

RECEIVED

MAR 30 2016

SC SUPREME COURT

STATE OF SOUTH CAROLINA

IN THE SUPREME COURT

Appeal from Spartanburg County

Honorable Roger L. Couch, Circuit Court Judge

JASON WILLIAMS,

PETITIONER,

V.

STATE OF SOUTH CAROLINA,

RESPONDENT

APPELLATE CASE NO. 2015-001963

SUPPLEMENTAL APPENDIX

WANDA H. CARTER
Deputy Chief Appellate Defender

South Carolina Commission on Indigent
Defense
Division of Appellate Defense
PO Box 11589
Columbia, SC 29211-1589

ATTORNEY FOR PETITIONER

ALAN WILSON
Attorney General

ALICIA OLIVE
Assistant Attorney General

P. O. Box 11549
Columbia, SC 29211

ATTORNEYS FOR RESPONDENT

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APPLICANT'S EXHIBIT #1 (MEDICAL RECORDS) 1

79537686
149367



SPARTANBURG Regional Healthcare System

SRMC SHRC

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name: Jason Will Williams Date of Birth: _____
Patient Address: McCormick Correctional Institution SS#: _____
386 Redemption Way McCormick, S.C. 29899 Phone: none

The undersigned hereby authorizes Spartanburg Regional Healthcare System to release information contained in my medical records to: Jason Will Williams
(address) McCormick Correctional Institution
386 Redemption Way McCormick, S.C. 29899

Covering records for the period from 03/08/2010 to 03/08/2010
DATE DATE

Specific information to be disclosed: all medical Record obtaining my Physical conditions I was in and the side effects of my Conditions / the med i was giving for the pain in the ambulance / The X-Ray review Report, find a Report telling the seriousness of the injuries.
Purpose of Release: I got a life sentence and my medical Record will be a Big Key in my PCR, I needed them in my first trial, but I didn't know how to get them then.
This authorization places no restrictions on any information to be released, including any treatment for alcohol, drug abuse, HIV testing, or psychiatric. If any restrictions are to be placed on information released, please state: _____

- a. The patient is voluntarily signing this authorization.
- b. The patient reserves the right to refuse to sign this authorization.
- c. The patient is entitled to review or receive a copy of the information for which the authorization is being sought.
- d. The patient will receive a copy of the signed authorization.
- e. The patient reserves the right to revoke this authorization at any time. This revocation must be in writing.
- f. Information may be subject to re-disclosure by the recipient and no longer protected.

Jason Williams 4-9-13
Signature of Patient Date

Signature of Parent/Guardian Date

Signature of Personal Representative Date
JCFranklin 4-9-13
Witness Date
12.16.2019

Description of Right to Act for the Individual
SCDC photo ID 00298412
Identification

Please allow at least 7-10 business days for your request to be completed. Charges may apply.

Expiration of this authorization is one (1) year from date of signature, unless otherwise specified.

ANY DISCLOSURE OF MEDICAL RECORD INFORMATION BY THE RECIPIENT(S) IS PROHIBITED EXCEPT WHEN IMPLICIT IN THE PURPOSES DISCLOSURE.

1. Complete form
 2. Have it notarized
 3. Send us a copy of your picture ID
- Please mail to:
Spartanburg Regional Healthcare System
Health Informatics Department
101 East Wood St.
Spartanburg, SC 29303

23 Pages
*

APR 1 1 2013

1006701626



SPARTANBURG Regional Healthcare System

SRMC

MD ORDER TIME	#1	#2	#3	Reasons for Plain Films: (1) (2)	
<input checked="" type="checkbox"/> CBC with Auto Diff <i>man</i>	<input checked="" type="checkbox"/> BMP	<input checked="" type="checkbox"/> CMP	ETOH <input type="checkbox"/>	<input type="checkbox"/> SYMPTOM SPECIFIC PATHWAY USED	CXR: pa/lat port <input type="checkbox"/>
Total CPK <input type="checkbox"/>		Tylenol <input type="checkbox"/>	ASA <input type="checkbox"/>	OTHER ORDERS	Abd: 2 view KUB <input type="checkbox"/>
Lipase / Amylase <input type="checkbox"/>		Digoxin <input type="checkbox"/>	Lithium <input type="checkbox"/>	1. <i>Neck</i> <input type="checkbox"/>	C-spine x-table lateral <input type="checkbox"/>
PT / PTT <input type="checkbox"/>		Phenobarb <input type="checkbox"/>	Dilantin <input type="checkbox"/>	2. <i>CT</i> <input type="checkbox"/>	portable 5 view <input type="checkbox"/>
BHCG: quant <input type="checkbox"/>		Depakote <input type="checkbox"/>	Tegretol <input type="checkbox"/>	3. <input type="checkbox"/>	Neck for soft tissue <input type="checkbox"/>
Group RH <input type="checkbox"/>		GC/Chlamydia <input type="checkbox"/>	Wet Prep <input type="checkbox"/>	4. <input type="checkbox"/>	T-spine <input type="checkbox"/>
T & S <input type="checkbox"/>		EKG <input type="checkbox"/>	ABG <input type="checkbox"/>	5. <input type="checkbox"/>	<u>L-spine</u> x-table lateral <input type="checkbox"/>
T & C: 1 2 3 4 5 <input type="checkbox"/>		Rapid Strep <input type="checkbox"/>	HHN <input type="checkbox"/>	6. <input type="checkbox"/>	portable 3 view <input type="checkbox"/>
Culture: 1 2 <input type="checkbox"/>		EC URINE DIP <input type="checkbox"/>	EC URINE DIP <input type="checkbox"/>	7. <input type="checkbox"/>	Shoulder L R <input type="checkbox"/>
LFTs <input type="checkbox"/>		U A <i>calh</i> <input type="checkbox"/>	C & S <input type="checkbox"/>		Humerus L R <input type="checkbox"/>
D-dimer <input type="checkbox"/>		UDS <input type="checkbox"/>	UDS <input type="checkbox"/>		Elbow L R <input type="checkbox"/>
CK / MB / Troponin 1 2 3 <input type="checkbox"/>					Forearm L R <input type="checkbox"/>
CHF- BNP <input type="checkbox"/>					Wrist L R <input type="checkbox"/>
CHEM 8 L YTES / CR / BUN <input type="checkbox"/>					Hand L R <input type="checkbox"/>

DIAGNOSTICS

<input checked="" type="checkbox"/> CT Head <i>1603</i>	Doppler vn art L R E
<input type="checkbox"/> CT Chest for P E	US Abdomen
<input type="checkbox"/> CT Abd/Renal for Stones	US Pelvic (Order Quant HCG if pregnant)
<input type="checkbox"/> CT Abd with/without contrast	US Gallbladder
<input type="checkbox"/> CT Pelvis with/without contrast	Other: _____

PLAIN FILMS

Shoulder	L	R	<input type="checkbox"/>
Humerus	L	R	<input type="checkbox"/>
Elbow	L	R	<input type="checkbox"/>
Forearm	L	R	<input type="checkbox"/>
Wrist	L	R	<input type="checkbox"/>
Hand	L	R	<input type="checkbox"/>
Finger #	L	R	<input type="checkbox"/>
Pelvis		portable	<input type="checkbox"/>
Hip	L	R	<input type="checkbox"/>
Femur	L	R	<input type="checkbox"/>
Knee	L	R	<input type="checkbox"/>
Tib/Fib	L	R	<input type="checkbox"/>
Ankle	L	R	<input type="checkbox"/>
Foot	L	R	<input type="checkbox"/>
Toe	L	R	<input type="checkbox"/>

Reason for above diagnostic exam: _____
 NOTE: The above ordered diagnostics cannot be ordered without reason stated.

