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S.C. Supreme Court

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM SUMTER COUNTY
Court of Common Pleas

Honorable Michael Nettles, Circuit Court Judge

Case No. 08-CP-43-00905
Appellate Case No. 2013-001968

BOBBY WAYNE STONE..... Petitioner,

v.

STATE OF SOUTH CAROLINA..... Respondent.

APPENDIX
VOLUME XI OF XV

EMILY C. PAAVOLA
Death Penalty Resource & Defense Center
900 Elmwood Ave., Suite 101
Columbia, SC 29201
(803)765-1044

JOHN H. BLUME
Cornell Law School
158 Myron Taylor Hall
Ithaca, New York 14853
(607) 255-1030
Counsel for Petitioner

ALPHONSO SIMON
Office of the Attorney General
P.O. Box 11549
Columba, SC 29211
(803) 734-4037
Counsel for Respondent

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Juror 24 (Questioning by Jackson)	2549
Juror 24 (Questioning by Littlejohn)	2552
Ms. Dowe, Juror 56 (Questioning by the Court)	2557
Juror 56 (Questioning by Jackson)	2563
Juror 56 (Questioning by Littlejohn)	2565
Ms. Drake, Juror 57 (Questioning by the Court)	2570
John McCloud, Juror 140 (Questioning by the Court)	2575
Juror 140 (Questioning by Jackson)	2583
Juror 140 (Questioning by Littlejohn)	2586
Mr. Slater, Juror 198 (Questioning by the Court)	2594
Juror 198 (Questioning by Saleeby)	2599
Juror 198 (Questioning by Babb)	2600
Mr. Tomlin, Juror 218 (Questioning by the Court)	2603
Mr. Cochran, Juror 39 (Questioning by the Court)	2606
Ms. Fulwood, Juror 64 (Questioning by the Court)	2609
Ms. Blanchette, Juror 19 (Questioning by the Court)	2613
Juror 19 (Questioning by Saleeby)	2618
Juror 19 (Questioning by Babb)	2620
Mr. Price, Juror 175 (Questioning by the Court)	2624
Juror 175 (Questioning by Jackson)	2630
Juror 175 (Questioning by Littlejohn)	2632
Emerericiana Ulery, Juror 222 (Questioning by the Court)	2642
Juror 222 (Questioning by Jackson)	2648
Juror 222 (Questioning by Littlejohn)	2650
Ms. Weston, Juror 235 (Questioning by the Court)	2656
Ms. Weeks, Juror 233 (Questioning by the Court)	2658
Juror 233 (Questioning by Saleeby)	2664
Juror 233 (Questioning by Babb)	2665
Mr. Brooks, Juror 26 (Questioning by the Court)	2673
Juror 26 (Questioning by Littlejohn)	2677
Nickie Jones, Juror 110 (Questioning by the Court)	2679
Juror 110 (Questioning by Jackson)	2685
Juror 110 (Questioning by Babb)	2689
Rosada Heriot, Juror 88 (Questioning by the Court)	2694
Juror 88 (Questioning by Jackson)	2698
Juror 88 (Questioning by Babb)	2700
Juror 88 (Questioning by the Court)	2704
Ms. Sanders, Juror 189 (Questioning by the Court)	2706

Juror 189 (Questioning by Jackson)	2711
Juror 189 (Questioning by Babb)	2714
Mr. Harsch, Juror 86 (Questioning by the Court)	2718
Juror 86 (Questioning by Jackson)	2723
Juror 86 (Questioning by Babb)	2725
Ms. Smith, Juror 199 (Questioning by the Court)	2734
Juror 199 (Questioning by Jackson)	2742
Juror 199 (Questioning by Littlejohn)	2744
Ms. Myers, Juror 157 (Questioning by the Court)	2749
Juror 157 (Questioning by Jackson)	2754
Juror 157 (Questioning by Babb)	2760
Mr. Rewis, Juror 180 (Questioning by the Court)	2774
Juror 180 (Questioning by Saleeby)	2779
Juror 180 (Questioning by Babb)	2780
Mr. Copeland, Juror 41 (Questioning by the Court)	2785
Juror 41 (Questioning by Jackson)	2794
Juror 41 (Questioning by Babb)	2799
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Case Called	2863
State's Exhibit #84 (Diagram) entered into evidence	2871
State's Exhibit #85 (Diagram) entered into evidence	2871
State's Exhibit #86 (Diagram) entered into evidence	2871
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Tommy Mims (Direct by Saleeby)	2898
Lillie Britt (Direct by Saleeby)	2907
State's Exhibit #63 (copy of indictment) entered into evidence	2910
State's Exhibit #64 (copy of indictment) entered into evidence	2910
State's Exhibit #65 (copy of indictment) entered into evidence	2910
State's Exhibit #66 (copy of indictment) entered into evidence	2910
State's Exhibit #67 (copy of indictment) entered into evidence	2910
State's Exhibit #68 (copy of indictment) entered into evidence	2910
State's Exhibit #69 (copy of indictment) entered into evidence	2910
Sharon Holland (Direct by Saleeby)	2915
Kathy Miles (Direct by Saleeby)	2923
State's Exhibit #4 (911 tape) played for the jury	2930
Kathy Miles (Cross by Littlejohn)	2930
Mary Ruth Williamson (Direct by Saleeby)	2937
State's Exhibit #56 (coat) entered into evidence	2944
State's Exhibit #13 (gun) entered into evidence	2946
State's Exhibit #6 (photo) entered into evidence	2951
State's Exhibit #9 (photo) entered into evidence	2953
State's Exhibit #8 (photo) entered into evidence	2954
State's Exhibit #15 (photo) entered into evidence	2955
State's Exhibit #10 (photo) entered into evidence	2955
State's Exhibit #12 (photo) entered into evidence	2956

Mary Ruth Williamson (Cross by Babb)	2957
Daniel Bethea (Direct by Saleeby)	2974
Daniel Bethea (Cross by Littlejohn)	2980
Ruth Griffith (previous testimony read into the record)	2984
Landrow Taylor (previous testimony read into the record)	3036
John Prince (Direct by Saleeby)	3058
State's Exhibit #13 (shotgun) entered into evidence	3071
State's Exhibit #31 (photo) entered into evidence	3072
State's Exhibit #19 (photo) entered into evidence	3072
John Prince (Cross by Littlejohn)	3074
John Prince (Redirect by Saleeby)	3079
Gene Edward Hobbs, Jr. (Direct by Saleeby)	3081
State's Exhibit #27 (Smith and Weston nine millimeter) entered into evidence	3091
State's Exhibit #26 (rounds) entered into evidence	3091
Gene Edward Hobbs, Jr. (Cross by Littlejohn)	3100
Fred Powell, Jr. (Direct by Saleeby)	3107
State's Exhibit #40 (photo) entered into evidence	3122
Fred Powell, Jr. (Cross by Littlejohn)	3123
Dana Wingate (Direct by Saleeby)	3129
State's Exhibit #60 (knife) entered into evidence	3134
Dana Wingate (Cross by Littlejohn)	3135
Perry Herod (Direct by Saleeby)	3143
State's Exhibit #1 (advisement of rights form) entered into evidence	3150
State's Exhibit #2 (sketch) entered into evidence	3156
State's Exhibit #3 (written statement) entered into evidence	3157
Perry Herod (Cross by Littlejohn)	3170
Dr. Joel Sexton (Direct by Saleeby)	3177
State's Exhibit #18 (portions of lead bullet) entered into evidence	3190
State's Exhibit #17 (22 long rifle bullet) entered into evidence	3190
Dr. Joel Sexton (Cross by Littlejohn)	3195
Raymond Mackessy (Direct by Saleeby)	3197
State's Exhibits #41-46 (photos of beer cans) entered into evidence	3207
State's Exhibits #40-70 (fired 22-caliber cartridge casing) entered into evidence	3207
State's Exhibit #40 (photo) entered into evidence	3207
State's Exhibits #29 and 30 (photos) entered into evidence	3208
State's Exhibit #35 (photo) entered into evidence	3210
State's Exhibits #53 and 54 (22-caliber cartridge casings) entered into evidence	3211
State's Exhibit #31 (photo) entered into evidence	3212
State's Exhibit #20 (photo) entered into evidence	3212
State's Exhibits #21 and 25 (photos) entered into evidence	3213
State's Exhibit #23 (photo) entered into evidence	3214
State's Exhibit #57 (cut portion of screen) entered into evidence	3218
Thomas Darnell (Direct by Saleeby)	3221

Thomas Darnell (Cross by Babb)	3234
Jeffery Hollifield (Direct by Saleeby)	3244
Jeffry Hollifield (Cross by Babb)	3252
John Barron (Direct by Saleeby)	3259
John Barron (Cross by Babb)	3273
Ira Parnell (Direct by Saleeby)	3275
Ira Parnell (Cross by Littlejohn)	3297
Peggy Kubala (Direct by Jackson)	3309
Ferdinand Kubala (Direct by Jackson)	3317
Kevin Kubala (Direct by Jackson)	3329
Teresa Kubala-Hanvey (Direct by Jackson)	3333
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Teanne Oehler (Direct by Babb)	3391
Teanne Oehler (Cross by Saleeby)	3414
Teanne Oehler (Redirect by Babb)	3430
Melinda Parrott (Direct by Babb)	3431
Melinda Parrott (Cross by Saleeby)	3451
Elizabeth Perry (Direct by Babb)	3457
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Linda Parrott (Direct by Babb)	3466
Mary Jean Wilson (Direct testimony is read into record by Littlejohn)	3469
Mary Jean Wilson (Cross read into the record by Jackson)	3477
Mary Jean Wilson (Continued testimony read by Littlejohn)	3482
Dr. William Alexander Morton, Jr. (Direct by Babb)	3485
Dr. William Alexander Morton, Jr. (Cross by Jackson)	3509
Dr. William Alexander Morton, Jr. (Redirect by Babb)	3520
James Aiken (Direct by Littlejohn)	3522
James Aiken (Cross Examination)	3537
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Dr. Howard Becker (Direct by Blume)	4155
Dr. Howard Becker (Cross by Zelenka)	4187
Dr. Arlene Andrews (Direct by Blume)	4196
Dr. Arlene Andrews (Cross by Zelenka)	4243
Joseph Savitz, III (Direct by Lominack)	4254
Joseph Savitz, III (Cross by Simon)	4257
Wayne Hill (Direct by Blume)	4263
Wayne Hill (Cross by Simon)	4301
Wayne Hill (Redirect by Blume)	4317
Wade Kolp (Direct by Zelenka)	4320
Wade Kolp (Cross by Blume)	4338
Wade Kolp (Redirect by Zelenka)	4346
Peter Skidmore (Direct by Blume)	4347
Peter Skidmore (Cross by Simon)	4350
James Babb (Direct by Lominack)	4353
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Simon Majors, Jr. (Cross by Lominack)	4421
Cecil Jackson (Direct by Simon)	4425
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Ira Parnell (Direct by Simon)	4432
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Applicant's Exhibit #30 (Tammy Stone's Medical Records)	5199
Applicant's Exhibit #31 (Bobby Stone's School Records)	6438
Applicant's Exhibit #32 (Melinda Stone's School Records)	6457
Applicant's Exhibit #33 (Tammy Stone's School Records)	6475
Applicant's Exhibit #34 (Bobby O. Stone's School Records)	6493
Applicant's Exhibit #35 (Douglas Edwards' Criminal Records)	6496
Applicant's Exhibit #36 (Jerry Edwards' Criminal Records)	6541
Applicant's Exhibit #37 (Terry Edwards' Criminal Records)	6606
Applicant's Exhibit #38 (Baker Floyd's Criminal Records)	6734
Applicant's Exhibit #39 (Walter Floyd's Criminal Records)	6737
Applicant's Exhibit #40 (Michelle Lynch's Criminal Records)	6818
Applicant's Exhibit #41 (Lovia Miles' Criminal Records)	6854
Applicant's Exhibit #42 (Wesley Miles Criminal Records)	6869
Applicant's Exhibit #43 (Melinda Stone Parrott's Criminal Records)	6911
Applicant's Exhibit #44 (Bobby O. Stone's Criminal Records)	6921
Applicant's Exhibit #45 (Anthony Turner's Criminal Records)	6931
Applicant's Exhibit #46 (Thomas Windham's Criminal Records)	7069
Applicant's Exhibit #47 (Social Security Records)	7090
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TARGET WASTELOAD ALLOCATIONS
03-07-14

Point Source	NPDES Permit Number	Design Volume mgd	7Q10 at discharge point cfs	BOD_5 lbs. (mg/l)	D.O. mg/l	COD lbs. (mg/l)	pH s.u.	Detergents (MBAS) lbs. (mg/l)	Total Phosphorus lbs. (mg/l)	Fecal Coliform #/100ml	Phenols lbs. (mg/l)	NH_3 lbs. (mg/l)	Temperature °C	Trace Metals lbs. (mg/l)	Oil and Grease lbs. (mg/l)	Total Suspended Solids lbs. (mg/l)
Campbell Soup	SC0000795	2.825	0.0	313 (13.4)	6							(1.5)				
ESB Exide	SC0001856	.235	.124	36 (18.7)	6							(1.5)				
Days Inn Manning	SC0023329	.025	0.0	.68 (3.3)						200		.1 (.5)				
Howard Johnson	SC0031216	.009	0.0	.24 (3.3)						200		.03 (.5)				
Lighthouse Motel Thrifty Inn Motel	SC0032280	.05	0.0	1.3 (3.3)						200		.2 (.5)				
Ramada Inn	SC0031232	.025	0.0	.68 (3.3)						200		.1 (.5)				
Briarcliff MHP	SC0031844	.020	.62	5.4 (25)	6					200		.32 (1.5)				
Carolina Mobile Home	SC0032212	.03	.62	6.2 (25)	6					200		.38 (1.5)				
Burgess Glenn MHP	SC0031025	.018	.31	4.5 (30)						200		.23 (1.5)				
Haywood MHP	SC0031704	.0075	.31	1.8 (20)						200		.1 (1.5)				
Windsor City MHP	SC0031453	.03	.31	7.5 (30)						200		.38 (1.5)				

TARGET WASTELOAD ALLOCATIONS
03-07-14

Point Source	NPDES Permit Number	Design Volume mgd	7Q10 at discharge point cfs	BOD_5 lbs. (mg/l)	D.O. mg/l	COD lbs. (mg/l)	pH s.u.	Detergents (MBAS) lbs. (mg/l)	Total Phosphorus lbs. (mg/l)	Fecal Coliform #/100ml	Phenols lbs. (mg/l)	NH_3 lbs. (mg/l)	Temperature °C	Trace Metals lbs. (mg/l)	Oil and Grease lbs. (mg/l)	Total Suspended Solids lbs. (mg/l)
Pocalla S/D	SC0030724	.104	0.0	11.6 (13.4)	6					200		(1.5)				
Guignard Park	SC0025429	.0196	0.0	1.6 (9.9)	6					200		(1.5)				
Pinedale S/D	SC0025437	.06	.31	9.7 (19.4)	6					200		(1.5)				
Ivey Hall S/D	SC0031607	.0545	0.0	4.5 (10)	6					200		(1.5)				
Forest Hills S/D	SC0031569	.167	4.7	41.7 (30)						200		2 (1.5)				
Manchester Downs	SC0031623	.03	.062	7.5 (30)						200		.38 (1.5)				
Leawood MHP	SC0032701	.0441	.031	6 (16.3)	6					200		(1.5)				
Twin Lakes S/D	SC0023647	.032	4.7	5 (18.7)	6					200		(1.5)				
Crescent Tool (Cooper Ind.) #1	SC0024554	.06	.31				6-9							Cr=.14 Ni=.28	5	
Ashley Creek S/D	SC0025445	.5	6.5	69 (16.5)	5					200		(1.5)				

SEGMENT SAMPLING STATIONS

Station No.	Stream Name	Status	Class	Geologic Region Hydrologic Groups
PD 196	Long Branch Creek	P	B (Swamp)	I (1)
PD 197	Green Swamp	P	B (Swamp)	I (1)
PD 39	Green Swamp	S	B (Swamp)	I (1)
PD 272	Burnt Gin Camp Swimming Area	S	A	I (1)
PD 239	Nasty Branch	S	B (Swamp)	I (1)
PD 240	Nasty Branch	S	B (Swamp)	I (1)
PD 198	Cane Savannah Creek	I	B (Swamp)	I (1)
PD 280	Savannah Creek	I	B (Swamp)	I (1)
PD 91	Pocotaligo River	S	B (Swamp)	I (2)
PD 237	Pocalla Creek	S	B (Swamp)	I (1)
PD 238	Pocalla Creek	S	B (Swamp)	I (1)
PD 124	Turkey Creek	S	B (Swamp)	I (1)
PD 114	Turkey Creek	S	B (Swamp)	I (1)
PD 98	Turkey Creek	S	B (Swamp)	I (1)
PD 125	Turkey Creek	I	B (Swamp)	I (1)
PD 126	Turkey Creek	I	B (Swamp)	I (1)
PD 40	Turkey Creek	S	B (Swamp)	I (1)
PD 202	Pocotaligo River	S	B (Swamp)	I (2)
PD 155	Sammy Swamp	S	B (Swamp)	I (2)
PD 115	Pocotaligo River	S	B (Swamp)	I (2)
PD 156	Ox Swamp	S	B (Swamp)	I (1)
PD 43	Pocotaligo River	P	B (Swamp)	I (2)

TOTAL STATIONS = 22

I = Inactive

P = Primary

S = Secondary

WATER QUALITY PROBLEMS

During the four year period of record (1971-1974), 810 water quality observations were made at the sample points within the segment. Of these, 149 observations (or 18 percent) showed contraventions of South Carolina water quality standards. Twenty-three (23) percent of all dissolved oxygen observations showed contraventions. Twenty-one (21) percent of all fecal coliform observations showed contraventions and four (4) percent of all pH observations showed contraventions.

The following tables show contraventions by station in downstream order, giving year, month, and the reading of the violated parameter.

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DISSOLVED OXYGEN CONTRAVENTIONS
(mg/l)

	1971	
PD 196	Aug.	3.9
PD 91	May	3.6
	May	3.8
	May	3.4
	May	3.6
	May	3.2
	Aug.	1.3
	Sept.	3.6
	Sept.	2.0
PD 237	Sept.	1.3
PD 124	Aug.	2.4
PD 125	May	0.0
	May	1.0
PD 126	Aug.	.7
PD 40	May	0.0
	May	.8
	May	.4
	May	.6
	May	.7
	Aug.	.6
PD 202	July	.6
	1972	
PD 91	May	3.2
	May	3.8
	July	3.2
	July	1.0
	Sept.	.5
PD 238	May	1.0
PD 124	Sept.	3.5
PD 98	Sept.	3.6
PD 40	May	1.5
PD 202	July	.5
	July	.4
	Aug.	1.7
	Sept.	1.8
	Oct.	2.3
	Nov.	3.6
PD 115	Aug.	3.0
	Sept.	3.9
PD 156	Aug.	2.2
	1973	
PD 196	Sept.	3.9
PD 91	July	1.6

4963

DISSOLVED OXYGEN CONTRAVENTIONS (continued)

(mg/l)

	1973	
PD 238	Oct.	3.0
PD 124	July	1.4
PD 126	July	2.4
	Aug.	3.2
PD 40	April	1.8
	July	0.0
	Aug.	0.0
	Oct.	2.0
PD 202	April	3.7
	May	1.7
	June	1.3
	Oct.	1.0
	Nov.	2.0
	Dec.	3.5
	1974	
PD 39	Sept.	3.6
	Oct.	3.9
PD 239	Oct.	3.2
PD 240	Sept.	3.9
	Oct.	3.9
PD 91	May	3.6
	June	3.9
	July	0.0
	Sept.	2.5
	Oct.	3.2
PD 237	June	2.4
	Sept.	2.9
	Oct.	2.5
PD 238	Sept.	3.8
PD 124	July	2.5
	Sept.	1.8
	Oct.	2.8
PD 98	July	3.0
	Sept.	2.4
	Oct.	3.0
PD 202	May	0.0
	June	0.0
	July	0.0
	Aug.	1.6
	Sept.	0.0
	Oct.	0.0
PD 115	May	3.6

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FECAL COLIFORM CONTRAVENTIONS

(numbers/100 ml)

	1971	
PD 124	Aug.	7,000
PD 98	Aug.	54,000
PD 126	Aug.	160,000
PD 40	Aug.	240,000
PD 156	July	3,500
	1972	
PD 197	May	2,100
PD 272	July	700
PD 239	May	11,500
PD 238	July	8,300
PD 98	May	14,800
	July	88,000
PD 125	Nov.	27,000
PD 126	May	2,700
	Nov.	31,000
PD 40	Mar.	2,300
	July	158,000
	Sept.	32,000
PD 115	Sept.	16,700
PD 156	June	4,500
	1973	
PD 239	June	8,860
PD 240	June	2,960
PD 91	June	10,200
	July	34,000
PD 237	July	8,000
PD 238	July	4,900
PD 124	April	2,190
	June	22,600
	July	186,000
	Aug.	14,000
PD 98	April	4,450
	June	12,600
	July	4,600
	Aug.	16,800
PD 125	Mar.	6,820
	April	5,100
	July	2,200
	Aug.	16,800

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FECAL COLIFORM CONTRAVENTIONS (continued)
(numbers/100 ml)

	1973	
PD 126	Jan.	14,000
	Mar.	7,510
	April	7,200
	June	8,000
	Aug.	29,000
PD 40	Jan.	34,000
	Mar.	6,900
	April	28,000
	June	2,200
	Aug.	140,000
	1974	
PD 39	May	2,500
PD 272	Aug.	4,900
PD 240	Aug.	7,600
PD 91	Sept.	4,100
PD 237	May	3,900
	Aug.	6,800
PD 124	May	6,430
	June	7,200
	Sept.	4,200
PD 98	May	182,000
PD 40	May	51,000
	Oct.	16,000
PD 156	Aug.	2,300

pH CONTRAVENTIONS
(Standard Units)

	1972	
PD 125	Nov.	9.4
PD 126	Nov.	9.4
	1973	
PD 98	Oct.	8.6
PD 125	July	9.8
	Oct.	9.9
PD 40	Oct.	10
	1974	
PD 40	July	11
	Oct.	10.4

GRAND TOTALS

1971 = 26
1972 = 34
1973 = 47
1974 = 42
149

D.O. = 82
F.C. = 59
pH = 8
149

Analysis of the tables reveal that dissolved oxygen contraventions accounted for 55 percent of all observed water quality contraventions. Fecal coliform accounted for 40 percent of all contraventions and pH accounted for 5 percent of all contraventions.

Seasonal analysis of the preceding tables reveals that 4 percent of the total contraventions occurred in Winter, 33 percent occurred in Spring, 47 percent occurred in Summer and 16 percent occurred in Fall.

Dissolved oxygen contraventions ranged from 0.0 mg/l to 3.9 mg/l. Fecal coliform contraventions ranged from 700/100 ml to 240,000/100 ml.

Mercury observations seemed high on several days in 1973 and 1974. Although there are no state regulations on mercury limits, proposed criteria limits mercury in fresh water to .2 ug/l. In the period January, 1973, to December, 1974, mercury readings above .2 ug/l ranged from .26 ug/l to 4.57 ug/l. The following is a chart of mercury observations.

Station	Date	Concentration (ug/l)
PD 196	2- 5-74	2.2
	3- 4-74	1.3
	4- 1-74	.35
	5- 2-74	4.57
	12-19-74	.34
PD 197	11- 5-73	.8
	3- 4-74	.95
	5- 2-74	1.62
	12-19-74	.34
PD 238	5- 6-74	.28
PD 124	1- 3-73	.3
PD 98	4- 3-73	.6
	5- 6-74	.31
PD 40	1- 3-73	.3
PD 202	3-14-73	.8
	12-19-73	.7
	5- 6-74	.33
PD 115	3-14-73	.4
	5- 2-74	.53
PD 156	5- 2-74	.59
PD 43	3- 4-74	2.5
	4- 1-74	.52
	6-11-74	.66
	9-10-74	.26
	11-22-74	1.03
	12-19-74	.69

There also seems to be a BOD problem at some of the stations. There are no state regulations on BOD, but readings above 10 mg/l could indicate possible problem areas. In the period May, 1971, to October, 1974, BOD readings above 10 mg/l ranged from 10.2L mg/l to 780.0 mg/l. The following is a chart of BOD observations.

Station	Date	Concentration (mg/l)
PD 124	8-11-71	11.5
	5- 3-72	12.0
	7-31-72	55.0
	9-29-72	30.0
	7-10-74	14.2

Station	Date	Concentration (mg/l)
PD 98	8-11-71	22.7
	5- 3-72	12.0
	7-31-72	10.2L
	7-10-74	13.4
PD 125	5-12-71	360.0L
	5-18-71	435.0
	5-19-71	770.0L
	5-20-71	440.0
	3-28-72	50.4L
	7- 6-72	77.0
	7-31-72	203.0
	9-29-72	400.0
	11-20-72	160.0
	4-27-73	580.0
	6-11-73	270.0
	7-10-73	260.0
PD 126	5-12-71	360.0L
	5-18-71	310.0
	5-19-71	570.0
	5-20-71	735.0L
	8-11-71	780.0
	3-28-72	51.0
	5- 3-72	99.0
	9-29-72	165.0
	11-20-72	41.0
	4-20-73	28.8
	4-27-73	320.0
	6-11-73	140.0
	7-10-73	84.0
PD 40	5-12-71	313.0
	5-18-71	390.0
	5-19-71	330.0
	5-20-71	360.0
	8-11-71	80.0L
	3-28-72	49.0L
	5- 3-72	75.0
	5-18-72	132.0
	9-29-72	120.0
	11-20-72	20.0
	4-20-73	20.0L
	4-27-73	180.0
	6-11-73	270.0
	7-10-73	50.0
	6-10-74	52.5
	7-10-74	14.8
	10- 3-74	16.0L
	7-21-71	330.0
	9- 7-72	12.4

The following graph shows the percentage of occurrence of the contravened parameter the year in which it occurred. For example, 30 percent of all contraventions occurred in 1973. Overall, the contraventions show a peak in 1973 and a decrease for 1974, but dissolved oxygen contraventions show decreasing numbers of contraventions until 1974, where there is a marked increase.

The violations show a concentration in the area around Sumter. Eighty-four percent of the contraventions occur at the stations between PD 91 and PD 202, inclusive.

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POINT SOURCE AREAS

Listed below are point-source discharges associated with contraventions in the segment. The nearest upstream discharger to a sampling station with contravention is considered to be associated.

PD 196: Dissolved oxygen 1971, 1973
Briarcliff MHP, Carolina MHP

PD 197: Fecal Coliform 1972
Windsor City Estates MHP

PD 39: Dissolved oxygen 1974
Fecal Coliform 1974
Burgess Gleam MHP, Harwood MHP
Windsor City Estates MHP

PD 272: Fecal Coliform 1972, 1974
No associated discharger, however this is a swimming area.

PD 239: Dissolved oxygen 1974
Fecal Coliform 1972, 1973
ESB — Exide Inc.

PD 240: Dissolved oxygen 1974
Fecal Coliform 1973, 1974
Manchester Downs Dev.

PD 91: Dissolved oxygen 1971, 1972, 1973, 1974
Fecal Coliform 1973, 1974
Guignard Park Subdivision, City of Sumter (Green Swamp)
Pinedale Subdivision, Ivey Hall Subdivision

PD 237: Dissolved oxygen 1971, 1974
Fecal Coliform 1973, 1974
No known associated point discharger

PD 238: Dissolved oxygen 1972, 1973, 1974
Fecal Coliform 1972, 1973
Cooper Ind., Pocalla Village Subdivision, City of Sumter (Industrial Park), Campbell Soup Co.

PD 124: Dissolved oxygen 1971, 1972, 1973, 1974
Fecal Coliform 1971, 1973, 1974
No known associated point discharger

PD 98: Dissolved oxygen 1972, 1974
Fecal Coliform 1971, 1972, 1973, 1974
Ph 1973
Santee Print Works

PD 125: Dissolved oxygen 1971
Fecal Coliform 1972, 1973
Ph 1972, 1973
Santee Print Works

PD 126: Dissolved oxygen 1971, 1973
Fecal Coliform 1971, 1972, 1973
Ph 1972
City of Sumter (Turkey Cr)

PD 40: Dissolved oxygen 1971, 1972, 1973
Fecal Coliform 1971, 1972, 1973, 1974
Ph 1973, 1974
City of Sumter (Turkey Cr)

PD 202: Dissolved oxygen 1971, 1972, 1973, 1974
Leawood MHP

PD 115: Dissolved oxygen 1972, 1973, 1974
Fecal Coliform 1972
No known associated point discharger

PD 156: Dissolved oxygen 1972
Fecal Coliform 1971, 1972, 1974
Days Inn, Ramada Inn, Howard Johnson, Lighthouse Motel

In 1967, Santee Print Works was issued an Order to cease acts resulting in the pollution of Turkey Creek. Failure to comply with the Order resulted in consecutive actions and much delay. In 1972, Santee Print Works indicated its intention of going in with the City of Sumter on construction of a waste treatment plant. This facility is to be completed by 1977. Meanwhile, the industry was issued an NPDES permit, and as of November, 1974, was in violation of pH and kjeldahl nitrogen limitations.

Order 72-2-W was issued to the City of Sumter in 1972 indicating that the Green Swamp and Turkey Creek plants were in violation of BOD reduction standards. Plans were made to construct a new treatment facility on the Pocotaligo River and to phase out the Green Swamp Plant.

In February, 1974, the City of Manning was found to be in violation of BOD reduction standards. No enforcement action was required at the time because the town had received an EPA Grant-in-Aid to upgrade the facility.

In January, 1974, Manning Products was found to be in violation of BOD reduction standards. No action was taken since an NPDES permit issued to Sunbeam Corporation (Manning Products) provided for the upgrading of facilities.

In July, 1974, a ground water contamination study was done for ESB Corporation — Exide Power System, to determine the source of high concentrations of nickel contamination in a shallow ground water aquifer in Southern Sumter County. It was found that the major source of contamination was leakage in the Meaker area trough system. Order 74-14-W was issued to ESB Corporation in reference to the high nickel concentration. The problem has been corrected.

NON-POINT SOURCE AREAS

Contraventions were recorded at four of the 22 stations in this segment. These include PD 272, PD 237, PD 124, and PD 115. Due to the violations which could not be associated with specific point discharges, the nutrient levels, suspended solids and temperature were examined.

NUTRIENTS

Total nitrite plus nitrate ranged from 0 mg/l to 7.65 mg/l with an average of .438 mg/l. Orthophosphate ranged from 0.0 mg/l to 8.4 mg/l with an average of .59 mg/l for the subbasin.

SUSPENDED SOLIDS

Turbidity in Hellige Units ranged from 0 ppm to 24 ppm with an average of 7.77 ppm for the subbasin. This can be equated to a range of 0 mg/l to 24 mg/l suspended solids with an average of 7.77 mg/l.

TEMPERATURE

The water temperature ranged from 0.6°C to 29°C with an average of 21.72°C for the subbasin.

BACKGROUND DATA

BOD_5 ranged from .2 mg/l to 780 mg/l with an average of 33.3 mg/l for the subbasin.

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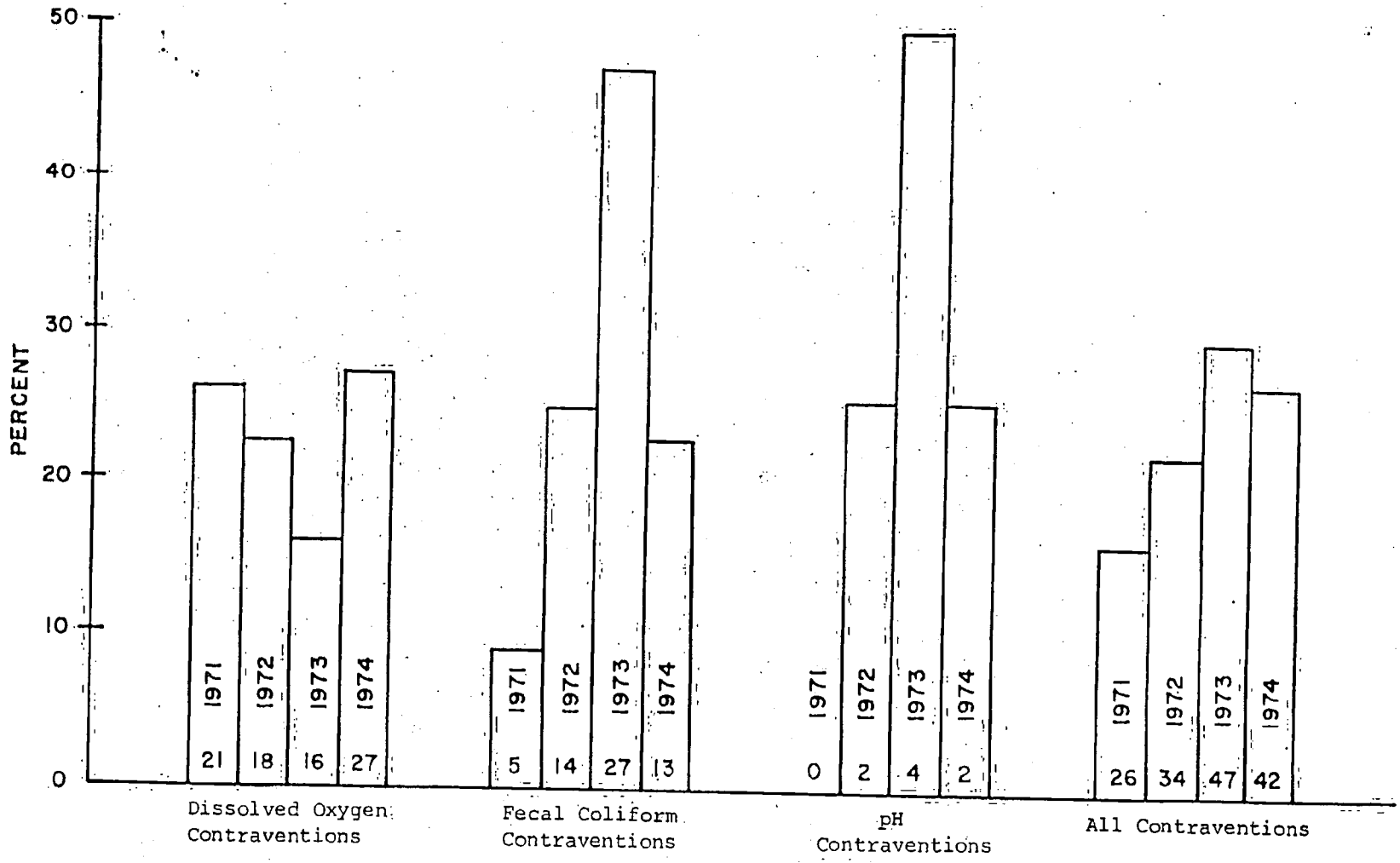

PERCENTAGE OF CONTRAVENED PARAMETERS BY YEAR
POCOTALIGO RIVER SUB-BASIN
ADP CODE 03-07-14

FIGURE 31

DISTRIBUTION OF CONTRAVENTIONS BY HYDROLOGIC CATEGORY

Within the Coastal Plain (Region I) the following hydrologic categories are defined:

(1) $LM < 10$

(2) $10 \leq LM \leq 25$

(3) $25 < LM < 100$

(4) $200 \leq LM \leq 500 +$

LM = Link Magnitude

Examination of the stations in this segment shows 14 stations (64 percent) occur in I (1), and 8 stations (36 percent) occur in I (2). No stations occur in I (3) or I (4).

The following chart shows the distribution of contraventions with the three categories.

OBSERVED CONTRAVENTIONS BY HYDROLOGIC CATEGORY

	D.O.	F.C.	pH	Totals
I (1)	39	54	8	101
I (2)	43	5	0	48

From this chart it can be seen that 68 percent of the total contraventions occurred in I (1) and 32 percent of the contraventions occurred in I (2). Most of the dischargers occur in I (1) but little correlation can be made between dischargers and contraventions.

RECOMMENDATIONS

Segment 03-07-14 has a low number of contraventions. The greatest number of contraventions occurred in 1973, but showed a decrease in 1974.

An upgrading in treatment is needed at Guignard Park Subdivision, Pinedale Subdivision, Ivey Hall Subdivision and City of Sumter — Green Swamp and Turkey Creek Plants to improve dissolved oxygen and fecal coliform conditions.

The City of Sumter — Pocotaligo River Waste Treatment Plant is still in the planning stages and the City of Sumter — Pocalla Creek Plant has just recently been completed.

Sampling at several stations in the upper part of the subbasin indicate non-point source problems. It is recommended the vicinity of PD 272, PD 239, PD 240, PD 196, PD 197, PD 39, PD 37, PD 238, PD 124, PD 98, PD 125, PD 40, PD 202, PD 115, PD 156 be checked for possible agricultural or urban runoff.

There is a mercury problem at station PD 196 and below which needs to be checked. There is also a severe BOD problem on Turkey Creek from stations PD 124 to PD 40, inclusive, which is causing high BOD readings. The problem seems to grow continually worse from PD 124 to PD 40, as indicated by an increasing number of high readings.

Two 201 Planning Areas[1] have been established in this subbasin. They are the Sumter Area and the Manning-Summerton Area.

[1]Water Treatment Management Plans as set forth in Public Law 92-500.

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DATA INVENTORY

PD-156 DX SWAMP CLARENDON DC

PROG DVLP DX SWAMP CK US NPS 521
45 SOUTH CAROLINA
SOUTHEAST
PEE DEE RIVER PEE DEE
21506001 02111204

PARAMETER CODE	SAMPLE	STORET	KEYPUNCH	NUMBER	MEAN	MAXIMUM	MINIMUM	BEG DATE	END DATE
00500	RESIDUE	TOTAL	NUMBER	7	50.0000	50.0000	50.0000	73/07/24	74/10/02
00502	OIL	INCRMT.	NUMBER	7	3.00013	3.00019	3.00009	73/06/21	73/10/24
00310	WATER	TEMP	CENT	14	21.0000	25.0000	14.5000	70/09/21	74/06/07
00070	TURB	COLOR	JTU	1	34.0000	34.0000	34.0000	73/07/24	73/07/24
00076	TURB	FLOW	PRM SIDE	12	8.05000	12.0000	4.50000	70/09/21	74/05/02
00076	TURB	TRBIDMTR	HACH FTU	3	2.73333	3.30000	1.70000	74/06/25	74/10/02
00080	COLOR	PT-CO	UNITS	15	107.667	140.000	70.0000	70/09/21	74/10/02
00299	DO	PROBE	MG/L	5	5.94000	6.70000	5.20000	73/07/24	74/06/07
00300	DO		MG/L	9	5.41111	7.60000	2.20000	70/09/21	72/06/04
00301	DO	SATUR	PERCENT	9	57.4555	72.5000	25.3000	70/09/21	72/06/04
00310	BOD	5 DAY	MG/L	15	1.30333	3.40000	.300000	70/09/21	74/10/02
00400	PH		SU	5	6.98000	7.00000	6.50000	73/07/24	74/06/07
00403	LAB	PH	SU	16	6.96437	6.70000	5.20000	70/09/21	74/10/02
00410	T ALK	CACO3	MG/L	16	27.6250	70.0000	4.00000	70/09/21	74/10/02
00630	NO2&NO3	N-TOTAL	MG/L	8	.243000	.700000	.050000	72/06/07	74/10/02
00660	ORTHO_PO4	P04	MG/L	8	.086750	.200000	.000000	72/06/07	74/10/02
01025	CADMIUM	CD,DISS	UG/L	1	100.000	100.000	100.000	74/05/02	74/05/02
01030	CHROMIUM	CR,DISS	UG/L	1	100.000	100.000	100.000	74/05/02	74/05/02
01040	COPPER	CU,DISS	UG/L	1	50.0000	50.0000	50.0000	74/05/02	74/05/02
01046	IRON	FE,DISS	UG/L	2	879.000	1656.00	100.000	73/06/21	74/05/02
01049	LEAD	PB,DISS	UG/L	1	200.000	200.000	200.000	74/05/02	74/05/02
01351	STREAM	FLOW	SEVERITY	5	3.40000	4.00000	3.00000	73/07/24	74/06/07
31615	FEC COLI	MPN,ECMED	/100ML	9	1233.33	3500.00	.000000	71/07/21	72/01/26
31616	FEC COLI	MFM-FCBR	/100ML	8	1206.25	4500.00	100.000	72/06/07	74/10/02
71205	COLIFORM	MPN, PRES	/100ML	2	1500.00	1700.00	1300.00	72/01/25	72/01/26
71900	MERCURY	HG,TOTAL	UG/L	1	.590000	.590000	.590000	74/05/02	74/05/02
72015	TOP DPTH	OF SMPLE	FT	5	1.20000	2.00000	1.00000	73/07/24	74/06/07

CONTRAVENTIONS FOR PD-156

DATE	TIME	00400 PH SU	00299 DO PROBE MG/L	00300 DO MG/L	31615 FEC COLI MPN,ECMED /100ML	31616 FEC COLI MFM-FCBR /100ML
71/07/21					3500.*	
72/06/07						4500.*
72/08/24				1.2000		
74/08/07	1300					2300.*

PD-197 GREEN SWAMP SUMTER PD
33 56 00.0 080 24 00.0 5
BRDG OVER GREEN SWAMP ON US 76
45 SOUTH CAROLINA
SOUTHEAST
PEE DEE RIVER PEE DEE
215C60WQ 02111204
0999 CLASS 00

PARAMETER				NUMBER	MEAN	MAXIMUM	MINIMUM	BEG DATE	END DATE
00002	#SAMPLOC	% FROM	RT BANK	19	50.0000	50.0000	50.0000	72/10/04	74/12/19
00008	LAB	INSTRMT.	NUMBER	13	3.00013	3.00021	3.00001	73/06/19	74/01/14
00010	WATER	TEMP	CENT	19	17.9216	26.0000	.700000	70/06/17	74/12/19
00061	STREAM	FLOW,	INST-CFS	1	8.92000	8.92000	8.92000	74/02/07	74/02/07
00075	TURB	FLOW	PPM SIO2	18	3.60000	5.50000	2.00000	70/06/17	74/05/02
00076	TURB	TRBIDMTR	HACH FTU	5	3.96000	9.10000	2.00000	74/06/25	74/12/19
00080	COLOR	PT-CO	UNITS	10	112.368	180.000	45.0000	70/06/17	74/12/19
00299	DO	PROBE	MG/L	12	7.03333	8.60000	5.00000	73/06/19	74/12/19
00300	DO		MG/L	7	5.54266	6.20000	5.00000	70/06/17	72/10/04
00301	DO	SATUR	PERCENT	6	65.1333	75.0000	55.0000	70/06/17	72/07/21
00310	BOD	5-DAY	MG/L	21	1.62142	2.50000	.300000	70/06/17	74/11/22
00340	COD	HI LEVEL	MG/L	5	16.3400	34.0000	.000000	73/12/10	74/10/02
00400	PH		SU	12	6.55000	7.00000	5.70000	73/06/19	74/12/19
00403	LAB	PH	SU	23	5.83478	6.30000	5.10000	70/06/17	74/12/19
00410	T ALK	CACO3	MG/L	23	11.3043	40.0000	4.00000	70/06/17	74/12/19
00610	NH3-N	TOTAL	MG/L	2	.035000	.050000	.020000	74/11/22	74/12/19
00625	TOT KJEL	N	MG/L	3	.573333	1.17000	.120000	74/08/07	74/12/19
00630	NO2&NO3	N-TOTAL	MG/L	18	.466111	1.50000	.050000	72/05/16	74/12/19
00660	ORTHOPO4	PO4	MG/L	18	.347222	1.71000	.000000	72/05/18	74/12/19
00665	PHOS-TOT		MG/L P	1	.120000	.120000	.120000	74/12/19	74/12/19
00680	T ORG C	C	MG/L	2	25.5000	35.0000	16.0000	74/11/22	74/12/19
00720	CYANIDE	CN-TOT	MG/L	1	.000000	.000000	.000000	74/10/02	74/10/02
00900	TOT HARD	CACO3	MG/L	1	26.0000	26.0000	26.0000	71/08/11	71/08/11
00925	MAGNESIUM	MG,DISS	MG/L	4	1.54250	2.27000	1.39500	74/08/07	74/12/19
00940	CHLORIDE	CL	MG/L	1	12.0000	12.0000	12.0000	71/08/11	71/08/11
01000	ARSENIC	AS,DISS	UG/L	1	5.00000	5.00000	5.00000	74/11/22	74/11/22
01025	CADMIUM	CD,DISS	UG/L	9	100.000	100.000	100.000	73/11/05	74/05/02
01030	CHROMIUM	CR,DISS	UG/L	9	100.000	100.000	100.000	73/11/05	74/05/02
01040	COPPER	CU,DISS	UG/L	9	50.0000	50.0000	50.0000	73/11/05	74/05/02
01046	IRON	FE,DISS	UG/L	14	1041.43	3200.00	100.000	73/06/19	74/12/19
01049	LEAD	PB,DISS	UG/L	13	153.846	200.000	50.0000	73/11/05	74/12/19
01056	MANGANESE	MN,DISS	UG/L	4	50.0000	50.0000	50.0000	74/08/07	74/12/19
01065	NICKEL	NI,DISS	UG/L	4	100.000	100.000	100.000	74/08/07	74/12/19
01090	ZINC	ZN,DISS	UG/L	4	100.000	100.000	100.000	74/08/07	74/12/19
01351	STREAM	FLOW	SEVERITY	9	3.11111	4.00000	2.00000	73/06/19	74/08/07
31615	FEC COLI	MPN/MEM	/100ML	4	1732.50	2780.00	330.000	70/06/17	72/05/18
31616	FEC COLI	MEM-FCBR	/100ML	17	173.529	800.000	10.0000	72/07/21	74/11/22
32730	PHENOLS	TOTAL	UG/L	1	.000000	.000000	.000000	74/06/25	74/06/25
71205	CHLEFORM	MPN, PRES	/100ML	1	11000.0	11000.0	11000.0	71/08/11	71/08/11
71900	MERCURY	HG,TOTAL	UG/L	13	.470769	1.62000	.030000	73/11/05	74/12/19
72015	TOP ORTH	OF SIMPLE	FT	13	.923077	1.00000	.500000	72/10/04	74/12/19

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CONTRAVENTIONS FOR PD-197

DATE	TIME	00400 PH SU	00299 DO PROBE MG/L	00300 DO MG/L	31615 FEC COLI MPNECMED /100ML	31616 FEC COLI MFM-FCFK /100ML
72/05/10					2100.0	

DATA INVENTORY

PD-039 GREEN SWAMP SUMTER PD

GREEN SWAMP AT BRDG SEC RD NO 33
45 SOUTH CAROLINA
SOUTHEAST
PEE DEE RIVER PEE DEE
215C60W6 02111204

PARAMETER				NUMBER	MEAN	MAXIMUM	MINIMUM	BEG DATE	END DATE
00002	WSAMPLOC	% FROM	RT BANK	10	50.0000	50.0000	50.0000	72/10/04	74/10/03
00009	LAB	IDENT.	NUMBER	5	3.00011	3.00015	3.00009	73/06/19	73/09/13
00010	WATER	TEMP	CENT	17	23.2353	26.0000	16.0000	70/06/17	74/10/03
00075	TURB	HLGE	PPM SIO2	12	4.25833	6.00000	3.00000	70/06/17	74/05/06
00076	TURB	TRBTOMTR	HACH FTU	5	2.90000	4.90000	1.80000	74/06/10	74/10/03
00080	COLOR	PT-CO	UNITS	16	129.375	200.000	100.000	70/06/17	74/10/03
00299	DO	PROBE	MG/L	9	5.18888	6.60000	3.60000	73/06/19	74/10/03
00300	DO		MG/L	8	4.98750	6.30000	2.40000	70/06/17	72/10/04
00301	DO	SATUR	PERCENT	7	56.2857	72.5000	27.5000	70/06/17	72/07/21
00310	BOD	5 DAY	MG/L	17	1.82941	3.30000	.850000	70/06/17	74/10/03
00400	PH		SU	9	6.58889	7.10000	6.20000	73/06/19	74/10/03
00403	LAB	PH	SU	17	6.14117	6.90000	5.50000	70/06/17	74/10/03
00410	T ALK	CACO3	MG/L	17	14.0000	34.0000	8.00000	70/06/17	74/10/03
00630	NO2&NO3	N-TOTAL	MG/L	11	.246363	.740000	.090000	72/05/18	74/10/03
00660	ORTHOPO4	PO4	MG/L	11	.081818	.240000	.000000	72/05/18	74/10/03
01025	CADMIUM	CD,DISS	UG/L	1	100.000	100.000	100.000	74/05/06	74/05/06
01030	CHROMIUM	CR,DISS	UG/L	1	100.000	100.000	100.000	74/05/06	74/05/06
01040	COPPER	CU,DISS	UG/L	1	50.0000	50.0000	50.0000	74/05/06	74/05/06
01046	IRON	FE,DISS	UG/L	2	220.500	341.000	100.000	73/06/19	74/05/06
01049	LEAD	PB,DISS	UG/L	1	200.000	200.000	200.000	74/05/06	74/05/06
01351	STREAM	FLOW	SEVERITY	6	3.16667	4.00000	3.00000	73/06/19	74/10/03
31615	FEC COLI	MPNECMED	/100ML	5	353.000	700.000	.000000	70/06/17	72/05/18
31616	FEC COLI	MPN-ECGR	/100ML	11	614.545	2500.00	.000000	72/07/21	74/10/03
71205	COLIFORM	MPN PRES	/100ML	2	1650.00	2200.00	1100.00	71/09/13	71/09/14
71900	MERCURY	HG,TOTAL	UG/L	1	.160000	.160000	.160000	74/05/06	74/05/06
72015	TOP DPTH	OF SMPLE	FT	9	1.00000	1.00000	1.00000	72/10/04	74/10/03

CONTRAVENTIONS FOR PD-039

DATE	TIME	00400 PH SU	00299 DO MG/L	00300 DO MG/L	31615 FEC COLI MPNECMED /100ML	31616 FEC COLI MPN-ECGR /100ML
74/05/06						2500.0
74/09/09	1110		3.6000			
74/10/03	1110		3.9000			

DATA INVENTORY

PB-196 LEXINGTON SUMTER PD
30 56 00.0 081 45 00.0 5
PROG LVER LEVEL OF CONF 05 76
45 SOUTH CAROLINA
SOUTHEAST
PEE DEE RIVER PEE DEE
21SC03PD ORIGINAL
0000 CLASS 05

PARAMETER				NUMBER	MEAN	MAXIMUM	MINIMUM	BEG DATE	END DATE
00002	NSAMPLOC	* FAIL	ATTRANK	17	50.0000	50.0000	50.0000	72/10/04	74/12/19
00009	LAB	LIGHT	NUMBER	13	3.00013	3.00021	3.00001	73/06/19	74/01/14
00010	WATER	TEMP	CENT	18	17.5389	28.5000	.700000	70/06/17	74/12/19
00061	STREAM	FLOW,	INST-CFS	1	1.29800	1.29800	1.29800	74/06/25	74/06/25
00075	TURB	-LOG	PPM SIO2	17	5.20588	9.50000	2.60000	70/06/17	74/05/02
00076	TURB	TRILOGYTR	HACH FTU	5	6.00000	11.0000	3.70000	74/06/25	74/12/19
00080	COLOR	PT-CO	UNITS	18	96.3889	210.000	50.0000	70/06/17	74/12/19
00299	D	DISOXF	MG/L	11	6.93636	9.20000	3.90000	73/06/19	74/12/19
00301	DL		MG/L	7	5.01428	6.30000	3.90000	70/06/17	72/10/04
00310	BOD	5-DAY	PERCENT	6	60.1667	70.0000	45.0000	70/06/17	72/07/21
00340	COD	HI LEVEL	MG/L	20	1.64750	4.65000	.700000	70/06/17	74/11/22
00400	PH		MG/L	6	27.3333	61.5000	4.00000	73/12/10	74/11/22
00403	LAB	PH	SU	11	6.56363	7.20000	6.00000	73/06/19	74/12/19
00410	T ALK	CACO3	SU	22	6.04999	6.90000	5.60000	70/06/17	74/12/19
00610	NH3-N	TOTAL	MG/L	22	17.0909	64.0000	6.00000	70/06/17	74/12/19
00625	TOT KJEL	N	MG/L	2	.035000	.050000	.020000	74/11/22	74/12/19
00630	NO2&NO3	N-TOTAL	MG/L	3	.663333	.780000	.500000	74/08/07	74/12/19
00660	ORTHOPHO	PO4	MG/L	18	.446555	1.46000	.070000	72/05/18	74/12/19
00665	PHOS-TOT		MG/L P	19	.056111	.270000	.000000	72/05/18	74/12/19
00680	T ORG C	C	MG/L	1	.120000	.120000	.120000	74/12/19	74/12/19
00720	CYANIDE	CN-TOT	MG/L	2	10.7800	15.4000	6.16000	74/11/22	74/12/19
00900	TOT HARD	CACO3	MG/L	1	.000000	.000000	.000000	74/10/02	74/10/02
00925	MGNSIUM	MG,DISS	MG/L	1	36.0000	36.0000	36.0000	71/08/11	71/08/11
00940	CHLORIDE	CL	MG/L	4	1.39775	1.59000	1.20000	74/08/07	74/12/19
01000	ARSENIC	AS,DISS	UG/L	1	7.50000	7.50000	7.50000	71/08/11	71/08/11
01025	CADMIUM	CD,DISS	UG/L	1	5.00000	5.00000	5.00000	74/11/22	74/11/22
01030	CHROMIUM	CR,DISS	UG/L	9	100.000	100.000	100.000	73/11/05	74/05/02
01040	COPPER	CU,DISS	UG/L	9	100.000	100.000	100.000	73/11/05	74/05/02
01046	IRON	FE,DISS	UG/L	9	50.0000	50.0000	50.0000	73/11/05	74/05/02
01049	LEAD	PB,DISS	UG/L	14	1050.29	2457.00	100.000	73/06/19	74/12/19
01056	MANGNESE	MN,DISS	UG/L	13	153.846	200.000	50.0000	73/11/05	74/12/19
01065	NICKEL	NI,DISS	UG/L	4	50.0000	50.0000	50.0000	74/08/07	74/12/19
01090	ZINC	ZN,DISS	UG/L	4	100.000	100.000	100.000	74/08/07	74/12/19
01351	STREAM	FLOW	SEVERITY	8	100.000	100.000	100.000	74/08/07	74/12/19
31615	FEC COLI	MPN-ECMED	/100ML	4	2.12500	4.00000	2.00000	73/06/19	74/08/07
31616	FEC COLI	MFM-FCBR	/100ML	16	192.500	700.000	.000000	70/06/17	72/05/18
32730	PHENOLS	TOTAL	UG/L	1	132.500	600.000	.000000	72/07/21	74/11/22
71205	COLIFORM	MPN PRES	/100ML	1	.000000	.000000	.000000	74/06/25	74/06/25
71900	MERCURY	HG,TOTAL	UG/L	1	24000.0	24000.0	24000.0	71/08/11	71/08/11
72015	TOP DPTH	OF SMPLE	FT	13	.676154	4.57000	.030000	73/11/05	74/12/19
80153	SEDIMENT	ORG-C	PERCENT	12	1.00000	2.00000	.500000	72/10/04	74/12/19
				1	8.70000	8.70000	8.70000	74/10/02	74/10/02

CONTRAVENTIONS FOR PD-196

DATE	TIME	00400 PH SU	00299 DO PROBE MG/L	00300 DO MG/L	31615 FEC COLI MPNECMED /100ML	31616 FEC COLI MFM-FCBR /100ML
71/08/11						
73/09/13	0935		3.900*	3.900*		

DATA INVENTORY

PD-237 PICALLA SUMTER PD

PICALLA CK INTERSEC WITH HWY 15
45 SOUTH CAROLINA
SOUTHEAST
PEE DEE RIVER PEE DEE
21SC00WQ 02111704

PARAMETER				NUMBER	MEAN	MAXIMUM	MINIMUM	BEG. DATE	END DATE
00002	#SAMPLOC	% FROM	RT BANK	0	50.0000	50.0000	50.0000	73/06/11	74/10/03
00004	LAB	IDENT.	NUMBER	6	3.00012	3.00017	3.00009	73/06/11	73/10/19
00010	WATER	TEMP	CENT	18	21.5500	25.0000	15.0000	71/09/09	74/10/03
00075	TURB	#LOC	PPM SIO2	5	5.24000	9.50000	3.00000	71/09/09	74/05/06
00076	TURB	TRTMNTR	MACH FTU	4	2.90000	5.70000	1.50000	74/06/10	74/10/03
00080	COLOR	PT-CO	UNITS	8	161.250	235.000	70.0000	71/09/09	74/10/03
00299	DO	PROBE	MG/L	9	4.70000	6.80000	2.40000	73/06/11	74/10/03
00300	DO		MG/L	1	1.30000	1.30000	1.30000	71/09/09	71/09/09
00301	DO	SATUR	PERCENT	1	15.0000	15.0000	15.0000	71/09/09	71/09/09
00310	BOD	5 DAY	MG/L	8	2.14375	2.90000	1.10000	71/09/09	74/10/03
00400	PH		SU	9	6.25666	6.90000	5.10000	73/06/11	74/10/03
00403	LAB	PH	SU	9	5.50000	6.20000	5.00000	71/09/09	74/10/03
00410	T ALK	CACO3	MG/L	8	9.55556	24.0000	4.00000	71/09/09	74/10/03
00631	NO2&NO3	N-TOTAL	MG/L	7	.102857	.330000	.000000	73/06/11	74/10/03
00660	ORTHOPO4	PO4	MG/L	7	.162857	.600000	.000000	73/06/11	74/10/03
01025	CADMIUM	CD,DISS	UG/L	1	100.000	100.000	100.000	74/05/06	74/05/06
01030	CHROMIUM	CR,DISS	UG/L	1	100.000	100.000	100.000	74/05/06	74/05/06
01040	COPPER	CU,DISS	UG/L	1	50.0000	50.0000	50.0000	74/05/06	74/05/06
01046	IRON	FE,DISS	UG/L	2	132.500	165.000	100.000	73/06/11	74/05/06
01049	LEAD	PB,DISS	UG/L	1	200.000	200.000	200.000	74/05/06	74/05/06
01351	STREAM	FLOW	SEVERITY	7	2.85714	4.00000	2.00000	73/06/11	74/10/03
31616	FEC COLI	MEM-FCBR	/100ML	5	2796.75	8000.00	40.0000	73/06/11	74/10/03
71900	MERCURY	HG,TOTAL	UG/L	1	.140000	.140000	.140000	74/05/06	74/05/06
72015	TOP DPTH	OF SMPLE	FT	9	.833333	1.00000	.500000	73/06/11	74/10/03

CONTRAVENTIONS FOR PD-237

DATE	TIME	00400 PH SU	00299 DO PROBE MG/L	00300 DO MG/L	31615 FEC COLI MPNECMED /100ML	31616 FEC COLI MEM-FCBR /100ML
71/09/09				1.300*		
73/07/10	0915					8000.*
74/05/06						3900.*
74/06/10	0910		2.400*			
74/08/06	0910					6800.*
74/09/09	0930		2.900*			
74/10/03	0910		2.500*			

PD-238 POCALLA SUMTER PD

BRDG OVER POCALLA CK ON PO 25
45 SOUTH CAROLINA
SOUTHEAST
PEE DEE RIVER PEE DEE
215C63[illegible] 02111204

PARAMETER					NUMBER	MEAN	MAXIMUM	MINIMUM	BEG DATE	END DATE
00002	#SAMPLOC	% FROM	RT RANK		11	50.0000	50.0000	50.0000	72/09/29	74/10/03.
00009	LAB	IDENT.	NUMBER		6	3.00012	3.00017	3.00009	73/06/11	73/10/19
00010	WATER	TEMP	CENT		21	22.7143	29.0000	17.0000	70/06/03	74/10/03
00075	TURB	FLOW	PPM SIO2		13	8.96461	17.5000	1.50000	70/06/03	74/05/06
00076	TURB	TRBIDMTR	HACH FTU		5	8.94000	24.0000	2.40000	74/06/10	74/10/03
00080	COLOR	PT-CO	UNITS		17	67.6470	160.000	45.0000	70/06/03	74/10/03
00299	DO	PROBE	MG/L		10	5.48999	10.3000	3.00000	73/06/11	74/10/03
00300	DO		MG/L		11	5.59091	7.50000	1.00000	70/06/03	72/09/29
00301	DO	SATUR	PERCENT		10	64.9300	90.0000	10.0000	70/06/03	72/07/31
00310	BOD	5 DAY	MG/L		16	1.05312	1.70000	.300000	70/06/04	74/10/03
00400	PH		SU		10	6.81000	8.00000	6.00000	73/06/11	74/10/03
00403	LAB	PH	SU		20	6.11499	6.80000	5.40000	70/06/03	74/10/03
00410	T ALK	CACO3	MG/L		40	25.0500	44.0000	4.00000	70/06/03	74/10/03
00630	N02&N03	N-TOTAL	MG/L		12	.597500	.810000	.040000	72/05/04	74/10/03
00660	ORTHOP04	P04	MG/L		12	1.26833	6.90000	.190000	72/05/04	74/10/03
01025	CADMIUM	CD,DISS	UG/L		1	100.000	100.000	100.000	74/05/06	74/05/06
01030	CHROMIUM	CR,DISS	UG/L		1	100.000	100.000	100.000	74/05/06	74/05/06
01040	COPPER	CU,DISS	UG/L		1	50.0000	50.0000	50.0000	74/05/06	74/05/06
01046	IRON	FE,DISS	UG/L		2	218.500	337.000	100.000	73/06/11	74/05/06
01049	LEAD	PB,DISS	UG/L		1	200.000	200.000	200.000	74/05/06	74/05/06
01351	STREAM	FLOW	SEVERITY		7	3.14286	4.00000	3.00000	73/06/11	74/10/03
31501	TOT COLI	MFIMENDC	/100ML		1	2600.00	2600.00	2600.00	72/05/03	72/05/03
31615	FEC COLI	MPNECMED	/100ML		4	542.500	1300.00	.000000	70/06/03	72/05/06
31616	FEC COLI	MFM-FCBR	/100ML		11	1811.82	5000.00	130.000	72/07/06	74/10/03
71900	MERCURY	HG,TOTAL	UG/L		1	.280000	.280000	.280000	74/05/06	74/05/06
72019	DEP DPTH	DF SNSLR	FT		11	.954545	1.00000	.500000	72/09/29	74/10/03

* CONTRAVENTIONS FOR FC-2BR

DATE	TIME	00400 PH SU	00299 DO PROBE MG/L	00300 DO MG/L	31615 FEC COLI MPNECMED /100ML	31616 FEC COLI MFM-FCBR /100ML
72/05/03				1.3700*		
72/07/06						[illegible]
73/07/10	1720					[illegible]
73/10/19	1120		[illegible]			
74/09/09	1050		[illegible]			

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4980

[redacted]

[redacted] PERMIT NUMBER PC

[redacted] OVER [redacted] PERMIT [redacted] 231
[redacted] [redacted] CAROLINA
[redacted]
[redacted] [redacted]
215C[redacted] 3:111:04

PARAMETER				NUMBER	MEAN	MAXIMUM	MINIMUM	BEG DATE	END DATE
00003	SAMPLE	S FROM	AT BARR	11	[redacted]	50.0000	50.0000	72/09/29	74/10/03
00005	LAB	IDENT.	NUMBER	6	3.00012	3.00017	3.00009	73/06/11	73/10/19
00010	WATER	TEMP	CENT	15	21.7000	25.5000	16.0000	71/09/09	74/10/03
00078	TOT	[redacted]	PRS SIG2	9	5.75556	14.0000	3.00000	71/09/09	74/05/06
00074	TOT	IRIDIUM	MACH FTU	5	5.62000	24.0000	1.70000	74/06/13	74/10/03
00094	COLOR	PT-CO	UNITS	14	136.786	145.000	80.0000	71/09/09	74/10/03
00299	DO	PROBE	MG/L	15	6.09000	8.90000	3.20000	73/06/11	74/10/03
00300	DO		MG/L	5	5.34000	6.00000	4.00000	71/09/09	72/09/29
00301	DO	SATUR	PERCENT	4	63.4500	65.0000	61.3000	71/09/09	72/07/31
00310	BOD	5 DAY	MG/L	13	2.24230	4.80000	.400000	71/09/09	74/10/03
00400	PH		SU	10	6.64000	6.80000	6.20000	73/06/11	74/10/03
00403	LAB	PH	SU	14	6.72142	6.40000	5.10000	71/09/09	74/10/03
00410	T ALK	CACO3	MG/L	14	11.0000	22.0000	6.00000	71/09/09	74/10/03
00630	[redacted]	N-TOTAL	MG/L	13	.510000	1.06000	.040000	72/05/04	74/10/03
00662	[redacted]	P-TOT	MG/L	13	.060000	.180000	.000000	72/05/04	74/10/03
01025	CADMIUM	CD,DISS	UG/L	1	100.000	100.000	100.000	74/05/06	74/05/06
01030	CHROMIUM	CR,DISS	UG/L	1	100.000	100.000	100.000	74/05/06	74/05/06
01040	COPPER	CU,DISS	UG/L	1	50.0000	50.0000	50.0000	74/05/06	74/05/06
01046	IRON	FE,DISS	UG/L	2	218.500	337.000	100.000	73/06/11	74/05/06
01049	LEAD	PB,DISS	UG/L	1	200.000	200.000	200.000	74/05/06	74/05/06
01351	STREAM	FLOW	SEVERITY	7	3.00000	4.00000	2.00000	73/06/11	74/10/03
31615	FEC COLI	MPNECMED	/100ML	1	11500.0	11500.0	11500.0	72/05/04	72/05/04
31616	FEC COLI	MEM-FCOL	/100ML	11	1136.18	8960.00	.000000	72/07/06	74/10/03
71900	MERCURY	HG,TOTAL	UG/L	1	.130000	.130000	.130000	74/05/06	74/05/06
74015	TCP GRAB	OF SAMPLE	PT	11	.909091	1.00000	.500000	72/09/29	74/10/03

CONTRAVENTIONS FOR PC-239

DATE	TIME	00400 PH SU	00299 DO PROBE MG/L	00300 DO MG/L	31615 FEC COLI MPNECMED /100ML	31616 FEC COLI MEM-FCOL /100ML
72/05/04					11500.*	
73/06/11	0920					8960.*
74/10/03	0925		3.200*			

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4981

PD-240 NASTY BRANCH SUMTER PD

BRDG OVER NASTY BR CAIN MIL POND
45 SOUTH CAROLINA
SOUTHEAST
PEE DEE RIVER PEE DEE
21SC50WQ 02111204

PARAMETER				NUMBER	MEAN	MAXIMUM	MINIMUM	BEG DATE	END DATE
00002	MSAMPLOC	% FROM	AT BANK	11	50.0000	50.0000	50.0000	72/09/29	74/10/03
00009	LAB	IDENT.	NUMBER	6	3.00012	3.00017	3.00009	73/06/11	73/10/19
00010	WATER	TEMP	CENT	17	22.4412	25.5000	16.0000	70/06/17	74/10/03
00075	TURB	NEPH	PPM SIO2	11	5.81818	17.5000	2.00000	70/06/17	74/05/06
00076	TURB	TRBIDMTR	HACH FTU	5	9.46000	8.30000	1.30000	74/06/10	74/10/03
00080	COLOR	PT-CO	UNITS	16	137.500	220.000	70.0000	70/06/17	74/10/03
00299	DO	PROBE	MG/L	10	5.96999	7.80000	3.90000	73/06/11	74/10/03
00300	DO		MG/L	7	4.40000	5.90000	2.40000	70/06/17	72/09/29
00301	DO	SATUR	PERCENT	6	51.2166	69.5000	30.0000	70/06/17	72/07/31
00310	BOD	5 DAY	MG/L	15	2.71566	4.90000	1.20000	70/06/17	74/10/03
00400	PH		SU	10	6.46999	7.20000	6.10000	73/06/11	74/10/03
00403	LAB	PH	SU	16	5.75625	7.20000	5.00000	70/06/17	74/10/03
00410	T ALK	CACO3	MG/L	16	10.5000	20.0000	4.00000	70/06/17	74/10/03
00630	N02&N03	N-TOTAL	MG/L	13	.219231	.530000	.010000	72/05/04	74/10/03
00660	ORTHOPO4	P04	MG/L	13	.163446	1.98000	.000000	72/05/04	74/10/03
01025	CADMIUM	CD,DISS	UG/L	1	100.000	100.000	100.000	74/05/06	74/05/06
01030	CHROMIUM	CR,DISS	UG/L	1	100.000	100.000	100.000	74/05/06	74/05/06
01040	COPPER	CU,DISS	UG/L	1	50.0000	50.0000	50.0000	74/05/06	74/05/06
01046	IRON	FE,DISS	UG/L	2	160.500	270.000	160.000	73/06/11	74/05/06
01049	LEAD	PB,DISS	UG/L	1	200.000	200.000	200.000	74/05/06	74/05/06
01351	STREAM	FLOW	SEVERITY	7	1.14286	4.00000	0.00000	73/06/11	74/10/03
31501	TOT COLI	MFIMENDO	/100ML	1	200.000	200.000	200.000	72/05/04	72/05/04
31615	FEC COLI	MPNECMED	/100ML	3	8.66667	20.0000	.000000	70/06/17	72/05/04
31616	FEC COLI	MEM-FCSE	/100ML	12	1064.50	7600.00	.000000	72/07/06	74/10/03
71900	MERCURY	HG,TOTAL	UG/L	1	.000000	.000000	.000000	74/05/06	74/05/06
72015	TOP DPTH	CF SMPLE	FT	11	1.00000	1.00000	1.00000	72/09/29	74/10/03

CONTRAVENTIONS FOR PD-240

DATE	TIME	00400 PH SU	00299 DO PROBE MG/L	00300 DO MG/L	31615 FEC COLI MPNECMED /100ML	31616 FEC COLI MEM-FCSE /100ML
73/06/11	0950					2980.*
74/06/06	1000					7600.*
74/09/04	1010		3.900*			
74/10/03	1000		3.900*			

DATA INVENTORY

PD-124 TURKEY CREEK SUMTER PD

TURKEY CK ON US HWY. 401
45 SOUTH CAROLINA
SOUTHEAST
PEE DEE RIVER PEE DEE
21SC450W 02111234

PARAMETER				NUMBER	MEAN	MAXIMUM	MINIMUM	BEG DATE	END DATE
00002	WSAMPLER	% EACH	AT BANK	21	50.0000	50.0000	50.0000	72/09/29	74/10/03
00008	LAB	IDENT.	NUMBER	20	3.00005	3.00017	3.00000	73/01/03	73/10/19
00010	WATER	TEMP	CENT	56	20.1000	27.0000	.600000	70/06/03	74/10/03
00070	TURB	JKSN	JTU	2	43.5000	45.0000	42.0000	73/04/03	73/04/20
00075	TURB	HLGE	PPM SIO2	21	14.3476	24.0000	4.00000	70/06/03	74/05/06
00076	TURB	TRBIDMTR	HACH FTU	5	20.0800	50.0000	8.00000	74/06/10	74/10/03
00080	COLOR	PT-CO	UNITS	27	81.0667	200.000	35.0000	70/06/03	74/10/03
00299	DO	PROBE	MG/L	15	5.30588	9.00000	1.40000	73/01/18	74/10/03
00300	DO		MG/L	18	4.53888	9.50000	1.60000	70/06/03	72/12/19
00301	DO	SATUR	PERCENT	15	47.1667	75.0000	20.0000	70/06/03	72/07/31
00310	BOD	5 DAY	MG/L	26	8.43076	55.0000	1.70000	70/06/04	74/10/03
00400	PH		SU	11	6.93636	8.20000	6.30000	72/11/20	74/10/03
00403	LAB	PH	SU	35	6.49571	11.4000	5.60000	70/06/03	74/10/03
00410	T ALK	CACO3	MG/L	35	81.7714	632.000	10.0000	70/06/03	74/10/03
00415	PHEN-PH-	PHTH ALK	MG/L	1	400.000	400.000	400.000	73/04/03	73/04/03
00630	NO2&NO3	N-TOTAL	MG/L	18	.516111	1.65000	.000000	72/05/04	74/10/03
00660	ORTHOPO4	P04	MG/L	18	1.51000	8.40000	.000000	72/05/04	74/10/03
00900	TOT HARD	CACO3	MG/L	1	65.0000	65.0000	65.0000	71/08/11	71/08/11
00940	CHLORIDE	CL	MG/L	1	14.0000	14.0000	14.0000	71/08/11	71/08/11
01025	CADMIUM	CD,DISS	UG/L	3	100.000	100.000	100.000	73/08/29	74/05/06
01030	CHROMIUM	CR,DISS	UG/L	3	100.000	100.000	100.000	73/08/29	74/05/06
01040	COPPER	CU,DISS	UG/L	4	44.0500	50.0000	26.2000	72/09/29	74/05/06
01046	IRON	FE,DISS	UG/L	8	823.000	1755.00	100.000	72/11/20	74/05/06
01049	LEAD	PB,DISS	UG/L	3	200.000	200.000	200.000	73/08/29	74/05/06
01351	STREAM	FLOW	SEVERITY	7	2.71428	4.00000	2.00000	73/06/11	74/10/03
31501	TOT COLI	MFIMENDO	/100ML	1	10000.0	10000.0	10000.0	72/03/28	72/03/28
31615	FEC COLI	MPNECMED	/100ML	4	64925.0	160900	.000000	70/06/03	72/03/28
31616	FEC COLI	MF4-FCBR	/100ML	12	20449.2	186000	70.0000	72/11/20	74/10/03
71205	COLIFORM	MPN PPES	/100ML	1	3500.00	3500.00	3500.00	71/08/11	71/08/11
71900	MERCURY	HG,TOTAL	UG/L	7	.235714	.500000	.010000	72/05/04	74/05/06
72015	TOP DPTH	OF SMPLE	FT	20	.775000	3.00000	.500000	72/09/29	74/10/03

160

4983

South Carolina Department of Health and Environmental Control

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Robert S. Jackson, M.D.
2600 Bull Street
Columbia, S.C. 29201

RECEIVED JUN 2 8 1982

Memorandum

To: Jerry Baxley
Pee Dee District

From: Sally Knowles SK
Stream and Facility Monitoring

Subject: Special Sampling of the Pocotaligo River Basin in Sumter County

Date: June 24, 1982

A special sampling of the Pocotaligo River Basin has been planned for July 8 & 9, 1982. Five wastewater treatment plants will be sampled July 7-9, 1982, in conjunction with the stream sampling.

