDs were placed. Preoperative antibiotics had been given. General anesthesia was administered. Time-out performed. The entire right arm and hand was prepped and draped sterilely.

Initially, nonviable tissue was identified in the arm at the elbow; this was excised sharply with debridement of skin, subcutaneous tissue and fascia. The remaining muscle in the forearm was noted to be well perfused. The location of the open reduction plates was also covered by muscle in the forearm both at the ulna and radius.

SPY indocyanine green dye was used and this noted a very poor perfusion of the dorsal hand skin. This needed to be excised sharply over an area of 250 sq cm from the wrist crease to the metacarpophalangeal joint of the thumb and over the metacarpophalangeal joints of all the digits. The palmar side of the hand skin was noted to be intact.

The arm was then pulse irrigated and INTEGRA dermal skin substitute was placed and stapled into position over the arm 680 sq cm and at the hand 250 sq cm. In addition, silver impregnated wound VAC sponges were stapled into position to create compression on the skin substitute. The entire arm was then wrapped and long-arm splint was placed from the fingertips to the elbow. There was good perfusion in the remaining skin and all digits. The patient was allowed to awaken, extubated and taken to the PACU in stable condition. Needle, sponge and instrument counts were correct.

DICTATED BY: SHAWN A. BIRCHENOUGH, M.D.

DICTATED FOR (IF APPLICABLE):

D:04/07/2014 07:57:03

T:04/08/2014 01:59:12/pm

1507487/1313864

cc: JOHN SCOTT BRODERICK, M.D., Consulting Physician

OP REPORT
LIPSCOMB, JAMES T
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SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

OP REPORT

PATIENT NAME: LIPSCOMB, JAMES T
DOB: 12/02/1969
MEDICAL RECORD #: 891319
PROCEDURE DATE: 03/25/2014
ACCOUNT NUMBER: 7709002283
ROOM:

PREOPERATIVE DIAGNOSIS

Right arm avulsion injury, status post further debridement and placement of INTEGRA skin substitute.

POSTOPERATIVE DIAGNOSIS

Right arm avulsion injury, status post further debridement and placement of INTEGRA skin substitute.

PROCEDURES

1. Dressing change under anesthesia of the right arm.
2. Obtaining cultures from the dorsal forearm fluid.

SURGEON

Shawn A Birchenough, MD

ANESTHESIA

General.

SPECIMENS

Cultures.

ESTIMATED BLOOD LOSS

10 mL.

BRIEF HISTORY

The patient is a right-hand dominant male with a significant large massive soft tissue wound of the right arm circumferentially from the elbow to the wrist and including the entire hand dorsum to the metacarpophalangeal joints. He had debridement previously and he comes to the operating room for dressing change today. All of his dressings were removed. It was noted that the INTEGRA was adherent. There was a small amount of fluid coming from a Penrose drain that had previously been placed. This was cultured; this was directly over the radial open reduction and internal fixation plate, which was covered by muscle.

OP REPORT

LIPSCOMB, JAMES T
891319
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DICTATING

SHRS

4/8/2014 5:45:59 AM PAGE 3/003

Fax Server

New dressing was applied in the same fashion as well as a long-arm splint. The patient was allowed to awaken and taken to the PACU in stable condition. Needle, sponge and instrument counts were correct. There were no complications.

DICTATED BY: SHAWN A. BIRCHENOUGH, M.D.

DICTATED FOR (IF APPLICABLE):

D:04/07/2014 08:08:40

T:04/08/2014 05:42:37/pm

1507494/1313963

cc: JOHN SCOTT BRODERICK, M.D., Consulting Physician



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LIPSCOMB, JAMES T
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SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

OP REPORT

PATIENT NAME: LIPSCOMB, JAMES T
DOB: 12/02/1969
MEDICAL RECORD #: 891319
PROCEDURE DATE: 03/28/2014
ACCOUNT NUMBER: 7709002283
ROOM:

SERVICE

Plastic and reconstructive surgery.

PROCEDURE PERFORMED

Anterolateral thigh free flap from the right thigh to right dorsal hand exposed extensor tendons.

SURGEON

Dr. Birchenough.

ASSISTANT

Dr. Orseck.

I was involved in all critical portions including the anterolateral thigh free flap, the microsurgical anastomosis of the radial vessels as well as the skin grafting and carpal tunnel release.

PROCEDURE IN DETAIL

After all debridement was performed, the anterolateral thigh free flap was marked on the right lateral thigh and was developed to the lateral circumflex femoral vessels. The flap was detached, and using standard microvascular technique, this was anastomosed to the radial artery and venae comitantes. Next, 950 _____ of split-thickness skin graft was performed to the proximal arm, and finally, carpal tunnel release was performed. Sterile dressings were placed. ViOptix monitor was placed on the flap. The patient was extubated and taken to the recovery room in stable condition. Please refer to Dr. Birchenough's operative note for flap specifics.

DICTATED BY: MICHAEL J. ORSECK, M.D.

DICTATED FOR (IF APPLICABLE):

D:04/19/2014 11:06:05
T:04/20/2014 00:39:51/pn
1512206/1317799

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LIPSCOMB, JAMES T
891319
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cc: SHAWN A. BIRCHENOUGH, M.D., Admitting Physician
MANNY TRUJILLO, M.D., Consulting Physician

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LIPSCOMB, JAMES T
891319
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SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

OP REPORT

PATIENT NAME: LIPSCOMB, JAMES T
DOB: 12/02/1969
MEDICAL RECORD #: 891319
PROCEDURE DATE:
ACCOUNT NUMBER: 7709002283
ROOM: 625

PREPROCEDURAL DIAGNOSIS

Degloving of the right forearm, status post ALT flap and split thickness skin graft from bilateral lower extremities.

POSTOPERATIVE DIAGNOSIS

Degloving of the right forearm, status post ALT flap and split-thickness skin graft from bilateral lower extremities.

PROCEDURE

1. Dressing change to right arm.
2. Placement of splint to right arm.
3. Dressing change to bilateral lower extremity, split-thickness skin graft site and ALT donor site.

SURGEON

Shawn A Birchenough, MD

ASSISTANT

Nicolas R White, MD

ANESTHESIA

GENERAL

SPECIMENS

None.

BLOOD LOSS

Zero.

PROCEDURE IN DETAIL

Mr. Lipscomb is a very pleasant 44-year-old white male that was involved in a degloving incident. The patient previously had an ALT flap placed with split-thickness skin graft. The patient was brought to the operating room for removal of ViOptix and dressing change. The patient was brought into the room on his stretcher. All operative procedures were done from this

OP REPORT

LIPSCOMB, JAMES T
891319

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position. The patient had general anesthesia induced. Afterwards, we called a surgical timeout to ensure proper patient and procedure. We then proceeded to take down all previously placed dressings. We cleaned the hand with hydrogen peroxide and water. The split-thickness skin graft was taking to the skin quite well and was healing without any signs of ischemia, infection. After we had the hand completely cleaned off, we placed Xeroform dressing over the split-thickness skin graft sites. We then placed Kerlix dressings. Around the Kerlix, we placed a splint to the right arm extending above the elbow proximally 10 to 12 cm and extending down onto the hand holding it in neutral position. After this had dried in proper position, we wrapped the splint and arm with Ace bandages. After this, we proceeded to look at the left lower extremity split thickness skin graft donor site. The Xeroform was left in place. A new dressing was placed overtop along with 6-inch Ace wrap. _____ Xeroform was removed. A sterile dressing was placed overtop of the ALT donor site on the right. The JP drain was left in place at this point. The patient was awakened from general anesthesia and sent to his room for further recovery. Dr. Birchenough was present and scrubbed for the entirety of this procedure.

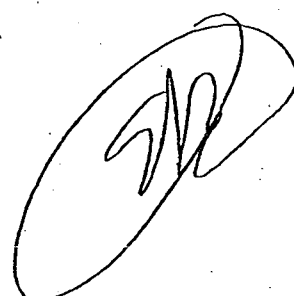
ATTENDING PHYSICIAN
Shawn A Birchenough, MD

DICTATED BY: NICOLAS R. WHITE, MD

DICTATED FOR (IF APPLICABLE):

D:04/02/2014 14:18:11
T:04/02/2014 15:27:12/sn
1505953/1312241

cc: THOMAS L ASHLEY, M.D., Admitting Physician
JOHN SCOTT BRODERICK, M.D., Consulting Physician
SHAWN A. BIRCHENOUGH, M.D.



OF REPORT
LIPSCOMB, JAMES T
891319

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SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

DISCHARGE SUMMARY

PATIENT NAME: LIPSCOMB, JAMES T
DOB: 12/02/1969
MEDICAL RECORD #: 891319
ACCOUNT NUMBER: 7709002283
ADMISSION DATE: 03/21/2014 DISCHARGE DATE: 04/04/2014
ATTENDING PHYSICIAN: BIRCHENOUGH, SHAWN A

HOSPITAL COURSE

Mr. Lipscomb 44-year-old male that was admitted to the hospital in the trauma bay on 03/21/2014 after a traumatic degloving of his right arm. The patient was taken to the operating suite immediately after the trauma. During that procedure, he had debridement and ex-fix placed, shortly thereafter plastic reconstructive surgery was consulted. The patient did have a repeat debridement by Dr. Birchenough on 3/22 and 3/25. The patient still maintained the ex-fix on his radius and ulna. On 3/28/2014 the patient had a ALT flap from the right thigh to the right dorsal hand. Postoperatively the patient did quite well. The patient did have some renal insufficiency, which was followed by Dr. Mullins. On 04/04/2014, the patient was sent home after being able to tolerate a dressing change with p.o. pain medications. The patient was sent with home health nursing to change his dressings and the patient had a scheduled followup with Dr. Birchenough in 1 week. He also had an appointment to see Dr. Mullins to follow his acute renal insufficiency. The patient was to call with any questions or concerns.