<input type="checkbox"/> Template	Assessment	<input type="checkbox"/> Dictated	Consultant	1 st	2 nd
			1.		
			STAFF ALERT:		
	Time Ordered	MEDS & INTERVENTION	NURSE/TECH	TIME	

Dx: _____ Admit MD: _____ Bed: _____

ED Physician: _____ Resident / NP / PA: _____ Consultant / PMD: _____

ACCOUNT NO. S	ADMISSION DATE / TIME 03/08/10 1555	FC RH	DATE OF BIRTH	AGE 31Y	SEX M	RACE 1	MS S	SERVICE EME	ARRIVAL 1	PAT. TYPE ER	BY KCH	UNIT NUMBER 000-149367
INSURANCE 1: CIGNA PPO		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		CORPORATE ID 00075894		
PATIENT INFORMATION WILLIAMS, JASON W PO BOX 144 CLIFTON SC 29324			SOC. SEC. NO. TELEPHONE NO.		PATIENT EMPLOYER TELEPHONE NO.							

17 MVC

DATE: 3-8-10 TIME ROOM: EMS Arrival

HISTORIAN: patient paramedic translator other

AGE M / F

History limited by WCCO report

HPI chief complaint: MVC

duration / occurred: just PTA position in vehicle: driver passenger front back

context: car collision overturned vehicle single-car accident (lost control / fell asleep / unknown cause) police chase

location of pain / injuries: head face mouth neck chest abdomen back upper mid- lower radiating to (R/L) thigh / leg

severity: mild moderate severe pain level: current /10 max /10 associated symptoms: lost consciousness / dazed duration: remembers: impact coming to hospital seizure

site of impact: "P" = primary "S" = secondary force low mod. high direct glancing restraints: none lap shoulder doesn't recall car seat air bag deployed thrown from vehicle ambulated at scene long extrication

Agree w/ nurse's note for PFSH / ROS

ROS ROS below otherwise negative loss feeling / power arms / legs neck pain headache double vision / hearing loss trouble breathing / chest pain nausea / vomiting loss of bladder function skin laceration recent fever / illness

SOCIAL HISTORY recent ETOH smoker drug abuse lives alone lives in nursing home lives at home occupation

PAST HISTORY Tetanus LTD prior records reviewed: other Meds: none / see list - confirmed Allergies: NKDA / see list - confirmed

© 1996 - 2005 T-System, Inc. Circle or check affirmatives, backlash (!) negatives. Spartanburg Regional Healthcare System EMERGENCY PHYSICIAN RECORD

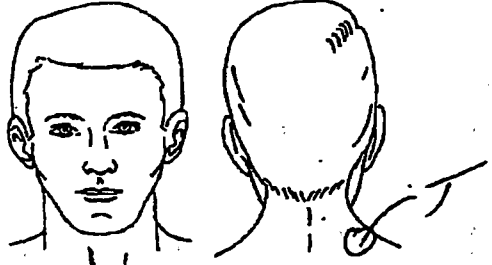
PHYSICAL EXAM

Agree w/ vital signs Other: Pulse Ox time % RA O2 L/min Interpretation: normal abnormal Dx

Exam limited by CONSTITUTIONAL c-collar (PTA / in ED) / backboard removed after c-spine clearance mild / moderate / severe distress

HEAD normocephalic atraumatic see diagram Battle's sign / Raccoon Eyes

NECK non-tender painless ROM trachea midline see diagram vertebral point-tenderness muscle spasm / decreased ROM pain on movement of neck



EYES unequal pupils R mm L mm post-surgical pupillary defect (R/L) EOM entrapment / palsy subconjunctival hemorrhage pale conjunctivae

ENT ENT inspection TM obscured by cerumen (R/L) clotted nasal blood dental injury / malocclusion

RESP / CVS chest non-tender breath sounds nml heart sounds nml see diagram decreased breath sounds wheezing / rales splinting / paradoxical movements tachycardia

GI / ABDOMEN non-tender organomegaly see diagram tenderness / guarding / rebound mass / organomegaly

GENITAL / RECTAL nml genital exam nml vaginal exam nml rectal exam heme negative stool perineal hematoma blood at urethral meatus decreased rectal tone

NEURO awake and alert oriented x3 CN's nml as tested sensation & motor nml lethargic disoriented to person / place / time EOM palsy / anisocoria facial asymmetry unsteady / ataxic gait sensory / motor deficit GCS



WILLIAMS, JASON W DOB ADM: PHYSICIANS, ED ADM DATE/TIME: 03/08/10/1555



W. C. Gopfert

03/13/16

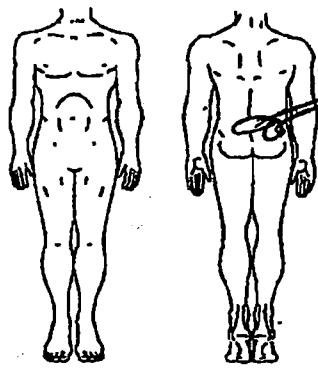
PSYCH
 mood / affect nml depressed affect
 anxious

SKIN
 intact see diagram
 warm, dry creptus / diaphoresis

BACK
 no CVA see diagram
 tenderness vertebral point-tenderness
 no vertebral CVA tenderness
 tenderness muscle spasm
 limited ROM

HIPS / PELVIS
 pelvis stable see diagram
 hips non-tender bony point-tenderness
 painful / unable to bear weight

MUSCULOSKELETAL / EXTREMITIES
 no evidence of trauma see diagram
 normal ROM bony point-tenderness
 no pedal edema painful / unable to bear weight
 pulse deficit
 joint Exam
 limited ROM / ligaments laxity / joint effusion



T=Tenderness
 PT=Point Tenderness
 S=Swelling
 E=Ecchymosis
 L=Laceration
 A=Abrasion B=Burn
 D=Depth m=mod
 mod=moderate
 s=severe
 Tiv=Tenderness on palpation (severe)

ED COURSE:
 Time _____ re-examined _____ unchanged _____ improved _____
 H/O - may release to police as soon as possible

PROCEDURES:

Wound Description / Repair
 length _____ cm location _____
 superficial _____ subcut _____ muscle _____ linear _____ stellate _____ irregular
 clean _____ contaminated moderately/heavily
 distal NVT: neuro & vascular status intact _____ no tendon injury
 anesthesia: local _____ digital block _____ ml
 lidoc 1% 2% epi / bicarb _____ marcaine 0.25% 0.5% LET
 prep:
 Shur-Cleans / Betadine _____ debrided
 irrigated / washed w/ saline _____ minimal / mod. / extensive
 minimal / mod. / extensive _____ undermined
 foreign material removed _____ minimal / mod. / extensive
 partially completely _____ wound margins revised
 minimal / mod. / extensive _____ wound explored
 repair: Wound closed with: wound adhesive / steri-strips

SKIN- # _____ -0 nylon / prolene / staples
 *SUBCUT-# _____ -0 vicryl

*may indicate intermediate repair may indicate complex repair

OTHER PROCEDURES

splint Velcro OCL / Ortho-glass / Plaster Aluminum-foam
 Volar Thumb spica Ulnar Wrist Sugar-Tong Cock-up Collar
 applied by ED Physician / Orthopedist / Tech
 examined post splint application
 neurovasc intact _____ alignment good _____

XRAYS Discussed w radiologist Interpreted by radiologist
 Personally reviewed by me Interp contemporaneously by me

CXR PA/LAT AP port # of views
 nml heart size under-penetrated / over-penetrated / rotated
 nml lung markings decr. lung markings c/w COPD
 nml great vessels density c/w pleural effusion
 and mediastinum cardiomegaly
 NAD incr. lung markings / infiltrate
 PRIOR XRAY- unchngd unavail. changed:

Xray of: C-spine T-spine LS-spine # of views:
 no fracture nml disc spaces nml alignment