A. Survey Area

PD-198 - Cane Savannah Creek at SC 120 4.2 mi SW Sumter
PD-239 - Nasty Br at Co. Rd. 251 7.5 mi SW Sumter
PD-240 - Nasty Br at Co. Rd. 458 downstream of Cain Mill Pond
PD-039 - Green Swamp at Co. Rd. 33 1.75 mi WSW Sumter
PD-574 - Green Swamp at Co. Rd. 522 2.6 mi SW Sumter
PD-091 - Pocotaligo River at US 15 3.5 mi S Sumter
PD-237 - Pocalla CK at US 15 7.2 SSW Sumter
PD-238 - Pocalla CK at Co. Rd. 25 4.3 mi SSW Sumter
PD-040 - Turkey CK at US 521 3 mi SSE Sumter
PD-202 - Pocotaligo River at Co. Rd. 32 9 mi SSE Sumter

B. Sampling Protocol

All parameters listed will be collected once at each station on two consecutive days.

Water temperature
pH
Dissolved Oxygen
Specific conductance
Alkalinity
Total suspended solids
Total dissolved solids
5-day biochemical oxygen demand
Chemical oxygen demand
Total organic carbon
Total ammonia nitrogen
Nitrate/nitrite nitrogen
Total Kjeldahl nitrogen
Total Phosphorous
Metals (Cd, Cu, Cr, Fe, Pb, Mn, Hg, Ni, Zn)
Fecal coliform bacteria

C. Facility Sampling

1. Three facilities will have Compliance Sampling Inspections (Form 3560-3) performed:

   SC0000795 - Campbell Soup (001 and 002)
   SC0024554 - Crescent/Div. Cooper Industries
   SC0001856 - ESB Inc/Exide Battery Corporation

2. One facility will have a routine Compliance Sampling Inspection performed:

   SC0034860 - CP Chemicals, Incorporated

3. One facility will have samples grabbed on July 8 and 9 when stream samples are collected:

   SC0027707 - Sumter/Pocotaligo River Plant

4. All facilities will be sampled according to permit (see attached). These additional parameters should be added to those collected at these facilities:

   Campbell Soup - All metals
   Crescent Tools - Additional metals
   ESB Exide - Additional metals
   CP Chemicals - Additional metals

   Crescent, E B, and CP Chemicals have selected metals on their permits. Additional metals should be anlayzed for so that these metals are analyzed for at each facility: Cd, Cu, Cr, Fe, Pb, Mn, Hg, Ni, Zn.

5. The grab sample collected at Sumter/Pocotaligo Plant will include the same parameters collected from the stream stations and listed in Section B.

D. Samples Requiring Laboratory Analysis

	July 8	July 9
Alkalinity	11	11
TSS	16	16
TDS	11	11
BOD_5	13	13
COD	11	11
TOC	11	11
$NH_3+NH_4^+$	14	14
NO_3/NO_2	11	11
TKN	11	11
T-P	11	11
Metals and Mercury	16	16
Fecal coliform	13	13
Oil and grease	3	3
Cobalt	1	1

E. Personnel and Equipment

1. Personnel from the Pee Dee District will provide all manpower and equipment (to include sample bottles) for performing the compliance sampling of the four facilities.

2. Central Office personnel will perform the stream sampling and collect the grab sample at the Sumter/Pocotaligo Plant. We will provide bottles for the stream sampling except BOD bottles and bacteria bottles which the District will provide.

3. The Central Office will provide ice and ice chests to transport the samples to Columbia to the Central Laboratory. The Pee Dee Office will provide ice and ice chests for the collection of the facility samples.

F. Quality Assurance

All field collections and analyses will be performed according to "Standard Operating Procedures Manual and Quality Assurance Procedures Plan (SCDHEC)". All laboratory analyses will be conducted in accordance with "Procedures and Quality Control Manual for Chemistry Laboratories (SCDHEC)" and "Laboratory Procedures Manual for Environmental Microbiology (SCDHEC)".

SK/al

cc: Noel Hurley
Alfreda Mouchet
Marion Rembert
Robert Eaddy
Donald Thomas
Sam Munnerlyn
Charlie Hitesman
Section Study File

attachment

SC0000795-001 CAMPBELL SOUP CO SUMTER CO
01417 BASIN/SUBBASIN/SEG L DISTRICT 4 LAB 2037 SIC CODE S E

EFFECTIVE DATE (770701)

PARAMETER	QUAN DA AVG	QUAN DA MAX	QUAN UNITS	CONC DA AVG	CONC DA MAX	CONC UNITS	FREQ	ST
FLOW					RR	MGD	1/1	CT
OIL-GREASE			#/DAY	15	25	MG/L	1/7	GR
PH				5.0	9.0	SU	1/7	GR
BOD	238	500	#/DAY		25	MG/L	1/7	24
NH3		32.3	#/DAY		1.5	MG/L	1/7	GR
FECAL COLI					400	#/100	1/7	GR
TSS	1054	2127	#/DAY			MG/L	1/7	24

SC0000795-002 CAMPBELL SOUP CO SUMTER CO
01417 BASIN/SUBBASIN/SEG L DISTRICT 4 LAB 2037 SIC CODE S E

EFFECTIVE DATE (770701)

PARAMETER	QUAN DA AVG	QUAN DA MAX	QUAN UNITS	CONC DA AVG	CONC DA MAX	CONC UNITS	FREQ	ST
FLOW					RR	MGD	1/1	CT
PH				5.0	9.0	SU	1/7	GR
OIL-GREASE			#/DAY	15	25	MG/L	1/7	GR
BOD	172	334	#/DAY		25	MG/L	1/7	24
FECAL COLI					400	#/100	1/7	GR
NH3		21.5	#/DAY		1.5	MG/L	1/7	GR
TSS	703	1418	#/DAY			MG/L	1/7	24

SC0024554-001 CRESCENT/DIV COOPER INDUSTRIES SUMTER CO
071417 BASIN/SUBBASIN/SEG L DISTRICT 4 LAB 3423 SIC CODE P E

EFFECTIVE DATE (810301)

PARAMETER	QUAN DA AVG	QUAN DA MAX	QUAN UNITS	CONC DA AVG	CONC DA MAX	CONC UNITS	FREQ	ST
CHROMIUM	.668	1.336	#/DAY			UG/L	1/7	24
ZINC	.172	.344	#/DAY			UG/L	1/7	24
FLOW					RR	MGD	1/1	FI
OIL-GREASE	5.838	8.757	#/DAY			MG/L	1/7	24
PH				6.0	9.0	SU	1/7	GR
TSS	5.838	11.676	#/DAY			MG/L	1/7	24
NICKEL	.334	.668	#/DAY			UG/L	1/7	24

SC0024554-002 CRESCENT/DIV COOPER INDUSTRIES SUMTER CO
071417 BASIN/SUBBASIN/SEG L DISTRICT 4 LAB 3423 SIC CODE P E

EFFECTIVE DATE (810301)

PARAMETER	QUAN DA AVG	QUAN DA MAX	QUAN UNITS	CONC DA AVG	CONC DA MAX	CONC UNITS	FREQ	ST
FLOW					RR	MGD	I/30	IN
TEMP-WATER					90	FAHN	I/30	GR

L30155CA NPDES PERMIT CONDITIONS 09/04/81

SC0034860-001 CP CHEMICALS INC SUMTER CO
171430 BASIN/SUBBASIN/SEG L DISTRICT 04 LAB 2819 SIC CODE P E

EFFECTIVE DATE (790217)

PARAMETER	QUAN DA AVG	QUAN DA MAX	QUAN UNITS	CONC DA AVG	CONC DA MAX	CONC UNITS	FREQ	ST
COBALT			#/DAY		1.0	MG/L	1/7	24
FLOW					RR	MGD	1/1	CT
ZINC	.15	.30	#/DAY		500	UG/L	1/7	24
PH				6	9.5	SU	1/1	GR
COPPER	.06	.12	#/DAY		200	UG/L	1/7	24
CADMIUM	.012	.024	#/DAY		20	UG/L	1/7	24
TSS	17.6	35.2	#/DAY			MG/L	1/7	24
NICKEL	.15	.30	#/DAY		200	UG/L	1/7	24
LEAD Lead	.10	.20	#/DAY		200	UG/L	1/7	24
MANGANESE			#/DAY		1.0	MG/L	1/7	24

SC0001856-001 ESB INC/EXIDE BATTERY CORP SUMTER CO
01438 BASIN/SUBBASIN/SEG L DISTRICT 4 LAB 3691 SIC CODE P W

EFFECTIVE DATE (810629)

PARAMETER	QUAN DA AVG	QUAN DA MAX	QUAN UNITS	CONC DA AVG	CONC DA MAX	CONC UNITS	FREQ	ST
FLOW					RR	MGD	1/1	CT
ZINC			#/DAY		RR	UG/L	I/30	24
PH				6	9	SU	1/1	GR
DO				5.0		MG/L	1/7	GR
NH3			#/DAY		11	MG/L	I/30	24
TSS	92.6	138.9	#/DAY			MG/L	1/7	24
LEAD		1.33	#/DAY		500	UG/L	1/7	24

SC0001856-002 ESB INC/EXIDE BATTERY CORP SUMTER CO
01438 BASIN/SUBBASIN/SEG L DISTRICT 4 LAB 3691 SIC CODE P W

EFFECTIVE DATE (810629)

PARAMETER	QUAN DA AVG	QUAN DA MAX	QUAN UNITS	CONC DA AVG	CONC DA MAX	CONC UNITS	FREQ	ST
ZINC			#/DAY		RR	UG/L	I/30	GR
FLOW					RR	MGD	I/30	ES
PH				6	9	SU	I/30	GR
TEMP-WATER					95	FAHN	I/30	GR

L3?155CA NPDES PERMIT CONDITIONS 08/03/81

SC0027707-001 SUMTER/POCATALIGO RIVER PLANT SUMTER CO
1401 BASIN/SUBBASIN/SEG L DISTRICT 4 LAB 4952 SIC CODE W

EFFECTIVE DATE (771023)

PARAMETER	QUAN MO AVG	QUAN WK AVG	QUAN DA MAX	QUAN UNITS	CONC MO AVG	CONC WK AVG	CONC DA MAX	CONC UNITS	FREQ	ST
FLOW					6.0	6.0		MGD	1/1	CT
PH					6.0		9.0	SU		
DO					5.0			MG/L	1/1	GR
BOD	2500	3750		#/DAY	50	75		MG/L	5/7	CP
FECAL COLI					200	400		#/100	5/7	GR
TSS	1498	2247		#/DAY	30	45		MG/L	5/7	CP

RAILROAD
NE SAVANNAH
FAS
Causeway
Br.
BUSINESS
FAP
SUMTI
POP. 24
SHANNON
TOWN
Cane
Savannah
Creek
Branch
Pocalla Springs
Pine Hill Ch.
Turkey
Creek
St. Matthews Ch.
S.C.L. R.R.
Legare Ch.
PRIVATEER
Nasty
Stubbs Pond
Chapin Pond
Marshall Cemetery
Zoar Ch.
New Bethel Ch.
Thomas Acad.
Furman Sch.
St Matthews Ch.
Providence Ch.
Graham Ch.
POCOTALIGO RIVER
Briar
Red Oak
Church of
PD-039
PD-074
PD-198
PD-094
PD-070
PD-238
PD-231
PD2

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2600 Bull Street
Columbia, S.C. 29201

Memorandum

To: Robert Eaddy, Supervisor
Florence Regional Laboratory

From: Mike Marcus MM
Stream and Facility Monitoring

RECEIVED JUL 0 2 1982

Subject: Sediment Sampling in Green Swamp
Sumter County

Date: June 30, 1982

Several questions have previously been raised concerning the possibility of leachate from the Sumter County landfill reaching Green Swamp/Pocotaligo Swamp and impacting trees in the main channel of the swamp. In the past, Santee Print Works deposited dye wastes and industrial chemicals in an unlined lagoon in the landfill.

In order to begin the first phase of this investigation, sediment samples will be collected from the part of Green Swamp contiguous to the landfill. These samples will be collected as cores and then assayed for a variety of physical and chemical parameters in an attempt to find any evidence that the waste material moved from the landfill into the swamp. A control station will be sampled and analyzed in the same manner.

A. Survey Area

The attached map outlines the general location of the Sumter County landfill in relation to Green Swamp. The specific sampling stations will be selected once on site.

B. Sampling Protocol

Core samples will be collected from Green Swamp around the Sumter County landfill and a control station and analyzed for:

pH
o/o Volatile Solids
Heavy metals - cadmium, chromium, copper, nickel, mercury, zinc, manganese, lead
Petroleum hydrocarbons

C. Total Samples

Florence Regional Laboratory	Columbia Inorganic Laboratory
10 pH	10 Heavy metals - Cd, Cr, Cu, Ni, Hg. Zn, Mn, Pb
10 o/o Volatile solids	
10 petroleum hydrocarbons	

D. Discussion

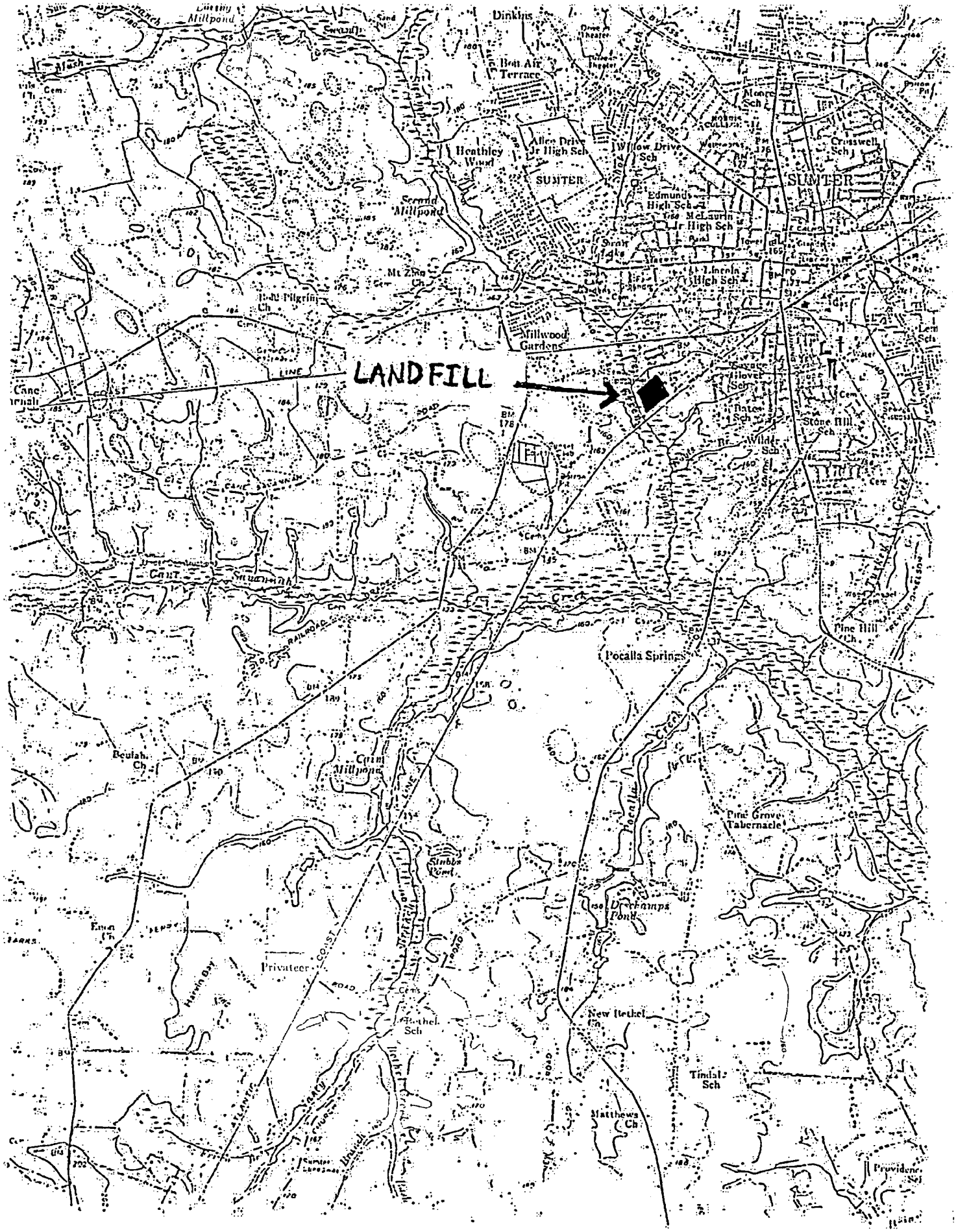
1. All equipment and sample containers will be furnished by the Stream and Facility Monitoring Section.
2. Personnel from the Stream and Facility Monitoring Section will be present to conduct the sampling. Since this work will coincide with the 3560 inspections and water quality assessment of the Pocotaligo system conducted by Florence personnel, these sediments will be transported to the Florence Laboratory along with the other survey samples.
3. Rain prior to or during the sampling will not require postponement of this work unless the stream has become too deep for wading.
4. All samples will be shipped to the Florence Regional Laboratory from the survey site. After obtaining the amount of sediment necessary for the pH, volatile solids and petroleum hydrocarbons analyses, the remainder of the sample will be shipped to the Columbia Inorganic Laboratory for the heavy metals analyses.
5. All sampling procedures and field analyses will conform to all applicable sections in The Standard Operating Procedures Manual and Quality Assurance Procedures Plan, (SCDHEC). All laboratory analyses will be in accordance with Procedures and Quality Control Manual for Chemistry Laboratories, (SCDHEC).

If you have any questions, please contact me.

MM/al

cc: Noel Hurley
Tom Kurimcak
Alfreda Mouchet
Capers Dixon thru Mark Blackmon
Section Study File

attachment


LANDFILL
SUMTER
SUMTER
Dinkins
Heathley Wood
Second Millpond
Millwood Gardens
Mt Zion Ch
Bethel Pilgrim Ch
Pocalla Springs
Pine Hill Ch
Stone Hill Sch
Pine Grove Tabernacle
Beulah Ch
Privateer
New Bethel Ch
Tindal Sch
Matthews Ch
Providence Sch

Study of swamp finds high levels of toxic residue

Sumter
Daily Item
Oct. 3, 1986

By JACKI REESER
Clarendon Bureau

The mercury content found in fish taken from Turkey Creek, a tributary of Pocalla Swamp in the southern section of Sumter County, is among the highest found in freshwater fish in this country, a U.S. Army Corps of Engineers study says.

Mercury in high concentrations is poisonous to wildlife and humans. The levels found in the swamp are near the Federal Food and Drug Administration's maximum level.

In addition, the area has high concentrations of lead, copper and zinc, according to the study, which describes Pocalla Swamp as serving for the past 30 years as "a dump for domestic and industrial wastes." The samples were taken three feet below the swamp's surface.

The study is part of the Pee Dee River Basin study begun by the Corps about four years ago. It was released Thursday at a meeting headed by E.B. "Gene" McLeod Sr. and H.D. "Bubba" Barnett, members of the Sumter Soil Conservation District Commission.

E.B. "Mac" McLeod Jr., unopposed nominee in House District 67, was the only area legislator who attended Thursday's meeting. After seeing the study, he said he believed the potential danger in Pocalla Swamp is greater than any danger there might be at the GSX landfill near Lake Marion in Sumter County.

Freshwater aquifers that are sources of drinking water lie beneath the landfill and the swamp, and contamination of the aquifers and the lake has been a major concern of landfill opponents.

> **This is 100 or maybe 1,000 times worse than the situation at GSX because we know these things are already here, three feet down in Pocalla, and there's no layer of Fuller's Earth below the swamp, like there is at GSX. — House nominee E.B. 'Mac' McLeod.**

"This is 100 or maybe 1,000 times worse than the situation at GSX because we know these things are already here, three feet down in Pocalla, and there's no layer of Fuller's Earth below the swamp, like there is at GSX," McLeod said.

"I'd like to see a tax on GSX and use the money for problems that already exist. I believe we can go ahead and take care of a problem that's here. We don't have to wait 20 years until we have a problem at Santee Cooper."

The landfill and the swamp are in House District 67, which McLeod will represent in the Legislature.

Soil conservation commissioner Gene McLeod, who is Mac McLeod's father, said the district had been trying to find a solution to the problems in Pocalla for more than 20 years.

"It's been on our agenda at every meeting, and it's been discussed at every meeting for more than 20 years," McLeod said. "This is the first time we have been able to get a study done to tell us exactly what is in there. We've been saying for years that all this stuff was in the swamp, but now we have experts saying it."

District Conservationist Dennis Bauknight said he is concerned about the potential for groundwater contamination.

"What we have is a small hazardous waste disposal site in the Turkey Creek area," Bauknight said. "And, if this stuff is already three feet down, what's preventing it from getting into the well water in the area? I'd really like someone to check the well water, since all the people who live in this area have wells."

> **What we have is a small hazardous waste disposal site in the Turkey Creek area. And, if this stuff is already three feet down, what's preventing it from getting into the well water in the area? — District Soil Conservationist Dennis Bauknight.**

Mac McLeod said he contacted DHEC after the meeting and that DHEC would test water quality in the area next week.

Bauknight said he had talked with a fisheries biologist who referred to a book on water quality criteria.

"We have up to 749 parts per million of copper at the Turkey Creek station, and this guy said three parts per million are toxic to some fish," Bauknight said. "We've also got up to 551 parts per million of zinc, and he said one part per million is lethal to some fish

(See STUDY on page 2A)

☐ Study

(Continued from page 1A)

species."

The study also showed mercury concentrations ranging from .52 parts per million to .95 parts per million in fish tissue samples.

Fred McLaughlin, resource conservation and development coordinator for the U.S. Department of Agriculture and Soil Conservation Service, said the findings of individual pollutants in the study did not exceed Food and Drug Administration acceptable levels but are approaching the danger point.

"However, some biologists say it's far worse if you have all these elements together," he said. "We have two choices. We can do nothing, and maybe in a 100 years or so, the swamp may help itself. Or we can do what the Corps of Engineers and U.S. Fish and Wildlife recommend, get the water level lowered so defined channels may be formed and water flow restored.

"We've now identified the problems, and it will take two things to resolve them — people and money," he added. "Instead of asking for millions of dollars to clean up the entire swamp, maybe we should ask for a few thousand dollars and get started on a small portion of it." In 1978, the estimated cost to clean up and restore the swamp was $10 billion.

According to the report, a test station in upper Turkey Creek showed copper concentrations in a range of 69.2 to 749 parts per million, zinc concentrations of 182-551 parts per million, and lead concentrations ranging from one part per million to 95 parts per million.

By comparison, a test station at the Pocotaligo Park on U.S. 301 in Manning, outside the area of pollution, showed 1 part per million of copper, 2.6 parts per million of zinc, and less than one part per million of lead.

"High concentrations of zinc were detected in Turkey Creek... In addition to the potential for individual toxicity problems, copper and zinc can cause a synergistic reaction that is especially lethal to fish and other aquatic organisms," the report said.

The study lists pollution from industrial discharges, including waste disposal runoff, textile wastes, paint, battery wastes and oil and grease, former logging practices, including access roads, and placement of power lines, embankments for Interstate-95 and bridge replacement on the old 12 Bridges Road (Grahams Crossing) as probable causes of the existing problems.

"Prior to 1950, the upper reaches of the Pocotaligo River were characterized by a river-swamp system with as many as 12 flowing streams and dominated by a dense swamp forest community of water tupelo and bald cypress," the report said.

"During this time Pocalla Swamp was used extensively for recreational pursuits. The clean streams and deep pools were used not only for fishing but were prime swimming holes. Pocalla Springs was once a well-known health resort visited by people from all over the state. These springs comprise some of the Pocalla Swamp headwaters."

By comparison, the report states, the swamp is now "predominantly a bog with dense floating mats of aquatic vegetation spanning the flood plain. Young trees, predominantly red maple and water tupelo, are present only on floating mats of vegetation and near the edge of the swamp. No well-defined stream channel is present with the exception of a few areas, mostly at bridge crossings."

Gene McLeod said he and Barnett would not give up on the problem until the swamp is restored, and he plans to hold another meeting with interested people next month.

"You might bury us first, but we are not giving up on this project," he said.

South Carolina Department of Health and Environmental Control

2600 Bull Street
Columbia, S.C. 29201

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Euta M. Colvin, M.D.

January 8, 1987 (revised 2-24-87)

MEMORANDUM

TO: Russell Sherer, Director
Water Quality Assessment and Enforcement Division

THROUGH: Mike Marcus, Manager
Water Quality Monitoring Section

FROM: Harry Gaymon
Water Quality Monitoring Section

SUBJECT: Pocotaligo River Basin - Turkey Creek Study

Attached are the results of the special study conducted by the Water Quality Monitoring Section in Turkey Creek and Pocotaligo Swamp, Sumter County, during October and November 1986 to determine the level of heavy metals contamination in fish and sediment. This special investigation was conducted because of the 1986 U.S. Army Corps of Engineers environmental study of Pocotaligo Swamp which reported elevated levels of mercury in fish and elevated levels of lead, copper and zinc in sediment taken from Turkey Creek.

This study included the collection of fish (one location) and both surface and sub-surface sediment from six locations throughout Pocotaligo Swamp (Figure I, Table I). All field collections were performed according to Standard Operating Procedures Manual and Quality Assurance Procedures Plan (SCDHEC). All laboratory metals analyses were conducted in accordance with Procedures and Quality Control Manual for Chemistry Laboratories (SCDHEC).

A boat-mounted core sampler was used to collect cores from bridges mid-stream at all station locations except in the swamp below the Sumter Pocotaligo Sewage Treatment Plant (PSTP) where a hand held core sampler was used. Surface sediment was collected mid-stream from the bridges with a stainless steel dredge. Below the PSTP, surface sediment was collected directly with a stainless steel spoon and then transferred to the sample bottle.

Core samples from all stations were collected and dumped into a stainless steel bucket where they were homogenized and then a sample was taken from the bucket. Only one core sample was taken at each station. Dredge samples were transferred directly to sample bottles.

Penetration depths for the cores taken from bridges were between 6 and 12 inches. At the PSTP station where the hand held core sampler was used, penetration was the full length of the core sampler of 20 inches.

A boat-mounted electrofishing unit was used to collect fish from Turkey Creek (PD-040). The entire navigable length of Turkey Creek from U.S. Highway 521 to Pocotaligo Swamp was electrofished twice but only four bowfin were collected. The only other fish observed was Gambusia sp. (Mosquito fish); however, two other fish thought to be bowfin escaped capture during the sampling effort.

The data from this study did not show excessive heavy metals contamination occurring in the fish and sediment of Pocotaligo Swamp (Tables II, III and VI). This determination was based on comparisons between data collected during this study and historical trend monitoring data collected from four similar coastal black water streams (Tables V and VII). The following trend stations were selected for comparisons:

1. CSTL - 109 (Coosawhatchee River at County Road 27, Hampton County)
2. E-015 (Edisto River at S.C. Highway 61, Dorchester County)
3. PD-038 (Lumber River at U.S. Highway 76, Marion County)
4. PD-027 (Black Creek at County Road 35, Darlington County)

As shown in the following table, heavy metals in surface sediment collected during this study were generally within the ranges for the trend stations (Table V). Although the Turkey Creek stations (Table III) were outside the range for chromium, copper and nickel these values are not considered to be abnormally high when compared with other trend and special study data.

Metals	Trend Station Ranges (ppm)	Pocotaligo Station Ranges (ppm)
Cadmium	0.50 - 6.89	<1.0 - 1.0
Chromium	2.50 - 6.60	<5.0 - 8.3
Copper	5.00 - 18.00	15 - 32
Lead	1.06 - 140.00	<5.0 - 20
Mercury	0.03 - 1.31	0.25
Nickel	5.00 - 10.00	<5.0 - 16
Zinc	5.00 - 340.00	5.9 - 130

As expected, the core sediment data show slightly higher heavy metals values for some of the metals than the surface sediment data (Table II). The most pronounced increase was in copper (70.0 ppm) and lead (53.0 ppm) at Turkey Creek Station PD-040. Again, these values are not considered abnormal when compared with other trend and special data. Since Turkey Creek once received untreated and poorly treated industrial wastewater during the late 60's and early 70's, it is not unexpected to see slightly higher sediment core values than sediment surface values.

When compared to the Corps study, this study did not show similar levels of lead (95.0 ppm), copper (749.0 ppm) and zinc (551.0 ppm) in the core sediment of Turkey Creek, but rather 53.0, 70.0 and 150.00 ppm, respectively.

To date, none of our Turkey Creek sediment samplings, special or trend, have shown similar elevated levels as reported in the Corps study (Tables II, III and IV). There is no obvious explanation for these differences.

Regarding heavy metals contamination of fish, the bowfin sample taken from Turkey Creek indicated no reason for concern (Table VI). Mercury was 0.45 ppm, but still well within the FDA safe tolerance limit of 1.0 ppm. When compared with bowfin collected from CSTL-109, the mercury and other heavy metals values were similar (Table VII). Throughout the State, it is not uncommon to find mercury values in bowfin between 0.5 and 1.0 ppm. No comparison could be made between fish tissue levels in this study and the Corps study since we found no chubsuckers, bullheads or centrarchids in Turkey Creek.

In summary, based on the results of this study, heavy metals contamination of the sediment in Pocotaligo Swamp are not responsible for the poor water quality presently existing in portions of the swamp. Apparently, the single most important contributor to the poor water quality is inadequate dissolved oxygen levels.

The Corps report provides a good summary account of the history of mans activities in the Pocotaligo Swamp since 1950 which have completely changed the character of the swamp. The report cites the following activities as most likely having been responsible for the problems seen in Pocotaligo Swamp today:

1. Logging practices, including access roads;
2. Bridge replacement on County Road 32;
3. Placement of powerlines and associated access embankments;
4. Placement of new embankments for I-95; and
5. Industrial and municipal wastewater effluents.

The net effect of the above activities of removing the forest canopy and the various restrictions to flow accompanied with nutrient enrichment, Pocotaligo Swamp in Sumter County has become infested with aquatic plants. The ecological characteristics of an aquatic plant infested swamp is one of low D.O. levels. This becomes apparent when the historical trend D.O. values from Station PD-202 are evaluated. Over a period from 1962-1986 with 215 observations, PD-202 had an average D.O. value of 1.7 ppm. During the summer months, values are generally below 1.0 ppm; the average of 1.7 occurs due to increased winter flows.

As was stated in the Corps report, there appears to be no easy single solution to the identified problems in Pocotaligo Swamp. But one thing is certain, until adequate D.O. levels are restored to Pocotaligo Swamp, biological water quality will be seriously impaired irrespective of what may be in the water column or sediment.

Attachments

cc: Noel Hurley
Tom Kurimcak
Mark Blackmon

Figure I. Station Locations in Study Area, Pocotaligo River Basin-Turkey Creek Study, Sumter County, South Carolina October 9 and November 5, 1986

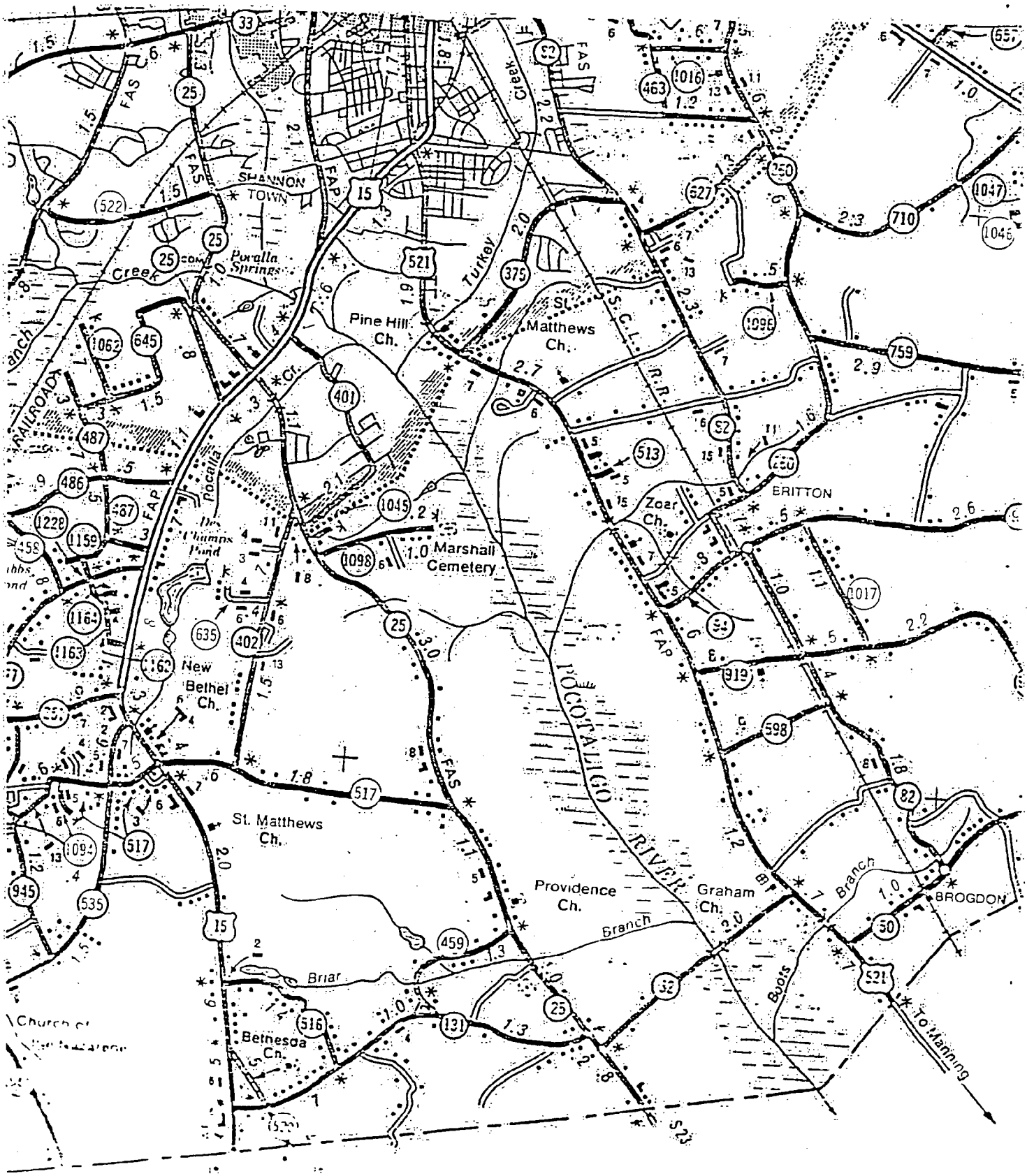

Table I

Sampling Station Location Descriptions
Pocotaligo River Basin - Turkey Creek Study
Sumter County, South Carolina
October 9, 1986 and November 5, 1986

Station	Description
PD-091	Pocotaligo River at U.S. Highway 15, Sumter County
PD-040	Turkey Creek at U.S. Highway 521, Sumter County
PD-202 W	Pocotaligo River (West Bridge) at County Road 32, Sumter County
PD-202 E	Pocotaligo River (East Bridge) at County Road 32, Sumter County
PSTP	Pocotaligo River approximately 1,000 feet downstream from the Pocotaligo Sewage Treatment Plant discharge, Sumter County
Turkey Creek	Turkey Creek at Red Bay Road, Sumter County

Table II

Concentrations of Heavy Metals from Sediment (Core Samples)
Pocotaligo River Basin - Turkey Creek Study
Sumter County, South Carolina
October 9, 1986 and November 5, 1986

	Concentrations in Milligrams per Kilogram at Station					
Metal	PD-091	PD-040	PD-202W*	PD-202E	PSTP*	Turkey Creek at Red Bay Rd.
Cadmium	<1.0	<1.0	< 1.0	<1.0	< 1.0	<1.0
Chromium	<5.0	14	< 5.0	6.8	6.1	6.1
Copper	29	70	12	16	12	30
Lead	7.2	53	< 5.0	46	< 5.0	15
Mercury	<0.25	<0.25	< 0.25	<0.25	< 0.25	<0.25
Nickel	11	5.3	< 5.0	< 5.0	< 5.0	<5.0
Zinc	22	150	< 5.0	8.8	15	120

* Collected on November 5, 1986 (October 9 samples were broken in transit to lab).

Table III

Concentrations of Heavy Metals from Sediment (Surface Samples)
Pocotaligo River Basin - Turkey Creek Study
Sumter County, South Carolina
October 9, 1986 and November 5, 1986

	Concentrations in Milligrams per Kilogram at Station					
Metal	PD-091	PD-040	PD-202W*	PD-202E	PSTP	Turkey Creek at Red Bay Rd.
Cadmium	1.0	<1.0	< 1.0	<1.0	< 1.0	<1.0
Chromium	<5.0	8.3	< 5.0	14	6.8	5.0
Copper	19	27	16	20	15	32
Lead	11	16	< 5.0	20	11	14
Mercury	<0.25	<0.25	< 0.25	<0.25	< 0.25	<0.25
Nickel	16	<5.0	< 5.0	8.4	< 5.0	<5.0
Zinc	37	130	5.9	77	22	69

* Collected on November 5, 1986 (October 9 samples were broken in transit to lab).

Table IV

Concentrations of Heavy Metals from Sediment (Surface Samples)
Pocotaligo River Basin - 1981 Special Study
Sumter County, South Carolina

Metal	Concentrations in Milligrams per Kilogram at Station					
	PD-091		PD-040		PD-202	
	3/13	10/23	3/13	10/23	3/13	10/23
Cadmium	<1.0	< 1.0	< 1.0	<1.0	<1.0	< 1.0
Chromium	<5.0	11	5.0	20	<5.0	<5.0
Copper	<5.0	5.0	20	8.0	<5.0	<5.0
Lead	11	82	14	29	9.0	28
Mercury	0.2	< 0.2	< 0.2	0.6	<0.2	< 0.2
Nickel	24	19	< 5.0	<5.0	<5.0	< 5.0
Zinc	80	70	120	27	19	11

Table V

Concentrations of Heavy Metals from Sediment (Surface Samples)
Selected Black Water Trend Monitoring Stations
South Carolina Monitoring Network

		Concentrations in Milligrams per Kilogram at Station			
Station Number:		CSTL-109	E-015	PD-038	PD-027
Reporting Period:		1980 - 1985	1975 - 1986	1974 - 1985	1975 - 1985
# of Measurements:		6	8	10	9
Metal					
Cadmium	Range	1.00 - 1.00	0.99 - 5.89	0.90 - 1.00	0.50 - 1.00
	Avg	1.00	0.99	0.99	0.94
Chromium	Range	5.00 - 5.00	4.30 - 5.00	4.10 - 5.00	2.50 - 6.60
	Avg	5.00	4.91	4.86	4.90
Copper	Range	5.00 - 10.00	5.00 - 9.90	5.00 - 10.00	5.00 - 18.00
	Avg	5.83	6.67	7.21	8.33
Lead	Range	5.00 - 10.00	5.00 - 19.80	1.06 - 26.00	6.00 - 140.00
	Avg	7.33	6.95	8.40	34.57
Mercury	Range	0.20 - 0.30	0.40 - 0.30	0.10 - 1.31	0.03 - 0.30
	Avg	0.25	0.22	0.34	0.21
Nickel	Range	5.00 - 10.00	5.00 - 9.90	5.00 - 10.00	5.00 - 10.00
	Avg	5.83	6.68	7.21	7.00
Zinc	Range	5.00 - 18.00	5.00 - 12.05	5.00 - 126.00	10.00 - 340.00
	Avg	10.03	7.11	37.08	57.11

Table VI

Concentrations of Heavy Metals from Bowfin* Four Fish Composite
Pocotaligo River Basin - Turkey Creek Study
Sumter County, South Carolina
October 20, 1986

Metal	Concentrations in Milligrams per Kilogram at Station PD-040
Alumium	1.1
Cadmium	<0.2
Chromium	<1.0
Copper	<1.0
Lead	<1.0
Mercury	0.45
Nickel	<1.0
Thallium	<3.0
Tin	22
Zinc	14

* Bowfin four fish composite average length (20 inches), average weight (2.77 pounds).

Table VII

Concentrations of Heavy Metals from Bowfin Composites Taken from
Coosawhatchie River (CSTL-109), Hampton County
and
Edisto River (E-015) Dorchester County, South Carolina
October 8, 1985

Metal	Concentrations in Milligrams per Kilogram at Station	
	CSTL-109*	E-015**
Cadmium	<0.2	<0.2
Chromium	1.4	1.4
Copper	<1.0	<1.0
Lead	1.0	1.0
Mercury	0.42	1.07
Nickel	<1.0	<1.0
Zinc	13	13

* CSTL-109 - Three fish composite average length (21 inches), average weight (3.44 pounds).

** E-015 - Five fish composite average length (23 inches), average weight (4.5 pounds)

South Carolina Department of Health and Environmental Control

2600 Bull Street
Columbia, S.C. 29201

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February 24, 1987

MEMORANDUM

TO: Russell Sherer, Director
Water Quality Assessment and Enforcement Division

THROUGH: Mike Marcus, Manager
Water Quality Monitoring Section

FROM: Harry Gaymon
Water Quality Monitoring Section

SUBJECT: Pocotaligo River Basin - Turkey Creek Study

Attached are the results of the special study conducted by the Water Quality Monitoring Section in Turkey Creek and Pocotaligo Swamp, Sumter County, during October and November 1986 to determine the level of heavy metals contamination in fish and sediment. This special investigation was conducted because of the 1986 U.S. Army Corps of Engineers environmental study of Pocotaligo Swamp which reported elevated levels of mercury in fish and elevated levels of lead, copper and zinc in sediment taken from Turkey Creek.

This study included the collection of fish (one location) and both surface and sub-surface sediment from six locations throughout Pocotaligo Swamp (Figure I, Table I). All field collections were performed according to Standard Operating Procedures Manual and Quality Assurance Procedures Plan (SCDHEC). All laboratory metals analyses were conducted in accordance with Procedures and Quality Control Manual for Chemistry Laboratories (SCDHEC).

A boat-mounted core sampler was used to collect cores from bridges mid-stream at all station locations except in the swamp below the Sumter Pocotaligo Sewage Treatment Plant (PSTP) where a hand held core sampler was used. Surface sediment was collected mid-stream from the bridges with a stainless steel dredge. Below the PSTP, surface sediment was collected directly with a stainless steel spoon and then transferred to the sample bottle.

Core samples from all stations were collected and dumped into a stainless steel bucket where they were homogenized and then a sample was taken from the bucket. Only one core sample was taken at each station. Dredge samples were transferred directly to sample bottles.

Penetration depths for the cores taken from bridges were between 6 and 12 inches. At the PSTP station where the hand held core sampler was used, penetration was the full length of the core sampler of 20 inches.

A boat-mounted electrofishing unit was used to collect fish from Turkey Creek (PD-040). The entire navigable length of Turkey Creek from U.S. Highway 521 to Pocotaligo Swamp was electrofished twice but only four bowfin were collected. The only other fish observed was Gambusia sp. (Mosquito fish); however, two other fish thought to be bowfin escaped capture during the sampling effort.

The data from this study did not show excessive heavy metals contamination occurring in the fish and sediment of Pocotaligo Swamp (Tables II, III and VI). This determination was based on comparisons between data collected during this study and historical trend monitoring data collected from four similar coastal black water streams (Tables V and VII). The following trend stations were selected for comparisons:

1. CSTL - 109 (Coosawhatchee River at County Road 27, Hampton County)
2. E-015 (Edisto River at S.C. Highway 61, Dorchester County)
3. PD-038 (Lumber River at U.S. Highway 76, Marion County)
4. PD-027 (Black Creek at County Road 35, Darlington County)

As shown in the following table, heavy metals in surface sediment collected during this study were generally within the ranges for the trend stations (Table V). Although the Turkey Creek stations (Table III) were outside the range for chromium, copper and nickel these values are not considered to be abnormally high when compared with other trend and special study data.

Metals	Trend Station Ranges (ppm)	Pocotaligo Station Ranges (ppm)
Cadmium	0.50 - 6.89	<1.0 - 1.0
Chromium	2.50 - 6.60	<5.0 - 8.3
Copper	5.00 - 18.00	15 - 32
Lead	1.06 - 140.00	<5.0 - 20
Mercury	0.03 - 1.31	< 0.25
Nickel	5.00 - 10.00	<5.0 - 16
Zinc	5.00 - 340.00	5.9 - 130

As expected, the core sediment data show slightly higher heavy metals values for some of the metals than the surface sediment data (Table II). The most pronounced increase was in copper (70.0 ppm) and lead (53.0 ppm) at Turkey Creek Station PD-040. Again, these values are not considered abnormal when compared with other trend and special data. Since Turkey Creek once received untreated and poorly treated industrial wastewater during the late 60's and early 70's, it is not unexpected to see slightly higher sediment core values than sediment surface values.

When compared to the Corps study, this study did not show similar levels of lead (95.0 ppm), copper (749.0 ppm) and zinc (551.0 ppm) in the core sediment of Turkey Creek, but rather 53.0, 70.0 and 150.00 ppm, respectively.

To date, none of our Turkey Creek sediment samplings, special or trend, have shown similar elevated levels as reported in the Corps study (Tables II, III and IV). There is no obvious explanation for these differences except that perhaps the exact stations were not sampled in Turkey Creek during this study as were sampled during the Corps study. Sediment deposition in streams, rivers, etc. is generally not uniform and differences in contaminant levels would be expected. The Corps report did not provide specific station descriptions to allow us to select identical stations in Turkey Creek.

Regarding heavy metals contamination of fish, the bowfin sample taken from Turkey Creek indicated no reason for concern (Table VI). Mercury was 0.45 ppm, but still well within the FDA safe tolerance limit of 1.0 ppm. When compared with bowfin collected from CSTL-109, the mercury and other heavy metals values were similar (Table VII). Throughout the State, it is not uncommon to find mercury values in bowfin between 0.5 and 1.0 ppm. No comparison could be made between fish tissue levels in this study and the Corps study since we found no chubsuckers, bullheads or centrarchids in Turkey Creek.

In summary, based on the results of this study, heavy metals contamination of the sediment in Pocotaligo Swamp are not responsible for the poor water quality presently existing in portions of the swamp. However, during the 50's, 60's and early 70's, before industrial wastewater effluent discharges were removed from Turkey Creek, heavy metals contamination was partly responsible for impaired water quality in Turkey Creek. To date, there are no known effluent wastewater discharges entering Turkey Creek. Apparently, the single most important contributor to the poor water quality is inadequate dissolved oxygen levels.

The Corps report provides a good summary account of the history of mans activities in the Pocotaligo Swamp since 1950 which have completely changed the character of the swamp. The report cites the following activities as most likely having been responsible for the problems seen in Pocotaligo Swamp today:

1. Logging practices, including access roads;
2. Bridge replacement on County Road 32;
3. Placement of powerlines and associated access embankments;
4. Placement of new embankments for I-95; and
5. Industrial and municipal wastewater effluents.

The net effect of the above activities of removing the forest canopy and the various restrictions to flow accompanied with nutrient enrichment, Pocotaligo Swamp in Sumter County has become infested with aquatic plants. The ecological characteristics of an aquatic plant infested swamp is one of low D.O. levels. This becomes apparent when the historical trend D.O. values from Station PD-202 are evaluated. Over a period from 1962-1986 with 215 observations, PD-202 had an average D.O. value of 1.7 ppm. During the summer months, values are generally below 1.0 ppm; the average of 1.7 occurs due to increased winter flows.

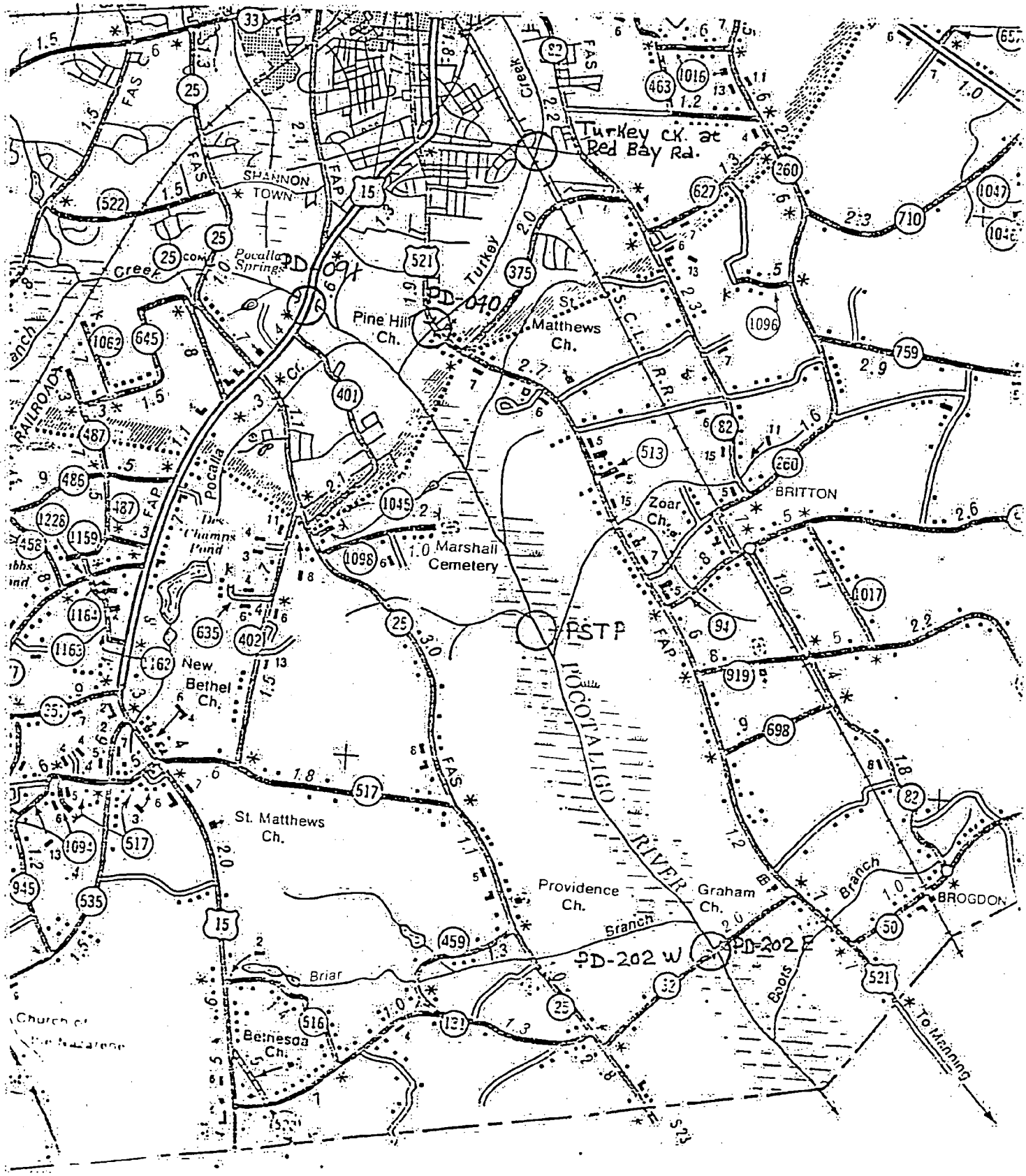
As was stated in the Corps report, there appears to be no easy single solution to the identified problems in Pocotaligo Swamp. But one thing is

certain, until adequate D.O. levels are restored to Pocotaligo Swamp, biological water quality will be seriously impaired.

Attachments

cc: Noel Hurley
Tom Kurimcak
Mark Blackmon

Figure I. Station Locations in Study Area, Pocotaligo River Basin-Turkey Creek Study, Sumter County, South Carolina October 9 and November 5, 1986



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Pocotaligo River Basin - Turkey Creek Study
Sumter County, South Carolina
October 9, 1986 and November 5, 1986

Station	Description
PD-091	Pocotaligo River at U.S. Highway 15, Sumter County
PD-040	Turkey Creek at U.S. Highway 521, Sumter County
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PD-202 E	Pocotaligo River (East Bridge) at County Road 32, Sumter County
PSTP	Pocotaligo River approximately 1,000 feet downstream from the Pocotaligo Sewage Treatment Plant discharge, Sumter County
Turkey Creek	Turkey Creek at Red Bay Road, Sumter County

Table II

Concentrations of Heavy Metals from Sediment (Core Samples)
Pocotaligo River Basin - Turkey Creek Study
Sumter County, South Carolina
October 9, 1986 and November 5, 1986

	Concentrations in Milligrams per Kilogram at Station					
Metal	PD-091	PD-040	PD-202W*	PD-202E	PSTP*	Turkey Creek at Red Bay Rd.
Cadmium	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Chromium	<5.0	14	<5.0	6.8	6.1	6.1
Copper	29	70	12	16	12	30
Lead	7.2	53	<5.0	46	<5.0	15
Mercury	<0.25	<0.25	<0.25	<0.25	<0.25	<0.25
Nickel	11	5.3	<5.0	<5.0	<5.0	<5.0
Zinc	22	150	<5.0	8.8	15	120

* Collected on November 5, 1986 (October 9 samples were broken in transit to lab).

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Pocotaligo River Basin - Turkey Creek Study
Sumter County, South Carolina
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	Concentrations in Milligrams per Kilogram at Station					
Metal	PD-091	PD-040	PD-202W*	PD-202E	PSTP	Turkey Creek at Red Bay Rd.
Cadmium	1.0	<1.0	< 1.0	<1.0	< 1.0	<1.0
Chromium	<5.0	8.3	< 5.0	14	6.8	5.0
Copper	19	27	16	20	15	32
Lead	11	16	< 5.0	20	11	14
Mercury	<0.25	<0.25	< 0.25	<0.25	< 0.25	<0.25
Nickel	16	<5.0	< 5.0	6.4	< 5.0	<5.0
Zinc	37	130	5.9	77	22	69

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Table IV

Concentrations of Heavy Metals from Sediment (Surface Samples)
Pocotaligo River Basin - 1981 Special Study
Sumter County, South Carolina

Metal	Concentrations in Milligrams per Kilogram at Station					
	PD-091		PD-040		PD-202	
	3/13	10/23	3/13	10/23	3/13	10/23
Cadmium	<1.0	< 1.0	< 1.0	<1.0	<1.0	< 1.0
Chromium	<5.0	11	5.0	20	<5.0	<5.0
Copper	<5.0	5.0	20	8.0	<5.0	< 5.0
Lead	11	82	14	29	9.0	28
Mercury	0.2	< 0.2	< 0.2	0.6	<0.2	< 0.2
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Selected Black Water Trend Monitoring Stations
South Carolina Monitoring Network

		Concentrations in Milligrams per Kilogram at Station			
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Reporting Period:		1980 - 1985	1975 - 1986	1974 - 1985	1975 - 1985
# of Measurements:		6	8	10	9
Metal					
Cadmium	Range	1.00 - 1.00	0.99 - 6.89	0.90 - 1.00	0.50 - 1.00
	Avg	1.00	0.99	0.99	0.94
Chromium	Range	5.00 - 5.00	4.30 - 5.00	4.10 - 5.00	2.50 - 6.60
	Avg	5.00	4.91	4.86	4.90
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	Avg	7.33	6.95	8.40	34.57
Mercury	Range	0.20 - 0.30	0.40 - 0.30	0.10 - 1.31	0.03 - 0.30
	Avg	0.25	0.22	0.34	0.21
Nickel	Range	5.00 - 10.00	5.00 - 9.90	5.00 - 10.00	5.00 - 10.00
	Avg	5.83	6.68	7.21	7.00
Zinc	Range	5.00 - 18.00	5.00 - 12.05	5.00 - 126.00	10.00 - 340.00
	Avg	10.03	7.11	37.08	57.11

Table VI

Concentrations of Heavy Metals from Bowfin* Four Fish Composite
Pocotaligo River Basin - Turkey Creek Study
Sumter County, South Carolina
October 20, 1986

Metal	Concentrations in Milligrams per Kilogram at Station PD-040
Alumium	1.1
Cadmium	<0.2
Chromium	<1.0
Copper	<1.0
Lead	<1.0
Mercury	0.45
Nickel	<1.0
Thallium	<3.0
Tin	22
Zinc	14

* Bowfin four fish composite average length (20 inches), average weight (2.77 pounds).

Table VII

Concentrations of Heavy Metals from Bowfin Composites Taken from Coosawhatchie River (CSTL-109), Hampton County and Edisto River (E-015) Dorchester County, South Carolina October 8, 1985

Metal	Concentrations in Milligrams per Kilogram at Station CSTL-109*	E-015**
Cadmium	<0.2	<0.2
Chromium	1.4	1.4
Copper	<1.0	<1.0
Lead	1.0	1.0
Mercury	0.42	1.07
Nickel	<1.0	<1.0
Zinc	13	13

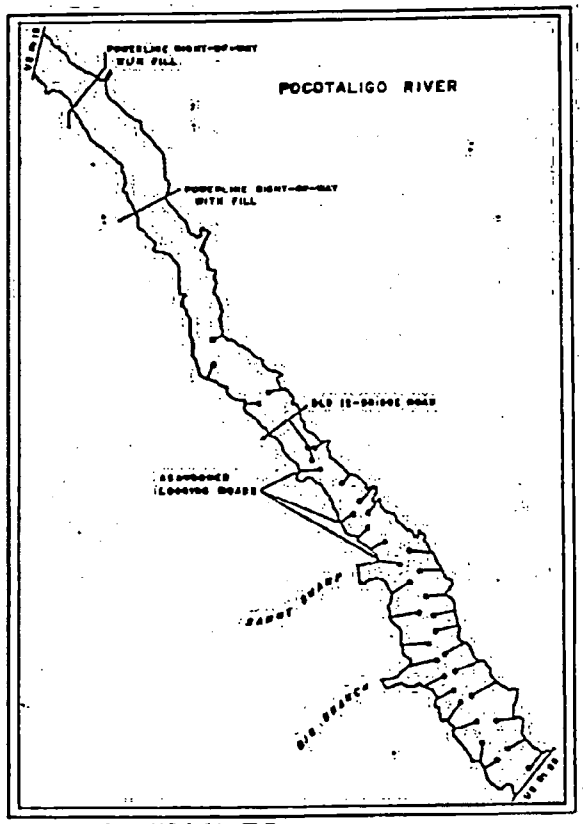
* CSTL-109 - Three fish composite average length (21 inches), average weight (3.44 pounds).

** E-015 - Five fish composite average length (23 inches), average weight (4.5 pounds)

Special Report

POCOTALIGO SWAMP

Sumter County, South Carolina



US Army Corps of Engineers
Charleston District

U.S. FISH & WILDLIFE SERVICE

DIVISION OF ECOLOGICAL SERVICES
217 FORT JOHNSON ROAD
CHARLESTON, SOUTH CAROLINA 29412

Water resources problems in the Pee Dee River Basin were reviewed in a reconnaissance report authorized by resolutions of the committee on Public Works and Transportation, U. S. House of Representatives adopted 14 November 1979 and 23 September 1982.

Primary tributaries to the Pee Dee River include the Little Pee Dee River, Rocky River and the Black River. It was recommended in the reconnaissance report that no further studies be done in the South Carolina portion of the Pee Dee Basin except to define the extent of problems in Pocataligo Swamp, a tributary to the Black River, so that corrective work might be formulated by Non-Federal interests. Information presented in this Pocataligo Swamp report was compiled with funds remaining from the Pee Dee River Basin study.

POCALLA SWAMP

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POCALLA SWAMP REPORT

1. Brief Description of Pocalla Swamp

In the immediate vicinity of Sumter, South Carolina several creeks, including Green Swamp, Turkey, and Cain Savannah come together forming headwaters for the Pocotaligo River Swamp system. The Pocotaligo flows approximately 55 miles to the Black River draining an area of approximately 490 sq. mi. The Pocotaligo drops 135 ft. in elevation between Sumter and its confluence with the Black. Mean discharge at the mouth is 440 cfs. The Pocotaligo River is above the limit of tidal influence. The upper reaches of the broad flood plain through which the Pocotaligo River flows is generally known as Pocalla Swamp. During the period between World Wars I and II the extension of the railway network and construction of a hard-surfaced highway system diverted much waterborne commerce to areas, such as Sumter, which was above the headwaters of navigable rivers. Land use and income sources in and around Sumter, which were traditionally agricultural, slowly changed to the manufacture of furniture, textiles, steel fabricating, food processing, printing and dyeing, foundry products, and retail sales.

Prior to 1950 the upper reaches of the Pocotaligo River was characterized by a river-swamp system with as many as 12 flowing streams and dominated by a dense swamp forest community of water tupelo and bald cypress. Most of the swamp was semipermanently flooded area adjacent to braided creek channels. The forest canopy probably exceeded 90% closure in all but the wider creek channels. Swamp forest similar to that described still may be seen at Pocotaligo Park at the U.S. Hignway 301 crossing near Manning, South Carolina. During this time Pocalla Swamp was used extensively for recreational pursuits. A great variety of wildlife species abounded in the swamp. The clean streams and deep pools were used not only for fishing but were prime swimming holes. Pocalla Springs was once a well known health resort visited by people from all over the state. These springs comprise some of the Pocalla Swamp headwaters.

2. Description of Current Swamp Environment

Water Quality

Pocalla Swamp has served over the last 30 years as a dump for domestic and industrial wastes. There is evidence of pollution from industrial discharges including waste disposal site runoff, textile wastes, paint, battery wastes, and oil and grease. Sewage from treatment plants on Green Swamp and Turkey Creek were discharged into the swamp until the larger Sumter Pocotaligo Wastewater Treatment Plant (PWTP) began operation in 1977. PWTP, although an improvement over its predecessors, has had some water quality problems associated with its operation. In June 1981 South Carolina Department of Health and Environmental Control (DHEC) conducted an acute toxicity test on the chlorine content of PWTP's waste water discharge. The results demonstrated that acute and chronic effects to biological com-

munities may be expected. DHEC advises that there are cases of contaminated runoff into Pocalla from sludge piles. The waste disposal site on Cook's Creek is a potential source of pollution. During excavation of a sewer line through this site in 1981, DEHEC determined that large amounts of hazardous wastes had been disposed of at this site. The dump is very close to Green Swamp, a Pocalla Swamp tributary. DHEC studies done in March and October of 1981 describe sediment and water sampling analyses from the swamp with only moderate amounts of trace metals and coliforms. PH was variable and buffering potential (as evidenced by low hardness and alkalinity values) was limited. Data obtained from primary water quality monitoring stations in the swamp area tended to support these findings. Sediment analysis from nine DHEC stations throughout the swamp showed high concentrations of metal at several locations with especially high levels of lead in Turkey Creek.

The U. S. Fish and Wildlife Service analyzed sediment and water samples from Pocalla Swamp. The plan and analysis results are attached as Appendix I. The analysis indicates that Pocalla Swamp shows the effect of long-term domestic and industrial pollution. According to preliminary analysis of some of the major pollutants, concentrations of most of the organic compounds, including pesticides, are relatively low. However, heavy metals, oil and grease, and in some cases fecal coliform continue to pose an environmental threat. Sediments in the Turkey Creek areas are contaminated with some of the highest levels of heavy metals as well as oil and grease. This is because most of the swamp's industrial pollution is known to have originated from this tributary.

Quality of Fish and Wildlife Habitat

At present Pocalla Swamp is predominantly a bog with dense floating mats of aquatic vegetation spanning the flood plain. Tree canopy cover is very sparse, averaging less than 25% over much of the flood plain. Only scattered large trees remain, probably unmerchantable trees left after logging activities. Young trees, predominantly red maple and water tupelo, are present only on floating mats of vegetation and near the edge of the swamp. No well defined stream channel is present with the exception of a few areas mostly at bridge crossings. The flood plain today is permanently flooded to a depth of 1 to 3 feet in areas above Interstate 95. Existing vegetative communities are shown in Figure 1.

Wildlife

Currently Pocalla Swamp provides wintering habitat for migratory waterfowl in the more open areas suitable for feeding and resting. Species likely to utilize the swamp in relatively large numbers include mallard, gadwall, green-winged teal, blackduck, hooded merganser, and wood duck. Extensive broad rearing habitat for wood ducks exists in scattered locations throughout the swamp where adequate nest cavities are found. Large areas of the swamp are leased annually for waterfowl hunting. According to local accounts waterfowl numbers increased dramatically soon after major logging activities during the early 1960's. Since that time there has been an apparent decline in wintering waterfowl numbers, possibly resulting from

increased aquatic plant and scrub-shrub cover. Large numbers of bird species adapted to palustrine forested and non-forested wetlands are likely to be present in the swamp. Dominant permanent residents are likely to be the belted kingfisher, downy woodpecker, long-billed marsh wren, great blue heron, great egret, white ibis, yellowthroat, and red-winged blackbird. Mammals are likely to include beaver, mink, river otter, and raccoon. Most of the swamp is too wet for significant use by deer except as escape cover. Reptilian species may include musk, mud, and snapping turtles, yellowbelly slider turtles, brown water snakes, and the cottonmouth.

Fishery Resources

Pollutants and dense aquatic vegetation present in most of the wetter areas including old stream channels reduce habitat suitability for most game fishes. However, quality habitat potential exists for gamefish in open channel areas near bridge crossings and other scattered locations throughout the swamp. Gamefishes present include largemouth bass, redbreast, sunfish, bluegill, chain pickerel, and redfin pickerel.

Endangered Species

The only endangered or threatened species known to be present within Pocalla Swamp is the threatened American Alligator.

Fish & Wildlife Resource Problems and Environmental Concerns

Problems related by local individuals include the following:

Mosquitoes - According to local individuals mosquito problems have been severe during recent years in areas adjacent to the swamp. It is likely that increased water levels and growth of nuisance aquatic vegetation have contributed to an increase in mosquito problems by providing breeding habitat.

Odor - Noxious odors have been reported over the past 20 years, and may be due both to decaying vegetation in the swamp as well as sewage. Prior to the completion of the new Sumter Pocotaligo wastewater treatment plant in 1977, inadequate sewage treatment may have contributed significantly to the odor problem in the swamp.

Loss of Timber - Most merchantable timber was harvested from the swamp above U.S. Highway 301 during the late 1950's and 1960's. The entire swamp was clearcut during that time, leaving only unmerchantable timber. Since timber was harvested, tree regeneration has been remarkably sparce. The apparent increase in water level as evidenced by aerial photography and onsite surveys is likely to have been a major factor in retarding regeneration. Most tree species adapted to growth in forested wetland habitats need periods of protection from flooding during the critical early years of seedling growth. The present extent of permanent flooding in the swamp has rendered large areas unsuitable for regeneration of swamp forest species.

Nuisance Aquatic Vegetation - Most of the swamp is choked by a dense mat-like growth of aquatic vegetation. Nearly all the small inter-

logging operations. Following placement of logging access roads, timber harvest by clearcut continued until most of the swamp forest canopy was removed. Normally, tree regeneration begins the first growing season after clearcutting, but the placement of many access roads and dikes resulted in slowly increasing water levels. With increased water levels, tree regeneration was suppressed or prevented. The absence of a tree canopy, and shallow permanent flooding in many areas provided ideal conditions for nuisance aquatic plants to thrive. As aquatic vegetation increased in density, water flow through the swamp was further reduced, resulting in water level increase.

Further complication of the problem resulted when two powerline rights-of-way were placed across the swamp below Sumter. During placement of the powerlines, fill was apparently placed across the swamp rights-of-way possibly to facilitate access for vehicles. Interstate 95 was constructed across the swamp leaving only small openings for water passage.

Discharge of poorly treated municipal and industrial wastewater continued until the late 1970's, undoubtedly contributing pollutants and excess nutrients. The addition of excess nutrients probably accelerated growth of aquatic plants further reducing flow through the swamp.

4. Potential Solutions to Environmental Problems

The series of problems described above resulted in conversion of what was once a forested wetland to a bog. Changes have occurred in natural resource values, some beneficial and some detrimental. For example, habitat for forest game species such as turkey, squirrel, and deer has been replaced by habitat more suitable for migratory waterfowl. Increased water levels appear to have prevented regeneration of valuable timber in the swamp. Municipal and industrial wastewater effluents have caused deterioration in water quality in the past, although it appears that water quality may now be improving. Changes in habitat characteristics and natural resource values will likely continue to occur over time.

Although there appears to be no easy single solution to the identified problems in Pocalla Swamp, the following actions have been identified for further study:

Removal of Flow Restrictions - Increased water level appears to be a key factor in most of the environmental problems identified. Abandoned logging access roads and control dikes, powerline right-of-way access roads, and bridge crossings appear to be responsible for all or part of the observed increases in water level. Some existing flow restrictions are shown in Figure 1. Further study will be necessary to develop an effective strategy for removal of flow restrictions.

Water Quality Management - Municipal and industrial wastewater discharges into the swamp have likely played a significant role in past water quality problems and overgrowth of noxious aquatic vegetation. Although significant improvements have been made in treatment of these wastes, a continuing problem appears to exist in some of the areas sampled.

Mosquito Control - An adequately funded mosquito abatement program should be established.

Aquatic Plant Control - The Corps of Engineers has a cooperative program with the South Carolina Water Resources Commission for the control of aquatic plants. The Pocotaligo River including Pocalla Swamp will be considered for inclusion in this program.

Fish and Wildlife Management Practices - Two basic management plans are possible, each involving a group of management actions. The first plan involves restoration of the swamp to original hydrologic conditions, emphasizing swamp forest game and nongame species, and river swamp fishery species. The second basic plan involves improvements for migratory waterfowl and riverine fishery species within the existing hydrologic conditions.

Forestry Management - Current water levels in the swamp are likely to prevent significant tree regeneration in the foreseeable future. Reduction in water levels appears to be a prerequisite for future timber management.

5. Summary

Finding an appropriate and feasible solution to the identified problems will involve selection of an appropriate management plan for Pocalla Swamp. The present study has served to describe and document changes that have occurred in Pocalla Swamp. The changes have in some cases caused problems such as loss of timber, water quality degradation, adverse mosquito population levels, decline in fishery habitat value and public access, and loss of forest game hunting opportunities. Also the changes have resulted in natural resource trade-offs such as loss of forest game habitat value in exchange for increased wintering waterfowl habitat values. It is important to bear in mind that changes in Pocalla Swamp are continuing.

It appears that two basic courses of action should be subjected to further study in order to develop the most feasible and appropriate management goal for Pocalla Swamp:

a. Restoration of near original habitat conditions in the swamp. The key factor involved would likely be removal of flow restrictions and lowering of water levels in the swamp. Lowering of the water levels could most effectively be accomplished by channelization in strategic reaches throughout the swamp. Feasibility of this course of action is not certain and further study would be required in order to identify not only key flow restrictions, but extensive and systematic testing would be necessary to determine toxic substances and contaminants which might be resuspended during dredging and allowed to spread downstream.

b. Retain existing hydrologic regime and direct limited management efforts toward solution of specific problems. This course of action will allow changes in habitat characteristics to continue over time, although changes are expected to be very slow. Tree regeneration is expected to remain very slow, and densities of aquatic vegetation and scrub-shrub growth may continue to increase. Wintering waterfowl numbers may be expected to

continue in decline as vegetation becomes more dense. Fishery habitat and fishing access may decline further due to the density of vegetation. Mosquito problems are expected to continue, although an adequate abatement program could be effective in controlling this problem.

APPENDIX I

This basic study plan as follows is limited and preliminary. This plan was designed by the U.S. Fish and Wildlife Service to enlarge upon existing contaminant data.

1. Ten representative stations were selected in or around Pocalla Swamp for collections and/or sampling of water, sediments and/or fish for contaminant residue analysis or coliform count. (See map, Figure 1) (Water samples were used only for coliform counts because of the large amount of existing data on other parameters.)

2. A control station was selected outside of the influence of any major contaminant sources. Pocotaligo Park (See Figure 1) was chosen for its apparent lack of major pollution.

3. Water sediment and fish samples were collected. Sediment samples were taken with a three-foot long by 1.5 inch diameter core sampler in areas where shoaling was evident. These areas were in the swamp at some distance from the bridges. Fish were collected with a variable mesh gill net in Turkey Creek.

4. Samples were submitted to a local lab certified by the Corps and SCDHEC (General Engineering Lab, Charleston, SC) for analyses. Samples were analyzed for selected metals, organophosphate pesticides, organochlorine pesticides, polychlorinated biphenyls and other priority pollutants (See Tables I and II for sediments and fish tissue values, respectively).