DICTATED BY: NICOLAS R. WHITE, MD
DICTATED FOR:

D:04/18/2014 16:54:06
T:04/18/2014 18:37:17 /pn
1512060/1317409



cc: SHAWN A. BIRCHENOUGH, M.D., Admitting Physician
MANNY TRUJILLO, M.D., Consulting Physician

DISCHARGE SUMMARY
LIPSCOMB, JAMES T
891319

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Medical Group of the Carolinas - Magnolia Plastic Surgery-Spartanburg July 30, 2014

391 Serpentine Drive, Suite 250 Spartanburg, SC 29303

864-560-6717 Fax: 864-560-7105

Page 1

Chart Document

JAMES C LIPSCOMB

Male DOB: 12/02/1969

328962

Home: (864)483-5613

Ins: UNINSURE (14)

04/10/2014 - Office Visit: DOI:3/20/14 CL#0314991-NP/F/U HOSP SURGERY/W/C/PT TO HAVE EMP...

Provider: Shawn A Birchenough, MD

Location of Care: Medical Group of the Carolinas - Magnolia Plastic Surgery-Spartanburg

History of Present Illness:

Patient identified using 2 approved identifiers per red rules.

Patient here to f/u from surgery. Patient reports he has had a total of 5 different surgeries. Graft taken from left leg to repair right arm. Kayla Brady, RN (April 10, 2014 9:59 AM)

Patient BP slightly elevated. Patient reports he just took his BP medicine before he got here.

Plan: Patient continue dressing changes to left leg skin graft site and right arm daily. Spouse given suture removal and demonstrated how to remove staples. She is to remove about 5/day while doing dressing changes in each area until all are gone. She verbalized understanding. JP drain to right leg only putting out 10-15cc per day. Drain was removed and patient tolerated well. Patient instructed to use left hand to help facilitate movement of the joints on the left hand to prevent them from becoming stiff. Patient verbalized understanding. Gave refill on Oxycodone and Valium. Patient to f/u in 2-3 weeks.

Patient follows up after complex right arm reconstruction with a ALT free flap to the dorsal hand, and large area of skin graft over the entire arm from the wrist to the elbow circumferentially after significant avulsion injury as well as fractures of his radius and ulna. had severe degloving injury.

Thumb, index and long fingers still numb

He has been doing relatively well at home. He is trying to do some minimal hand flexion activities with his digits. Wound care has been a little bit of an issue, as he has refused home help a few times.

Problems at Start of Visit (verified):

- 1) Hypertension (ICD-401.9)
- 2) Electrocardiogram Abnormal (ICD-794.31)

Allergies (verified):

No Known Drug Allergies

Past History:**Past Medical History:**

htn
hernia
heart attack

Risk Factors:

Smoking Status: current every day smoker

Vital Signs:

Patient profile: 44 year old male

Medical Group of the Carolinas - Magnolia Plastic Surgery-Spartanburg July 30, 2014
391 Serpentine Drive, Suite 250 Spartanburg, SC 29303
864-560-6717 Fax: 864-560-7105

Page 2
Chart Document

JAMES C LIPSCOMB

Male DOB: 12/02/1969

328962

Home: (864)483-5613

Ins: UNINSURE (14)

Height: 73 inches (185.42 cm)
Weight: 240 lbs (109.09 kg)
BMI: 31.78
Pulse rate: 108 per minute
BP sitting: 170 / 104 (L. arm sitting)

Physical Exam:

Msk:

Extremities: Right arm is examined.

digits swollen and with limited ROM passively & actively, esp at MCPS.

The flap is healing in well on the dorsal hand. There is quite a bit of swelling in the digits as expected. Flap is very thick particularly posteriorly at the wrist.

All the skin grafts have revascularized, and are filling in well at the interstices. No significant areas of loss.

Right thigh donor site for the ALT flap is healing, staples are intact. Drain is removed today.

Left side circumferential thigh donor site for skin grafts is macerated, but no evidence of infection, is healing with a reepithelialization.

Impression & Recommendations:

Problem # 1: OPEN WOUND OF FOREARM, COMPLICATED (ICD-881.10)

Assessed as: Improved

Wound care instructions given to his girlfriend, who has been doing the bulk of the dressing changes. Xeroform and Neosporin to all the skin grafts on the arm. Staple remover given to the patient to start removing the staples slowly from the arm given the significant number of them. Staples removed from the right thigh. Wound instructions given for the left thigh. ROM passive & active exercises demonstrated. pt getting stiff and will lose function/strength in hand. All questions answered. Treatment plan discussed. Followup arranged.

Orders:

Post-Op followup visit (included in surgical visit) (CPT-99024)

Medications Added to Medication List This Visit:

- 1) Oxycodone Hcl 5 Mg Tabs (Oxycodone hcl) 1 tab po q6h prn pain
- 2) Diazepam 5 Mg Tabs (Diazepam) 1 tab po q12h prn
- 3) Lisinopril 40 Mg Tabs (Lisinopril)

Smoking status assessed. The patient reports smoking status is current every day smoker.
Advised to quit smoking and follow-up with Primary Care Provider.

Prescriptions:

DIAZEPAM 5 MG TABS (DIAZEPAM) 1 tab po q12h prn #20 x 0

Entered by: Kayla Brady,RN

Authorized by: Shawn A Birchenough,MD

Signed by: Kayla Brady,RN on 04/10/2014

Method used: Print then Give to Patient

RxID: 1712745411114670

Medical Group of the Carolinas - Magnolia Plastic Surgery-Spartanburg July 30, 2014

391 Serpentine Drive, Suite 250 Spartanburg, SC 29303

864-560-6717 Fax: 864-560-7105

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Chart Document

JAMES C LIPSCOMB

Male DOB: 12/02/1969

328962

Home: (864)483-5613

Ins: UNINSURE (14)

OXYCODONE HCL 5 MG TABS (OXYCODONE HCL) 1 tab po q6h prn pain #40 x 0

Entered by: Kayla Brady, RN

Authorized by: Shawn A Birchenough, MD

Signed by: Kayla Brady, RN on 04/10/2014

Method used: Print then Give to Patient

RxID: 1712745381114670

Patient Instructions:

1) Reminded not to take discontinued medication(s), and to update current medication records with other providers and pharmacists. Do not keep unneeded or expired medication(s); check with pharmacist or prescriber for recommendations on safe disposal.

Electronically Signed by Shawn A Birchenough, MD on 04/18/2014 at 11:54 AM

Medical Group of the Carolinas - Magnolia Plastic Surgery-Spartanburg July 30, 2014
391 Serpentine Drive, Suite 250 Spartanburg, SC 29303
864-560-6717 Fax: 864-560-7105

Page 1
Chart Document

JAMES C LIPSCOMB

Male DOB: 12/02/1969

328962

Home: (864)483-5613

Ins: UNINSURE (14)

04/21/2014 - Office Visit: F/U 2 WEEKS

Provider: Shawn A Birchenough, MD

Location of Care: Medical Group of the Carolinas - Magnolia Plastic Surgery-Spartanburg

History of Present Illness:

Patient identified using 2 approved identifiers per red rules.

Patient f/u from ALT free flap to right hand. Crystal C Smith, RN (April 21, 2014 2:10 PM)

Patient had significant right arm and hand avulsion injury, skin grafts of the forearm and ALT flap to the right dorsal hand. Major reconstruction surgery was March 28. He has not yet been to occupational therapy, as instructed, to help with significant edema, and range of motion of his hand.

No fevers or chills. Is complaining of pain in his hand.

plan: needs OT therapy appt made for 4/24/14 @ 10:45am, wife to keep removing staples. f/u in 3 weeks

Allergies (verified):

No Known Drug Allergies

Physical Exam:

Extremities: Right hand examined. He has admitting and swelling in all the digits. He has minimal range of motion of the IP joints in minimal range of motion of the MCP joints in all digits and the thumb.

Decreased sensation in all fingertips, but some sensation remains.

ALT flap on the dorsal hand is healing in well, though this is significantly bulky here.

All skin grafts have healed him, there are some areas of hypertrophic granulation tissue which is treated with silver nitrate.

Donor sites at the thighs bilaterally are healing, including the right thigh ALT flap donor site, and the left thigh skin graft donor site.

A small area of dehiscence at the middle MCP joints between the native skin and the ALT flap.

Impression & Recommendations:

Problem # 1: OPEN WOUND OF FOREARM, COMPLICATED (ICD-881.10)

Assessed as: Improved

Patient is healing from a soft-tissue standpoint, however he has severe stiffness but is not yet been treated with an appropriate splint, or range of motion. All tendons are intact, he just has significant swelling in the hand because of the circumferential injury, and significantly decreased lymphatic drainage from his hand. No evidence of infection.

Medical Group of the Carolinas - Magnolia Plastic Surgery-Spartanburg July 30, 2014
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Chart Document

JAMES C LIPSCOMB

Male DOB: 12/02/1969

328962

Home: (864)483-5613

Ins: UNINSURE (14)

Patient is instructed specifically to start therapy. He is shown specific passive range of motion activities he can do to help flex his MCP joints and DIP joints, he needs to be doing this several times a day. He states it is sore and stiff, and I say that at exactly why he needs to be doing more therapy.

Some staples and all sutures removed today. He is given a staple remover to continue this at home with his girlfriend helping. She has been doing the dressing care.

All questions answered. Treatment plan discussed. Followup arranged.

Orders:

Referral (DC-99999)

Post-Op followup visit (included in surgical visit) (CPT-99024)

Medications Added to Medication List This Visit:

1) Percocet 5-325 Mg Tabs (Oxycodone-acetaminophen) 1 tab 3 times daily for pain

Prescriptions:

PERCOCET 5-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tab 3 times daily for pain #60 x 0

Entered by: Crystal C Smith, RN

Authorized by: Shawn A Birchenough, MD

Signed by: Crystal C Smith, RN on 04/21/2014

Method used: Print then Give to Patient

RxID: 1713710336164780

OXYCODONE HCL 5 MG TABS (OXYCODONE HCL) 1 tab po q6h prn pain #60 x 0

Entered by: Crystal C Smith, RN

Authorized by: Shawn A Birchenough, MD

Signed by: Crystal C Smith, RN on 04/21/2014

Method used: Print then Give to Patient

RxID: 1713710246314780

Patient Instructions:

1) Reminded not to take discontinued medication(s), and to update current medication records with other providers and pharmacists. Do not keep unneeded or expired medication(s); check with pharmacist or prescriber for recommendations on safe disposal.