Xray of: # of views:
 no fracture no FB soft tissue nml

Xray of: # of views:
 no fracture no FB soft tissue nml

CT SCAN Head Chest Abdomen
 nml
 reviewed by me interp. by me discussed with radiologist

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: MVC


contusion	head	wrist	R/L	sprain / strain	neck thoracic lumbar
	face	hand	R/L		
	chest	hip	R/L		
	abdomen	thigh	R/L	contusion	with LOC w/o LOC
	back	knee	R/L		
	shoulder	leg	R/L	laceration	
	arm	ankle	R/L		
	elbow	foot	R/L		
	forearm				

other: MVC

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 _____ Time _____
 PHYSICIAN- _____ Time _____
 PHYSICIAN- _____ Time _____
 T Complete T Sheet Add-On _____ Copy PMD Dictated

JASON W DOB
 ADM: PHYSICIANS.ED
 ADM DATE/TIME: 03/09/10/1655



Spartanburg Regional Medical Center Emergency Center
101 E. Wood St., Spartanburg, SC 29303
(864)560-5400

Prescriptions Received:

Discharge Instructions Received: CONTUSIONS, MOTOR VEHICLE ACCIDENTS

Drug Instructions Received:

Referral:

Important Note: Unless prior arrangements are made, the Referral Doctor does not take walk-in appointments. You are asked to call for an appointment.

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

Date/Time: 03/08/2010 18:21

Treating MD: Brancati MD, David S

Patient Signature: _____

Account Number:

Medical Record Number: 000149367,

I have explained the instructions and have given a copy to the patient.

Nurse's Signature: _____

Oliver Brancati

Date:

3/8/10

8/1/10
135/110

gls

Patient: Williams, Jason

Page 4 of 4

Monday - March 08, 2010 - 18:21

Spartanburg Regional Medical Center Emergency Center



SPARTANBURG
Regional Healthcare System

SRMC SHRC VH

**GENERAL CONSENT TO TREAT/
PATIENT AUTHORIZATION/ACKNOWLEDGEMENT OF BENEFITS RELEASE**

The following are the conditions for services provided by the Spartanburg Regional Health Services District, Inc. (District) for the patient whose name appears at the bottom of this page.

CONSENT FOR MEDICAL TREATMENT

I/we voluntarily consent to medical treatment and diagnostic procedures provided by Spartanburg Regional Health Services District, Inc. and its associated hospitals, physicians, clinicians and other personnel. I/we consent to the testing for infectious diseases, such as, but not limited to syphilis, AIDS, hepatitis and testing for drugs if deemed advisable by my physician. I/we am/are aware that the practice of medicine and surgery is not an exact science and I/we acknowledge that no guarantees have been made as to the result of treatments or examinations. I/we understand that certain healthcare professionals furnishing services including but not limited to, radiologist, pathologist, anesthesiologist and emergency room physicians are independent contractors with the patient and are not employees or agents of the District.

AUTHORIZATION FOR RELEASE OF INFORMATION

The hospital and attending physician are authorized to release any medical information required in the processing of applications or submission of information for financial coverage, discharge planning and further medical treatment. To include information referring to psychiatric care, sexual assault or tests for infectious diseases including AIDS/HIV for services provided during this admission. I/we also agree to the release of medical or other information about me to government federal or state regulatory agencies as required by law.

ASSIGNMENT OF INSURANCE BENEFITS

I/we guarantee payment of all charges made for or on account of the patient and I/we assign our rights in any insurance benefits or other funding to the physician and the District. I/we understand that I/we am/are responsible for any charges not covered by insurance or other forms of benefits. I/we understand the District can obtain my/our credit report for review in collection of this debt. In the event that this account is placed with a collection agency or attorney for collection or collected following the SC Setoff Debt Collection Act, I/we shall pay all collection fees and costs, including reasonable attorney's fees. For Medicare beneficiaries: I/we have provided all necessary information for proper assignment of Medicare benefits.

VALUABLES RELEASE FORM

I/we have been requested to check valuables with the hospital and release the District of any liability and assume responsibility for any items not deposited to the hospital's care. Any valuables not claimed within thirty (30) days of discharge will become the property of the hospital

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I/we have received a copy of the Notice of Privacy Practices. The notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. The Notice of Privacy Practices may be accessed at www.srhs.com.

INDEPENDENT STATUS OF PHYSICIANS

I understand and agree that all doctors of medicine, osteopathy, or podiatry furnishing any service to me/the patient, including radiologists, pathologists, anesthesiologists, emergency room physicians, and the like, are independent contractors and not employees or agents of the Hospital and are responsible for their own acts or omissions and the Hospital is not responsible or liable for their acts and omission. I/we understand and agree that each of the practitioners who render professional services to me/the patient may bill and collect independently for these services. I/we understand that their bills will be separate and apart from the Hospital's billing and collections or that the Hospital may bill on the healthcare provider's behalf. Furthermore, I/we understand that each healthcare provider may be individually contracted with an HMO or PPO. The contracts could be different from the contracts the Hospital holds. I/we understand that I/we need to find out if each healthcare provider is a member of my/the patient's insurance provider network.

3/31/10
DATE AND TIME

[Signature]
HOSPITAL WITNESS

X Unrable

SIGNATURE OF PATIENT/(Relationship to Patient)
(PARENT, GUARDIAN OR LEGALLY AUTHORIZED REPRESENTATIVE)

(SIGNATURE OF GUARANTOR (RELATIONSHIP TO PATIENT))

Patient Label

WILLIAMS, JASON W DUB
ADM: PHYSICIANS, ED
ADM DATE/TIME: 03/08/10/1555



Spartanburg Regional Medical Center 101 E. Wood St.	Emergency Center (864)560-5400 Assessment Sheet	MR # 000149367 Name: Williams, Jason W Phone: Address: CLIFTON, SC 29324 Unit Code: 10106	Sex: Male DOB: Account # Age: 31
---	--	---	---

Complaint: MVA/BACK PAIN Arrival Time/Date: 15:50 03/08/2010 Arrived by: Ambulance Mobility: Stretcher Primary Care: Unassigned, Accompanied By: police, officer	Triage Class: Class 3 Insurance: --None Amb/Helicopter: SPARTANBURG EMS Referring Facility: Emergency Physician: Brancati MD, David S
---	---

Vital Signs						Pain		Pulse Ox.		Pupils			Glasgow Coma	
Units	Time	Temp	Blood Pressure	Pulse	Resp	Time	Scale	Time	%	Time	L(mm)	R(mm)	Time	Score
CE	16:00	98.0	123/97	99	16	16:40	3/10	16:00	98					
VM	17:17		118/76	89	16	18:51	0/10	18:50	96					
AB	18:50		135/70	75	14									

Presenting Medications						Allergy	
Medication	Dosage	Freq	Medication	Dosage	Freq	Allergy	Allergic Reaction
*None						*No Known Allergies	

Triage Nurse: **Edwards RN, Cheryl L.**

Past Medical Hx: **None**
 Tetanus History:
 Social History:
 Weights:
 LMP Date:

Disposition Information Primary Diagnosis: Contusion head Secondary Diagnosis: Disposition: Disch - Home Dispositioned By: Bill Hill MD Report Called By: Prescriptions: Discharge Instructions: CONTUSIONS, MOTOR VEHICLE ACCIDENTS Disability Statement: Follow-up Care: Discharge Time: 18:52 03/08/2010	Family Notification: Report Given To: Appt Date/Time: Discharged By: Alison Beardsley RN, CEN, EMT-P
---	--

Initials	Name	Initials	Name

Spartanburg Regional Medical Center 101 E. Wood St.	Emergency Center (864)560-5400 Assessment Sheet	MFI # 000149367 Sex: Male DOB: Name: Williams, Jason W Phone: Address: CLIFTON, SC 29324 Unit Code: 10106 Account # Age: 31
---	--	---