Data Analysis - Sediments and Water

Lead

Lead concentrations at most stations appear to be normal, except for Turkey Creek. These values are high and erratic, suggesting occasional pockets of high concentrations.

Mercury

Mercury concentrations in sediments near both powerline causeways appear to be somewhat elevated.

Copper

Most values appear normal except for the Turkey Creek area, where extremely high values have been detected.

Zinc

High concentrations were detected in Turkey Creek as well as below the waste dump on Cook's Street. In addition to the potential for individual

toxicity problems, copper and zinc collectively can cause a synergistic reaction that is especially lethal to fish and other aquatic organisms.

Oil and Grease

Oil and grease levels were very high at nearly all stations suggesting a great deal of runoff from streets, industries, service stations, etc.

Data Analysis - Fish

Mercury

With regard to public health, concentrations in fish tissue approaches the FDA limit of 1.0 ppm. However, fish and other aquatic organisms may be adversely affected (with regard to growth, reproduction, behavior, etc.) at much lower levels. According to recent studies, residues of arsenic, cadmium, lead, mercury and selenium exceeding 0.5 ppm in whole body tissues are potentially harmful to fish and other aquatic organisms (Walsh, et al, 1977). A comparison of the subject values to those in the National Contaminant Biomonitoring Program (conducted by USFWS) suggest that the Pocalla Swamp mercury values are among the higher values found in fresh water fish in this country.

Other Metals

Metals and other inorganics including arsenic, cadmium, silver, barium, etc., fall within the normal range.

Organic compounds

Concentrations of pesticides, PCB's, etc., appear to fall within the normal range.

TABLE I

POCALLA SWAMP PRELIMINARY CONTAMINANT ASSESSMENT
Sediment Analyses & Coliform Counts

Pollutant Analyzed for	Sediment, Water & Fish Sampling Station Numbers 1 Hwy 32	2 Lower Pwline	3 Pocalla Pwline	4 Upper Pwline (N side)	5 Upper Pwline (S side)	6 Hwy 15	7 City Dump	8 Green Swamp	9 Turkey Creek (Upper)	10 (Lower)	11 Pocotaligo Park Control
Sediments											
Lead (P.P.M.)	<1.0	<1.0		<1.0	<1.0		<1.0	<1.0	1.0-95	18.9	<1.0
Copper "	<1.0	1.2,1.5		1.0	4.6		1.3-18.4	1.5	69.2-749	53.0	1.0
Mercury "	1.75	.14,.17		1.82	1.82		.02	.17	.01-.03	1.6	.15
Zinc	-	4.1,4.5		1.3	11.9		38.9-166	3.3	182-551	92.0	2.6
Oil & Grease	21.0	41,53		50	156		50-156	4	75-234	148	35
Organophosphorous Pesticides	<.01	<.01		<.01	<.01		<.005	<.01	<.005	<.01	<.01
Non-volatile Chlorinated Hydrocarbon	<.025	<.025		<.025	<.025		<.005	<.025	<.005	<.025	<.025
Volatiles	<.025	>.025		<.025	<.025		-	<.025	<.025	<.025	
Pesticides & Metabolites	.01-.06	.01-.06		.01-.06	.01-.06		-	.01-.06	.01-.89	.01-.06	.01-.06
PCB	<.01	.01-.10		<.01	<.01		<1.0	>.01	<1.0	<.01	<.01
Coliforms											
Noncoliform	TNTC*		TNTC*	TNTC*		TNTC*			TNTC*		
Fecal Coliform	71		TNTC*	TNTC*		152			32		

* Too numerous to count.

NOTE: Complete results available for review by interested persons.

1-3

5033

TABLE II

POCALLA SWAMP PRELIMINARY CONTAMINANT ASSESSMENT

Pollutant Analyzed for		Fish Tissue		
		Chubsuckers	Bulkheads	Centrarchids
Arsenic	(ppm)	<1.0	<1.0	<1.0
Birium	"	3.3	<1.0	<1.0
Cadmium	"	< .5	< .5	< .5
Chromium	"	<1.0	<1.0	<1.0
Lead	"	<1.0	<1.0	<1.0
Mercury	"	.52	.95	.76
Selenium	"	< .5	< .5	< .5
Silver	"	<1.0	<1.0	<1.0
Organophosphorous Pesticides	"	< .01	< .01	< .01
Pesticides & Metabolites	"	<.01-<.06	<.01-<.06	<.01-<.06
PCB's	"	<.01-<.04	<.01- .26	<.01-.55

Note: The fish utilized for this study were all adult specimens collected from Turkey Creek. Whole fish were used for 5 fish composites for each of the three groups above.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Bureau of Field and Analytical Services

Analytical Services Data Sheet For Sediment Samples

STATION No.	PD-201N	PD-202	PD-040	PD-091	PD-238	PD-237	PD-198	NASTY	PD-039
pH	4.6	4.8	5.0	5.3	5.4	4.3	4.3	4.8	4.8
TKN mg/kg	<30	<30	57.7	1154	<30	693	808	< 3	<30
T-P	71	3	22	68	17	39	47	5	10
Cd mg/kg	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Cr mg/kg	6.0	<5.0	<5.0	<5.0	<5.0	<5.0	<5.0	<5.0	<5.0
Cu mg/kg	<5.0	<5.0	20	<5.0	<5.0	<5.0	7.0	<5.0	<5.0
Hg mg/kg	<0.2	<0.2	<0.2	<0.2	<0.2	<0.2	0.3	<0.2	<0.2
Mn mg/kg	140	<5.0	7.0	240	9.0	15	90	7.0	18
Ni mg/kg	<5.0	<5.0	<5.0	24	<5.0	<5.0	<5.0	<5.0	<5.0
Pb mg/kg	54	9.0	14	11	<5.0	69	22	<5.0	<5.0
Zn mg/kg	30	19	120	80	10	15	28	7.0	5.0

5035

STATIONS SAMPLED MARCH 13, 1981

Sediment Samples Collected

PD-201N	Black River at US-378	Background Station
PD-202	Pacotaligo River at S-43-32	
PD-040	Turkey Creek at US-521	Dredged channel
PD-091	Pocotaligo River at US-15	
PD-238	Pocalla Creek at S-43-25	
PD-237	Pocalla Creek at US-15	Background Station
PD-198	Cane Savannah Creek at SC120	Background Station
Nasty Branch	Nasty Branch about 1/4 mile downstream from Manchester Downs Lagoon	
PD-039	Green Swamp at S-43-33	

DATA ANALYSIS

Ranges Obtained From Historical Data (1976-1978) - Also % Occurrences

Total Kjeldahl Nitrogen:

Range for Pee Dee Stations: Below detection limits of 30 mg/kg - 4100 mg/kg
84% samples between 100-1000 mg/kg

High values for this sampling: PD-091 1154 mg/kg - May be a natural level due to decaying vegetation

Phosphorous (P):

Range for Pee Dee Stations: Below detection limits of 25 mg/kg - 1000 mg/kg
55% samples 100 mg/kg
All values within normal range.

Cadmium (Cd):

Range for Pee Dee Stations: Rarely detected in sediment - no Cd detected

Chromium (Cr):

Range for Pee Dee Stations: Below detection limits of 5 mg/kg - 46 mg/Kg
80% samples below detection limits

All values acceptable

Copper (Cr):

Range for Pee Dee Stations: Below detection limits of 10 mg/Kg - 396 mg/kg - (abnormally high value)
75% samples below detection limits

20 mg/Kg at PD-040 may indicate an unnatural accumulation

Mercury (Hg):

Range for Pee Dee Stations: Rarely detected in sediments
All values acceptable.

Manganese (Mn):

Range for Pee-Dee Stations: Below detection limits Of 5 mg/Kg - 639 mg/kg
64% samples 10-100 mg/Kg

High Mn levels detected at PD-201N - 140 mg/Kg
PD-091 - 240 mg/Kg

These high Mn levels may be due to decaying vegetation (Tupelo leaves, etc., associated with the sediment - certain tree leaves can accumulate manganese and the manganese may be released when the leaves die and begin to decay - both of these stations had plant detritus associated with the sediments (especially PD-201N)

Nickel (Ni):

Range for Pee Dee Stations: Below detection limits of 10 mg/Kg - 28 mg/Kg.
82% samples below detection limits

24 mg/Kg at PD-091 may be slightly high.

Lead (Pb):

Range for Pee Dee Stations: Below detection limits of 5 mg/Kg - 140 mg/Kg
90% samples below 20 mg/Kg.

Elevated concentrations at PD-201N=54 mg/Kg
PD-237=69 mg/Kg

Zinc (Zn):

Range for Pee Dee Stations: Below detection limits of 10 mg/Kg - 200mg/Kg
80% sample less than 30 mg/Kg

High values at: PD-040= 120 mg/Kg
PD-091= 80 mg/Kg

Conclusions:

1) Slight accumulations of Copper and Zinc at PD-040 in Turkey Creek. This sample point is below the inactive dischargers of Sumter/Turkey Creek and Santee Print Works.

2) Slight accumulations of TKN, Mn, and Ni and Zn at PD-091. The TKN and Mn may be natural accumulations due to decaying vegetation.

3) Slight accumulations of Mn and Pb at PD-201N. Mn is probably natural.

4) Slight accumulation of Pb at PD-237.

SUMMARY:

The slight accumulation of lead at PD-201N and PD-237 are, perhaps, natural levels as both stations were sampled to show representative background levels in swamp environments. The manganese at PD-201N and PD-01 and TKN at PD-091 are both associated with the excessive amounts of decaying vegetation. The nickel and lead at PD-091 showed only slight accumulation and may be natural or due to past dischargers upstream from this station. The "worst" problem appears to be at PD-040, which is a dredged channel in Turkey Creek and is downstream of several inactive dischargers. The acumulations of elements in the sediment at the other stations will probably not be alleviated by dredging as they are most likely representative of natural conditions.

South Carolina Department of Health and Environmental Control

2600 Bull Street
Columbia, S.C. 29201

Commissioner
Michael D. Jarrett

Board
Moses H. Clarkson, Jr., Chairman
Gerald A. Kaynard, Vice-Chairman
Oren L. Brady, Jr., Secretary
Barbara P. Nuessle
James A. Spruill, Jr.
William H. Hester, M.D.
Euta M. Colvin, M.D.

April 20, 1987

Representative E. B. McLeod, Jr.
Route 1, Box 28
Pinewood, SC 29125

Dear Representative McLeod:

I want to apologize for not having sent the enclosed information concerning our studies of Turkey Creek earlier. I intended to send it immediately after receiving it but did not. I apologize for the delay for I know of your interest in the work we had initiated.

I hope the report is self-explanatory. Our results, although somewhat different from the earlier Corps of Engineers' report, indicate that the present quality of water in Turkey Creek and Pocotaligo Swamp is the result of many past activities. Man's activities in and around the swamp over the past have been to the detriment of the swamp and although the majority of these activities are no longer taking place, the quality of the swamp remains impacted today.

After you have had an opportunity to review this report, I would be happy to discuss it further with you (734-5300). Please let me know if I can address any additional questions you may have.

Sincerely yours,

Russell W. Sherer

Russell W. Sherer, Director
Division of Water Quality
Assessment and Enforcement
Environmental Quality Control

RWS/al

enclosure

cc: Bob Gross w/enclosure
Mark Blackmon w/enclosure
Mike Marcus w/enclosure
Harvey Geitner, US Fish & Wildlife Service, w/enclosure

SOUTH CAROLINA DEPARTMENT OF HEALTH
AND ENVIRONMENTAL CONTROL
J. MARION SIMS BUILDING • COLUMBIA, SOUTH CAROLINA 29201
PHONE 803-734-5000

Russ Shaver
Water Pollution Control

MEMO

DATE: 9-4-91

The Pocotaligo Swamp Reclamation Committee is planning on making a news release. Attached is a draft copy. I've suggested that they re-word it - in particular to eliminate the notion that pollution caused the death of the swamp.

Anyway - if & when it goes out we may get alot of calls - especially if it isn't changed from what was drafted.

Thanks
Tom

FILE COPY

THE CHARLOTTE OBSERVER OCT 4, 1986

Study Reports High Mercury Levels In Fish

Associated Press

SUMTER — Mercury levels in fish from a tributary of a Sumter County swamp that has been used as a waste dump are among the highest found in freshwater fish in the nation, the U.S. Army Corps of Engineers says.

Turkey Creek in southern Sumter County also has high concentrations of lead, copper and zinc, the study said. The samples were taken 3 feet deep in Pocalla Swamp, which the study described as "a dump for domestic and industrial wastes" for 30 years.

Mercury in high concentrations is poisonous to wildlife and humans.

The study, part of the Pee Dee River Basin study the corps began about four years ago, was released Thursday.

The study showed mercury concentrations ranging from 0.52 to 0.95 parts per million in fish tissue samples. A test station in upper Turkey Creek showed copper concentrations in a range of 69.2 to 749 parts per million, zinc concentrations of 182 to 551 parts per million and lead concentrations ranging from .1 to .95 parts per million.

By comparison, a test station at the Pocotaligo Park on U.S. 301 in Manning, outside the area of pollution, showed 1 part per million of copper, 2.6 parts per million of zinc and less than 1 part per million of lead.

State of South Carolina

Office of the Governor

CARROLL A. CAMPBELL, JR.
GOVERNOR

POST OFFICE BOX 11369
COLUMBIA 29211

October 30, 1992

Mr. Michael Stone
Secretary of the Army
The Pentagon
3E718
Washington, D. C. 20310

Dear Secretary Stone:

It is my understanding that your office is in the process of prioritizing funding for the Pocotaligo Swamp Reclamation Project in the State of South Carolina. This project is important to the health and welfare of several thousand citizens and we have given this project a top priority on our own agenda.

Several state agencies are involved in this project and a considerable amount of time and financial resources have been committed on the local, state and private levels.

The U. S. Army Corps of Engineers has recognized the need for this project and has been most helpful in moving it to its present stage. We need your continued support in order to carry through with the project.

I would appreciate your assistance in helping us obtain a top priority and funding for this important project in the ensuing fiscal year.

Sincerely,

Carroll A. Campbell, Jr.
Governor

/jdh

South Carolina DHEC
Department of Health and Environmental Control

BUREAU OF WATER POLLUTION CONTROL
Division of Water Quality and
Shellfish Sanitation

October 26, 1994

MEMORANDUM

TO: Glenn Trofatter
Butch Younginer
Jeff deBessonett
Quinton Epps
Doug Fabel

FROM: Sally Knowles Sally

SUBJECT: Pocotaligo River Project
U. S. Army Corps of Engineers

The Corps of Engineers is planning a meeting to discuss restoration of the Pocotaligo River. Over the last 15 to 20 years, the Department has been involved in discussions and studies to identify the causes of water quality problems in the Pocotaligo River. I think we agree that the primary or underlying cause is probably hydrological modification due to obstruction of flow from roads and utility crossings.

In the last few years, there has been renewed interest in the Pocotaligo River. A local group, the Pocotaligo Swamp Reclamation Committee, has generated much of this interest and has sought the assistance of Federal, State, and local government. The Soil Conservation Service will receive, through DHEC, 319 money for work in the Pocotaligo.

We should probably have several people attend this meeting: Doug because of 319 interests, Quinton because of wetlands issues, and Butch because of his history in monitoring efforts.

Work by Dr. Morris of USC has caused the City of Sumter wastewater discharge to be a suspected source of problems. The Corps' suggestions for restoration involve removal or modification to the discharge. For this reason, someone from Domestic Wastewater should probably attend the meeting, also.

I would like us to meet prior to the meeting at the Corps to discuss their proposal. Is Tuesday November 1 convenient? Please let me know. Thanks.

cc: Russ Sherer
Ronny Rentz

DEPARTMENT OF THE ARMY
CHARLESTON DISTRICT, CORPS OF ENGINEERS
P.O. BOX 919
CHARLESTON, S.C. 29402-0919

REPLY TO ATTENTION OF

Planning Branch

724-4236
1-800

October 25, 1994

RECEIVED
OCT 28 1994
BWPC
DWQ&SS

Ms. Sally Knowles, Director
Division of Water Quality and Shellfish
Sanitation
S.C. Department of Health and Environmental
Control
Bureau of Water Pollution control
2600 Bull Street
Columbia, South Carolina 29201

Dear Ms. Knowles:

You are invited to attend a Corps of Engineers sponsored meeting on Wednesday, November 16, 1994, at 10:00 a.m. in the conference room of the Pansy Ridgeway Administration Building (City Hall) in Manning, South Carolina. The building is on the corner of Highway 301 and SC-23 (which is Old Georgetown Road).

We intend to review the status of the Pocotaligo River and Swamp System study and discuss future actions necessary for restoration to a pre-1950's condition. The proponent of this study is the Pocotaligo Swamp Reclamation Committee. We will discuss our current reconnaissance study progress, and the identified problems and potential solutions. Following this review please be prepared to discuss the following:

a. Does your organization agree with the objectives of the project?

b. Can your organization provide support to the non-Federal sponsor?

c. What portion of the plan (cash, technical resources, purchase of easements, furnishing tree seedlings, etc.) would you be able to furnish to achieve the goal of restoration of this system?

A fact sheet is attached which contains suspected problems, potential solutions, and other study details.

Should you have any questions concerning the meeting or the study, please contact the study manager, Mr. Robert Chappell, at (803)727-4594.

Respectfully,

Richard Jackson

Richard M. Jackson, P.E.
Planning Branch

Enclosure

DATE: 24 October 1994

STUDY INFORMATION

CONGRESSIONAL DISTRICTS: SC 5 & 6

1. STUDY NAME: Pocotaligo River and Swamp, South Carolina - CWIS NO. 13201

2. AUTHORIZATION: Resolution adopted by the Committee on Public Works and Transportation of the House of Representatives on 5 February 1992.

3. STUDY AREA: The study area is a river-swamp system with as many as 13 flowing streams that extend from Sumter to Manning, draining an area of approximately 260 square miles.

4. DESIRES OF THE STUDY SPONSOR: The sponsor's objective statement guiding their efforts to improve conditions in the swamp is as follows: "The Pocotaligo Swamp Reclamation Committee was formed to facilitate the restoration of the environmental values in Pocotaligo Swamp. This includes wetland recovery and enhancement, improved water quality, improved air quality, increased waterfowl and wildlife values, improved fishery habitat and increased visual and aesthetic values." Local interests have requested that studies be made by the Corps of Engineers to determine the feasibility of providing improvements for the purposes of flood damage and health hazard reduction needs, along with the restoration of timber, fish, and wildlife resources.

5. POTENTIAL PROJECT GOALS: The study will consider a project that would restore the swamp to its pre 1950 condition; when the river was characterized by a river-swamp system with as many as 13 flowing streams and was dominated by a swamp forest community of water tupelo and bald cypress. Any proposal would reduce health hazards and enhance conditions for timber regeneration and fish and wildlife resources.

6. RECONNAISSANCE STUDY COST: $400,000. 100% Federal.

7. STUDY START DATE: 10 December 1993.

8. COMPLETION DATE: 28 April 1995.

9. STATUS: Pocotaligo Swamp has been deteriorating rapidly for a number of years; due mainly to such contributing influences as utility rights-of-way, poor logging practices, bridge construction and modification, industrial and municipal wastewater effluents, and the results of Hurricane Hugo.

A Special Report on the Pocotaligo Swamp under the authority of a basin study of the Pee Dee and Little Pee Dee Rivers was prepared in January of 1986. This report identified problems associated with the swamp and suggested potential solutions; including channelization to reduce water levels, weed control, etc.

Currently, the Corps is working with representatives of state, counties, utilities, etc. in an effort to chart a proper course of action to resolve the problems. It appears that solutions involving environmental restoration work through alteration of the hydraulics are strong possibilities here.

There is strong congressional support for this project. Congressman Spratt was instrumental in having this project added to the President's budget for FY 93. Senators Hollings and Thurmond are very interested in this study as well.

10. STUDY AND/OR RECOMMENDATION IMPLEMENTATION PROBLEMS:

a. Any on-going timbering operations could be modifying existing conditions.

b. Difficulty in acquiring easements for project construction or conservation/protection purposes.

c. Identifying an appropriate project sponsor.

d. Continuous nutrient flows into the swamp from sewage treatment facilities will continue to spur vegetative growth and hamper efforts to control noxious aquatic vegetation.

11. SUSPECTED PROBLEMS AT INCEPTION OF STUDY:

a. High Nitrogen & Phosphorus (N&P) concentrations are found above 12 Bridges Road. It has been shown that the ~~primary~~ minor source is from the sewage treatment plant with a ~~minor~~ major component coming from the surrounding farmland.

b. Nuisance aquatic vegetation is located throughout the swamp, generated from excessive N & P concentrations as well as the open forest canopy.

c. A significant volume of downed timber is spread throughout the swamp, from 12 Bridges Road to the Pocotaligo River's junction with the Black River. The damage was compounded by hurricane Hugo which added to the current flow problems.

d. The aquatic vegetation and possibly the downed timber, bridges, forest access roads, and utility right of ways, have impeded the natural flow of water; causing higher than normal water levels (especially above 12 Bridges Road). This higher water level is stagnant and generates an odor problem as well as a greater number of mosquitos than normal. It also suppresses natural timber regeneration, contributing to the decline in waterfowl and other game species.

e. Low levels of toxic materials are resident in the sediments of the swamp.

12. POTENTIAL SOLUTIONS UNDER CONSIDERATION:

a. Clear and snag one or more channels from the vicinity of the City of Sumter to some point below Twelve Bridges Road, in order to achieve the following results:

[1] restore natural stream flows
[2] reduce water levels
[3] eliminate stagnant pools and associated odor problems
[4] reduce mosquito breeding habitat

b. It may be necessary to maintain the restored channels by making them part of an aquatic plant control program or by conducting periodic snagging and clearing efforts for a period of years in order to allow natural reforestation to occur and/or tree planting to become properly established. The results will be:

[1] restore the tree canopy
[2] inhibit nuisance aquatic vegetation
[3] provide proper environment to encourage waterfowl & other game species to grow
[4] re-distribute N & P concentrations

c. Removal of obstructions created from fill which was placed in the swamp to facilitate past timbering activities. The result will be improved water circulation downstream.

d. Modify bridge and road crossings by adding a larger cross-sectional area for natural flow to pass through. The result will be improved water circulation downstream.

e. Divert the sewage plant discharge to land treatment or pass flows through a filter pond for a period sufficient to allow regeneration to restore the swamp to a point where it can better assimilate these nutrients. This will temporarily reduce the flow of nutrients into the swamp and slow the growth of nuisance aquatic vegetation, while speeding up the natural restoration process. The result will be tertiary treatment.

f. Divert the sewage plant discharge to another watershed, such as the Wateree River, where sewage concentrations would have less of an impact since the freshwater flows are greater (greater dilution factor).

g. Add bubblers downstream of the sewage treatment plant. The result will be to speed up the organic assimilation of the N & P.

h. Plant additional trees to expand the forested border around the upper portion of the swamp (from Sumter to Twelve Bridges Road) in order to intercept a higher percentage of nutrient runoff from the surrounding farms and eliminate it from the swamp ecosystem. The result will be a modified form of tertiary treatment.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

RECEIVED
SEP 24 2001
DIVISION OF SITE
ASSESSMENT & REMEDIATION

September 20, 2001

Mr. Robert Cole
Site Assessment Section
South Carolina Department of Health and
Environmental Control (SCDHEC)
2600 Bull Street
Columbia, South Carolina 29201

Subj: Turkey Creek Site
Sumter County, South Carolina
PA/SI Report

Dear Mr. Cole:

EPA has completed the review of the PA/SI Report for the Turkey Creek Site, dated June 29, 2001. EPA agrees with the need for further action and investigation at the site, however, there are some items that need to be addressed in order to complete the report. As an additional note, the Site Assessment section did a great locating the old channel with the GPS. Locating the source area without this support would have been practically impossible under the current site conditions.

Please have the appropriate staff address the issues and/or make the revisions noted in our comments below (enclosed). If there are any questions concerning EPA's review of this report, or the status of the site with regard to CERCLA, please contact me by phone at (404) 562-8789, or email at Tanner.Terry@epa.gov.

Sincerely,

Terry L. Tanner
Project Manager

US EPA Comments
Turkey Creek Site PA/SI Report dated 6/29/01
September 19, 2001

1. EPA agrees with the decision for further investigation and requests that the report identify the objectives for the future investigation. The PA/SI samples were collected at depths greater than one foot below the surface. While the samples did show hits, the soil/sediment overburden was not sampled. Without sampling the overburden and creek sediments, it is not possible to establish an observed release to the creek. For this reason EPA recommends that the objective for the future investigation consist of documenting whether the contamination within the flood plain presents an observed release to the creek sediments).

2. The site been given a high priority for additional federal Superfund activity, yet the HRS score is 12.3. EPA recommends revising the HRS score to reflect a source area comensurate to this portion of the original creek channel.

3. The text should provide a summary indicating how the source was located. DHEC did a great job in utilizing GPS to locate the old channel for Turkey Creek. Without this work, locating the source area would have been virtually impossible.

4. It would be useful to mention that the samples exceeded EPA Region IV Sediment Screening values. The corresponding benchmarks consist of Antimony 12 ppm, Chromium 52 ppm, Copper 18.7 ppm, Lead 30.2, Mercury 0.13 ppm, and Zinc 124 ppm.

5. The PA/SI samples contained polyaromatic hydrocarbons (PAHs) at levels greater than three times the background sample. These constituents should be included in Table 1. Documentation of an ashphalt spill is provided as an attachment to these comments.

6. Table 1 should indicate that sample TC-001-SD was the background sample for this site.

7. The report would benefit from a site layout map that shows the old creek channel.

8. Fishing does occur along Turkey Creek. There is a dirt boat ramp, accessible from Highway 521, approximately 1/4 mile from the sample locations.

9. The text should qualify the term "elevated concentrations" mentioned in paragraph C of Section V (i.e. concentrations greater that three times the background sample).

10. Information on previous sediment sampling from the ACOE and effluent sampling by SC DHEC is provided as an attachment to these comments. Please include this information as a reference for the PA/SI.

South Carolina Department of Health and Environmental Control

2600 Bull Street
Columbia, S.C. 29201

Commissioner
Michael D. Jarrett

MEMORANDUM

Board
Moses H. Clarkson, Jr., Chairman
Gerald A. Kaynard, Vice-Chairman
Oren L. Brady, Jr., Secretary
Barbara P. Nuessle
James A. Spruill, Jr.
William H. Hester, M.D.
Euta M. Colvin, M.D.

TO: Noel Hurley, Chief
Bureau of Environmental Quality Control
Laboratories

Tom Kurimcak, Director
Analytical Services Division

Mark Blackmon, District Director
Wateree District

FROM: Harry Gaymon
Harry Gaymon, Environmental Quality Manager
Water Quality Monitoring Section

SUBJECT: Turkey Creek Study

DATE: February 26, 1987

Attached is a revised copy of a similar memorandum you have already received dated January 8, 1987. Please accept this one as a replacement for the first memo.

After initial circulation, it was realized that page 3 needed to be revised for clarity. I apologize for any inconvenience this may have caused.

HG/al

Attachment

MAR 03 1987

South Carolina Department of Health and Environmental Control

2600 Bull Street
Columbia, S.C. 29201

Commissioner
Michael D. Jarrett

Board
Moses H. Clarkson, Jr., Chairman
Gerald A. Kaynard, Vice-Chairman
Oren L. Brady, Jr., Secretary
Barbara P. Nuessle
James A. Spruill, Jr.
William H. Hester, M.D.
Euta M. Colvin, M.D.

February 24, 1987 (revised from 1-8-87 memo)

MEMORANDUM

TO: Russell Sherer, Director
Water Quality Assessment and Enforcement Division

THROUGH: Mike Marcus, Manager Mike Marcus
Water Quality Monitoring Section

FROM: Harry Gaymon Harry Gaymon
Water Quality Monitoring Section

SUBJECT: Pocotaligo River Basin - Turkey Creek Study

Attached are the results of the special study conducted by the Water Quality Monitoring Section in Turkey Creek and Pocotaligo Swamp, Sumter County, during October and November 1986 to determine the level of heavy metals contamination in fish and sediment. This special investigation was conducted because of the 1986 U.S. Army Corps of Engineers environmental study of Pocotaligo Swamp which reported elevated levels of mercury in fish and elevated levels of lead, copper and zinc in sediment taken from Turkey Creek.

This study included the collection of fish (one location) and both surface and sub-surface sediment from six locations throughout Pocotaligo Swamp (Figure I, Table I). All field collections were performed according to Standard Operating Procedures Manual and Quality Assurance Procedures Plan (SCDHEC). All laboratory metals analyses were conducted in accordance with Procedures and Quality Control Manual for Chemistry Laboratories (SCDHEC).

A boat-mounted core sampler was used to collect cores from bridges mid-stream at all station locations except in the swamp below the Sumter Pocotaligo Sewage Treatment Plant (PSTP) where a hand held core sampler was used. Surface sediment was collected mid-stream from the bridges with a stainless steel dredge. Below the PSTP, surface sediment was collected directly with a stainless steel spoon and then transferred to the sample bottle.

Core samples from all stations were collected and dumped into a stainless steel bucket where they were homogenized and then a sample was taken from the bucket. Only one core sample was taken at each station. Dredge samples were transferred directly to sample bottles.

Penetration depths for the cores taken from bridges were between 6 and 12 inches. At the PSTP station where the hand held core sampler was used, penetration was the full length of the core sampler of 20 inches.

A boat-mounted electrofishing unit was used to collect fish from Turkey Creek (PD-040). The entire navigable length of Turkey Creek from U.S. Highway 521 to Pocotaligo Swamp was electrofished twice but only four bowfin were collected. The only other fish observed was Gambusia sp. (Mosquito fish); however, two other fish thought to be bowfin escaped capture during the sampling effort.

The data from this study did not show excessive heavy metals contamination occurring in the fish and sediment of Pocotaligo Swamp (Tables II, III and VI). This determination was based on comparisons between data collected during this study and historical trend monitoring data collected from four similar coastal black water streams (Tables V and VII). The following trend stations were selected for comparisons:

1. CSTL - 109 (Coosawhatchee River at County Road 27, Hampton County)
2. E-015 (Edisto River at S.C. Highway 61, Dorchester County)
3. PD-038 (Lumber River at U.S. Highway 76, Marion County)
4. PD-027 (Black Creek at County Road 35, Darlington County)

As shown in the following table, heavy metals in surface sediment collected during this study were generally within the ranges for the trend stations (Table V). Although the Turkey Creek stations (Table III) were outside the range for chromium, copper and nickel these values are not considered to be abnormally high when compared with other trend and special study data.

Metals	Trend Station Ranges (ppm)	Pocotaligo Station Ranges (ppm)
Cadmium	0.50 - 6.89	<1.0 - 1.0
Chromium	2.50 - 6.60	<5.0 - 8.3
Copper	5.00 - 18.00	15 - 32
Lead	1.06 - 140.00	<5.0 - 20
Mercury	0.03 - 1.31	< 0.25
Nickel	5.00 - 10.00	<5.0 - 16
Zinc	5.00 - 340.00	5.9 - 130

As expected, the core sediment data show slightly higher heavy metals values for some of the metals than the surface sediment data (Table II). The most pronounced increase was in copper (70.0 ppm) and lead (53.0 ppm) at Turkey Creek Station PD-040. Again, these values are not considered abnormal when compared with other trend and special data. Since Turkey Creek once received untreated and poorly treated industrial wastewater during the late 60's and early 70's, it is not unexpected to see slightly higher sediment core values than sediment surface values.

When compared to the Corps study, this study did not show similar levels of lead (95.0 ppm), copper (749.0 ppm) and zinc (551.0 ppm) in the core sediment of Turkey Creek, but rather 53.0, 70.0 and 150.00 ppm, respectively.

To date, none of our Turkey Creek sediment samplings, special or trend, have shown similar elevated levels as reported in the Corps study (Tables II, III and IV). There is no obvious explanation for these differences except that perhaps the exact stations were not sampled in Turkey Creek during this study as were sampled during the Corps study. Sediment deposition in streams, rivers, etc. is generally not uniform and differences in contaminant levels would be expected. The Corps report did not provide specific station descriptions to allow us to select identical stations in Turkey Creek.

Regarding heavy metals contamination of fish, the bowfin sample taken from Turkey Creek indicated no reason for concern (Table VI). Mercury was 0.45 ppm, but still well within the FDA safe tolerance limit of 1.0 ppm. When compared with bowfin collected from CSTL-109, the mercury and other heavy metals values were similar (Table VII). Throughout the State, it is not uncommon to find mercury values in bowfin between 0.5 and 1.0 ppm. No comparison could be made between fish tissue levels in this study and the Corps study since we found no chubsuckers, bullheads or centrarchids in Turkey Creek.

In summary, based on the results of this study, heavy metals contamination of the sediment in Pocotaligo Swamp are not responsible for the poor water quality presently existing in portions of the swamp. However, during the 50's, 60's and early 70's, before industrial wastewater effluent discharges were removed from Turkey Creek, heavy metals contamination was partly responsible for impaired water quality in Turkey Creek. To date, there are no known effluent wastewater discharges entering Turkey Creek. Apparently, the single most important contributor to the poor water quality is inadequate dissolved oxygen levels.

The Corps report provides a good summary account of the history of mans activities in the Pocotaligo Swamp since 1950 which have completely changed the character of the swamp. The report cites the following activities as most likely having been responsible for the problems seen in Pocotaligo Swamp today:

1. Logging practices, including access roads;
2. Bridge replacement on County Road 32;
3. Placement of powerlines and associated access embankments;
4. Placement of new embankments for I-95; and
5. Industrial and municipal wastewater effluents.

The net effect of the above activities of removing the forest canopy and the various restrictions to flow accompanied with nutrient enrichment, Pocotaligo Swamp in Sumter County has become infested with aquatic plants. The ecological characteristics of an aquatic plant infested swamp is one of low D.O. levels. This becomes apparent when the historical trend D.O. values from Station PD-202 are evaluated. Over a period from 1962-1986 with 215 observations, PD-202 had an average D.O. value of 1.7 ppm. During the summer months, values are generally below 1.0 ppm; the average of 1.7 occurs due to increased winter flows.

As was stated in the Corps report, there appears to be no easy single solution to the identified problems in Pocotaligo Swamp. But one thing is

certain, until adequate D.O. levels are restored to Pocotaligo Swamp, biological water quality will be seriously impaired.

Attachments

cc: Noel Hurley
Tom Kurimcak
Mark Blackmon

Figure I. Station Locations in Study Area, Pocotaligo River Basin-Turkey Creek Study, Sumter County, South Carolina October 9 and November 5, 1986

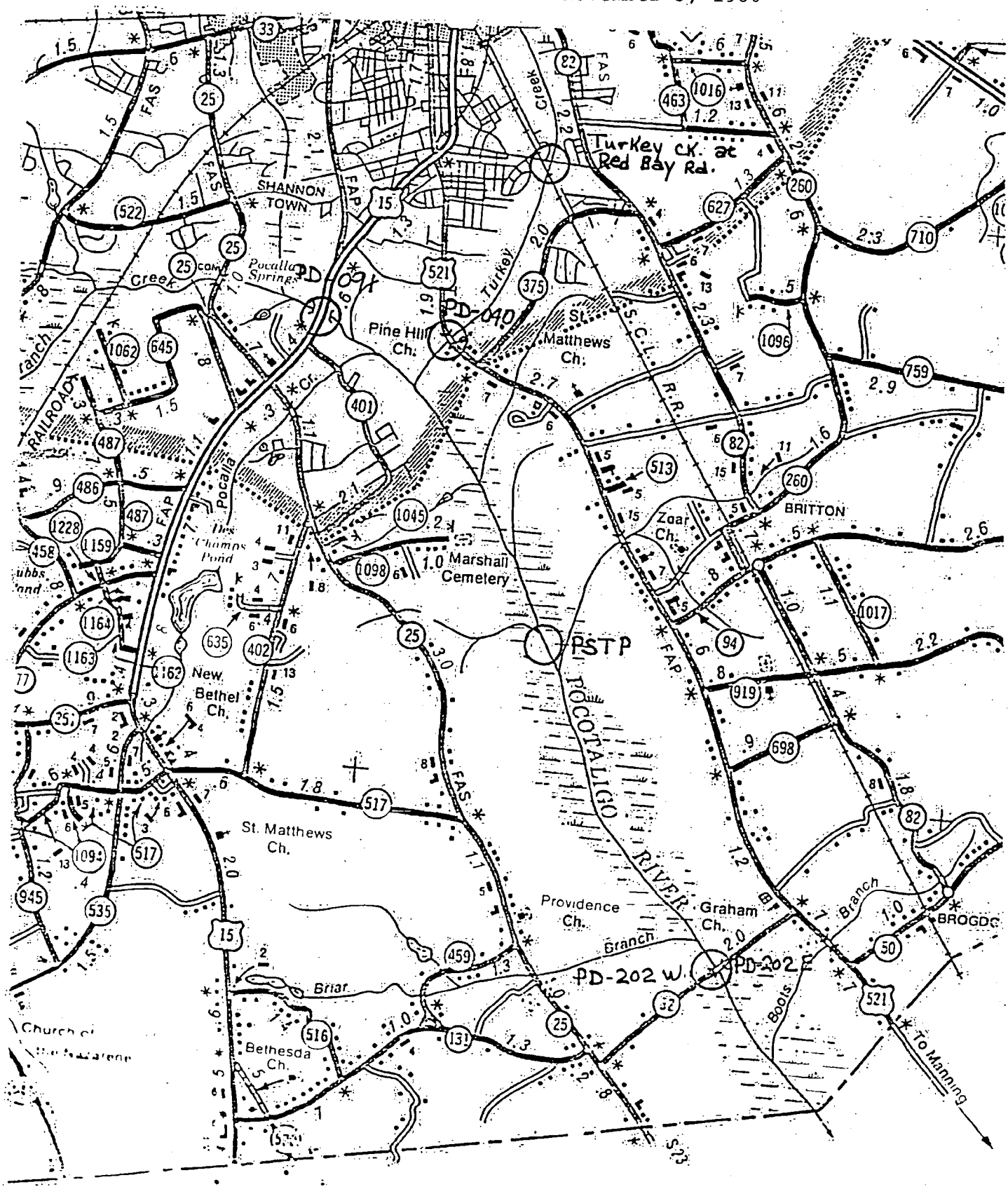

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Table I

Sampling Station Location Descriptions
Pocotaligo River Basin - Turkey Creek Study
Sumter County, South Carolina
October 9, 1986 and November 5, 1986

Station	Description
PD-091	Pocotaligo River at U.S. Highway 15, Sumter County
PD-040	Turkey Creek at U.S. Highway 521, Sumter County
PD-202 W	Pocotaligo River (West Bridge) at County Road 32, Sumter County
PD-202 E	Pocotaligo River (East Bridge) at County Road 32, Sumter County
PSTP	Pocotaligo River approximately 1,000 feet downstream from the Pocotaligo Sewage Treatment Plant discharge, Sumter County
Turkey Creek	Turkey Creek at Red Bay Road, Sumter County

Table II

Concentrations of Heavy Metals from Sediment (Core Samples)
Pocotaligo River Basin - Turkey Creek Study
Sumter County, South Carolina
October 9, 1986 and November 5, 1986

	Concentrations in Milligrams per Kilogram at Station					
Metal	PD-091	PD-040	PD-202W*	PD-202E	PSTP*	Turkey Creek at Red Bay Rd.
Cadmium	<1.0	<1.0	< 1.0	<1.0	< 1.0	<1.0
Chromium	<5.0	14	< 5.0	6.8	6.1	6.1
Copper	29	70	12	16	12	30
Lead	7.2	53	< 5.0	46	< 5.0	15
Mercury	<0.25	<0.25	< 0.25	<0.25	< 0.25	<0.25
Nickel	11	5.3	< 5.0	<5.0	< 5.0	<5.0
Zinc	22	150	< 5.0	8.8	15	120

* Collected on November 5, 1986 (October 9 samples were broken in transit to lab).

Table III

Concentrations of Heavy Metals from Sediment (Surface Samples)
Pocotaligo River Basin - Turkey Creek Study
Sumter County, South Carolina
October 9, 1986 and November 5, 1986

	Concentrations in Milligrams per Kilogram at Station					
Metal	PD-091	PD-040	PD-202W*	PD-202E	PSTP	Turkey Creek at Red Bay Rd.
Cadmium	1.0	<1.0	< 1.0	<1.0	< 1.0	<1.0
Chromium	<5.0	8.3	< 5.0	14	6.8	5.0
Copper	19	27	16	20	15	32
Lead	11	16	< 5.0	20	11	14
Mercury	<0.25	<0.25	< 0.25	<0.25	< 0.25	<0.25
Nickel	16	<5.0	< 5.0	6.4	< 5.0	<5.0
Zinc	37	130	5.9	77	22	69

* Collected on November 5, 1986 (October 9 samples were broken in transit to lab).

Table IV

Concentrations of Heavy Metals from Sediment (Surface Samples)
Pocotaligo River Basin - 1981 Special Study
Sumter County, South Carolina

Metal	Concentrations in Milligrams per Kilogram at Station					
	PD-091		PD-040		PD-202	
	3/13	10/23	3/13	10/23	3/13	10/23
Cadmium	<1.0	< 1.0	< 1.0	<1.0	<1.0	< 1.0
Chromium	<5.0	11	5.0	20	<5.0	<5.0
Copper	<5.0	5.0	20	8.0	<5.0	< 5.0
Lead	11	82	14	29	9.0	28
Mercury	0.2	< 0.2	< 0.2	0.6	<0.2	< 0.2
Nickel	24	19	< 5.0	<5.0	<5.0	< 5.0
Zinc	80	70	120	27	19	11

Table V

Concentrations of Heavy Metals from Sediment (Surface Samples)
Selected Black Water Trend Monitoring Stations
South Carolina Monitoring Network

		Concentrations in Milligrams per Kilogram at Station			
Station Number:		CSTL-109	E-015	PD-038	PD-027
Reporting Period:		1980 - 1985	1975 - 1986	1974 - 1985	1975 - 1985
# of Measurements:		6	8	10	9
Metal					
Cadmium	Range	1.00 - 1.00	0.99 - 6.89	0.90 - 1.00	0.50 - 1.00
	Avg	1.00	0.99	0.99	0.94
Chromium	Range	5.00 - 5.00	4.30 - 5.00	4.10 - 5.00	2.50 - 6.60
	Avg	5.00	4.91	4.86	4.90
Copper	Range	5.00 - 10.00	5.00 - 9.90	5.00 - 10.00	5.00 - 18.00
	Avg	5.83	6.67	7.21	8.33
Lead	Range	5.00 - 18.00	5.00 - 19.80	1.06 - 26.00	6.00 - 140.00
	Avg	7.33	6.95	8.40	34.57
Mercury	Range	0.20 - 0.30	0.40 - 0.30	0.10 - 1.31	0.03 - 0.30
	Avg	0.25	0.22	0.34	0.21
Nickel	Range	5.00 - 10.00	5.00 - 9.90	5.00 - 10.00	5.00 - 10.00
	Avg	5.83	6.68	7.21	7.00
Zinc	Range	5.00 - 18.00	5.00 - 12.05	5.00 - 126.00	10.00 - 340.00
	Avg	10.03	7.11	37.08	57.11

Table VI

Concentrations of Heavy Metals from Bowfin* Four Fish Composite
Pocotaligo River Basin - Turkey Creek Study
Sumter County, South Carolina
October 20, 1986

Metal	Concentrations in Milligrams per Kilogram at Station PD-040
Alumium	1.1
Cadmium	<0.2
Chromium	<1.0
Copper	<1.0
Lead	<1.0
Mercury	0.45
Nickel	<1.0
Thallium	<3.0
Tin	22
Zinc	14

* Bowfin four fish composite average length (20 inches), average weight (2.77 pounds).

Table VII

Concentrations of Heavy Metals from Bowfin Composites Taken from
Coosawhatchie River (CSTL-109), Hampton County
and
Edisto River (E-015) Dorchester County, South Carolina
October 8, 1985

Metal	Concentrations in Milligrams per Kilogram at Station	
	CSTL-109*	E-015**
Cadmium	<0.2	<0.2
Chromium	1.4	1.4
Copper	<1.0	<1.0
Lead	1.0	1.0
Mercury	0.42	1.07
Nickel	<1.0	<1.0
Zinc	13	13

* CSTL-109 - Three fish composite average length (21 inches), average weight (3.44 pounds).

** E-015 - Five fish composite average length (23 inches), average weight (4.5 pounds)

Study Reports High Mercury Levels In Fish

Associated Press

SUMTER — Mercury levels in fish from a tributary of a Sumter County swamp that has been used as a waste dump are among the highest found in freshwater fish in the nation, the U.S. Army Corps of Engineers says.

Turkey Creek in southern Sumter County also has high concentrations of lead, copper and zinc, the study said. The samples were taken 3 feet deep in Pocalla Swamp, which the study described as "a dump for domestic and industrial wastes" for 30 years.

Mercury in high concentrations is poisonous to wildlife and humans.

The study, part of the Pee Dee River Basin study the corps began about four years ago, was released Thursday.

The study showed mercury concentrations ranging from 0.52 to 0.95 parts per million in fish tissue samples. A test station in upper Turkey Creek showed copper concentrations in a range of 69.2 to 749 parts per million, zinc concentrations of 182 to 551 parts per million and lead concentrations ranging from 1 to 95 parts per million.

By comparison, a test station at the Pocotaligo Park on U.S. 301 in Manning, outside the area of pollution, showed 1 part per million of copper, 2.6 parts per million of zinc and less than 1 part per million of lead.

THE CHARLOTTE OBSERVER Sept 4, 1980

IN RE: SANTEE PRINT WORKS, RESPONDENT

Before the S. C. Pollution Control Authority
Unnumbered Order, dated on or about May 25, 1967

Water Classification of Turkey Creek
Sumter County, South Carolina

TO: Mr. Martin Barocas, Vice President
Santee Print Works
P. O. Box 340
Sumter, S. C.

This matter came on to be heard before the Pollution Control Authority of South Carolina on May 17, 1967, at a regularly called meeting of the Authority at Columbia, South Carolina, as the outcome of a complaint concerning the pollution of the waters of Turkey Creek in the vicinity of Sumter, South Carolina, in contravention of standards and classifications for waters of South Carolina, which were formally adopted and promulgated by filing in the Office of the Secretary of State pursuant to Chapter 3 of Title 70, 1962 Code of Laws for South Carolina. Based upon the evidence before it, the Authority makes the following findings of fact:

1. *Turkey Creek, tributary to Pocotaligo River,* by action of the Authority on May 23, 1956, was duly classified at *Level B-Swamp*, and such classification was filed in the Office of the Secretary of State on *June 8, 1956.*

2. The present condition of said watercourse fails to meet the Standards of Classification *Level B-Swamp* in the following respects:

a. Dissolved oxygen consistently 0.00;
b. pH range from 4.70 to 11.20;
c. Print paste readily visible on surface of creek.

3. The respondent was discharging into said watercourse on May 4, 1950.

4. The Respondent, in the discharging of waste into the said watercourse, is discharging such waste without a permit to discharge issued by the Authority.

5. The Respondent is wholly or partly responsible for pollution in excess of the standards established for said watercourse by reason of the following:

Discharge of approximately 1.4 million gallons of untreated textile finishing waste per day to Turkey Creek.

6. Adequate and practical methods of disposal or treatment of the waste of the said Respondent are known.

7. Continuance of the present discharge of the Respondent will blight the district bordering the watercourse and will interfere with and prevent more appropriate uses of the lands bordering on such water, including recreation; irrigation and watering livestock; contributing to depreciation of property values; and aesthetic and health considerations.

IT IS, THEREFORE, ORDERED that the Respondent shall:

1. Cease and desist from acts resulting in polluting the said watercourse in excess of the applicable standards.

2. Construct and properly operate adequate waste treatment and/or handling facilities.

3. Submit to the Authority progress reports on a quarterly basis. First report due on September 1, 1967.

IT IS FURTHER ORDERED that the acts required by Paragraphs numbered 1 and 2 immediately above shall be completed no later than November 17, 1968.

Done at Columbia, South Carolina, this 25th day of May, 1967.

The Pollution Control Authority
of South Carolina

/s/ *E. Kenneth Aycock*
E. KENNETH AYCOCK, M. D.
Chairman

S. C. POLLUTION CONTROL AUTHORITY v. SANTEE PRINT WORKS, INC.

Sumter County (S. C.) Court of Common Pleas
Orders dated July 21, 1971; April 19, 1972; and December 18, 1972.

For information on the enforcement in this litigation, please consult *Legal Perspectives of Environmental Health in South Carolina.*

IN RE: FOSTER INDUSTRIAL PARK

Before the S. C. Pollution Control Authority
Unnumbered Order, dated November 9, 1967

Not

TO:

The
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Watere
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impoun
adopte
of wast

By f
furnish
tion of

Water Classification of Mill Creek
and Lower Three Runs Creek
Allendale County, S. C.

TO: J. P. Stevens and Company
Allendale Plant
Allendale, S. C. 29810

SUMMARY:

The Authority found that Respondent was using Mill Creek and Lower Three Runs Creek principally for the transportation of wastes. The Authority also concluded that Respondent was discharging wastes "amenable to treatment" without sufficient treatment. Those actions violated Section II, Paragraphs 2 and 3, of the Water Classification Standards System for the State of South Carolina. [Now Section III, Paragraphs two and three, of those Standards.]

Thereupon, Respondent was ordered to cease and desist from polluting the waters, either directly or indirectly, and to construct adequate treatment or handling facilities. Respondent was informed that, should compliance not be effected by March 23, 1971, its permit to discharge would at that time be revoked.

Having secured full compliance, the Authority revoked Order 70-4-W on August 4, 1972.

IN RE: FULTON CHEMICAL COMPANY, RESPONDENT

Before the S. C. Pollution Control Authority
Order No. 70-5-W, dated March 23, 1970

Stream Pollution of Turkey Creek
Sumter County, S. C.

TO: Fulton Chemical Company
P. O. Drawer 160
Sumter, S. C. 29150

SUMMARY:

Turkey Creek, a Level B-Swamp, was being used principally for the transportation of wastes which, although subject to treatment, were not being treated. In addition, Respondent was discharging without a permit.

As a result, the Authority ordered Respondent to cease and desist from polluting the waters, either directly or indirectly,

and to construct and operate adequate treatment or handling facilities.

IN RE: WILLIAMS FURNITURE COMPANY, RESPONDENT

Before the S. C. Pollution Control Authority
Order No. 70-6-W, dated March 23, 1970

Stream Pollution of Turkey Creek
Sumter County, S. C.

TO: Williams Furniture Company
Fulton Street
Sumter, S. C.

SUMMARY:

Turkey Creek, a Level B-Swamp, was being used primarily for the transportation of treatable wastes which had not been treated. Further, the creek's dissolved oxygen level was unacceptably low.

Respondent was found to be discharging in violation of then Sections II, Paragraphs 2 and 3, and III, Paragraph 3, of the Water Classification Standards System. Respondent was also discharging without a permit to discharge.

Noting that Respondent's discharges unnecessarily restricted riparian land uses at the same time that adequate treatment methods were available, the Authority issued a cease and desist order against Respondent.

IN RE: SOUTHERN COATINGS, RESPONDENT

Before the S. C. Pollution Control Authority
Order No. 70-7-W, dated March 23, 1970

Stream Pollution of Turkey Creek
Sumter County, S. C.

TO: Southern Coatings
Fulton Street
Sumter, S. C.

SUMMARY:

The findings in this matter were essentially the same as those in Order No. 70-6-W. Respondent herein also received a cease and desist order from the Authority.

IN RE: COVER MANUFACTURING COMPANY, RESPONDENT

Before the S. C. Pollution Control Authority
Order No. 70-8-W, dated March 23, 1970

Stream Pollution of Turkey Creek
Sumter County, S. C.

TO: Cover Manufacturing Company
Division of Dolly Madison, Inc.
P. O. Box 1389
Sumter, S. C. 29150

SUMMARY:

Again, findings were substantially similar to those of Order No. 70-6-W. A cease and desist order was issued by the Authority against Respondent.

IN RE: UNITED MERCHANTS AND MANUFACTURERS, INC., RESPONDENT

Before the S. C. Pollution Control Authority
Order No. 70-9-W, dated April 21, 1970

Stream Pollution of Little Horse Creek near Clearwater
Aiken County, S. C.

TO: United Merchants and Manufacturers, Inc.
Clearwater Finishing Plant
Clearwater, S. C. 29822

SUMMARY:

Little Horse Creek, a Class C stream, was the recipient of Respondent's treatable but non-treated wastes, and was being used primarily to transport Respondent's wastes.

Having found the above facts, the Authority directed Respondent to cease and desist from violations of then Section II, Paragraphs 2 and 3, of the Water Classification Standards System.

IN RE: CITY OF NORTH AUGUSTA, RESPONDENT

Before the S. C. Pollution Control Authority
Order No. 70-10-W, dated April 21, 1970

Stream Pollution of Savannah River
Aiken County, S. C.

Sheet No. _____

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
Bureau of Field and Analytical Services
Analytical Services Data Sheet for Sediment Samples

TYPE: Primary ( ) Secondary ( ) Special (X) County Sumter

If Special, Name of Study Periodic Stream Survey Basin Pee Dee

Date 3-03-13 Collected By Kristie Baker District _____

Station No.		PD-201	PD-202	PD-04C	PD-041	PD-238	PD-237	PD-118	Mean
Lab No.	CL	703	704	705	706	707	708	709	710
Time Collected		1040	1120	1150	1215	1245	1330	1340	1412
pH	70310	4.6	4.8	5.0	5.3	5.4	4.3	4.3	4.9
% Moisture	70320								
% Volatile Solids	70322								
Oil & Grease mg/kg	00557 Freon								
COD mg/kg	00339								
TKN mg/kg	00626	<30	<30	57.7	1154	<30	693	808	<30
T-P mg/kg	00668	71	3	22	68	17	39	47	5
As mg/kg	01003								
Cd mg/kg	01028	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Cr mg/kg	01029	6.0	<5.0	5.0	<5.0	<5.0	<5.0	<5.0	<5.0
Cu mg/kg	01043	<5.0	<5.0	20	<5.0	<5.0	<5.0	7.0	<5.0
Hg mg/kg	71921	<0.2	<0.2	<0.2	0.2	<0.2	<0.2	0.3	<0.2
Mn mg/kg	01053	140	<5.0	7.0	240	9.0	15	90	7.0
Ni mg/kg	01068	<5.0	<5.0	<5.0	24	<5.0	<5.0	<5.0	<5.0
Pb mg/kg	01052	54	9.0	14	11	<5.0	69	22	<5.0
Zn mg/kg	01093	30	19	120	80	10	15	28	7.0

An "X" in the small column indicates test requested.

Date Released from Regional Laboratory _____ By _____

Received in Central Laboratory By [illegible] Date Received 3-13-13

Date Released from Analytical Services Central Laboratory 4/9/13

Released By [illegible] CR Hanson

BF&AS:14

White-Central Office; Canary-ASD Central Lab; Pink-District Office

FECAL COLIFORM CONTRAVENTIONS
(numbers/100 ml)

	1971	
PD 124	Aug.	7,000
PD 98	Aug.	54,000
PD 126	Aug.	160,000
PD 40	Aug.	240,000
PD 156	July	3,500
	1972	
PD 197	May	2,100
PD 272	July	700
PD 239	May	11,500
PD 238	July	8,300
PD 98	May	14,800
	July	88,000
PD 125	Nov.	27,000
PD 126	May	2,700
	Nov.	31,000
PD 40	Mar.	2,300
	July	158,000
	Sept.	32,000
PD 115	Sept.	16,700
PD 156	June	4,500
	1973	
PD 239	June	8,860
PD 240	June	2,960
PD 91	June	10,200
	July	34,000
PD 237	July	8,000
PD 238	July	4,900
PD 124	April	2,190
	June	22,600
	July	186,000
	Aug.	14,000
PD 98	April	4,450
	June	12,600
	July	4,600
	Aug.	16,800
PD 125	Mar.	6,820
	April	5,100
	July	2,200
	Aug.	16,800

5071

Friday Afternoon, October 3, 1986 25 cents

Study of swamp finds high levels of toxic residue

By JACKI REESER
Clarendon Bureau

The mercury content found in fish taken from Turkey Creek, a tributary of Pocalla Swamp in the southern section of Sumter County, is among the highest found in freshwater fish in this country, a U.S. Army Corps of Engineers study says.

Mercury in high concentrations is poisonous to wildlife and humans. The levels found in the swamp are near the Federal Food and Drug Administration's maximum level.

In addition, the area has high concentrations of lead, copper and zinc, according to the study, which describes Pocalla Swamp as serving for the past 30 years as "a dump for domestic and industrial wastes." The samples were taken three feet below the swamp's surface.

The study is part of the Pee Dee River Basin study begun by the Corps about four years ago. It was released Thursday at a meeting [illegible] and H.D. "Bubba" Barnett, members of the Sumter Soil Conservation District Commission.

E.B. "Mac" McLeod Jr., unopposed nominee in House District 67, was the only area legislator who attended Thursday's meeting. After seeing the study, he said he believed the potential danger in Pocalla Swamp is greater than any danger there might be at the GSX landfill near Lake Marion in Sumter County.

Freshwater aquifers that are sources of drinking water lie beneath the landfill and the swamp, and contamination of the aquifers and the lake has been a major concern of landfill opponents.

> **This is 100 or maybe 1,000 times worse than the situation at GSX because we know these things are already here, three feet down in Pocalla, and there's no layer of Fuller's Earth below the swamp, like there is at GSX. — House nominee E.B. 'Mac' McLeod.**

"This is 100 or maybe 1,000 times worse than the situation at GSX because we know these things are already here, three feet down in Pocalla, and there's no layer of Fuller's Earth below the swamp, like there is at GSX," McLeod said.

"I'd like to see a tax on GSX and use the money for problems that already exist. I believe we can go ahead and take care of a problem that's here. We don't have to wait 20 years until we have a problem at Santee Cooper."

The landfill and the swamp are in House District 67, which McLeod will represent in the Legislature.

Soil conservation commissioner Gene McLeod, who is Mac McLeod's father, said the district had been trying to find a solution to the problems in Pocalla for more than 20 years.

"It's been on our agenda at every meeting, and it's been discussed at every meeting for more than 20 years," McLeod said. "This is the first time we have been able to get a study done to tell us exactly what is in there. We've been saying for years that all this stuff was in the swamp, but now we have experts saying it."

District Conservationist Dennis Bauknight said he was [illegible] about the potential for groundwater contamination.

> **What we have is a small hazardous waste disposal site in the Turkey Creek area. And, if this stuff is already three feet down, what's**

"What we have is a small hazardous waste disposal site in the Turkey Creek area," Bauknight said. "And, if this stuff is already three feet down, what's preventing it from getting into the well water in the area? I'd really like someone to check the well water, since all the people who live in this area have wells."

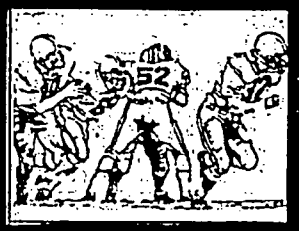
Mac McLeod said he contacted DHEC after the meeting and that DHEC would test water quality in the area next week.

Bauknight said he had talked with a fisheries biologist who referred to a book on water quality criteria.

"We have up to 749 parts per million of copper at the Turkey Creek station, and this guy said

775-6331

ches
oal



Archrivals play tonight in Manning

1B

ter Daily Item

Friday Afternoon, October 3, 1986 25 cents

Study of swamp finds high levels of toxic residue

By JACKI REESER
Clarendon Bureau

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In addition, the area has high concentrations of lead, copper and zinc, according to the study, which describes Pocalla Swamp as serving for the past 30 years as "a dump for domestic and industrial wastes." The samples were taken three feet below the swamp's surface.

The study is part of the Pee Dee

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sources of drinking water lie beneath the landfill and the swamp, and contamination of the aquifers and the lake has been a major concern of landfill opponents.

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"It's been on our agenda at every meeting, and it's been discussed at every meeting for more than 20 years," McLeod said. "This is the first time we have been able to get a study done to tell us exactly what is in there. We've been saying for years that all this stuff was in the

STATE OF SOUTH CAROLINA,)
IN THE COURT OF COMMON PLEAS
COUNTY OF SUMTER.)

A. E. Garrenton,

Plaintiff,

-vs-

Santee Print Works, a South Carolina corporation; Georgia-Pacific Corporation, a Georgia corporation; Southern Coatings & Chemical Company, Inc., a South Carolina corporation; and Dover Dyeing Corporation, a South Carolina corporation,

Defendants.

JUDGMENT ON VERDICT

The issues in the above action having been brought on for trial before Honorable J. A. Spruill, Jr., Presiding Judge, and a jury at a Circuit Court held in Sumter, South Carolina for six days, ending on the 24th day of April, 1972, and the issues having been tried and a verdict for the Plaintiff having been duly rendered on the 24th day of April, 1972, with taxation of costs still pending and to be adjudged by the Clerk of Court,

NOW on motion of Messrs. Levi & Wittenberg, Attorneys for said Plaintiff,

IT IS ADJUDGED That the said A. E. Garrenton recover of Santee Print Works, a South Carolina corporation, only, the sum of Twenty-Nine Thousand Five Hundred Sixty-Nine ($29,569.00) Dollars, the principal amount found by the jury after remission by the Plaintiff of One Hundred Thousand ($100,000.00) Dollars as required by the Order of Honorable J. A. Spruill, Jr. dated July 26, 1972 less appropriate credits, with interest on the verdict and costs and disbursements in addition to be taxed and added hereto subsequent to the taxation.

Amount of Verdict:		
Actual damages		$10,000.00
Less credits as follows:		
From Georgia-Pacific Corporation	$200.00	
From Southern Coatings & Chemical Company, Inc.	$160.00	
From Dover Dyeing Corporation	71.00	
		431.00
Balance of actual damages due from Santee Print Works		$9,569.00
Punitive Damages		20,000.00
Total		$29,569.00
Interest, costs, and disbursements to be taxed by Clerk		
Total Judgment		

Levi & Wittenberg
Philip Wittenberg

August 10, 1972.

The State of South Carolina

County of SUMTER

IN THE COURT OF COMMON PLEAS

A. E. Garrenton,

Plaintiff

-vs-

Santee Print Works, a S. C. corporation; Georgia Pacific Corporation, a Georgia corporation; Southern Coatings & Chemical Company, Inc., a S.C. corporation; and Cover Manufacturing Corporation, a S. C. corporation,

Defendants.

ANSWER TO
AMENDED COMPLAINT

NASH AND CHAPPELL
Attorneys-At-Law
SUMTER, S. C.
Attorneys for Defendant
Santee Print Works

Turkey Creek
10,14
VI

STATE OF SOUTH CAROLINA,)
IN THE COURT OF COMMON PLEAS
COUNTY OF SUMTER.)

A. E. Garrenton and Bettie W. Garrenton,)

Plaintiffs,)

-vs-) COMPLAINT

Santee Print Works, a S. C. corporation;)
Georgia-Pacific Corporation, a Georgia corporation; Southern Coatings & Chemical Company,)
Inc., a S. C. corporation; and Cover Manufacturing Corp., a S. C. corporation,)

Defendants.)

.....

Plaintiffs complaining of the Defendants allege:

1. That the Plaintiffs are husband and wife and residents of the County of Sumter, State of South Carolina.

2. That the Defendant, Santee Print Works, is a corporation organized and existing under and by virtue of the laws of the State of South Carolina; that the Defendant, Georgia-Pacific Corporation, is a Georgia corporation but operates its Williams Furniture Division, which was formerly a South Carolina corporation, as a subsidiary or division in the County of Sumter, State of South Carolina; that the Defendant, Southern Coatings & Chemical Company, Inc., is a corporation organized and existing under and by virtue of the laws of South Carolina, and in addition to its own operation, upon information and belief, it maintains and operates a division known as Fulton Chemical Company in the County of Sumter, State of South Carolina; that the Defendant, Cover Manufacturing Corp. is a corporation organized and existing under and by virtue of the laws of the State of South Carolina; that the Defendants are each wealthy, monied corporations with assets jointly and severally of many millions of dollars, and they are all actively doing business with manufacturing plants or facilities and officers and agents in the County of Sumter, State of South Carolina.

#1
6W

3. That heretofore the Plaintiffs purchased land to the South of the City of Sumter, upon which they built their residence and where, over the course of time, they accumulated other properties adjacent thereto for their general enjoyment, investment, and various other economic purposes; that reference is craved to official maps of the area, the same being incorporated herein, which show the lands belonging to the Plaintiffs, and which further

show that a stream of water known as Turkey Creek flows across their property for some distance after flowing through and leaving the City of Sumter and that said Creek joins the run of Pocotaligo Swamp adjacent to them; that in this particular area the flow of the stream slows down and tends to spread over its banks as it joins said run of the swamp.

4. That over the past several years, despite pleas and demands made upon the Defendants and their subsidiaries and divisions to cease doing so, these Defendants, themselves and/or by and through their subsidiaries or divisions, have jointly and severally, constantly and continually, willfully, wantonly, maliciously, recklessly, negligently, and unlawfully, all in violation of applicable statutes, regulations, and the common law, caused and even now continue to cause the waters and stream of Turkey Creek to become polluted, thereby in addition creating a nuisance to the Plaintiffs, by means of directly and indirectly, and intentionally, willfully, wantonly, maliciously, negligently, and unlawfully in violation of said statutes, regulations and common law, discharging into the said Turkey Creek sewage, industrial wastes, other wastes, including industrial products or by-products or effluents therefrom, so as to cause said waters to become contaminated, unclean, noxious, odorous, and impure, with consequent effect upon the total environment in the lands and area of special concern to these Plaintiffs.

#2 LOW

5. That as a direct and proximate result of one or more of the aforedescribed actions by the Defendants and/or their subsidiaries and divisions, each contributing to the overall effect and consequences to the Plaintiffs by their past and continuing pollution of the Creek and creation of nuisance to these Plaintiffs, these Plaintiffs have and are now suffering injury and damage to their health and welfare to an extent and of a special character distinct and different from any injuries or damages which may be suffered by the public in general in that, among other things and not limited thereto, the Defendants acting as aforesaid have caused the flow of the stream almost to stop whereby an ever-expanding large area of their property has taken on the aspect of an open septic tank with consequent terrible odors, which expand over a wide area and whereby extra amounts of water pool and stagnate with the consequent breeding of mosquitoes and other insects in such quantities as to endanger and/or substantially inconvenience the Plaintiffs or anyone attempting to use the

property.

6. That as a further direct and proximate result the foregoing have greatly, severely, and unreasonably interfered with their enjoyment of life, both indoors and out, and with their maximum utilization and enjoyment of their property otherwise; have caused the destruction and damage to their trees and plant life, marketable and otherwise; and that in addition have caused their home and surrounding lands owned by them to depreciate greatly in value and not to be fit for all of the purposes for which they intended same, especially preventing them from land development or sale for the reasonable and true values the property would bring otherwise, all to their monetary damage, actual and punitive, in the sum of One Million Five Hundred Thousand ($1,500,000.00) Dollars.

#3

7. That, in addition to the foregoing, because of the continuing nature of the willful, malicious, wanton, reckless, negligent, and unlawful actions of the Defendants as aforesaid, Plaintiffs are informed and believe that they are entitled to have this Court issue an injunction prohibiting the Defendants and each of them from discharing any matter of any kind or nature into the waters of Turkey Creek unless permitted by statute or proper authority.

WHEREFORE Plaintiffs demand judgment against the Defendants jointly and severally in the sum of One Million Five Hundred Thousand ($1,500,000.00) Dollars, actual and punitive damages; that the Court additionally issue an injunction as may be proper to abate the pollution and nuisance alleged, and for such other and further relief as the Court may deem proper, and for costs.

LEVI & WITTENBERG

By Philip Wittenberg
Attorneys for Plaintiffs,

Sumter, S. C.,

April 8, 1971.

STATE OF SOUTH CAROLINA,

COUNTY OF SUMTER.

Personally appeared before me A. E. Garrenton and Bettie W. Garrenton, who, on oath, say that they are the Plaintiffs in the foregoing Complaint; that they have read the foregoing Complaint and that the facts alleged therein are true of their own knowledge except so much thereof as is alleged upon information and belief, and as to that they believe the same to be true.

A. E. Garrenton

Bettie W. Garrenton

Sworn to before me this 8th

day of April, A. D. 1971.

Philip Wittenberg L.S.

Notary Public for State of South Carolina.

My Commission expires [illegible]

Turkey Creek
10.14
VI

STATE OF SOUTH CAROLINA)
) IN THE COURT OF COMMON PLEAS
COUNTY OF SUMTER)

July 21, 1971

Pollution Control Authority of South Carolina

Petitioner,

-vs-

Santee Print Works,

Respondent.

ORDER

10298985

This action, which was commenced by the service of a Summons, Complaint and Rule to Show Cause on January 23, 196 is one in which the State Pollution Control Authority, Petitioner is seeking to obtain judicial enforcement of its administrative order dated May 25, 1967, directed to and ordering the Santee Print Works, Respondent, to, in effect, cease polluting Turkey Creek by its discharges of industrial and other wastes into said watercourse within eighteen (18) months from the date of the order (by November 17, 1968). Turkey Creek is a small stream which is a tributary of the Pocotaligo River and is classified by the Petitioner under its stream classification and water quality standards system as a Class B (swamp) level stream.

Pursuant to an order dated April 7, 1968, signed by the Presiding Judge of the Third Judicial Circuit, the Honorable E. Harry Agnes, the cause was referred to the Master in Equity for Sumter County under a general order of reference. Three hearings were held by the Sumter Master, these being on May 29, 1968, April 16, 1970, and May 27, 1971; and the Master filed his Report on June 15, 1971, setting forth his findings of fact and conclusions of law.

While the Master found that Respondent should take certain curative action, Petitioner timely filed a number of exceptions to the Report. These exceptions came to be heard before me at Bishopville on July 21, 1971.

At the hearing on July 21, 1971, the matters in dispute were heard by me, and it developed that Petitioner's primary exceptions revolved around the amount of pollution control which the Master recommended that the Respondent install, Petitioner's position being, essentially, that the controls recommended would not insure that its water quality standards which apply to Turkey Creek would be met by Respondent.

The Respondent has now agreed to treating its waste to the extent necessary to bring it into compliance with the Petitioner's water quality standards for Turkey Creek, either by its own efforts or in conjunction with the City and County. Hopefully, the Respondent's waste can be treated at a proposed City of Sumter sewage treatment plant which is now under discussion and which would serve the so-called South Sumter Area. However, it is recognized that this municipal treatment plant may not be designed and constructed within the three year time.

Based upon the findings of this Court and the agreements of the parties, it is

ORDERED that Respondent's industrial and other waste shall, within three years from the date of this order, be treated to the degree necessary to bring it in compliance with the Petitioner's applicable water quality standards for Turkey Creek. If the City of Sumter can design and construct a sewage treatment plant within a reasonable time, which can handle Respondent's waste, and treat it to the degree necessary, that shall constitute sufficient compliance with the mandate of this Court; but if such a plant does not materialize, or if the designing, constructing and the placing into operation of such a plant would extend more than three years from the date of this order, then Respondent shall design and construct its own treatment system, unless the Court shall extend the time for compliance herewith. In either event, it is ordered that Santee design, construct and install at its plant a pre-treatment facility to remove varsol and print paste materials which are now being discharged as waste from its manufacturing processes within ~~one (1) year~~ nine Months from the date of this order.

It is further ORDERED:

1. That six (6) months from the date of this (By 1/21/74) order Respondent shall notify Petitioner whether it shall build its own private waste treatment system (aside from the above mentioned pre-treatment facility) or whether a municipal treatment plant will be built by the City of Sumter in which Respondent will participate and which will treat Respondent's waste. Along with this notification, Respondent shall submit to Petitioner a complete engineering report relative to the procedures and techniques for the waste treatment, whether municipal or private.

2. That after submission of Respondent's notification and engineering report, Petitioner shall have two (2) months to approve or disapprove of the report. (By 3/21/74)

3. That the waste treatment facility, whether municipal or private, shall be designed and the final plans submitted to Petitioner by Respondent for Petitioner's approval and issuance of a construction permit within fifteen (15) months from the date of this order. (By 10/21/74)

4. That within eighteen months from the date of this order, Respondent (or the City of Sumter as the case may be) shall have received bids and awarded the contract for the construction of the waste treatment facility. (By 1/21/73)

5. That the waste treatment facility shall be constructed and placed into operation within eighteen (18) months after the awarding of the contract for the construction of the same. (By 7/21/74)

It should be made clear and understood by Respondent that the responsibility for the treatment of its industrial and other waste lies with itself and not the City of Sumter. If the Respondent's waste can be adequately handled and treated by a municipal sewage treatment plant within the overall time period of three years specified above, taking into account the interim time periods also set forth, or such other

time as may be fixed by the Court then that will be satisfactory. This matter shall remain open and the parties may apply to the Court for relief as the circumstances may dictate.

LAN F. LANEY, JR.
JUDGE, THIRD JUDICIAL CIRCUIT

Bishopville, South Carolina
July 21, 1971.