Electronically Signed by Shawn A Birchenough, MD on 05/28/2014 at 11:23 AM

Medical Group of the Carolinas - Magnolia Plastic Surgery-Spartanburg July 30, 2014
391 Serpentine Drive, Suite 250 Spartanburg, SC 29303
864-560-6717 Fax: 864-560-7105

Page 1
Chart Document

JAMES C LIPSCOMB

Male DOB: 12/02/1969

328962

Home: (864)483-5613

Ins: UNINSURE (14)

05/08/2014 - Office Visit: F/U 3 WEEKS

Provider: Shawn A Birchenough, MD

Location of Care: Medical Group of the Carolinas - Magnolia Plastic Surgery-Spartanburg

History of Present Illness:

Patient identified using 2 approved identifiers per red rules.

Patient f/u from ALT free flap to right hand on 3/28/14. Crystal C Smith, RN (May 8, 2014 9:27 AM)

Patient calls up. He is complaining of pain. He has been to his hand therapist once, but says that his hand is very stiff and swollen still. He is asking for more pain medicines.

Allergies (verified):

No Known Drug Allergies

Physical Exam:

Extremities: Right hand and arm examined. He has minimal range of motion of the MCP and IP joints due to swelling, stiffness, and minimal therapy over the past X. weeks. He was specifically shown how to do this, and he is not doing as much at home.

Multiple staples are still left in his arm, despite S. asking him and his girlfriend is to remove these.

All wounds are healed. He has no evidence of infection, but does have quite a bit of edema still in the hand as expected.

Impression & Recommendations:

Problem # 1: OPEN WOUND OF FOREARM, COMPLICATED (ICD-881.10)

Assessed as: Improved

Patient is healed from a soft-tissue standpoint, however he has very minimal function of his hand and wrist due to the fact that he has not been doing much therapy. Therapy is a critical portion of getting any type of expected functionality back in his hand and wrist.

Patient is specifically instructed and demonstrated on how to do range of motion for the MCP and IP joints of his hand. He was also shown how to keep his wrist and how to do range of motion with this. He has good range of motion at the elbow. He understands elevating the wrist is important. We will represcribed pain medicines, but he understands that he needs a primary care physician to continue treating him for his ongoing pain as well as any other medical issues. He states he does not have one, but will try to get one.

He is to followup with hand therapy as instructed, 2 times per week at a minimum. He was specifically instructed he needs to be doing multiple sessions of range of motion at home per day.

All questions answered. Treatment plan discussed. Followup arranged.

Medical Group of the Carolinas - Magnolia Plastic Surgery-Spartanburg July 30, 2014
391 Serpentine Drive, Suite 250 Spartanburg, SC 29303
864-560-6717 Fax: 864-560-7105

Page 2
Chart Document

JAMES C LIPSCOMB

Male DOB: 12/02/1969

328962

Home: (864)483-5613

Ins: UNINSURE (14)

Orders:

Post-Op followup visit (included in surgical visit) (CPT-99024)

Medications Added to Medication List This Visit:

1) Percocet 7.5-325 Mg Tabs (Oxycodone-acetaminophen) 1 tab every 6 hours prn pain

Prescriptions:

PERCOCET 7.5-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tab every 6 hours prn pain #60 x 0

Entered by: Crystal C Smith, RN

Authorized by: Shawn A Birchenough, MD

Signed by: Crystal C Smith, RN on 05/08/2014

Method used: Print then Give to Patient

RxID: 1715161926159050

Patient Instructions:

1) Reminded not to take discontinued medication(s), and to update current medication records with other providers and pharmacists. Do not keep unneeded or expired medication(s); check with pharmacist or prescriber for recommendations on safe disposal.

Electronically Signed by Shawn A Birchenough, MD on 05/28/2014 at 11:27 AM

Medical Group of the Carolinas - Magnolia Plastic Surgery-Spartanburg July 30, 2014
391 Serpentine Drive, Suite 250 Spartanburg, SC 29303
864-560-6717 Fax: 864-560-7105

Page 1
Chart Document

JAMES C LIPSCOMB

Male DOB: 12/02/1969

328962

Home: (864)483-5613

Ins: UNINSURE (14)

06/02/2014 - Office Visit: F/U 3 WEEKS

Provider: Shawn A Birchenough, MD

Location of Care: Medical Group of the Carolinas - Magnolia Plastic Surgery-Spartanburg

History of Present Illness:

Patient identified using 2 approved identifiers per red rules.

Patient f/u from ALT free flap to right hand on 3/28/14. Crystal C Smith, RN (June 2, 2014 2:38 PM)

Patient is fully healed, and the free flap to the dorsal hand is fully healed. He has very limited range of motion. He has been going to therapy but this has not progressed much in terms of range of motion of his digits. Swelling is improved but still present in all digits. Sensation is intact on the volar side of his digits.

Allergies:

No Known Drug Allergies

Physical Exam:

Extremities: Right hand and arm examined. He has minimal range of motion of the MCP and IP joints due to swelling, stiffness, and minimal therapy over the past weeks. He was specifically shown how to do this, and he is not doing as much at home. He has recently gone to a few of his hand therapy appointments.

Multiple staples are still left in his arm, despite S. asking him and his girlfriend is to remove these. I tried to remove these in the clinic, but he complains about 2 months pain in trying to do this.

All wounds are healed. He has no evidence of infection, but does have quite a bit of edema still in the hand as expected.

Impression & Recommendations:

Problem # 1: OPEN WOUND OF FOREARM, COMPLICATED (ICD-881.10)

Assessed as: Improved

Again, very limited range of motion of the digits. The thumb is slightly improved. He is very tight at the wrist as well. He is not pushing himself in therapy, and complains of significant pain anytime I tried to passively move this hand and fingers. Small improvements only. It is then 2 months since his injury and reconstruction, and he has lost a significant amount of function in his hand.

Continue pushing therapy. Patient needs to regain range of motion in the these digits.

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Orders:

Post-Op followup visit (included in surgical visit) (CPT-99024) 190

Medical Group of the Carolinas - Magnolia Plastic Surgery-Spartanburg July 30, 2014

391 Serpentine Drive, Suite 250. Spartanburg, SC 29303

864-560-6717 Fax: 864-560-7105

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Chart Document

JAMES C LIPSCOMB

Male DOB: 12/02/1969

328962

Home: (864)483-5613

Ins: UNINSURE (14)

Prescriptions:

PERCOCET 5-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 tab 3 times daily for pain #30 x 0

Entered by: Crystal C Smith, RN

Authorized by: Shawn A Birchenough, MD

Signed by: Crystal C Smith, RN on 06/02/2014

Method used: Print then Give to Patient

RxID: 1717341240314410

Patient Instructions:

1) Reminded not to take discontinued medication(s), and to update current medication records with other providers and pharmacists. Do not keep unneeded or expired medication(s); check with pharmacist or prescriber for recommendations on safe disposal.

Electronically Signed by Shawn A Birchenough, MD on 06/30/2014 at 8:36 AM

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391 Serpentine Drive, Suite 250 Spartanburg, SC 29303
864-560-6717 Fax: 864-560-7105

Page 1
Chart Document

JAMES C LIPSCOMB

Male DOB: 12/02/1969

328962

Home: (864)483-5613

Ins: UNINSURE (14)

06/23/2014 - Office Visit: F/U 3 WEEKS

Provider: Shawn A Birchenough, MD

Location of Care: Medical Group of the Carolinas - Magnolia Plastic Surgery-Spartanburg

History of Present Illness:

Patient identified using 2 approved identifiers per red rules.

Patient f/u from ALT free flap to right hand on 3/28/14. Crystal C Smith, RN (June 23, 2014 2:07 PM)

Patient feels he has made some improvements, although still fairly limited range of motion but does digits. He has gone to a few more hand therapy sessions.

Allergies (verified):

No Known Drug Allergies

Physical Exam:

Extremities: Right hand examined. Flap on the dorsal and has decreased in thickness, but is still a little bulky. No open wounds. Forearm has filled in, but skin grafts are still there in the scar tissue is softening.

Fingers are still swollen, and likely due to the fact that he had circumferential injury to the entire forearm.

He has minimal flexion of the MCP and IP joints of all 4 digits. Thumb is a little better in terms of range of motion. Still only 20-25% function in these digits at most. Passive flexion is difficult continues to complain of pain when these are attempted to be flexed down, despite him understanding that he needs to do this to regain function of his hand.

No open wounds. He still has staples that are buried in his forearm, he will not allow me to take it out because of the pain.

Impression & Recommendations:

Problem # 1: OPEN WOUND OF FOREARM, COMPLICATED (ICD-881.10)

Assessed as: Unchanged

Continue therapy. He needs to get improved range of motion. This will require some pain in his part and he needs to do this every day, despite having therapy once or twice a week. I do not think that he is doing his therapy regularly at home., as therapy is the most critical portion of this, he has lost significant function in the hand due to nonuse, and partial due to scar in extensors.

Debulking of the flap will require eventually. In that time, he could try to release some of the extensor tendons it does appear to be preventing him from fully flexing. I have shown him what he needs to be doing on a regular basis, 2-3 times a day passively flexing his fingers down to increase the range of motion, as well as actively. He still has residual edema from the circumferential injury of his entire forearm and that will prevent range of motion in the digits of the hand.

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Page 2
Chart Document

JAMES C LIPSCOMB

Male DOB: 12/02/1969

328962

Home: (864)483-5613

Ins: UNINSURE (14)

Questions answered. Treatment plan discussed. Followup arranged. Continue therapy.,

Orders:

Post-Op followup visit (included in surgical visit) (CPT-99024)

Patient Instructions:

1) Reminded not to take discontinued medication(s), and to update current medication records with other providers and pharmacists. Do not keep unneeded or expired medication(s); check with pharmacist or prescriber for recommendations on safe disposal.

Electronically Signed by Shawn A Birchenough,MD on 06/30/2014 at 8:40 AM

Jul. 23. 2014 10:20AM GRADY ORTHOPAEDICS 864-582-2117

No. 4873 P. 3

Medical Group of the Carolinas - Orthopaedic Trauma Services

480 Floyd Road Suite A Spartanburg, SC 29307-1518
864-582-2188 Fax: 864-582-2117

July 23, 2014

Page 1

Chart Document

JAMES C LIPSCOMB

Male DOB: 12/02/1969

328962

Home: (864)483-5613

Ins: UNINSURE (14)

05/06/2014 - Internal Other: Appointment No Show

Provider: John Scott Broderick, MD

Location of Care: Medical Group of the Carolinas - Orthopaedic Trauma Services

Appointment status changed to no show by
LinkLogic on 05/06/2014 2:48 PM.