<p>Triage/Initial Assessment</p> <p>16:00 03/08/2010 - Initial Triage Info -- Cheryl Edwards RN Presenting Complaints: Pain Chief Complaint: MVA/BACK PAIN Initial Triage Acuity: Class 3</p> <p>Administrative</p> <p>15:34 03/08/2010 - Referral/Transfer-In -- Cathy Haynes EMT-P Call taken by: C. Haynes EMT-P Note: per medic 4, 31 yom involved in a single car mvc, vehicle rolled over, pt jumped from vehicle. Pt is c/o thoracic back pain. bp-138/82, hr-108 (st), o2 sat-98%. Halway bed assigned by A. Beardley clinical coordinator.</p> <p>Assessment</p> <p>15:30 03/08/2010 - Registration Information -- Loy Bagwell EMT First Name: 4 Last Name: Medic Arrival Time: 03/08/2010 15:29 Chief Complaint: MVA/BACK PAIN Date of Birth: 03/08/1910 Sex: M</p> <p>15:48 03/08/2010 - Registration Information -- Cathy Haynes EMT-P First Name: Jason Last Name: Williams Date of Birth: 12/14/1978</p> <p>15:50 03/08/2010 - Receive Patient -- Loralie Rector Last Name: Williams First Name: Jason Date of Birth: 12/14/1978 Location: MCH1 Chief Complaint: MVA/BACK PAIN</p> <p>15:53 03/08/2010 - Registration Information -- REG\$ Date of Birth: 19781214 Medical Record Number: 000149367 Account Number: 1006701626 Corporate ID: 00075894 Social Security Number: 247-47-0373 Financial Class: Regional Health Plus Insurance Class: -None Ethnicity: White Zip Code: 29324</p> <p>16:00 03/08/2010 - Pain Assessment -- Cheryl Edwards RN Severity Score: 8/10</p> <p>16:00 03/08/2010 - Oximetry -- Cheryl Edwards RN Pulse Oximetry %: 98</p> <p>16:00 03/08/2010 - Initial Triage Info -- Cheryl Edwards RN Initial Triage Acuity: Class 3</p> <p>16:00 03/08/2010 - Change Nurse -- Cheryl Edwards RN Primary Nurse: Morris, RN, Vyvian Secondary Nurse: Responsible Nurse: Morris, RN, Vyvian</p> <p>16:00 03/08/2010 - Vital Signs -- Cheryl Edwards RN Temp: 98.0 BP: 123/87 HR: 99 Resp: 16</p> <p>16:22 03/08/2010 - Allergy Information -- Vyvian Morris, RN Allergy: *No Known Allergies</p> <p>16:22 03/08/2010 - Home Medications -- Vyvian Morris, RN Med: *None</p> <p>16:22 03/08/2010 - Past Medical History -- Vyvian Morris, RN Medical history: -None</p> <p>16:23 03/08/2010 - Primary Survey -- Vyvian Morris, RN Airway: INTACT Breathing: PRESENT, trachea midline, symmetrical chest movement, no labored respirations noted</p>	<p>Breath sounds - L: Breath sounds - Clear Breath sounds - R: Breath sounds - Clear Circulation: adequate Cap refill: brisk</p> <p>16:23 03/08/2010 - Secondary Survey -- Vyvian Morris, RN Exposure: Clothing removed, Hospital gown provided, Warm blankets applied Gadgets: Call bell at bedside, Monitor, Pulse Oximeter, Side rails raised for pt safety, Use of call bell explained to pt/family Head to Toe Assessment: See Focused Survey</p> <p>16:27 03/08/2010 - Trauma -- Vyvian Morris, RN Note: pt present to EC via EMS and police officers after a high speed chase with police officer. pt was involved with single MVC with multiple rollover. pt attempt to jump out of his car after the chase. upon arrival to EC, pt is alert and oriented x3. pt report pain to head, neck and lower back pain. no obvious deformity noted.</p> <p>17:17 03/08/2010 - Vital Signs -- Vyvian Morris, RN BP: 118/76 HR: 89 Resp: 16</p> <p>18:03 03/08/2010 - Final Order Results -- HISS Type of Order: LAB Filer Number: 1008/582415 Placer Number: 51404318 Note: Procedure: COMPLETE BLOOD COUNT Procedure Notes: EC H1</p> <table border="0"> <tr><td>Result:</td><td></td><td></td><td></td><td></td></tr> <tr><td>WBC</td><td>9.1</td><td>K/cmm</td><td>3.1-9.7</td><td>N</td></tr> <tr><td>RBC</td><td>4.78</td><td>million/cm</td><td>4.08-5.70</td><td>N</td></tr> <tr><td>HCB</td><td>14.5</td><td>g/dL</td><td>13.1-16.9</td><td>N</td></tr> <tr><td>HCT</td><td>42.7</td><td>%</td><td>38.2-48.4</td><td>N</td></tr> <tr><td>MCV</td><td>89.4</td><td>fL</td><td>80.1-88.7</td><td>N</td></tr> <tr><td>MCH</td><td>30.3</td><td>pg</td><td>27.5-34.3</td><td>N</td></tr> <tr><td>MCHC</td><td>33.9</td><td>g/dL</td><td>33.2-35.7</td><td>N</td></tr> <tr><td>RDW</td><td>12.2</td><td>%</td><td>11.7-15.0</td><td>N</td></tr> <tr><td>PLT</td><td>217</td><td>K/cmm</td><td>119-332</td><td>N</td></tr> </table> <p>16:14 03/08/2010 - Final Order Results -- HISS Type of Order: LAB Filer Number: 10067562416 Placer Number: 51404320 Note: Procedure: BMP Procedure Notes: EC H1 No hemolysis noted EGFR-N - Do not use this eGFR calculation for medication dose adjustments.</p> <table border="0"> <tr><td>Result:</td><td></td><td></td><td></td><td></td></tr> <tr><td>BUN</td><td>7</td><td>mg/dL</td><td>6-20</td><td>N</td></tr> <tr><td>NA</td><td>138</td><td>mmol/L</td><td>133-146</td><td>N</td></tr> <tr><td>K</td><td>3.8</td><td>mmol/L</td><td>3.5-4.9</td><td>N</td></tr> <tr><td>CL</td><td>107</td><td>mmol/L</td><td>100-111</td><td>N</td></tr> <tr><td>CO</td><td>23.4</td><td>mmol/l</td><td>23.0-32.6</td><td>N</td></tr> <tr><td>GLUC</td><td>99</td><td>mg/dL</td><td>70-100</td><td>N</td></tr> <tr><td>CRE</td><td>0.84</td><td>mg/dL</td><td>0.47-1.35</td><td>N</td></tr> <tr><td>CALC</td><td>9.2</td><td>mg/dL</td><td>8.9-10.3</td><td>N</td></tr> <tr><td>BCRATIO</td><td>11</td><td></td><td>8-23</td><td>N</td></tr> <tr><td>OSMOC</td><td>274</td><td>mOsm/kg</td><td>271-318</td><td>N</td></tr> <tr><td>ANION</td><td>11</td><td>mmol/L</td><td>6-13</td><td>N</td></tr> <tr><td>EGFR-A</td><td>>60</td><td>mL/min/1.7</td><td></td><td></td></tr> </table> <p>EGFR-N FULL RESULT TOO LARGE TO VIEW HERE</p> <p>18:21 03/08/2010 - Discharge Diagnosis -- Bill Hill MD, MD Primary: Contusion head</p> <p>18:34 03/08/2010 - Final Order Results -- HISS Type of Order: LAB Filer Number: 10067562567 Placer Number: 10067562567 Note: Procedure: URINALYSIS - CHEM Procedure Notes: EC H1</p> <table border="0"> <tr><td>Result:</td><td></td><td></td></tr> <tr><td>UCOLOR</td><td>Yellow</td><td>Pale Straw, Straw, YeN</td></tr> <tr><td>UAPPEAR</td><td>CLOUDY</td><td>Clear, Slightly Hazy A</td></tr> </table>	Result:					WBC	9.1	K/cmm	3.1-9.7	N	RBC	4.78	million/cm	4.08-5.70	N	HCB	14.5	g/dL	13.1-16.9	N	HCT	42.7	%	38.2-48.4	N	MCV	89.4	fL	80.1-88.7	N	MCH	30.3	pg	27.5-34.3	N	MCHC	33.9	g/dL	33.2-35.7	N	RDW	12.2	%	11.7-15.0	N	PLT	217	K/cmm	119-332	N	Result:					BUN	7	mg/dL	6-20	N	NA	138	mmol/L	133-146	N	K	3.8	mmol/L	3.5-4.9	N	CL	107	mmol/L	100-111	N	CO	23.4	mmol/l	23.0-32.6	N	GLUC	99	mg/dL	70-100	N	CRE	0.84	mg/dL	0.47-1.35	N	CALC	9.2	mg/dL	8.9-10.3	N	BCRATIO	11		8-23	N	OSMOC	274	mOsm/kg	271-318	N	ANION	11	mmol/L	6-13	N	EGFR-A	>60	mL/min/1.7			Result:			UCOLOR	Yellow	Pale Straw, Straw, YeN	UAPPEAR	CLOUDY	Clear, Slightly Hazy A
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Spartanburg Regional Medical Center 101 E. Wood St.	Emergency Center (864)560-5400 Assessment Sheet	MR # 000149367 Name: Williams, Jason W Phone: Address: CLIFTON, SC 29324 Unit Code: 10106	Sex: Male DOB: Account #: Age: 31
---	--	---	--