Turkey Creek
Other: V-4

BOARD MEMBERS

Lachlan L. Hyatt, Chairman
William M. Wilson, Vice-Chairman
I. DeQuincey Newman, Secretary
W. A. Barnette, Jr.
Leonard W. Douglas, M.D.
J. Lorin Mason, Jr., M.D.
William C. Moore, Jr., D.M.D.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

E. KENNETH AYCOCK, M.D., M.P.H., COMMISSIONER
J. MARION SIMS BUILDING — 2600 BULL STREET
COLUMBIA, SOUTH CAROLINA 29201

MEMORANDUM

October 8, 1976

TO: James D. Heriot, Director
Compliance/Enforcement/NPDES Administration Division

THROUGH: Stephen C. Thomas, Manager
Enforcement Section

10298977

FROM: Irvin D. Wooley
Enforcement Section

SUBJECT: Santee Print Works - Sumter County

Environmental Protection Agency issued Order 74-86 on November 12, 1974, to Santee Print Works for violations of daily average and maximum limits on TK.N. from outfall 002, during October 24-30, 1974. The Order required submission of a report on the source of the KN. The required report was submitted by Santee Print Works.

The Order further required compliance with pH limits.

Santee Print Works continued violations of TKN and copper limits as follows: (limits for 001 and 002 were combined effective December 1974)

TKN lbs/day

	Daily Average 143.1	Daily Maximum 158.6
December 1974	386	430
January 1975	519	817
February 1975	372	415
March 1975	580	812

Copper lbs/day

	Daily Average 1.06	Daily Maximum 1.06
December 1974	11.96	16.9
January 1975	36.96	60.2
February 1975	28.28	55.66
March 1975	20.9	26.6

In July, 1975, EPA referred the matter to the U.S. Attorney for civil action. Subsequently, Santee Print Works has reported TKN and copper violations of effluent limits as follows:

	TKN lbs/day		Copper lbs/day	
	Daily Average	Daily Maximum	Daily Average	Daily Maximu
5-75	381	510	4.69	7.74
6-75	443	447	9.94	10.68
7-75	602	742	15.41	15.51
8-75	606	634	8.65	12.44
9-75	737	1096	7.8	24.5
10-75	640	716		1.79
11-75	629	796	5.06	13.70
	TKN lbs/day		Copper lbs/day	
(Permit limits)	Daily Average 143.1	Daily Maximum 158.6	Daily Average 1.06	Daily Maximum 1.06
12-75	598	749	4.96	12.8
1-76	775	1054	4.74	18.0
2-76	767	837	10.7	14.2
3-76	667	731	7.2	10.7
4-76	571	712	8.0	11.0
5-76	712	720	14.4	19.8
6-76	299	357	10.3	11.4
7-76	516	601	16.3	16.3
8-76	538	640	7.65	14.02

Santee Print Works has for the past nine months reported an average of 1.6 mgd flow

The proposed concentration limit of 1.75 mg/l copper would allow a discharge of approximately 23 lbs/day copper. This is higher than anything they have reported since September 1975.

The proposed limit on TKN of 750 lbs/day has been exceeded four times in the past year.

SCT/IDW/hce

South Carolina Pollution Control Authority

File Turkey Cr.
Other: V5

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OWEN BUILDING
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Columbia, South Carolina 29211

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AREA CODE 803
TELEPHONE: 758-2915

May 25, 1971

10298976

Mr. Henry E. Gibson
S. C. Pollution Control Authority
Columbia, S. C.

Mr. Oliver K. Stanley
S. C. Pollution Control Authority
Florence, S. C.

Re: Santee Print Works; Southern Coatings, Sumter, S. C.

Dear Henry:

At your formal request, on May 24, 1971, personnel from the Florence Regional Laboratory inspected and sampled the waste discharge from Santee Print Works and conferred with company officials with Southern Coatings concerning a possible discharge of liquid wastes from their firm.

The Santee Print Works discharge exists now much the same as it had before court proceedings were brought against them two years ago. On inspection, we found a most disgusting situation, with extremely large amounts of excessively strong dye wastes and viscous pigments from their operation discharged directly into feeding waters of Turkey Creek. The firm has made no apparent attempt to alleviate the situation, and certainly, no progress has been made in the fight to upgrade the water quality of Turkey Creek with such discharges present. The apparent apathy of the firm concerning the problem is very evident in their lack of civic and environmental responsibility to the people of Sumter and areas directly effected by Turkey Creek. All observations and samples were documented by photographs. Samples were collected and results are forthcoming, some with this report, and all BOD's after proper incubation.

We also made a visual inspection and conferred with company officials at Southern Coatings Paint Company concerning their waste and subsequent treatment. We found no visual evidence to lead us to believe that they are discharging nothing more than cooling water and normal drainage from rain and the like. We were informed that they have leased a pond to retain all, if any, manufacturing waste they may have. These people have agreed to offer us any assistance we might have needed.

RECEIVED
MAY 28 1971
S. C. POLLUTION CONTROL AUTHOR

Sincerely,

Oliver K. Stanley

5086

Turkey Creek
2
VI

South Carolina State Board of Health

AUTHORITY MEMBERS

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CAYCE

Water Pollution Control Authority

W. T. LINTON, EXECUTIVE DIRECTOR
Columbia, South Carolina

October 21, 1960

10298973

TO: Mr. W. T. Linton, Executive Director
Water Pollution Control Authority

FROM: Mr. Robert N. Bowen, Engineer
Water Pollution Control Authority

SUBJECT: Report of Results and Conclusions from Special Survey of Turkey Creek in Sumter, South Carolina.

INTRODUCTION

Turkey Creek is a short tributary to Pocotaligo River which flows southeastward to join Black River, continuing southeastward to Winyah Bay just north of Georgetown. The entire Pocotaligo River is classified Class B. Turkey Creek itself is not classified but would be considered in Class B under our present policies. The entire creek is approximately four miles in length and borders the eastern side of the City of Sumter. It is largely fed through man-made drainage canals that drain the eastern portion of Sumter. This stream receives wastes from three principal sources — Santee Print Works, the Southern Coatings & Chemical Company and the City's Turkey Creek Sewage Plant. This stream is grossly polluted at present! The next lower sampling point on Pocotaligo River, after the junction of Turkey Creek, at times also fails to meet its established classification. The lower reaches of the creek are quite swampy and a considerable sludge deposit is in evidence.

Verbal complaints from local authorities have been registered with this office within recent years. Local complaints have been registered entirely with local authorities. Most of these complaints are said to originate near the downstream portion of the creek and are largely regarding obnoxious odors. This office has been aware of the grossly polluted character of this stream for a number of years but action has been delayed until a substantial survey, such as the one described herein, could be completed.

TO: Mr. W. T. Linton October 21, 1960

FROM: Mr. Robert N. Bowen

SUBJECT: Report of Results and Conclusions from Special Survey of Turkey Creek in Sumter, South Carolina.

TURKEY CREEK STREAM SURVEY

A fortunate set of circumstances allowed us to concentrate the personnel of two laboratories at Sumter for a period of about one week to undertake this study. It was therefore decided to schedule the work during the week of August 29, 1960, beginning on Monday and ending on Friday, September 2, 1960. It was further decided to attempt to analyze the three principal wastes sources while simultaneously sampling the stream itself. No attempt was made to contact the industries involved, so as not to arouse any suspicions or encourage any change in normal operations. It was not, therefore, possible to know whether these industries were operating at maximum capacity. However, review of the results does not indicate a slack period in the case of the major contributor. Further efforts will determine what level of operation existed during the time of this survey. In order to round out the work, the U. S. Geological Survey was requested to install two recording gages on industrial waste outfalls and two staff gages on the stream itself. This agency was fully responsible for rating these gages and supplying this agency with results. An automatic flow meter was already in existence on the effluent of the city sewage treatment plant, which is the third principal contributor. All samples in this study were composited over a twenty-four hour period and each was handled in accordance with our standard procedures which include icing over the entire period. The completed composite was removed at approximately 8:00 A.M. and transported thirty-five miles to the Florence Laboratory for analyses the same day. A number of the usual minor irritations developed but on the whole this survey appears to have been a success.

RESULTS OF THE ANALYSES

The results of this survey were tabulated in a routine manner. Gage readings taken from field sheets were submitted to the U. S. Geological Survey and flow data was provided by them. This data has been incorporated in our tabulation. The results of this work point out a number of facts quite clearly.

Station 1, which is upstream of the known sources of domestic and industrial waste, showed a rather surprising jump in B.O.D. after a

TO: Mr. W. T. Linton October 21, 1960

FROM: Mr. Robert N. Bowen

SUBJECT: Report of Results and Conclusions from Special Survey of Turkey Creek in Sumter, South Carolina.

light rain. It is strongly evident that some waste is connected to the city storm drain which is tributary to the creek above our first upstream sample point. Action has been initiated to inform the city of this condition and secure its correction.

It was further noted that on Friday, the Santee Print Works apparently shut down the bulk of its operation. For this reason the first four days only were averaged for the following figures.

Some additional flow was apparent at the lower stations over and above that added by the intervening waste discharges as was expected. This flow was distributed upstream according to the general distribution of minor tributaries.

It was found by calculation that the residual upstream load amounted to two hundred and four (204) pounds of B.O.D. One-quarter of a mile downstream, the drainage ditch carrying wastes from Santee Print Works enters and this stream was measured to have a load of seven thousand, eight hundred and thirty (7,830) pounds of B.O.D. Eight-tenths of a mile farther downstream, the waste from the Southern Coatings & Chemical Company enters and this waste was measured and found to contribute two hundred and ninety-eight (298) pounds of B.O.D. One-tenth of a mile downstream of this outfall, the outfall from the Turkey Creek Sewage Disposal Plant enters and this waste contributed three hundred and four (304) pounds of B.O.D.

From the above it can readily be seen that the contribution from Santee Print Works is more than twenty times greater than the other individual discharges. A plot of the progressive level of B.O.D. in the stream indicates that the results are in general agreement with the stream situation. A similar plot of the average field D.O.'s at the stream sampling points which were located above and between all sources except Southern Coatings & Chemical Company and City Sewage Treatment Plant, which were too close together, indicated that biological action is not present immediately but developes as the wastes progresses downstream. This is in agreement with the fact that no odor complaints are known to be present along the upper reaches of the stream. The average D.O. at the most downstream sampling point, Station No. 7, was 0.25 parts per million. There was one twenty-four hour period during which the dissolved oxygen was consistently 0.00 parts per million. At Station No. 7 the average stream flow during the survey was 6.6 cfs. From the change in pH proceeding downstream, it is evident that at this

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FROM: Mr. Robert N. Bowen

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sample point, considerable biological activity is taking place.

There is a sludge deposit on the bottom at Station No. 7 approximately four feet deep. It should be pointed out that the results of the Santee Print Works outfall do not include the considerable amount of floating print works paste. It was not practical to secure this material without stopping up the automatic sampler. Further, it was not possible to determine the correct proportion of this material to this underlying waste flow.

CONCLUSIONS

No extensive mathematics is necessary to reach practical conclusions regarding the Turkey Creek problem in view of the extreme conditions in this small creek. Realizing that any B.O.D. in excess of fifteen to twenty parts per million encourages the growth of Sphaerotilus Natans and other biological growths which extract B.O.D. and frequently, cause heavy demands which far exceed the normal demand of the dissolved waste load at a particular point; simple calculations were made in this instance. It can be easily demonstrated that an extremely high B.O.D. removal is necessary for the Santee Print Works outfall. The dilution water available is very small, being much less than the waste discharge itself. Proceeding downstream, allowing for the entrance of additional dilution water, the Williams Furniture Company will also need a very high order of removal in spite of the small volume of this waste. Proceeding to the sewage disposal plant, it is again found that although their present efficiency is in the neighborhood of ninety per cent, a still better efficiency is needed.

The only practical answer to this situation would appear to be the transportation of the existing upstream loads further downstream where they could all be treated together. Making this assumption, however, it can still be demonstrated that a high order of B.O.D. removal will be needed. By high order of removal, it is meant that a ninety per cent or better removal would be desirable.

If lesser degrees of treatment are provided and waste discharged in their present locations, it is likely that conditions will become worse rather than better because the high alkalinity presently existing in the upper reaches retards biological action so that no substantial

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FROM: Mr. Robert N. Bowen

SUBJECT: Report of Results and Conclusions from Special Survey of Turkey Creek in Sumter, South Carolina.

odors are generated. The removal of this barrier without the completely satisfactory reduction of the accompanying load could lead to additional problems.

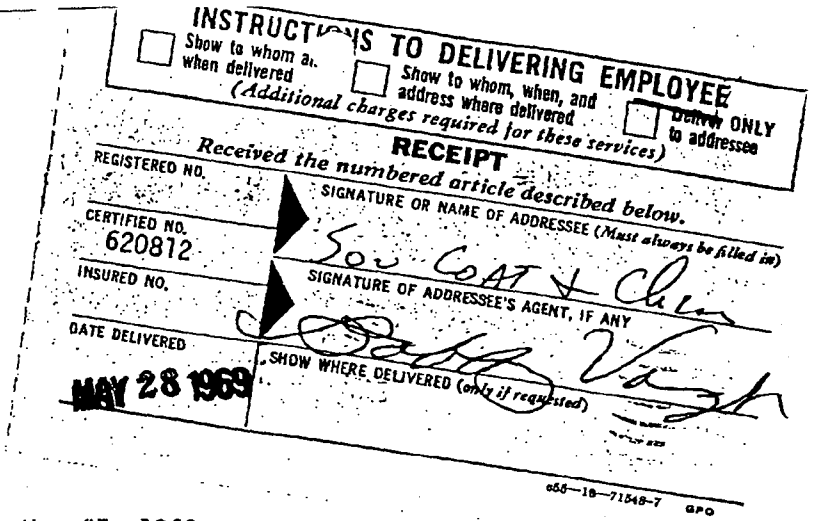
It is assumed that the waste finding its way into the upper reaches of the creek through the storm drain can be eliminated entirely.

Respectfully submitted,

Robert N. Bowen
Engineer

RNB:lp

Turkey Creek
V-7
V-4


INSTRUCTIONS TO DELIVERING EMPLOYEE
Show to whom and when delivered
Show to whom, when, and address where delivered
(Additional charges required for these services)
Deliver ONLY to addressee
RECEIPT
Received the numbered article described below.
REGISTERED NO.
CERTIFIED NO. 620872
INSURED NO.
SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED MAY 28 1969
SHOW WHERE DELIVERED (only if requested)
GPO

May 27, 1969

CERTIFIED MAIL

10298971

Southern Coatings
Division of Georgia Pacific Corp.
Fulton Street
Sumter, S. C. 29150

Attention: General Manager

Gentlemen.

As a result of recent laboratory analysis of conditions in Turkey Creek that show it to be polluted well beyond its classification limits, we are renewing interest in remedial measures by waste contributors. Your waste constitutes one of the sources of pollution to Turkey Creek.

Consequently, we would like for you to appear before the Pollution Control Authority to discuss improvements that will be required of your company. The Authority meeting will convene at 10:00 a.m. DST, in Room 405 of the J. Marion Sims Building, 2600 Bull Street, Columbia, on June 18, 1969.

You are at liberty to bring legal and technical advisors to assist you with your presentation.

Very truly yours,

Johnnie W. Smith
Pollution Control Consultant
Pollution Control Authority

JWS:ae

cc: Sumter County Health Dept.

COPY

SOUTH CAROLINA POLLUTION CONTROL AUTHORITY

SUMMARY OF INDIVIDUAL RESULTS

Station No. Caustic Wash

Sample Point: Southern Coating and Chemical Company Sumter

DATE	~~Odor~~ Color	TEMP.	COMP-OSITE	OXYGEN PPM	OXYGEN %	BOD	FECAL COLIFORM		Solids Settl.	Solids Susp.	pH	M.O. ALK.	PHTH. ALK.	
2-11-71	Rust					603.			0.3	1153	11.50			

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SOUTH CAROLINA POLLUTION CONTROL AUTHORITY

SUMMARY OF INDIVIDUAL RESULTS

Station No. Caustic Wash

Sample Point: Southern Coating and Chemical Company Sumter

DATE	HARD-NESS $CaCO_3$ mg/l	CHLORIDE mg/l	NH_3-N mg/l	NO_3-N + NO_2-N mg/l	TOTAL ORTHO PO4-P mg/l	TOTAL PO_4-P mg/l	MBAS mg/l			
2-11-71		24	1.4		1.4					

5094

SOUTH CAROLINA POLLUTION CONTROL AUTHORITY

SUMMARY OF INDIVIDUAL RESULTS

Station No. Shellac waste

Sample Point: Southern Coating and Chemical Company, Sumter — Sumter County

DATE	Color	TEMP.	COMP-OSITE	OXYGEN PPM	OXYGEN %	BOD	FECAL COLIFORM	Acidity	Solids Settl.	Solids Susp.	pH	M.O. ALK.	PHTH. ALK.	
2-11-71	Yellow					1506		6.30	<0.1	540	4.0			

5095

SOUTH CAROLINA POLLUTION CONTROL AUTHORITY

SUMMARY OF INDIVIDUAL RESULTS

Station No. Latex wash

Sample Point: Southern Coating and Chemical Company Sumter

DATE	DISCH.	TEMP.	COMP-OSITE	OXYGEN		BOD	FECAL COLIFORM	Color	Susp. Solids		pH	M.O. ALK.	PHTH. ALK.	
				PPM	%									
2-11-71								pink	3784		8.00	1006.		

5096

SOUTH CAROLINA POLLUTION CONTROL AUTHORITY

SUMMARY OF INDIVIDUAL RESULTS Page 2

Station No. Shellac Waste

Sample Point: Southern Coating and Chemical Company, Sumter Sumter County

DATE	HARD-NESS $CaCO_3$ mg/l	CHLORIDE mg/l	NH_3-N mg/l	NO_3-N + NO_2-N mg/l	TOTAL ORTHO PO_4-P mg/l	TOTAL PO_4-P mg/l	MBAS mg/l			
2-11-71		> 1,000	<.02		4.3	2.3				

5097

SITE	DATE	FLOW CFS	FLOW MGD	BOI 5 Day MG/L	BOI 5 Day LB/DAY
Santee	3/10-3/11	2.500	1.620	760	10,260
Cover	1969	.134	.086	60	42.9
Williams Ditch		.115	.074	210	129.7
Turkey Creek (PD-40)		17.500	11.300	30	2,830
Model Dye		Not Gauged		53	
Southern Coatings		.184	.119	310	304
Sewage Plant		3.720	2.414	44	886
Santee	3/11-3/12	2.500	1.620	1,040	14,070
Cover		.134	.086	62	44.5
Williams Ditch		.137	.089	220	163.5
Turkey Creek (PD-40)		15.200	9.820	160	13,110
Model Dye		.013	.008	34	2.27
Southern Coatings		.184	.119	250	248.2
Sewage Plant		4.440	2.882	52	1,252
Santee	3/12-3713	2.500	1.620	960	12,970
Cover		.134	.086	40	28.6
Williams Ditch		.095	.061	200	101.9
Turkey Creek (PD-40)		14.100	9.110	160	12,190.0
Model Dye		.015	.010	37	3.08
Southern Coatings		.184	.119	380	377.5
Sewage Plant		3.530	2.293	56	1,069.0
Santee	3/13-3/14	2.700	1.174	960	13,910
Cover		.104	.067	50	27.9
Williams Ditch		.115	.074	100	61.6
Turkey Creek (PD-40)		13.000	8.400	220	14,690
Model Dye		.024	.016	33	4.4
Southern Coatings		.184	.119	50	49.5
Sewage Plant		3.720	2.412	32	644.0

April 7, 1969

STATE OF SOUTH CAROLINA
CERTIFICATION OF VITAL RECORD

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CERTIFICATE OF DEATH

STATE BIRTH NUMBER

87 023404
STATE FILE NUMBER

1. DECEDENT—NAME FIRST: Bobby	MIDDLE: Ozine	LAST: Stone	2. SEX: Male	DATE OF DEATH: Nov. 14, 1987	
4. RACE: White	5a. AGE—Last Birthday (Yrs.): 51	UNDER 1 YEAR: 5b. MOS. / DAYS	UNDER 1 DAY: 5c. HOURS / MINS.	DATE OF BIRTH: [redacted] 1936	7a. COUNTY OF DEATH: Florence
7b. CITY, TOWN OR LOCATION OF DEATH: Florence, S. C.	7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): [redacted]				7d. IF HOSP. OR INST. Indicate DOA; OP/Emer. Rm., Inpatient: 7
8. STATE OF BIRTH (If not in U.S.A., name country): S. C.	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married	11. SURVIVING SPOUSE (If wife, give maiden name): Maybell Floyd		12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: No
13. SOCIAL SECURITY NUMBER: [redacted]	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tree Trimmer	14b. KIND OF BUSINESS OR INDUSTRY: Tree Service			
15a. RESIDENCE—STATE: S. C.	15b. COUNTY: Sumter	15c. CITY, TOWN OR LOCATION: Sumter	15d. STREET AND NUMBER: Rt. 7, Box 112-F		15e. INSIDE CITY LIMITS?: No
16. FATHER—NAME FIRST: Delon	MIDDLE:	LAST: Stone	17. MOTHER—MAIDEN NAME FIRST: Lottie	MIDDLE: Mae	LAST: Howard
18a. INFORMANT—NAME (Type or Print): Maybell F. Stone	18b. MAILING ADDRESS: [redacted]				
19a. BURIAL, CREMATION, REMOVAL, Other (Specify): Burial	19b. CEMETERY OR CREMATORY—NAME: Floyd's Chapel Cemetary		19c. LOCATION: Lake City, S. C.		
20a. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Otis J. Elmore	20b. LIC. NO.: 975	20c. EMBALMER'S SIGNATURE: Otis J. Elmore	20d. LIC. NO.: 1015		
20e. NAME OF FACILITY: Elmore-Hill Funeral Home	20f. LIC. NO.: 415	20g. ADDRESS OF FACILITY: 221 Broad St. Sumter, S. C. 29150			

To be Completed by CERTIFYING PHYSICIAN Only

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)

21b. DATE SIGNED: | 21c. HOUR OF DEATH: 7:10 P. M

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): N/A

21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): J.C. Gregg, Jr. Florence County Coroner

To be Completed by MEDICAL EXAMINER or CORONER Only

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): J.C. Gregg Jr. Coroner

22b. DATE SIGNED: 11-30-87 | 22c. HOUR OF DEATH: 7:10 P M

22d. PRONOUNCED DEAD ON: 11-14-87 | 22e. PRONOUNCED DEAD AT: 8:10 P M

23a. LIC. NO.:

23b.

24a. REGISTRAR: Barbara A. Odom | 24b. DATE RECEIVED BY REGISTRAR: Dec. 3, 1987

25. PART I — IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Interval between onset and death

(a) Massive head injuries

DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death

(b)

DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death

(c)

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

26. AUTOPSY?: No

27. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER?: Yes

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify): ACC	28b. DATE OF INJURY: 11-14-87	28c. HOUR OF INJURY: 7:10 P M	28d. DESCRIBE HOW INJURY OCCURRED: Decedent fell from camper onto highway and was struck from vehicle	
29a. INJURY AT WORK (Specify Yes or No): No	29b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): Highway	29c. LOCATION — STREET OR R.F.D. NO.: Claussen Rd. & Willow creek Rd.	CITY OR TOWN: Florence	STATE:

ISSUED JUN 2 2 2010

SC01124932

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

C. Earl Hunter
C. Earl Hunter
Commissioner and State Registrar

Guang Zhao
Guang Zhao
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 08/01/2009

DHEC
South Carolina Department of Health and Environmental Control

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

5099

STATE OF SOUTH CAROLINA
CERTIFICATION OF VITAL RECORD

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
STATE BIRTH NUMBER 39-45-01262 **CERTIFICATE OF DEATH** STATE FILE NUMBER 93 020273

1. DECEDENT'S NAME (First, Middle, Last): Maybell Stone	2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): Aug 26 1993		
SOCIAL SECURITY NUMBER: [redacted]	4a. AGE - Last Birthday (Years): 48	UNDER 1 YEAR: Months 4b. / Days	UNDER 1 DAY: Hours / Minutes 4c.	5. DATE OF BIRTH (Mo., Day, Year) / 6. BIRTHPLACE (City, and State or Foreign Country): [redacted] South Carolina
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): No	8a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)		
8b. FACILITY NAME (If not institution, give street and number): Tuomey Regional Medical Center	8c. CITY, TOWN, OR LOCATION OF DEATH: Sumter	8d. COUNTY OF DEATH: Sumter		
9. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed	SURVIVING SPOUSE (If wife, give maiden name)	11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker	12a. KIND OF BUSINESS/INDUSTRY: Own home	
12b. RESIDENCE - STATE: S. C.	12c. COUNTY: Sumter	12d. CITY, TOWN, OR LOCATION: Sumter	12e. STREET AND NUMBER: 713 Ravenel Street	12f. INSIDE CITY LIMITS? (Yes or No): No
12g. ZIP CODE: 29153	14. Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☐ Yes ☒ No (Specify)	15. RACE - American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 4 / College (1-4 or 5+):	
17. FATHER'S NAME (First, Middle, Last): Baker Floyd	18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Mims			
19a. INFORMANT'S NAME (Type/Print): Bobby W. Stone	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): [redacted] Sumter, S. C. 29153			
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Floyd's Chapel Church Cemetery	20c. LOCATION - (City or Town, State): New Zion, S. C.		
21a. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Signature): Bobby McCreight	21b. FUNERAL DIR. LICENSE NO: 1993	21c. NAME AND ADDRESS OF FACILITY: Elmore-Hill Funeral Home 221 Broad Street Sumter, S. C. 29150	21d. LICENSE NUMBER (of facility): 415	
21e. EMBALMER (Signature): Bobby McCreight	21f. EMBALMER LICENSE NO: 155			
Complete items 22a-c only when certifying physician is not available at time of death to certify cause of death.	22a. To the best of my knowledge, death occurred at the time, date and place stated. Signature and Title:	22b. LICENSE NUMBER	22c. DATE SIGNED (Month, Day, Year)	
23. TIME OF DEATH: 2:01 AM	24. DATE PRONOUNCED DEAD (Month, Day, Year): 8-26-93	25. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No): No		

CAUSE OF DEATH

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. | Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardiac arrest	
	DUE TO (OR AS A CONSEQUENCE OF): b. Respiratory failure	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): c. Adult respiratory distress Syndrome	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I | 28a. AUTOPSY (Yes or No): No | 28b. IF YES, WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)

29. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined	30a. DATE OF INJURY (Month, Day, Year)	30b. TIME OF INJURY	30c. INJURY AT WORK? (Yes or No)	30d. DESCRIBE HOW INJURY OCCURRED
	30e. PLACE OF INJURY - (Home, Farm, Street, Factory, Office, etc.) (Specify)	30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

31. CERTIFIER (Check only one): ☒ CERTIFYING PHYSICIAN (Physician certifying cause of death) ☐ MEDICAL EXAMINER ☐ CORONER ☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death)			NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 32
33a. SIGNATURE AND TITLE OF CERTIFIER: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner(s) stated. Pusadee Suchinda	33b. LICENSE NUMBER: 10273	33c. DATE SIGNED (Month, Day, Year): 8-30-93	
34. NAME AND ADDRESS OF PERSON WHO SIGNED IN 33a (Type/Print): 208 W. Hampton Ave. Sumter, SC 29150 Pusadee Suchinda, MD			
35. REGISTRAR'S SIGNATURE: Rhonda B. Robinson	36. DATE FILED (Month, Day, Year): Aug. 31, 1993		

SC01124931

ISSUED JUN 21 2010

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

C. Earl Hunter
C. Earl Hunter
Commissioner and State Registrar

Guang Zhao
Guang Zhao
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 08/01/2009

American Bank Note Company — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

5100

CASE NO.: 000463

CORONER'S REPORT

DATE: 11-14-87

VICTIM'S NAME: BOBBY OZINE STONE AGE 50 DOB [redacted] RACE W SEX M

ADDRESS: [redacted] DL OR SS#:

NEXT OF KIN: (WIFE) MAYBELL STONE PHONE NO. 775-7526

PLACE OF DEATH: CLAUSSEN RD. & WILLOW CREEK RD. APPROX. TIME: 7:10 P.M.

PLACE OF OCCURENCE: CLAUSSEN RD. & WILLOW CREEK RD. APPROX. TIME OF OCC: 7:10 P.M.

LAW ENFORCEMENT AGENCY: SOUTH CAROLINA HIGHWAY PATROL PRONOUNCED DEAD: 8:10 P.M.

INVESTIGATING OFFICERS & TITLE: TROY KNIGHT

WHO SAW DECEASED LAST?

NAME ADDRESS PH. NO.

TIME DATE PLACE DOING WHAT IN WHAT CONDITION

WHO FOUND DECEASED?

NAME ADDRESS PH. NO.

TIME DATE PLACE DOING WHAT IN WHAT CONDITION

SUSPECT: WESLEY EUGENE MILES - [redacted]

WITTNESSES:

MEDICAL TREATMENT IN PAST YEAR? WHERE:

BY WHOM: WAS DOCTOR'S OFFICE NOTIFIED?

CONSULTED: MEDICAL HISTORY:

MEDICINE VICTIM WAS TAKING

TYPE DATE PRESCRIBED DR. PHARMACY

AMBULANCE SERVICE: FLORENCE COUNTY EMS

CAUSE OF DEATH: MASSIVE HEAD INJURIES

FUNERAL HOME:

AUTOPSY? NO WHERE? _____ BY WHOM _____ REPORT ATT

000464

PHOTOS? YES BY WHOM? F.C.S.D. _____ WERE STATEMENTS TAKEN? _____

BLOOD DRAWN? YES WHERE? MCLEOD MORGUE DATE 11-14-87 HOUR 9:30 P.M

LABLED, PACKAGED, SEALED? YES DISPOSITION TROY KNIGHT

MEDICINE BOTTLES PRESENT NEAR DECEASED? YES OPEN? YES

ANY ALCOHOL BOTTLES OR CANS EMPTY OR PARTIALLY EMPTY AT SCENE? YES

DECEASED LYING ON BACK _____ IF ON BACK IN FIRE, IS HE IN BED FRAME? _____
ON RIGHT SIDE _____ ON LEFT SIDE _____ ON ABDOMEN _____

BLOOD IS COMING FROM NOSE YES MOUTH YES EARS YES

THE DECEASED IS IN THE BATHROOM _____, KITCHEN _____, WORKSHOP _____, IN BED _____, IN A VEHICLE _____
OUTSIDE NEAR A ROAD _____, ON A ROAD X, OTHER _____

ARE THERE ANY ELECTRICAL WIRES OR FIXTURE NEAR DECEASED? NO

IS THE DECEASED BAREFOOTED? NO NEAR WATER ON FLOOR OR GROUND? NO

ANY UNUSUAL ODOR PRESENT? NO SMELLS LIKE _____

IF TRAFFIC FATALITY, IS PROPER AGENCY REPORT ATTACHED? _____

WEAPON: _____

PERSONAL EFFECTS: 1 KNIFE

GIVEN TO WHOM: _____ DATE: _____ TIME: _____

NARRATIVE: I RECEIVED A CALL FROM FLORENCE COUNTY SHERIFFS OFFICE TO RESPOND TO AN AUTOMOBILE ACCIDENT AT THE INTERSECTION OF WILLOW CREEK RD. AND THE CLAUSSEN HIGHWAY. WHEN I ARRIVED, I W MET BY OFFICER TROY KNIGHT WHO EXPLAINED THE FORD PICK-UP WITH CAMPER ON BACK HAD BEEN TRAVELIN NORTH ON THE WILLOW CREEK ROAD AND HAD SLOWED AT THE INTERSECTION OF CLAUSSEN ROAD AND MADE RIG TURN WITHOUT STOPPING. THE VICTIM WHO WAS IN THE CAMPER HAD STOOD UP (ACCORDING TO WITTNESSES) AND APPARENTLY LOST HIS BALANCE WHEN THE DRIVER EXCELLERATED. HE FELL INTO THE DOOR OF THE CAMPER WHICH CAME OPEN AND FELL ONTO THE HIGHWAY. THE PICK-UP FROM WHICH HE FELL WAS ALSO TOWING A BOAT AND TRAILER AND IT IS UNCLEAR WHETHER OR NOT THE TRAILER RAN OVER HIM AS NO MATERIAL OR HAIR WERE FOUND ON THE UNDERSIDE OF THE TRAILER WHEN EXAMINED. THE WITTNESSES THAT WERE IN THE CAMPER WITH THE VICTIM (THOMAS WINDHAM, DOUGLAS EDWARDS & TRACY CONYERS) STATE THEY IMMEDIATELY SIGNALED FOR THE DRIVER TO STOP. HOWEVER: BEFORE THEY WERE ABLE TO STOP A AUTOMOB DRIVEN BY DENISE GIBSON TRAVELING SOUTH ON THE CLAUSSEN ROAD STRUCK THE VICTIM WHILE HE WAS LYING IN THE ROAD. THERE WERE SIGNIFICANT HAIR AND CLOTH SAMPLES FOUND UNDERNEATH THE PASSENGE

CORONER'S REPORT CONTINUED

NARRATIVE SIDE OF AUTO WHEN EXAMINED. THE DRIVER OF THE AUTOMOBILE STATES SHE DID NOT SEE THE VICTIM UNTIL SHE COULD NOT AVOID STRIKING HIM, AND THAT HER ATTENTION WAS ON THE TRUCK AND BOAT WHICH HAD NOT PULLED OFF OF THE ROAD AT THIS TIME.

A FORENSIC PATHOLOGIST WAS CONSULTED CONCERNING WHICH INJURY MAY HAVE BEEN A DIRECT CAUSE OF THE VICTIMS DEATH. (A) FALL FROM CAMPER ONTO THE HIGHWAY (B) POSSIBILITY OF THE BOAT TRAILER (C) THE FOLLOWING AUTOMOBILE. HE EXPLAINS THAT THE TIME INTERVAL WOULD NOT BE LONG ENOUGH TO MAKE AN ACCURATE DETERMINATION AS TO THE EXACT CAUSE CONTRIBUTAL. THE VICTIM HAS SEVERE HEAD INJURIES (CRUSHED SKULL) AND I FEEL THIS WAS A DIRECT CAUSE FROM THE UNDER CARRIAGE OF THE FOLLOWING AUTOMOBILE.

WHEN EXAMINING THE BOAT TRAILER AND CAMPER THE FOLLOWING DAY A SMALL DROP OF BLOOD WAS NOTED ON THE DOOR WAY OF THE CAMPER AND MARK MILES EXPLAINED THAT THE VICTIM WAS HIGHLY INTOXICATED PRIOR TO THE ACCIDENT AND HAD FALLEN IN THE CAMPER AND RECEIVED A CUT ABOVE HIS RIGHT EYE. APPROXIMATLEY 30 MINUTES PRIOR TO THE ACCIDENT. HE FURTHER EXPLAINED THE VICTIM STATED THAT HE WAS ALRIGHT AND APPEARED TO BE OKAY TO HIM AFTER THE FALL.

THE ENLIGHT OF THE CIRCUMSTANCES SURROUNDING THIS INCIDENT, IT IS MY OPINION THAT THE MOST SERIOUS INJURY WAS RECEIVED BY THE FOLLOWING AUTOMOBILE AND THIS MOST PROBABLY CAUSED THE VICTIMS DEATH.

PORT NO. 323969 (1-6)

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Ambulance Run Report

000466

PATIENT IDENTIFICATION

Name Bobby Stone

Street Address [redacted]

City, State, Zip Code Sumter SC

SEX (7): 1 ☒ Male; 2 ☐ Female; 3 ☐ Undetermined

RACE (8): 1 ☒ White; 2 ☐ Black; 3 ☐ Am. Indian; 4 ☐ Hispanic; 5 ☐ Asian; 6 ☐ Undetermined

AGE (9-12): 053 Check One: 1 ☐ Yrs. 2 ☐ Mos. 3 ☐ Days

DESTINATION (13)

1 ☐ Hospital ER; 2 ☐ Patient's Home; 3 ☐ Nursing Home; 4 ☐ Doctor's Office; 5 ☐ Hosp. Dir. Ad.; 6 ☒ Other

HOSPITAL CODE (18-21):

CAUSE OF INJ./ILL. (14)

1 ☐ Motor Vehicle; 2 ☐ Motorcycle; 3 ☒ Pedestrian; 4 ☐ Home Related; 5 ☐ Work Related; 6 ☐ Recreational; 7 ☐ All Ter. Veh.; 8 ☐ Other

WEARING SEATBELT? (22): 1 ☐ Yes 2 ☐ No 3 ☐ Ukn

PATIENT STATUS

To Scene (15)	On Scene (16)	From Scene (17)
1 ☒ Emergent	1 ☐ Emergent	1 ☐ Emergent
2 ☐ Nonemergent	2 ☒ Nonemergent	2 ☒ Nonemergent
Code 4	Code 53	

INCIDENT LOCATION

St. or Hwy. Name or #: Pinson Rd

City, State, Zip Code: @ Willow Creek Rd

PRELIMINARY IMPRESSIONS (CHECK NO MORE THAN 4) (23-30)

03 ☐ Convulsion Seizure; 04 ☐ Diabetic; 06 ☐ Poison; 11 ☐ Abrasion/Contusions; 13 ☐ Laceration; 14 ☐ Puncture/Stab; 15 ☐ Gunshot Wound; 16 ☐ Burn; 17 ☐ Hemorrhage

21 ☐ Amputation; 22 ☐ Dislocation; 23 ☐ Fracture; 24 ☐ Multitrauma/Shock; 30 ☐ Head Injury; 32 ☐ Spinal Injury; 33 ☐ Stroke; 43 ☐ Psychiatric/Behavioral; 44 ☐ Drug Overdose

45 ☐ CSAI; 62 ☐ OB-Emergency; 64 ☐ GYN Problem; 74 ☐ Respiratory Distress; 80 ☐ Coronary Problem; 81 ☐ Congestive Heart Failure; 82 ☐ Hypertension; 83 ☐ Cardiac Arrest; 10 ☐ Other

TREATMENT PROCEDURES (31-60)

01 ☐ Dressing Applied; 02 ☐ Limb Splinted; 03 ☐ Spine Immobilized; 04 ☐ Neck Immobilized; 05 ☐ OB/Gyn Assistance; 06 ☐ Oral Airway Used; 07 ☐ Oxygen Given; 08 ☐ Suction Used; 09 ☐ Antishock Trousers

10 ☐ Airway Maintained; 11 ☐ Antishock Treatment; 12 ☐ Artificial Resp.; 13 ☐ Cardiac Massage; 14 ☐ Bleeding Controlled; 15 ☐ Cold Application; 16 ☐ Patient Restrained; 17 ☐ Psych. First Aid; 18 ☒ Other (Use Comments)

PRIMARY IMPRESSION (61-62)

16

SITE OF TRAUMA (63-71)

1 ☐ Head; 2 ☐ Face; 3 ☐ Neck; 4 ☐ Chest; 5 ☐ Abdomen; 6 ☐ Hip/Pelvis; 7 ☐ Upper Extremity; 8 ☐ Lower Extremity; 9 ☐ Back

ADVANCED PROCEDURES (72-79)

1 ☐ EKG Monitored — Rhythm
2 ☐ First Defib Attempted — Watt Sec. — Rhythm
Post Defib
3 ☐ Second Defib Attempted — Watt Sec. — Rhythm
Post Defib
4 ☐ Third Defib Attempted — Watt Sec. — Rhythm
Post Defib
5 ☐ Esophageal Obturator Inserted
6 ☐ Endotracheal Intubation
7 ☐ Gastric Lavage
8 ☐ IV Started/Gauge ____ Solution ____ Amount ____
9 ☐ Pleural Decompression — Time ____
Ordering Physician ____ (Name) ____ (Signature)

DRUGS USED (80-103)

Drug	Dose	Time

AUTHORIZED DRUGS

01-Bicarb; 02-Epinephrine-SQ; 03-Epinephrine-IV; 04-Atropine; 05-Lidocaine; 06-Lasix; 07-Isoproterenol; 08-Benadryl; 09-Heparin (flush); 10-Valium; 11-Narcan; 12-Dilantin; 13-Nitro-spray; 14-Nitroglyc-SL; 15-D50W; 16-Nit Oxide; 17-Bretylium Tosylate; 18-Dobutamine; 19-Nubain; 20-Aminophylline; 21-Phenobarbital; 22-Morphine; 23-Pitocin; 24-Dopamine; 25-Procainamide; 26-Terbutaline Sulfate-SQ

FIELD CATEGORY (104-105):

STUDY (106-110):

VITAL SIGNS

	Blood Pressure	Pulse Rate	Reg.	Irreg.	Resp. Rate	Reg.	Irreg.	PUPILS Equa.	Unequ.	No Resp.	Const.	Dila.	Pt. Cons.	Pt. Uncons.	Time
First	0	0				0									
Second	/														
Third	/														

COMMENTS (Include chief complaints, observations at scene, response to stimuli): Pt hit by car. DOA at scene. Very severe head injury to scene. Body pt found up by the house. Pt had a large hole in back of head.

TIME RECORD

Run Date (111-116): 11 Mo. 14 Day 87 Yr.

Call Received: (117-120)	0915
Departed Base: (121-124)	0916
Arrive Scene: (125-128)	0926
Departed Scene: (129-132)	2012
Arrive Destination: (133-136)	2012

Cause for Delay ____

PROVIDER INFORMATION

DHEC Permit # (137-141):

OBSERVATIONS AT SCENE

(142-148) Auto License Plate # of Acc. Vehicle

Trip # ____

RUN TYPE OR OUTCOME (149-150)

1 ☐ Patient Transported; 2 ☐ Pt. Treated-No Trans.; 3 ☒ Pt. DOA at Scene; 4 ☐ Pt. Refused Transp.; 5 ☐ False Call; 6 ☐ Call Cancelled; 7 ☐ Convalescent Call; 8 ☐ Interhospital Transfer

ATTENDANT'S SIGNATURE & CERTIFICATE

(Attendant A) (151-155): 81639

(Attendant B) (156-160): 90340

(Receiving Nurse or Physician)

DHEC 1050 (Rev. 9-25-87)

5104

UNIFORM TRAFFIC COLLISION REPORT
(FOR INVESTIGATING OFFICERS)

D.M.P.T. FORM TR-310 REV. 3/85

000467

FATALITY: ✓

SHEET 1 OF 1 SHEET(S)

DATE: 11/14/87 | COUNTY: FLORENCE | DAY OF WEEK: S M T W T F S | TIME: 7:15 AM PM | 1 - INTERSTATE 4 - SECONDARY 2 - US PRIMARY 5 - COUNTY 3 - SC PRIMARY 6 - OTHER | ROUTE OR ROAD NO. (Also Street Name, If Any): S-21-67 | MILE POST:

INTERSECTION OF ROUTE OR ROAD NUMBER (Also Street Name, If Any) AT: S-21-551 | IF NOT AN INTERSECTION: 1 - FEET 2 - MILES N E S W OF ROUTE OR ROAD NO. (Also Street Name, If Any):

IN: CITY OR TOWN | CONTROLLED ACCESS HIGHWAY LOCATION: 1 - MAIN ROAD 2 - FRONTAGE RD. | 3 - MAIN ROAD AT INTERCHANGE 4 - ENTRANCE RAMP 5 - EXIT RAMP | N E S W 1 - BOUND LANE 2 - SIDE

IF OUTSIDE CITY LIMITS: 6.1 MILES N E S W OF FLORENCE CITY OR TOWN | RR CROSSING I.D. #:

UNIT 1

UNIT #: 1 | DRIVER'S FULL NAME: Gibson - Shelley Denise

STREET OR R.F.D.: [redacted] | BIRTH DATE: [redacted] | SEX: F | RACE: W

CITY AND STATE: Florence SC | ZIP: 29501 | DRIVER LICENSE CLASS: 1 2 3 4 B - BEG. PER. N - NONE

DRIVER LICENSE NUMBER: [redacted] | STATE: SC

LICENSE RESTRICTION: NONE | VIOLATION COMPARED WITH: Y - YES N - NO | MEMBER OF ARMED FORCES: Y - YES N - NO

DRIVER WEARING SAFETY BELTS: Y - YES N - NO | MOVING VIOLATION(S) INDICATED: 00 | SPEED LIMIT: 55 MPH | ESTIMATED SPEED: 45 MPH

YEAR: 82 | BODY: BC | MAKE & VEHICLE IDENTIFICATION NUMBER: HONDA - JHMSZ5339CC18158

LICENSE PLATE NUMBER: KBD-716 | STATE: SC | YEAR: 88

VALIDATION NUMBER: 4724970 | TOTAL OCCUPANTS THIS UNIT: 2

OWNER'S NAME: Eaddy - William Eugene

STREET OR R.F.D.: [redacted] | CITY AND STATE: | ZIP: 29501

INSPECTION CERTIFICATE: 1 - CURRENT 2 - EXPIRED 3 - NONE 4 - UNKNOWN

DAMAGE SEVERITY: 1 - SLIGHT 2 - MODERATE 3 - SEVERE | AREAS DAMAGED (CODES): 1 | APPROX. COST TO REPAIR: $ 25 | VEHICLE TOWED AWAY: Y - YES N - NO

VEHICLE TOWED BY WHOM:

CIRCLE POINT OF INITIAL IMPACT

UNIT 2

UNIT #: 2 | PED: ✗ | DRIVER OR PEDESTRIAN'S FULL NAME: Miles - Wesley Eugene

STREET OR R.F.D.: [redacted] | BIRTH DATE: [redacted] | SEX: M | RACE: W

CITY AND STATE: Sumter SC | ZIP: 29150 | DRIVER LICENSE CLASS: 1 2 3 4 B - BEG. PER. N - NONE

DRIVER: [redacted] | STATE: SC

LICENSE RESTRICTION: NONE | VIOLATION COMPARED WITH: Y - YES N - NO | MEMBER OF ARMED FORCES: Y - YES N - NO

DRIVER WEARING SAFETY BELTS: Y - YES N - NO | MOVING VIOLATION(S) INDICATED: 99-42 | SPEED LIMIT: 55 MPH | ESTIMATED SPEED: 15 MPH

YEAR: 76 | BODY: PKP | MAKE & VEHICLE IDENTIFICATION NUMBER: FORD - F15YNB55020

LICENSE PLATE NUMBER: PTS-869 | STATE: SC | YEAR: 88

VALIDATION NUMBER: 2583677 | TOTAL OCCUPANTS THIS UNIT: 5

OWNER'S NAME: Miles - Wesley

STREET OR R.F.D.: [redacted] | CITY AND STATE: | ZIP: 29150

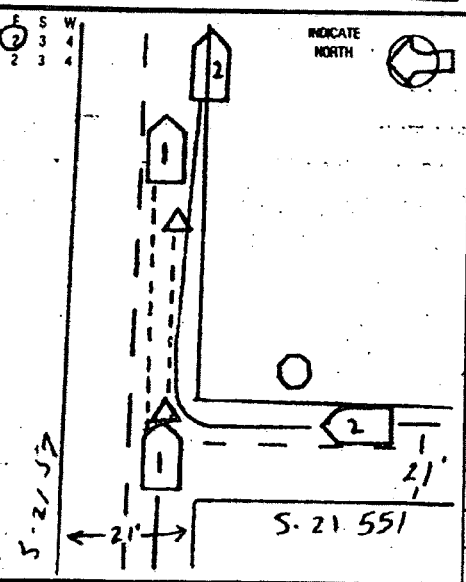
INSPECTION CERTIFICATE: 1 - CURRENT 2 - EXPIRED 3 - NONE 4 - UNKNOWN

DAMAGE SEVERITY: 1 - SLIGHT 2 - MODERATE 3 - SEVERE | AREAS DAMAGED (CODES): NONE | APPROX. COST TO REPAIR: $ NONE | VEHICLE TOWED AWAY: Y - YES N - NO

VEHICLE TOWED BY WHOM:

CIRCLE POINT OF INITIAL IMPACT

DIRECTION OF TRAVEL: UNIT 1: 1 N 2 E 3 S 4 W | UNIT 2: 1 N 2 E 3 S 4 W



DESCRIBE WHAT HAPPENED: (Refer to units by number) Vehicle # 1 was traveling east on S-21-57 Vehicle # 2 was traveling north on S-21-551 Vehicle # 2 was turning right onto S-21-57 a passenger riding in the camper of Vehicle # 2 fell from the vehicle onto the roadway Vehicle # 2 was towing a boat - Vehicle # 1 then collided into the person that had fallen in the road Vehicles # 1 and 2 did not collide with each other

MAIL ORIGINAL REPORT TO S. C. DEPT. OF HIGHWAYS & PUBLIC TRANSPORTATION, BOX 1498, COLUMBIA, S. C. 29216-0040

WITNESS FULL NAME | ADDRESS | ZIP | AGE | SEX

SUMMONS NUMBER: [redacted] | NAME OF PERSON CHARGED: Miles - Wesley Eugene | MOVING VIOLATION CODE(S): 99 | DAMAGE TO PROPERTY OTHER THAN VEHICLE | APPROX. AMOUNT $

NAME OF PERSON CHARGED | MOVING VIOLATION CODE(S) | PROPERTY OWNER'S NAME | ADDRESS | ZIP

POLICE AGENCY NOTIFIED	POLICE ARRIVED	AMBULANCE ARRIVED	PHOTOS TAKEN BY OFFICER	TRAFFIC FLOW RESTORED
720 AM PM	730 AM PM	730 AM PM	Y - YES N - NO	830 AM PM

VICTIMS

	AGE	SEX	INJURED	KILLED	NAME	ADDRESS	ZIP
1	49	M	2	0	Stone - Bobby Ozine	[redacted]	29150
2							
3							

NAME OF INVESTIGATING OFFICER: Knight JE | BADGE NUMBER: 690 | POLICE AGENCY: SCHP | DATE: 11/15/87

NAME OF OTHER OFFICER(S) AT SCENE: [illegible] | BADGE NUMBER: 292 | POLICE AGENCY: SCHP

5105

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

CERTIFICATE OF DEATH

STATE BIRTH NUMBER

000469
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT — IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

1. DECEDENT—NAME: FIRST: Bobby; MIDDLE: Ozine; LAST: Stone
2. SEX: Male
3. DATE OF DEATH: Nov. 14, 1987
4. RACE: White
5a. AGE—Last Birthday (Yrs.): 51
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MINS.
6. DATE OF BIRTH: [redacted]
7a. COUNTY OF DEATH: Florence
7b. CITY, TOWN OR LOCATION OF DEATH: Florence, S. C.
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): Hwy. Claussen Rd. & Willow Creek Rd.
7d. IF HOSP. OR INST. Indicate DOA OP/Emer. Rm., Inpatient (Specify):
8. STATE OF BIRTH (If not in U.S.A., name country): S. C.
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Maybell Floyd
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER:
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tree Trimmer
14b. KIND OF BUSINESS OR INDUSTRY: Tree Service
15a. RESIDENCE—STATE: S. C.
15b. COUNTY: Sumter
15c. CITY, TOWN OR LOCATION: Sumter
15d. STREET AND NUMBER: [redacted]
15e. INSIDE CITY LIMITS? (Specify Yes or No): No

PARENTS

16. FATHER—NAME: FIRST: Delon; MIDDLE:; LAST: Stone
17. MOTHER—MAIDEN NAME: FIRST: Lottie; MIDDLE: Mae; LAST: Howard

18a. INFORMANT—NAME (Type or Print): Maybell F. Stone
18b. MAILING ADDRESS: STREET OR R.F.D. NO.: [redacted]; CITY OR TOWN: Sumter, STATE: S. C. ZIP: 29150

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, Other (Specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Floyd's Chapel Cemetery
19c. LOCATION—CITY OR TOWN: Lake City, STATE: S. C.
20a. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Signature): Otis J Elmore
20b. LIC. NO.: 975
20c. EMBALMER'S SIGNATURE: Otis J Elmore
20d. LIC. NO.: 1015
20e. NAME OF FACILITY: Elmore-Hill Funeral Home
20f. LIC. NO.: 415
20g. ADDRESS OF FACILITY: 221 Broad St. Sumter, S, C. 29150

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title):
21b. DATE SIGNED:
21c. HOUR OF DEATH: 7:10 P. M
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): N/A

To be Completed by MEDICAL EXAMINER or CORONER Only

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): J. C. Gregg Jr Coroner
22b. DATE SIGNED: 11-30-87
22c. HOUR OF DEATH: 7:10 P M
22d. PRONOUNCED DEAD ON: 11-14-87
22e. PRONOUNCED DEAD (Hour) AT: 8:10 P M
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): J.C. Gregg, Jr. Florence County Coroner
23b. LIC. NO.:

24a. REGISTRAR (Signature): Barbara A. Odom
24b. DATE RECEIVED BY REGISTRAR: Dec. 3, 1987

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. PART I — IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Massive head injuries — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

26. AUTOPSY (Specify Yes or No): No
27. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): Yes

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify): ACC
28b. DATE OF INJURY: 11-14-87
28c. HOUR OF INJURY: 7:10 P M
28d. DESCRIBE HOW INJURY Ooccurred: Decedent fell from camper onto highway and was struck from vehicle. Benin
28e. INJURY AT WORK (Specify Yes or No): No
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): Highway
28g. LOCATION—STREET OR R.F.D. NO.: Claussen Rd. & Willow creek Rd.; CITY OR TOWN: Florence; STATE:

HEC-670 v. 1978

5107

State of South Carolina

Law Enforcement Division

CARROLL A. CAMPBELL, JR.
Governor

J. PRESTON STROM
Chief

P. O. Box 21398
COLUMBIA, S.C. 29221-1398

Phone (803) 737-9020
737-9000

TO: J. C. Gregg, Jr.
Florence County Coroner
City County Complex-Box F
Florence, SC 29501

LABORATORY FILE NO.: L87-7476

DATE: December 29, 1987

SUBJECT(S):

VICTIM(S): Bobby Ozine Stone

CONFIDENTIAL: This is an official report of the South Carolina Law Enforcement Division Chemistry Department and is to be used in connection with an official criminal investigation. The items and the results of laboratory examinations are reported below:

J. P. STROM

ITEM(S) SUBMITTED	RESULTS OF EXAMINATION(S)
Blood.	0.374% Blood Alcohol.
Urine.	Negative Drug Screen.

D H E C

PROMOTE PROTECT PROSPER

C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment

December 6, 2011

Death Penalty Resource & Defense Center
Attention: Emily Paavola
PO Box 11311
Columbia, SC 29211

Dear Ms. Paavola,

I am in receipt of your letter dated August 6, 2010 and an email from the Department of Health and Environmental Control Freedom of Information Office dated November 2, 2011 concerning Bobby Ozine Stone and Maybell Floyd Stone.

I have attached copies of the information pertaining to these 2 persons as specified in your requests. Items # 6 & # 7 are the front and back for a treatment card for the health department for Mrs. Stone. Item # 8 is also a treatment card for the health department for Mr. Stone but the card did not have any documentation contained on the back and therefore a back copy is not attached. Items # 9 & # 10 are admission cards from these persons treatment at State Park Health Center.

The number listed in the right top corner of the card indicates that there may be additional medical records contained on microfilm. This microfilm is held in the TB Control Office. My understanding is that the State Archives is the only agency that currently has a system that can obtain & print records currently held on microfilm. Should you wish to obtain these records, your agency will be responsible for payment of all costs for this process to the State Archives.

Please call if I can be of further assistance.

Sincerely,

Shea Rabley, RN, MN

Shea Rabley, RN, MN
Division Director
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201
Phone: 803-898-0558
Fax: 803-898-0685

Rabley, Shea <rableyss@dhec.sc.gov>

Re: FOI Request #1008057

2 messages

Mew, Karla A. <mewka@dhec.sc.gov> **Wed, Nov 2, 2011 at 9:58 AM**
To: "Rabley, Shea" <rableyss@dhec.sc.gov>

Thanks for your assistance on this.

Karla A. Mew
Director, Freedom of Information Office
SC Department of Health & Environmental Control
(803) 898-3817 Voice
(803) 898-3816 Fax

On Wed, Nov 2, 2011 at 9:02 AM, Rabley, Shea <rableyss@dhec.sc.gov> wrote:
I have not seen this before. Just as an FYI - we do have some records from the State Park Health Center but they are on microfilm. They will have to pay all the costs that will be incurred to obtain the records from mircofilm and my understanding from Jody is that the only place to do this is the Archives. I had this discussion with Jody about another person wanting records on a family member. Not sure what this request is about but we may need more information to make a release. I will get back to you.

On Wed, Nov 2, 2011 at 8:28 AM, Mew, Karla A. <mewka@dhec.sc.gov> wrote:
Shea,

I recently took over the FOI office since Jody Hamm's retirement this summer. I had a client stop by & inquire about a request she talked with Jody about last year. I do not think it was ever sent to your department.
The client is specifically looking for TB records on 2 people from 1960-1973. Can you please take a look at the attached FOI request & see if we have any records on this?

Thanks for your assistance,

Karla A. Mew
Director, Freedom of Information Office
SC Department of Health & Environmental Control
(803) 898-3817 Voice
(803) 898-3816 Fax

--
Shea Rabley, RN, MN, Director
TB Control Division
SCDHEC
1751 Calhoun Street
Columbia, SC 29201
Phone: 803-898-0562
Fax: 803-898-0685

100805.

DHEC
FOI Office
VIA FAX: 803.898.3816
ATTN: JODY

Date: August 6, 2010

From: Emily C. Paavola
P.O. Box 11311
Columbia, SC 29211
803.765.1044 (ex. 11)

Under the Freedom of Information Act (FOIA), I would like to obtain copies of all available files for the following:

Any records related to the TB treatment of:

Bobby Ozine Stone
DOB:
SSN: [redacted]

Maybell Floyd Stone
DOB:
SSN: [redacted]

Bobby O. Stone and Maybell Floyd Stone were reportedly identified as having TB when they lived in Florence County in the approximate time frame of 1967 to 1973. They were reportedly sent away for treatment, perhaps at the State Park Health Center.

Please let me know if you require any additional information. We are interested in any and all available files that relate to the TB treatment of these two individuals.

Thank you,

Emily Paavola

Recvd via email
11-02-2011 /SR

Death Penalty Resource + Defense Center PO Box 11311 Cola SC 29211.

3

2/19/2009

DHEC- Tuberculosis
Columbia, SC
(803)898-0685
Attn: Jan Carter
RE: Bobby O. Stone
RE: Maybelle Stone

Dear Records Custodian:

The Center for Capital Litigation is representing Bobby Wayne Stone. In preparation for this representation, we are collecting copies of any and all medical records relating to Bobby Wayne Stone and his immediate family including films of X-rays, CT scans or MRI's. Additionally, we require narrative reports, nurses' notes, progress notes, physicians' notes, medical charts and any records normally deemed confidential. We believe that Bobby Wayne Stone or his family members were treated at your facility, and so we ask that you thoroughly search your records.

Enclosed is a notarized release signed by Bobby Wayne Stone authorizing release of records Additionally, next of kin releases are included for Bobby O. Stone and Maybelle Stone, deceased. If you do not have records in your possession, please send written, certified, notice on your letter head to that effect.

Your assistance is appreciated and should there be any cost in retrieving and copying the records, please bill our office. If you have any questions or need further information, please do not hesitate to contact me. Thank you for your cooperation.

Sincerely,

Michael Pesant
Staff Investigator

Enclosure

02/19/2009 THU 10:27 FAX 803 765 1143 Blume Reyote & Norris 002/003

4

AUTHORIZATION FOR RELEASE
OF CONFIDENTIAL INFORMATION AND RECORDS
CONCERNING NEXT OF KIN

I, by this release or a photocopy thereof, authorize and request you to release to my attorneys John H. Blume and Robert Lominack or their designated representative, any and all information and/or records relating to my deceased father, Bobby A. Stone.

This document also authorizes any treating doctors, experts, lawyers, or other persons to discuss otherwise confidential information with the above-mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information concerning my father.

You are specifically authorized to photocopy these records and to release copies to the above-mentioned legal representatives.

Signed: Melinda S. Parrott
Melinda Stone Parrott

Sworn to and subscribed
before me this 7th
day of November, 2008

Jill A. Rider
NOTARY PUBLIC, STATE OF SOUTH CAROLINA

My commission expires June 8, 16.

5

AUTHORIZATION FOR RELEASE
OF CONFIDENTIAL INFORMATION AND RECORDS
CONCERNING NEXT OF KIN

I, by this release or a photocopy thereof, authorize and request you to release to my attorneys John H. Blume and Robert Lominack or their designated representative, any and all information and/or records relating to my deceased mother, Maybell Floyd Stone.

This document also authorizes any treating doctors, experts, lawyers, or other persons to discuss otherwise confidential information with the above-mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information concerning my mother.

You are specifically authorized to photocopy these records and to release copies to the above-mentioned legal representatives.

Signed: Melinda S. Parrott
Melinda Stone Parrott

Sworn to and subscribed
before me this 11th
day of Feb, 2008

Jill Rider
NOTARY PUBLIC, STATE OF SOUTH CAROLINA
My commission expires 6-19, 16.

003266

6

COUNTY SUMTER FLORENCE

ADDRESS [redacted]

7-68: [redacted] C...

2-72: [redacted]

NAME STONE, Maybell Floyd 07065

BIRTH DATE [redacted] AGE | SEX F | COLOR W | MARITAL STATUS

OCCUPATION Housewife WHERE EMPLOYED

REPORTED BY Clinic DATE REPORTED 4-68 DATE INVESTIGATED

FAMILY PHYSICIAN W. L. Harritt, M. D. ADDRESS

PHN SUPERVISION

WHY REFERRED VETERAN DATE ADM. DISCH.

DATE	DIAGNOSIS STAGE ACTIVITY	SPUTUM	REPORTED BY AND/OR UNDER SUPERVISION OF	REMARKS: REASON NOT HOSPITALIZED REASON DISCHARGED, ETC.	DATE DUE RE-EXAM	
4-1-68	Infil.RUL		Clinic	Appl. St. Park		J
4-11-68	Min.Bil.Pul.Tbc.	Neg.	Adm. St. Park			F
4-4-68		2N/1PC	& LNC CHD	10543 10533 Sens. test:		M
				R-INH, PAS & Strep.		A
7-16-68	Min.Act.(3m)Imp.	Neg.	Disch. St. Park	Spu. neg. entire stay in hosp.		M
				Cont. Isoniazid 300 mgm & PAS		J
				12 gms. daily for 24 mos. Re-		J
				tgy & spu. every 4 mos.		A
11-7-68		2N 1BC	& 1N Co. H. D.	4289 4609 (1-18-69)		S
11-68	Min. Inact.		Eval. Clinic	Cont. INH&PAS. Ret. 3 mo.		O
2-69	Min. Inact.		Eval. Clinic	Cont. INH & PAS. Ret. 3 mos.		N
4-69	Min. Inact.		Eval. Clinic	Cont. INH & PAS. Ret. 3 mos.		D
5-26-69		1N 1N	Co. H.D.	11344 (7-31-69)		
6-25-69			Drug List	INH, PAS		
6-6-69		1N 1N	Co. H. D.	11785 (7-22-69)		
8-69	Min. Inact.		Eval. Clinic	Cont. INH & PAS. Ret. 3 mos.		
12-69			Drug List	INH & PAS		
1-70	Min. Inact.		Eval. Clinic	Cont. INH & PAS. Ret. 3 mos.		
6-30-70			Drug List	INH,PAS		
10-70	Min. Inact.		Eval. Clinic			
12-70			Drug List	INH, PAS		
6-30-71			Drug List	INH, PAS--Prescribed unkn.		
				whether taking.		
6-71	Min. Inact.		Clinic	Ret. 6 mos.		
12-71			Drug List	INH, PAS, unk. if taking		
2-18-72	Min. Inact.		Ev.Clinic	Disc.all therapy.Ret. 6 mos.		
6-30-72			Drug List	INH,Myam,,Discont.2-18-72		
7-72	Min. Inact.		Clinic	Ret. 6 mos.		
7-16-73	Min. Inact.		Ev. Cl.	On no drugs. Ret. 6 mos.		

VERI-VISIBLE

SOUTH CAROLINA STATE BOARD OF HEALTH
DIVISION OF TUBERCULOSIS CONTROL 6-30-68

5114

7

Maybe 11 Floyd Stone - back of card - (52)

DATE	DIAGNOSIS STAGE ACTIVITY	SPUTUM	REPORTED BY AND/OR UNDER SUPERVISION OF	REMARKS: REASON NOT HOSPITALIZED REASON DISCHARGED, ETC.	DATE DUE RE-EXAM
7-18-73		1N	CHD	355	J
9/74			Annual File		F
					M
					A
					M
					J
					J
					A
					S
					O
					N
					D

SBH-1407

8

COUNTY SUMTER

ADDRESS [redacted]

NAME STONE, Bobby Ozine

BIRTH DATE | AGE | SEX M | RACE W | MARITAL STATUS M

OCCUPATION | WHERE EMPLOYED

REPORTED BY | DATE REPORTED | DATE INVESTIGATED CDC 12/75

FAMILY PHYSICIAN | ADDRESS

WHY REFERRED | PPD 44 mm. | S.S. # | VETERAN: ☐ YES ☐ NO

DATE	DIAGNOSIS: PUL	DIAGNOSIS: OTHER (specify)	X-RAY FINDINGS: NORMAL	X-RAY FINDINGS: ABNORMAL: CAV.	INF. CAV.	S	I	W	I	SPUTUM: S	SPUTUM: C	REPORTED BY AND/OR UNDER SUPERVISION OF	REMARKS
4/5/68												Dr. Bynoe	Adm. SPHC,disch 10/15/68.INH,EMB,Rif,SM
10/23/75												Dr. Manghi	Adm. SPHC.disch 2/17/76. Cont.Rif 2 mos.INH & EMB,B-6 for 20mos.
5/23/76					x	x				2N	2N	Florence Deten.Cntr.	F/U by Florence CHD
7/76												CCI Cola.,S.C.	
9/3/76												Wateree Farm	Cont. drugs.
10/21/76												CCI Hosp.	Hemorrhaging.? react
11/1/76	X											" "	No activity.Disch. Cont. INH 300mg,Reduce EMB to 800mg qd B-6 50mg. D/c EMB give PAS-C 6gms. qd
2/1/78										N	N	Released CCI	Moved to Georgetown Cty. Cont. INH.
7/19/78													Closed.

VERI-VISIBLE REG. U.S. PAT. OFF.

DHEC 1407

S. C. DEPT. OF HEALTH & ENVIRONMENTAL CONTROL
DIVISION OF TUBERCULOSIS CONTROL

nothing on back of card - SR

003269

9

Micro film # for State Park Record

Full Name	Stone, Maybell Floyd	Date Admitted	4-11-68 @ 3:05 pm No. 18,846
Addr [redacted]		Admitted by	C. Strom to Ward 221-N
County	Sumter	T. 98.4 P. 86	Ht. 62" Wt. 123
Relative	B. T. Floyd (Brother) [redacted]		Phone 773-7258
Upon Death or an Emergency	Notify Brother-above	Address	Same as above Phone 773-7258
Physician	E. A. Heise, M. D.	Address	Sumter, S. C. Phone
Employer	Cover Manufacturing Corp.	Address	Sumter, S. C. Phone

Sex	Race	Single, Widowed, Separated, Married, Divorced	Birthplace	Lake City
F	W	Married	County and State	Florence, S. C.

If married, widowed or divorced Husband or Wife of: Bobby Ozine Stone **

Date of Birth

Age

Occupation (a) Trade, Profession: Seamstress (b) General Nature of Business

Denomination: Holiness

PARENTS

Father's Name	Baker Floyd
Father's Birthplace City	Cades
County and State	Williamsburg, S. C.
Mother's Maiden Name	Mary Mims
Mother's Birthplace City	Lake City
County and State	Florence, S. C.

Minimum	Mod. Adv.	Far Adv.	Primary Tbc.	Non-Tuberculous	Pleurisy with Effusion	Undiagnosed	Total Days 96
Right							

Inactive Months	Quiescent Months	Active Months	Improved Unimproved	Exercise Status	Died	Last Weight 131	Gain Loss 8	Chemotherapy Yes

Complications: None. (Sputum neg. by smear & cult. entire stay, 7 unreported.)

Date of Discharge 7-16-68 @ 5:10 pm Service of Doctor Rosario C. Toscano

Form No. 30 7/66 - 2M

Three children in the home: Ages 5 and 2 years and one 5 months.

[redacted]

** Patient's husband was admitted to the sanatorium 4-5-68.

10

Micro film # for State Park Record

Full Name Stone, Bobby Ozine — Date Admitted 4-5-68 @ 1:00 pm — No. 18,840

Addr [redacted] — Admitted by L. B. Simpson — to Ward M 145-S

County Sumter — T. 98.8 — P. 90 — Ht. 65½" — Wt. 137

Relative Lottie Mae Stone (Mother) — Address Poston, S. C. — Phone

Upon Death or an Emergency Mrs. Maggie Bell Stone (Wife) [redacted]

Physician E. A. Heise, M. D. — Address Sumter, S. C. — Phone

Employer Sumter Ice and Fuel Co. — Address Sumter, S. C. — Phone

Sex	Race	Single, Widowed, Separated, Married, Divorced
M	W	Married

If married, widowed or divorced Husband or Wife of May Bell Floyd Stone

Date of Birth

Age Yr

Occupation (a) Trade, Profession Laborer

(b) General Nature of Business Heat & Air Condit[illegible]

Denomination Baptist

Birthplace Kingstree

County and State Williamsburg, S. C.

PARENTS

Father's Name Deleno Stone

Father's Birthplace City Florence

County and State Florence, S. C.

Mother's Maiden Name Lottie Mae Howard

Mother's Birthplace [illegible] Kingstree

County and State Williamsburg, S. C.

Minimal	Mod. Adv. Right	Far Adv.	Primary Tbc.	Non-Tuberculous	Pleurisy with Effusion	Undiagnosed	Total Days 193

Inactive Months	Quiescent Months	Active Months	Improved Unimproved	Exercise Status	Died	Last Weight 140	Gain Loss 9-s	Chemotherapy Yes

Complications None. (Sputum--last pos. cult. 5-1-68, 2 neg. & 3 unreported.)

Date of Discharge 10-15-68 @ 8:00 pm — Service of Doctor D. H. Bynoe

Form No. 30 7/66 - 2M

Three children in the home: Ages 4 and 2 years and 6 months.
SS#249-56-2789

13 pgs 000367
*********AUTO**ALL FOR ADC 290
000000367 03 AB 0.943
ATTN: JILL RIDER
BLUME WEYBLE AND NORRIS LLC
PO BOX 11744
COLUMBIA SC 29211-1744

ATTENTION

Confidential information enclosed.
To be viewed by authorized persons only.

If you have questions regarding any information you have requested,
Please call the phone number on the enclosed invoice

Health information is reproduced by HealthPort, a health information outsourcing service. Your healthcare facility contracts with HealthPort to process authorized copies of medical records.

Reproductions are made from the medical facility's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

This package may or may not contain medical records, depending on what was requested and how it was processed.

BLUME WEYBLE & NORRIS, LLC

ATTORNEYS AT LAW

JOHN H. BLUME
KEIR M. WEYBLE
TERESA L. NORRIS
DAVID I. BRUCK *OF COUNSEL*

1247 SUMTER STREET, SECOND FLOOR
COLUMBIA, SOUTH CAROLINA 29201
MAILING ADDRESS:
POST OFFICE BOX 11744
COLUMBIA, SC 29211
PHONE: (803) 765-1044
FAX: (803) 765-1143

Bill to Mail

June 7, 2010

Clarendon County Hospital
Attention Medical Records
10 E. Hospital Street
Manning, SC 29102

RE: *Bobby Wayne Stone v. State of South Carolina*

Dear Custodian of Records:

Please be advised that our office represents Bobby Wayne Stone in connection with his post-conviction proceedings. To properly aid in Mr. Stone's defense it is necessary that we obtain all records on Mr. Stone, as well as, his family members. I am writing to request a copy of any and all medical records that you may have concerning Mr. Stone (D[redacted]), as well as records for his biological parents, Maybell Stone (D[redacted]) Bobby O. Stone, [redacted] siblings Melinda Stone Parrot ([redacted]), Tammy Stone Windham ([redacted]), and Jerry Stone ([redacted]). I have included releases for these records.

PT

If you should have any questions, please do not hesitate to contact me. Thank you in advance for your cooperation.

Sincerely,

Jill A. Rider

Jill A. Rider
Paralegal

Enclosure

4 pages all records 6/22/10

6/4/2010

Authorization for Disclosure of Protected Health Information

My name is: _____

Address: [redacted]

My Social Security Number or Patient Record Number is: _____

1. I authorize the disclosure of my protected health information[1] and psychotherapy notes, including records that may contain information about the Human Immunodeficiency Virus (HIV) or other communicable diseases. This information should include, but should not be limited to, physicians' notes, nurses' notes, laboratory tests and results, radiology films and reports, mental health records, psychological testing, neurological testing, and neuropsychological testing. I understand that this authorization is voluntary. I understand that, if the person(s) or organization(s) that I authorize to receive my protected health information are not subject to federal and state health information privacy laws, subsequent disclosure by such person(s) or organization(s) may not be protected by those laws.