No Show Comments

NP/PO/RT ARM (WC HAS DENIED CLAIM, THEY ARE NOT RESPONS FOR ANY BILLS!)

Appointment Information

Appt Type: POP

Date: Tuesday, May 6, 2014

Time: 10:30 AM for 15 min

Urgency: Routine

Made By: Karen L Harling

To Visit: BROJO

Reason: NP/PO/RT ARM (WC HAS DENIED CLAIM, THEY ARE NOT RESPONS FOR ANY BILLS!)

Appt Comments

-- 5/6/14 14:48: (H33223) NO SHOW --

NP/PO/RT ARM (WC HAS DENIED CLAIM, THEY ARE NOT RESPONS FOR ANY BILLS!)

CUST:10466:MSR:00031125289:GUAR:000000000000:

:RL:Y:AUTH:

NP/PO/RT ARM (WC HAS DENIED CLAIM, THEY ARE NOT

Filed automatically (without signature) on 05/06/2014 at 2:48 PM



SPARTANBURG
Regional Healthcare System

SRMC

MD ORDER TIME		#1	#2	#3	Reasons for Plain Films: (1)		(2)		
B L O O D	CBC with Auto Diff man	☐	ETOH	☐	☐ SYMPTOM SPECIFIC PATHWAY USED	CXR:	pa/lal	port	☐
	BMP ☐ CMP ☐	☐	ASA	☐	OTHER ORDERS	Abd:	2 view	KUB	☐
	Total CPK	☐	Tylenol	☐		C-spine	x-table lateral	☐	
	Lipase / Amylase	☐	Digoxin	☐		portable	6 view	☐	
U R I N E	PT / PTT	☐	Lithium	☐	1. ☐	Neck for soft tissue	☐		☐
	BHCG: quant	☐	Phenobarb	☐	2. ☐	T-spine	☐		☐
	Group RH	☐	Dilantin	☐	3. ☐	L-spine	x-table lateral	☐	
	T & S	☐	Depakote	☐	4. ☐	portable	3 view	☐	
I S T A T	T & C: 1 2 3 4 5	☐	Tegretol	☐	5. ☐	Shoulder	L	R	☐
	Culture: 1 2	☐	GC/Chlamydia	☐	6. ☐	Humerus	L	R	☐
	LFTs	☐	Wei Prep	☐	7. ☐	Elbow	L	R	☐
	D-dimer	☐	EKG	☐	EC URINE DIP ☐	Forearm	L	R	☐
I S T A T	CK / MB / Troponin 1 2 3	☐	ABG	☐	U A cc cath ☒	Wrist	L	R	☐
	CHF - BNP	☐	Rapid Strep	☐	C & S ☐	Hand	L	R	☐
	CHEM 6, LYTES/CR/SUN	☐	HHN	☐	UCG / EC / LAB ☐	Finger #	L	R	☐
					UDS ☐				

DIAGNOSTICS		Pelvis	portable	☐
CT Head	Doppler vn art. L R E	Hip	L R	☐
CT Chest for P E	US Abdomen	Femur	L R	☐
CT Abd/Renal for Stones	US Pelvic (Order Quant HCG if pregnant)	Knee	L R	☐
CT Abd with/without contrast	US Gallbladder	Tib/Fib	L R	☐
CT Pelvis with/without contrast	Other: <i>SCROTAL ULTRASOUND</i>	Ankle	L R	☐
Reason for above diagnostic exam: <i>R/O Torsion</i>		Foot	L R	☐
NOTE: The above ordered diagnostics cannot be ordered without reason stated.		Toe	L R	☐

☐ Template	Assessment	☐ Dictated		Consultant	1 st	2 nd
				1.		
				2 ST STAFF ALERT:		
			Time Ordered:	MEDS & INTERVENTION	NURSE/TECH	TIME
	(D) Testicle Pain			Ex. Abx		
	Epididymitis					

Dx:	Admit MD:	Bed:

ED Physician: <i>Dr. Lawrence</i>	Resident / NP / PA:	Consultant / PMD:

ACCOUNT NO.	ADMISSION DATE / TIME	FC	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	ARRIVAL	PAT. TYPE	BY	UNIT NUMBER
S 0734300276	12/09/07 2047	SP	12/02/69	38Y	M	2	M	EME	3	ER	BSC	000-36448

A C C I D E N T	INSURANCE 1: SELF PAY UNINSURED INSURANCE	INSURANCE 2:	INSURANCE 3:	INSURANCE 4:
	ADMITTING DOCTOR PHYSICIANS,ED	ATTENDING DOCTOR PHYSICIANS,ED	ACCIDENT/WORK RELATED NO	ACCIDENT DATE/TIME ADM. TYPE / SOURCE 1 7

PATIENT INFORMATION LIPSCOMB, JAMES CHRIST 108A PADGETT COURT	SOC. SEC. NO. 251-01-0801 TELEPHONE NO. (864)473-7615	PATIENT EMPLOYER HASTE 195 TELEPHONE NO.	

41

Male Genitourinary Problems

DATE: 12/9 TIME: 10³⁰ pm ROOM: 60 EMS Arrival

HISTORIAN: patient paramedic translator other

AGE 38

History limited by

HPI

chief complaint: penile discharge dysuria
testicular pain urinary retention
blood in urine foley catheter problem

Unilateral testicle swelling / post-catheter 3 days ago
pain; ↑ size / swelling; No pain
desires diagnosis

duration / started: 3d ago

Timing:

continues in E.D.
gone now better
intermittent
worse

context: drug use lifting trauma recent surgery

after sexual activity

severity: mild moderate severe

pain level: current /10 max /10

current symptoms:

problems urinating

QUALITY: burning urgency pain hesitancy frequency small amounts

SEVERITY: unable to urinate (last urinated:)

blood in urine / ejaculate

discharge from penis

yellow clear thick thin

pain / swelling in testicle (R/L)

penile pain / swelling

unable to retract / replace foreskin

inguinal mass

flank pain (R/L)

abdominal pain

Sexual History non-contributory homosexual

unprotected intercourse

known exposure to STD

Similar symptoms previously

Recently seen / treated by doctor

Treatment / Rx

☐ Agree w/ nurse's note for PFSH / ROS

ROS

☐ ROS below otherwise negative

CONST

fever

chills

GI

diarrhea

black / bloody stools

nausea

vomiting

NEURO / EYES / ENT

headache

sore throat

blurred vision

CVS / PULMONARY

cough

trouble breathing

chest pain

SKIN / LYMPH / MS

skin rash

joint pain

swollen glands

PAST HISTORY

☐ Tetanus UTD

prior records reviewed:

epididymitis

bladder / kidney infection

prostate infection

enlarged prostate

prostate cancer

kidney stone(s)

other

high blood pressure

diabetes

insulin oral meds diet

heart disease

ASCVD MI angina CHF

HTN

Surgeries / Procedures: none

appendectomy

TURP

lithotripsy

ureteral / renal stent

cholecystectomy

cardiac bypass

colectomy

① test. surg. ? Varicocele vs tumor

Medications none see list - confirmed

acetaminophen

Alo. fam. doctor

last BP rec'd ~ 6 months ago

Allergies NKDA

see list - confirmed

SOCIAL HISTORY

nonsmoker

drugs weed

alcohol (recent / heavy / occasional) beer daily

lives alone lives in nursing home lives at home

occupation stock room

FAMILY HISTORY

kidney stones

HTN

DM

734300275 000-364487

IPSCOMB, JAMES CHRISTOPHER DOB 12/0

ADM: PHYSICIANS, ED

ADM DATE/TIME: 12/09/07/2047



PHYSICAL EXAM

☐ Agree w/ vital signs Other 99³ 107 20 ()
 Pulse Ox time 98 % RA O₂ L/min
 Interpretation: normal abnormal Dx

Exam limited by
CONSTITUTIONAL

☒ no acute distress mild / moderate / severe distress

HEENT

☒ homocephalic, scleral icterus / pale conjunctivae

☒ a traumatic pharyngeal erythema

☒ PERRL post-surgical pupillary defect (R/L)

☒ ENT nml inspection TM obscured by cerumen (R/L)

☒ NECK abnml TM / hearing deficit

☒ nml inspection thyromegaly

☒ RESPIRATORY lymphadenopathy

☒ no resp. distress wheezing

☒ breath sounds nml rales

☒ CVS tachycardia / bradycardia / murmur

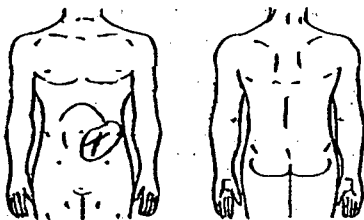
☒ reg. rate & rhythm decreased pulse(s)

☒ heart sounds nml

☒ BACK CVA tenderness (R/L)

☒ normal inspection

T=tenderness
R=rebound
m=mild
mod=moderate
sv=severe
Example: Tsv
indicates severe
tenderness.