USP GRAV 1.015 1.005-1.030 N
 UPH 7.5 5.0-8.0 N
 UPROTEIN Trace Negative A
 UGLUCOSE Negative Negative N
 UKFTONFS Negative Negative N
 UBILI Negative Negative N
 UBLOOD Negative Negative N
 ULEUK Negative Negative N
 UNIT Negative Negative N
 UUROBIL Negative EU/dL

18:34 03/08/2010 - Final Order Results - HISS
 Type of Order: LAB
 Filer Number: 10067562568
 Placer Number: 10067562568
 Note: Procedure: URINALYSIS - MICROSCOPIC
 Procedure Notes: FC H1

Result:
 UWBC None seen /hpf 0-0 N
 URBC None seen /hpf 0-3 N
 USQEP None seen /hpf
 UBACTERIA None seen
 UMUCUS OCC /pf
 UCRYSTALS Many Amorphous /hpf

18:38 03/08/2010 - Final Order Results - HISS
 Type of Order: LAB
 Filer Number: 10067562417
 Placer Number: 51404322
 Note: Procedure: DRUG SCREEN URINE
 Procedure Notes: EC H1

Result:
 AMPH POS Negative A
 BARB NEG Negative A
 BENZ NEG Negative A
 COCM NEG Negative A
 OP NEG Negative A
 PCP NFG Negative A
 THCS NEG Negative A

18:50 03/08/2010 - Oximetry - Alison Beardley RN, CEN, EMT-P
 Pulse Oximetry %: 96

18:50 03/08/2010 - Vital Signs - Alison Beardley RN, CEN, EMT-P
 BP: 135/70
 HR: /5
 Resp: 14

18:51 03/08/2010 - Pain Assessment - Alison Beardley RN, CEN, EMT-P
 Severity Score: 0/10 - none

18:51 03/08/2010 - Discharge Condition - Alison Beardley RN, CEN, EMT-P
 Acuity: Class 3
 Condition: stable
 Mobility at Discharge: Ambulatory
 Patient Teaching: Follow-up plan of care reviewed w/ pt, Pt voiced understanding of plan of care, Written dx instructions reviewed w/ pt
 Mode of Discharge: Police
 Note: Patient in custody discharged to County officers

18:51 03/08/2010 - IV Care - Alison Beardley RN, CEN, EMT-P
 Post procedure assessment: D/Cd INT - catheter intact, no redness at site, no swelling at site

18:52 03/08/2010 - Reassessment - Alison Beardley RN, CEN, EMT-P
 Note: Patient reassessed by Dr. Hill p patient complained he felt tired. CT NORMAL LABS NORMAL PATIENT DISCHARGED TO JAIL WITH OFFICERS.

FINAL

Patient Care Report



Spartanburg EMS

525 UNION STREET
SPARTANBURG, SC 29306
Ext.

Run Number: 08014
Patient Number: 1 of 1
Date of Service: 03/08/2010
Patient Name: JASON WILLIAMS
Medical Record #: 000149367
Account #

CREW INFO	RESPONSE INFO	DISPOSITION	TIMES
Vehicle : 05728 Call Sign : M-04 Crew #1: HAMPTON, MATTHEW Crew #2: BRIDWELL, ANDREW Doc'd By: HAMPTON, MATTHEW Assisted By: 1 0 0	Med/Trauma: Trauma Response Priority: Emergency Nature Of Call: MVA- Injuries Start Mileage: 28,815.0 At Scene Mileage: 28,821.0 At Dest. Mileage: 28,836.0 Resp. Delay: <None> <None> <None> Trans. Delay: <None> <None> <None> Call Taken by: 911 Resp. with: Highway Patrol Sheriff's Department Location: HAMMETT RD AND PATTERSON RD Cowpens, SC 29330 Pt. Found: At Scene	Outcome: Hospital Dest. Reason: Trauma Center Transport Priority: Non-Emergency Condition at Dest.: Level of care: ALS Barriers to Care: None None None Hospital Disposition: Not Available Pt. Transported: Destination: Spartanburg Regional Medical Center Dept: FC 101 E. WOOD ST SPARTANBURG, SC 29303 Recv Doctor: BRANCATI, DAVID	Recvd: 14:50 03-08-10 Dispatch: 14:50 03-08-10 En route: 14:57 03-08-10 At scene: 14:59 03-08-10 At patient: 15:00 03-08-10 Transport: 15:15 03-08-10 At dest.: 15:46 03-08-10 In service: 10:15 03-08-10 At base:

PATIENT INFORMATION

Name : JASON WILLIAMS Phone : DL info :
 SSN : DOB : Weight : 200 lbs
 Sex : Male Home Addr. : ROEBUCK, SC 29376 Mailing Addr. :
 Race : Caucasian ROEBUCK, SC 29376
 Marital Status : Single

Charges

Account # Admitted Yes / No
 Base Charge AmbSvc, Emergency, ALS Level 1 A0427
 Mileage Type Mileage A0425 Transport Mileage: 15.0
 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?

INSURANCE

Guarantor:
 no insurance information entered

HISTORY

Allergies
 No Known Drug Allergies

FINAL

Patient Care Report



Spartanburg EMS
525 UNION STREET
SPARTANBURG, SC 29306
(864) 598-2800 Ext.