2. I authorize the following person(s) and/or organization(s) to disclose my protected health information and psychotherapy notes, including records that may contain HIV-related information:

Name(s) Clarendon County Hospital
Organization(s) _____
Address _____

3. As disclosed by the person(s) and/or organization(s) above, I authorize the following person(s) and/or organization(s) to receive my protected health information and psychotherapy notes, including records that may contain HIV-related information:

John Blume
Blume, Weyble & Norris LLC
P.O. Box 11744
Columbia, SC 29211

Emily C. Paavola
The Center for Capital Litigation
P.O. Box 11311
Columbia, SC 29211
(803) 765-1044

4. A photocopy of this release may be honored. I specifically authorize the disclosure of the following health information:

✓ Emergency room records	✓ Hospital Outpatient records	✓ Laboratory & diagnostic findings
✓ Hospital Inpatient records	✓ Mental health treatment information	✓ Substance abuse treatment information
✓ Office based records	✓ Medicaid records	✓ Billing information
✓ HIV-related information	✓ Psychotherapy notes	

[1] Protected health information ("PHI") is health information that is created or received by a health care provider, health plan, or health care clearinghouse which relates to: 1) the past, present, or future physical or mental health of an individual; 2) the provision of health care to an individual; or 3) the past, present, or future payment for the provision of health care to an individual. To be protested, the information must be such that it identifies the individual or provides a reasonable basis to believe that the information can identify the individual. 45 C.F.R. 164.508.

5. Specific description of the purpose for each use or disclosure: **At the request of the individual.**

6. I am aware that confidential HIV-related information is any information indicating that I had an HIV-related test, or have an HIV infection, HIV-related illness or AIDS, or any information which indicates that I have potentially been exposed to HIV.

7. I am aware that by signing this authorization, my protected health information and psychotherapy notes, including any HIV-related information, can be given to the people listed above, for the reason (s) listed. I understand that I can refuse to sign this authorization, and am aware that I do not have to allow the release of HIV-related information or any other protected health information or psychotherapy notes. I also know that I can change my mind, and that I may revoke this authorization in writing at any time by sending a signed and dated written statement to Blume, Weyhle & Norris, LLC saying that I am revoking my authorization to disclose protected health information and psychotherapy notes, except to the extent that the person (s) and/or organization (s) named above have taken action in reliance on this authorization.

I have had the opportunity to read and consider the content of this authorization. I confirm that the contents are consistent with my direction.

Signed

Date

Witness

OUTPATIENT REPORT

CLARENDON MEMORIAL HOSPITAL P.O. BOX 650 10 HOSPITAL STREET, MANNING, S.C. 29102

E.R. ☐ O.P. ☐ S.D.S. ☐ AMBULANCE ☐ O.B. ☐

PATIENT NUMBER	TYPE	PATIENT NAME	AGE	BIRTHDATE	SEX	M/S	DATE OF SERVICE	TIME	CLERK INIT.
[redacted]	B	STONE JERRY A	32	[redacted]	1	SW	2/06/04	21:01	TVL

ADDRESS - LINE 2	CITY	STATE	ZIP CODE	TELEPHONE
[redacted]	DALZELL	SC	29040	803-469-0860

NOTIFY IN CASE OF EMERGENCY - NAME	RELATIONSHIP	ADDRESS	TELEPHONE
[redacted] PARROTT MELINDA	SISTER	P O BOX 232	803-773-0538

INSURANCE COMPANY	CONTRACT OR GROUP NUMBER	DATE	PLACE	ACCIDENT OR OCCUPATION
401 PLANNED ADMINISTRATORS INC	PAI247311776	TIME	EVENT	

GUARANTOR NAME		GUAR. TELEPHONE
STONE JERRY	[redacted]	469-0860

GUARANTOR EMPLOYER		GUAR. EMPL. TELEPHONE
SUMTER PACKAGING CORP LABOR	SUMTER SC	481-2003

PREV. SERVICE	PREV. SERV DATE	IF MINOR - PARENT NAME	MED. REC. #	FAMILY PHYSICIAN
735719	9/08/98		104703	JOKL R /COKER C E

DIAGNOSIS CODE | SURGICAL CODE

ALLERGIES: NKA

LAST TETANUS: 7/ /

CURRENT MEDS: Ø

NURSES NOTES: LEFT SIDE PAIN

T	P	R	BP	TIME
98.3 O	71	20	126/77	2124

Phyllis Hasselle RN
NURSES SIGNATURE

SEEN BY PHYSICIAN: 2145 AM PM

PHYSICAL EXAM

SERVICE	SERVICE CODE	CHARGES
EMER. ROOM		
E/P PHYSICIAN		
MEDICAL SUPPLIES		
DRUGS		
X-RAY		
X-RAY		
X-RAY		
LAB	NCA	
LAB		
LAB		
EEG		
EKG		
ECHO		
RESP. THERAPY		
P.T.		
TOTAL HOSP. CHARGES		
STAFF PHYSICIAN		
TOTAL BILL		
PAYMENT		
BALANCE DUE		

MEDICATIONS	TIME	SITE

TREATMENTS:

DIAGNOSIS: MUSCULOSKELETAL PAIN

DISCHARGE STATUS: ☐ IMPROVED ☐ STABLE ☐ UNCHANGED ☐ DISCHARGED: 2200 AM PM ☐ ADMITTED, # ☐ TRANS. TO ☐ EXPIRED AM PM

PATIENT FOLLOW INSTRUCTIONS ON BACK FOR:

☐ SPRAIN, FRACTURE, BRUISES ☐ PELVIC INFLAMMATORY DISEASE ☐ BACK & NECK INJURY
☐ DIARRHEA ☐ WOUND CARE ☐ HEAD INJURY ☐ ABDOMINAL PAIN
☐ HEADACHE & DIZZINESS ☐ GASTRITIS & ABDOMINAL PAIN ☐ URINARY TRACT INFECTION
☐ COLD ☐ EAR INFECTION ☐ EYE INJURY ☐ SORE THROAT

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS GIVEN TO ME

x [signature]

ADDITIONAL INSTRUCTIONS: Patient is to f/u with Ortho. Pain. Flexeril 1-3 daily prn pain. Rx'd (x) to pharmacy. Skeletal Caine + Motrin/Rx'd prn pain

RETURN TO PERSONAL PHYSICIAN IN _____ DAYS

PHYSICIAN'S SIGNATURE [signature]

CHART

5123

CLARENDON MEMORIAL HOSPITAL
MANNING, SOUTH CAROLINA

AUTHORIZATION FOR EMERGENCY TREATMENT

1. The undersigned has been informed of the emergency treatment considered necessary for the patient whose name appears on the reverse hereof and that the treatment and procedures will be performed by physicians, members of the house staff and employees of the hospital. Authorization is hereby granted for such treatment and procedures.
2. **MEDICARE - MEDICAID PATIENT'S CERTIFICATION:** Authorization to release information and payment request. I certify that the information given by me in applying for payment under Titles XVIII and XIX of the Social Security Act is correct. I authorize release of all records required to act on this request. I request that payment of authorized benefits be made on my behalf.
3. **ASSIGNMENT OF INSURANCE BENEFITS:** I hereby authorize payment directly to Clarendon Memorial Hospital of hospital benefits otherwise payable to me including major medical insurance and payment of surgical or medical benefits, including major medical, directly to the attending physician but not to exceed regular charges for these services. I understand that I am financially responsible to the hospital and physician for charges not covered by this assignment.
4. **AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION:** The hospital and attending physician are authorized to furnish any medical information requested by insurance companies with whom I have coverage or any public agency which may be assisting in payment for my care.
5. **REFUND OF INSURANCE BENEFITS:** I authorize the refund of overpaid insurance benefits in accordance with my insurance policy conditions where my coverages are subject to a coordination of benefits clause.
6. I understand that health care services paid under Medicare, Medicaid, and maternal and child health programs are subject to review by the Professional Standards Review Organization.

Date	Witness	Patient
2/6/84		

Date	Witness	Responsible Party	Relationship to Patient

253645 RM- EDW02 104703 P/T-E.R. 001209

STONE JERRY A M 35
80 CANYON RDV WILL C

☑ Nursing Assessment Reviewed ☑ Vital signs reviewed ☐ Posturals

PHYSICAL EXAM

__Alert __Anxious __IV

Distress: __NAD __mild __moderate __severe

EENT
__eyes inspection nml
__ENT inspection nml
__pharynx nml
__scleral icterus / pale conjunctivae
__pharyngeal erythema
__abnml TM / hearing deficit

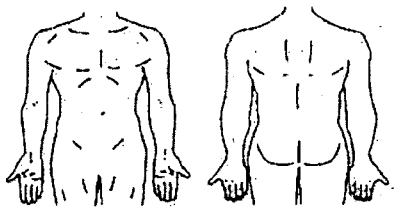
NECK
__nml inspection
__thyromegaly
__lymphadenopathy (R / L)

RESPIRATORY
☑ no resp. distress
☑ breath sounds nml
__wheezing
__rales / rhonchi

CVS
☑ regular rate, rhythm
☑ heart sounds normal
__irregularly irregular rhythm
__tachycardia / bradycardia
__JVD present
__gallop (S3 / S4)
__murmur grade ____ /6 sys / dias

__decreased pulse(s)
R carotd ____ fem ____ dors ped ____
L carotd ____ fem ____ dors ped ____

T=tenderness
R=rebound
m=mild
mod=moderate
sv=severe
Example- Tsv indicates severe tenderness



ABDOMEN
☑ soft
☑ non-tender
☑ no organomegaly
☑ nml bowel sounds
☑ no pulsatile mass
__distention
__tenderness
__guarding
__rebound
__abnormal bowel sounds
increased / decreased / absent / tympanic
__prominent aortic pulsations
__hepatomegaly / splenomegaly / mass

PELVIC EXAM
__external exam nml
__speculum exam nml
__bimanual exam nml
__vaginal bleeding / discharge
__cervical motion tenderness
__adnexal tenderness (R / L)
__enlarged / tender uterus
__adnexal mass (R / L)

MALE GENITAL
__normal inspection
__tenderness / swelling testicular / inguinal

RECTAL
__non-tender
__heme neg stool
__black / bloody / heme pos. stool
__tenderness

BACK
☑ normal inspection
__CVA tenderness (R / L)

SKIN
☑ color nml, no rash
☑ warm, dry
__cyanosis / diaphoresis / pallor
__skin rash

EXTREMITIES
__non-tender
__normal ROM
__no pedal edema
__pedal edema
__calf tenderness

NEURO / PSYCH
☑ oriented x3
__mood / affect nml
__CN's nml as tested
__no motor / snsry deficit
__disoriented to: person / place / time
__depressed affect
__facial droop / EOM palsy / anisocoria
__weakness / sensory loss

LABS, EKG, XRAYS and PROGRESS

CBC	Chemistries		UA
normal except	normal except	Ca	normal except
WBC	Gluc	Lipase	WBC
Hgb	BUN	Amylase	RBC's
Hct	Na	Alk Phos	bacteria
Platelets	K	SGPT	dip:
segs	Cl	BHCG / serum /	
bands	CO2	urine preg	
lymphs	Creat	POS NEG	

EKG MONITOR STRIP __NSR __Rate

EKG __NML ☐ Interp. by me ☐ Reviewed by me Rate
__NSR __nml intervals __nml axis __nml QRS __nml ST/T
not / changed from:

XRAYS- ☐ Interp. by me ☐ Reviewd by me ☐ Discsd w/ radiologist
__KUB __Upright abd __3-view __CXR pa lat ap
__nml / NAD __nml bowel gas __no free air __no mass
__no infiltrates __nml heart size __nml mediastinum
not / changed from:

IVP-

CT-

Ultrasound __nml __GB stones / pericolic fluid / thick GB wall
__dilated common duct __abnml pancreas / aorta / pelvic / appendix

Pulse Ox ____% on RA / ____L / ____% at (time)
Time ____ __unchanged __improved __re-examined

☑ Rx given- Zofran 4 mg IV for Pain/N/V
__Discussed with Dr. ____ Time ____
will see patient in: office / ED / hospital

__Counseled patient / family regarding:
lab results diagnosis need for follow-up
__Admit orders written
__Prior records ordered

__CRIT CARE- 30-74 min
75-104 min ____ min
__Additional history from:
family caretaker paramedics

CLINICAL IMPRESSION:

Abdominal Pain - *acute*	Appendicitis - *acute*
Vomiting	Aortic Aneurysm - *ruptured*
Ureterolithiasis / Renal Colic R / L	M.I. / Angina / Mesenteric Ischemia
U.T.I. / Pyelonephritis - *acute*	Bowel Perforation / Obstruction
Gastroenteritis / Gastritis *acute*	Pancreatitis - *acute*
Peptic Ulcer Disease	Cholecystitis-*w/cholelithiasis / acalculous*
Pelvic Inflammatory Disease	Biliary Colic
Ovarian Cyst *ruptured torsed*	Diverticulitis - *acute*
GERD	

DISPOSITION- ☑ home ☐ admitted ☐ transferred.
CONDITION- ☐ unchanged ☐ improved ☑ stable

NP
MD

☑ Template Complete ☐ Progress Sheet

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Clarendon Memorial Hospital

EMERGENCY PHYSICIAN RECORD

Abdominal Pain / Flank Pain (5)

P/T-E.# 001210
STONE JERRY A M 32
JOEL E COKER C E
COKER C E

TIME SEEN: 2115 ROOM: ____ __ EMS Arrival

HISTORIAN: ✓patient __spouse __paramedics ____

__HX / __EXAM LIMITED BY: ____

HPI

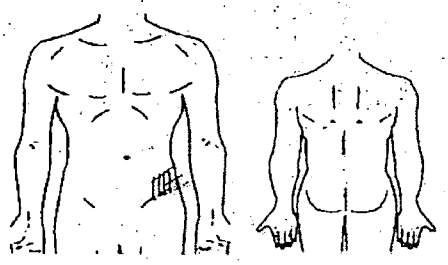
chief complaint: abdominal pain, (flank pain (R (L)), vomiting, diarrhea

started: 3 days ago

time course:
- ✓still present
- __better
- __gone now, lasted: ____
- __constant __waxing / waning __sudden-onset
- __intermittent episodes lasting ____
- __worse / persistent since ____

quality:
- "pain"
- aching
- dull
- burning
- cramping
- sharp
- stabbing
- fullness

location:



__migration (show migration: m)

associated with:
- loss of appetite ____
- nausea X /
- vomiting ____ bloody blood-streaks coffee-grounds
- diarrhea ____ blood streaks grossly bloody mucous

severity:
- maximum (1-10) ____
- mild moderate severe
- when seen in ED (1-10) ____
- none almost gone mild moderate severe

exacerbated by:
- supine / upright pos.
- movements / walking
- cough / deep breath
- food
- nothing

relieved by:
- supine / upright pos.
- remaining still
- antacids
- food
- nothing

Fried Matzo X1

✓Similar symptoms previously ____

__Recently seen / treated by doctor ____

ROS

GI
- __constipation
  - last BM: ____
- __black / bloody stools

GU
- __bloody / dark urine
- __frequent / painful urination

FEMALE REPRODUCTIVE
- LNMP ____
- __vaginal discharge
- __abnormal bleeding

CONST.
- __fever
- __chills

NEURO / EENT
- __headache
- __sore throat
- __blurred vision

CVS / PULMONARY
- __cough
- __trouble breathing
- __chest pain

MS / SKIN
- __skin rash
- __joint pain(s)
- __back pain

✓☑all systems neg. except as marked

PAST HX ✓negative

- __peptic ulcer
  - documented? yes no
- __gall stones
- __kidney stone(s)
- __bladder / kidney infection
- __heart disease
- __diabetes insulin / oral / diet
- __GERD
- __abdominal aneurysm
- __pancreatitis
- __diverticulitis
- __ovarian cyst(s)
- __pelvic infection
- __high cholesterol
- __high blood pressure
- __+HIV / AIDS
- __other problems ____

Surgeries / Procedures

- __none / __noncontributory
- __cholecystectomy
- __appendectomy
- __endoscopy
- __tonsillectomy
- __c-section
- __bilat tubal ligation
- __hysterectomy
- __cardiac bypass

Medications __none ✓see nurses note

__ASA __NSAID __acetaminophen

__BCP's ____

Allergies __NKDA ✓see nurses note

SOCIAL HX __smoker ____ __drugs ____

__alcohol (____ / ____ / ____)

FAMILY HX __heart disease __ovarian cysts

__kidney stones

Rev. 10 / 03

001211

CLARENDON MEMORIAL HOSPITAL

EMERGENCY DEPARTMENT
DATA ASSESSMENT RECORD

STONE JERRY A M 32
JOKL R COKER C E
COKER C E

ADMISSION HISTORY

Date	Time		Age	Sex	Last Tetanus	Triage Class	Immunizations
2/6/03	2124	☐ Amb. ☐ Stretcher ☐ Arms ☐ W/C ☐ EMS ☑ POV	32	M		☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5	☐ Up to date in accordance with State Law

Wt (Lbs/Kg) 258.6

Time	Temp	Pulse	Resp	B/P	Pulse OX	Source of Information
2124	98.3	71	20	126/71	99% RA	☐ Other ☒ Patient ☐ Family ☐ Unable to Obtain

Are you on any special diet at home?: ☐ Yes ☒ No Type: _____

ALLERGIES: FOOD / MEDICATIONS

☑ NKA ☐ Yes – see below

Type of Reaction

Are you allergic to any of the following?	Yes	No
Latex		☑
Bananas / Avocados / Kiwi		☑
IVP dye / Seafood		☑

Previous Blood Transfusion ☒ No ☐ Yes
Reaction ☐ No ☐ Yes Describe _____

Chief Complaint: (L) flank pain / L groin pain x 3 days. Denies urinary s/s. Last BM - this AM

Visual acuity ☐ OD ☐ OS N/A

LMP

Pain Assessment ☐ No ☐ Yes Intensity (1-10)

☐ Sharp ☐ Crushing ☐ Ache ☐ Other

Are there any Religious/Cultural practices that need to be part of your care? ☐ Yes ☑ No

Are you in a relationship that could cause you to be afraid? ☐ Yes ☑ No

MEDICAL HISTORY ☑ None

DISEASE	Pt	Family	DISEASE	Pt	Family
Anemia			Kidney Disease		
Arthritis			Mental Illness		
Asthma			Muscle/Bone Disorders		
Bronchitis			Reproductive Disorders		
Cancer			Seizures / Epilepsy		
CVA			Skin Disorders		
Diabetes			Stomach Disorders		
Emphysema			Anesthesia Reactions		
Glaucoma			Tobacco Use		
Heart Disease			Alcohol / Drug Use		
Hepatitis			Thyroid Problems		
Hypertension			Other		
Infectious Diseases			Other		
Sensory Impairment			Other		

PREVIOUS HOSPITALIZATIONS (Medical & Surgical)

Date	Reason
	∅

MEDICATION HISTORY (Include Vitamins / Herbs / Inhalers / Eye Drops / OTC) ☐ Unknown ☑ None

W/Pt	Medication	Dose	Frequency	Last Dose	W/Pt	Medication	Dose	Frequency	Last Dose

Signature/Title	Date/Time	RN reviewed: Signature/Title	Date/Time
Elaine Hargrove	2/6/03		

001212

CLARENDON MEMORIAL HOSPITAL

EMERGENCY DEPARTMENT DATA ASSESSMENT RECORD

[redacted]

PHYSICAL ASSESSMENT

RESPIRATORY	CIRCULATORY	NEURO (GCS)		GI	GU
Cough	Circulatory	Y (N) LOC	Verbal Response	(No Complaints)	No Complaints
Prod Color:	Normal	Duration	5 Oriented	Vomiting	Flank Pain: L R
Non Prod	Delayed	Unknown	4 Confused	Nausea	Burning
SOB	Heart Sounds	Weakness	3 Inappropriate Words	Diarrhea	Frequency
(Normal)	(RRR)	PERL	2 Incomprehensible Sounds	Other	D/C color
Irregular	Irregular	HA 1-10	1 None	Bowel Sounds	GYN
Shallow	Pain Scale 1-10		Motor Response	Absent	No Complaints
BREATH SOUNDS	Pulses	Eye Opening	6 Follows Commands	Present	Bleeding
L R Clear	L R Radial	4 Spontaneous	5 Localizes Pain	Abdomen	Pain: [illegible]
L R Crackles	L R Pedal	3 To Voice	4 Withdraws Pain	Soft	Discharge Color
L R Wheezing		2 To Pain	3 Flexes Pain	Distended	G
L R Diminished		1 None	2 Extends Pain	Guarding	P
COMMENTS	COMMENTS	COMMENTS	1 None	Rigid	A
				Tenderness	Pregnant / EDC
				Location	FHT

SKIN / TRAUMA		PHYCHOSOCIAL / EDUCATION	Functional Assessment	Mechanism of Injury
(N/A)	Mucous Membranes	Affect	ADL	
Warm	Moist	(Normal)	(Independent)	Driver
Cool	Dry	Flat	Needs Assistance	Passenger
MAE	Trauma	Behavior	Ambulation	Front
Dry	(N/A)	(Cooperative)	Independent	(Back)
Diaphoretic	pain	Uncooperative	Needs Assistance	Est MPH
Edema	Swelling	Agitated	Wheel Chair	Other
(Absent)	Deformity	Other	Walker	
Present	Numbness	Speech	Cane	Injury Location
Location	Abrasion	(Normal)		Work
Color	Laceration	Abnormal	Pediatric Assessment	School
(Normal)	Burn	Support System	Birth	Street
Cyanotic	Confusion	Family/Significant Other	Full Term	Residence
Jaundice	Limited Movement	Lives Alone	Premature	Other:
Ecchymosis	Location	Language Education	Birth Weight	
Pale	Comments:	Unable to read/write	<5.5 #	
Mottled		Patient or S/O can read/write	>5.5 #	
Redness		Language other than English	Nurses Signature	
Location			[signature]	

Time/Initials	TREATMENT / PROCEDURES			VITAL SIGNS					
	☐ ID Band ☐ Side Rails ↑ X 2 ☐ Call Light			TIME	B/P	PULSE	RESP	O2SAT	TEMP
	O_2 L VIA								
	EKG								
	Monitor/Rhytam								
	☐ NG ☐ OG Tube Fr ☐ Placement checked								
	Foley Fr In & Out Cath Fr								
	ETT ☐ Nasal ☐ Oral Fr ☐ End Tidal CO_2			Initials	Signature / Title			Date/Time	
TO / Portable	X-Rays	From	VIA ☐ AMB ☐ W/C ☐ Stretcher						
TO	CT SCAN	From	VIA ☐ AMB ☐ W/C ☐ Stretcher						

IV Solution & Amt	Pump	Medication Added	Site	Size	# of attempt	ML/HR	Time Start Initials	Time D/C Initials	Site at Discharge
	Yes No								
	Yes No								
	Yes No								
	Yes No								

Time	Medication	Dose	Route	Site	Initials	Outcome – I = Improved N = Not Improved	Intake	Output

001213

[redacted]

CLARENDON MEMORIAL HOSPITAL

EMERGENCY DEPARTMENT
DATA ASSESSMENT RECORD

Time	Narrative Notes
2120	Ambulated to BR #1. NAD — EP
2145	Exam by Dr. Williams PA
2150	Given Toradol per MD Order
2200	D/C INSTRUCTIONS given to Pt. Instructed to follow up c PMD

☐ See additional notes attached.

Valuables

☒ Not Inventoried ☐ Money Amt. _____
☐ Bracelet ☐ Earrings ☐ Clothes
☐ Necklace ☐ Rings ☐ Dentures
☐ Watch ☐ Purse ☐ Glasses
☐ Wallet ☐ Keys ☐ ID

With Whom/Where _____

Disposition

Time: 2220 Via: ☐ W/C ☐ Amb ☐ Stretcher ☐ Carried

☐ D/C Home ☐ LWT ☐ POV ☐ EMS/Ambulance
☐ D/C _____ ☐ Aftercare Instructions Given
☐ AMA To: _____

☐ Transfer to:
☐ Transfer Form Completed
☐ POV ☐ EMS/Helicopter

☐ School / work Excuse
Date to return to school or work _____

Initials	Signature	Title	Condition on Discharge:
CH	Elaine Hargis	CMA	☐ Stable
PH	Phyllis Haseltine	RN	☐ Improved
WT	[illegible]		☐ Unchanged
			☐ Critical

☐ Admitted to:
Room #
☐ Expired body to:
☐ SCOPA Notified

Report to: _____
Time: _____
Admitting M.D. _____

Monitor ☐ Yes ☐ No ☐ N/A
IV ☐ Yes ☐ No ☐ N/A
O_2 ☐ Yes ☐ No ☐ N/A

CLARENDON MEMORIAL HOSPITAL
10 HOSPITAL STREET
MANNING, SC 29102

---PATIENT NAME---	SEX	AGE	BIRTH-DT	ADMIT	M/R#	PHYSICIAN 253645 E.R.
STONE JERRY A	M	32	[redacted]2/06/04		104703	JOKL R ROOM: ED01

PAT. PHONE: 8034690860

---PROCEDURE--- URINALYSIS COMPLETE ORDER # 13028

--ORDERED--	--COLLECTED--	--REC'D--	--RESULTED--	--VERIFIED---
2/06/04 2149	2/06/04 2149	2/06/04 2153	2/06/04 2200	2/06/04 2202
MPH	PGH	MDM	MDM	MDM

URINALYSIS			
{	COLOR	Yellow	(NORMAL: STRAW-YELLOW)
{	CHARACTER	Clear	(NORMAL: CLEAR)
{GL}	GLUCOSE	Negative	(NORMAL: NEGATIVE)
{BI}	BILIRUBIN	Negative	(NORMAL: NEGATIVE)
{KE}	KETONES	Negative	(NORMAL: NEGATIVE)
{SG}	SP. GRAVITY	1.032	
{PH}	pH	6.0	(NORMAL: 5.5-6.5)
{PR}	PROTEIN	Negative	(NORMAL: NEGATIVE)
{UR}	UROBILINOGEN	1.0	(NORMAL: 0.1-1.0mg/dL)
{NI}	NITRITE	Negative	(NORMAL: NEGATIVE)
{BL}	BLOOD	Negative	(NORMAL: NEGATIVE)
{LE}	LEUKOCYTE	3+	(NORMAL: NEGATIVE)
MICROSCOPIC			
{	WBC	6-8	
{	RBC	0	
{	EPI. CELLS	2-3	
{	CASTS	None Seen	(NORMAL: NONE SEEN)
{	BACTERIA	None Seen	(NORMAL: NONE SEEN)
{	MUCOUS	None Seen	(NORMAL: NONE SEEN)
{	CRYSTALS	None Seen	(NORMAL: NONE SEEN)
{	YEAST	None Seen	(NORMAL: NONE SEEN)
{	AMORPHOUS	None Seen	(NORMAL: NONE SEEN)
{	TRICHOMONAS	None Seen	(NORMAL: NONE SEEN)
{	CULTURE	NOT INDICATED	

11 pgs 000221
*********AUTO**ALL FOR ADC 290
000000221 03 AB 0.910
ATTN: EMILY PSAVOLA
CENTER FOR CAPITAL LITIGATION
PO BOX 11311
COLUMBIA SC 29211-1311

ATTENTION

Confidential information enclosed.
To be viewed by authorized persons only.

If you have questions regarding any information you have requested,
Please call the phone number on the enclosed invoice

Health information is reproduced by HealthPort, a health information outsourcing service. Your healthcare facility contracts with HealthPort to process authorized copies of medical records.

Reproductions are made from the medical facility's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

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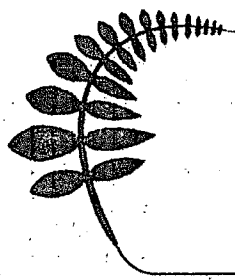
- Provides a safe, secure way to track and pay for medical records
- Eliminates shipping costs and saves on taxes *(where applicable*)*



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Follow these easy steps to sign up for automated release-of-information:

1. Go to **www.HealthPortConnect.com**
2. Click "More information..." in the blue box on the top right portion of the screen.
3. Follow the online instructions.
4. You will receive an information packet and membership form for **HealthPort*Connect*** via email. Please complete membership form and return via fax to 770-689-3208 or email it to Connect@HealthPort.com to initiate service.

Have Questions? Email us at Connect@HealthPort.com

Save Even More...

* You'll get additional sales tax savings if you are located in the following states:

Alabama | Arizona | California | Florida | Georgia | Michigan | Minnesota | Missouri
Nebraska | Pennsylvania | Tennessee

Authorization for Disclosure of Protected Health Information

My name is: Melinda S. Sanett — PT

Address: 6265 Shellland St.

My Social Security Number or Patient Record Number is: [redacted]

1. I authorize the disclosure of my protected health information[1] and psychotherapy notes, including records that may contain information about the Human Immunodeficiency Virus (HIV) or other communicable diseases. This information should include, but should not be limited to, physicians' notes, nurses' notes, laboratory tests and results, radiology films and reports, mental health records, psychological testing, neurological testing, and neuropsychological testing. I understand that this authorization is voluntary. I understand that, if the person(s) or organization(s) that I authorize to receive my protected health information are not subject to federal and state health information privacy laws, subsequent disclosure by such person(s) or organization(s) may not be protected by those laws.

2. I authorize the following person(s) and/or organization(s) to disclose my protected health information and psychotherapy notes, including records that may contain HIV-related information:

Name(s)_____

Organization(s)_____

Address_____

3. As disclosed by the person(s) and/or organization(s) above, I authorize the following person(s) and/or organization(s) to receive my protected health information and psychotherapy notes, including records that may contain HIV-related information:

John Blume
Blume, Weyble & Norris LLC
P.O. Box 11744
Columbia, SC 29211

Emily C. Paavola
The Center for Capital Litigation
P.O. Box 11311
Columbia, SC 29211
(803) 765-1044

Bill To
MAIL

All Records
3/6/09

4. A photocopy of this release may be honored. I specifically authorize the disclosure of the following health information:

- ✓ Emergency room records
- ✓ Hospital Inpatient records
- ✓ Office based records
- ✓ HIV-related information
- ✓ Hospital Outpatient records
- ✓ Mental health treatment information
- ✓ Medicaid records
- ✓ Psychotherapy notes
- ✓ Laboratory & diagnostic findings
- ✓ Substance abuse treatment information
- ✓ Billing information

[1] Protected health information ("PHI") is health information that is created or received by a health care provider, health plan, or health care clearinghouse which relates to: 1) the past, present, or future physical or mental health of an individual; 2) the provision of health care to an individual; or 3) the past, present, or future payment for the provision of health care to an individual. To be protected, the information must be such that it identifies the individual or provides a reasonable basis to believe that the information can identify the individual. 45 C.F.R. 164.508.

Log # 25437897

5. Specific description of the purpose for each use or disclosure: **At the request of the individual.**

6. I am aware that confidential HIV-related information is any information indicating that I had an HIV-related test, or have an HIV infection, HIV-related illness or AIDS, or any information which indicates that I have potentially been exposed to HIV.

7. I am aware that by signing this authorization, my protected health information and psychotherapy notes, including any HIV-related information, can be given to the people listed above, for the reason (s) listed. I understand that I can refuse to sign this authorization, and am aware that I do not have to allow the release of HIV-related information or any other protected health information or psychotherapy notes. I also know that I can change my mind, and that I may revoke this authorization in writing at any time by sending a signed and dated written statement to Blume, Weyble & Norris, LLC saying that I am revoking my authorization to disclose protected health information and psychotherapy notes, except to the extent that the person (s) and/or organization (s) named above have taken action in reliance on this authorization.

This authorization expires on January 1, 2010.

I have had the opportunity to read and consider the content of this authorization. I confirm that the contents are consistent with my direction.

Michele D. Parrott
Signed

9-8-08
Date

Witness

34418 001358

RECEIVED
OCT 13 2008

CENTER FOR CAPITAL LITIGATION
POST OFFICE BOX 11311
COLUMBIA, SOUTH CAROLINA 29211

Voice: (803) 765-1044 Fax: (803) 765-1143

October 13, 2008

ABS
A# 129780028

Tuomey Medical Center
Medical Records Department
Attn: Maria
129 N. Washington Street
Sumter, SC 29150

VIA FAX (803) 774-8817

Re: Request for Records of Maybelle Floyd Stone, Bobby A. Stone, Tammy Stone Windham and Melinda Stone Parrott

Dear Maria:

Please be advised that our office is currently assisting attorneys John Blume and Robert Lominack in their representation of Mr. Bobby Wayne Stone. I am writing to respectfully request that you provide me with a copy of any and all records you may have concerning the above named individuals, including, but not limited to, birth records, emergency room records, x-rays, lab work, hospital stays, psychiatric records, and outpatient service records. I have included releases for these records.

If you should have any questions, please do not hesitate to contact me. Thank you in advance for your cooperation in this matter.

Sincerely,

Emily C. Paavola

Emily C. Paavola
Enclosure

065994 136153

56pg

001359

TUOMEY REGIONAL MEDICAL CENTER

129 North Washington Street
Sumter, South Carolina 29150

CHART COPY

O.P.E.R. REPORT

TIME IN _____ TIME OUT _____ ROOM NUMBER _____

PATIENT NAME/ADDRESS	ACCOUNT NO.	ROOM/BED	TYPE	LOCATION/SERVICE	UNIT NO./MED REC. NO.
PARROT, MELINDA	10529507		ER	ER	344184
PHONE [redacted]	AGE 31	SEX F	MAR STAT SEP	RELIGION HOL	RACE W	SMOKER
SOCIAL [redacted]	PERSON TO NOTIFY/ADDRESS WINDHAM, TAMMY [redacted]				RELATIONSHIP SI
EMPLOYER	PHONE				
GUARANTOR/ADDRESS PARROT, MELINDA [redacted]	NEXT OF KIN/ADDRESS WINDHAM, TAMMY [redacted]				RELATIONSHIP SI
PHONE [redacted]	OTHER PHONE				
RELAT					
GUAR					
FINANCIAL CLASS					

INSURANCE NAME	POLICY NUMBER	COVERAGE NUMBER	SUBSCRIBER/INSURED NAME
MEDICAID CLAIMS RECEIP	5452440302		PARROT, MELINDA

ACCIDENT INFORMATION	REASON FOR VISIT		
	HAVING PAIN RIGHT IN HEREALL THE WAY TO MY BACK		
ACCIDENT DATE/TIME	COMMENTS	HEIGHT/WEIGHT	ARRIVAL MODE
			WALKED
ADMIT DATE/TIME	ADMITTING PHYSICIAN	ATTENDING PHYSICIAN	USER
04/27/94 2130		DENNY, RICHARD L.	OPML

HOSPITAL RELEASE

Date _____

I the undersigned, a patient under treatment in the Tuomey Regional Medical Center, Sumter, S.C. am leaving the hospital against the advice of attending physicians and do hereby release the hospital and attending physicians of all responsibility.

Witness _____ Signed _____

_____ Address _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT: I hereby authorize the physician, or physicians in charge of the care of Melinda Parrot (Name of Patient) to administer any treatment or to administer such anesthetics and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient, and to dispose of all tissue in the manner which is deemed most advisable.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in the hospital.

ASSIGNMENT OF BENEFITS AND THIRD PARTY CLAIMS: I/we hereby guarantee payment of all charges made for or on account of the patient and hereby assign to the hospital any and all rights the patient and I have, or to which we may become entitled, to or with regard to any and all hospital benefits, medical benefits, health benefits, PIP benefits, benefits due to sickness or injury, or any other health, accident, or welfare benefit of any type or form relating to the patient, whether insured or self-funded, and the proceeds of all claims resulting from or relating to the liability of or payments made by a third party or by any person, employer, or insurance company on the third party's behalf to or for the patient unless the account is paid in full upon discharge. If eligible for Medicare, I request Medicare services and benefits. I understand I am responsible for any charges not covered by insurance or other form of health or welfare benefit, Medicare, Medicaid, or other benefits.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physician are authorized to release any medical information required in the processing of application for financial coverage for services rendered during this admission.

☑ The hospital and attending physician are authorized to release medical information to my regular physician, Dr. DENNY

☐ The hospital and attending physician are not authorized to release medical information to my regular physician.

MEDICARE/MEDICAID PATIENT'S CERTIFICATION: Authorization to release information and payment request. I certify that the information given by me in applying for payment under Title XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related medicare claim. I request that payment of authorized benefits be made on my behalf.

THE PHYSICIANS PRACTICING IN THIS EMERGENCY ROOM ARE NOT EMPLOYEES OF TUOMEY REGIONAL MEDICAL CENTER. THEY ARE INDEPENDENT PHYSICIANS, AS ARE ALL PHYSICIANS PRACTICING IN THE HOSPITAL.

CONSENT FOR TESTING OF BODY FLUIDS: I consent to appropriate tests for the presence of infection, such as, but not limited to, infection by the Hepatitis B virus or the human immunodeficiency virus, if deemed necessary for the protection of others, and authorize the withdrawal of blood or other body fluids for this purpose.

I HAVE REVIEWED THE CONTENTS OF THIS STATEMENT, AM AWARE OF ITS MEANING, AND SIGN IT VOLUNTARILY.

Witness _____ Patient's Signature (or mark and name) _____

(Reason Patient Unable to Sign) _____ By (Representative) and Relationship _____

Date 04-27-94 Time _____

POOR ORIGINAL

POOR ORIGINAL

001360

10528907 344184
PARROT, MELINDA
31 F W [redacted]

TIME IN ROOM _____ AM PM TIME OUT 2312 AM PM ADMIT _____

HISTORY AND PHYSICAL EXAMINATION

21.145

S. Patient had U.G.I. c 10 yrs Hx. Shows on Zantac Pt. Hasn't had any relief. She is now having 3 weeks of Sx. Quit her job because of the pain from her ulcer. She had Cholecystectomy - 10 yrs Ago. She gets some relief w Maalox. But tonight she has no relief.

O. Chest Clear RRR
Con. ESR - 5 @ 1hr
Abd. Soft, Mild Epigastric Discomfort
BS - Hyperactive

DOCTORS ORDERS

[illegible] 39 KPL
38 Hct
CBC 12.2 WBC
[illegible] Amylase 72

U.I Contrast + Esophagram
Xyl

Zantac 150 mg PO

DIAGNOSTIC IMPRESSION R/O Peptic Ulcer Disease

CONSULTATION NOTES

CONSULTANT'S SIGNATURE _____ TIME _____ AM PM

CONDITION ON DISCHARGE ☐ SAME ☑ IMPROVED ☐ DECEASED ☐ ADMITTED ☐ OTHER | DISPOSITION ☐ POLICE ☑ HOME ☐ NURSING HOME ☐ ADMITTED ROOM ☐ OTHER

DISCHARGE INSTRUCTIONS

T
4/22/94
2305
D.F. Kight

OTC-use antacids frequently
Rx Zantac 150 mg PO BID
H/O Ulcer use w/ Bparam + Prescription
DC

E.R. PHYSICIAN'S SIGNATURE [illegible]

POOR ORIGINAL

001361

TUOMEY REGIONAL MEDICAL CENTER
INITIAL TRIAGE

10528907 344184
PARROT, MELINDA
31 F W [redacted]

TIME 2123 AM / PM 4.27.94

CHIEF COMPLAINT/ASSESSMENT
CC "Having pain right in here, all the way to my back"
A- Alert, amb, pacing, C/O pain in Epigastric area radiating to back, Skin warm/dry, Resp nonlabored. States pain is constant x 1°. Also C/O N/V x 10.

CARE PRIOR TO ARRIVAL

LMP 1 wk ago WEIGHT 137 states LAST TETANUS 1993
MEDICATIONS Zantac - out for 1 month
ALLERGIES ASA
VITAL SIGNS: B/P 119/68 TEMPERATURE 97.4 PULSE 109 RESPIRATIONS 24
NURSING DIAGNOSIS pain r/t CC

NURSE'S SIGNATURE Murebupeh.

DATE & TIME	4.27.94 PROCEDURES / MEDS / VITAL SIGNS	DATE & TIME	4/27/94 NURSE'S NOTES
2135 F	Placed in 4R 5 amb - MW		
2201 F	Labs ordered: (B)		
		2254 E	Labs back Chart pated (B)
2310 (B)	G.F. Cocktail c 15cc viscous lidocaine PO and Zantac 150 mg + PO given - RRC		
		2312 (B)	Pt. standing in room, NAD noted, c/o mild pain to epigastric area, no c/o N/V, ambulating under standing of D/C

LEGEND OF SIGNATURES
MW MWilburpeh.
(B) Cindee Stacy, RN
DRC DRCruz, RN

31425

5138

POOR ORIGINAL

pg 2

10528907 344184
PARROT, MELINDA
31 F W [redacted]

DATE & TIME	PROCEDURES / MEDS / VITAL SIGNS	DATE & TIME	NURSE'S NOTES
	4/27/94		4/27/94
		2312 cont	instructions, comb from
			fill & difficulty — DRF

LEGEND OF SIGNATURES

DRF DRFink, RN

POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER
RUN ON 04/27/94-2246 ** STAT REPORT ** PAGE 1

10528907 - PARROT,MELINDA (344184) ER REG ER 31 F UNKNOWN
0427:C0161S - 669642 COMP COLL: 04/27/94 2250 RECD: 04/27/94 2214 MYLANDER,KERIN
ORDERED: AMYLASE

=> AMYLASE 72 UNITS (44-128)

*** END OF STAT REPORT ***

POOR ORIGINAL

RUN ON 04/27/94-2231 TOONEY REGIONAL MEDICAL CENTER ** STAT REPORT ** PAGE 1

10528907 - PARROT,MELINDA (344184) ER REG ER 31 F UNKNOWN
0427:H0163S - 669642 COMP COLL: 04/27/94 2250 RECD: 04/27/94 2215 MYLANDER,KENN
ORDERED: CBC

[CBC]
[HEMOGRAM]

=>	WBC	12.29 H	1000/UL	(3.0-11.0)
=>	RBC	4.48	MIL/UL	(3.7-5.3)
=>	HGB	12.8	G/DL	(11.5-15.7)
=>	HCT	38.1	%	(33-46)
=>	MCV	85.0	FL	(77-96)
=>	MCH	28.6	PG	(26-34)
=>	MCHC	33.6	G/DL	(32-37)
=>	RDW	14.9	%	(11.9-15.5)
=>	PLATELET COUNT	393	1000/UL	(135-415)
	[DIFF-AUTOMATED]			
=>	NEUTROPHILS	69.0	%	(42-76)
=>	LYMPHOCYTES	24.9	%	(16-48)
=>	MONOCYTES	5.6	%	(0.0-10.0)
=>	EOSINOPHILS	0.4	%	(0.0-7.6)
=>	BASOPHILS	0.1	%	(0.0-1.5)
	[DIFF-MANUAL]			
	[RBC MORPHOLOGY]			

*** END OF STAT REPORT ***

POOR
ORIGINAL

001365

HISTORY NO. 10528907 TUOMEY REGIONAL MEDICAL CENTER 129 N. WASHINGTON ST. SUMTER, SC 29150

NAME Melinda Parrot ADDRESS 4/22/94

☒ **CARE OF WOUNDS**

1. Keep clean and dry.
2. Watch for and report any redness, swelling, increased pain or red streaks in the area of the wound.
3. Wound recheck _____
4. Sutures out _____
5. You will need to call the physician to whom you were referred for follow-up to make an appointment./Return to ER for recheck on _____

☒ **CARE OF BURNS**

Contact a physician if any of the following conditions occur.

1. Increasing redness or discoloration of the normal tissue around burn site.
2. Fever or chills.
3. Red streaks arising from the burn areas.
4. Swelling or progressive inability to use the fingers or toes if burn involves an extremity.
5. Shortness of breath, increased cough or blurred vision if the burn involves the face.
6. Difficulty swallowing if the burn involves the neck.
7. Notify physician if burn fails to improve as expected.
8. Burn recheck _____

☒ **ANTIBIOTICS**

You have been given a prescription for an antibiotic. Please take as directed. Take at least 30 minutes before meals or one hour after meals. Antibiotics should be taken on an empty stomach unless stated otherwise. You should be feeling better within 36-48 hours. Finish the entire amount even though you start feeling better. Make sure you are rechecked by a private doctor.

☐ **HEAD INJURY**

1. Give patient light diet, such as liquids, soups, crackers for 24 hrs.
2. Avoid strenuous activity for at least 24 hrs.

Call physician without delay if any of the following conditions occur.

1. Persistent severe headache.
2. Repeated vomiting
3. Unusual drowsiness or loss of coordination.
4. Drainage of blood or fluid from nose or ears.
5. Convulsions
6. Report any clumsiness in walking.
7. Wake patient every _____ hours and observe for above symptoms.

☐ **SPRAIN OR SOFT TISSUE INJURY**
(Only if checked)

☐ Keep injured part elevated.
☐ Ice pack to area for 15 min. every 4 hours. Protect skin.
☐ Give ASA/Tylenol as follows:
_____ tablets every _____ hours
☐ Use Dry/Moist heat for 15 min. every 4 hrs. Protect Skin.
☐ Loosen Ace bandage as necessary.
☐ Do not walk on injured part for ____ days.

☐ **INSTRUCTIONS FOR CLEAR LIQUID DIET**

If you are instructed by a physician to stay on a clear liquid diet for 24 hrs. you may eat or drink any/all of the following.

1. All clear or strained fruit juices (ex: grape, apple, cranberry)
2. Clear coffee, tea, Kool Aid, Gatorade, or carbonated beverages (7 up, Sprite, Ginger Ale)
3. Clear broth, bouillon, consomme (ex: beef, chicken broth)
4. Popsicles, Jello

* DO NOT STAY ON THIS DIET LONGER THAN 24 HRS. If you are still vomiting or having diarrhea you should return to or call your physician.

☐ WARNING! The medication you have been given may cause drowsiness. DO NOT drive or operate machinery.

☐ **FEVER CONTROL**

1. Give patient plenty of fluids such as Coca Cola, Ginger Ale, tea. NO MILK.
2. Dress patient lightly.
3. Give Tylenol
   Dose: _____ tsp. every 4 hrs.
4. Sponge for temperature of ____ or higher.
5. To Sponge patient
   A. Undress patient
   B. Have pan of luke wark water and cloth.
   C. Rub skin over entire body with wet cloth for about 20 min.
6. Check temperature again.

☐ **IMMUNIZATIONS**

To enable you to keep complete record of immunizations the following was administered on Date:

☐ 1. Tetanus Toxoid 0.5cc
☐ 2. Tetanus Immune Globulin 250 units
☐ 3. DPT 0.5 cc
☐ 4. DT Pediatric 0.5 cc
☐ 5. DT Adult 0.5 cc

☒ **OTHER**

① Use over the counter antacids frequently.
② Avoid eating aspirin or eating spicy food.
③ Take medication as prescribed.

☒ If there are any problems return to the Emergency Room or see your private physician.

To whom it may concern: Date: _____
Patient named above was treated at Tuomey Regional Medical Center Emergency Room on _____
at _____
He/She has been advised not to return to work/school for ____ days or until released by his private physician or company doctor.
Work/School Excuse by Dr. _____

THESE INSTRUCTIONS ARE GIVEN AT THE RECOMMENDATION OF:
☐ EMERGENCY PHYSICIAN -- COMMUNITY PHYSICIANS, INC.
☐ PRIVATE PHYSICIAN

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS
Melinda Parrot
SIGNATURE OF PATIENT/RESPONSIBLE PERSON

ADDITIONAL INSTRUCTION: YOU SHOULD SEE YOUR PRIVATE OR REFERRAL PHYSICIAN, Dr. _____ Phone No. _____ FOR FOLLOW UP CARE, IN _____ DAYS.

X Donald R. Fink RN
SIGNATURE OF NURSE

31108

PATIENT INSTRUCTIONS MEDICAL RECORDS

5142

ER

ADMISSION RECORD

Patient Name / Address	Account No.	Room / Bed	Type	Location / Service	Medical Rec. No.
PARROT,MELINDA [redacted]			ER	ED	344184

Date of Birth	Age	Sex	MarStat	Religion	Race	Smoker
[redacted]	45	F	SEP	HOL	W	

Person to Notify / Address: STONE,JERRY [redacted] — Relationship: BR — Other Phone

Guarantor / Address: PARROT,MELINDA [redacted]

Next of Kin / Address: STONE,JERRY [redacted] — Relationship: BR — Other Phone

Financial Class: LI

Insurance Name	Policy Number	Coverage Number	Subscriber / Insured Name
LIABILITY CLAIM MEDICAID CLAIMS RECEIP			PARROT,MELINDA PARROT,MELINDA

Accident Information	Reason for Visit
ACCIDENT AUTO	MVA

Accident Date / Time	Comments	Height / Weight	Arrival Mode
04/30/08			

Admit Date / Time	Admitting Physician	Attending Physician	User
04/30/08 2220			NSAW1

Hospital Days	HOME	OMI	SNF	ICF	HH	DIED	AUTOPSY	Surgeon	Consult	Discharge Date / Time
	☐	☐	☐	☐	☐	☐	☐	Anesthesiologist	Consult	

Admitting Diagnosis

Diagnosis and Procedure Code

Principal Diagnosis

Secondary Diagnosis

Procedure

Does pt have Advance Directive (Living Will)? No

If yes, Living Will copy received? N

Does pt have Health Care Power of Attorney? No

If yes, Health Care Power of Attorney copy received?

Does patient want info on Advance Directive? No

Are you an organ donor?

TUOMEY HEALTHCARE SYSTEM
Bringing more to life.

129 North Washington Street
Sumter, South Carolina 29150

Admission Record (ER)

00000 Rev. 01/01/2004

PARROT,MELINDA
Acct: 12925510 **Unit:** 344184

ER
F W **Age:** 45 **DOS:** 04/30/08 [redacted]

TRIAGE (22:26 CMS)
COMPLAINT: COMPLAINT: MVA.
ADMISSION: URGENCY: 1 - Emergent, BED: 2-ER 11.
PATIENT: NAME: Melinda Stone Parott, AGE: 45, GENDER: female, DOB: [redacted] LANGUAGE: English, RACE: Caucasian, Latex Allergy: No, Fall related visit: No, New onset weakness: No, ZIP CODE: 29154, PHONE: 803-506-4697.
ASSESSMENT: .. No complaint of pain, On a scale 0-10 patient rates pain as 0.
Pt reports that her daughter was driving the vehicle when a car rear-ended them. Pt denies any pain at this time. Pt's right eye swollen. Pt in full spinal with c-collar in place. .
VITAL SIGNS: BP 156/85, Pulse 96, Resp 12, Temp 96.4, Pain 0, O2 Sat 100, on ra, Time 4/30/2008 22:17.
KNOWN ALLERGIES
Nkda.
CURRENT MEDICATIONS: No recorded medications
HPI MVA-MVC
CHIEF COMPLAINT: Patient was involved in motor vehicle crash, was front passenger, Speed of patient at time of accident was unknown, Speed of other object was unknown, Struck on passenger side by another vehicle (t-boned), Patient was wearing lap/shoulder belt, Moderate amount of vehicular damage, Patient arrived with cervical spine immobilization in place, arrived on backboard. (22:55 RRW)
HISTORIAN: History obtained from patient, family. (22:55 RRW)
OCCURRED: Just prior to presentation. (22:55 RRW)
LOCATION: Neck pain: None, Back pain: None, Chest pain: None, Abdominal pain: None, Laceration: face. (22:55 RRW)
ASSOCIATED WITH: Patient denies clavicle pain, clavicle pain, shoulder pain, elbow pain, wrist pain, hand pain, finger pain, inability to ambulate/bear weight, pain on walking, hip pain, knee pain, ankle pain, foot pain, distal neuro c/o, proximal injury, distal injury, Alcohol: Denies, Neurologic Symptoms Prior to Patient Arrival not present, LOC: None, GCS: 15, On scene GCS: 15. (22:55 RRW)
RISK FACTORS: Spine Injury Risk Factors: None, Intracranial Bleed Risk Factors: None. (22:55 RRW)
NOTES: Pt reports she does not remember exactly how the car was hit. She reports pain to right side of face and eye. She denies any other pain or discomfort. She denies any neck or back pain. . (23:07 RRW)
PAST MEDICAL HISTORY (22:26 CMS)
MEDICAL HISTORY: History of malignancy, has had surgery for same. Malignancy site includes cervix. History of pulmonary disease.
SURGICAL HISTORY: History of c-section.
FAMILY HISTORY: Family history is not contributory to this case.
ROS

TUOMEY HEALTHCARE
EMERGENCY RECORD

CONSTITUTIONAL: No fever, chills, fatigue, weakness. (23:07 RRW)
ENT: No otorrhea, rhinorrhea, sore throat, dysphagia, dysphonia, drooling, voice changes, otalgia. (23:07 RRW)
CARDIOVASCULAR: No diaphoresis, chest pain, palpitations, syncope. (23:07 RRW)
RESPIRATORY: No Cough, SOB, wheezing, sputum. (23:07 RRW)
GI: No abdominal pain, nausea, diarrhea, vomiting, appetite changes. (23:07 RRW)
GENITOURINARY FEMALE: No urine output changes, dysuria, urinary frequency, hematuria, urinary urgency, hesitancy. (23:07 RRW)
MUSCULOSKELETAL: No myalgias, neck pain, arthralgias, back pain, fall, injury. (23:07 RRW)
SKIN: No skin changes, pruritis, rash, induration, skin lesions, cellulitis. (23:07 RRW)
NEUROLOGIC: No gait changes, vertigo, dizziness, headache, paresthesias, focal weakness, sensory changes, speech changes. (23:07 RRW)
ENDOCRINE: No skin changes, heat intolerance, cold intolerance. (23:07 RRW)
HEMO/LYMPHATIC: Patient does not bruise easily. No gum bleeding, easy bleeding. (23:07 RRW)
ALLERGIC/IMMUNOLOGIC: No frequent infections, environmental allergies. (23:07 RRW)
PSYCHIATRIC: Negative psychiatric review of systems. (23:07 RRW)
ALL SYSTEMS NEGATIVE: All systems were reviewed and are negative except as described above. (23:07 RRW)
EYES: No tearing, vision changes, eye pain, eye redness, eye discharge, swollen right eye. (23:08 RRW)
PHYSICAL EXAM
CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed. Patient has normal pulse, normal blood pressure, normal respiratory rate, Well appearing. Patient appears comfortable, Alert and oriented X 3. (23:07 RRW)
HEAD: Atraumatic, Normocephalic. (23:07 RRW)
ENT: Ears normal to inspection, Nose examination normal, Posterior pharynx normal, Mouth normal to inspection. (23:07 RRW)
RESPIRATORY/CHEST: Chest is nontender. Breath sounds normal. No respiratory distress. (23:07 RRW)
CARDIOVASCULAR: RRR. No murmurs. Normal S1 S2, No rub, No gallop. (23:07 RRW)
BACK: There is no CVA Tenderness, There is no tenderness to palpation. Normal inspection. (23:07 RRW)
UPPER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion. (23:07 RRW)
LOWER EXTREMITY: Normal range of motion. (23:07 RRW)
NEURO: GCS is 15. No focal motor deficits, focal sensory deficits, cerebellar deficits, Speech normal, Gait normal, Memory normal. (23:07 RRW)
LYMPHATIC: No adenopathy in neck. (23:07 RRW)

PSYCHIATRIC: Oriented X 3. Normal affect, insight, concentration. (23:07 RRW)

ABDOMEN: Assessment includes:. No masses, pulsatile masses, other masses, Bowel sounds normal, No distension, peritoneal signs, hernias, McBurney's point, non tender, No Murphy's sign, Liver and spleen normal, Tenderness. in epigastric area, RUQ, LUQ. which is moderate in intensity. (23:08 RRW)

NECK: Normal ROM. No meningeal signs, Trachea normal, No abrasions, contusions, Nontender, No masses, lymphadenopathy, ecchymosis, No jugular venous distention. Cervical spine nontender. No paraspinal muscle tenderness upon palaption. No midline tenderness upon palpation. (Thu May 01, 2008 01:48 RRW)

EYES: Pupils equal, round and reactive to light. No discharge from eyes, Pt with right orbital edema and ecchymosis. Pt only able to open right eye partially. Multiple lacerations to right side of face. (Thu May 01, 2008 01:49 RRW)

SKIN: Skin is warm, Skin is dry, Skin is normal color, Pt with multiple lacerations to face, mostly on right side. Pt with 2 lacerations to right upper eyelid, deep, jagged. Small laceration also present in area of lateral aspect of right eye. . (Thu May 01, 2008 01:51 RRW)

VITAL SIGNS

VITAL SIGNS: BP: 156/85, Pulse: 96, Resp: 12, Temp: 96.4, Pain: 0, O2 sat: 100 on ra, Time: 4/30/2008 22:17. (22:26 CMS)

BP: 150/71, Pulse: 98, Resp: 15, O2 sat: 99 on ra, Time: Wed Apr 30, 2008 22:30. (23:55 LHP)

BP: 137/65, Pulse: 99, Resp: 17, O2 sat: 98 on ra, Time: Wed Apr 30, 2008 22:45. (23:55 LHP)

BP: 133/65, Pulse: 99, Resp: 20, O2 sat: 97 on ra, Time: Wed Apr 30, 2008 23:00. (23:56 LHP)

BP: 153/68, Pulse: 106, Resp: 17, Pain: denies, O2 sat: 96 on ra, Time: Wed Apr 30, 2008 23:15. (23:56 LHP)

BP: 138/63, Pulse: 102, Resp: 18, O2 sat: 96 on ra, Time: Thu May 01, 2008 00:15. (Thu May 01, 2008 00:58 LHP)

BP: 133/62, Pulse: 94, Resp: 19, O2 sat: 97 on ra, Time: Thu May 01, 2008 00:45. (Thu May 01, 2008 00:58 LHP)

BP: 139/64, Pulse: 95, Resp: 19, O2 sat: 96 on ra, Time: Thu May 01, 2008 01:00. (Thu May 01, 2008 01:50 LHP)

BP: 130/62, Pulse: 108, Resp: 22, Temp: 96.4, Pain: denies, O2 sat: 96 on ra, Time: Thu May 01, 2008 01:40. (Thu May 01, 2008 01:51 LHP)

BP: 145/60, Pulse: 93, Resp: 17, O2 sat: 95 on ra, Time: Thu May 01, 2008 02:00. (Thu May 01, 2008 02:32 LHP)

BP: 141/69, Pulse: 106, Resp: 21, O2 sat: 96 on ra, Time: Thu May 01, 2008 02:30. (Thu May 01, 2008 02:33 LHP)

BP: 128/75, Pulse: 106, Resp: 18, O2 sat: 97 on ra, Time: 5/1/2008 02:55. (Thu May 01, 2008 02:55 LHP)

ORDERS

CT FACE/SINUS W/O CONTRST 7592 by RRW for RRW on Wed Apr 30, 2008 22:39
Status: Active.

CT HEAD W/O CONTRAST 7337 [illegible] on Wed Apr 30, 2008 22:39

TUOMEY HEALTHCARE
EMERGENCY RECORD

Status: Active.
Vital Signs Every 2 Hours by RRW for RRW on Wed Apr 30, 2008 22:39
Status: Done by LHP Wed Apr 30, 2008 22:53.
Vital Signs Every 2 Hours by RRW for RRW on Wed Apr 30, 2008 22:56
Status: Done by LHP Wed Apr 30, 2008 23:24.
DRUG SCREEN MEDICAL by RRW for RRW on Wed Apr 30, 2008 22:56 Status: Done by System Wed Apr 30, 2008 23:49.
COMPREHENSIVE METABOLIC PANEL by RRW for RRW on Wed Apr 30, 2008 22:56 Status: Done by System Wed Apr 30, 2008 23:43.
LIPASE by RRW for RRW on Wed Apr 30, 2008 22:56 Status: Active.
PTT by RRW for RRW on Wed Apr 30, 2008 22:56 Status: Done by System Wed Apr 30, 2008 23:57.
CBC (WITH DIFF) by RRW for RRW on Wed Apr 30, 2008 22:56 Status: Done by System Wed Apr 30, 2008 23:29.
URINALYSIS -COMPLETE by RRW for RRW on Wed Apr 30, 2008 22:56 Status: Done by System Wed Apr 30, 2008 23:38.
Vital Signs Every 2 Hours by RRW for RRW on Wed Apr 30, 2008 23:01
Status: Done by LHP Wed Apr 30, 2008 23:24.
AMYLASE-SERUM by RRW for RRW on Wed Apr 30, 2008 22:56 Status: Active.
CT CHEST W/CONTRAST 7279 by RRW for RRW on Wed Apr 30, 2008 22:56 Status: Active.
INT by RRW for RRW on Wed Apr 30, 2008 22:56 Status: Done by LHP Wed Apr 30, 2008 23:24.
XR FOREARM - LEFT 1530 by RRW for RRW on Wed Apr 30, 2008 22:58 Status: Active.
ALCOHOL BLOOD IN HOUSE by RRW for RRW on Wed Apr 30, 2008 22:56 Status: Active.
Vital Signs Every 2 Hours by RRW for RRW on Wed Apr 30, 2008 22:58
Status: Done by LHP Wed Apr 30, 2008 23:24.
PROTHROMBIN TIME by RRW for RRW on Wed Apr 30, 2008 22:56 Status: Active.
CT PELVIS W/CONTRAST 7717 by RRW for RRW on Wed Apr 30, 2008 22:56
Status: Active.
CT ABDOMEN W/CONTRAST 7121 by RRW for RRW on Wed Apr 30, 2008 22:56
Status: Active.
ER URINE PREGNANCY by RRW for RRW on Wed Apr 30, 2008 23:01 Status: Done by System Thu May 01, 2008 02:28.
CT C- SPINE W/O CONTRAST 7030 by RRW for RRW on Wed Apr 30, 2008 23:27
Status: Active.
Vital Signs Every 2 Hours by RRW for RRW on Wed Apr 30, 2008 23:27
Status: Done by LHP Wed Apr 30, 2008 23:28.

DOCTOR NOTES (Thu May 01, 2008 01:52 RRW)
TEXT: Dr. Wernsman spoke with Trauma at Richland, who will kindly accept patient in transfer.
INTERVENTIONS: Pain medications administered:, MORPHINE, Pain medications were given IV, Antiemetics:, PROMETHAZINE, O2 Sat normal.
PATIENT PLAN: The patient requires a transfer, and will be transferred, due to needing trauma treatment.
DATA REVIEWED: Lab data reviewed, Xray data reviewed.
ATTENDING
HISTORY: The documented history was done by the physician

TUOMEY HEALTHCARE
EMERGENCY RECORD

extender. (22:59 ESW)
PHYSICAL EXAM: The documented physical exam was done by the physician extender. (22:59 ESW)
NOTES: I have personally seen and examined this patient. I have fully participated in the care of this patient. I have reviewed all pertinent clinical information, including history, physical exam, orders and plan. (22:59 ESW)
HISTORY: The documented history was done by the physician extender. (Thu May 01, 2008 06:14 ESW)
PHYSICAL EXAM: The documented physical exam was done by the physician extender. (Thu May 01, 2008 06:14 ESW)
NOTES: I have personally seen and examined this patient. I have fully participated in the care of this patient. I have reviewed all pertinent clinical information, including history, physical exam, orders and plan. (Thu May 01, 2008 06:14 ESW)
MEDICATION SERVICE
Morphine Sulfate: Order: Morphine Sulfate : 4 milligram(s) : IVP
Ordered by: Rebekah Wickenheiser
Entered by: Rebekah Wickenheiser Thu May 01, 2008 00:40
Documented as given by: Leslie Parries Thu May 01, 2008 00:54
Patient, Medication, Dose, Route and Time verified prior to administration.
Administration of this medication is documented elsewhere in chart. (Thu May 01, 2008 00:40 RRW)
Morphine Sulfate: Order: Morphine Sulfate : 4 milligram(s) : IVP
Time: 0215
Notes: v/o Dr Wernsman
Ordered by: Eric Wernsman
Entered by: Leslie Parries Thu May 01, 2008 02:21
Documented as given by: Leslie Parries Thu May 01, 2008 02:22
Patient, Medication, Dose, Route and Time verified prior to administration.
Administration of this medication is documented elsewhere in chart. (Thu May 01, 2008 02:21 ESW)
Phenergan: Order: Phenergan (Promethazine Hydrochloride) : 12.5 milligram(s) : IVP
Ordered by: Rebekah Wickenheiser
Entered by: Rebekah Wickenheiser Thu May 01, 2008 00:40
Documented as given by: Leslie Parries Thu May 01, 2008 00:54
Patient, Medication, Dose, Route and Time verified prior to administration.
Administration of this medication is documented elsewhere in chart. (Thu May 01, 2008 00:40 RRW)
Tetanus-Diphtheria Toxoids, Adult: Order: Tetanus-Diphtheria Toxoids, Adult (Diphtheria Toxoid) : 0.5 milliliter(s) : IM
Ordered by: Rebekah Wickenheiser
Entered by: Rebekah Wickenheiser Wed Apr 30, 2008 22:40
Acknowledged by: Leslie Parries Wed Apr 30, 2008 22:52
Documented as given by: Leslie Parries Wed Apr 30, 2008 23:22
Patient, Medication, Dose, Route and Time verified prior to administration.

TUOMEY HEALTHCARE
EMERGENCY RECORD

MEDICATION , Administration of this medication is documented elsewhere in chart. (22:40 RRW)
Zofran: Order: Zofran (Ondansetron Hydrochloride) : 4 milligram(s) : IVP
Time: 0245
Notes: v.o Dr Wernsman
Ordered by: Eric Wernsman
Entered by: Leslie Parries Thu May 01, 2008 02:53
Documented as given by: Leslie Parries Thu May 01, 2008 02:53
Patient, Medication, Dose, Route and Time verified prior to administration.
Administration of this medication is documented elsewhere in chart. (Thu May 01, 2008 02:53 ESW)
MEDICATION ADMINISTRATION SUMMARY (Thu May 01, 2008 07:33)
Drug Name: *Zofran, Dose: 4 milligram(s), Route: IVP, Status: Given, Ordered: 02:53 5/1/2008,
Drug Name: *Morphine Sulfate, Dose: 4 milligram(s), Route: IVP, Status: Given, Ordered: 02:22 5/1/2008,
Drug Name: Morphine Sulfate, Dose: 4 milligram(s), Route: IVP, Status: Given, Ordered: 00:54 5/1/2008,
Drug Name: Phenergan, Dose: 12.5 milligram(s), Route: IVP, Status: Given, Ordered: 00:54 5/1/2008,
Drug Name: Tetanus-Diphtheria Toxoids, Adult, Dose: 0.5 milliliter(s), Route: IM, Status: Given, Ordered: 23:22 4/30/2008, *Additional information available in notes, Detailed record available in Medication Service section.
O2SAT INTERPRETATION (22:53 RRW)
O2SAT: O2 saturation reading 100%, O2 AMT: R.A., O2 Sat normal, None needed.
LAB INTERPRETATION (Thu May 01, 2008 01:46 RRW)
INTERPRETATION: I reviewed the lab results, Elevated WBC, Elevated Neutrophils, Decreased Lymphocytes, CBC otherwise normal. Normal PT/PTT, Amylase/Lipase, Elevated AST(SGOT), otherwise liver functions normal, Urinalysis is positive for, blood, Urine toxicology positive for, cannabinoids, Alcohol level <10, by blood.
RADIOLOGY INTERPRETATION
HEAD: Interpretation of the Head CT shows, (without contrast), head negative, no bleed, no mass, no acute ischemic stroke, no acute changes, Interpretation of the facial CT shows, right orbital floor fx. (Thu May 01, 2008 01:44 RRW)
NECK: Interpretation of C-spine CT shows, C-spine negative, no fracture, no subluxation, no bony lesion, no cord compression. (Thu May 01, 2008 01:44 RRW)
CHEST: Interpretation of chest CT shows, (with contrast), Focal airspace denisty posteriorly in RUL, may reflect a contusion. (Thu May 01, 2008 01:44 RRW)
ABDOMEN: Interpretation of CT Abdomen/Pelvis shows, (with contrast), abdomen/pelvis negative, no AAA, no appendicitis, no

TUOMEY HEALTHCARE
EMERGENCY RECORD

diverticulitis, no kidney stones, no injuries, no masses, no obstruction, no free air, no hydronephrosis. (Thu May 01, 2008 01:44 RRW)
INTERPRETER: Preliminary review of CT by Radiologist. (Thu May 01, 2008 01:44 RRW)
UPPER EXTREMITIES: Radiological interpretation of, the left forearm shows, radius and ulna are negative, no fractures, no foreign body, no bony lesions. (Thu May 01, 2008 01:47 RRW)
EYE FOREIGN BODY (Thu May 01, 2008 07:31 ESW)
EYE FOREIGN BODY: Verbal consent obtained, Performed by attending, Eyelid foreign body. in the right eye, Removed with forcepts. in 1 attempt, Foreign body removed. Patient tolerated procedure well.
DIAGNOSIS (Thu May 01, 2008 02:13 ESW)
FINAL: PRIMARY: Complex Facial Lacerations, ADDITIONAL: Blunt Abdominal Trauma, Blunt Chest Trauma, Blunt Head Injury, Foreign Body Right Eyelid - Removed x 2, Right Orbital Floor Fracture, Right Pulmonary Contusion, S/P MVA.
PRESCRIPTION: No recorded prescriptions
DISPOSITION
PATIENT: Disposition: Transfer - other hospital, Disposition Transport: Ambulance, Condition: Stable. (Thu May 01, 2008 02:07 ESW)
Pain Scale: 02, O2 used while in ED?: No, IV stop time docd?: YES, Remove from ER. (Thu May 01, 2008 03:08 LHP)
NOTES: IV still intact at time of transfers. (Thu May 01, 2008 03:08 LHP)
NURSING PROCEDURE: NURSE NOTES (22:32 LHP)
TIME: Time: 2230, 16 g IV by EMS in Left AC at time of arrival. 1 L NS infusing into IV at time of triage by EMS.
NURSING PROCEDURE: NURSE NOTES (22:35 LHP)
TIME: Time: 2225, Pt presents to ER by EMS. Pt was restrained passanger of MVA. Pt has bruising and swelling to right eye. Pt with intact ice pack and dressing by EMS over right eye. Pt denies pain all over but states feels numb above right eye. Pt denies sob. Resp unlabored and equal. Pt family at bedside.
NURSING PROCEDURE: NURSE NOTES (22:35 LHP)
TIME: Time: 2235, Rebekah Wickenheiser, PA-C at bedside at this time.
NURSING PROCEDURE: CARDIAC MONITOR (22:36 LHP)
TIME: Patient's identity verified by. patient stating name, hospital ID bracelet, Procedure was performed at triage. Patient placed on cardiac monitor, placed on non-invasive blood pressure monitor, placed on continuous pulse Oximetry, O2 saturation reading 97%, Patient

TUOMEY HEALTHCARE
EMERGENCY RECORD

on cardiac monitor showing. Normal Sinus, Strip posted on chart, After procedure, patient tolerating monitoring, After procedure, alarms set and on. Patient tolerated procedure well.
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.
NURSING PROCEDURE: IV (22:53 LHP)
TIME: Patient's identity verified by. patient stating name, hospital ID bracelet, Procedure performed at 2250, IV established, 20 gauge catheter inserted, into right wrist, #1 site. in 1 attempt, Saline lock established, Amount 5 ml, After procedure, no swelling noted at site, After procedure, no drainage noted at site, After procedure, no redness, Sterile dressing applied. Patient tolerated procedure well.
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.
NURSING PROCEDURE: URINE COLLECTION (23:22 LHP)
SAFETY: Side rails up, Cart in lowest position, Call light within reach.
NURSING PROCEDURE: URINE COLLECTION (23:22 LHP)
URINE COLLECTION FEMALE: Patient's identity verified by. patient stating name, hospital ID bracelet, Procedure performed at 2320, Voided/clean catch, Color: Yellow, Clarity: Clear, Specimen labeled and sent to lab. Patient tolerated procedure well.
NURSING PROCEDURE: MEDICATION (23:23 LHP)
MEDICATION: Patient's identity verified by. patient stating name, hospital ID bracelet, Procedure was performed at 2317, TD ADULT, 0.5 ml, given IM. in the right delt, Lot number U2067BA, Expiration date 4/09/09. Patient tolerated procedure well.
SAFETY: Side rails up, Cart in lowest position, Call light within reach.
NURSING PROCEDURE: LAB DRAW (23:24 LHP)
TIME: Patient's identity verified by. patient stating name, hospital ID bracelet, Labs drawn at 2315, Venous access device accessed for blood draw, Venous access device flushed with normal saline, 5ml, After procedure, dressing applied to site, After procedure, no swelling, After procedure, no active bleeding. Patient tolerated procedure well, 16 g by EMS used for blood draw.
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.
NURSING PROCEDURE: TRANSPORT TO TESTS (23:29 LHP)
TIME: Patient's identity verified by. patient stating name, hospital ID bracelet, Procedure was performed at 2322. Patient transported to, CT scan, Patient transported via, cart, Patient accompanied by, nurse, Patient tolerated procedure well.
SAFETY: Side rails up, Cart in lowest position, Call light within reach.