**GI ABDOMEN**

☒ non-tender tenderness

☒ no organomegaly guarding / rebound

☒ abnormal bowel sounds

☒ hepatomegaly / splenomegaly / mass

☒ discended bladder

☒ urothral discharge

☒ genital tenderness (R/L)

☒ epididymal

☒ circumcised / uncircumcised

☒ scrotal swelling (R/L)

☒ hernia mass (R/L)

☒ examined while standing

☒ herpes-like lesion(s)

☒ inguinal lymphadenopathy

☒ hydrocele

Cremasteric Reflexes

RIGHT- absent weak strong LEFT- absent weak strong

RECTAL

☒ non-tender black / bloody / heme pos. stool

☒ stool nml color prostate tenderness

☒ heme neg stool prostate enlarged / nodule

☒ SKIN cyanosis / diaphoresis / pallor

☒ color nml, no rash skin rash

☒ warm, dry

MUSCULOSKELETAL / EXTREMITIES

☒ non-tender pedal edema

☒ normal ROM calf tenderness

☒ no pedal edema

NEURO

☒ awake and alert lethargic

☒ oriented x3 disoriented to person / place / time

☒ CN's nml as tested facial droop / EOM palsy / anisocoria

☒ no motor / sensory deficit weakness / sensory loss

PSYCH

☒ mood / affect nml depressed affect

☒ Male Genitourinary-41 anxious

LABS and XRAYs:

CBC normal Chemistries CO2 UA
 nml except normal Gluc normal
 WBC nml except BUN nml except
 Hgb Na Creat dip:
 Hct K Ca
 Platelets Cl

XRAYs KUB upright abdomen / chest # of views
 nml bowel gas free air
 no mass seen mass effect / splenomegaly / hepatomegaly
 no organomegaly calcification
 normal lungs air-fluid levels suggest mechanical obstruction
 NAD small bowel / large bowel
 pleural effusion

PRIOR XRAY- unchanged unavail. changed:

☐ Interp contemporaneously by me ☐ discussed w/ Radiologist

☐ Interp by Radiologist ☐ personally reviewed by me

IVP nml delayed visualization (L/R)

stone (mm) L/R proximal / mid / distal ureter UNJ UPJ

obstruction mild / moderate / total

L/R proximal / mid / distal ureter UNJ UPJ

TESTICULAR SCAN nml increased / decreased flow

AD T-PRC-100

DOPPLER ULTRASOUND nml

ED COURSE:

Time re-examined unchanged improved

Testate-4/5

Patient examined by Dr. Sarsbury

Agree with diagnosis with patient

Crit Care- min (excluding separately billable procedures)

Discussed with Dr. Time

patient will be seen in: office / ED / hospital

Counseled patient / family regarding Rx given

lab results diagnosis need for follow-up Prior records ordered

☐ EMTALA EMC present ☐ EMTALA EMC absent

☐ Stable for discharge / out patient follow up

CLINICAL IMPRESSION:

Urethritis / Gonorrhea - acute Testicular Torsion- acute

Urinary Retention- acute Epididymitis- acute

Follow up with Dr.

DISPOSITION- ☐ discharge ☐ admit ☐ transfer

Time placed in obs. (See obs template) ☐ Left AMA

CONDITION- ☐ unchanged ☐ improved ☐ stable

☐ stable unless otherwise marked

ARNP / PA David J. Viles, DO. PGY-1

PHYSICIAN- Andy Sarsbury, MD

PHYSICIAN- Time

☐ T Complete ☐ T Sheet Add-On ☐ Copy PMD ☐ Dictated

734300275 000-384487
 IPScomb.JAMES CHRISTOPHER DOB 12/0
 ADM: PHYSICIANS,ED
 ADM DATE/TIME: 12/09/07/2047



Spartanburg Regional Healthcare System Emergency Center
101 E. Wood St., Spartanburg, SC 29303
(864)560-5400

Prescriptions Received: Doxycycline 100mg capsule, Ibuprofen 800mg, Lisinopril-HCTZ 10-12.5mg

Discharge Instructions Received: EPIDIDYMITIS

Drug Instructions Received:

Referral:

Stresing, Al - (864) 585-8221 in 1 days

Important Note: Unless prior arrangements are made, the Referral Doctor does not take walk-in appointments. You are asked to call for an appointment.

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

Keep scrotum elevated for swelling and pain. Call the urology office listed above tomorrow to set up a follow up appointment.

Date/Time: 12/10/2007 00:44 Treating MD: Sansbury, Andy

Patient Signature: _____

Account Number: 0734300275

Medical Record Number: 000364487

I have explained the instructions and have given a copy to the patient.

Nurse's Signature: _____

Date: _____

12/10/07

Spartanburg Regional Healthcare System 101 E. Wood St.	Emergency Center (864)560-5400 Assessment Sheet	MR # 000364487	Sex: Male	DOB: 12/02/1969
		Name: Lipscomb, James C Phone: (864)473-7615 Address: 106A PADGETT COURT, WELLFORD, SC 29385 Unit Code: 10106 Account # 0734300275 Age: 38		

Complaint: L testicle pain/swelling Arrival Time/Date: 20:14 12/09/2007 Arrived by: Mobility: Primary Care: Unassigned, Accompanied By:	Triage Class: Class 3 Insurance: --None Amb/Helicopter: Referring Facility: Emergency Physician: Samsbury, Andy

Vital Signs						Pain		Pulse Ox.		Pupils			Glasgow Coma	
Initials	Time	Temp	Blood Pressure	Pulse	Resp	Time	Scale	Time	%	Time	L(mm)	R(mm)	Time	Score
SW	20:26	99.3 O	192/123	107	20	22:12	4/10	20:26	98					
DG	22:52		203/117	95	18	01:03	1/10	01:03	99					
DG	23:37		197/117	90	18									
DG	00:18		173/105		18									
DG	01:03		168/101	70	18									

Presenting Medications

Medication	Dosage	Freq	Medication	Dosage	Freq

Allergy

Allergy	Allergic Reaction
*No Known Allergies	

Triage Nurse: Miller, RN, BSN, Lewis T

Past Medical Hx: Hypertension, Hypertension
 Tetanus History:
 Social History: Smoker - 1 ppd, EtOH use - daily, Drug use - marijuana
 Weights:
 LMP Date:

Disposition Information

Primary Diagnosis: Epididymitis

Secondary Diagnosis: Scrotal pain

Disposition: Disch - Home

Dispositioned By: Douglas Wiley MD

Report Called By:

Prescriptions: Doxycycline 100mg capsule, Ibuprofen 800mg, Lisinopril-HCTZ 10-12.5mg, Lortab 5mg/APAP 500mg 5mg tab

Discharge Instructions: EPIDIDYMITIS

Disability Statement:

Follow-up Care: Stressing, Al

Discharge Time: 01:03 12/10/2007

Family Notification:

Report Given To:

Appt Date/Time:

Discharged By: Debbie Gooch, RN

Initials Name

Initials Name

Spartanburg Regional Healthcare System 101 E. Wood St.	Emergency Center (864)560-5400 Assessment Sheet	MR # 000364487 Sex: Male DOB: 12/02/1969 Name: Lipscomb, James C Phone: (864)473-7615 Address: 106A PADGETT COURT, WELLFORD, SC 29385 Unit Code: 10106 Account # 0734300273 Age: 38