Run Number: 08014
Patient Number 1 of 1
Date of Service: 03/08/2010
Patient Name: JASON WILLIAMS
Medical Record # 000149367
Account #

Cause of Injury

Motor Vehicle Traffic Accident

Chief Complaint

Pain - Back

Medications

None -

Past Medical History

None

FINAL

Patient Care Report



Spartanburg EMS

525 UNION STREET
SPARTANBURG, SC 29306
(864) 598-2800 Ext.

Run Number: 08014

Patient Number 1 of 1

Date of Service: 03/08/2010

Patient Name: JASON WILLIAMS

Medical Record # 000149367

Account #

ASSESSMENTS

<u>Body Area</u>	<u>Assessment</u>	<u>Body Area</u>	<u>Assessment</u>
Airway	Patent Patent :	Breathing	Normal Respirations Normal Respirations :
Circulation	Pulses - Radial - Normal (2+) Pulses - Radial - Normal (2+) :	LOC	A & O to person, place, time, event A & O to person, place, time, event :
Central Nervous System	Neuro Intact Neuro Intact :	Blood/Fluid Loss	None Noted None Noted :
Head	Assessed with No Abnormalities Assessed with No Abnormalities :	Face	Assessed with No Abnormalities Assessed with No Abnormalities :
Right Ear	Assessed with No Abnormalities Assessed with No Abnormalities :	Left Ear	Assessed with No Abnormalities Assessed with No Abnormalities :
Right Eye	Assessed with No Abnormalities Assessed with No Abnormalities :	Left Eye	Assessed with No Abnormalities Assessed with No Abnormalities :
Nose	Assessed with No Abnormalities Assessed with No Abnormalities :	Neck	Assessed with No Abnormalities Assessed with No Abnormalities :
Trachea	Midline Midline :	Chest	Assessed with No Abnormalities Assessed with No Abnormalities :
Palms	Assessed with No Abnormalities Assessed with No Abnormalities :	Upper Right Arm	Assessed with No Abnormalities Assessed with No Abnormalities :
Upper Left Arm	Assessed with No Abnormalities Assessed with No Abnormalities :	Lower Right Arm	Assessed with No Abnormalities Assessed with No Abnormalities :
Lower Left Arm	Assessed with No Abnormalities Assessed with No Abnormalities :	Right Hand	Assessed with No Abnormalities Assessed with No Abnormalities :
Left Hand	Assessed with No Abnormalities Assessed with No Abnormalities :	Upper Right Leg	Assessed with No Abnormalities Assessed with No Abnormalities :
Upper Left Leg	Assessed with No Abnormalities Assessed with No Abnormalities :	Lower Right Leg	Assessed with No Abnormalities Assessed with No Abnormalities :
Lower Left Leg	Assessed with No Abnormalities Assessed with No Abnormalities :	Right Foot	Assessed with No Abnormalities Assessed with No Abnormalities :
Left Foot	Assessed with No Abnormalities Assessed with No Abnormalities :	Abdomen - LLQ	Assessed with No Abnormalities Assessed with No Abnormalities :
Abdomen - LUQ	Assessed with No Abnormalities Assessed with No Abnormalities :	Abdomen - RLQ	Assessed with No Abnormalities Assessed with No Abnormalities :
Abdomen - RUQ	Assessed with No Abnormalities		Assessed with No Abnormalities :

FINAL Patient Care Report



Spartanburg EMS
 525 UNION STREET
 SPARTANBURG, SC 29306
 (864) 596-2800 Ext.

Run Number: 08014
 Patient Number 1 of 1
 Date of Service: 03/08/2010
 Patient Name: JASON WILLIAMS
 Medical Record # 000149367
 Account #

Back - Lower Pain Back - Upper Pain
 Pain: Pain:

IMPRESSIONS

Primary Impression: Pain - Back 774.5
 Secondary Impressions: Pain - Chest / Rb 786.50

TRAUMA

Trauma Description
 MVA Speed - Initial > 55 MPH
 MVA Damage - Not Driveable
 MVA - Position in Vehicle - Driver Seat

VITAL SIGNS

Time	BP	Pulse	Respiratory	SPO2	ETCO2	Glucose	GCS
15:16	146/88 NIBP Machine	110, Strong, Regular	18 Normal, Regular	98%, Source: Supplemental			E4 + V5 + M6 = 15
Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Lung Sounds Left=Normal / Clear Lung Sounds Right=Normal / Clear Cap. Refill=Normal Pupil size: Left=4, Right=4 Pupil Reacts: Left=Reactive, Right=Reactive Pupil Dilation: Left=Normal, Right=Normal Level of Consciousness: Alert; Pain Scale=3; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement Left=Spontaneous, Right=Spontaneous Completed By: HAMPTON, MATTHEW							
15:25	138/82 NIBP Machine	110, Strong, Regular	18 Normal, Regular	98%, Source: Supplemental		128	E4 + V5 + M6 = 15
Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Lung Sounds Left=Normal / Clear Lung Sounds Right=Normal / Clear Cap. Refill=Normal Pupil size: Left=4, Right=4 Pupil Reacts: Left=Reactive, Right=Reactive Pupil Dilation: Left=Normal, Right=Normal Level of Consciousness: Alert; Pain Scale=3; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement Left=Spontaneous, Right=Spontaneous ECG=Normal Sinus Rhythm Completed By: HAMPTON, MATTHEW							
15:34	134/98 NIBP Machine	100, Strong, Regular	16 Normal, Regular	98%, Source: Supplemental			E4 + V5 + M6 = 15
Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Lung Sounds Left=Normal / Clear Lung Sounds Right=Normal / Clear Cap. Refill=Normal Pupil size: Left=4, Right=4 Pupil Reacts: Left=Reactive, Right=Reactive Pupil Dilation: Left=Normal, Right=Normal Level of Consciousness: Alert; Pain Scale=3; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement Left=Spontaneous, Right=Spontaneous ECG=Normal Sinus Rhythm Completed By: HAMPTON, MATTHEW							

TRAUMA SCORES

no trauma scores entered
 Comments:

TREATMENT SUMMARY

Time	PTA	Treatment	Who performed	Comments
15:07		Spinal Immobilization Complication	HAMPTON, MATTHEW Complication Narrative	

FINAL

Patient Care Report



Spartanburg EMS
 525 UNION STREET
 SPARTANBURG, SC 29306
 (864) 598-2800 Ext.

Run Number: 08014
 Patient Number 1 of 1
 Date of Service: 03/08/2010
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 Medical Record # 000149367
 Account #

TREATMENT SUMMARY CONTINUED

Indication=MVA Device=Long Spine Board Method=Standing Backboard
 CID=Head Bed II Cervical Collar=No-Neck Secured With=Spider Straps
 Result=Immobilized Response=Unchanged

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Comments</u>
15:08		Oxygen <u>Complication</u>	HAMPTON, MATTHEW <u>Complication Narrative</u>	

Device=Adult Cannula Indication=Prophylactic LPM=4 LPM
 Result=No Change Response=Unchanged

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Comments</u>
15:12		Cardiac Monitor <u>Complication</u>	HAMPTON, MATTHEW <u>Complication Narrative</u>	

Indication=Trauma Pads=Standard Electrodes Lead=I, II, & III

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Comments</u>
15:14		IVIO <u>Complication</u>	HAMPTON, MATTHEW <u>Complication Narrative</u>	

Rate=TKO Successful=Yes Solution=0.9% Sodium Chloride
 Tubing=Macro Drip Volume=50 ML Size=16 G
 Length=1.25 Blood Drawn=No Successful IV Site=Hand-Right
 Type=IV - Extremity Number of Procedure Attempts=1

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Comments</u>
15:36		Hospital Notified <u>Complication</u>	HAMPTON, MATTHEW <u>Complication Narrative</u>	

Orders Requested=No Orders Received=No Contact Made=Yes
 Method=800mhz Med Channel