NURSING PROCEDURE: NURSE NOTES (Thu May 01, 2008 00:36 RMO)
TIME: Time: 11:40PM, ISOVUE 150ml USED FOR CAT SCAN.
NURSING PROCEDURE: MEDICATION (Thu May 01, 2008 00:55 LHP)

MEDICATION: Patient's identity verified by. patient stating name, hospital ID bracelet, Procedure was performed at 0043, Medication: Phenergan, 12.5 mg, given IVP, Initial medication, into left AC, IV site without signs or symptoms of infiltration during medication administration. No swelling during medication infusion, drainage during medication infusion. Patient tolerated procedure well.
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.
NURSING PROCEDURE: MEDICATION (Thu May 01, 2008 00:55 LHP)
MEDICATION: Patient's identity verified by. patient stating name, hospital ID bracelet, Procedure was performed at 0045, Medication: Morphine, 4 mg, given IVP, Subsequent different medication, into left AC, IV site without signs or symptoms of infiltration during medication administration. No swelling during medication infusion, drainage during medication infusion. Patient tolerated procedure well.
SAFETY: Side rails up, Cart in lowest position, Call light within reach.
NURSING PROCEDURE: NURSE NOTES (Thu May 01, 2008 01:51 LHP)
TIME: Time: 0150, Carolina medcare called. Worker states will be here in 25 mins.
NURSING PROCEDURE: NURSE NOTES (Thu May 01, 2008 01:54 LHP)
TIME: Addendum for 0030 written at 0150: Pt with bruising noted to left neck area, also bruising noted to left forearm with slight swelling..
NURSING PROCEDURE: WOUND CARE (Thu May 01, 2008 02:06 JNC)
TIME: Patient's identity verified by, hospital ID bracelet, Indications for procedure: preparation of wound for suturing/stapling/steri-stripping, Indications for procedure: promote healing, Procedure was performed at 0130, head/rt eye, Cause of wound accident, Wound cleansed in, NS, Wound cleasing done by j collins, erdt, applied to head lacerations, Antimicrobial ointment applied, New simple dressing placed. Patient tolerated procedure well.
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.
NURSING PROCEDURE: TRANSFER (Thu May 01, 2008 02:08 LHP)
BELONGINGS: Belongings were sent home with family/friend, Valuables were sent home with family/friend.
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.
NURSING PROCEDURE: MEDICATION (Thu May 01, 2008 02:21 LHP)
MEDICATION: Patient's identity verified by. patient stating name,

hospital ID bracelet, Procedure was performed at 0215, Medication: Morphine, 4 mg, given IVP, Subsequent different medication, into left AC, IV site without signs or symptoms of infiltration during medication administration. No swelling during medication infusion, drainage during medication infusion. Patient tolerated procedure well, Procedure done by Sylvia Haynie.
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.

NURSING PROCEDURE: SPINE PRECAUTIONS (Thu May 01, 2008 02:32 LHP)
TIME: Patient's identity verified by. patient stating name, hospital ID bracelet, Spinal immobilization applied at 0230, Cervical collar placed on patient, Long board placed on patient, After procedure, airway patent, After procedure, good movement to all extremities, After procedure, denies numbness and tingling to all extrmities. Patient tolerated procedure well, Pt placed back on back board and c-collar placed for transfer to Richland.
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.
NURSING PROCEDURE: NURSE NOTES (Thu May 01, 2008 02:52 LHP)
TIME: Time: 0245, This nurse called to bedside. Pt nauseous at this time. Pt's daughter unstrapped pt from backboard for pt to sit up. This nurse explained importance of pt being on back board. Pt also trying to take c-collar off. This nurse told pt she could not. Dr Wernsman aware and new orders for Zofran IVP recieved. .
NURSING PROCEDURE: MEDICATION (Thu May 01, 2008 02:53 LHP)
MEDICATION: Patient's identity verified by. patient stating name, hospital ID bracelet, Procedure was performed at 0247, Medication: Zofran , 4 mg, given IVP, Subsequent different medication, into left AC, IV site without signs or symptoms of infiltration during medication administration. No swelling during medication infusion, drainage during medication infusion. Patient tolerated procedure well.
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.
NURSING PROCEDURE: TRANSFER (Thu May 01, 2008 02:54 LHP)
PROCEDURE: Patient transferred at 0300, Diagnosis is Complex Facial Lacerations, Blunt Abdominal Trauma, Blunt Chest Trauma, Blunt Head Injury, Foreign Body Right Eyelid - Removed x 2, Right Orbital Floor Fracture, Right Pulmonary Contusion, S/P MVA. , Reasons for transfer: Need for specialized care, Closest family contact: Linda Parrot 803-506-4697, Accepting institution: Richland ER, Accepting physician: Morrison, Referring physician: Wernsman, Mode of transport: Ambulance, urgent, Copy of patient record prepared for receiving facility, Copy of diagnostic studies, Specific radiological studies include: CT of Face/sinus, head, chest, pelvis, abdomen, c-spine xray of forearm left, Report called to receiving facility (verified availability of bed), Report called to Tara, RN, Bed assigned ER, Provided opportunity to answer questions, Status of patient's valuables documented on chart. Patient consent for transfer signed, given

appropriate sedation for safe transport, Personnel present and ready for transport: EMS, Patient tolerated procedure well.
NURSING PROCEDURE: TRANSFER (Thu May 01, 2008 02:55 LHP)
VITAL SIGNS: BP: 128, / 75, Pulse: 106, Resp: 18, O2 sat: 97, ra.
ADMIN
DIGITAL SIGNATURE: Wernsman, Eric. (Thu May 01, 2008 07:29 ESW)
Wernsman, Eric. (Thu May 01, 2008 07:32 ESW)
Key:

001377

ACCT NO: 12925510 UNIT NO: 344184
PATIENT NAME: PARROT,MELINDA
DOB: [redacted] SEX: F
ORDERING PHYS: WICKENHEISER, REBEKA

EXAM: CT ABDOMEN W/CONTRAST 7121
EXAM DATE: 04/30/2008 00:00:00
PHYS: PARKER, GILBERT E

TECHNICIAN: RO
REASON: TRAUMA, MVA

CT OF THE ABDOMEN

Contrast-enhanced CT of the abdomen was performed including delayed images. The liver, spleen, pancreas, adrenal glands, and kidneys demonstrate no solid organ injury. No intraabdominal hemorrhage evident. Bone windows demonstrate no acute fracture.

IMPRESSION: Negative contrast-enhanced CT of the abdomen. Incidental note is made of suspected nondisplaced fractures of the right seventh, eighth, and ninth ribs.

SIGNED REPORT:AUTHENTICATED BY PARKER GILBERT E
TRANSCRIBED DATE/TIME 2008/05/01 06:32:00
Location: ER

ACCT NO: 12925510 UNIT NO: 344184
PATIENT NAME: PARROT,MELINDA
DOB: [redacted] SEX: F
ORDERING PHYS: WICKENHEISER, REBEKA

EXAM: CT PELVIS W/CONTRAST 7717
EXAM DATE: 04/30/2008 00:00:00
PHYS: PARKER, GILBERT E

TECHNICIAN: RO
REASON: TRAUMA, MVA

CT OF THE PELVIS INCLUDING DELAYED IMAGES

Contrast-enhanced CT and delayed images through the pelvis demonstrate no pelvic hemorrhage or mass effect. No acute fracture demonstrated. Delayed images demonstrate no obstruction of the ureters or extravasation from the bladder.

IMPRESSION: Negative contrast-enhanced CT of the pelvis.

SIGNED REPORT:AUTHENTICATED BY PARKER GILBERT E
TRANSCRIBED DATE/TIME 2008/05/01 06:32:00
Location: ER

ACCT NO: 12925510 UNIT NO: 344184
PATIENT NAME: PARROT,MELINDA
[redacted] SEX: F
ORDERING PHYS: WICKENHEISER, REBEKA

EXAM: CT CHEST W/CONTRAST 7279
EXAM DATE: 04/30/2008 00:00:00
PHYS: PARKER, GILBERT E

TECHNICIAN: RO
REASON: TRAUMA, MVA

CT OF THE CHEST

Contrast-enhanced CT of the chest demonstrates no mediastinal hematoma or central mass. The lung windows demonstrate biapical bullous disease and suspected scarring. Several scattered small nodular foci are demonstrated that appear chronic. No suspicious mass, effusion or pneumothorax.

IMPRESSION: Biapical bullous disease and COPD with no focal airspace consolidation, effusion or pneumothorax.

SIGNED REPORT:AUTHENTICATED BY PARKER GILBERT E
TRANSCRIBED DATE/TIME 2008/05/01 06:28:00
Location: ER

ACCT NO: 12925510 UNIT NO: 344184
PATIENT NAME: PARROT,MELINDA
[redacted] SEX: F
ORDERING PHYS: WICKENHEISER, REBEKA

EXAM: CT HEAD W/O CONTRAST 7337
EXAM DATE: 04/30/2008 00:00:00
PHYS: PARKER, GILBERT E

TECHNICIAN: RO
REASON: MVA, RIGHT ORBITAL EDEMA, ?LOC

Dictated with CT of the face.

SIGNED REPORT:AUTHENTICATED BY PARKER GILBERT E
TRANSCRIBED DATE/TIME 2008/05/01 06:27:00
Location: ER

ACCT NO: 12925510 UNIT NO: 344184
PATIENT NAME: PARROT,MELINDA
[redacted] SEX: F
ORDERING PHYS: WICKENHEISER, REBEKA

EXAM: CT FACE W/O CONTRAST 7592
EXAM DATE: 04/30/2008 00:00:00
PHYS: PARKER, GILBERT E

TECHNICIAN: RO
REASON: MVA, RIGHT ORBITAL EDEMA, ?LOC

ABNORMAL

CT OF THE FACE AND CT OF THE HEAD

CT OF THE HEAD

Multiple contiguous axial images were obtained through the brain. Soft tissue swelling is seen anterior to the right globe in the preseptal soft tissues with radiopaque metallic foreign densities demonstrated in the soft tissues, two of which measure up to 4 mm in size. Dedicated CT of the face is to follow. The right frontoparietal region also demonstrates a laceration. Other than the two dominant preorbital metallic soft tissue foreign bodies, several other punctate foreign bodies are demonstrated in the right preseptal orbital and right frontal soft tissues. The ventricles of the brain are midline with no hemorrhage, mass effect or midline shift.

IMPRESSION: Right preorbital soft tissue swelling with metallic foreign bodies. There is also soft tissue swelling over the right frontoparietal to temporal region. No skull fracture. CT of the face to follow. No intracranial hemorrhage.

CT OF THE FACE

Thin-section axial CT of the face was performed including reconstructed images both sagittally and coronally. A right orbital floor fracture is evident with a slight amount of depression but no entrapment. Hemorrhage is seen in the right maxillary sinus. Small amount of opacities in the right ethmoid air cells. No other fracture is noted. Extensive preorbital soft tissue swelling with two dominant 4 mm radiopaque foreign bodies

and several additional punctate sub 2 mm foreign bodies also noted.

IMPRESSION: Right orbital floor fracture without entrapment. Hemorrhage in the right maxillary sinus. Preorbital soft tissue swelling with the globe intact. Multiple metallic foreign bodies in the preorbital to prefrontal soft tissue region.

ABNORMAL

SIGNED REPORT:AUTHENTICATED BY PARKER GILBERT E
TRANSCRIBED DATE/TIME 2008/05/01 06:27:00
Location: ER

ACCT NO: 12925510 UNIT NO: 344184
PATIENT NAME: PARROT,MELINDA
[redacted] SEX: F
ORDERING PHYS: WICKENHEISER, REBEKA

EXAM: CT C-SPINE W/O CONTRAST 7030
EXAM DATE: 04/30/2008 00:00:00
PHYS: PARKER, GILBERT E

TECHNICIAN: RO
REASON: MVA

CT OF THE CERVICAL SPINE WITHOUT CONTRAST

Noncontrasted thin-section axial CT of the cervical spine demonstrates no definite acute fracture. Reconstructed images also demonstrate no fracture or subluxation. Mild motion artifact limits some of the detail and the soft tissue detail is also limited.

IMPRESSION: No acute bony abnormality in the cervical spine. Biapical bullous disease and scarring noted.

SIGNED REPORT:AUTHENTICATED BY PARKER GILBERT E
TRANSCRIBED DATE/TIME 2008/05/01 06:22:00
Location: ER

ACCT NO: 12925510 UNIT NO: 344184
PATIENT NAME: PARROT,MELINDA
[redacted] SEX: F
ORDERING PHYS: WICKENHEISER, REBEKA

EXAM: XR FOREARM - LEFT 1530
EXAM DATE: 04/30/2008 00:00:00
PHYS: PARKER, GILBERT E

TECHNICIAN: JS
REASON: MVA, PAIN

LEFT FOREARM

Two views of the left forearm demonstrate no acute bony abnormality of the forearm. If pain is referenced to the wrist, recommend a dedicated wrist series to evaluate the scaphoid bone.

SIGNED REPORT:AUTHENTICATED BY PARKER GILBERT E
TRANSCRIBED DATE/TIME 2008/05/01 06:33:00
Location: ER

Tuomey Healthcare System
129 N. Washington Street
Sumter, S.C. 29150
Medical Director: O.A. Pinilla, MD

RUN DATE: 05/01/08 TUH NPR LAB **LIVE** PAGE 516
RUN TIME: 0506 Laboratory Summary Discharge Report

LOCATION

PATIENT: PARROT,MELINDA ACCT #: LOC: ED U #: 344184
AGE/SX: 45/F ROOM: REG: 04/30/08
REG DR: WERNSMAN,ERIC S STATUS: DEP ER BED: DIS:

****HEMATOLOGY****

HEMOGRAM

	Day 1 Date APR 30 Time 2255		Reference	Units
=> WBC	16.8	H	(3.0-11)	1000/UL
=> RBC	4.14		(3.7-5.3)	MIL/UL
=> HGB	13.3		(11.5-16.0)	G/DL
=> HCT	39.1		(33-46)	%
=> MCV	94.4		(79-95)	FL
=> MCH	32.2		(26-34)	PG
=> MCHC	34.1		(29-35)	G/DL
=> RDW	14.4		(11.9-15.5)	%
=> PLATELET COUNT	250		(135-415)	1000/UL

AUTOMATED DIFFERENTIAL

	Day 1 Date APR 30 Time 2255		Reference	Units
=> NEUTROPHILS	81.2	H	(42-76)	%
=> LYMPHOCYTES	15.8	L	(16-48)	%
=> MONOCYTES	2.6		(0.0-10.0)	%
=> EOSINOPHILS	0.3		(0.0-7.6)	%
=> BASOPHILS	0.1		(0.0-1.5)	%

Tuomey Healthcare System
129 N. Washington Street
Sumter, S.C. 29150
Medical Director: O.A. Pinilla, MD

RUN DATE: 05/01/08 TUH NPR LAB **LIVE** PAGE 517
RUN TIME: 0506 Laboratory Summary Discharge Report

LOCATION

Patient: PARROT,MELINDA # 12925510 (Continued)

****URINALYSIS****

	Day 1 Date APR 30 Time 2315		Reference	Units
=> COLOR	YELLOW			
=> APPEARANCE-2	CLEAR		(CLEAR)	
=> GLUCOSE	NEGATIVE		(NEGATIVE)	MG/DL
=> BILIRUBIN	NEGATIVE		(NEGATIVE)	
=> KETONES	NEGATIVE		(NEGATIVE)	
=> SPECIFIC GRAVTY	1.016		(1.001-1.035)	
=> BLOOD	SMALL	H	(NEGATIVE)	
=> PH	6.5		(5-9)	
=> PROTEIN	NEGATIVE		(NEGATIVE)	MG/DL
=> UROBILINOGEN	1.0		(0.2-1.0)	MG/DL
=> NITRITES	NEGATIVE		(NEGATIVE)	
=> LEUKOCYTES	NEGATIVE		(NEGATIVE)	
=> WBC	0		(0-6)	/HPF
=> RBC	7-14	H	(0-2)	/HPF
=> EPITHELIAL CELL	1-6		(0-6)	/HPF
=> BACTERIA	RARE		(NEGATIVE)	

Tuomey Healthcare System
129 N. Washington Street
Sumter, S.C. 29150
Medical Director: O.A. Pinilla, MD

RUN DATE: 05/01/08 TUH NPR LAB **LIVE** PAGE 518
RUN TIME: 0506 Laboratory Summary Discharge Report

LOCATION

Patient: PARROT,MELINDA # 12925510 (Continued)

****CHEMISTRY****

Day	2	1			
Date	MAY 1	APR 30			
Time	0153	2255		Reference	Units
=> SODIUM		142		(135-151)	MEQ/L
=> POTASSIUM		3.5		(3.5-5.1)	MEQ/L
=> CHLORIDE		110		(99-116)	MEQ/L
=> C02		24		(22-32)	MEQ/L
=> GLUCOSE SERUM		101		(80-110)	MG/DL
=> BUN		10		(7-18)	MG/DL
=> CREATININE		0.8		(0.8-1.5)	MG/DL
=> CALCIUM		8.6		(8.4-11.0)	MG/DL
=> PROTEIN		6.6		(6.3-8.2)	GM/DL
=> ALBUMIN		3.7		(3.5-5.0)	GM/DL
=> BILI-TOTAL		0.4		(0.2-1.3)	MG/DL
=> ALT (SGPT)		26		(9-52)	U/L
=> AST (SGOT)		64	H	(14-36)	U/L
=> ALK PHOS		118		(38-126)	U/L
=> PREGNANCY TEST	NEGATIVE			(NEGATIVE)	
=> AMYLASE		69		(30-110)	U/L
=> LIPASE		63		(23-300)	U/L

DRUG LEVELS

Day	1			
Date	APR 30			
Time	2255		Reference	Units
=> ALCOHOL-BLD-MED	< 10(A)		(0-10)	MG/DL

(A) LOWER LIMIT OF DETECTION 10 MG/DL
RESULTS < 10 MG/DL ARE CONSIDERED ZERO

THIS BLOOD ALCOHOL LEVEL IS FOR MEDICAL USE ONLY. THESE RESULTS SHOULD BE USED ONLY BY PHYSICIANS TO RENDER DIAGNOSIS OR TREATMENT OR TO MONITOR PROGRESS OF MEDICAL CONDITIONS. THESE RESULTS SHOULD NOT BE USED FOR ANY LEGAL PURPOSE(S) OR FOR EMPLOYMENT EVALUATIVE PURPOSES. SPECIMEN WAS RECEIVED WITHOUT CHAIN OF CUSTODY AND WAS NOT HANDLED AS A LEGAL SPECIMEN.

Tuomey Healthcare System
129 N. Washington Street
Sumter, S.C. 29150
Medical Director: O.A. Pinilla, MD

RUN DATE: 05/01/08 TUH NPR LAB **LIVE** PAGE 519
RUN TIME: 0506 Laboratory Summary Discharge Report

LOCATION

Patient: PARROT,MELINDA # 12925510 (Continued)

****CHEMISTRY****

DRUG SCREEN

	Day 1		
	Date APR 30		
	Time 2315	Reference	Units
=> BENZODIAZEPINE	NEGATIVE	(NEG)	
=> BARBIT	NEGATIVE	(NEG)	
=> AMPHET*	NEGATIVE	(NEG)	
=> COCAIN*	NEGATIVE	(NEG)	
=> THC*	POSITIVE	(NEG)	
=> PCP*	NEGATIVE	(NEG)	
=> OPIATES*	NEGATIVE	(NEG)	
=> METHADONE*	(a)	(NEG)	

(B) CUT OFF VALUES FOR POSITIVE RESULTS

BENZO	300 ng/mL	THC	50 ng/mL
BARBIT	200 ng/mL	PCP	25 ng/mL
AMPHET	1000 ng/mL	OPIATES	2000 ng/mL
COCAINE	300 ng/mL	METHADONE	300 ng/mL

THIS URINE DRUG SCREEN IS FOR MEDICAL USE ONLY. THESE ARE UNCONFIRMED RESULTS AND SHOULD BE USED ONLY BY PHYSICIANS TO RENDER DIAGNOSIS, TREATMENT, OR TO MONITOR PROGRESS OF MEDICAL CONDITIONS. THESE RESULTS SHOULD NOT BE USED FOR ANY LEGAL PURPOSES(S) OR FOR EMPLOYMENT EVALUATION. SPECIMEN WAS RECEIVED WITHOUT CHAIN OF CUSTODY AND WAS NOT HANDLED AS A LEGAL SPECIMEN.

NOTES: (a) NEGATIVE
See also (B)

Tuomey Healthcare System
129 N. Washington Street
Sumter, S.C. 29150
Medical Director: O.A. Pinilla, MD

RUN DATE: 05/01/08 TUH NPR LAB **LIVE** PAGE 520
RUN TIME: 0506 Laboratory Summary Discharge Report

LOCATION

Patient: PARROT,MELINDA # 12925510 (Continued)

****COAGULATION****

	Day	Date	Time	Reference	Units
	1	APR 30	2255		
=> PT PATIENT	10.0			(9.0-12.0)	SEC
=> INR NORM RATIO	0.95(C)				

(C) RECOMMENDED THERAPEUTIC RANGE FOR
ORAL ANTICOAGULENT THERAPY
(AMERICAN COLLEGE OF CHEST PHYSICIANS)

PROPHYLAXIS/TREATMENT OF:	INR
VENOUS THROMBOSIS,PULMONARY EMBOLISM	2.0-3.0
PREVENTION OF SYSTEMIC EMBOLISM FROM:	
ATRIAL FIBRILLATION	2.0-3.0
MYOCARDIAL INFARCTION	2.0-3.0
MECHANICAL PROSTHETIC HEART VALVES	2.5-3.5
RECURRENT SYSTEMIC EMBOLISM	2.5-3.5

=> PTT PATIENT 28.5(D) (24.0-35.0) SEC

(D)

THERAPEUTIC RANGE	
STANDARD PROTOCOL	45-60 SECONDS
HIGH DOSE PROTOCOL	60-80 SECONDS

If necessary, Anti-Factor Xa studies are available to monitor patients on Low Molecular Weight Heparins (LMWH) such as Lovenox, Fragmin, and Normiflo. The target range for these medications is 0.6-1.0 U/mL for twice daily dosing.

The PTT is recommended for monitoring of direct thrombin inhibitors (DTI) such as Lepirudin and Argatroban. The target range for these medicaitons is 1.5-3.0 times the reference interval. The Ecarin Clotting Time (ECT) is a more sensitive assay for DTIs than the PTT, especially in cardiac patients.

12925510

DHEC PATIENT CARE FORM

08-048-351 A

Q.A. NO.

TRIP NO. 001392

247-31-247

PATIENT IDENTIFICATION (Please Print)

LAST NAME (10–29): Parrot | FIRST NAME (30–45): Melinda | MI (46):

[redacted]

SEX (104): 2 Female

RACE (105): 1 White

AGE (106–103): 045 — CHECK ONE: 1 YRS.

DISPOSITION (110–111)

02 DOA AT SCENE
03 HOSPITAL ER

TYPE OF INCIDENT

TRAUMA (112): 1 MVA
MEDICAL (113): 1 ENVIRON

CALL TYPE

TO SCENE (114): 1 EMERGENT
ON SCENE (115): 1 URGENT
FROM SCENE (116): 1 URGENT
CODE: 3

PATIENT STATUS

ON SCENE (115): 1 URGENT
FROM SCENE (116): 1 URGENT
CODE: 3

INCIDENT LOCATION

ST. OR HWY. NAME OR NO.: Pinewood @ Starkfarry
CITY: Sumter
County (117–118): 43
Zip Code (119–123): 29150

SAFETY EQP (124)

1 Seatbelts

SITE OF INCIDENT (125)

1 ROADWAY

PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (130–137)

030 Head Injury
096 Other

PRIMARY IMPRESSION (138–140)

030

TREATMENT PROCEDURES (141–174)

01 Dressing Applied
03 Spine Immobilized
04 Neck Immobilized
06 Oral Airway Used

HCFA CODES (175–180)

ADVANCED PROCEDURES (190–223)

1. EKG Monitored — Rhythm Sinus — Time 2155
2. First Defib Attempted — Watt Sec. — Time — Post Defib Rhythm
3. Second Defib Attempted — Watt Sec. — Time — Post Defib Rhythm
4. Third Defib Attempted — Watt Sec. — Time — Post Defib Rhythm
5. INTUBATED — ET Size — Total # Attempts — (224) — 15 RSI — 16 LMA — 17 Cricc
6. EXTERNAL PACING
7. BLOOD DRAWN — DEXTROSE BGL 106
8. IV STARTED/GAUGE 16 — SOLUTION NS — RATE KVO — IV TIME 2155 — IV VOLUME 1000cc
9. IV STARTED/GAUGE — SOLUTION — RATE — IV TIME — IV VOLUME
14. IV ATTEMPTED Total # — (225)
10. PLEURAL DECOMPRESSION — Time
11. INTRAOSSEOUS INF.
12. AUTOMATIC DEFIB
13. PATIENT ASSISTED MEDS

Ordering Physician (Name) SD (Signature)

SITE OF TRAUMA (181–189)

1 Head
2 Face
9 Back

DRUGS USED (225–241)

DRUG	DOSE	TIME	DRUG	DOSE	TIME

REVISED TRAUMA SCORE

GCS: (242) EYES 4 — (243) VERBAL 5 — (244) MOTOR 6 — (245–246) GLASGOW 15
(247–249) SBP 4 — (250–252) RR 4 — RTS (254–255) 12
(253) ANATOMICAL INJ. 1 YES 2 NO

VITAL SIGNS

BP	PULSE RATE	PULSE	RESPIRATIONS RATE	RESPIRATIONS	PUPIL	LEVEL OF CONSC.	TIME
190	88	REG.	20	REG.	E	A	2156
/		REG.		REG.	E		
/		REG.		REG.	M		
/		REG.		REG.	D		
/		REG.		REG.			

A V P U

EXPOSURE TO PT's BODY FLUIDS? (256) 1. YES 2. NO

1st Responder (257) 1. YES Name FD 2. NO

COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)

C/O 2 car MVA Found 45 y/o female sitting in passenger Seat Pt states she was restrained Pt covered in blood Pt has multiple lacerations to (R) eye, Eye swollen shut + Bruised. Pt A&O + Alert but confused. Pt complained of back pain then denied back pain, Pt Placed in Full C-Spine immobilization Dressing + Ice Pack applied to head - Bleeding controled Good PMS, vitals above 02 sat 95% Rman Placed on 4L PM 02 via NC, Placed on Zoll spine sinus Rhythm, Iloc IV NS KVO Rt + @ AC, BGL 106 - lungs Clear No Hx - Pt transport to Tuomey ER Rm 11 Code NKDA

Patient Care Form Left In (258): 1. ED 2 ICU 3. OTHER Major Damage to Front end of vehicle — See Page 2

TIME RECORD

RUN DATE (259–266): MONTH 04 DAY 30 YEAR 08

Call Received: (267–270)	2130
Call Dispatched: (271–274)	2130
Departed Base: (275–278)	2130
Arrive Scene: (279–282)	2138
Departed Scene: (283–286)	2157
Arrive Destination: (287–290)	2208

CAUSE OF DELAY

DHEC PERMIT NO. (291–295): 13302

RECEIVING AGENCY (296–299): 3019

SENDING AGENCY (300–304):

PROVIDER TIME (OPTIONAL):

ATTENDANT'S SIGNATURE & CERTIFICATION NO.: Mary Hill 185570

PRIMARY PATIENT ATTENDANT (304–308): 31201

2ND ATTENDANT/DRIVER (309–313):

3RD ATTENDANT/DRIVER (314–318):

(RECEIVING NURSE OR PHYSICIAN)

DHEC 1050 REV. (01/2004) — RECEIVER'S COPY — REPORT NO. (1–9) 126684

5169

001393

Tuomey Healthcare System
129 North Washington Street
Sumter, South Carolina 29150
(803) 774-9000

PHYSICIAN'S CERTIFICATE OF TRANSFER

This is to certify that I, Eric Wernsman DO was the emergency physician/private physician for Melinda Parrott at Tuomey Healthcare System on 5-1 20 08, at 01:30 : A m.

FILL OUT AND ✔ CHECK THE APPROPRIATE SECTION

- ☐ I certify that the above listed individual suffered from an emergency medical condition (other than active labor) and was in an unstabilized condition, and that based upon the information available at the time, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risk to the individual's medical condition from effecting the transfer.
- ☐ I certify that the above listed individual was a pregnant woman having contractions and based upon the information available at the time, the medical benefits reasonably expected from the provisions of appropriate medical treatment at another medical facility outweigh the increased risk to the unborn child and to the individual's medical condition from effecting the transfer.
- ☐ I hereby certify that the above named individual initiated the request for transfer to another medical facility and that the individual has been informed of the risks and benefits of such transfer.
- ☒ I hereby certify the above listed individual suffered from an emergency medical condition but was stabilized at the time of transfer.
- ☐ I hereby certify that the above listed individual *did not* suffer from an emergency medical condition and was not in active labor at the time of transfer.
- ☐ I hereby certify that the above listed individual has an infectious condition and will require isolation (indicate type) _____.
- ☒ I certify that the receiving facility has agreed to accept transfer and to provide appropriate medical treatment as per conversation with Dr. Morrison
- ☒ I certify that the receiving facility will be provided with all medical records (or copies thereof), related to the emergency condition for which the individual has presented, available at the time of the transfer, including records relating to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) of the patient's consent to transfer, and the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment.
- ☒ I certify that the patient will be transferred by qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures; however, all transfers have inherent risks, including without limitations, traffic delays, accidents during transport, inclement weather, rough terrain or turbulence, and the limitations of equipment and personnel present in the vehicle.
- ☐ I certify that the patient is in need of involuntary emergency psychiatric hospitalization and has no medical or surgical conditions which require transport by medical personnel or transportation equipped to provide life support measures; however, all transfers have inherent risks, including without limitations, traffic delays, accidents during transport, inclement weather, rough terrain or turbulence, and the limitations of equipment and personnel present in the vehicle.

THIS CERTIFICATION IS BASED UPON THE FOLLOWING

BENEFITS: ☒ DEFINITE CARE Higher level of care

RISKS: ☒ DETERIORATION OF CONDITION MVA, Mechanical Failure, Disability

☒ POSSIBLE DEATH

DATE: 5/1/08 PHYSICIAN'S NAME: Eric Wernsman DO

PHYSICIAN'S SIGNATURE:

IF NO PHYSICIAN PRESENT, NURSE'S NAME:

NURSE'S SIGNATURE:

ON THE VERBAL ORDERS OF DR. _____ RECEIVED AT _____ ON _____

PHYSICIAN MUST COUNTERSIGN WITHIN 24 HOURS

TUOMEY HEALTHCARE SYSTEM - PHYSICIAN'S CERTIFICATE OF TRANSFER
30402 Rev. 11/23/05

WHITE COPY - MEDICAL RECORDS
YELLOW COPY - RECEIVING HOSPITAL
PINK COPY - PATIENT/RESPONSIBLE PARTY

PATIENT LABEL

[redacted]

30402

001394
Tuomey Healthcare System
129 North Washington Street
Sumter, South Carolina 29150
(803) 774-9000

EMERGENCY DEPARTMENT TRANSFER CHECKLIST

PATIENT NAME: Melinda Parrot ACCT #:

ATTENDING PHYSICIAN (NAME): Wernsman

ACCEPTING PHYSICIAN (NAME): Morrison TIME: 0130

TRANSFER TO (HOSPITAL): Richland

☒ BY AMBULANCE (NAME): Carolina Medcare

☐ BY HELICOPTER (NAME):

COPY OF RECORD: ☒ YES ☐ NO

LAB REPORTS: ☒ YES ☐ NO

X-RAY REPORTS: ☒ YES ☐ NO

NEXT OF KIN NOTIFIED: ☒ YES ☐ NO Linda Parrot (803) 509-4697
(803) 468-4954

PATIENT VALUABLES / PERSONAL BELONGINGS TO:

☒ PATIENT

☐ NEXT OF KIN

☐ HOSPITAL SAFE

VITAL SIGNS: T 96.4 P 108 R 19 B/P 130/102

COMMENTS: NKDA

IV: 16g in (L) AC, 20g in (R) wrist

Medications given in ER: Tetanus Diptheria IM

Morphine 4mg IVP

Phenergan 12.5 mg IVP

Med Hx: cervical cancer

Surgical Hx: C-section

Robin Parris, RN 5/1/08

NURSE'S SIGNATURE DATE

TUOMEY HEALTHCARE SYSTEM - EMERGENCY DEPARTMENT CHECKLIST
30404 Rev. 02/20/06

30404

WHITE COPY - MEDICAL RECORDS
YELLOW COPY - RECEIVING HOSPITAL
PINK COPY - RESPONSIBLE PARTY

PATIE

[redacted]

Tuomey Healthcare System
129 North Washington Street
Sumter, South Carolina 29150
(803) 774-9000

INFORMED CONSENT TO TRANSFER

This is to certify that I, Melinda Parrot
have been examined at Tuomey Healthcare System and that I have given my consent to a transfer from this hospital to another facility. I acknowledge that I have been fully informed of the risks involved in the transfer, that I have received a copy of the physician's certificate of transfer, and that I have given my consent to the transfer.

I hereby release the attending physician and the hospital from all responsibility for any ill effects which may result from the transfer.

Sallie Parris, RN
WITNESS

Lois Kenyon RN
WITNESS

5/1/08
DATE

0140
TIME AM PM

SIGNATURE OF PATIENT OR AUTHORIZED PERSON

Daughter
RELATIONSHIP OF AUTHORIZED PERSON

☐ IF UNABLE TO READ, CONSENT FORM HAS BEEN READ TO PATIENT/AUTHORIZED PERSON.

☐ "MARK OF THE PATIENT" PATIENT UNABLE TO WRITE DUE TO:

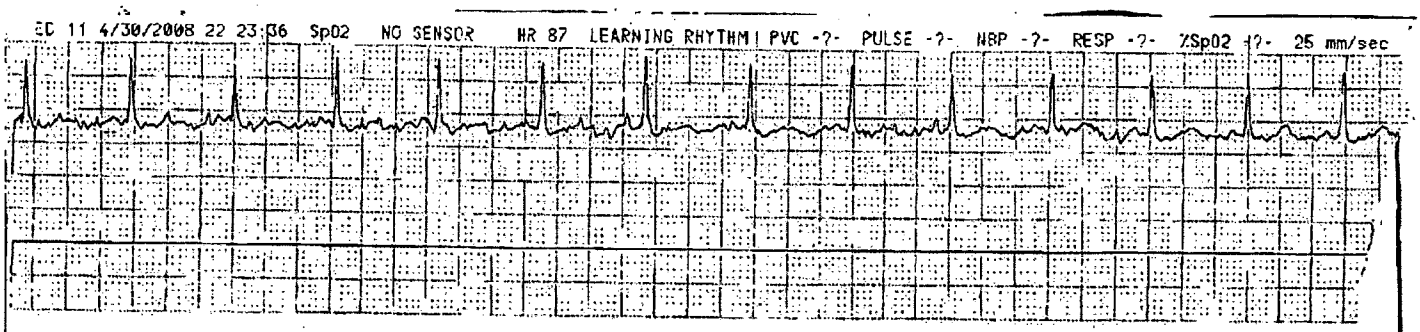
I CERTIFY THAT I HAVE DISCUSSED THE ABOVE WITH THE PATIENT OR THE RESPONSIBLE PARTY.

MD/DO

TIME

DATE

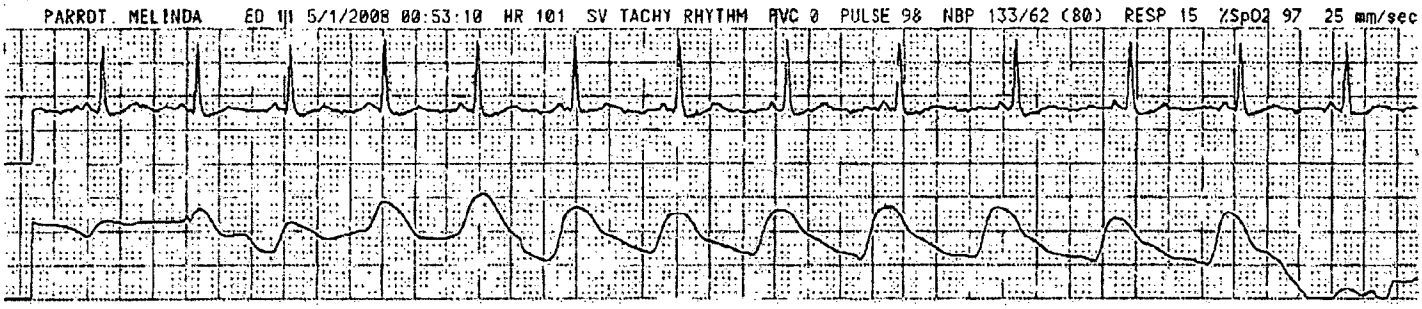
001396



P▶ P: REG ○ IRREG ○
PR INT: _____ CONSTANT ○ VARI ○
ATRIAL RATE ____

R▶ R: REG ○ IRREG ○
QRS INTERVAL: _____
VENT. RATE _____ QT INT. ____

INTERPRETATION: _____

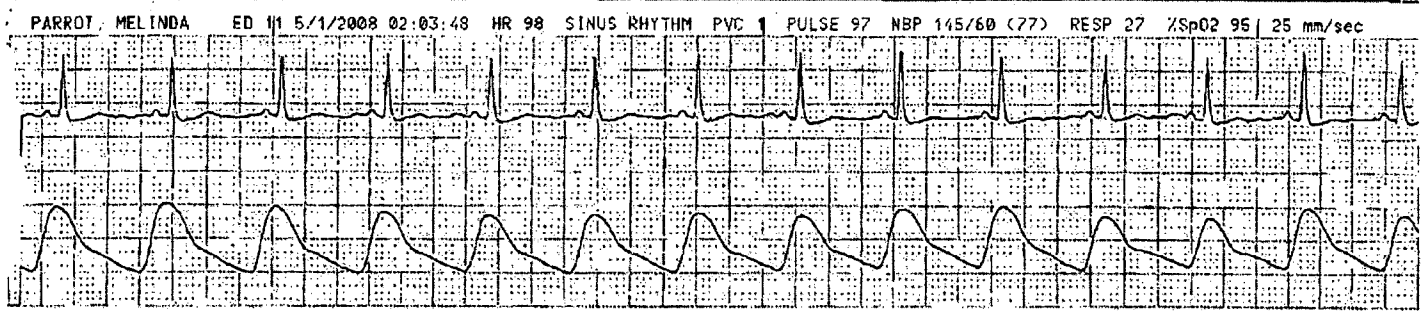


P▶ P: REG ○ IRREG ○
PR INT: _____ CONSTANT ○ VARI ○
ATRIAL RATE ____

R▶ R: REG ○ IRREG ○
QRS INTERVAL: _____
VENT. RATE _____ QT INT. ____

INTERPRETATION: _____

ACTION TAKEN: SIGNATURE: DATE:



P▶ P: REG ○ IRREG ○
PR INT: _____ CONSTANT ○ VARI ○
ATRIAL RATE ____

R▶ R: REG ○ IRREG ○
QRS INTERVAL: _____
VENT. RATE _____ QT INT. ____

INTERPRETATION: _____

ACTION TAKEN: SIGNATURE: DATE:

REMARKS: _____

PA
Ac
ED
F

[redacted]

Parrot, Melinda

RHYTHM STRIP RECORD 11

ICU-1220 MOORE WALLACE

5173

Day Division
Mon-Fri: 8am-11am, 5pm-8pm (EST)
Sat-Sun: 8am-8pm (EST)
Phone: 866.329.4295 Fax: 877 899 4295

NightHawk Radiology Services

Night Division
Mon-Fri: 8pm-8am (EST)
Sat-Sun: 8pm-8am (EST)
Phone: 866 241 6635 Fax: 866.287.1373

PRELIMINARY RADIOLOGY REPORT

POOR ORIGINAL

PATIENT NAME:	PARROT, MELINDA
PATIENT ID:	344184 PATIENT DOB: N/A
INSTITUTION NAME:	TUOMEY HEALTHCARE SYSTEM - SUMTER, SC 29150
DATE:	1st May, 2008 EST
STUDY TYPE:	CT C-SPINE / CT BRAIN / CT FACIALS / CT CHEST / CT ABDOMEN / CT PELVIS
ACCESSION NUMBER:	N/A

This interpretation is based upon the receipt of 391 images.

Page 1 of 2

Patient Location: ER (Emergency Room)
Accession Number: N/A
Account Number: N/A
Patient Location Floor: N/A
Patient Location Room: N/A
Patient Location Bed: N/A

CLINICAL HISTORY / INDICATION FOR EXAM:

MVA

[redacted]

FINDINGS

CT head demonstrates no intracranial mass, or bleed.

There is a laceration overlying the right orbit with metallic foreign body and associated edema.

There is a minimal undisplaced fracture of the right orbital floor. There is herniation of orbital fat but no frank entrapment of extraocular muscles. There is associated fluid in the right ethmoid and maxillary sinuses.

CT of the chest demonstrates scattered bullous changes. There is no pneumothorax, pleural effusion. There is some focal airspace density posteriorly in the right upper lobe which may reflect an area of contusion. This may also be artifactual in the basis of an inflammatory process.

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Day Division
Mon-Fri: 8am-11am, 5pm-8pm (EST)
Sat-Sun: 8am-8pm (EST)
Phone: 866 329 4295 Fax: 877 899 4295

NightHawk
Radiology Services

Night Division
Mon-Fri: 8pm-8am (EST)
Sat-Sun: 8pm-8am (EST)
Phone: 866 241 6635 Fax: 866 287 1373

PRELIMINARY RADIOLOGY REPORT

POOR ORIGINAL

PATIENT NAME:	PARROT, MELINDA
PATIENT ID:	344184 PATIENT DOB: N/A
INSTITUTION NAME:	TUOMEY HEALTHCARE SYSTEM - SUMTER, SC 29150
DATE:	1st May, 2008 EST
STUDY TYPE:	CT C-SPINE / CT BRAIN / CT FACIALS / CT CHEST / CT ABDOMEN / CT PELVIS
ACCESSION NUMBER:	N/A

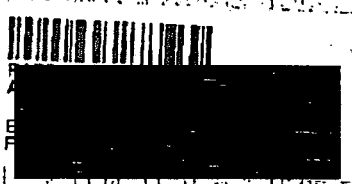
This interpretation is based upon the receipt of 391 images.

or possibly subsegmental atelectasis. There are nonspecific left upper lobe pulmonary nodules.

There is no abdominal solid organ injury. There is no free pelvic fluid.

CT of the cervical spine is normal with no fracture.

Preliminary report created by: Bradley Snyder MD



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ER

ADMISSION RECORD

Patient Name / Address	Account No.	Room / Bed	Type	Location / Service	Medical Rec. No.
PARROT,MELINDA [redacted]	12929903		ER	ED	344184

Date of Birth	Age	Sex	MarStat	Religion	Race	Smoker
[redacted]	45	F	SEP	HOL	W	

Person to Notify / Address: STONE,JERRY [redacted] Other Phone — Relationship: BR

Guarantor / Address: PARROT,MELINDA [redacted]

Next of Kin / Address: STONE,JERRY [redacted] Other Phone — Relationship: BR

Financial Class: D

Insurance Name	Policy Number	Coverage Number	Subscriber / Insured Name
MEDICAID CLAIMS RECEIP			PARROT,MELINDA

Accident Information	Reason for Visit
ONSET OF SYMPTO	POSS BROKEN RIBS

Accident Date / Time	Comments	Height / Weight	Arrival Mode
05/09/08	INS SCAN		

Admit Date / Time	Admitting Physician	Attending Physician	User
05/09/08 1141		NO DOCTOR	ADLEH

Hospital Days	HOME	OMI	SNF	ICF	HH	DIED	AUTOPSY	Surgeon	Consult	Discharge Date / Time
	☐	☐	☐	☐	☐	☐	☐	Anesthesiologist	Consult	

Admitting Diagnosis

Diagnosis and Procedure Code

Principal Diagnosis

Secondary Diagnosis

Procedure

Does pt have Advance Directive (Living Will)? No

If yes, Living Will copy received? N

Does pt have Health Care Power of Attorney? No

If yes, Health Care Power of Attorney copy received?

Does patient want info on Advance Directive? No

Are you an organ donor?

TUOMEY Healthcare System — Bringing more to life.
129 North Washington Street
Sumter, South Carolina 29150

Admission Record (ER)

00000 Rev. 01/01/2004

PARROT,MELINDA
[redacted]

001400

TRIAGE (Fri May 09, 2008 11:52 TJK)
COMPLAINT: COMPLAINT: Right rib pain.
ADMISSION: URGENCY: 2 - Urgent, BED: LOBBY.
PATIENT: NAME: Melinda Parrot, AGE: 45, GENDER: female, DOB: Thu
(TIME OF GREET: Fri May 09, 2008 11:42. Pt wants EDHIV test?: Patient does not want EDHIV test, Fall related visit: No, New onset weakness: No, ZIP CODE: 29153, PHONE: 803-506-4697, MEDICAL RECORD NUMBER: 344184, ACCOUNT NUMBER: 12929903, PAYMENT: Insurance. ATTENDING: No Doctor.
PREVIOUS VISIT ALLERGIES: Nkda.
ASSESSMENT: .
Involved in MVC last week, + broken ribs on right. Out of pain med, does not see doctor until Monday, feels like same pain as broken ribs, no unusual SOB or change in type of pain.
VITAL SIGNS: BP 122/55, Pulse 84, Resp 18, Temp 97.4, Pain 8, O2 Sat 97, Time 5/9/2008 11:49.
KNOWN ALLERGIES
Nkda.
CURRENT MEDICATIONS
Percocet 10/325 (11:52 TJK)
Valium: 2mg As needed for pain. (11:53 TJK)
Vicoprofen (11:53 TJK)
Amoxicillin (11:54 TJK)
HPI BLANK (12:27 ESW)
CHIEF COMPLAINT: Patient involved in MVA last week and has been using Percocet and valium since with some relief but is currently out of percocet and pain is coming back. No n,v,d,c, abdominal pain, and patient states that this is the same pain that she was having with the ribs.
HISTORIAN: History obtained from patient.
TIME COURSE: Onset of symptoms reported as gradual, Onset was 1 weeks prior to arrival . Patient currently has symptoms.
SEVERITY: Maximum severity is severe, Currently symptoms are moderate.
PAST MEDICAL HISTORY
MEDICAL HISTORY: History of malignancy, has had surgery for same, Malignancy site includes cervix, History of pulmonary disease. (Fri May 09, 2008 11:52 TJK)
SURGICAL HISTORY: History of c-section. (Fri May 09, 2008 11:52 TJK)
FAMILY HISTORY: Family history is not contributory to this case. (Fri May 09, 2008 11:52 TJK)
SOCIAL HISTORY: Denies alcohol abuse, tobacco abuse, drug abuse. (12:28 ESW)
NOTES: Nursing records reviewed, Agree with nursing records. (12:28 ESW)
ROS (12:28 ESW)

TUOMEY HEALTHCARE
EMERGENCY RECORD

CARDIOVASCULAR: Historian reports chest pain. Chest pain on the right.
GI: No abdominal pain, nausea, diarrhea, vomiting, constipation.
ALL SYSTEMS NEGATIVE: All systems were reviewed and are negative except as described above.
PHYSICAL EXAM (12:29 ESW)
CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed. Patient has normal pulse, normal blood pressure, normal respiratory rate, Well appearing. Patient appears comfortable, Alert and oriented X 3.
HEAD: Atraumatic, Normocephalic.
NECK: Normal ROM. No jugular venous distention, meningeal signs, Cervical spine nontender.
RESPIRATORY/CHEST: Breath sounds normal. No respiratory distress, Tenderness:, posteriorly. in the right chest, moderate in intensity, Palpation of chest reproduces symptoms.
CARDIOVASCULAR: RRR. No murmurs. Normal S1 S2, No rub, No gallop.
ABDOMEN: Abdomen is nontender. No masses, Bowel sounds normal, No distension, peritoneal signs.
BACK: There is no CVA Tenderness, There is no tenderness to palpation. Normal inspection.
UPPER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion.
NEURO: GCS is 15. No focal motor deficits, focal sensory deficits, cerebellar deficits, Speech normal, Gait normal, Memory normal.
SKIN: Skin is warm, Skin is dry, Skin is normal color.
VITAL SIGNS (Fri May 09, 2008 11:52 TJK)
VITAL SIGNS: BP: 122/55, Pulse: 84, Resp: 18, Temp: 97.4, Pain: 8, O2 sat: 97, Time: 5/9/2008 11:49.
DOCTOR NOTES (12:29 ESW)
INTERVENTIONS: O2 Sat normal.
PATIENT STATUS: Patient has stabilized since arrival to emergency department.
PATIENT PLAN: The patient will be discharged, The patient will follow up with primary care physician.
DATA REVIEWED: Discussed with family.
O2SAT INTERPRETATION (12:29 ESW)
O2SAT: O2 saturation reading 97%, O2 AMT: R.A., O2 Sat normal, None needed.
DIAGNOSIS (12:29 ESW)
FINAL: PRIMARY: Right Rib Fractures, ADDITIONAL: S/P MVC.
PRESCRIPTION (12:30 ESW)
Norflex: Tablet, Extended Release : 100 mg : Oral=Quantity: ***1*** Unit: tab Route: Oral Schedule: 2 times a day Dispense: ***15***.

Percocet-10/325: Tablet : 325 mg-10 mg : Oral=Quantity: ***1 - 2*** Unit: tabs Route: Oral Schedule: every 4 hours as needed Dispense: ***30***.

INSTRUCTION (12:30 ESW)
DISCHARGE: RIB FRACTURE .
FOLLOWUP: Center Family Health 1278 N. Lafayette Dr. Sumter SC 29150 774-4500.
SPECIAL: Take medication as prescribed
No heavy lifting
Return to the ER if worse
Tylenol or Advil for Pain
Encourage fluids
Follow up with primary care physician.
DISPOSITION
PATIENT: Disposition: Home, Disposition Transport: Ambulatory, Condition: Stable. (12:30 ESW)
Pain Scale: 0, O2 used while in ED?: No, IV stop time docd?: NA, Disposition Transport: Family/Friend Drive, Remove from ER. (12:39 MFZ)
NURSING PROCEDURE: DISCHARGE NOTE (12:39 MFZ)
TIME: Patient discharged at 1238. Patient discharged to, home, Patient, ambulates without assistance, Transported via friend/family driving, Accompanied by family member, Discharge instructions given to, patient, Simple/moderate discharge teaching performed, Teaching performed by M. Zulueta, RN, Name of prescription(s) given: Percocet, Norflex, Prescription given and additional instructions on side effects of same given, Above Person(s) verbalized understanding of discharge instructions and follow-up care, Patient treated and evaluated by physician, nad and ambulatory upon d/c, advised follow up with PMD.
ADMIN (22:56 ESW)
DIGITAL SIGNATURE: Wernsman, Eric.
GREET (11:43 NTM)
GREET: Greet: Fri May 09, 2008 11:43.
Key:
ESW=Wernsman, Eric MFZ=Zulueta, Mellany NTM=McGee, Nikia
TJK=Kolb, Terry
Name: Parrot, Melinda DOB: [redacted]F45 MedRec: 344184 AcctNum: 12929903
Prepared: Fri May 09, 2008 22:57 by Page: 3 of 3

INSTRUCTIONS
* The examination and treatment you received in the emergency department has been rendered on an emergency basis only and is not meant to replace complete care from a personal physician or clinic.
*

FOLLOWUP CONTACTS Center Family Health 1278 N. Lafayette Dr. Sumter SC 29150 Phone: 774-4500 SPECIAL INSTRUCTIONS Take medication as prescribed No heavy lifting Return to the ER if worse Tylenol or Advil for Pain Encourage fluids Follow up with primary care physician MEDICAL INSTRUCTIONS RIB FRACTURE You have been diagnosed with a rib fracture ("broken rib"). Fracture means "broken bone." Rib fractures are broken ribs. A chest wall contusion is a bruise to the muscles between the ribs. Both conditions are painful because every breath moves the injured area. Neither condition is dangerous by itself, but once in a while, complications like pneumonia or a collapsed lung occur. Rib fractures take 4 to 8 weeks to heal; your pain should gradually decrease over this time. Do not bind or tape your ribs. Although binding or taping them may decrease

the pain, it also increases the chance you will develop pneumonia. Cough and breathe deeply at least 10 times an hour while you are awake, even if it is painful. Supporting the injured area with a pillow or your hand decreases the pain. Use pain medications as prescribed to control the pain so you can breathe normally and do your coughing and deep-breathing exercises. Doing these exercises can help prevent pneumonia. YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS: - Shortness of breath, such as difficulty breathing or wheezing. - Coughing up green or yellow material. - Fever greater than 101° F (38.3° C) or persistent fever of any degree. - Severe chest pain or pain that becomes suddenly worse. - No improvement in the next few days. PRESCRIPTIONS Norflex : Tablet, Extended Release : 100 mg : Oral Dispense: 15, Quantity: 1, Schedule: 2 times a day Percocet-10/325 : Tablet : 325 mg-10 mg : Oral Dispense: 30, Quantity: 1 - 2, Schedule: every 4 hours as needed_____

_____* X-rays. X-rays are read initially by the emergency physician. The X-ray will be read by a radiology physician specialist within 24 hours. If the radiologist notes any differences, you will be contacted by the emergency department. ** Lab Work. Results of lab testing done in the Emergency Department are available to your private physician. Lab results cannot be given over the Emergency Department phone.* IMPORTANT: If your condition gets worse or you have any concerns and you cannot contact your physician, return promptly to Tuomey Healthcare Systems Emergency Department. (803)774-9111**Disclaimer: Home medications and allergies listed on Patient Medication History Record are as reported by patient/family to Tuomey ED staff.** DISCHARGE INSTRUCTIONS RECEIPT FOLLOWUP CONTACTS Center Family Health 1278 N. Lafayette Dr. Sumter SC 29150 Phone: 774-4500 THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN Take medication as prescribed No heavy lifting Return to the ER if worse Tylenol or Advil for Pain Encourage fluids Follow up with primary care physician THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN RIB FRACTURE THE FOLLOWING PRESCRIPTIONS WERE GIVEN Norflex : Tablet, Extended Release : 100 mg : Oral Dispense: 15, Quantity: 1, Schedule: 2 times a day Percocet-10/325 : Tablet : 325 mg-10 mg : Oral Dispense: 30, Quantity: 1 - 2, Schedule: every 4 hours as needed_____Patient Signature_____ ____:____Rn/LPN Ini. TIME

TUOMEY HEALTHCARE SYSTEM

Name: Parrot, Melinda
Age: 45Y [redacted]
Gender: F
MedRec: 344184
AcctNum: 12929903
Attending: ESW
Primary RN: MFZ
Bed: ED 3-FT 22

TUOMEY HEALTHCARE
DISCHARGE INSTRUCTIONS RECEIPT

FOLLOWUP CONTACTS

Center Family Health
1278 N. Lafayette Dr.
Sumter SC 29150
Phone: 774-4500

THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN

Take medication as prescribed
No heavy lifting
Return to the ER if worse
Tylenol or Advil for Pain
Encourage fluids
Follow up with primary care physician

THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN

RIB FRACTURE

THE FOLLOWING PRESCRIPTIONS WERE GIVEN

Norflex : Tablet, Extended Release : 100 mg : Oral
Dispense: 15, Quantity: 1, Schedule: 2 times a day

Percocet-10/325 : Tablet : 325 mg-10 mg : Oral
Dispense: 30, Quantity: 1 - 2, Schedule: every 4 hours as needed

Patient Signature

Rn/LPN Ini. TIME

[redacted]

Prepared: Fri May 09, 2008 12:30 by ESW 1 of 1
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Outpatient

ADMISSION RECORD

Patient Name / Address	Account No.	Room / Bed	Type	Location / Service	Medical Rec. No.
PARROTT,MELINDA [redacted]	12938967		CLI	XR	344184

Date of Birth	Age	Sex	MarStat	Religion	Race	Smoker
[redacted]	45	F	SEP	HOL	W	

Person to Notify / Address: STONE,JERRY [redacted] — Relationship: BR — Other Phone

Guarantor / Address: PARROTT,MELINDA [redacted]

Next of Kin / Address: STONE,JERRY [redacted] — Relationship: BR — Other Phone

Financial Class: D

Insurance Name	Policy Number	Coverage Number	Subscriber / Insured Name
MEDICAID CLAIMS RECEIP	5432440302		PARROTT,MELINDA

Accident Information	Reason for Visit
ONSET OF SYMPTO	BACK PAIN/TRAUMA

Accident Date / Time	Comments	Height / Weight	Arrival Mode
05/29/08	ADEO1		

Admit Date / Time	Admitting Physician	Attending Physician	User
05/29/08 1247		NEVILLE,R LESTER	ADEO1

Hospital Days	HOME	OMI	SNF	ICF	HH	DIED AUTOPSY	Surgeon	Consult	Discharge Date / Time
	☐	☐	☐	☐	☐	☐ ☐	Anesthesiologist	Consult	

Admitting Diagnosis

Diagnosis and Procedure Code

Principal Diagnosis

Secondary Diagnosis

Procedure

Does pt have Advance Directive (Living Will)? No

If yes, Living Will copy received? N

Does pt have Health Care Power of Attorney? No

If yes, Health Care Power of Attorney copy received?

Does patient want info on Advance Directive? No

Are you an organ donor?

TUOMEY 129 North Washington Street Sumter, South Carolina 29150

Admission Record (Outpatient)

00000 Rev. 01/01/2004

PARROTT,MELINDA [redacted]

ACCT NO: 12938967 UNIT NO: 344184
PATIENT NAME: PARROTT,MELINDA
DOB: [redacted] SEX: F
ORDERING PHYS: NEVILLE, R LESTER

EXAM: XR THORACIC SPINE 1051
EXAM DATE: 05/29/2008 00:00:00
PHYS: ROSEFIELD JR, M KENNETH

TECHNICIAN: HC
REASON: PAIN AND TRAUMA

THORACIC SPINE

REASON: Pain post trauma.

REPORT: AP and lateral views of the thoracic spine show no evidence of fracture or subluxation. There is focal anterior osteophyte formation at T9-10. The thoracic disc spaces are well maintained. No destructive lesions are seen.

IMPRESSION: Hypertrophic change, T9-10. No acute bony abnormality seen.

SIGNED REPORT:AUTHENTICATED BY ROSEFIELD JR M KENNETH
TRANSCRIBED DATE/TIME 2008/05/29 13:33:00
Location: OP

ER

ADMISSION RECORD

Patient Name / Address	Account No.	Room / Bed	Type	Location / Service		Medical Rec. No.	
PARROTT,MELINDA [redacted]	12978028		ER	ED		344184	
	Date of Birth	Age	Sex	MarStat	Religion	Race	Smoker
	[redacted]	45	F	SEP	HOL	W	

Guarantor / Address	Person to Notify / Address	Relationship
PARROTT,MELINDA [redacted]	STONE,JERRY [redacted] Other Phone	BR
Financial Class D	Next of Kin / Address STONE,JERRY [redacted] Other Phone	Relationship BR

Insurance Name	Policy Number	Coverage Number	Subscriber / Insured Name
MEDICAID CLAIMS RECEIP	5432440302		PARROTT,MELINDA

Accident Information	Reason for Visit		
ONSET OF SYMPTO	BACK AND NECK PAIN		
Accident Date / Time	Comments	Height / Weight	Arrival Mode
08/19/08			
Admit Date / Time	Admitting Physician	Attending Physician	User
08/19/08 2222		NO DOCTOR	ADJSW

Hospital Days	HOME	OMI	SNF	ICF	HH	DIED	AUTOPSY	Surgeon	Consult	Discharge Date / Time
	☐	☐	☐	☐	☐	☐	☐	Anesthesiologist	Consult	

Admitting Diagnosis

Diagnosis and Procedure Code

Principal Diagnosis

Secondary Diagnosis

Procedure

Does pt have Advance Directive (Living Will)? No

If yes, Living Will copy received? N

Does pt have Health Care Power of Attorney? No

If yes, Health Care Power of Attorney copy received?

Does patient want info on Advance Directive? No

Are you an organ donor?

TUOMEY HEALTHCARE SYSTEM
Driving more to life.

129 North Washington Street
Sumter, South Carolina 29150

Admission Record (ER)

00000 Rev. 01/01/2004

[redacted]

TUOMEY HEALTHCARE
EMERGENCY RECORD

TRIAGE (Tue Aug 19, 2008 22:40 GJS)
COMPLAINT: COMPLAINT: NECK AND BACK PAIN.
ADMISSION: URGENCY: 2 - Urgent, ADMISSION SOURCE: Home, BED: LOBBY.
PATIENT: NAME: Melinda Parrott, AGE: 45, GENDER: female, DOB: Thu [redacted] OF GREET: Tue Aug 19, 2008 22:22, LANGUAGE: English, RACE: Caucasian, Pt wants EDHIV test?: Patient does not want EDHIV test, Fall related visit: No, New onset weakness: No, ZIP CODE: 29153, KC WEIGHT: 63.5, [redacted] PHONE: 803-506-4697, MEDICAL RECORD NUMBER: 344184, [redacted] PAYMENT: Medicaid. ATTENDING: No Doctor.
PREVIOUS VISIT ALLERGIES: Nkda.
ASSESSMENT: .
" I WAS IN AN MVA 4/30/08 IAM STILL HAVING PAIN IN MY BACK AND NECK.' denies recent injury.
IMMUNIZATIONS: Last tetanus shot received less than 10 years ago.
LMP: LMP: Hysterectomy.
VITAL SIGNS: BP 100/52, Pulse 93, Resp 20, Temp 97.8, Pain 7, O2 Sat 97, Time 8/19/2008 22:37.
KNOWN ALLERGIES
Nkda.
CURRENT MEDICATIONS (22:41 GJS)
no meds
HPI BLANK (Wed Aug 20, 2008 00:27 SGO)
CHIEF COMPLAINT: Pt presents to ED with complaints of exacerbation of chronic neck and back pain. Pt in MVA back in April of this year. No fractures from the trauma, only had facial lacerations according to the old records. Pt states had chronic neck/lower back pain since the MVA. Has been seeing the chiropractor without much relief of symptoms. No new complaints. No chest or abdominal pain. No SOB. No urinary symptoms. .
HISTORIAN: History obtained from patient.
TIME COURSE: Onset was intermittent since april.
SEVERITY: Maximum severity is mild, Currently symptoms are mild.
PAST MEDICAL HISTORY (Tue Aug 19, 2008 22:40 GJS)
MEDICAL HISTORY: History of malignancy, has had surgery for same, Malignancy site includes cervix, History of pulmonary disease.
SURGICAL HISTORY: History of hysterectomy, c-section.
SOCIAL HISTORY: Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse.
FAMILY HISTORY: Family history is not contributory to this case.
ROS (Wed Aug 20, 2008 00:28 SGO)
CONSTITUTIONAL: No fever, chills, fatigue.
EYES: Negative eye review of systems.
ENT: Negative ENT review of systems.
CARDIOVASCULAR: No diaphoresis, chest pain, dyspnea on exertion,

TUOMEY HEALTHCARE
EMERGENCY RECORD

edema, syncope.
RESPIRATORY: No Cough, SOB, wheezing, sputum.
GI: No abdominal pain, nausea, diarrhea, vomiting.
GENITOURINARY FEMALE: No dysuria, urinary frequency, hematuria.
MUSCULOSKELETAL: Historian reports neck pain, back pain, myalgias.
SKIN: Negative skin review of systems.
HEMO/LYMPHATIC: Negative hemo/lymphatic review of systems.
ALLERGIC/IMMUNOLOGIC: Negative Allergic review of systems.
PSYCHIATRIC: Negative psychiatric review of systems.
PHYSICAL EXAM (Wed Aug 20, 2008 00:29 SGO)
CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed. Patient has normal pulse, normal blood pressure, normal respiratory rate, Well appearing. Patient appears comfortable, Alert and oriented X 3.
HEAD: Atraumatic, Normocephalic.
EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light. No discharge from eyes, Extraocular muscles intact. Sclera are normal. Conjunctiva are normal.
ENT: Ears normal to inspection, Nose examination normal, Posterior pharynx normal, Mouth normal to inspection.
NECK: Normal ROM. No jugular venous distention, meningeal signs, Cervical spine nontender.
RESPIRATORY CHEST: Chest is nontender. Breath sounds normal. No respiratory distress.
CARDIOVASCULAR: RRR. No murmurs. Normal S1 S2, No rub, No gallop.
ABDOMEN: Abdomen is nontender. No masses, Bowel sounds normal, No distension, peritoneal signs.
BACK: There is no CVA Tenderness, There is no tenderness to palpation. Normal inspection.
UPPER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion.
LOWER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion, No calf tenderness.
NEURO: GCS is 15. No focal motor deficits, focal sensory deficits, cerebellar deficits, Speech normal, Gait normal, Memory normal.
SKIN: Skin is warm, Skin is dry, Skin is normal color.
LYMPHATIC: No adenopathy in neck, axillae, groin.
PSYCHIATRIC: Oriented X 3. Normal affect, insight, concentration.
VITAL SIGNS
VITAL SIGNS: BP: 100/52, Pulse: 93, Resp: 20, Temp: 97.8, Pain: 7, O2 sat: 97, Time: 8/19/2008 22:37. (Tue Aug 19, 2008 22:40 GJS)
BP: 106/50, Pulse: 82, Resp: 18, Temp: 97.7, Pain: 0, O2 sat: 97 on RA, Time: 8/20/2008 00:08. (Wed Aug 20, 2008 00:10 NSC)
ATTENDING (Wed Aug 20, 2008 00:02 LEM)
NOTES: I have personally seen and examined this patient. I have fully participated in the care of this patient. I have reviewed all pertinent clinical information, including history, physical exam and

Name: Parrott, Melinda DOB: [redacted]F45 MedRec: 344184
Prepared: Thu Sep 04, 2008 06:56 by

TUOMEY HEALTHCARE
EMERGENCY RECORD

plan.
MEDICATION SERVICE (23:30 SGO)
Vicodin: Order: Vicodin (Hydrocodone Bitartrate) : : PO
Notes: two tabs po
Ordered by: Shelley Stevens, PA-C
Entered by: Shelley Stevens, PA-C Tue Aug 19, 2008 23:30
Documented as given by: Nih Chiu Tue Aug 19, 2008 23:40
Patient, Medication, Dose, Route and Time verified prior to administration.
MEDICATION , Time given: 2337, Given in amount and via route as prescribed, Amount given: Norco 2 tabs, Site: Medication administered P.O., Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient tolerated procedure well, Order verified with Shelley Stevens, PA-C. Pt given Norco per pharmacy substitution.
MEDICATION ADMINISTRATION SUMMARY (Thu Sep 04, 2008 06:30)
Drug Name: *Vicodin, Dose: , Route: PO, Status: Given, Ordered: 23:40 8/19/2008, *Additional information available in notes, Detailed record available in Medication Service section.
O2SAT INTERPRETATION (23:30 SGO)
O2SAT: O2 saturation reading 97%, O2 AMT: R.A., O2 Sat normal, None needed.
DIAGNOSIS (23:34 SGO)
FINAL: PRIMARY: exacerbation of chronic pain.
PRESCRIPTION (Wed Aug 20, 2008 00:03 LEM)
Naprosyn: Tablet : 500 Mg : Oral=Quantity: ***1*** Unit: tab Route: Oral Schedule: 2 times a day Dispense: ***30***.
Norflex: Tablet, Extended Release : 100 mg : Oral=Quantity: ***1*** Unit: tab Route: Oral Schedule: 2 times a day Dispense: ***30***.
INSTRUCTION (23:36 SGO)
DISCHARGE: CHRONIC PAIN EXACERBATION - GENERAL, CHRONIC PAIN EXACERBATION - LEGAL STATEMENT, CHRONIC PAIN EXACERBATION - PLAN IN ADVANCE.
FOLLOWUP: Center Family Health 1278 N. Lafayette Dr. Sumter SC 29150 774-4500.
SPECIAL: Follow up with your doctor in 1-2 days. Will need to get primary care doctor for chronic pain management. Return for any problems that concern you.
DISPOSITION
PATIENT: Disposition: Home, Disposition Transport: Ambulatory, Condition: Stable. (23:34 SGO)
Pain Scale: 0, O2 used while in ED?: No, IV stop time docd?: NA, Remove from ER. (Wed Aug 20, 2008 00:10 NSC)

TUOMEY HEALTHCARE
EMERGENCY RECORD

NURSING PROCEDURE: DISCHARGE NOTE (Wed Aug 20, 2008 00:10 NSC)
TIME: Patient discharged at 0005, Patient discharged to, home, Patient, ambulates without assistance, Transported via friend/family driving, Accompanied by family member, Discharge instructions given to,

patient, Simple/moderate discharge teaching performed, Name of prescription(s) given: Norflex, Naprosyn, Prescription given and additional instructions on side effects of same given, Above Person(s) verbalized understanding of discharge instructions and follow-up care, Patient treated and evaluated by physician, discharged by someone other, Patient discharged by someone other: Sylvia Haynie, RN.
VITAL SIGNS: BP: 106, / 50, Pulse: 82, Resp: 18, Temp: 97.7, Pain: 0, O2 sat: 97, on: RA, Time: 0005.
ADMIN
DICITAL SIGNATURE: Muniz, MD, Luis. (Wed Aug 20, 2008 02:12 LEM)
Stevens, PA-C, Shelley. (Thu Sep 04, 2008 06:12 SGO)
Key:
GJS=Scriven, Gerald LEM=Muniz, MD, Luis NSC=Chiu, Nih
SGO=Stevens, PA-C, Shelley
Name: Parrott, Melinda DOB: [redacted]45 MedRec: 344184 AcctNum: 12978028
Prepared: Thu Sep 04, 2008 06[redacted] Page: 4 of 4

INSTRUCTIONS
* The examination and treatment you received in the emergency department has been rendered on an emergency basis only and is not meant to replace complete care from a personal physician or clinic.
*

FINAL DIAGNOSIS exacerbation of chronic pain FOLLOWUP CONTACTS Center Family Health 1278 N. Lafayette Dr. Sumter SC 29150 Phone: 774-4500 SPECIAL INSTRUCTIONS Follow up with your doctor in 1-2 days. Will need to get primary care doctor for chronic pain management. Return for any problems that concern you. MEDICAL INSTRUCTIONS CHRONIC PAIN EXACERBATION - GENERAL You have been seen for your chronic pain problem. While the Emergency Department/Urgent Care is available for emergencies related to your painful problem, you need to see your regular doctor for the ongoing care of your pain. ALL refills for your pain medications MUST be done by your primary care doctor or the pain specialist who takes care of your pain. The Emergency Department/Urgent Care is not the appropriate place for the ongoing care of chronic pain. If you have not seen a pain specialist, ask the physician to give you some information on who to contact and to refer you to one. YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS: - You develop any significant change in your pain pattern. - Your symptoms become worse. - You have any other concerns. CHRONIC PAIN EXACERBATION - LEGAL STATEMENT You have been seen for your chronic pain problem. While the Emergency Department/Urgent Care is available for emergencies related to your painful problem, you need to see your regular doctor for the ongoing care of your pain. ALL refills for your pain medications MUST be done by your primary care doctor or the pain specialist who takes care of your pain. The Emergency Department/Urgent Care is not the appropriate place for the ongoing care of chronic pain. If you have not seen a pain specialist, ask the physician to give you some information on who to contact and to refer you to one. THIS STATEMENT IS PROVIDED FOR YOUR PROTECTION AND FOR YOUR INFORMATION ONLY AND IS NOT MEANT TO IMPLY ANY ILLEGAL ACTIVITY ON YOUR PART: It is a felony to obtain narcotic pain medications by intentionally deceiving the physician caring for you. This includes but is not limited to: Getting

multiple prescriptions for pain medications by seeing more than one doctor, providing any false information to obtain a prescription, giving any false information about the nature or severity of your medical condition. - Some common narcotic pain medications: Oxycodone (Percocet, Roxicet), Hydrocodone (Vicodin, Lortab, Norco), Oxycodone-long-acting (OxyContin), Meperidine (Demerol), Hydromorphone (Dilaudid), Morphine, Codeine (Tylenol #3, Tylenol #4), Propoxyphene (Darvon, Darvocet). YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS: - You develop any significant change in your pain pattern. - Your symptoms become worse. - You have any other concerns. CHRONIC PAIN EXACERBATION - PLAN IN ADVANCE You have been seen for your chronic pain problem. While the Emergency Department/Urgent Care is available for emergencies related to your painful problem, you need to see your regular doctor for the ongoing care of your pain. ALL refills for your pain medications MUST be done by your primary care doctor or the pain specialist who takes care of your pain. The Emergency Department/Urgent Care is not the appropriate place for the ongoing care of chronic pain. If you have not seen a pain specialist, ask the physician to give you some information on who to contact and to refer you to one. YOU MUST PLAN IN ADVANCE! If you think you are running low on your pain medications, it is your responsibility to plan in advance and get a refill from your doctor. You should NEVER wait until a weekend to try to get in contact with your doctor if you are running out of pain medicine. Emergency /Urgent Care Physicians will usually only provide a single dose of pain medicine and you may not have enough for the rest of the weekend. YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS: - You develop any significant change in your pain pattern. - Your symptoms become worse. - You have any other concerns.