Triage/Initial Assessment 20:28 12/09/2007 - Initial Triage Info -- Lewis Miller, RN, BSN Chief Complaint: L testicle pain/swelling Initial Triage Acuity: Class 3 Note: Pt reports to the EC c/o L testicle pain and swelling. pt reports pain after sex c swelling noted. pt reports that swelling decreased as he noticed hardened area on testicle 20:30 12/09/2007 - Allergy Information -- Lewis Miller, RN, BSN Allergy: No Known Allergies 20:30 12/09/2007 - Past Medical History -- Lewis Miller, RN, BSN Medical history: Hypertension Assessment 20:14 12/09/2007 - Registration Information -- Karisha Littlejohn First Name: James Last Name: Lipscomb Arrival Time: 12/09/2007 20:14 Chief Complaint: TI Date of Birth: 12/02/1969 Sex: M 20:26 12/09/2007 - Oximetry -- Summer Whitaker EST Pulse Oximetry %: 98 20:26 12/09/2007 - Vital Signs -- Summer Whitaker EST Temp: 99.3 Oral BP: 192/123, Automatic, Sitting, Left Arm, large cuff HR: 107 Resp: 20 20:29 12/09/2007 - Initial Triage Info -- Lewis Miller, RN, BSN Initial Triage Acuity: Class 3 22:07 12/09/2007 - Primary Survey -- Debbie Gooch, RN Airway: INTACT Breathing: PRESENT, no labored respirations noted, symmetrical chest movement, trachea midline Circulation: adequate, skin warm and dry Cap refill: brisk Disabilities: alert, oriented X3 22:07 12/09/2007 - Secondary Survey -- Debbie Gooch, RN Exposure: Warm blankets applied, Hospital gown provided Family: Family at bedside, Plan of Care discussed w family Gadgets: Call bell at bedside, Use of call bell explained to pt/family Head to Toe Assessment: See Focused Survey 22:08 12/09/2007 - Allergy Information -- Debbie Gooch, RN Allergy: No Known Allergies 22:08 12/09/2007 - Home Medications -- Debbie Gooch, RN Note: b/p med - pt states "I don't take it and don't know what it is." 22:10 12/09/2007 - Past Medical History -- Debbie Gooch, RN Medical history: Hypertension Social history: Smoker - 1 ppd, Eth use - daily, Drug use - marijuana Note: surg done to left testicle - 3 or 4 yrs ago by Dr. Walton pt states "I had to remove something loose and they repaired it." 22:12 12/09/2007 - Genitourinary -- Debbie Gooch, RN History: patient Quality: achy, sharp, moderate Onset: within last several days Symptom: testicle pain, testicle swelling Note: left testicle pain with edema. pt denies any change in color of urine - no change in freq of urination or burning sensation. 22:12 12/09/2007 - Pain Assessment -- Debbie Gooch, RN Severity Score: 4/10 Duration: 3, days Quality/Frequency: Achy, Intermittent Objective Pain Assessment: Calm, Painful to touch Pain Scale Used: Numeric Scale Currently In Pain: Yes Did pain effect daily activities: Yes Pt given info on pain severity: Yes Pt understands severity scale: Yes	22:13 12/09/2007 - Change Nurse -- Debbie Gooch, RN Primary Nurse: Gooch, RN, Debbie H Secondary Nurse: Responsible Nurse: Gooch, RN, Debbie H 22:23 12/09/2007 - Providers -- Douglas Wiley MD, DO Physician 1: Wiley MD, Douglas L - Resident 22:31 12/09/2007 - Reassessment -- Debbie Gooch, RN Other Assessment: Physician with patient 22:52 12/09/2007 - Vital Signs -- Debbie Gooch, RN BP: 203/117, Automatic, Lying, Right Arm, large cuff HR: 95 Resp: 18 22:52 12/09/2007 - Reassessment -- Debbie Gooch, RN Note: MD made aware of b/p 22:59 12/09/2007 - Reassessment -- Debbie Gooch, RN Note: pt made aware of need for US and need for ur spec 23:05 12/09/2007 - Reassessment -- Debbie Gooch, RN Note: ua to lab 23:06 12/09/2007 - Reassessment -- Debbie Gooch, RN Note: pt to US 23:33 12/09/2007 - Final Order Results -- HIS# Type of Order: LAB Filer Number: 07343238359 Placer Number: 07343238359 Note: Procedure: URINALYSIS - CHEM Procedure Notes: mc 60 Result: <table style="width: 100%; border-collapse: collapse;"> <tr> <td>UCOLOR</td> <td>Yellow</td> <td>Pale Straw, Straw, Yellow</td> </tr> <tr> <td>UAPPEAR</td> <td>Clear</td> <td>Clear, Slightly Hazy N</td> </tr> <tr> <td>USPGRV</td> <td>1.023</td> <td>1.005-1.030 N</td> </tr> <tr> <td>UPH</td> <td>6.0</td> <td>5.0-8.0 N</td> </tr> <tr> <td>UPROTEIN</td> <td>30</td> <td>Negative A</td> </tr> <tr> <td>UGLUCOSE</td> <td>Negative</td> <td>Negative N</td> </tr> <tr> <td>UKETONES</td> <td>Negative</td> <td>Negative N</td> </tr> <tr> <td>UBILI</td> <td>Negative</td> <td>Negative N</td> </tr> <tr> <td>UBLOOD</td> <td>Negative</td> <td>Negative N</td> </tr> <tr> <td>UIFIK</td> <td>Negative</td> <td>Negative N</td> </tr> <tr> <td>UNIT</td> <td>Negative</td> <td>Negative N</td> </tr> <tr> <td>UOBIL</td> <td>2.0</td> <td>EU/dL</td> </tr> </table> 23:33 12/09/2007 - Final Order Results -- HIS# Type of Order: LAB Filer Number: 07343238360 Placer Number: 07343238360 Note: Procedure: URINALYSIS - MICROSCOPIC Procedure Notes: mc 60 Result: <table style="width: 100%; border-collapse: collapse;"> <tr> <td>IMWC</td> <td><1/HPF /hpf</td> <td>0-8 N</td> </tr> <tr> <td>URBC</td> <td><1/HPF /hpf</td> <td>0-3 N</td> </tr> <tr> <td>USQEP</td> <td><1/HPF /hpf</td> <td></td> </tr> <tr> <td>UBACTERIA</td> <td>None seen</td> <td></td> </tr> <tr> <td>UMUCUS</td> <td>Rare /hpf</td> <td></td> </tr> </table> 23:35 12/09/2007 - Reassessment -- Debbie Gooch, RN Note: returned from US 23:37 12/09/2007 - Vital Signs -- Debbie Gooch, RN BP: 187/117, Automatic, Sitting, Right Arm, large cuff HR: 90 Resp: 18 23:38 12/09/2007 - Providers -- Debbie Gooch, RN Physician 1: Wiley MD, Douglas L - Resident 23:38 12/09/2007 - Reassessment -- Debbie Gooch, RN Note: Dr. Wiley made aware of pt b/p 00:18 12/10/2007 - Vital Signs -- Debbie Gooch, RN BP: 173/105 Resp: 18 00:18 12/10/2007 - Reassessment -- Debbie Gooch, RN Other Assessment: Family at bedside 00:28 12/10/2007 - Discharge Diagnosis -- Douglas Wiley MD, DO	UCOLOR	Yellow	Pale Straw, Straw, Yellow	UAPPEAR	Clear	Clear, Slightly Hazy N	USPGRV	1.023	1.005-1.030 N	UPH	6.0	5.0-8.0 N	UPROTEIN	30	Negative A	UGLUCOSE	Negative	Negative N	UKETONES	Negative	Negative N	UBILI	Negative	Negative N	UBLOOD	Negative	Negative N	UIFIK	Negative	Negative N	UNIT	Negative	Negative N	UOBIL	2.0	EU/dL	IMWC	<1/HPF /hpf	0-8 N	URBC	<1/HPF /hpf	0-3 N	USQEP	<1/HPF /hpf		UBACTERIA	None seen		UMUCUS	Rare /hpf	
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**Spartanburg Regional
Healthcare System**
101 E. Wood St.

Emergency Center
(864)560-5400
Assessment Sheet

MR # 000364487

Sex: Male

DOB: 12/02/1969

Name: Lipscomb, James C

Phone: (864)473-7615

Address: 106A PADGETT COURT, WELLFORD, SC 29385

Unit Code: 10106

Account # 0734300275 Age: 38

Primary: Epididymitis

Secondary: Scrotal pain

00:34 12/10/2007 - Providers -- Andy Sansbury, MD

Physician 1: Wiley MD, Douglas L - Resident

00:34 12/10/2007 - Providers -- Andy Sansbury, MD

Physician 1: Wiley MD, Douglas L - Resident

00:42 12/10/2007 - Custom Prescriptions -- Douglas Wiley MD, DO

Medication: Doxycycline

Strength: 100

Unit: mg

Form: capsule

Sig 1: take 1 po BID times 7 days

Dispense: 14

00:42 12/10/2007 - Custom Prescriptions -- Douglas Wiley MD, DO

Medication: Ibuprofen

Strength: 800

Unit: mg

Sig 1: 1 tab PO 2-3 times daily prn pain

Dispense: 30

00:42 12/10/2007 - Ref/App -- Douglas Wiley MD, DO

Appointment with: Stresing, Al

Phone: (864) 565-8221

Follow up in: 1 days

00:42 12/10/2007 - Custom Prescriptions -- Douglas Wiley MD, DO

Medication: Lisinopril HCTZ

Strength: 10-12.5

Unit: mg

Sig 1: 1 tab PO daily

Dispense: 30

00:43 12/10/2007 - Return to work/school -- Douglas Wiley MD, DO

Return Date: 12/11/2007

00:44 12/10/2007 - Discharge Note -- Douglas Wiley MD, DO

Note: Keep scrotum elevated for swelling and pain. Call the urology office listed above tomorrow to set up a follow up appointment.

00:46 12/10/2007 - Custom Prescriptions -- Douglas Wiley MD, DO

Medication: Lorab 5mg/APAP 500mg

Strength: 5

Unit: mg

Form: tab

Sig 1: 1 tab po every 4 to 6 hours prn pain

Dispense: #10 (Ten)

00:50 12/10/2007 - Discharge Condition -- Rachael McDowell

Acuity: Class 3

Condition: stable

Mobility at Discharge: Wheelchair

Patient Teaching: Written dx instructions reviewed w/ pt, Pt voiced understanding of plan of care, Follow-up plan of care reviewed w/ pt

Mode of Discharge: Private Vehicle

Note: Pt discharged by Gooch, Primary RN

01:03 12/10/2007 - Pain Assessment -- Debbie Gooch, RN

Severity Score: 1/10 - mild

01:03 12/10/2007 - Oxymetry -- Debbie Gooch, RN

Pulse Oximetry %: 99

01:03 12/10/2007 - Vital Signs -- Debbie Gooch, RN

BP: 168/101

HR: 70

Resp: 18

01:11 12/10/2007 - Registration Information -- REG\$

Last Name: Lipscomb

Date of Birth: 19691202

Medical Record Number: 000364487

Social Security Number: 251-61-0801

Account Number: 0734300275

Financial Class: Self pay

Insurance Class: --None

Ethnicity: Black

Zip Code: 29385

EmSTAT Report of Home Medications, Medications Given and Medications Prescribed Spartanburg Regional Healthcare System 101 E. Wood St. Spartanburg, SC 29303 Emergency Department (864)560-5400		Name: Lipscomb, James MR #: 000364487 DOB: 02-Dec-1969 Chief Complaint: L testicle pain/swelling Prim Diagnosis: Epididymitis ED Physician: Sansbury, Andy. PCP:		Sex: M Account #: 0734300275 Age: 38 Weight:

Allergies:

*No Known Allergies

Home Medications

Recorded by Debbie Gooch, RN - 12/09/2007 22:08

Medication/Dose/Route/Frequency	Last Dose	Disposition	PCP Contacted

Note: b/p med - pt states "I don't take it and don't know what it is..."

Medications Given in ED

No Medications Given

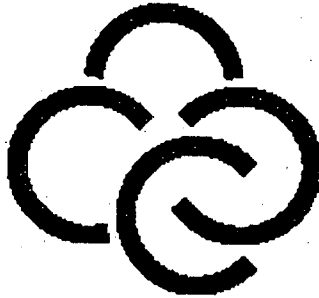
Medications Prescribed by ED Physician

Medication Name/Dose/Route	Time Prescribed	Prescribed By
Doxycycline 100mg Form: capsule Sig: take 1 po BID times 7 days Dispense: 14	12/10/2007 00:42	Douglas Wiley MD, DO
Ibuprofen 800mg Sig: 1 tab PO 2-3 times daily prn pain Dispense: 30	12/10/2007 00:42	Douglas Wiley MD, DO
Lisinopril-HCTZ 10-12.5mg Sig: 1 tab PO daily Dispense: 30	12/10/2007 00:42	Douglas Wiley MD, DO
Lortab 5mg/APAP 500mg 5mg Form: tab Sig: 1 tab po every 4 to 6 hours prn pain Dispense: #10 (Ten)	12/10/2007 00:46	Douglas Wiley MD, DO

384 Medications Reconciled by
 Printed By: Cold Feed
 Verified By:

202 PCP/EDMD (circle one)

Date/Time:



INNOVATIVE FIBERS SUBSTANCE ABUSE POLICY STATEMENT

INNOVATIVE FIBERS is committed to providing a safe work environment and to fostering the well-being and health of its employees. That commitment is jeopardized when any **INNOVATIVE FIBERS** employee illegally uses drugs on or off the job, comes to work under their influence, possesses, distributes or sells drugs in the workplace, or abuses alcohol on the job. Therefore, under authority of South Carolina Law Section 38-73-500 and 41-1-15, **INNOVATIVE FIBERS** has established the following policy:

1. It is a violation of company policy for any employee to use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on or off the job.
2. It is a violation of company policy for any employee to report to work under the influence of or while possessing in his or her body, blood, or urine illegal drugs in any detectable amount.
3. It is a violation of company policy for any employee to report to work under the influence of, or impaired by alcohol.
4. It is a violation of the company policy for any employee to use prescription drugs illegally, i.e., to use prescription drugs that have not been legally obtained or in a manner or for a purpose other than as prescribed. (However, nothing in this policy precludes the appropriate use of legally prescribed medications.)
5. Violations of this policy are subject to disciplinary action up to and including termination.
6. This company is in agreement with the Federal Government that marijuana is a controlled substance and will not recognize medical marijuana as a legitimate prescription and will not condone recreational use of marijuana as a conduct of its' employees. If an employee has a positive test result for marijuana they will be treated the same as any other employee with a positive test result even if they have a medical marijuana prescription or are recreational users.