NARRATIVE

DISPATCHED TO MVA WITH INJURIES. ARRIVED TO FIND MULTIPLE POLICE OFFICERS ON SCENE WITH THE PT. POLICE STATE PT WAS FLEEING FROM POLICE IN A CHASE AND WHEN THE PT WRECKED HIS TRUCK HE FLED ON FOOT. PT IS IN HANDCUFFS AND CUSTODY OF THE SHERIFFS OFFICE. PT TRUCK ROLLED ONE TIME AND LANDED ON THE TOP. AIRBAGS DEPLOYED. PT STATES HE WAS WEARING HIS SEATBELT. PT IS A/O TIMES FOUR, PWD AND C/O THORACIC BACK PAIN. PT HAS NO OTHER COMPLAINTS. PT HAS NO DEFORMITY NOTED TO HIS BACK. PT HAS NO OTHER INJURIES NOTED AS WELL. PT HAS NO NECK C-COLLAR PLACED. PT IS PLACED ON LONG SPINE BOARD USING STANDING TAKEDOWN. PT SECURED WITH SPIDER STRAPS. PT LOADED IN TRUCK AND PLACED ON 4LPM O2 VIA NC. PT PLACED ON CARDIAC MONITOR SHOWING NSR WITH NO ABNORMALITIES. PT HAS 16 G IV IN RIGHT HAND WITH NO BLOOD DRAW AND BGLAS NOTED IN REPORT. PT VITALS AS STATED IN REPORT. PT IS TRANSPORTED TO SRMC ER NON EMERGENT AND WITHOUT INCIDENT. RADIO REPORT TO ER WITH NO ORDERS. PT CARE TURNED OVER TO RN IN HALLWAY BED WITH SIDE RAILS UP. PT REPORT GIVEN AND SIGNATURES OBTAINED. EMS CLEAR AND IN SERVICE.

FINAL

Patient Care Report



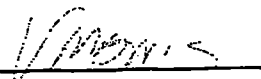
Spartanburg EMS
525 UNION STREET
SPARTANBURG, SC 29306
(864) 598-2800 Ext.

Run Number: 08014
Patient Number 1 of 1
Date of Service: 03/08/2010
Patient Name: JASON WILLIAMS
Medical Record # 000149367
Account #

SIGNATURES

Time	Type	Who signed	Why patient did not sign
03/08/2010 15:55	Receiving Signature	Nurse - MORRIS, VYVIAN	<Not applicable>

I acknowledge receiving EMS Patient JASON WILLIAMS on the time indicated in this report.

X 

Witness

MATTHEW HAMPTON

X 

03/08/2010 15:56	Ordering / Certifying Physician	Physician - BRANCATI, DAVID	<Not applicable>
------------------	---------------------------------	-----------------------------	------------------

Ordering Physician
I certify the transportation of this patient, JASON WILLIAMS, was medically necessary.
This patient could not be transported by any other means.

X 

Witness

MATTHEW HAMPTON

X 

03/08/2010 16:03	Responsible Party	Crew Member #1 - HAMPTON, MATTHEW	Other
------------------	-------------------	-----------------------------------	-------

FINAL

Patient Care Report



Spartanburg EMS

525 UNION STREET
SPARTANBURG, SC 29306
(864) 596-2800 Ext.

Run Number: 08014

Patient Number 1 of 1

Date of Service: 03/08/2010

Patient Name: JASON WILLIAMS

Medical Record # 000148367

Account #

JASON WILLIAMS or the patient's lawful representative or surrogate for consent to treatment acknowledges that the medical care which (was) (is about to be) furnished to the patient (was) (will be) limited solely to emergency transportation and treatment. The Undersigned authorizes such medical treatment and transportation as being considered medically necessary. I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to Spartanburg Regional Medical Center EMS for any services provided to me by Spartanburg Regional Medical Center EMS now or in the future. I understand that I am financially responsible for the services provided to me by SRMC EMS, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to Spartanburg Regional Medical Center any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to Spartanburg Regional Medical Center. I authorize Spartanburg Regional Medical Center to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or documentation about me to release such information to Spartanburg Regional Medical Center and its billing agents, and/or the Centers for Medicare and Medicaid Services and its carriers and agents, and/or any other payers or insurers as maybe necessary to determine these or other benefits payable for any services provided to me by Spartanburg Regional Medical Center - EMS, now or in the future. A copy of this form is as valid as an original.

X available to sign

Witness

MATTHEW HAMPTON

X

03/08/2010 16:04

Ambulance Crew Representative

Crew Member #1 - HAMPTON, MATTHEW

<Not applicable>

My signature below indicates that, at the time of service, this patient was physically or mentally incapable of signing and that no authorized representatives were available or willing to sign.


The patient was unable to sign due to condition in this report. The patient was transported to the listed medical facility

X

Witness

ANDY BRIDWELL


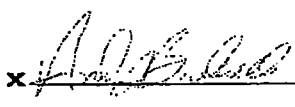
X

FINAL	Patient Care Report	
	Spartanburg EMS	Run Number: 08014
	525 UNION STREET SPARTANBURG, SC 29306 (864) 598-2800 Ext.	Patient Number 1 of 1
		Date of Service: 03/08/2010
		Patient Name: JASON WILLIAMS
		Medical Record # 000149367 Account #

CREW INFORMATION

Start Date/Time: 03/08/2010 08:00

Crew #	Name	Crew #	Name
56	HAMPTON, MATTHEW	15	BRIDWELL, ANDREW

x 
x 

CHANGE TRACKING					
Field ID	Caption	Date/Time	Change	Who Changed	Previous Value
84	Address 2	03/11/2010 2:35:35PM	Deleted	JACKSON, DONALD	
89	Phone	03/11/2010 2:35:35PM	Modified	JACKSON, DONALD	(864) 560-6000 Ext.
90	Phone 2	03/11/2010 2:35:35PM	Modified	JACKSON, DONALD	(000) 000-0000 Ext.
94		03/11/2010 2:35:35PM	Deleted	JACKSON, DONALD	
117	Transport Priority	03/11/2010 2:35:35PM	Inserted	JACKSON, DONALD	
907	Sending Fac. Med. Rec.	03/11/2010 2:36:19PM	Deleted	JACKSON, DONALD	
73	Address 2	03/11/2010 2:36:19PM	Deleted	JACKSON, DONALD	
78	Phone	03/11/2010 2:36:19PM	Deleted	JACKSON, DONALD	

EmSTAT Report of Home Medications, Medications Given and Medications Prescribed Spartanburg Regional Medical Center 101 E. Wood St. Spartanburg, SC 29303 Emergency Department (864)560-5400	Name: Williams, Jason MFI #: 000149367 DOB:	Sex: M Account #: Age: 31 Weight:
	Chief Complaint: MVA/BACK PAIN Prim Diagnosis: Contusion head ED Physician: Brancati MD, David S PCP: Unassigned,	

Allergies:
*No Known Allergies

Home Medications

Recorded by Vyvian Morris, RN - 03/08/2010 16:22

<u>Medication/Dose/Route/Frequency</u>	<u>Last Dose</u>	<u>Disposition</u>	<u>PCP Contacted</u>
*None		Continue/Stop	No

Comment: _____

Medications Given in ED

No Medications Given

Medications Prescribed by ED Physician

No Medications Prescribed

Medications Reconciled by

Printed By: Cold Feed
Verified By: _____

PCP /EDMD (circle one) Date/Time:

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

WILLIAMS, JASON W
31Y
HILL, WILLIAM H

MF#: S000149367
DOB:
Location: PT Type: EMERGENCY ROOM

ACCT#: Admitted: 03/08/2010

HEMATOLOGY

Accession No. H100670674	Result	Units	Reference
BLOOD 03/08/2010 17:54 Released 03/08/2010 18:03	White Blood Cell Count	9.1	K/cmm 3.1-9.7
	Red Blood Cell Count	4.78	million/cmm 4.08-5.70
	Hemoglobin	14.5	g/dL 13.1-16.8
	Hematocrit	42.7	% 38.2-48.4
	Mean Corpuscular Volume	89.4	fL 80.1-98.7
	Mean Corpuscular Hemoglobin	30.3	pg 27.5-34.3
	Mean Corpuscular Hemoglobin Concentration	33.9	g/dL 33.2-35.7
	Red Cell Distribution Width	12.2	% 11.7-15.0
	Platelet	217	K/cmm 119-332