001412

_____* X-rays. X-rays are read initially by the emergency physician. The X-ray will be read by a radiology physician specialist within 24 hours. If the radiologist notes any differences, you will be contacted by the emergency department. ** Lab Work. Results of lab testing done in the Emergency Department are available to your private physician. Lab results cannot be given over the Emergency Department phone.* IMPORTANT: If your condition gets worse or you have any concerns and you cannot contact your physician, return promptly to Tuomey Healthcare Systems Emergency Department. (803)774-9111**Disclaimer: Home medications and allergies listed on Patient Medication History Record are as reported by patient/family to Tuomey ED staff.** DISCHARGE INSTRUCTIONS RECEIPT FINAL DIAGNOSIS exacerbation of chronic pain FOLLOWUP CONTACTS Center Family Health 1278 N. Lafayette Dr. Sumter SC 29150 Phone: 774-4500 THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN Follow up with your doctor in 1-2 days. Will need to get primary care doctor for chronic pain management. Return for any problems that concern you. THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN CHRONIC PAIN EXACERBATION - GENERAL CHRONIC PAIN EXACERBATION - LEGAL STATEMENT CHRONIC PAIN EXACERBATION - PLAN IN ADVANCE_____Patient Signature_____ ____:____Rn/LPN Ini. TIME

TUOMEY
HEALTHCARE SYSTEM

001413

Name: Parrott, Melinda
Age: 45Y [redacted]
Gender: F Wt: 63.5 Kg Ht: 160 cm.
MedRec: 344184
AcctNum: 12978028
Attending: LEM
Primary RN: NSC
Bed: ED 2–ER 08

TUOMEY HEALTHCARE
DISCHARGE INSTRUCTIONS RECEIPT

FINAL DIAGNOSIS
exacerbation of chronic pain

FOLLOWUP CONTACTS

Center Family Health
1278 N. Lafayette Dr.
Sumter SC 29150
Phone: 774–4500

THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN
Follow up with your doctor in 1–2 days. Will need to get primary care doctor for chronic pain management. Return for any problems that concern you.

THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN
CHRONIC PAIN EXACERBATION – GENERAL
CHRONIC PAIN EXACERBATION – LEGAL STATEMENT
CHRONIC PAIN EXACERBATION – PLAN IN ADVANCE

Patient Signature

RN/LVN Sig. TIME 0005

Prepared: Tue Aug 19, 2008 23:36 by SGO 1 of 1
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walk

CLARENDON MEMORIAL HOSPITAL

P.O. BOX 550 10 HOSPITAL STREET, MANNING, S.C. 29102

OUTPATIENT REPORT

E.R. ☒ O.P. ☐ S.D.S. ☐ AMB. ☐ O.R. ☐

PATIENT NUMBER	WHR	PATIENT NAME	AGE	BIRTHDATE	SEX	M/S	DATE OF SERVICE	TIME	CHECK DIGIT
420943	M.R	PARROTT MELINDA	44	4/11/1963	F	SGL	5/10/07	16:15	CRH
[redacted]			CITY				STATE	ZIP CODE	TELEPHONE
			SUMTER				SC	29154	803-506-4697
EMPLOYER NAME		NAME OF NEXT OF KIN - NAME	RELATIONSHIP						TELEPHONE
		PARROTT LINDA	DAUGHTER						803-481-0980
INSURANCE COMPANY									
619 MEDICAID - O/P		5632440302							
GUARANTOR NAME			CITY				STATE	ZIP CODE	BUS. TELEPHONE
PARROTT MELINDA	[redacted]		SUMTER				SC	29154	481-0980
GUARANTOR EMPLOYER									BUS. TELEPHONE
UNEMPLOYED									
PROV. SERVICE	MEDI. INSUR. NUM	IN CASE - EMERGENCY NAME		MED. REC. #			ADMITTING/ASS PHYSICIAN		
969764	6/04/03			129419			ANDERSON V/MON STAFF		

DIAGNOSIS CODE | SURGICAL CODE

ALLERGIES | LAST MENSES: W TK J

CURRENT MEDS

NURSES NOTES

BAD COLD 96.0 | 97.1 | P 90 | R 80 | BP 110/64 | WEIGHT 116.5

Roland Dorn M.D.

DOCTOR SIGNATURE

ORDER BY PHYSICIAN — AM PM — MEDICAL EXAM

18:18 called Lun Brem placement 700 Ans
1950 called 700 Ans

SERVICE	SERVICE CODE	CHARGES
ROOM RENT I/P PRESCRIPT		
MEDICAL SUPPLIES		
DRUGS		
X-RAY		
X-RAY		
X-RAY		
LAB		
LAB		
LAB		
EKG		
ECHO		
OTHER CHARGES		
P.T.		
TOTAL CHARGES		
PREV PAYMENTS		
TOTAL BILL		
PAYMENT		
BALANCE DUE		

MEDICATIONS	TIME	SITE

TREATMENTS: c WT

DIAGNOSIS:

DISCHARGE STATUS

☐ IMPROVED ☐ STABLE
☐ UNCHANGED ☐ DISCHARGED: _____ ☐ ADMITTED: @ _____ ☐ TRANS TO: _____ ☐ EXPIRED: _____

PATIENT

PLEASE INDICATE ON EACH SIDE

☐ BRUISE, FRACTURE, SPRAINS ☐ MINOR DISFIGURATION INJURIES ☐ BACK & NECK INJURY ☐ SORE THROAT
☐ BURNS ☐ WOUND CARE ☐ HEAD INJURY ☐ URINARY TRACT INFECTION
☐ BLEEDING & HEMORRHAGE ☐ CONTUSIONS & ABDOMINAL PAIN ☐ EYE INJURY ☐ RECTAL PAIN
☐ COLD ☐ RED INFECTION

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS GIVEN TO ME.

X

ADDITIONAL INSTRUCTIONS:

RETURN TO PERSONAL PHYSICIAN IN _____ DAYS. PHYSICIAN'S SIGNATURE:

PARROTT MELINDA
[redacted]
MR# 129419
AR# 420943
ADMIT DATE: 5/10/07

CLARENDON MEMORIAL HOSPITAL
MANNING, SOUTH CAROLINA

AUTHORIZATION FOR EMERGENCY TREATMENT

1. The undersigned has been informed of the emergency treatment considered necessary for the patient whose name appears on the reverse hereof and that the treatment and procedures will be performed by physicians, members of the house staff and employees of the hospital. Authorization is hereby granted for such treatment and procedures.
2. **MEDICARE - MEDICAID PATIENT'S CERTIFICATION:** Authorization to release information and payment request. I certify that the information given by me in applying for payment under Titles XVIII and XIX of the Social Security Act is correct. correct. I authorize release of all records required to act on this request I request that payment of authorized benefits be made on my behalf.
3. **ASSIGNMENT OF INSURANCE BENEFITS:** I hereby authorize payment directly to Clarendon Memorial Hospital of hospital benefits otherwise payable to me including major medical insurance and payment of surgical or medical benefits, including major medical, directly to the attending physician but not to exceed regular charges for these services. I understand that I am financially responsible to the hospital and physician for charges not covered by this assignment.
4. **AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION:** The hospital and attending physician are authorized to furnish any medical information requested by insurance companies with whom I have coverage or any public agency which may be assisting in payment for my care
5. **REFUND OF INSURANCE BENEFITS:** I authorize the refund of overpaid insurance benefits in accordance with my insurance policy conditions where my coverages are subject to a coordination of benefits clause.
6. I understand that health care services paid under Medicare, Medicaid, and maternal and child health programs are subject to review by the Professional Standards Review Organization.

5/10/07 Caleb R Ellis Melinda Parrott
Date Witness Patient

Date Witness Responsible Party Relationship to Patient

CLARENDON MEMORIAL HOSPITAL

EMERGENCY DEPARTMENT
DATA ASSESSMENT RECORD

Page 1 of 3

ADMISSION HISTORY

Date	Time	Amb / W/C / Stretcher / EMS / Arms / POV	Age	Sex	Last Tetanus	Triage Class	Immunizations
6/10	1615	X	44	F	UK	1 2 3 4 5	☐ Up to date in accordance with State Law

Wt. Lbs /kg 139.9

Time	Temp	Pulse	Resp	B/P	Pulse OX	Source of Information
1615	97.1	90	20	110/64	96	☐ Other ☒ Patient ☐ Family ☐ Unable to Obtain

Are you on any special diet at home? ☐ Yes ☐ No Type

ALLERGIES FOOD / MEDICATIONS

☒ NKA ☐ Yes – see below

Type of Reaction

Are you allergic to any of the following?	Yes	No
Latex		✓
Bananas / Avocados / Kiwi		✓
IVP dye / Seafood		✓

Previous Blood Transfusion ☐ No ☐ Yes
Reaction ☐ No ☐ Yes Describe

Chief Complaint "Bad cold"

Visual acuity ☐ OD ☐ OS

LMP 1/yr.

Pain Assessment ☐ No ☐ Yes Intensity (1-10)

☐ Sharp ☐ Crushing ☐ Ache ☐ Other

Are there any Religious/Cultural practices that need to be part of your care? ☐ Yes ☐ No

Are you in a relationship that could cause you to be afraid? ☐ Yes ☐ No

MEDICAL HISTORY ☐ None

DISEASE	Pt	Family	DISEASE	Pt	Family
Anemia			Kidney Disease		
Arthritis			Mental Illness		
Asthma			Muscle/Bone Disorders		
Bronchitis			Reproductive Disorders		
Cancer			Seizures / Epilepsy		
CVA			Skin Disorders		
Diabetes			Stomach Disorders		
Emphysema			Anesthesia Reactions		
Glaucoma			Tobacco Use		
Heart Disease			Alcohol / Drug Use		
Hepatitis			Thyroid Problems		
Hypertension			Other		
Infectious Diseases			Other		
Sensory Impairment			Other		

PREVIOUS HOSPITALIZATIONS (Medical & Surgical)

Date	Reason
	c-section

MEDICATION HISTORY (Include Vitamins / Herbs / Inhalers / Eye Drops / OTC) ☐ Unknown ☐ None

W/Pt	Medication	Dose	Frequency	Last Dose	W/Pt	Medication	Dose	Frequency	Last Dose

Signature/Title	Date/Time	RN reviewed: Signature/Title	Date/Time
Brandy Davis RN	6/10/16		

CLARENDON MEMORIAL HOSPITAL

EMERGENCY DEPARTMENT DATA ASSESSMENT RECORD

[redacted]

PHYSICAL ASSESSMENT

RESPIRATORY
- Cough
- Prod Color
- Non Prod
- SOB
- Normal
- Irregular
- Shallow

BREATH SOUNDS
- L R Clear
- L R Crackles
- L R Wheezing
- L R Diminished

COMMENTS

CIRCULATORY
- Circulatory: Normal / Delayed
- Heart Sounds: RRR / Irregular
- Pain Scale 1-10
- Pulses: L R Radial; L R Pedal

COMMENTS

NEURO (GCS)

Y	N	LOC
		Duration
		Unknown
		Weakness
		PERL
		HA 1-10

Eye Opening
- 4 Spontaneous
- 3 To Voice
- 2 To Pain
- 1 None

COMMENTS

Verbal Response
- 5 Oriented
- 4 Confused
- 3 Inappropriate Words
- 2 Incomprehensible Sounds
- 1 None

Motor Response
- 6 Follows Commands
- 5 Localizes Pain
- 4 Withdraws Pain
- 3 Flexes Pain
- 2 Extends Pain
- 1 None

GI
- No Complaints
- Vomiting
- Nausea
- Diarrhea
- Other
- Bowel Sounds: Absent / Present
- Abdomen: Soft / Distended / Guarding / Rigid / Tenderness
- Location

GU
- No Complaints
- Flank Pain = L R
- Burning
- Frequency
- D/C color

GYN
- No Complaints
- Bleeding
- # Pads in 1 hour
- Discharge Color
- G
- P
- A
- Pregnant / EDC
- FHT

SKIN / TRAUMA
- N/A
- Warm
- Cool
- MAE
- Dry
- Diaphoretic
- Edema: Absent / Present / Location
- Color: Normal / Cyanotic / Jaundice / Ecchymosis / Pale / Mottled / Redness / Location
- Mucous Membranes: Moist / Dry
- Trauma: N/A / pain / Swelling / Deformity / Numbness / Abrasion / Laceration / Burn / Contusion / Limited Movement / Location
- Comments

PSYCHOSOCIAL / EDUCATION
- Affect: Normal / Flat
- Behavior: Cooperative / Uncooperative / Agitated / Other
- Speech: Normal / Abnormal
- Support System: Family/Significant Other / Lives Alone
- Language Education: Unable to read/write / Patient or S/O can read/write / Language other than English.

Functional Assessment
- ADL: Independent / Needs Assistance
- Ambulation: Independent / Needs Assistance / Wheel Chair / Walker / Cane

Pediatric Assessment
- Birth: Full Term / Premature
- Birth Weight: <5 # / >5 #

Nurses Signature

Mechanism of Injury
- Driver
- Passenger
- Front
- Back
- Est MPH
- Other

Injury Location
- Work
- School
- Street
- Residence
- Other

TREATMENT / PROCEDURES

Time/Initials	
	☐ ID Band ☐ Side Rails 1 X 2 ☐ Call Light
	O2 L VIA
	EKG
	Monitor/Rhythm
	☐ NG ☐ OG Tube Fr ☐ Placement checked
	Foley Fr In & Out Cath Fr
	ETT ☐ Nasal ☐ Oral Fr ☐ End Tidal CO_2
TO / Portable	X-Rays From VIA ☐ AMB ☐ W/C ☐ Stretcher
TO	CT SCAN From VIA ☐ AMB ☐ W/C ☐ Stretcher

VITAL SIGNS

TIME	B/P	PULSE	RESP	O_2 SAT	TEMP

Initials	Signature / Title	Date/Time

IV Solution & Amt	Pump	Medication Added	Site	Size	# of attempt	ML/HR	Time: Start Initials	Time: D/C Initials	Site at Discharge
	Yes No								
	Yes No								
	Yes No								
	Yes No								

Time	Medication	Dose	Route	Site	Initials	Outcome – I = Improved N = Not Improved	Intake	Output

CLARENDON MEMORIAL HOSPITAL

EMERGENCY DEPARTMENT
DATA ASSESSMENT RECORD

[redacted]

Time	Narrative Notes
1615	Ambulatory D/C to home via POV Registration to make chart stable

☐ See additional notes attached.

Valuables

☐ Not Inventoried
☐ Bracelet
☐ Necklace
☐ Watch
☐ Wallet
☐ Money Amt. _____
☐ Earrings
☐ Rings
☐ Purse
☐ Keys
☐ Clothes
☐ Dentures
☐ Glasses
☐ ID

With Whom/Where _____

Initials	Signature	Title	Condition on Discharge
BD	Brandy Davis	LPN	☐ Stable
			☐ Improved
			☐ Unchanged
			☐ Critical

Disposition

Time. Via: ☐ W/C ☐ Amb ☐ Stretcher ☐ Carried

☐ D/C Home ☐ LWT
☐ D/C _____
☐ AMA

☐ POV ☐ EMS/Ambulance
☐ Aftercare Instructions Given
To:

☐ Transfer to:
☐ Transfer Form Completed
☐ POV ☐ EMS/Helicopter

☐ School / work Excuse
Date to return to school or work _____

☐ Admitted to.

Room # _____

☐ Expired body to.

☐ SCOPA Notified

Report to: _____

Time: _____

Admitting M D. _____

Monitor ☐ Yes ☐ No ☐ N/A
IV ☐ Yes ☐ No ☐ N/A
O_2 ☐ Yes ☐ No ☐ N/A

Emergency Department Order Sheet
Date:

[redacted]

Staff: Please highlight order when taken off
MD: Please circle appropriate orders

Military Time Ordered	Order	Time Entered	Initials	Military Time Ordered	Order	Time Entered	Comments
	Laboratory				[redacted]		
	CBC w/o Diff				PCXR/ Chest X-ray		
	CBC w/Diff				AAS		
	BMP / CMP				KUB		
	BNP				Pelvis		
	TROPONIN I				L-Spine		
	CPK / CKMB				T-spine		
	PT / INR / PTT				C-Spine		
	D-DIMER						
	LFT'S						
	AMYLASE / LIPASE						
	DILANTIN						
	DIGOXIN						
	FSBS						
	ETOH				[redacted]		
	URINE DRUG SCREEN				OB		
	URINALYSIS				Pelvis/Abdominal		
	URINE UCG				GB		
					[redacted]		
					Head		
	Culture				Chest		
	BLOOD CX				Abdomen/pelvis; PO/IV		
	GC / CHLAMYDIA				C-spine		
	WET PREP / KOH						
	URINE CX						
	STREP SCREEN				[redacted]		
	HEMOCULT/GASTROCULT				Cardiac Monitor		
					Foley		
	Respiratory				Splint		
	ABG				Ace Wrap		
	EKG				NG -Tube		
	Oxygen L via				I.V /Heparin Lock		
	NEBULIZER:						
	ALBUTEROL MG				[redacted]		
	ATROVENT MG				*Other*		
	XOPENEX MG				OLD RECORDS		
					NPO		

Time Ordered	Treatments/Medication	Nurse Initials	Date/Time done
[redacted]		[redacted]	

Authorization for Disclosure of Protected Health Information

My name is: Melinda S. Paavola — PT

Address: 6265 Shelfland St.

My Social Security Number or Patient Record Number is: [redacted]

1. I authorize the disclosure of my protected health information[1] and psychotherapy notes, including records that may contain information about the Human Immunodeficiency Virus (HIV) or other communicable diseases. This information should include, but should not be limited to, physicians' notes, nurses' notes, laboratory tests and results, radiology films and reports, mental health records, psychological testing, neurological testing, and neuropsychological testing. I understand that this authorization is voluntary. I understand that, if the person(s) or organization(s) that I authorize to receive my protected health information are not subject to federal and state health information privacy laws, subsequent disclosure by such person(s) or organization(s) may not be protected by those laws.

2. I authorize the following person(s) and/or organization(s) to disclose my protected health information and psychotherapy notes, including records that may contain HIV-related information:

Name(s)_____
Organization(s)_____
Address_____

3. As disclosed by the person(s) and/or organization(s) above, I authorize the following person(s) and/or organization(s) to receive my protected health information and psychotherapy notes, including records that may contain HIV-related information:

John Blume
Blume, Weyble & Norris LLC
P.O. Box 11744
Columbia, SC 29211

Bill/mail to

All Records 2/18/09

Emily C. Paavola
The Center for Capital Litigation
P.O. Box 11311
Columbia, SC 29211
(803) 765-1044

4 A photocopy of this release may be honored. I specifically authorize the disclosure of the following health information:

✓ Emergency room records	✓ Hospital Outpatient records	✓ Laboratory & diagnostic findings
✓ Hospital Inpatient records	✓ Mental health treatment information	✓ Substance abuse treatment information
✓ Office based records	✓ Medicaid records	✓ Billing information
✓ HIV-related information	✓ Psychotherapy notes	

[1] Protected health information ("PHI") is health information that is created or received by a health care provider, health plan, or health care clearinghouse which relates to: 1) the past, present, or future physical or mental health of an individual; 2) the provision of health care to an individual; or 3) the past, present, or future payment for the provision of health care to an individual. To be protected, the information must be such that it identifies the individual or provides a reasonable basis to believe that the information can identify the individual. 45 C.F.R. 164.508.

Log # 25437897

5. Specific description of the purpose for each use or disclosure: **At the request of the individual.**

6. I am aware that confidential HIV-related information is any information indicating that I had an HIV-related test, or have an HIV infection, HIV-related illness or AIDS, or any information which indicates that I have potentially been exposed to HIV.

7. I am aware that by signing this authorization, my protected health information and psychotherapy notes, including any HIV-related information, can be given to the people listed above, for the reason (s) listed. I understand that I can refuse to sign this authorization, and am aware that I do not have to allow the release of HIV-related information or any other protected health information or psychotherapy notes. I also know that I can change my mind, and that I may revoke this authorization in writing at any time by sending a signed and dated written statement to Blume, Weyble & Norris, LLC saying that I am revoking my authorization to disclose protected health information and psychotherapy notes, except to the extent that the person (s) and/or organization (s) named above have taken action in reliance on this authorization.

This authorization expires on January 1, 2010.

I have had the opportunity to read and consider the content of this authorization. I confirm that the contents are consistent with my direction.

Melinda S. Parrott
Signed

9-8-08
Date

Witness

11 pgs 000205
*********AUTO**ALL FOR ADC 290
000000205 03 AB 0.910
ATTN: JOHN BLUME
BLUME WEYBLE AND NORRIS LLC
PO BOX 11744
1247 SUMTER ST STE 201
COLUMBIA SC 29201-3350

ATTENTION

Confidential information enclosed.
To be viewed by authorized persons only.

If you have questions regarding any information you have requested,
Please call the phone number on the enclosed invoice

Health Information is reproduced by HealthPort, a health information outsourcing service. Your healthcare facility contracts with HealthPort to process authorized copies of medical records.

Reproductions are made from the medical facility's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

This package may or may not contain medical records, depending on what was requested and how it was processed.

HealthPort*Connect*

Why wait for medical records to be delivered when you can access them electronically as soon as they are available?

Conserve paper, save time and money with **HealthPort*Connect*!**

HealthPort*Connect* is a user-friendly, web-based interface that:

- Gives you instant online access to requested medical records
- Expedites medical records with electronic delivery
- Provides a safe, secure way to track and pay for medical records
- Eliminates shipping costs and saves on taxes *(where applicable*)*

It's Easy Going Green with HealthPort*Connect*!

Through our web portal, **HealthPort*Connect***, we electronically deliver over 45% of all requests for medical records to requesters, saving approximately 7,200 trees!

Follow these easy steps to sign up for automated release-of-information:

1. Go to **www.HealthPortConnect.com**
2. Click "More information..." in the blue box on the top right portion of the screen.
3. Follow the online instructions.
4. You will receive an information packet and membership form for **HealthPort*Connect*** via email. Please complete membership form and return via fax to 770-689-3208 or email it to Connect@HealthPort.com to initiate service.

Have Questions? Email us at Connect@HealthPort.com

Save Even More...

* You'll get additional sales tax savings if you are located in the following states:

Alabama | Arizona | California | Florida | Georgia | Michigan | Minnesota | Missouri
Nebraska | Pennsylvania | Tennessee

POOR
ORIGINAL

Y HOSPITAL

O.P.E.R. REPORT

TIME OUT 1021

PATIENT NAME/ADDRESS
WINDHAM, TAMMY E
[redacted]
EMPLOYER NOT EMPLOYED

GUARANTOR/ADDRESS
WINDHAM, THOMAS
[redacted]
RELATIONSHIP HUSBAND
YARBOROUGH ROOFING

ACCOUNT NO. 10071472
TYPE ER ER
[redacted] 21 F M HCL M
STONE, MABEL
[redacted]
NEXT OF KIN/ADDRESS
WINDHAM, THOMAS
[redacted]
RELATIONSHIP H

INSURANCE CO. SELF-PAY
POLICY NUMBER
CONTRACT NUMBER
SUBSCRIBER INS. ID NAME

PATIENT INFORMATION
REASON FOR VISIT
PAINS IN STOMACH

ATTENDING PHYSICIAN
ADMITTING PHYSICIAN
OPDM

ADMISSION/DISCHARGE
DURATION
OVERALL

1020 hrs Ambulatory F+O c/o pains in bottom of stomach & pain on urination States she has vomited X 2.

CMP 7/4/89 Lin C Elmore, MD

10:30 S- Pt. 21 y/o w/f d.t.p. for complaint of upper abd. pain & agitation x 3-4 days. States LMP 2 wks ago. Pt. advised to be guided & thereby consequent misuse of Tylenol and.

O- Pt. alert, NAD.
Lungs- clear Heart- RRR
Abd- epigastric tenderness Extremities-
Pelvic- Vagina- white discharge. Cervix- Pink & patulous,
D-C Cultures, Wet Prep Gonorrhea, Chlamydia,
Cath U/A, Tech V. Nelson, PMS/M. Douglas, Pd. JCON-Org JBK

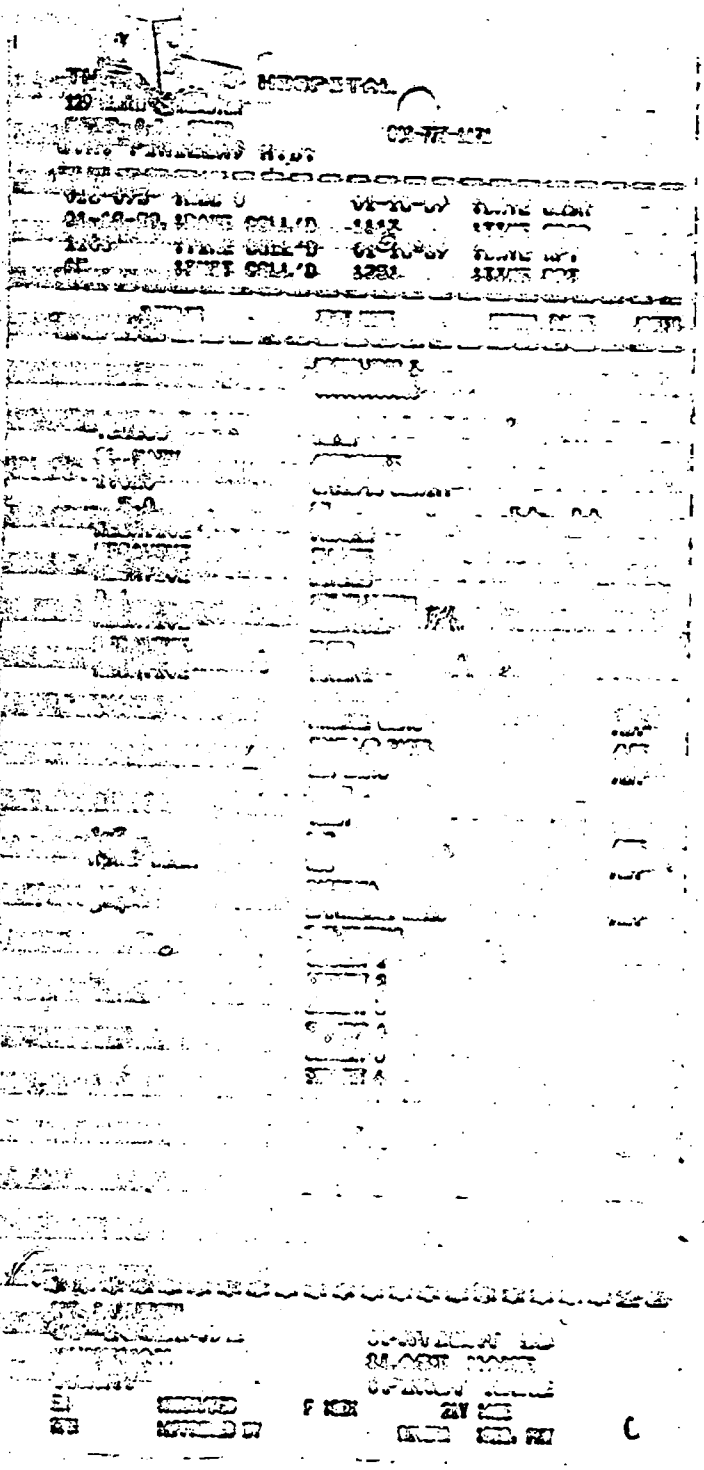
DPED.

7/4/89 Phenergan 100mg i Tab, p.o. bid x 3 days. 2) Augmentin 875 mg 1 Tab p.o. bid x 10 days.

Lin Theresa Elmore, MD

100

001



POOR ORIGINAL

MICROBIOLOGY REPORT
SUMMARY

POOR
ORIGINAL

THE TUCSON HOSPITAL 120 N. CRAYCROFT ST. TUCSON, AZ 85711

ADDRESS

Gladhom Dancy

1-18-89

HEAD INJURY

1. Give patient light diet, such as liquids, soups, crackers for 24 hrs.
2. Avoid strenuous activity for at least 24 hrs.

Call physician without delay if any of the following conditions occur.

1. Persistent severe headache
2. Repeated vomiting
3. Unusual drowsiness or loss of consciousness
4. Discharge of blood or fluid from nose or ears
5. Convulsions
6. Report any drowsiness in walking
7. Wake patient every _____ hours and observe for above symptoms

FEVER CONTROL

1. Give patient plenty of fluids such as Coca Cola, Ginger Ale, tea, [illegible]
2. Dress patient lightly.
3. Give Tylenol
   Dose _____ every 4 hrs.
4. Sponge for temperature over _____
5. To
   A. Undress patient
   B. Keep patient [illegible]
   C. Put [illegible] each [illegible]
6. Check temperature [illegible]

To

1. T[illegible]
2. T[illegible]
3. 0.7 0.5 cc
4. IM [illegible]
5. IM [illegible]

OTHER

Smile a lot

Christie

DRESSING AND CARE OF WOUND

1. All dressings are ordered [illegible] (wet, moist, dry)
2. Change soiled, wet, loose, [illegible] (1 to 2 times, Every Hr.)
3. Check each bandage, dressing for tightness, circulation (every hr.)
4. Reinforce [illegible]
5. DO NOT REMOVE OR TAMPER WITH ANY DRESSING FROM [illegible] UNLESS you are trained and instructed to do so by your physician.

To

ATTENDING PHYSICIAN

PATIENT INSTRUCTIONS

MEDICAL RECORDS

POOR ORIGINAL

POOR ORIGINAL

TIME IN 1400 TIME OUT 1500 ROOM #

ATTENDING PHYSICIAN

PATIENT ADDRESS

10163279

ADM ID 09/27/96

Sa Flow sheet

AGE 22 SEX M RACE W F ROOM LOC

Rose

RN Rhonda Johnson RN

MEDICAL RECORD NO [redacted]

ETIOLOGY

PMH

HISTORY AND PHYSICAL EXAMINATION TIME

Above Mod Pain - x 4 days -
Anemia x Several Days - Hematuria x 3
- Also urinary No Burning sensation
- Vaginal Bleeding infection Bym Bar

GYE Chart & Clear Rx D
Rx: MSR 50 mg
Med: Tranexamic Acid Bleeding
and Pelvic Pain
BS-HC - Urine-Pregnancy
Pt Given a LL Bt Tylenol
Sig Dysmenorrhea

Pt Vitals WNL to See Dr Cox
Dr Freeman and Nurse
Assistant to have Pelvic Exam
by Team

TIME	BP	P	RESP	T
1355	120/80	96	84	98

VITALS

Pain Scale
Current Severity
Worst Severity
Pain Control

LOCATION

Cervix
Cervix U-S
Pelvic

Menstrual Pain
Percocet-H 100 TID
x 5

Physician MD Patient

095

POOR ORIGINAL

TUOMEY REGIONAL

CHART COPY

WINDHAM, TAMMY

10/18/67 22 F M MOT.

NEXT OF KIN/ADDRESS
WINDHAM, THOMAS

HOME PHONE 803-775-6638

RELATIONSHIP HUSBAND

EMPLOYER HARRINGTON ROOFING

FINANCIAL CLASS S

INSURANCE NAME SELF-PAY

POLICY NUMBER

REASON FOR VISIT
STOMACH PAINS

ADMIT DATE/TIME 04/27/90 1461

DISCHARGE

HOSPITAL RELEASE

Date

Signed

Address

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT. I hereby authorize the physician, or physician's assistant, to perform the following procedures:

Tammy Windham
(Name of Patient)

ASSIGNMENT OF BENEFITS: I hereby authorize payment directly to the hospital named above, of hospital benefits otherwise payable to me including Major Medical benefits, and payment of surgical or medical benefits, including Major Medical, directly to the attending physician but not to exceed regular charges for services rendered. I understand that I am financially responsible to the hospital and physician for charges not covered by this assignment.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physician are authorized to release any medical information required for this and subsequent application for insurance coverage for services rendered during this admission.

SIGNATURE OF PATIENT'S CERTIFICATION: Authorization to release information and payment claims. I certify that the information given by me in application for payment under Titles XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

Witness Bertha

X Tammy Windham
Patient's Signature (or mark) and Relationship

Witness Signature (if Signature is Mark)

By (Representative) and Relationship

Date 4-27-90 11

006

5206

TUOMEY REGIONAL MEDICAL CENTER

CUMULATIVE SUMMARY

RESULTS SUMMARIZED THROUGH 09/27/90

1016327? - MINDHAM,TAMMY (229998) ER ER 22 F UNKNOWN

****URINALYSIS****

URINALYSIS -CHEMICAL**

1.030

NEGATIVE

NEGATIVE

NEGATIVE

NEGATIVE

0.5

NEGATIVE

NEGATIVE

NEGATIVE

1-2

0

RARE

POOR ORIGINAL

007

DIAGNOSIS:

ALLERGIES: NKDA

MEDICATIONS: None

VITAL SIGNS:	MEDICATIONS:	TETANUS TOXOID:	LAB	TIME ORDERED
TIME: 1355	IV FLUIDS		CBC	
BP 120/70 P 84 R 18			SMA7	
T 98.7 PUPILS			BA	
TIME:			MISCH	
BP P R				UNITS
T PUPILS			OTHER	
TIME:				
BP P R				
T PUPILS			ABG's	
TIME:	DRUGS			
BP P R				
T PUPILS			X-RAYS	
TIME:				
BP P R				
T PUPILS				
TIME:				
BP P R			OTHER TX:	
T PUPILS			FOLEY	
TIME:	NURSES NOTES: 1355 Amb. States "I have had 3 periods this month passing clogs at present & pain Stomach and back" Recent Surgery		AIRWAY	
BP P R			TYPE	
T PUPILS				

POOR ORIGINAL

NURSE'S SIGNATURE BJ Berndt

HX#: PT. NAME: Tammy Windom DATE: 9/27/90 TIME:

TUOMEY REGIONAL MEDICAL CENTER EMERGENCY DEPARTMENT FLOW

TUOMEY REGIONAL MEDICAL CENTER 129 N. WASHINGTON ST. SUMTER, SC 29150

HISTORY NO.

Tammy Weeden ADDRESS 9/27/96

HEAD INJURY

1. Give patient light diet, such as liquids, soups, crackers for 24 hrs.
2. Avoid strenuous activity for at least 24 hrs.

Call physician without delay if any of the following conditions occur.

1. Persistent severe headache
2. Repeated vomiting
3. Unusual drowsiness or loss of coordination.
4. Drainage of blood or fluid from nose or ears.
5. Convulsions
6. Report any clumsiness in walking.
7. Wake patient every _____ hours and observe for above symptoms.

SPRAIN OR SOFT TISSUE INJURY (Only if checked)

- ☐ Keep injured part elevated.
- ☐ Ice pack to area for 15 min. every 4 hours. Protect skin.
- ☐ Give ASA/Tylenol as follows: _____ tablets every _____ hours
- ☐ Use Dry/Moist heat for 15 min. every 4 hrs. Protect Skin.
- ☐ Loosen Ace bandage as necessary.
- ☐ Do not walk on injured part for _____ days.

INSTRUCTIONS FOR CLEAR LIQUID DIET

If you are instructed by a physician to stay on a clear liquid diet for 24 hrs, you may eat or drink any/all of the following:

1. All clear or strained fruit juices (no grape, apple, cranberry)
2. Clear coffee, tea, Kool Aid, Gatorade, or carbonated beverages (7 up, Sprite, Ginger Ale)
3. Clear broth, bouillon, consommé (no beef, chicken broth)
4. Popsicles, Jello

DO NOT STAY ON THIS DIET LONGER THAN 24 HRS. If you are still vomiting or having diarrhea you should return to or call your physician.

WARNING: The medicines you have been given may cause drowsiness. DO NOT drive or operate machinery.

FEVER CONTROL

1. Give patient plenty of [illegible] Coca Cola, Ginger Ale, tea, [illegible]
2. Dress patient lightly.
3. Give Tylenol
   Dose: _____
4. Sponge for temperature _____
5. To special [illegible]
   A. Unless
   B. Have pan at bed
   C. Rails [illegible] clean for [illegible]
6. Check temperature every _____

To monitor your [illegible] temperature every [illegible] on Dose:

- ☐ 1. Tylenol [illegible]
- ☐ 2. Tylenol [illegible]
- ☐ 3. DPT 0.5 cc
- ☐ 4. DT Pediatric 0.5 cc
- ☐ 5. DT Adult 0.5 cc

OTHER: Samantha Pediatrics

If there are any problems, return to the Emergency Room or your family physician.

To whom it may concern: [illegible] Patient named above was treated in Tuomey Regional Medical Center [illegible] on _____ at _____. He/She has been excused from work/school for ____ days. His patient days. Work/School Excuse

I HAVE READ AND UNDERSTAND THE INSTRUCT[illegible]

Tammy L. Weeden

[illegible] AT THE RECOMMENDATION OF [illegible] COMMUNITY PHYSICIANS, INC.

[illegible] SIGNATURE OF PERSONAL REPRESENTATIVE

[illegible] DATE

0 09

5209

Needs Tx 3 of 4

TIME IN 0037 TIME OUT 0330 ADMITTED ROOM NO (1)

ATTENDING PHYSICIAN

WINDHAM, TAMMY E
10185539

ADM ER
01/01/91

PRESENT PROBLEM

PRIOR TREATMENT

CURRENT MEDICATIONS

DRUG ALLERGIES

AGE 23 RACE W SEX Fe ACCT NO

SIGNATURE Thomsen

LAST TETANUS

WEIGHT

MEDICAL RECORD NO 229998 DATE

HISTORY AND PHYSICAL EXAMINATION TIME 2:10AM

VITALS	TIME	B.P.	TEMP.	PULSE	RESP.
	2330	130/	99	77	24

NURSE'S NOTES LMP 6-5-90

MEDICATION & TREATMENT

DIAGNOSTIC IMPRESSION

DATE

CONDITION OF PATIENT ON DISCHARGE

IMPROVED UNIMPROVED ADMITTED OTHER

PHYSICIAN NAME TIME

EXPLANATION POLICE OTHER

DISCHARGE INSTRUCTIONS

DIET ACTIVITY

I HAVE GIVEN AFTER NORMAL DUTY HOURS WILL BE LATER INTERPRETED BY A QUALIFIED RADIOLOGIST AND ANY DISCREPANCIES FOUND WILL BE COMMUNICATED TO ME. FURTHER I (PHYSICIAN) CERTIFY THAT I UNDERSTAND THE INSTRUCTIONS GIVEN ME

PATIENT X Tammy Windham

ATTENDING PHYSICIAN

POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER
129 North Washington Street
Sumter, South Carolina 29150

CHART COPY

O.P.E.R. REPORT

TIME IN _____ TIME OUT _____ ROOM NUMBER _____

PATIENT NAME/ADDRESS	ACCOUNT NO.	ROOM/BED	TYPE	LOCATION/SERVICE	UNIT NO./MED. REC. NO.
WINDHAM, TAMMY E [redacted]	[redacted]		ER	ER	229998

DATE OF BIRTH	AGE	SEX	MAR STAT	RELIGION	RACE	SMOKER
[redacted]	23	F	SEP	HOL	W	

PERSON TO NOTIFY/ADDRESS: STONE, MARBELL [redacted] RELATIONSHIP: M

GUARANTOR/ADDRESS: WINDHAM, TAMMY E [redacted]
RELATIONSHIP: SAME AS PATIENT
GUAR. EMPLOYER: NOT EMPLOYED
FINANCIAL CLASS: D

NEXT OF KIN/ADDRESS: WINDHAM, THOMAS [redacted] RELATIONSHIP: R
OTHER PHONE

INSURANCE NAME	POLICY NUMBER	COVERAGE NUMBER	SUBSCRIBER/INSURED NAME
MEDICAID CLAIMS RECEIP	5432440304		WINDHAM, TAMMY E

ACCIDENT INFORMATION	REASON FOR VISIT		
	VAG BLDG TODAY, STATES 3 MO'S PREGNANT		
ACCIDENT DATE/TIME	COMMENTS	HEIGHT/WEIGHT	ARRIVAL MODE
			WALKED
ADMIT DATE/TIME	ADMITTING PHYSICIAN	ATTENDING PHYSICIAN	USER
01/01/91 2334		UNKNOWN Sunlife.	ERLW

HOSPITAL RELEASE

Date _____

I the undersigned, a patient under treatment in the Tuomey Hospital, Sumter, S.C., am leaving the hospital against the advice of attending physicians and do hereby release the hospital and attending physicians of all responsibility.

Witness _____ Signed _____

Address _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT: I hereby authorize the physician, or physicians in charge of the care of X Tammy Windham (Name of Patient)

to administer any treatment or to administer such anesthetics and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient, and to dispose of all tissue in the manner which is deemed most advisable.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in the hospital.

ASSIGNMENT OF BENEFITS: I hereby authorize payment directly to the hospital named above, of hospital benefits otherwise payable to me including Major Medical insurance and payment of surgical or medical benefits, including Major Medical, directly to the attending physician but not to exceed regular charges for these services. I understand that I am financially responsible to the hospital and physician for charges not covered by this assignment.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physician are authorized to release any medical information required in the processing of application for financial coverage for services rendered during this admission.

MEDICARE-MEDICAID PATIENT'S CERTIFICATION: Authorization to release information and payment request. I certify that the information given by me in applying for payment under Titles XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related medicare claim. I request that payment of authorized benefits be made on my behalf.

I have had the contents of this statement explained in detail, am aware of its meaning and sign it voluntarily.

Witness Lynn Bartlett — X Tammy Windham Patient's Signature (or mark and name)

(Reason Patient Unable to Sign) — By (Representative) and Relationship: D Tammy Stone

Date 1-1-91 — Time 2334

011

5211

DIAGNOSIS:

ALLERGIES: NKA

MEDICATIONS: Ø

VITAL SIGNS:	MEDICATIONS:	TETANUS TOXOID:	LAB	TIME ORDERED
TIME: 2332	IV FLUIDS		CBC	
BP 94 P 77 R 24			SMA7	
T 99 PUPILS			UA	
			MGCN	
TIME:			UNITS	
BP P R				
T PUPILS			OTHER	
TIME:				
BP P R				
T PUPILS			ABG's	
TIME:	DRUGS			
BP P R				
T PUPILS			X-RAYS	
TIME:				
BP P R				
T PUPILS				
TIME:			OTHER TX:	
BP P R			FOLEY	TIME
T PUPILS	NURSES NOTES: 2332 CC Possible Vag bldg today. States			
TIME:	3 Mos. pregnant = EDC July 1971. Sign in		AIRWAY	
BP P R	Justified - Pregt. Feb. 5th No prenatal this		TYPE	TIME
T PUPILS	pregnancy. Hx 2 PID Ab & States pos.-pid			
	chg. x ttt, states drug pinkish. States cramping			
	if mvd abd - does pelvic pressure. Stat WB.			

POOR ORIGINAL

NURSE'S SIGNATURE C Smith RN(E)

Hx#: PT. NAME: Tommy Watson DATE: 11/1/71 TIME: 2332

TUOMEY REGIONAL MEDICAL CENTER EMERGENCY DEPARTMENT FLOW SHEET

012

EMERGENCY ROOM FLOW SHEET NOTES:

VITAL SIGNS:	Color ivory. Tearful; 1:1 emot. support rendered. Interviewed via WIC
TIME:	accomp. by husband.
BP P R	0230 - Unable to obtain fetal tones/HR via Doppler. Quest-
PUPILS	ionable placenta sounds.
	0330 - amb out of ER - ready for d/c void 2 more times
TIME:	d/c Inst given. no further vaginal spotting noted per
BP P R	pt. Stable.
PUPILS	
TIME:	
BP P R	
PUPILS	
TIME:	
BP P R	
PUPILS	
TIME:	
BP P R	
PUPILS	
TIME:	
BP P R	
PUPILS	
TIME:	
BP P R	
PUPILS	

POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER PAGE 1
RUN ON 01/02/91-0310 ** STAT REPORT **

10185539 - WINDHAM,TAMMY E (229998) ER ER 23 F UNKNOWN
0102:00002S - 186253 COMP COLL: 01/02/91 0234 RECD: 01/02/91 0243 PETER,CARL W
COMMENT: DATE & TIME SPECIMEN COLLECTED? 1/2/91
TYPE SPECIMEN? URCA - URINE,CATHETER
ORDERED: URINALYS1S

[URINALYSIS]
[URINALYSIS-CHEM]
[URINE SEDIMENT]

=>	COLOR	YELLOW
=>	APPEARANCE	HAZY
	GLUCOSE	NEGATIVE
	BILIRUBIN	NEGATIVE
	KETONES	NEGATIVE
	SPECIFIC GRAVTY	1.025
	BLOOD	NEGATIVE
	PH	5.0
	PROTEIN	NEGATIVE
	UROBILINOGEN	0.2
	NITRATES	NEGATIVE
	LEUKOCYTES	NEGATIVE
=>	WBC	0-1
=>	RBC	0
=>	EPITHELIAL CELL	3-6
=>	BACTERIA	1+

*** END OF STAT REPORT ***

POOR ORIGINAL

HISTORY NO. _____

TUOMEY REGIONAL MEDICAL CENTER 129 N. WASHINGTON ST. SUMTER, SC 29150

NAME Windham, Tammy ADDRESS _____

10185539 2 Jan 91

CARE OF WOUNDS

1. Keep clean and dry.
2. Watch for and report any redness, swelling, increased pain or red streaks in the area of the wound.
3. Wound recheck _____
4. Sutures out _____
5. You will need to call the physician to whom you were referred for follow-up to make an appointment /Return to ER for recheck on _____

CARE OF BURNS

Contact a physician if any of the following conditions occur.

1. Increasing redness or discoloration of the normal tissue around burn site.
2. Fever or chills.
3. Red streaks arising from the burn areas.
4. Swelling or progressive inability to use the fingers or toes if burn involves an extremity.
5. Shortness of breath, increased cough or blurred vision if the burn involves the face.
6. Difficulty swallowing if the burn involves the neck.
7. Notify physician if burn fails to improve as expected.
8. Burn recheck _____

ANTIBIOTICS

You have been given a prescription for an antibiotic. Please take as directed. Take at least 30 minutes before meals or one hour after meals. Antibiotics should be taken on an empty stomach unless stated otherwise. You should be feeling better within 36-48 hours. Finish the entire amount even though you start feeling better. Make sure you are rechecked by a private doctor.

HEAD INJURY

1. Give patient light diet, such as liquids, soups, crackers for 24 hrs.
2. Avoid strenuous activity for at least 24 hrs.

Call physician without delay if any of the following conditions occur.

1. Persistent severe headache
2. Repeated vomiting
3. Unusual drowsiness or loss of coordination.
4. Drainage of blood or fluid from nose or ears.
5. Convulsions
6. Report any clumsiness in walking.
7. Wake patient every _____ hours and observe for above symptoms.

SPRAIN OR SOFT TISSUE INJURY (Only if checked)

- ☐ Keep injured part elevated.
- ☐ Ice pack to area for 15 min. every 4 hours. Protect skin.
- ☐ Give ASA/Tylenol as follows: _____ tablets every _____ hours
- ☐ Use Dry/Moist heat for 15 min. every 4 hrs. Protect Skin.
- ☐ Loosen Ace bandage as necessary.
- ☐ Do not walk on injured part for _____ days.

INSTRUCTIONS FOR CLEAR LIQUID DIET

If you are instructed by a physician to stay on a clear liquid diet for 24 hrs. you may eat or drink any/all of the following:

1. All clear or strained fruit juices (ex: grape, apple, cranberry)
2. Clear coffee, tea, Kool Aid, Gatorade, or carbonated beverages (7 up, Sprite, Ginger Ale)
3. Clear broth, bouillon, consomme (ex: beef, chicken broth)
4. Popsicles, Jello

* DO NOT STAY ON THIS DIET LONGER THAN 24 HRS. If you are still vomiting or having diarrhea you should return to or call your physician.

WARNING! The medication you have been given may cause drowsiness. DO NOT drive or operate machinery.

FEVER CONTROL

1. Give patient plenty of fluids such as Coca Cola, Ginger Ale, tea. NO MILK.
2. Dress patient lightly.
3. Give Tylenol
   Dose: _____ tsp. every 4 hrs.
4. Sponge for temperature of _____ or higher.
5. To sponge patient
   A. Undress patient
   B. Have pan of luke warm water and cloth.
   C. Rub skin over entire body with wet cloth for about 20 min.
6. Check temperature again.

IMMUNIZATIONS

To enable you to keep complete record of immunizations the following was administered on Date: _____

- ☐ 1. Tetanus Toxoid 0.5cc
- ☐ 2. Tetanus Immune Globulin 250 units
- ☐ 3. DPT 0.5 cc
- ☐ 4. DT Pediatric 0.5 cc
- ☐ 5. DT Adult 0.5 cc

OTHER

1. return if worse pain or bleeding
2. tylenol for pain.

POOR ORIGINAL

If there are any problems return to the Emergency Room or see your private physician.

To whom it may concern: Date: _____
Patient named above was treated at Tuomey Regional Medical Center Emergency Room on _____ at _____
He/She has been advised not to return to work/school for ____ days or until released by his private physician or company doctor.
Work/School Excuse by Dr. _____

THESE INSTRUCTIONS ARE GIVEN AT THE RECOMMENDATION OF:
☐ EMERGENCY PHYSICIAN — COMMUNITY PHYSICIANS, INC.
☐ PRIVATE PHYSICIAN Dr. _____

ADDITIONAL INSTRUCTION: YOU SHOULD SEE YOUR PRIVATE OR REFERRAL PHYSICIAN, Dr. _____ Phone No. _____ FOR FOLLOW UP CARE, IN _____ DAYS

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS.
X Tammy Windham
SIGNATURE OF PATIENT OR RESPONSIBLE PERSON
X Thomas RN
SIGNATURE OF NURSE

PATIENT INSTRUCTIONS

MEDICAL RECORDS

015

5215

POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER
[illegible] Washington Street
Sumter, South Carolina 29150

O.P.E.R. REPORT

TIME IN _____ TIME OUT _____ ROOM NUMBER _____

PATIENT NAME/ADDRESS
WINDHAM,TAMMY E
713 RAVENAL ST
SUMTER,SC 29150
PHONE 803-773-0538
SOCIAL SECURITY NO. 247311815
EMPLOYER NOT EMPLOYED

ACCOUNT NO. | (HOSPITAL) | TYPE: OUT | LOCATION/RESIDENCE: EMR | UNIT NO./ROOM/BED NO.: 229298
AGE: 23 | SEX: F | DATE | RELIGION: BAP | RACE: W | RECORDS
RELATIONSHIP: 29

GUARANTOR/ADDRESS
WINDHAM,TAMMY E
713 RAVENAL ST
SUMTER,SC 29150
PHONE 803-773-0538
RELATIONSHIP SAME AS PATIENT
GUAR. EMPLOYER NOT EMPLOYED
FINANCIAL CLASS D

STORE,KENDALL
713 RAVENAL ST
SUMTER,SC 29150
HOME PHONE 803-773-0538 OTHER PHONE
RELATIONSHIP: 29

NEXT OF KIN/ADDRESS
WINDHAM,THOMAS
713 RAVENAL ST
SUMTER,SC 29150
HOME PHONE OTHER PHONE
803-773-0538

MEDICAID CLAIMS RECEIPT | CONTRACT NUMBER | SUBSCRIBER/INSURED NAME: WINDHAM,TAMMY E

ADMISSION INFORMATION | REASON FOR VISIT: POSITIVE,PELVIC,2ND CERVT LT SIDE

ACCIDENT DATE/TIME | COMMENTS | PATIENT TRANSF | ADMISSION: WALKED

ADMIT DATE/TIME: 12/19/90 2138 | ADMITTING PHYSICIAN | ATTENDING PHYSICIAN

HOSPITAL RELEASE Date _____

I the undersigned, a patient under treatment in the Tuomey Hospital, Sumter, S.C., am leaving the hospital against the advice of attending physicians and hereby release the hospital and attending physicians of all responsibility.

Witness _____ Signed _____

Address _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT: I hereby authorize Dr. physician or physicians in charge of the [illegible] at Tuomey Windham (Name of Hospital)

to administer any treatment or to administer such anesthetics and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient, and to dispose of all tissue in the manner which is deemed most desirable.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatment or examinations in the hospital.

ASSIGNMENT OF BENEFITS: I hereby authorize payment directly to the hospital named above, of hospital benefits otherwise payable to me [illegible] Except for security and payment of personal or medical benefits, including those medical, directly to the attending physician but not to exceed regular charges for such services. I understand that I am financially responsible to the hospital and physicians for charges not covered by this assignment.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physician are authorized to release any medical information required in the processing of application for insurance coverage for services received during this admission.

MEDICARE/MEDICAID PATIENT'S CERTIFICATION: Authorization to release information and payment request. I certify that the information given by me in applying for payment under Title XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related medicare claim. I request that payment of authorized benefits be made on my behalf.

I have had the contents of this document explained to [illegible], an owner of the property and sign it voluntarily

Witness [signature] Patient's Signature (or Other Legal Agent) Tammy Windham

(Reason Patient Unable to Sign) By (Representative and Relationship) 12-19-90 2138

016

5216

ADMITTED — TIME OUT 1930 — ADMITTING ROOM NO.

WINDHAM, TANNY E
10:83044

Ballard

ADM ER
12/19/90

CC: See Flow Sheet

AGE 23 RACE W SEX F ROOM NO.

NURSE SIGNATURE M. McCammond
LAST TETANUS

MEDICAL RECORD NO 229998

HISTORY AND PHYSICAL EXAMINATION — TIME

VITALS	TIME	B.P.	TEMP.	PULSE	RESP.
	2135	132/66	99	91	18

NURSE'S NOTES — LMP

adm pt in bed unattended

LAB'S X-RAY

MEDICATION & TREATMENT

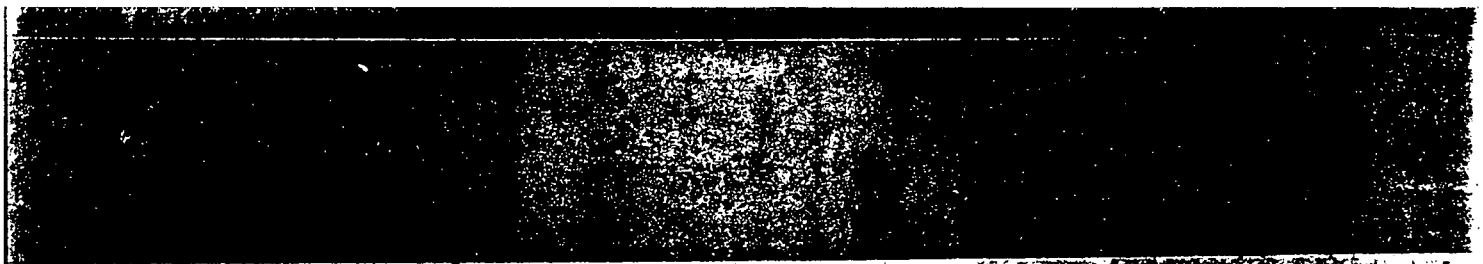
DATE

ATTENDING PHYSICIAN

PATIENT

POOR ORIGINAL

017



SIS: 0

LERGIES: 0

VITAL SIGNS:

TIME: 2135
BP 134/82 P 92 R 18
T 98 PUPILS

TIME:
BP P R
T PUPILS

TIME:
BP P R
T PUPILS

TIME:
BP P R
T PUPILS

TIME:
BP P R
T PUPILS

TIME:
BP P R
T PUPILS

TIME:
BP P R
T PUPILS

MEDICATIONS: 0

MEDICATIONS: TETANUS TOXOID:

IV FLUIDS

DRUGS

POOR ORIGINAL

NURSES NOTES: 2135 A/O X3 Amb to triage c/c "Been vomiting, fever - 102 cramps in R side. Symptoms x 1 month - Unknown if pregnant Last menstrual period October 5th 6th 7th Then

LAB TIME ORDERED
CBC
SMA7
UA
HCG
UNITS

OTHER

ABG's

X-RAYS

OTHER TX:
POLICY TIME

AIRWAY
TYPE TI

NURSE'S SIGNATURE M. McC.

PT. NAME: Windham, Tammy DATE: 12/19/90

TROUSDALE MEDICAL CENTER EMERGENCY DEPARTMENT

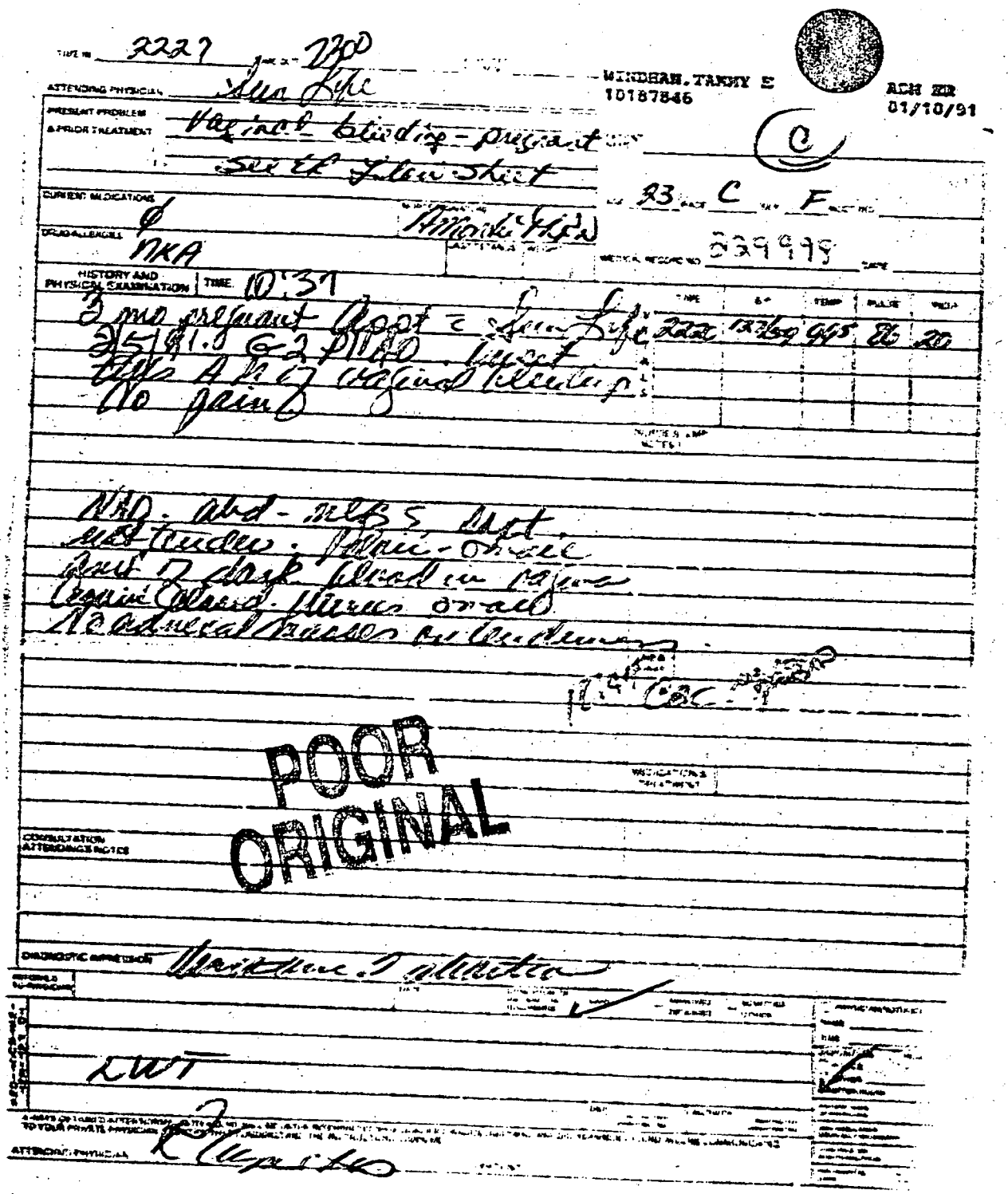
018

5218

EMERGENCY ROOM FLOW SHEET NOTES:

VITAL SIGNS:	24th postop day. Pain & urinary frequency & hesitancy. No acute distress noted
TIME	
BP P R	
T PUPILS	
TIME	
BP P R	
T PUPILS	
TIME	
BP P R	
T PUPILS	
TIME	
BP P R	
T PUPILS	
TIME	
BP P R	
T PUPILS	
TIME	
BP P R	
T PUPILS	
TIME	
BP P R	
T PUPILS	

POOR ORIGINAL



TIME IN 2227 DATE 2-7-91
ATTENDING PHYSICIAN Lisa Lyle
PRESENT PROBLEM & PRIOR TREATMENT Vaginal bleeding - pregnant
See H&P flow sheet
CURRENT MEDICATIONS ∅
DRUG ALLERGIES NKA
HISTORY AND PHYSICAL EXAMINATION TIME 0031
3 mo pregnant G2P1 c Lisa Lyle
25yo A+ G2P1A0 vaginal bleeding
No pain

WHITEHAM, TAMMY E
10187846
ACH ER
01/10/91

23 C F
339995

TIME	BP	TEMP	PULSE	RESP
2227	132/69	99.5	88	20

NAD. Abd - NBS, soft
Nontender. Pelvic - chaperone
Small dark blood in vagina
Cervix closed. Uterus small
No adnexal masses or tenderness

POOR ORIGINAL

DIAGNOSTIC IMPRESSION Vaginitis ? abortion

2WT

ATTENDING PHYSICIAN

020

5220

TUOMEY
E-E-G-I-O-N-A-L

O.P.E.R. REPORT

TIME IN

TIME OUT

PATIENT NAME/ADDRESS

WITHAM, TAMMY E

[redacted]

GUARANTOR/ADDRESS

WITHAM, TAMMY E

[redacted]

ACCOUNT NO

ADMITTED

TYPE

LOCATION/SERVICE

DATE OF BIRTH [redacted]

AGE

SEX

RACE

RELIGION

MARITAL

EMPLOY

CLASS/GRP

PERSON TO NOTIFY/ADDRESS

[redacted]

OTHER PHONE

RELAT OF GUARANTOR

HOME PHONE

OTHER PHONE

MEDICAID CLAIM NUMBER

[redacted]

ADMISSION CLASSIFICATION

REASON FOR VISIT

ILEOSTOMY HEAVY TISSUE DEBRIDEMENT

COMMENTS

ADMIT DATE/TIME

01/10/97 2223

ADMITTING PHYSICIAN

ATTENDING PHYSICIAN

HOSPITAL POLICIES

Date

I the undersigned, a patient seeking treatment in the Tuomey Hospital, Sumter, S.C., am leaving the hospital against the advice of attending physicians and do hereby release the hospital and attending physicians of all responsibility

Witness

Signed

Address

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT. I hereby authorize the physician, or physicians in charge of the case at Tommy Wintham

(Name of Patient)

to perform any treatments or to administer such anesthetics and to perform such operations as may be deemed necessary or advisable on the patient and such other and further procedures as may be deemed necessary or advisable in the event unforeseen conditions are revealed during the course of the operation. I authorize the release of information and autopsy in case such action is deemed necessary or advisable by the attending physician or consultants to the hospital. I acknowledge that no guarantees have been made to me as to the results of treatment or examinations to be performed.

ASSIGNMENT OF BENEFITS: I hereby authorize payment directly to the hospital named above, all hospital benefits otherwise payable to me including major medical insurance and payment of benefits for medical services, including Major Medical, directly to the attending physician but not to exceed regular charges for services rendered. I understand that I am financially responsible to the hospital and physicians for charges not covered by this assignment.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physicians are authorized to release any medical information required in connection with application for insurance benefits or services rendered during this admission.

MEDICARE/MEDICAID PATIENT'S CERTIFICATION: Authorization to release information and payment request. I certify that the information given by me in applying for payment under Titles XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related medical care claim. I request that payment of authorized benefits be made on my behalf.

I have read the above agreement or have had explained to me, and am aware of its meaning and sign it voluntarily

Witness

Signature of Patient or Person Acting on Patient's Behalf

Tommy Wintham

Relationship (if other than patient)

Witness

Date 1-10-97

Time

POOR ORIGINAL

021

AGNOSIS:

ERGIES: NKA MEDICATIONS: Ø

VITAL SIGNS:	MEDICATIONS: TETANUS TOXOID:	LAB
E: 2220	IV FLUIDS	CBC
20 Nov 20		SMA
P PUPILS		UA
E:		MISC
P R		UNITS
PUPILS		OTHER
E:		
P R		
PUPILS		ABG's
	DRUGS	
E:		
P R		
PUPILS		X-RAYS
E:		
P R		
PUPILS		
E:		OTHER TX:
P R		FOLEY TIME
PUPILS	NURSES NOTES: 2320 cc "I Started	
	Bleeding heavy today - Pregnant" -	
E:	EDC July 9th - OBG is Smith's	AIRWAY
P R	Feb. 5 - I Gm. to ER -	TYPE TIME
PUPILS	G2 P1 A-0	
	BCC Labia to dorsum blood stain	

POOR ORIGINAL

NURSE'S SIGNATURE Brook, RN

PT. NAME: Windham, Tracy DATE: 11/20 TIME: 2-

OMEY REGIONAL MEDICAL CENTER EMERGENCY DEPARTMENT FLOW

022

EMERGENCY ROOM FLOW SHEET NOTES:

TAL SIGNS: _	Pt not in room - unable to locate (Cefpodox)
E: _	BBR passed pt stated to DC Walk
P R	pain to completion of treatment Offered
PUPILS	
E:	
P R	
PUPILS	
E:	
P R	
PUPILS	
P R	
PUPILS	
E:	
P R	
PUPILS	
E:	
P R	
PUPILS	
E:	
P R	
PUPILS	

POOR ORIGINAL

023

POOR ORIGINAL

TIME IN 0835 MM/DD/YY TIME OUT INCOMPLETE C

ATTENDING PHYSICIAN

PRESENT PROBLEM [redacted]

PRIOR TREATMENT Unmedicated

CURRENT MEDICATIONS None NURSE SIGNATURE

DRUG ALLERGIES NKA

WINDHAM, TAMMY E
10188256

ADM DT
01/13/91

B C F ACCT NO

MEDICAL RECORD NO 229998 DATE

HISTORY AND PHYSICAL EXAMINATION TIME 0840

23 yo G6P1 LMP 10/15/90 who has been seen in Family ER c complaints of vaginal bleeding. At 1AM last night she developed severe back & abdominal pain progressed to heavy bleeding & ? of fluid gush. Pain is severe.

Exam: Well developed well nourished AA female in acute distress. Abd - soft, mild diffuse tenderness, no rebound. Fundus is approx 20 wks size by palpation. Cervix is closed, no active bleeding, no cervical lesions seen. Speculum exam: Moderate amount of dark red blood in vault. Cervix is closed, no active bleeding, no cervical lesions seen. Bimanual exam: Cervix is closed, no cervical lesions seen. Uterus is enlarged, approximately 20 wks size by palpation. Adnexa are non-tender bilaterally. No CMT. No masses palpated.

TIME	BP	TEMP	PULSE	RESP
0823	130/84	98.7	86	20
0845	122/54		54	
0950?	80/33		92	
1115	112/72		84	20

NURSE'S NOTES

IMPRESSION: Spontaneous abortion - threatened vs complete

PLAN: Pt is at 20 wks gestation. Discussed with patient that she is at risk for complications of premature labor and delivery. Discussed options of expectant management vs D&C for completion of procedure. Pt elects to proceed with D&C for completion of procedure. Risks discussed & pt consents.

MEDICATIONS ORDERED: Ancef 1gm IV now, Cefotan 1gm IV q12h x 3 doses, Ampicillin 2gm IV q6h x 48hrs, Flagyl 500mg IV q8h x 48hrs

EDUCATION DIRECTIVES: CBC, Type & RH, IV at 125cc/hr, Ancef 1gm IV now, Cefotan 1gm IV q12h x 3 doses, Ampicillin 2gm IV q6h x 48hrs, Flagyl 500mg IV q8h x 48hrs, Rhogam if RH+

CONSULTATIONS/TREATMENTS: D&C performed under IV sedation & paracervical blockade. Specimen sent to Path. No complications. Pt tolerated procedure well. Discharge home with instructions for pelvic rest & follow up in clinic in 1 week. Pt given Rx for Tylenol #3 for pain. Pt discharged in stable condition.

DIAGNOSTIC IMPRESSION: Incomplete spontaneous abortion

1/13/91

ATTENDING PHYSICIAN Tammy Windham

024

TUOMEY
R-E-G-I-O-N-A-L
MEDICAL CENTER
129 North Washington Street
Sumter, South Carolina 29150

O.P.E.R. REPORT

TIME IN _____ TIME OUT _____ ROOM/AREA _____

PATIENT NAME/ADDRESS
[redacted]
PHONE
SOCIAL SECURITY NO.
EMPLOYER NOT EMPLOYED

GUARANTOR/ADDRESS
PHONE
RELATIONSHIP
OCCUPATION

ROOM NO. | TYPE | LOCATION/ENTRANCE | UNIT NO./ROOM NO.
[redacted] | AGE | SEX | MARITAL | RELIGION | RACE | SERVICE
PERSON TO NOTIFY/ADDRESS | RELATIONSHIP
HOME PHONE | OTHER PHONE
NEXT OF KIN/ADDRESS | RELATIONSHIP
HOME PHONE | OTHER PHONE

PATIENT CLASS: D
INSURANCE CARRIER: MEDICAID CLAIM
POLICY NUMBER | GROUP NUMBER | SUBSCRIBER/INSURED NAME

ADMISSION INFORMATION | REASON FOR VISIT
ADMIT DATE/TIME | COMMENTS
ADMIT DATE/TIME: 04/13/91 0334 | ADMITTED PHYSICIAN | ATTENDING PHYSICIAN | USER

HOSPITAL RELEASE

Date _____

I the undersigned, a patient under treatment in the Tuomey Hospital, Sumter, S.C., am leaving the hospital against the advice of attending physicians and do hereby release the hospital and attending physicians of all responsibility

Witness _____ Signed _____

_____ Address _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT. I hereby authorize the physician, or physicians in charge of the case of Tommy Hamilton (Name of Patient)

to administer any treatment or to administer such anesthetics and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient, and to dispose of all tissue or the member which is deemed most advisable

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in the hospital.

ASSIGNMENT OF BENEFITS: I hereby authorize payment directly to the hospital named above, of hospital benefits otherwise payable to me including Major Medical insurance and payment of surgical or medical benefits, including Major Medical directly to the attending physician but not to exceed regular charges for these services. I understand that I am financially responsible to the hospital and physician for charges not covered by this assignment.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physician are authorized to release any medical information required in the processing of application for financial coverage for services rendered during this admission

MEDICARE-MEDICAID PATIENT'S CERTIFICATION: Authorization to release information and payment request. I certify that the information given by me in applying for payment under Titles XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediary or carrier any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

I have read the contents of this statement and have had it explained to me, am aware of its meaning and sign it voluntarily

Witness _____ Patient Signature (or mark and name) Tommy Hamilton

_____ By (Representative and relationship) Donald Hamilton Jr

(If Patient Patient Unable to Sign) _____ Date 4-13-91

POOR ORIGINAL

DIAGNOSIS:

ALLERGIES: Ø

MEDICATIONS: Ø

VITAL SIGNS:	MEDICATIONS: TETANUS TOXOID:	LAB TIME ORDERED
TIME: 0828	IV FLUIDS	CBC
BP 120 P 84 R 20		SMA7
T 98° PUPILS		UA
		XRAY
TIME:		UNITS
BP P R		
T PUPILS		OTHER
TIME:		
BP P R		
T PUPILS		ABG's
TIME:	DRUGS	
BP P R		
T PUPILS		X-RAYS
TIME:		
BP P R		
T PUPILS		
TIME:		OTHER TX:
BP P R		FOLEY TIME
T PUPILS	NURSES NOTES: 0828 CC "Check I just my baby	
	3 mo - water broke this morning - bleed - had clots - noticed 0815 this	
TIME:	morning. Husband at work. Family	XRAY
BP P R	Notified	TYPE TIME
T PUPILS	Page Dr. Ruby as to transfer if need	
	notify Sunlife Ins. on each to	

NURSE'S SIGNATURE [signature]

PT. NAME: Lindhan, Tammy DATE: 13 Jan 91 TIME: 0828

TUCSON REGIONAL MEDICAL CENTER EMERGENCY DEPARTMENT FLOW SHEET

30401

POOR ORIGINAL

EMERGENCY ROOM FLOW SHEET NOTES:

VITAL SIGNS:	Come to evaluate patient Explained to
TIME:	Pt waiting for Dr. Farmer. Stable. No distress
BP__P__R__	Pt Wheeled @ third time in MICU
T__PUPILS__	0930 Dr. Farmer in to examine patient.
	Detected some small amt of vomitus in vagina.
TIME:	Decide to do Suction & Gynecology. MICU
BP__P__R__	0950 Dr. Farmer explained procedure and
T__PUPILS__	risks of SetC to pt. Op consent signed
	No distress in MICU
E:	1010 T.V. of LR @ 125cc/hr to Gyn and started
__P__R__	Room needed for procedure MICU
__PUPILS__	1015 Dr. Farmer instilled 1mg Xylocel TVP at
	4mg Valium TVP. No resp distress or difficulty
E:	SetC began MICU
BP__P__R__	1125 To do distress. Tucus form @ 3 quarters
T__PUPILS__	Volume: Thick - light pink. Vagina bleeding
	Pt states "No cramps but have a slight back-
TIME:	ache" T.V. LR @ 125cc/hr. Still infusing in
BP__P__R__	L hand. MICU
T__PUPILS__	1145 No acute distress. VSS stable. Pt D/C'd to
	home. MICU
TIME:	
BP__P__R__	
T__PUPILS__	
TIME:	
BP__P__R__	
T__PUPILS__	

POOR ORIGINAL

RUN ON 01/14/91-0051 TUOMEY REGIONAL MEDICAL CENTER PAGE 1
CUMULATIVE SUMMARY
RESULTS SUMMARIZED THROUGH 01/13/91 RUN FOR 01/13/91

10128256 - WINDHAM,TAMMY E [illegible]

HEMOGRAM

COLLECTED	01/13 1015	
WBC	11.7 H	[illegible]
RBC	4.51	[illegible]
HGB	13.0	[illegible]
HCT	39.5	[illegible]
MCV	87.7	[illegible]
MCH	28.9	[illegible]
MCHC	32.9 L	[illegible]
RDW	13.4	[illegible]
PLATELET COUNT	325	[illegible]

MANUAL DIFFERENTIAL

COLLECTED	01/13 1015	
SEGS	62	[illegible]
LYMPHOCYTES	26	[illegible]
MONOCYTES	8 H	[illegible]
EOSINOPHILS	2	[illegible]

POOR ORIGINAL

10128256 - WINDHAM,TAMMY E

028

RUN ON 01/14/91-0052

101DB2Db - WINDHAM,

COLLECTED - 01/13/91 1015

DIRECT COOKIES
ABD/RH

POOR ORIGINAL

029

REQUEST FOR OPERATION AND ADMINISTRATION OF ANESTHESIA

TUOMEY REGIONAL MEDICAL CENTER

1. I request the performance upon TAMMY WILLIAMS (Name or name of patient) of the following operation D + C (Dilation and Curettage) (State name of operation) to dilate the canal of the cervix followed by scraping of the lining of the uterus to remove any tissue that may be remaining to prevent infection, bleeding. Risks include reaction to anesthetic, bleeding, infection, perforation (puncture) of uterus. Risks explained and accepted. to be performed under the direction of Dr. FISHER (Physician) (or his designated Associate)

2. I recognize that during the course of the operation, unforeseen conditions may necessitate additional or different procedures or services than those set forth above and I further authorize and request that the above named surgeon and/or his associates, partners, assistants or designees perform such procedures as are, in his professional judgment, necessary and desirable.