Copies of this policy are available in the personnel office

7. EMPLOYEE ASSISTANCE PROGRAM

INNOVATIVE FIBERS offers an Employee Assistance Program (EAP) benefit for employees and their dependents. The EAP provides confidential assessment, referral and short-term counseling for employees who need or request it. If an EAP referral to a treatment provider outside the EAP is necessary, costs may be covered by the employee's medical insurance, but the cost of such outside services are the employee's responsibility. Confidentiality is assured. NO information regarding the nature of the personal problem will be made available to supervisors nor will it be included in the permanent personnel file.

Participation in the EAP will not affect an employee's career advancement or employment, nor will it protect an employee from disciplinary action if substandard job performance continues. The EAP is a process used in conjunction with discipline; it is not a substitute for discipline.

The EAP can be accessed by an employee through self-referral or through referral by a supervisor.

8. GENERAL PROCEDURES

An employee reporting to work visibly impaired will be deemed unable to properly perform required duties and will not be allowed to work. If possible, the employee's supervisor will first seek another supervisor's opinion to confirm the employee's status. Next, the supervisor and/or a member of the HR Department or Safety Department and/or other qualified supervisor will consult privately with the employee to determine the cause of the observation, including whether substance abuse has occurred. If, in the opinion of the supervisor, the employee is considered impaired, the employee will be sent home or to a medical facility by taxi or other safe transportation alternative - depending on the determination of the observed impairment - and accompanied by the supervisor or another employee if necessary. A drug test may be in order. An impaired employee will not be allowed to drive. If an impaired employee insists on driving while under the influence, law enforcement will be notified.

9. OPPORTUNITY TO CONTEST OR EXPLAIN TEST RESULTS

Employees and job applicants who have a positive confirmed test result will be given the option of a 2nd test on the same specimen provided, that specimen will be sent to a laboratory and retested and read by an MRO. Refusal to submit to a drug test constitutes insubordination and will result in termination.

10. CONFIDENTIALITY

The confidentiality of any information received by the company through a substance abuse testing program shall be maintained, except as otherwise provided by law.

11. PRE-EMPLOYMENT/POST OFFER DRUG TESTING

All job applicants at this company will undergo testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be denied employment. Applicants will be required to submit voluntarily to a specimen test and by signing a consent agreement will release this company from liability.

If the company has reasonable suspicion to believe that the job-applicant has tampered with the specimen, the applicant will not be considered for employment.

This company will not discriminate against applicants for employment because of a past history of drug abuse. It is the *current* abuse of drugs, preventing employees from performing their job properly, that this company will not tolerate.

Individuals who have failed a pre-employment test may initiate another inquiry with the company after a period of not shorter than six (6) months; but they must present themselves drug-free as demonstrated by urinalysis or other specimen test selected by this company.

12. EMPLOYEE TESTING

This company has adopted testing practices to identify employees who use illegal drugs on or off the job or who abuse alcohol on the job. It shall be a condition of employment for all employees to submit to substance abuse testing under the following circumstances:

A. When there is reasonable suspicion to believe that an employee is using illegal drugs or abusing alcohol. "Reasonable suspicion" is based on a belief that an employee is using or has used drugs or alcohol in violation of the company's policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon, but not limited to, the following:

1. Observable phenomena while at work such as direct observation of substance abuse or of the physical symptoms or manifestations of being impaired due to substance abuse;
 2. Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance;
 3. A report of substance abuse provided by a reliable and credible source;
 4. Evidence that an individual has tampered with any substance abuse test during his or her employment with the current employer;
 5. Information that an employee has caused or contributed to an accident while at work; or
 6. Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer's premises or while operating the employer's vehicle, machinery, or equipment.
- B. When employees have caused or contributed to an on-the-job injury that resulted in a loss of worktime, which means any period of time during which an employee stops performing the normal duties of employment and leaves the place of employment to seek care from a licensed medical provider. The company may also require a substance abuse test if an employee is involved in on-the-job accidents where personal injury or damage to company property occurs.
- C. As part of a follow-up program to treatment for drug abuse when an employee has *involuntarily* entered a rehabilitation program because of a positive confirmed test result. The frequency of such testing shall be a minimum of at least once a year for a two year period after completion of the rehabilitation program. Advance notice of testing shall not be given to the employee.
- D. When a substance abuse test is conducted as part of a routinely scheduled employee fitness-for-duty medical examination that is part of the company's established policy or that is scheduled routinely for all members of an employment classification or group.
- E. Random testing is conducted without individualized suspicion of a violation of the company's substance abuse policy. Selection is made by neutral criteria so that all employees eligible for testing have an equal opportunity of being tested. If a substance abuse test is positive, the employee will be given the option of a second test within thirty minutes of the first test.

If the company has reasonable suspicion to believe that an employee has tampered with the specimen, the employee is subject to disciplinary action up to and including termination.

12. ALCOHOL ABUSE

The consumption or possession of alcoholic beverages on this company's premises is prohibited. (Company sponsored activities which may include the serving of alcoholic beverages are not included in this provision.) An employee whose normal faculties are impaired due to the consumption of alcoholic beverages, or whose blood alcohol level tests .04 or higher while on duty/company business shall be guilty of misconduct, and shall be subject to discipline up to and including termination. Failure to submit to a required substance abuse test is misconduct and shall be subject to termination.

It is the responsibility of the company's supervisors to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug or alcohol problem. Although it is not the supervisor's job to diagnose personal problems, the supervisor should encourage such employees to seek help and advise them about available resources for getting help. Everyone shares responsibility for maintaining a safe work environment, and co-workers should encourage anyone who has a drug problem to seek help.

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The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive, and drug-free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs, and the abuse of alcohol are incompatible with employment at **INNOVATIVE FIBERS**.

James C. Depina
Signature

4-24-13
Date

James C. Depina
Print Name



ACTIVE EMPLOYEE CERTIFICATE OF AGREEMENT

I do hereby certify that I have received and read the Innovative Fibers Substance Abuse and Testing Policy. I understand that if my performance indicates it is necessary, or in the case of random testing, I will submit to a substance abuse test. I also understand that failure to comply with a substance abuse test request, or a positive result may lead to termination of employment and denial of unemployment benefits. I understand that failure to submit to a substance abuse test, or a positive test result may affect my right to obtain workers' compensation benefits. I further agree to and hereby authorize the release of the results of said tests to the company. Nothing in this consent form is to be construed as a contract between the parties.

Name (please print): James C Lipscomb

Signature: James C Lipscomb

Date: 4-22-13

A Crew & Shipping/Receiving



Department: _____ Workplace Location: _____
Date: _____ Start Time: _____ Finish Time: _____ Instructor/Supervisor: _____

Topic M22: Lockout/Blockout/Tagout

Introduction: Failure to **Lockout/Blockout/Tagout** machinery and equipment before working on it is a major cause of serious injury. Workers electrocuted, or lose fingers, hands, arms, or suffer severe crushing injuries because machinery is inadvertently turned on while it is being maintained, repaired or adjusted. **Lockout/Blockout** means that any energy source – whether electrical, hydraulic, mechanical, compressed air, or any other source that might cause unexpected movement – must be disengaged or blocked, and electrical sources must be de-energized and “**LOCKED**” or positively sealed in the **OFF** position. Even a locked-out machine may not be safe if there are parts of the machine that are not “**BLOCKED**” to prevent inadvertent movement. **Potential energy** may need to be blocked can come from suspended parts, subject to gravity, or may be energy stored in springs. There is a difference between turning a machine and actually disengaging or de-energizing a piece of equipment.

- **Lockout** places a device such as a keyed or combination lock, or a bolted securing cover to ensure that energy cannot be transmitted to movement or energizing of that system. Energy may come from an electrical, hydraulic, pneumatic, or mechanical source. Energy may be transmitted by means of a manually operated circuit breaker or disconnect switch, a line valve, or any means of supplying energy to a machine or system.
- **Blockout** physically restrains a part or mechanical system to prevent movement totally or in a direction which would pose a danger to personnel. Restraints may be by pinning, bolting, use of a restraining arm, blocking, or any method which will not slip or move until intentionally removed.
- **Tagout** means to place a “**Warning/Danger: Do Not Operate**” tag on the locking mechanism attached to the disabled equipment. **DO NOT USE TAG ALONE!** Use tags or signs in addition to locks. Tags must state the reason for the lockout, the name of the employee who is working on the equipment, how that person may be reached, and the time the tag was put in place.

The best way to put into practice an effective **Lockout/Blockout-Tagout** program is to first prepare a written, standardized operating procedure, then carry out the necessary training and responsible supervision.

When setting-up a written **Lockout/Blockout-Tagout** procedure, consider the following:

- Job objectives and equipment involved
- Procedural steps for applying Lockout/Blockout-Tagout
- Detailing the energy sources for each machine and Lockout procedure
- Steps for shutting down and securing machinery
- Steps to verify Lockout effectiveness
- Procedural steps for restarting
- Employees authorized to perform Lockout
- Annual compliance audit
- Construction
- Set-up
- Maintenance
- Repair
- Installation
- Modifications
- Servicing
- Inspection

The applicable **Lockout/Blockout-Tagout** procedure should be used for any activities such as:

- Construction
- Set-up
- Maintenance
- Repair
- Installation
- Modifications
- Servicing
- Inspection

HA requires Lockout/Blockout-Tagout procedures if: Personnel are required to remove or bypass any guard or safety system, or are required to put any part of their body into any area of operations or a danger zone associated with a machine's operating cycle.