**EC H1
URINALYSIS**

Accession No. C100671159	Test	Result	Units	Reference
VOIDED URINE 03/08/2010 18:06 Released 03/08/2010 18:38	Amphetamines	POS **		Negative
	Barbituates	NEG **		Negative
	Benzodiazepine	NEG **		Negative
	Cocaine	NEG **		Negative
	Opiates	NEG **		Negative
	Phencyclidine	NEG **		Negative
	Cannabinoids	NEG **		Negative
	Urine Color	Yellow		Pale Straw, Straw, Yellow
03/08/2010 18:06 Released 03/08/2010 18:34	Urine Appearance	CLOUDY **		Clear, Slightly Hazy
	Urine Specific Gravity	1.015		1.005-1.030
	Urine pH	7.5		5.0-8.0
	Urine Protein	Trace **		Negative
	Urine Glucose	Negative		Negative
	Urine Ketones	Negative		Negative
	Urine Bilirubin	Negative		Negative
	Urine Blood	Negative		Negative
	Urine Leukocyte Esterase	Negative		Negative
	Urine Nitrite	Negative		Negative
	Urine Urobilinogen	Negative	EU/dL	
	Urine WBC	None seen	/hpf	0-8
	Urine RBC	None seen	/hpf	0-3
	Urine Squamous Epithelial Cells	None seen	/hpf	
	Urine Bacteria	None seen		
	Urine Mucous	OCC	/hpf	
	Urine Crystals	Many Amorphous	/hpf	

**EC H1
CHEMISTRY**

Accession No. C100671158	Result	Units	Reference
BLOOD 03/08/2010 17:54 Released 03/08/2010 18:14	Sodium	138	mmol/L 133-145

EC H1
No hemolysis noted

Patient Name: WILLIAMS, JASON W
Location:
PT Type: EMERGENCY ROOM

HPF ONLY OUTPATIENT AND ER FINAL DI

Printed: 03/09/2010 01:34
Page: 1 of 2

PRINTED BY: DB30588

DATE 4/30/2013

J. David Wren, MD PHD, Director

Spartanburg Regional Medical Center
101 E. Wood Street
Spartanburg, South Carolina 29303-3072Dept of Laboratory Medicine
864-560-6212WILLIAMS, JASON W
31Y
HILL, WILLIAM HMP#: S000149367
DOB:
Location: PT Type: EMERGENCY ROOMACCT#:
Admitted: 03/09/2010

	Result	Units	Reference
Potassium	3.8	mmol/L	3.5-4.9
Chloride	107	mmol/L	100-111
Carbon Dioxide	23.4	mmol/L	23.0-32.6
Glucose	99	mg/dL	70-100
Urea Nitrogen	7	mg/dL	6-20
Creatinine	0.64	mg/dL	0.47-1.35
Calcium	9.2	mg/dL	8.9-10.3
Anion Gap	11	mmol/L	6-13
Bun/Creat Ratio	11		8-23
Osmolality Calculation	274	mOsm/kg	271-318
Estimated GFR-African American	>60	mL/min/1.73 m ²	
Estimated GFR-Other	>60	mL/min/1.73 m ²	

Do not use this eGFR calculation for medication dose adjustments.

Patient Name: WILLIAMS, JASON W
Location:
PT Type: EMERGENCY ROOM

HPF ONLY OUTPATIENT AND ER FINAL DI

Printed: 03/09/2010 01:34
Page: 2 of 2

PRINTED BY: DB30588

DATE 4/30/2013

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: WILLIAMS, JASON W
ORDERING PHYSICIAN: BRANCATI, DAVID S
LOC: EM1-EM52-B DOB:
Pt. Type: ER

UNIT #: 000149367
CI#: 2702622
AN#:

FINAL

Exam

60140 CT BRAIN WITHOUT CONTRAST Date: 03/08/10 1604
70450 Ord Diag: MVA/ BACK PAIN

CT head without contrast 3/8/2010

Indication: Trauma

No similar studies for comparison

Findings: Axial images through the head were submitted without contrast. The mastoid air cells and imaged paranasal sinuses are clear. There is no skull fracture or significant scalp hematoma. Ventricles are normal in size and configuration. No intracranial hemorrhage, large vascular territory infarction, midline shift, mass effect, or abnormal extra-axial fluid collection.

Impression: Negative CT head without contrast.

Transcriptionist- n/a
Reading Radiologist- JOSEPH K KURKJIAN MD
Releasing Radiologist- JOSEPH K KURKJIAN MD
Released Date Time- 03/08/10 1618

Page 1

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: WILLIAMS, JASON W
ORDERING PHYSICIAN: BRANCATI, DAVID S
LOC: EM1-EM52-B DOB:
Pt. Type: ER

UNIT #: 000149367
CI#: 2702622
AN#:

FINAL

Exam

60140 CT BRAIN WITHOUT CONTRAST Date: 03/08/10 1604
70450 Ord Diag: MVA/ BACK PAIN

CT head without contrast 3/8/2010

Indication: Trauma

No similar studies for comparison

Findings: Axial images through the head were submitted without contrast. The mastoid air cells and imaged paranasal sinuses are clear. There is no skull fracture or significant scalp hematoma. Ventricles are normal in size and configuration. No intracranial hemorrhage, large vascular territory infarction, midline shift, mass effect, or abnormal extra-axial fluid collection.

Impression: Negative CT head without contrast.

Transcriptionist- n/a

Reading Radiologist- JOSEPH K KURKJIAN MD

Releasing Radiologist- JOSEPH K KURKJIAN MD

Released Date Time- 03/08/10 1618

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: WILLIAMS, JASON W
ORDERING PHYSICIAN: BRANCATI, DAVID S
LOC: EM1-EM52-B DOB:
Pt. Type: ER

UNIT #: 000149367
CI#: 2702621
AN#:

FINAL

Exam
60276 CT SPINE CERVICAL W/O CONTRAST Date: 03/08/10 1604
72125 Ord Diag: MVA/ BACK PAIN

CT Cervical Spine March 8, 2010

Indication: Neck pain after MVA

Technique: Multiple contiguous 1.25 mm thick axial images are obtained encompassing the cervical spine vertebrae. Sagittal and coronal 2D reformatted images are done as well.

Findings: The cervical vertebrae show no fracture or subluxation. The posterior elements and facets are intact. There is a gentle convex-right mid cervical spine curvature. No significant central or foraminal stenosis is identified. The craniocervical junction and thoracic inlet are unremarkable. Paraspinous soft tissues are normal.

Impression: No traumatic fracture or cervical spine subluxation.

Transcriptionist- n/a
Reading Radiologist- William T Joyce MD
Releasing Radiologist- William T Joyce MD
Released Date Time- 03/08/10 1641

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: WILLIAMS, JASON W
ORDERING PHYSICIAN: BRANCATI, DAVID S
LOC: EM1-EM52-B DOB:
Pt. Type: ER

UNIT #: 000149367
CI#: 2702620
AN#:

FINAL

Exam

10250 ER SPINE LUMBAR 2 OR 3 VIEWS Date: 03/08/10 1604
72100 Ord Diag: MVA/ BACK PAIN

Lumbar Spine Series March 8, 2010

Indication: Low back pain after MVA

Findings: AP, lateral, coned-down lumbar sacral views are submitted. Bony density and alignment is within normal limits, with no fracture or significant subluxation. The paraspinous soft tissues are unremarkable for age. There is no advanced degenerative changes.

Impression: Negative

Transcriptionist- n/a

Reading Radiologist- William T Joyce MD

Releasing Radiologist- William T Joyce MD

Released Date Time- 03/08/10 1635