These steps should be followed in this order to ensure that the **Lockout/Blockout-Tagout** procedure will be properly employed:

- ① Prepare to shut-down: stop feed, allow all product to discharge, empty, etc.
- ② Initiate and verify shut-down
- ③ Disconnect or isolate equipment, or machine from other systems.
- ④ Apply the appropriate **Lockout/Blockout-Tagout** device
- ⑤ Release stored energy: electrical charge, pneumatic or hydraulic pressure, etc.

Lockout/Blockout devices should be painted or otherwise marked for high visibility. If more than one shift is involved in the work being done, the authorized person should remove his **Lockout** device and at the same time the authorized person from the succeeding shift should install their own **Lockout** device to ensure continuous protection. Tagout the locking device, as soon as it is placed in position, to identify the device, and warn of the inoperable condition.

These steps should be followed in this order before re-energizing equipment or machinery:

- ① Clear the equipment or machinery of all tools and materials
- ② Make sure all employees are clear and notified of intent or re-start
- ③ Remove **Lockout/Blockout-Tagout** device
- ④ Verify all personnel are clear
- ⑤ Start-up equipment or machine

Conclusion: Careful attention to the above described **Lockout/Blockout-Tagout** procedures will help keep everyone safe when maintenance and repair operations are being performed on equipment and machinery.

Employee Safety Suggestions and Specific Workplace Hazards: _____

Personnel Safety Violations: _____

Employee Attendance: (Names or signatures of personnel who are attending this meeting)

Date: ____/____/____ Time: ____:____ AM / PM

ANSWERS TO EMPLOYEE QUIZ: 1) C, 2) A, 3) B, 4) D, 5) B, 6) C

Innovation Fibers LLC Foreman/Supervisor's Signature: _____

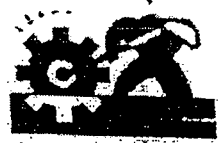
These guidelines do not supersede local, state, or federal regulations and must not be construed as a substitute for, or legal interpretation of, any OSHA regulation. 393

☒ Employee Quiz and Workplace Inspection ☒



Breakroom Safety Meetings

Topic M22: Lockout/Blockout/Tagout



Employee Quiz:

1. Failure to C machinery and equipment before working on it is a major cause of serious injury.
(A) turn on (B) unify (C) lockout/blockout (D) degrease
2. Even a locked-out machine may not be safe if there are parts of the machine that are not A to prevent inadvertent movement.
(A) blocked (B) stopped (C) checked (D) flipped
3. B may come from an electrical, hydraulic, pneumatic, or mechanical source.
(A) Fluid (B) Energy (C) Debris (D) Pain
4. OSHA requires Lockout/Blockout-Tagout procedures if personnel are required to remove or bypass any B or safety system.
(A) tool (B) machine (C) requirement (D) guard
5. Lockout/Blockout devices should be B or otherwise marked for high visibility.
(A) removed (B) painted (C) located (D) polished
6. How many steps are involved before re-energizing equipment which is under lockout/blockout/tagout procedures? C
(A) 3 (B) 4 (C) 5 (D) 8

Employee Workplace Inspection: Initial in the space provided at each point, or write N/A if not applicable to your job.

- 2 I have sustained no workplace injuries as of this date.
- I am aware that possession of, or being under the influence of alcoholic beverages or illegal drugs on company property or in company vehicles, is expressly forbidden under company policy and violation of this policy will be grounds for immediate termination.
- I have been informed that removal of any tools, equipment, materials, supplies, or product from company property without permission is prohibited and may result in disciplinary action up to and including termination.
- I will immediately notify my supervisor of any accidents or injuries in the workplace.
- I have been informed that any workplace harassment is against company policy and must be reported to my supervisor and that harassment initiated by me will subject me to disciplinary action, up to and including termination.
- I have been informed that any workplace violence is expressly prohibited, and agree to never bring any weapons on company property including company vehicles.
- I am trained and properly licensed to operate any company vehicle which has been assigned to me, and agree to notify management if my license is suspended or revoked for any reason. I will report any incidents which involve the vehicle I am operating to my supervisor.
- I have been issued, and have inspected, all necessary personal protective equipment for my job. I have found the equipment free of defects, and agree to wear all appropriate personal protective equipment.
- I have inspected all machine guards to ensure they are in place and secure. I agree never to remove, disable, or modify any safety guards and to notify my supervisor immediately of any missing or broken guards.
- I have been informed of where material safety data sheets are stored, and have free access to them.
- All flammable or combustible materials have been stored or disposed of properly.
- I have been trained in requirements for handling, storing, disposing of any chemicals I might have contact with in the workplace.
- My area of responsibility is clean and free of clutter or trip hazards.
- I have been notified of emergency and evacuation procedures for my workplace, and the location of fire extinguishers.
- All equipment and tools have been inspected for safety and serviceability, all defects have been reported or corrected.
- I have inspected my workplace for electrical and mechanical hazards.
- I have been informed of any and all hazards associated with my workplace.
- I am aware of and trained in all necessary lockout-tagout/blockout procedures to perform my job safely.
- I have been trained in safe material handling techniques, and agree to proper lifting team lifting techniques for materials in my workplace.
- I have been properly trained and/or certified and/or licensed to perform my assigned work competently and safely.
- I have been fully informed of, and agree to abide by, all company policies, rules, and regulations.

I understand that by signing this form I attest and verify that the above information is true and correct, and that failure to follow company safety policies may result in disciplinary action.

Employee Signature: [Signature]
Foreman/Supervisor's Signature: [Signature]

Date: 8-13-12

Date: _____

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Employee Quiz and Workplace Inspection ☒

Breakroom Safety Meetings

Topic M14: Hand Protection



are made for virtually every application, from simple cloth utility to steel mesh cut resistant gloves.

(A) Blades (B) Gloves (C) Hats (D) Masks

Employers shall select and require employees to use appropriate hand protection when employee's hands are exposed to hazards. True ☒, or False ☐

One of the most important steps for protecting your hands is to make sure all D are in place on all tools, machinery, and equipment in your workplace.

(A) blades (B) points (C) paint (D) guards

Electrically C gloves are needed for working with electrical hazards.

(A) conductive (B) eliminating (C) insulating (D) proficient

A wear gloves when operating power tools or machinery where a risk of entanglement may occur.

(A) Do not (B) Always (C) Sometimes (D) If you want

As a safe and prudent worker you should evaluate your individual job responsibilities and determine when to wear hand protection, even when not required by your employer.

True ☒, or False ☐

Employee Workplace Inspection: Initial in the space provided at each point, or write N/A if not applicable to your job.

JA I have sustained no workplace injuries as of this date.

JA I am aware that possession of, or being under the influence of alcoholic beverages or illegal drugs on company property or in company vehicles, is expressly forbidden under company policy, and violation of this policy will be grounds for immediate termination of employment.

JA I have been informed that removal of any tools, equipment, materials, supplies, or product from company property without permission is prohibited and may result in disciplinary action up to and including termination.

JA I will immediately notify my supervisor of any accidents or injuries in the workplace.

JA I have been informed that any workplace harassment is against company policy and must be reported to my supervisor and that harassment initiated by me will subject me to disciplinary action, up to and including termination.

JA I have been informed that any workplace violence is expressly prohibited, and agree to never bring any weapons on company property, including company vehicles.

JA I am trained and properly licensed to operate any company vehicle which has been assigned to me, and agree to notify management if my license is suspended or revoked for any reason. I will report any incidents which involve the vehicle I am operating to my supervisor.

JA I have been issued, and have inspected, all necessary personal protective equipment for my job. I have found the equipment free of defects, and agree to wear all appropriate personal protective equipment.

JA I have inspected all machine guards to ensure they are in place and secure. I agree never to remove, disable, or modify any safety guards, and to notify my supervisor immediately of any missing or broken guards.

JA I have been informed of where material safety data sheets are stored, and have free access to them.

JA All flammable or combustible materials have been stored or disposed of properly.

JA I have been trained in requirements for handling/storing/disposing of any chemicals I might have contact with in the workplace.

JA My work area is clean and free of clutter or trip hazards.

JA I have been notified of emergency and evacuation procedures for my workplace, and the location of fire extinguishers.

JA All equipment and tools have been inspected for safety and serviceability, all defects have been reported or corrected.

JA I have inspected my workplace for electrical and mechanical hazards.

JA I have been informed of any and all hazards associated with my workplace.

JA I am aware of and trained in all necessary lockout/tagout/blockout procedures to perform my job safely.

JA I have been trained in safe material handling techniques, and agree to proper lifting/team lifting techniques for materials in my workplace.

JA I have been properly trained and/or certified and/or licensed to perform my assigned work competently and safely.

JA I have been fully informed of, and agree to abide by, all company policies, rules, and regulations.

I understand that by signing this form I attest and verify that the above information is true and correct, and that failure to follow company safety policies may result in disciplinary action.

Employee Signature: [Signature]

Date: 10.16.12

Foreman/Supervisor's Signature: [Signature]

Date:



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Innovative Fibers, LLC

185 Littlejohn Road
Spartanburg, SC 29301
Phone: (864) 595-8945 | Fax: (864) 474-5544

May 22, 2014

Sent via Certified and USPS 1st Class Mail

James Lipscomb
170 Irby Court
Spartanburg, SC 29601

Re: Notice of Positive Test Results

Dear James Lipscomb:

The post-accident alcohol test you took on March 20, 2014 has been determined to be above the legal limit according to our Drug Free Work Place Policy. The test was confirmed **positive** in accordance with Department of Health and Human Service standard.

In accordance with our company policy you are hereby terminated effective May 21, 2014. You may appeal this decision or challenge it legally or administratively, at your expense.

Regards,

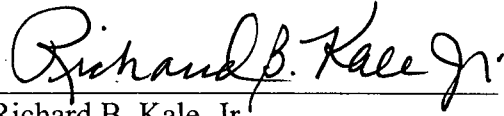
JoAnne Matthiesen
Human Resources Manager
Innovative Fibers, LLC
(864)595-8945x 101

cc: Kimberly Holston
Key Risk
Risk Management Services

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

December 14, 2016



Richard B. Kale, Jr.
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
(864) 527-3272
Attorney for Appellants

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