3. I request the administration of such anesthetics as may be considered necessary or advisable, to be administered by qualified anesthesia staff with exception of:

(State exception or write "NONE")

4. I request the disposal by the hospital authorities of any tissue or members which may be removed during the course of the operation.

5. The nature, purpose and possible consequences of the operation, generally accepted alternative methods of treatment, the more common risks, and complications involved have been explained to me by Dr. _____.

6. I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained.

I, THE UNDERSIGNED, HAVE HAD THIS OPERATIVE PROCEDURE EXPLAINED TO ME FULLY AND FULLY UNDERSTAND THE CONTENTS OF THIS AUTHORIZATION.

Witness Sharon McCammon RN

Signed: Tammy Williams (Patient or Authorized Person)

Witness Nancy Newsome RN

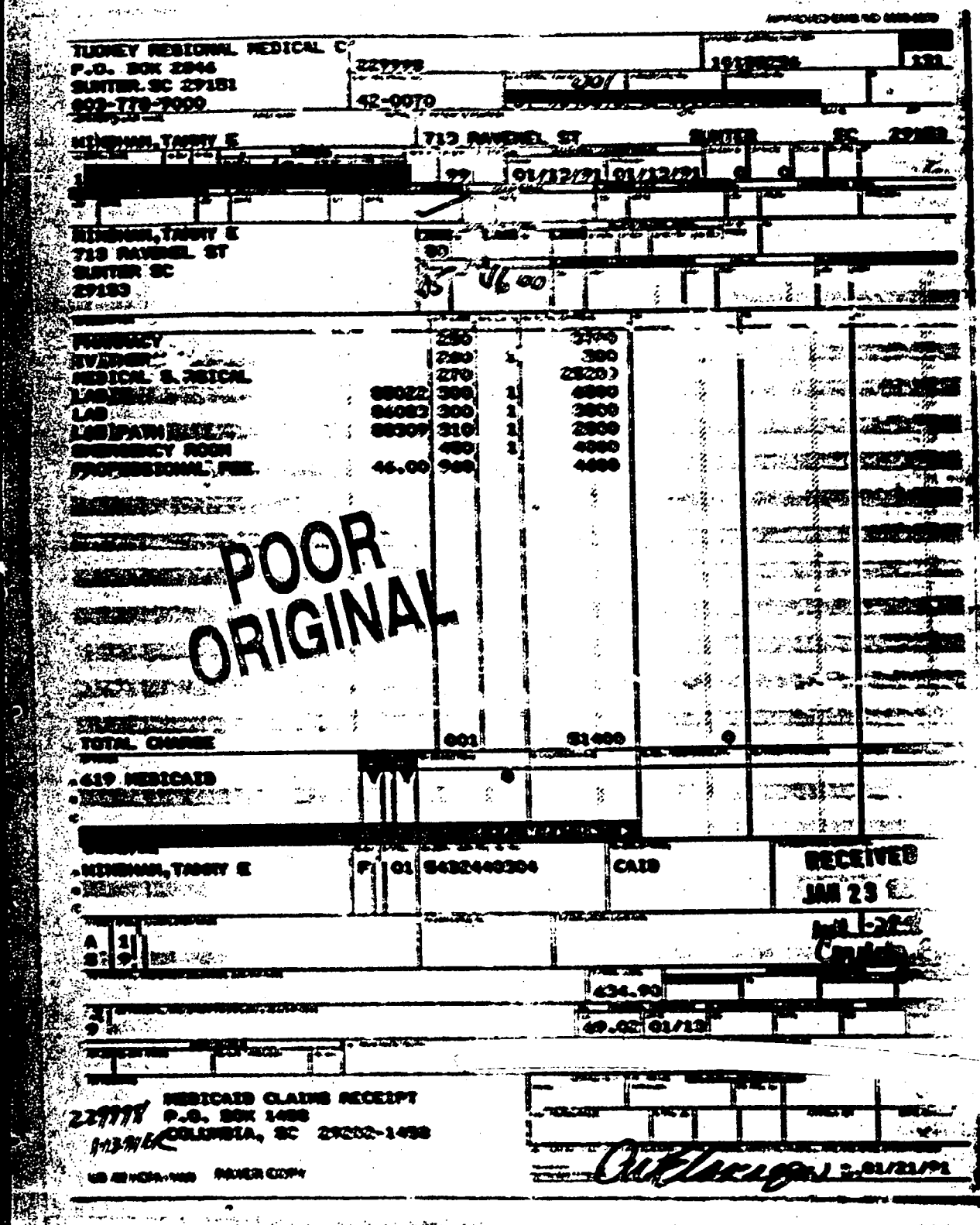
(relationship)

Date: 1/13/91

Time: 1605

POOR ORIGINAL

030


TUOMEY REGIONAL MEDICAL C
P.O. BOX 2946
SUMTER, SC 29151
HINEMAN, TABBY E
713 PAVEDEL ST
SUMTER SC
29150
PHARMACY
EVIDENT
MEDICAL & SURGICAL
LAB
LAB/PATH
EMERGENCY ROOM
PROFESSIONAL FEE
46.00
TOTAL CHARGE
419 MEDICAID
HINEMAN, TABBY E
CAID
RECEIVED
JAN 23
MEDICAID CLAIMS RECEIPT
P.O. BOX 1498
COLUMBIA, SC 29202-1498
POOR ORIGINAL

31

TUCKEY REGIONAL MEDICAL CENTER
TUCKEY, S. C.

SURGICAL PATHOLOGY REPORT

Name: Tammy Windham
Age: 23
Sex: F
Sex: Female
Social Security No.: 247-31-1815
Surgeon: - -stmer?
Specimen: Products of conception.
History: 23 WD cauc. female with bleeding, cramping, and passage of tissue. Incomplete miscarriage.
(Clinical)

Path No: S-91-239
Date: 1-13-91
Room:
Bed:
Age:
Weight: lbs - - V

Post-op: Scant tissue on D&C. Uterus sounds 8 cm. Completed miscarriage.

1-14-91
GROSS DESCRIPTION: (Tammy Windham, products of conception) Blood and whitish tissue measuring 6.5 x 5.0 x 1.5 cm. in aggregate dimension. No obvious placental tissue is identified. Multiple representative fragments of tissue in 1-I.
PAF/bab

1-15-91
MICROSCOPIC DESCRIPTION: Slides reviewed.

DIAGNOSIS: PRODUCTS OF CONCEPTION.

1-15-91
PAF/bab

PHILIP A. FINEY, M.D.

POOR ORIGINAL

032

HISTORY NO. 104520

TUCKER REGIONAL MEDICAL CENTER 1234 WASHINGTON ST. TUCKER, SC 29488

NAME Johnathan, Tammy ADDRESS 1/2/94

CARE OF WOUNDS

1. Keep clean and dry.
2. Watch for and report any redness, swelling, increased pain or foul smells in the area of the wound.
3. Wound re-check ____
4. Sutures out ____
5. You will need to call the physician to whom you were referred for follow-up to make an appointment. Return to ER for recheck on ____

CARE OF BURNS

Contact a physician if any of the following conditions occur.

1. Increasing redness or drainage of the wound where wound burn site.
2. Fever or chills.
3. Red streaks arising from the burn area.
4. Swelling or progressive inability to use the fingers or toes if burn involves an extremity.
5. Shortness of breath, persistent cough or blurred vision if the burn involves the face.
6. Difficulty breathing if the burn involves the neck.
7. Notify physician if burn fails to improve as expected.
8. Burn recheck ____

MEDICATIONS

You have been given a prescription for an antibiotic. Please take as directed. Take at least 30 minutes before meals or one hour after meals. Antibiotics should be taken on an empty stomach unless stated otherwise. You should be taking these within 36-48 hours. Finish the entire amount even though you start feeling better. Make sure you are medicated by a nurse twice

HEAD INJURY

1. Give patient light diet, such as liquids, soups, crackers for 24 hrs
2. Avoid strenuous activity for at least 24 hrs

Call physician without delay if any of the following conditions occur.

1. Pain or severe headache
2. Nau[illegible]
3. Vom[illegible]
4. Dizziness or fainting
5. Convulsions
6. Repeat any confusion or restlessness
7. Wake patient every ____ hours and observe for above symptoms

BRAIN OR SOFT TISSUE INJURY (Daily if checked)

- [ ] Keep injured part elevated
- [ ] Ice pack to area for 15 min every 4 hours. Protect skin.
- [ ] Give ASA/Tylenol as follows ____ every ____ hours
- [ ] Use Dry/Moist heat for 15 min every 4 hrs. Protect Skin
- [ ] Loosen Ace bandage if necessary
- [ ] Do not walk on injured ____ for ____ days

INSTRUCTIONS FOR CLEAR LIQUID DIET

If you are instructed by a physician to stay on a clear liquid diet for 24 hrs you may eat or drink any/all of the following

1. All clear or strained fruit juices (no citrus juice, cranberry)
2. Clear sodas, tea, Kool-Aid, Gatorade, no carbonated beverages (no Sprite Ginger Ale)
3. Clear broth, bouillon, consomme (no beef, chicken broth)
4. Popsicles, Jello
- DO NOT STAY ON THIS DIET LONGER THAN 24 HRS If you are still vomiting or having diarrhea you should contact your physician

FEVER CONTROL

1. Give patient plenty of fluids such as Coca-Cola, Ginger Ale, tea, NO MILK
2. Dress patient lightly.
3. Give Tylenol
   Dose ____ tsp. every 4 hrs
   Temperature taken at ____ or lower
4. To sponge patient
   A. Undress patient
   B. Have patient take warm water bath/bath
   C. Rub skin over entire body with wet cloth for about 20 min
5. Check temperature again.

IMMUNIZATIONS

To enable you to keep complete record of immunizations the following was administered on Date ____

- [ ] 1. Tetanus Toxoid 0.5cc
- [ ] 2. Tetanus Immune Globulin 250 units
- [ ] 3. DPT 0.5cc
- [ ] 4. DT Pediatric 0.5cc
- [ ] 5. DT Adult 0.5cc

NOTES

Patient was seen in Emergency Room with complaint of pain in left hand. Patient was examined and x-rayed. Fracture of 4th metacarpal was found. Splint was applied to hand and patient was instructed to follow up with orthopedic surgeon in 1 week.

- [ ] If there are any problems return to the Emergency Room or see your personal physician

To whom it may concern: Date ____
Patient named above was treated at Tucker Regional Medical Center Emergency Room on ____
at ____
He/She has been advised not to return to work/school for ____ days or until released by his/her physician in writing dated ____
Work/School Excuse by Dr. ____

THESE INSTRUCTIONS ARE GIVEN AS THE RECOMMENDATION OF THE EMERGENCY PHYSICIAN. IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THE INSTRUCTIONS.

PATIENT OR RESPONSIBLE PARTY

POOR ORIGINAL

033

5233

TIME IN ROOM _____ AM PM TIME OUT 2140 AM PM ADMIT

10223425 229998
WINDHAM, TAMMY E
23 F W [redacted]
COKER, CLARENCE
6-9-91 1905

HISTORY AND PHYSICAL EXAMINATION

20:10

S, Nausea - 3 week - HO Ovarian problem
Started she thinks she is Pregnant
Denies Abd Pain - Mod-q Bleeding

O Quiet. Clear
Male Gyn Tenderness -
Uterus not palpated
BS-Abd - Scrapbook

DOCTORS ORDERS

L MP - March 25

2097 CBC
Lipids
Urine - ICOH Negative
UA - at 2400
Lab HL

POOR ORIGINAL

DIAGNOSTIC IMPRESSION Pos Pregnancy - Not Found

CONSULTATION NOTES

CONSULTANT'S SIGNATURE

CONDITION ON DISCHARGE ☐ SAME ☒ IMPROVED ☐ DECEASED ☐ ADMITTED ☐ OTHER | DISPOSITION ☐ POLICE ☐ HOME ☐ NURSING HOME ☐ ADMITTED ROOM ☐ OTHER | TIME _____ AM PM

DISCHARGE INSTRUCTIONS

See Family Doctor. As needed

DLC

E.R. PHYSICIAN'S SIGNATURE [signature]

034

TUOMEY REGIONAL MEDICAL CENTER
[redacted]

CHART COPY

O.P.E.R. REPORT

TIME IN _____ TIME OUT _____ ROOM NUMBER _____

PATIENT NAME/ADDRESS
WINDHAM, TAMMY E
[redacted]
PHONE
SOCIAL
EMPLOY

ACCOUNT NO [redacted] ADMIT I.D. TYPE ER LOCATION/SERVICE ER UNIT NO/MED. REC. NO. [redacted]
AGE [redacted] SEX F RACE B RELIGION HOL MARITAL STATUS M OCCUPATION

GUARANTOR/ADDRESS
WINDHAM, TAMMY E
[redacted]
PHONE
RELATE
YOUR EMPLOYER

PERSON TO NOTIFY/ADDRESS
STE[redacted]
[redacted]
OTHER PHONE

NEXT OF KIN ADDRESS
WIN[redacted]
[redacted]
OTHER PHONE

RELATIONSHIP
H

FINANCIAL CLASS

INSURANCE NAME
SELF-PAY

POLICY NUMBER [redacted]

COVERAGE NUMBER

SUBSCRIBER/ASSIGNED NAME
WINDHAM, TAMMY E

ACCIDENT INFORMATION

REASON FOR VISIT
I'VE BEEN NAUSEATED & VOMITING UP

ACCIDENT DATE/TIME

COMMENTS

RE-CERT/ASSIST

ROOM
NURSE

ADMIT DATE/TIME
06/04/91 1935

ADMITTING PHYSICIAN

ATTENDING PHYSICIAN
COHEN, CHARLES

HOSPITAL RELEASE

Date _____

I, the undersigned, a patient under treatment in the Tuomey Hospital, Sumter, S.C., am leaving the hospital against the advice of attending physicians and do hereby release the hospital and attending physicians of all responsibility.

Witness _____ Signed _____

Address _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT. I hereby authorize the physician or physicians in charge of the ...
at Tammy Windham
Name of Patient

to administer any treatment or to administer such anesthetics and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient, and to dispose of all tissue in the manner which is deemed most advisable.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatment or examinations in the hospital.

ASSIGNMENT OF BENEFITS: I hereby authorize payment directly to the hospital named above, of hospital benefits otherwise payable to me including Major Medical insurance and payment of surgical or medical benefits, including Major Medical, directly to the attending physician but not to exceed regular charges for those services. I understand that I am financially responsible to the hospital and physician for charges not covered by this assignment.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physicians are authorized to release any medical information required in the processing of application for insured coverage for services rendered during this admission.

MEDICARE/MEDICAID PATIENT'S CERTIFICATION: Authorization to release information and payment request. I certify that the information given by me in applying for payment under Title XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

I have had the contents of this statement explained in detail, am aware of its meaning and sign it voluntarily.

Witness _____ Tammy Windham
Patient's Signature (if mark, 2 witnesses)

Relation Patient is Unable to Sign _____ By _____
Representative and Relationship

Date 6/4/91 Time 1935

POOR ORIGINAL

035

TUOMEY REGIONAL MEDICAL CENTER
INITIAL TRIAGE

PA NAME Windham, Tammy

TIME: 1900 AM PM

10223425
WINDHAM, TAMMY E 229998
23 F W
COKER, CLARENC[redacted]

CHIEF COMPLAINT/ASSESSMENT
"Dx) bx of narcotic & thumb ... to 3 days. Has
not had pregnancy test done in office. LACx3.
Book. NAD. ... ambulating actively - no acute distress noted.
BAKM.

LMP 3/25/91 WEIGHT _____ LAST TETANUS _____
MEDICATIONS None
ALLERGIES NKA
VITAL SIGNS: B/P 125/74 TEMPERATURE 99.1c PULSE 88 RESPIRATIONS 18
NURSING DIAGNOSIS Altered health maintenance etiology
Windham as evidenced by abuse. BAKM.

DATE & TIME	PROCEDURES/MEDS/VITAL SIGNS	DATE & TIME	NURSES NOTES
		2000	Ambulatory to RR [illegible]

POOR ORIGINAL

BAKM - CNA III ED/RN/CERT.
HC Tracie Chiaffi

[illegible] SX 06/03/94-2295 [illegible] RUN DATE 06/04/94
RESULTS [illegible] 06/04/94

10223425 - WINDHAM,TAMMY E (22998) DR DR 23 F MYLANDER,KENNETH W.

URINALYSIS -CHEMICALS

	06/04
COLLECTED	0150
COLOR	YELLOW
[illegible]	CLEAR
[illegible]	NEGATIVE
BILIRUBIN	NEGATIVE
KETONES	NEGATIVE
SPECIFIC GRAVITY	>=1.030
[illegible]	NEGATIVE
PH	5.5
PROTEIN	NEGATIVE
UROBILINOGEN	1.0
NITRATES	NEGATIVE
LEUKOCYTES	NEGATIVE

URINALYSIS-SEDIMENTS

	06/04
COLLECTED	2019
WBC	0
RBC	0
EPITHELIAL CELL	3-4
BACTERIA	(1)
MUCUS	2+

NOTES: (1) OCCASIONAL

POOR ORIGINAL

[illegible] - WINDHAM,TAMMY E (22998) [illegible]

HISTORY NO. _____ TUOMEY REGIONAL MEDICAL CENTER 129 N. WASHINGTON ST. SUMTER, SC 29150

NAME Windham, Tammy ADDRESS 6/04/91

☐ **CARE OF WOUNDS**

1. Keep clean and dry.
2. Watch for and report any redness, swelling, increased pain or red streaks in the area of the wound.
3. Wound recheck _____
4. Sutures out _____
5. You will need to call the physician to whom you were referred for follow-up to make an appointment/Return to ER for recheck on _____

☐ **CARE OF BURNS**

Contact a physician if any of the following conditions occur.

1. Increasing redness or discoloration of the normal tissue around burn site.
2. Fever or chills.
3. Red streaks arising from the burn areas.
4. Swelling or progressive inability to use the fingers or toes if burn involves an extremity.
5. Shortness of breath, increased cough or blurred vision if the burn involves the face.
6. Difficulty swallowing if the burn involves the neck.
7. Notify physician if burn fails to improve as expected.
8. Burn recheck _____

☐ **ANTIBIOTICS**

You have been given a prescription for an antibiotic. Please take as directed. Take at least 30 minutes before meals or one hour after meals. Antibiotics should be taken on an empty stomach unless stated otherwise. You should be feeling better within 36-48 hours. Take the entire amount even though you may be feeling better. Make sure you are rechecked by a private doctor.

☐ **HEAD INJURY**

1. Give patient light diet such as liquids, soups, crackers for 24 hrs.
2. Avoid strenuous activity for at least 24 hrs.

Call physician without delay if any of the following conditions occur.

1. Persistent severe headache.
2. Repeated vomiting
3. Unusual drowsiness or loss of coordination.
4. Drainage of blood or fluid from nose or ears.
5. Convulsions
6. Report any clumsiness in walking.
7. Wake patient every _____ hours and observe for above symptoms.

☐ **SPRAIN OR SOFT TISSUE INJURY (Only if checked)**

☐ Keep injured part elevated.
☐ Ice pack to area for 15 min. every 4 hours. Protect skin.
☐ Give ASA/Tylenol as follows: _____ tablets every _____ hours
☐ Use Dry/Moist heat for 15 min. every 4 hrs. Protect Skin.
☐ Loosen Ace bandage as necessary.
☐ Do not walk on injured part for _____ days.

☐ **INSTRUCTIONS FOR CLEAR LIQUID DIET**

If you are instructed by a physician to stay on a clear liquid diet for 24 hrs. you may eat or drink any/all of the following.

1. All clear or strained fruit juices (ex: grape, apple, cranberry)
2. Clear coffee, tea, Kool Aid, Gatorade, or carbonated beverages (7 up, Sprite, Ginger Ale)
3. Clear broth, bouillon, consomme (ex: beef, chicken broth)
4. Popsicles, Jello

* DO NOT STAY ON THIS DIET LONGER THAN 24 HRS. If you are still vomiting or having diarrhea you should return to or call your physician.

☐ **WARNING!** The medication you have been given may cause drowsiness. DO NOT drive or operate machinery.

☐ **FEVER CONTROL**

1. Give patient plenty of fluids (such as Coca Cola, Ginger Ale, tea, ROYALE)
2. Dress patient lightly.
3. Give Tylenol Dose: _____ tsp. every 4 hrs.
4. Sponge for temperature of ____ or higher.
5. To Sponge patient:
   A. Undress patient
   B. Have pan of tepid water and cloth
   C. Rub skin over entire body with cloth for about 20 min.
6. Check temperature again.

☐ **IMMUNIZATIONS**

To enable you to keep a complete record of immunizations that is administered at the Clinic:

☐ 1. Tetanus Toxoid 0.5 cc
☐ 2. Tetanus Immune Globulin 250 units
☐ 3. DPT 0.5 cc
☐ 4. DT Pediatric 0.5 cc
☐ 5. DT Adult 0.5 cc

☒ **OTHER**

See Family Doctor as needed

POOR ORIGINAL

If there are any problems return to the Emergency Room or see your private physician.

To whom it may concern: Date: _____
Patient named above was treated at Tuomey Regional Medical Center Emergency Room on _____ at _____
He/She has been advised not to return to work/school for ____ days or until released by his private physician or company doctor.
Work/School Excuse by Dr. _____

INSTRUCTIONS ARE GIVEN AT THE RECOMMENDATION OF:
☒ EMERGENCY PHYSICIAN – COMMUNITY PHYSICIANS, P.C.
☐ PRIVATE PHYSICIAN

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS
X Tammy Windham
PATIENT OR CONSENT OR RESPONSIBLE PERSON

ADDITIONAL INSTRUCTIONS: YOU SHOULD SEE YOUR PRIVATE OR REFERRAL PHYSICIAN
Dr. _____ Phone No. _____
FOR FOLLOW UP CARE IN _____ Days

X Jackie Boyd LPN
MEDICAL RECORDS

B1805 PATIENT INSTRUCTIONS

TIME IN ROOM _____ AM PM TIME OUT 2 AM PM ADMIT

10238108 229998
INDHAM, TAMMY E 8-5-9
23 F W [redacted]

HISTORY AND PHYSICAL EXAMINATION 20

DOCTORS ORDERS

DIAGNOSTIC IMPRESSION

CONSULTATION NOTES

CONSULTANT'S SIGNATURE

DISPOSITION: BY [ ] APPROVED [ ] DECEASED [ ] ADMITTED [ ] OTHER | INFORMATION [ ] POLICE [ ] [ ] [ ] [ ]

DISCHARGE INSTRUCTIONS

E.R. PHYSICIAN'S SIGNATURE

POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER

CHART COPY

O.P.E.R. REPORT

TIME IN _____ TIME OUT _____ ROOM NO. _____

PRESENT NAME/ADDRESS

PHONE

SOCIAL SECURITY NO.

EMPLOYER

GUARANTOR/ADDRESS

PHONE

RELATIONSHIP

GUAR EMPLOYER

FINANCIAL CLASS

INSURANCE NAME

POLICY NUMBER

ACCOUNT NO. | ADMITTED | TYPE | LOCATION/STATUS | UNIT NO./VISIT ACCT NO.

DATE OF BIRTH | AGE | SEX | RELATION TO PATIENT | MRN | ADMIT

PERSON TO NOTIFY/ADDRESS | LEGACY

HOME PHONE | OTHER PHONE | RELATIONSHIP

NEXT OF KIN/ADDRESS

HOME PHONE | OTHER PHONE

COVERAGE LIMITS | SUBSCRIBER EMPLOYMENT

ACCIDENT INFORMATION | REASON FOR VISIT

ACCIDENT DATE/TIME | COMMENTS | PRIOR ACCOUNT | ADMITTING MD

ADMIT DATE/TIME | ADMITTING PHYSICIAN | ATTENDING PHYSICIAN

HOSPITAL RELEASE

Date _____

I the undersigned, a patient under treatment in the Tuomey Hospital, Sumter, S.C., am leaving the hospital against the advice of attending physicians and do by my signature release the hospital and attending physicians of all responsibility.

Witness _____ Signed _____

Address _____

AUTHORIZATION: I, the undersigned, hereby request and authorize Dr. Tommy L. Windham (Name of Physician) or _____ to administer any treatment or to administer such anesthetics, and to perform such operations as may be deemed necessary or advisable in the case of the patient, and to dispose of all tissue in the manner which is deemed most advisable.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantee has been made to me as to the results that may be obtained from any treatments or examinations in this hospital.

ASSIGNMENT OF BENEFITS: I hereby authorize payment directly to the hospital named herein of the insurance benefits otherwise payable to me for services rendered by the attending physician but not to exceed my account with the hospital. I understand that payment of surgical or medical benefits, including Major Medical, is the responsibility of the attending physician but not to exceed my account with the hospital. I understand that I am financially responsible to the hospital and physician for charges not covered by this assignment.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physician are authorized to release any medical information acquired in the treatment of this patient to any insurance company or its agents for the purpose of processing of application for insurance coverage for services rendered during this admission.

MEDICARE-MEDICAID PATIENT'S CERTIFICATION: Authorization to release information and payment request: I certify that the information given by me in applying for payment under Title XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

I have read the contents of this statement explained to me by the person of its meaning and signed it knowingly.

Witness: Debra Buthea

Patient or Responsible Party: Tommy L. Windham

(Witness Patient Unable to Sign)

By (Representative): _____

Date: 8-5-91 1804

POOR ORIGINAL

TOMEY REGIONAL MEDICAL CENTER
INITIAL TRIAGE

10239108 209535
PATIENT'S NA MINOR, TAMMY S
23 F W [redacted]

TIME 1755 AM PM

CHIEF COMPLAINT ASSESSMENT
"Vomiting + [illegible]

LMP _____ WEIGHT _____ LAST TETANUS _____
MEDICATIONS [illegible]
ALLERGIES [illegible]
VITAL SIGNS: B/P 134/79 TEMPERATURE 99.4 PULSE 66 RESPIRATIONS 16
NURSING DIAGNOSIS Potential [illegible]
manifested by [illegible]

DATE & TIME	PROCEDURES/MEDS/VITAL SIGNS	DATE & TIME	NURSES NOTES
	[illegible]		[illegible]

[illegible] Teresa Jaramillo
[illegible]

POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER PAGE 1
ACCESSION 08/06/91-0047 CUMULATIVE SUMMARY RUN FOR 08/05/91
RESULTS SUMMARIZED THROUGH 08/05/91

10238108 - WINDHAM,TAMMY E (229998) ER ER 23 F MARTINEZ,HECTOR A.

####URINALYSIS####

URINALYSIS -CHEMICAL

	08/05
COLLECTED	2025
COLOR	YELLOW
APPEARANCE	HAZY
GLUCOSE	NEGATIVE
BILIRUBIN	NEGATIVE
KETONES	NEGATIVE
SPECIFIC GRAVITY	1.020
BLOOD	NEGATIVE
PH	6.0
PROTEIN	NEGATIVE
UROBILINOGEN	2.0
NITRATES	NEGATIVE
LEUKOCYTES	TRACE

URINALYSIS-SEDIMENT

	08/05
COLLECTED	2025
WBC	1-2
RBC	0
EPITHELIAL CELL	6->
BACTERIA	1+

POOR ORIGINAL

10238108 - WINDHAM,TAMMY E (229998) ER ER 23 F MARTINEZ,HECTOR A.

TUOMEY REGIONAL MEDICAL CENTER 129 N. WASHINGTON ST. SUMTER, SC 29150

HISTORY NO. _____

NAME Tammy Windham ADDRESS _____ 8/5/91

☐ **CARE OF WOUNDS**

1. Keep clean and dry.
2. Watch for and report any redness, swelling, increased pain or red streaks in the area of the wound.
3. Wound recheck _____
4. Sutures out _____
5. You will need to call the physician to whom you were referred for follow-up to make an appointment./Return to ER for recheck on: _____

☐ **CARE OF BURNS**

Contact a physician if any of the following conditions occur.

1. Increasing redness or discoloration of the original tissue around burn site.
2. Fever or chills.
3. Red streaks arising from the burn areas.
4. Swelling or progressive inability to use the fingers or toes if burn involves an extremity.
5. Shortness of breath, increased cough or blurred vision if the burn involves the face.
6. Difficulty swallowing if the burn involves the neck.
7. Notify physician if burn fails to improve as expected.
8. Burn recheck _____

☐ **ANTIBIOTICS**

You have been given a prescription for an antibiotic. Please take as directed. Take at least 30 minutes before meals or one hour after meals. Antibiotics should be taken on an empty stomach unless stated otherwise. You should be feeling better within 36-48 hours. Finish the entire amount even though you start feeling better. Make sure you are rechecked by a private doctor.

☐ **HEAD INJURY**

1. Give patient light diet, such as liquids, soups, crackers for 24 hrs.
2. Avoid strenuous activity for at least 24 hrs.

Call physician without delay if any of the following conditions occur.

1. Persistent severe headache.
2. Repeated vomiting
3. Unusual drowsiness or loss of coordination.
4. Drainage of blood or fluid from nose or ears.
5. Convulsions
6. Report any clumsiness in walking.
7. Wake patient every _____ hours and observe for above symptoms.

☐ **SPRAIN OR SOFT TISSUE INJURY**
(Only if checked)

☐ Keep injured part elevated
☐ Ice pack to area for 15 min. every 4 hours. Protect skin.
☐ Give ASA/Tylenol as follows: _____ tablets every _____ hours
☐ Use Dry/Moist heat for 15 min. every 4 hrs. Protect Skin.
☐ Loosen Ace bandage as necessary.
☐ Do not walk on injured part for _____ days.

☐ **INSTRUCTIONS FOR CLEAR LIQUID DIET**

If you are instructed by a physician to stay on a clear liquid diet for 24 hrs. you may eat or drink any/all of the following.

1. All clear or strained fruit juices (ex: grape, apple, cranberry)
2. Clear coffee, tea, Kool Aid, Gatorade, or carbonated beverages (7 up, Sprite, Ginger Ale)
3. Clear broth, bouillon, consomme (ex: beef, chicken broth)
4. Popsicles, Jello

DO NOT STAY ON THIS DIET LONGER THAN 24 HRS. If you are still vomiting or having diarrhea you should return to or call your physician.

☐ **WARNING!** The medication you have been given may cause drowsiness. DO NOT drive or operate machinery.

☐ **FEVER CONTROL**

1. Give patient plenty of fluids such as Coca Cola, Ginger Ale, tea. NO MILK.
2. Dress patient lightly.
3. Give Tylenol
   Dose: _____ tsp. every 4 hrs.
4. Sponge for temperature of _____ or higher.
5. To Sponge patient
   A. Undress patient
   B. Have pan of luke warm water and cloth.
   C. Rub skin over entire body with wet cloth for about 20 min.
6. Check temperature again.

☐ **IMMUNIZATIONS**

To enable you to keep complete record of immunizations the following was administered on Date:

☐ 1. Tetanus Toxoid 0.5cc
☐ 2. Tetanus Immune Globulin 250 units
☐ 3. DPT 0.5 cc
☐ 4. DT Pediatric 0.5 cc
☐ 5. DT Adult 0.5 cc

☐ **OTHER**

Meds as directed
Follow up with health department if symptoms persist.

☒ If there are any problems return to Emergency Room or see your physician.

To whom it may concern: Date _____
Patient named above was treated at The Regional Medical Center Emergency Dept. on _____ at _____
He/She has been advised not to work/school for ____ days or until by this private physician or company doctor.
Work/School Excuse by Dr. _____

THESE INSTRUCTIONS ARE GIVEN AT THE RECOMMENDATION OF:
☐ EMERGENCY PHYSICIAN – COMMUNITY PHYSICIANS, P.A.
☐ PRIVATE PHYSICIAN

ADDITIONAL INSTRUCTION: YOU SHOULD SEE YOUR PRIVATE OR REFERRAL PHYSICIAN, Dr. _____ Phone No. _____ FOR FOLLOW UP CARE IN _____ DAYS

I HAVE READ AND UNDERSTAND THIS INSTRUCTION
X Tammy Windham
SIGNATURE OF PATIENT OR RESPONSIBLE PERSON

PATIENT INSTRUCTIONS MEDICAL RECORDS

POOR ORIGINAL

TIME IN ROOM ____ AM PM TIME OUT 1910 AM PM ADMIT C

10285974 229998
WINDHAM, TAMMY E
24 F W [redacted]
2-8-92

HISTORY AND PHYSICAL EXAMINATION

Morning Nausea x 2wks
1-3 bout tenderness
(goes to)
Patient would have Pregnancy test
Nurse at Health Dept Monday
No other Complaints except Nausea

LMP Dec 29th

No Birth Control

No Meds

DIAGNOSTIC IMPRESSION

CONSULTATION NOTES

POOR ORIGINAL

CONSULTANT'S SIGNATURE TIME

CONDITION ON DISCHARGE: ☐ SAME ☑ IMPROVED ☐ DECEASED ☐ ADMITTED ☐ OTHER

DISPOSITION: ☐ POLICE ☐ HOME ☑ NURSING HOME ☐ ADMITTED ROOM ☐ OTHER

DISCHARGE INSTRUCTIONS

E.R. PHYSICIAN'S SIGNATURE

044

TUOMEY REGIONAL MEDICAL CENTER
129 North Washington Street
Sumter, South Carolina 29150

CHART COPY

O.P.E.R. REPORT

TIME IN _____ TIME OUT _____ ROOM NUMBER _____

PATIENT NAME/ADDRESS	ACCOUNT NO.	ROOM/BED	TYPE	LOCATION/SERVICE	UNIT NO./MED. REC. NO.
WINDHAM, TAMMY E [redacted]	[redacted]		ER	ER	229990

DATE OF BIRTH	AGE	SEX	MAR. STAT.	RELIGION	RACE	SMOKER
[redacted]	24	F	M	HOL	W	N

PERSON TO NOTIFY/ADDRESS: STONE, MAEBELL [redacted] — OTHER PHONE — RELATIONSHIP: M

GUARANTOR/ADDRESS: WINDHAM, TAMMY E [redacted]

NEXT OF KIN/ADDRESS: STONE, MAEBELL [redacted] — OTHER PHONE — RELATIONSHIP: M

FINANCIAL CLASS: D

INSURANCE NAME	POLICY NUMBER	COVERAGE NUMBER	SUBSCRIBER/INSURED NAME
MEDICAID CLAIMS RECEIP	5432440304		WINDHAM, TAMMY E

ACCIDENT INFORMATION	REASON FOR VISIT	HEIGHT/WEIGHT	ARRIVAL MODE
ACCIDENT DATE/TIME	COMMENTS		WALKED

ADMIT DATE/TIME	ADMITTING PHYSICIAN	ATTENDING PHYSICIAN
02/08/92 1605		

REASON FOR VISIT: NAUSEA, VOMITING & HURTING IN BOTTOM OF STOMACH

HOSPITAL RELEASE

Date _____

I the undersigned, a patient under treatment in the Tuomey Hospital, Sumter, S.C., am leaving the hospital against the advice of attending physicians and do hereby release the hospital and attending physicians of all responsibility.

Witness _____ Signed _____

Address _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT: I hereby authorize the physician, or physicians in charge of the case of Tammy Windham (Name of Patient)

to administer any treatment or to administer such anesthetics and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient, and to dispose of all tissue in the manner which is deemed most advisable.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in the hospital.

ASSIGNMENT OF BENEFITS: I hereby authorize payment directly to the hospital named above, of hospital benefits otherwise payable to me including Major Medical Insurance and payment of surgical or medical benefits, including Major Medical, directly to the attending physician but not to exceed regular charges for these services. I understand that I am financially responsible to the hospital and physician for charges not covered by this assignment.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physician are authorized to release any medical information required in the processing of application for financial coverage for services rendered during this admission.

MEDICARE-MEDICAID PATIENT'S CERTIFICATION: Authorization to release information and payment request. I certify that the information given by me in applying for payment under Titles XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related medicare claim. I request that payment of authorized benefits be made on my behalf.

THE PHYSICIANS PRACTICING IN THIS EMERGENCY ROOM ARE NOT EMPLOYEES OF TUOMEY REGIONAL MEDICAL CENTER. THEY ARE INDEPENDENT PHYSICIANS, AS ARE ALL PHYSICIANS PRACTICING IN THE HOSPITAL.

I have had the contents of this statement explained in detail, am aware of its meaning and sign it voluntarily.

Karen Reddick — X Tammy Windham

Witness — Patient's Signature (or mark and name)

(Reason Patient Unable to Sign) — By (Representative) and Relationship

2-8-92 — Date

1605 — Time

045

TOOMEY REGIONAL MEDICAL CENTER
INITIAL TRIAGE

PATIENT'S 10285974 229998
WINDHAM, TAMMY E
24 F W [redacted]

TIME: 1755 AM PM DATE: 2-8-92

CHIEF COMPLAINT/ASSESSMENT
C/O I have real sick in the morning nausea, vomiting and hurting in the bottom of my stomach x 2 wks. A- ambulatory to ER no acute distress noted denies having any bleeding or vaginal discharge.

LMP 12-25-91 WEIGHT _____ LAST TETANUS _____
MEDICATIONS none
ALLERGIES NKA
VITAL SIGNS: B/P 134/64 TEMPERATURE 99 PULSE 86 RESPIRATIONS 20
NURSING DIAGNOSIS Alter Health Maintenance Etiology Unknown

NURSE'S SIGNATURE: Renee J. Bennett

DATE & TIME	PROCEDURES/MEDS/VITAL SIGNS	DATE & TIME	NURSES NOTES
		1840	ambulated to Tx rm 3 dboyce RN
		1910	Discharge Instr Given NAD on Discharge

DISCHARGED

db DBoyce RN

Page 1

HISTORY NO. _____ TUOMEY REGIONAL MEDICAL CENTER 129 N. WASHINGTON ST. SUMTER, SC 29150

NAME 10285974 229998 ADDRESS _____
WINDHAM, TAMMY E
24 F W [redacted] 2/8/92

☒ CARE OF WOUNDS

1. Keep clean and dry.
2. Watch for and report any redness, swelling, increased pain or red streaks in the area of the wound.
3. Wound recheck _____
4. Sutures out _____
5. You will need to call the physician to whom you were referred for follow-up to make an appointment. Return to ER for recheck on _____

☐ CARE OF BURNS

Contact a physician if any of the following conditions occur.

1. Increasing redness or discoloration of the normal tissue around burn site.
2. Fever or chills.
3. Red streaks arising from the burn areas.
4. Swelling or progressive inability to use fingers or toes if burn in extremity.
5. Shortness of breath, increased cough or blurred vision if the burn involves the face.
6. Difficulty swallowing if the burn involves the neck.
7. Notify physician if burn fails to improve as expected.
8. Burn recheck _____

☐ ANTIBIOTICS

You have been given a prescription for an antibiotic. Please take as directed. Take at least 30 minutes before meals or one hour after meals. Antibiotics should be taken on an empty stomach unless stated otherwise. You should be feeling better within 36-48 hours. Finish the entire amount even though you start feeling better. Make sure you are rechecked by a private doctor.

☐ HEAD INJURY

1. Give patient light diet, such as liquids, soups, crackers for 24 hrs.
2. Avoid strenuous activity for at least 24 hrs.

Call physician without delay if any of the following conditions occur.

1. Persistent severe headache.
2. Repeated vomiting
3. Unusual drowsiness or loss of coordination.
4. Drainage of blood or fluid from nose or ears.
5. Convulsions
6. Report any clumsiness in walking.
7. Wake patient every _____ hours and observe for above symptoms.

☐ SPRAIN OR SOFT TISSUE INJURY (Only if checked)

☐ Keep injured part elevated.
☐ Ice pack to area for 15 min. every 4 hours. Protect skin.
☐ Give ASA/Tylenol as follows: _____ tablets every _____ hours
☐ Use Dry/Moist heat for 15 min. every 4 hrs. Protect Skin.
☐ Loosen Ace bandage as necessary.
☐ Do not work on injured part for _____ days.

☐ INSTRUCTIONS FOR CLEAR LIQUID DIET

If you are instructed by a physician to stay on a clear liquid diet for 24 hrs. you may eat or drink any/all of the following.

1. All clear or strained fruit juices (ex grape, apple, cranberry)
2. Clear coffee, tea, Kool Aid, Gatorade, or carbonated beverages (7 up, Sprite, Ginger Ale)
3. Clear broth, bouillon, consomme (ex beef, chicken broth)
4. Popsicles, Jello

* DO NOT STAY ON THIS DIET LONGER THAN 24 HRS. If you are still vomiting or having diarrhea you should return to or call your physician.

☐ WARNING! The medication you have been given may cause drowsiness. DO NOT drive or operate machinery.

☐ FEVER CONTROL

1. Give patient plenty of fluids such as Coca Cola, Ginger Ale, tea. NO MILK.
2. Dress patient lightly.
3. Give Tylenol
   Dose: _____ tsp. every 4 hrs.
4. Sponge for temperature of _____ or higher.
5. To Sponge patient
   A. Undress patient
   B. Have pan of tube warm water and cloth.
   C. Rub skin over entire body with wet cloth for about 20 min.
6. Check temperature again.

☐ IMMUNIZATIONS

To enable you to keep complete record of immunizations the following was administered on Date _____
☐ 1. Tetanus Toxoid 0.5cc
☐ 2. Tetanus Immune Globulin 250 units
☐ 3. DPT 0.5 cc
☐ 4. DT Pediatric 0.5 cc
☐ 5. DT Adult 0.5 cc

☐ OTHER

Follow Up at Health Dept

☐ If there are any problems return to the Emergency Room or see your private physician.

To whom it may concern: _____
Patient named above was treated at Tuomey Regional Medical Center Emergency Room on _____ at _____
He/She has been advised not to return to work/school for _____ days or until released by his private physician or company doctor.
Work/School Excuse by Dr. _____

THESE INSTRUCTIONS ARE GIVEN AT THE RECOMMENDATION OF:
☐ EMERGENCY PHYSICIAN – COMMUNITY PHYSICIANS, INC.
☐ PRIVATE PHYSICIAN

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS
x Tammy Windham
SIGNATURE OF PATIENT OR RESPONSIBLE PERSON

ADDITIONAL INSTRUCTION: YOU SHOULD SEE YOUR PRIVATE OR REFERRAL PHYSICIAN, Dr. _____ Phone No. _____ FOR FOLLOW UP CARE IN _____ DAYS.

x Janet Johnson
SIGNATURE OF WITNESS

31105 PATIENT INSTRUCTIONS MEDICAL RECORDS

POOR ORIGINAL

047

001461

TUOMEY REGIONAL MEDICAL CENTER
129 North Washington Street
Sumter, South Carolina 29150

ADMISSION RECORD

PATIENT NAME/ADDRESS: WINDHAM, TAMMY E
[redacted]
PHONE
SOC
EMPL

ACCOUNT NO: [redacted]
ROOM/BED: 383/1
TYPE: IN
LOCATION/SERVICE: PSY
UNIT NO./MED REC NO: 229998
DATE OF BIRTH: [redacted]
AGE: 24
SEX: F
MARITAL STATUS: M
RELIGION: HOL
RACE: W
SMOKER: N

PERSON TO NOTIFY/ADDRESS: EWARD, GERALDINE
[redacted]
RELATIONSHIP: AUNT
HOME PHONE / OTHER PHONE: 803-773-8101

GUARANTOR/ADDRESS: WINDHAM, TAMMY E
[redacted]
PHONE
RELAT
GUAR
FINANCIAL CLASS: D

NEXT OF KIN/ADDRESS: STONE, MAEBELL
[redacted]
RELATIONSHIP: M
HOME PHONE / OTHER PHONE: 803-773-8101

INSURANCE NAME	POLICY NUMBER	COVERAGE NUMBER	SUBSCRIBER/INSURED NAME
MEDICAID CLAIMS RECEIP	5432440304		WINDHAM, TAMMY E

ACCIDENT INFORMATION:
ACCIDENT DATE/TIME:
REASON FOR VISIT: MAJOR DEPRESSION A/PSYCHOTIC FEATURES
COMMENTS:
HEIGHT/WEIGHT:
ARRIVAL MODE:
ADMIT DATE/TIME: 02/20/92 1336
ADMITTING PHYSICIAN: BALLARD, MARVIN K.
ATTENDING PHYSICIAN: BALLARD, MARVIN K.
USER: EOCK
HOSP. DAYS:
SURGEON:
ANESTHESIOLOGIST:
CONSULT: 227 Dr. Hopper
DISCHARGE DATE/TIME: 2/28/92 13:30

DIAGNOSIS AND PROCEDURE CODE

ADMITTING DIAGNOSIS:
PRINCIPAL DIAGNOSIS: 309.0
SECONDARY DIAGNOSIS: 301.6
634.91
V61.1

PROCEDURES:

POOR ORIGINAL

227 69.52
Hop

V03.89.52

CHART

30021

059

5248

TUOMEY REGIONAL MEDICAL CENTER
129 North Washington Street
Sumter, South Carolina 29150

23-

Windham, Tammy F.

Dr. Ballard 229998

ADMISSION HISTORY AND PHYSICAL

DATE OF ADMISSION: February 20, 1992.

PRESENT ILLNESS: The circumstances surrounding the admission this 54-year-old female are that she came in because of what appeared to be psychosis with depression and suicidal and homicidal thoughts. The patient was thinking of overdosing on her mother's sleeping pills. The patient had homicidal thoughts toward her husband. She was hearing voices telling her to kill herself.

Apparently the precipitating stress here has been the loss of her husband. He, in the past couple of months, has been going out and spending most of the night away from the patient. In the meantime the patient has become pregnant. She has become increasingly aware of his absences and his desertion, or what appears to be his desertion. The patient was told a week ago by her husband, or rather, her husband told her sister, who told her that they are finished and he has no plans of coming back to her, that he has a new girlfriend, so the patient, again, is abandoned.

The same sort of thing happened to her when she was 19, and she had some post-traumatic stress symptoms from it. The patient basically has a dependent personality disorder. She tries to please and forms close attachments; when these end the patient is devastated and suicidal.

It is really hard to call this more than, or less than, a major depression. She was not depressed previously. She does not have a history of hallucinations or this sort of thing before, and my impression is that this is a major depressive disorder with psychotic features and suicidal ideation.

PAST MEDICAL HISTORY: She has had an appendectomy. She has had one pregnancy.

SUBSTANCE ABUSE: She smokes a half pack of cigarettes a day. Denies the use of alcohol or other forms of drugs.

FAMILY HISTORY: Her father died four years ago. Her mother is in good health. She has two brothers, in good health, and one sister, in good health. Both her mother and father had nerve problems. Her father was an alcoholic.

ORIGINAL

POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTRE
129 North Washington Street
Sumter, South Carolina 29150

Windham, Tammy F.

Dr. Ballard

ADMISSION HISTORY AND PHYSICAL

SOCIAL HISTORY: She is married and unemployed. She has been married for five years. She has worked at a fast-food restaurant and left it because she was pregnant. She is a high-school graduate. She likes to care for her son. Her husband is on his second offense of driving under the influence and a second offense of driving under suspension.

MENTAL STATUS EXAM: Alert and oriented. Very emotional at the time of admission. Tearful and depressed. Admitting to suicidal thoughts. Feeling that she is out of control. The patient admits to hearing voices telling her to kill herself. Thinks of overdosing on her mother's medication.

PHYSICAL EXAM:
VITAL SIGNS: Blood pressure 120/80, pulse 84, temperature 98.1, respirations 20.
HEIGHT AND WEIGHT: 5 ft. 3 in.; 170 lb.
HEENT: Essentially unremarkable.
NECK: Supple. No masses.
CHEST is symmetrical.
LUNGS are clear.
HEART: Good heart sounds. No murmur.
BREAST: Large, pendulous; no masses.
ABDOMEN: Soft, nontender. No masses. Right lower quadrant scar, well healed.
GENITALIA: Grossly normal female.
EXTREMITIES: No clubbing, cyanosis, or edema.
NEUROLOGICAL: Within normal limits.

DIAGNOSTIC IMPRESSIONS:
1. Major depressive disorder with psychotic features.
2. Dependent personality disorder.
3. Marital problems.
4. Intrauterine pregnancy, possibly of seven weeks' and six days' duration.

TREATMENT PLAN: Guarded supervision. Suicide precautions. Support in every way possible, but will desperately try to avoid medication, due to her early pregnancy. Further medical and psychiatric evaluation. Inpatient individual and group psychotherapy, along with recreational and occupational therapy. Close followup at the time of discharge.

ORIGINAL

POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER
129 North Washington Street
Sumter, South Carolina 29150

Dr. Ballard

ADMISSION HISTORY AND PHYSICAL

K. K. BALLARD, M.D.
dict 2/22/92 trans 2/24/92 jmc xc

POOR ORIGINAL

OMEY
G·I·O·N·A·L
EDICAL CENTER
129 North Washington Street
Sumter, South Carolina 29150

WINDHAM, TAMMY
229998
Dr. Ballard

DISCHARGE SUMMARY

DATE OF ADMISSION: 02/20/92.
DATE OF DISCHARGE: 02/28/92.

HISTORY OF PRESENT ILLNESS: The circumstances surrounding the admission of this 24 year old female was that he came because of depression with suicidal ideation. Apparently she was thinking of overdosing. The patient had homicidal thought toward her husband. She was hearing voices tell her to kill herself. The patient was pregnant and found out her husband was having an affair.

MENTAL STATUS EXAM: At the time of discharge revealed that she was alert, oriented, calm and pleasant without evidence of psychosis, depression, anxiety.

SUMMARY OF PHYSICAL FINDINGS: The patient was noted to be in good health physically.

SUMMARY OF LABORATORY AND DIAGNOSTIC STUDIES: Her lab work indicated that she was about 7 weeks pregnant.

SUMMARY OF HOSPITAL COURSE: The patient was treated with no medication. The patient was obviously distraught over the loss of her husband. This seemed to be the focus of things. The patient also has a dependent personality disorder with a lot of borderline personality traits. In any event during the course of the hospitalization she had a spontaneous abortion and later had a suction curettage.

DISCHARGE INSTRUCTIONS: The patient was discharged on no medication, remarkably improved really. Seemingly to have gotten this issue of her husband off of her mind and was ready to go forward. She was on no medication.

FINAL DIAGNOSIS:
1. Adjustment disorder with depressed mood.
2. Dependent personality disorder with borderline personality traits.
3. Intrauterine pregnancy with spontaneous abortion during hospital course.

NOTE: This patient is to be followed at the local Mental Health Center. She has an appointment to see me there is two weeks.

ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER
129 North Washington Street
Sumter, South Carolina 29150

WINDHAM, TAMMY
229998
Dr. Ballard

DISCHARGE SUMMARY

M. K. BALLARD, M.D., DICT. 03/15/92 TRANS. 03/18/92 kda xc

cc: Dr. Hepfer

ORIGINAL

064

10289116 229998
WIND I, TAMMY E
24 F W [redacted]
BALLARD, MARVIN K.

TIME IN ROOM ____ AM PM TIME OUT 2255 AM PM ADMIT 386

HISTORY AND PHYSICAL EXAMINATION 7:30 PM

146/80 T 99.3 P 94 R 18

pt c/o lwr abd pain & vaginal bleeding. LMP 12-25. Had bleeding & passage of tissue @ 2 pm. Went to bathroom & flushed it down toilet. Pt still cramping, mild.

Pt appears pt alert & comfortable. Abd soft, BS +, mass at umbilicus extends to pubic bone. Soft tissue in vagina. Tissue removed from cervix. Cervix open.

2139 Dr Lee

2255 pm pt seen by Dr Hepfer who will be Tyler RN = 2130 RWT R.W. Hepfer

DOCTORS ORDERS

CBC, cath UA Dr Lee 1945

IV D5LR 125 cc/hr

permit for suction curettage Dr Lee 2130

Demerol 50 mg I.V. Phenergan 25 mg I.V. Valium 10 mg in I.V. bag

DIAGNOSTIC IMPRESSION Incomplete abortion

CONSULTATION NOTES Consult - Dr Lee called & requested to see pt. agrees. OP permit

CONSULTANT'S SIGNATURE ____ TIME ____ AM PM

CONDITION ON DISCHARGE: SAME ☐ IMPROVED ☐ DECEASED ☐ ADMITTED ☑ OTHER

DISPOSITION: ☐ POLICE ☑ HOME ☐ NURSING HOME ☐ ADMITTED ROOM ☑ OTHER

DISCHARGE INSTRUCTIONS

May go home to bed. Dr Lee will be seen in office when fully aware of risks

E.R. PHYSICIAN'S SIGNATURE [signature]

065

TUOMEY R·E·G·I·O·N·A·L
129 North Washington Street
Sumter, South Carolina 29150

CHART COPY

O.P.E.R. REPORT

TIME IN: | TIME OUT: | ROOM NUMBER:

PATIENT NAME/ADDRESS: WINDHAM, TAMMY E
[redacted]
PHO
SOC
EMPLOYER

ACCOUNT NO. [redacted] | ROOM/BED: 386/1 | TYPE: I | LOCATION/SERVICE: PSY | UNIT NO./MED. REC. NO.: 229958
DOB [redacted] | AGE: 24 | SEX: F | MAR STS: M | RELIGION: ROL | RACE: W | SMOKER: N

PERSON TO NOTIFY/ADDRESS: EWARD, GERALDINE
[redacted]
HOME PHONE | OTHER PHONE: 803-773-8101
RELATIONSHIP: AUNT

GUARANTOR/ADDRESS: WINDHAM, TAMMY E
[redacted]
PHON
RELA
GUAR

NEXT OF KIN/ADDRESS: STONE, MAEBELL
[redacted]
HOME PHONE: 803-773-8101
RELATIONSHIP: M

FINANCIAL CLASS

INSURANCE NAME: MEDICAID CLAIMS RECEI | POLICY NUMBER: 5432440304 | COVERAGE NUMBER | SUBSCRIBER/INSURED NAME: WINDHAM, TAMMY E

ACCIDENT INFORMATION | REASON FOR VISIT: MAJOR DEPRESSION A/PSYCHOTIC FEATURES

ACCIDENT DATE/TIME | COMMENTS | HEIGHT/WEIGHT | ARRIVAL MODE

ADMIT DATE/TIME: 02/20/92 1336 | ADMITTING PHYSICIAN: BALLARD, MARVIN K. | ATTENDING PHYSICIAN: BALLARD, MARVIN K. | USER: ROCK

HOSPITAL RELEASE

Date

I the undersigned, a patient under treatment in the Tuomey Hospital, Sumter, S.C., am leaving the hospital against the advice of attending physicians and do hereby release the hospital and attending physicians of all responsibility.

Signed

Witness

Address

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT: I hereby authorize the physician, or physicians in charge of the case of

(Name of Patient)

to administer any treatment or to administer such anesthetics and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient, and to dispose of all tissue in the manner which is deemed most advisable.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in the hospital.

ASSIGNMENT OF BENEFITS: I hereby authorize payment directly to the hospital named above, of hospital benefits otherwise payable to me including Major Medical insurance and payment of surgical or medical benefits, including Major Medical, directly to the attending physician but not to exceed regular charges for these services. I understand that I am financially responsible to the hospital and physician for charges not covered by this assignment.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physician are authorized to release any medical information required in the processing of application for financial coverage for services rendered during this admission.

MEDICARE-MEDICAID PATIENT'S CERTIFICATION: Authorization to release information and payment request: I certify that the information given by me in applying for payment under Titles XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related medicare claim. I request that payment of authorized benefits be made on my behalf.

THE PHYSICIANS PRACTICING IN THIS EMERGENCY ROOM ARE NOT EMPLOYEES OF TUOMEY REGIONAL MEDICAL CENTER. THEY ARE INDEPENDENT PHYSICIANS, AS ARE ALL PHYSICIANS PRACTICING IN THE HOSPITAL.

I have had the contents of this statement explained in detail, am aware of its meaning and sign it voluntarily.

Witness

Patient's Signature (or mark) and name

(Reason Patient Unable to Sign)

By (Representative) and Relationship

2-27-92 1932

Date Time

066

TUCKEY REGIONAL MEDICAL CENTER
INITIAL TRIAGE

PATIENT'S NAME: Jenny Wardham
10/8/1966

TIME: 1900 AM/PM DATE: 9/27/93

CHIEF COMPLAINT/ASSESSMENT
Pt states was 2 months pregnant & lost it a little while ago. Started (on Tue) states went to see Dr Lockhart 2 days prior cervix opened up. States back & lower abd pain (cramping) Brought here via WIC by Lee 3 Nurse, Bright red bleeding

CARE PRIOR TO ARRIVAL None
LMP Dec 25, 1992 WEIGHT N/A LAST TETANUS N/A
MEDICATIONS None
ALLERGIES NKA
VITAL SIGNS: B/P 140/80 TEMPERATURE 99.3 PULSE 94 RESPIRATIONS 18
NURSING DIAGNOSIS Pain alteration r/t Tuckers Urology Allergy alteration CCo

NURSE'S SIGNATURE: [signature]

DATE & TIME	PROCEDURES/MEDS/VITAL SIGNS
1942	Pt in room
	Vaginal exam done
1944	Dr Hopkins present
	Consult
2005	In seat for D&C
	Dressing in place
2018	D&C & D&C tray to
	ISS Nellie in TLC
	Prep

DATE & TIME	NURSES NOTES
	Pad & clothes (dark red) was sent home to see Dr Lockhart today. Pt did not make appointment
1945	Pt cups. Family

Page 1

067

5256

I.D.#: 54116

Date: 3/9/69

DATE & TIME	PROCEDURES / MEDS / VITAL SIGNS	DATE & TIME	NURSES NOTES
			Mr. Butler, Jesse
		2230	Dr. Butler did D&C (1)
		2250	Patient awake, alert & oriented to person, place & time. Skin warm & dry. Color good. Vital signs stable. Abdominal dressing dry & intact. Small amount of bright red blood noted on perineal pad. (2)
2230	132/66 - 68 - 20 - 98 (3)	2230	Pt. to ER Bed 5 Ambulatory Pt. & Family called to Nursing Station (4)
2255	IV d/c Infact 120/68 - 70 - 18 - 98 (5)	2255	Pt to 336 via W/C Pt. oriented to new surroundings & routines. Family advised to go home. Aux. Nurses EKT, No equipment in room (6)

Legend of Signatures

(1) [illegible]

Page 2

068

5257

RUN ON 02/29/92-0206 — T[illegible]EY REGIONAL MEDICAL CENTE — PAGE 1
CUMULATIVE SUMMARY — RUN FOR 02/28/92
RESULTS SUMMARIZED THROUGH 02/27/92

********** DISCHARGE SUMMARY - DO NOT DESTROY **********

10289116 - WINDHAM,TAMMY E (229998) L3 DIS(02/28) 24 F BALLARD,MARVIN K.

****HEMATOLOGY****

HEMOGRAM

	02/27	02/21	
COLLECTED	1945	0700	
WBC	13.44 H	8.49	(4.8-10.8) 1000/UL
RBC	4.69	4.74	(4.2-5.4) MIL/UL
HGB	13.1	13.2	(12.0-16.0) G/DL
HCT	39.8	41.1	(37-47) %
MCV	84.9	86.7	(81-99) FL
MCH	28.0	27.9	(27-31) PG
MCHC	33.0	32.2 L	(33-37) G/DL
RDW	12.8	12.9	(11.5-14.5) %
PLATELET COUNT	326	291	(130-400) 1000/UL

AUTOMATED DIFFERENTIAL

	02/27	02/21	
COLLECTED	1945	0700	
NEUTROPHILS	68.3	59.6	(40-74) %
LYMPHOCYTES	23.7	28.5	(19-48) %
MONOCYTES	3.7	4.3	(3.4-9.0) %
EOSINOPHILS	1.8	3.7	(0.0-7.0) %
BASOPHILS	0.9	1.1	(0.0-1.5) %
LUC	1.6	2.9	(0.0-4.0) %

10289116 - WINDHAM,TAMMY E (229998) L3 DIS(02/28) 24 F BALLARD,MARVIN K.

(CONTINUED)

POOR ORIGINAL

TOMEY REGIONAL MEDICAL CENTE PAGE 2
RUN ON 02/29/92-0206 CUMULATIVE SUMMARY RUN FOR 02/28/92
RESULTS SUMMARIZED THROUGH 02/27/92

********** DISCHARGE SUMMARY - DO NOT DESTROY **********

10289116 - WINDHAM,TAMMY E (229998) L3 DIS(02/28) 24 F BALLARD,MARVIN K.

****URINALYSIS****

URINALYSIS -CHEMICAL

	02/27	02/21
COLLECTED	1945	1120
COLOR	YELLOW	YELLOW
APPEARANCE	CLEAR	SL HAZY
GLUCOSE	NEGATIVE	NEGATIVE
BILIRUBIN	NEGATIVE	NEGATIVE
KETONES	NEGATIVE	NEGATIVE
SPECIFIC GRAVTY	>=1.030	1.010
BLOOD	NEGATIVE	SMALL
PH	6.0	7.0
PROTEIN	TRACE	NEGATIVE
UROBILINOGEN	1.0	0.2
NITRATES	NEGATIVE	NEGATIVE
LEUKOCYTES	NEGATIVE	LARGE

URINALYSIS-SEDIMENT

	02/27	02/21
COLLECTED	1945	1120
WBC	1-2	15-19
RBC	1-2	0
EPITHELIAL CELL	1-2	TNTC
BACTERIA	1+	2+
MUCUS	1+	

10289116 - WINDHAM,TAMMY E (229998) L3 DIS(02/28) 24 F BALLARD,MARVIN K.

(CONTINUED)

070

********** DISCHARGE SUMMARY - DO NOT DESTROY **********

10289116 - WINDHAM,TAMMY F (229998) L3 DIS(02/28) 24 F BALLARD,MARVIN K.

****CHEMISTRY****

	02/21	
COLLECTED	0700	
SODIUM	135.7	(135-153) MEQ/L
POTASSIUM	4.30	(3.5-5.3) MEQ/L
CHLORIDE	106.5	(100-112) MEQ/L
CO2	25.0	(24-31) MEQ/L
ANION GAP	8.50	(8-16)
GLUCOSE-SERUM	87	(80-110) MG/DL
BUN	10	(5-25) MG/DL
CREATININE	0.8	(0.5-1.4) MG/DL
CALCIUM	9.4	(8.4-10.2) MG/DL
TOTAL PROTEIN	6.0	(6.0-8.0) GM/DL
ALBUMIN	3.6	(3.5-5.0) GM/DL
A/G RATIO	1.50	
TOTAL BILIRUBIN	0.5	(0.2-1.0) MG/DL
DIRECT BILI	0	(0-0.2) MG/DL
INDIRECT BIL	0.50	(0-1)
GGT	26	(7-64) IU/L
ALT (SGPT)	22	(10-60) IU/L
AST (SGOT)	18	(10-42) IU/L
LDH SERUM	102	(91-180) IU/L
CK TOTAL	68	(22-269) UI/L
ALK PHOS	77	(42-121) IU/L
URIC ACID	4.0	(2-7) MG/DL
PHOSPHORUS	4.7	(2-5) MG/DL
CHOLESTEROL	159	(120-200) MG/DL
TRIGLYCERIDE	78	(35-160) MG/DL

10289116 - WINDHAM,TAMMY E (229998) L3 DIS(02/28) 24 F BALLARD,MARVIN K.

(CONTIN

071

********** DISCHARGE SUMMARY - DO NOT DESTROY **********

10289116 - WINDHAM,TAMMY E (229998) LS DIS(02/28) 24 F BALLARD,MARVIN K.

****SEROLOGY****

COLLECTED	02/21 0700
RPR	(1)

NOTES: (1) NON-REACTIVE

10289116 - WINDHAM,TAMMY E (229998) LS DIS(02/28) 24 F BALLARD,MARVIN K.

072

TUOMEY REGIONAL MEDICAL CENTER
DEPARTMENT OF RADIOLOGY
129 N. WASHINGTON ST.
SUMTER, SOUTH CAROLINA 29150-4863

PATIENT NAME: WINDHAM,TAMMY E
UNIT NO: 229998
EXAM DATE: 02/21/92

REASON ON EXAM: CHECK PREGNANCY GESTATION

OB ULTRASOUND
CONDENSED REPORT

AVG. ULTRASOUND AGE: 7W,6D

ESTIMATED DATE OF DELIVERY: 10/3/92

ESTIMATED FETAL WEIGHT: NOT CHARTED

ADDITIONAL COMMENTS:

CC: MARVIN K. BALLARD, M.D.

ACR CODE:
TRANSCRIBED DATE/TIME: 02/21/92 (1738)
TRANSCRIPTIONIST: XRBCC
PRINTED DATE/TIME: 02/21/92 (1815)

NORMAN B. CLINKSCALES, M.D.

PAGE 1

US OB COMPLETE 4641

NAME: WINDHAM,TAMMY E
PHYS: BALLARD,MARVIN K.
DOB: [redacted] AGE: 24 SEX: F
ACCT NO: 10289116 LOCATION: 388 1
EXAM DATE: 02/21/92 STATUS: INP
UNIT NO: 229998

CHART/MEDICAL RECORD

37412

073

TUOMEY REGIONAL MEDICAL CENTER
129 North Washington Street
Sumter, South Carolina 29150

2-29

WINDHAM, TAMMY
229998
Dr. Hepfer

CONSULTATION NOTE:

HISTORY: Ms. Windham is a 24 year old, gravida III, para I, AB I, whose last menstrual period was Christmas Day of 1991. She has not been seen or followed by anyone for this particular pregnancy. She was known to be pregnant and was admitted with major depression with psychotic features to Lee 3 on 02/20/92. She also had an appointment to see Dr. Anderson for her first prenatal workup I believe today, but did not get there because she was at the hospital.

She began cramping and bleeding at 6 p.m. and progressed to passing tissue by about 6:30. She was seen in the Emergency Room shortly thereafter, bleeding heavily and with an open cervix.

PAST MEDICAL HISTORY: She smokes about 1/2 pack per day. She had a previous spontaneous AB of uncertain etiology. She has a husband, who is reportedly a Crack Cocaine user.

PHYSICAL EXAMINATION: Shows an alert, oriented female. Vital signs are stable.
ABDOMEN: Soft.
PELVIC: Uterus is anterior about 8 week size. Cervix is patulous and there is tissue coming from the os.

LABORATORY DATA: Rh type is unknown at this time.

IMPRESSION: Incomplete abortion.

PLAN: Proceed with suction curettage.

T. W. HEPFER, M.D. DICT. 02/27/92 TRANS. 03/01/92 si xc

ORIGINAL

074

TUOMEY REGIONAL MEDICAL CENTER
129 North Washington Street
Sumter, South Carolina 29150

23-

Windham, Tammy E.

Dr. Ballard 229998

PROGRESS NOTE

Apparently has a major depression. Cannot sleep. Has had suicidal thoughts, but better since she has been talking up here. Will try to get an ultrasound of her uterus and see if, in fact, she is pregnant, and, if so, how many weeks, if that can be determined, before considering any medication. She misses her husband and wants to get over him and get on with her life. No medicine at this time.

M. K. BALLARD, M.D.
dict 2/21/92 trans 2/24/92 jmc xc

ORIGINAL

075

TUCMEY REGIONAL MEDICAL CENTER
129 North Washington Street
Sumter, South Carolina 29150

2-28

WINDHAM, TAMMY
229998
Dr. Hepfer

PROCEDURE NOTE:

DATE OF PROCEDURE: 02/27/92
PROCEDURE: Suction curettage.
IMPRESSION: 1. Incomplete abortion, resolved.
2. Major depression with psychotic features.
SURGEON: Hepfer

DESCRIPTION OF PROCEDURE: With the patient in the dorsolithotomy position, 50 mgs of Demerol and 4 mgs Versed were used to provide adequate analgesia. The abdomen and vagina were prepped with Betadine. A speculum was placed in the vagina and the anterior lip of the cervix was grasped with an Allis clamp. A 9 mm suction curet was introduced in the uterine cavity and the remaining portions of the products of conception were removed by suction curettage. Hemostasis was adequate. The patient was examined a second time showing a firm, about 6 week size uterus, with no adnexal masses.

DISPOSITION: The patient was to receive Rho-Gam if she is Rh negative before she leaves the Emergency Room area. She is to be observed in the Emergency Room area for at least 2 1/2 hours before being transferred back to Lee 3.

T. W. HEPFER, M.D. DICT. 02/27/92 TRANS. 03/01/92 si xc

ORIGINAL

076

TUOMEY REGIONAL MEDICAL CENTER SUMTER, S.C. 29150

PATIENT DISCHARGE SUMMARY

CONTINUING CARE NEEDS:

NUTRITIONAL: DIET Regular COPY TO ☑ PT./☐ S.O. ☐ YES ☑ NO

RESPIRATORY: ☑ NA ☐ O_2 _____ ☐ L/M VIA: _____

MEDICATION: ☐ CONTINUE SAME MEDS AT HOME AS BEFORE HOSPITALIZATION ☑ NO MEDS REQUIRED

CODES: S = MEDS SENT WITH PT. P = PRESCRIPTION

NAME / DOSAGE / ROUTE	CODE	TIMES TO TAKE	SPECIAL INSTRUCTIONS
1.			
2.			
3.			
4.			
5.			

PATIENT ACTIVITIES (CHECK APPROVED ACTIVITIES)

☑ NO RESTRICTIONS ☐ SHOWER ☐ TUB BATH ☐ SPONGE BATH ☐ ASSIST FEEDING ☐ DRIVE CAR ☐ CLIMB STAIRS ☐ ASSIST DRESSING ☐ NON WT. BEARING ☐ PART. WT. BEARING ☐ AMBULATE WITH ASSISTANCE ☐ RESUME SEXUAL ACTIVITIES ☐ OTHER _____

COMMUNITY SERVICE REFERRALS ☐ NONE ☐ CLTC ☐ HOME HEALTH ☐ HOSPICE ☐ OTHER _____ ☐ MEALS ON WHEELS ☑ MENTAL HEALTH CENTER

EQUIPMENT/SUPPLY REFERRALS ☑ NONE _____

TREATMENTS/WOUND CARE ☑ NONE _____

SYMPTOMS TO REPORT TO PHYSICIAN OFFICE NO. Pt. sent home c out any medicine or prescriptions -

FOLLOW UP APPOINTMENTS ☐ TO MAKE OWN at MHC c ☑ DR. Ballard DATE/TIME 3/12/92 10:00 ☐ DR. _____ DATE/TIME _____

PRINTED/ADDITIONAL INSTRUCTIONS None - except pertaining to miscarriage - to notify Dr. of any ↑ vaginal bleeding - Heat soak - pain -

COPY OF THIS FORM GIVEN TO pt. 112 330

I HAVE RECEIVED AND FULLY UNDERSTAND THE ABOVE INSTRUCTIONS FOR POST HOSPITAL CARE

DISCHARGE SIGNATURE OF PATIENT OR SIGNIFICANT OTHER

RELATIONSHIP (IF OTHER THAN PATIENT) _____

Judy Tumblin RN

DISCHARGE RN SIGNATURE

[redacted] 03/20/92

PATIENT DISCHARGE INSTRUCTIONS

3212 CHART COPY ADDRESSOGRAPH

077

5266

PATIENT DISCHARGE NURSING ASSESSMENT

ADDRESSOGRAPH

DISCHARGE DATE 2/28/92 TIME 1320 MODE walking

ESCORTED BY Sister - Melinda Barrett (HOSPITAL EMPLOYEE NAME/TITLE)

DESTINATION Home to mother's

NAME OF PERSON DISCHARGED TO Melinda Barrett

NURSING DISCHARGE ASSESSMENT

NEUROLOGICAL:
ALERT LETHARGIC UNRESPONSIVE
ORIENTATION DISORIENTED
EXTREMITY MOVEMENT LIMITED, NONE

RESPIRATORY:
RESPIRATIONS DISTRESS SOB, LABORED
COUGH NONPRODUCTIVE, PRODUCTIVE
LUNGS: CLEAR RALES WHEEZING
SPUTUM: COLOR N/A CONSISTENCY

CARDIOVASCULAR:
PERIPHERAL PULSES WEAK, BOUNDING,
EDEMA: PRESENT
TELEMETRY # N/A RATE RHYTHM

OTHER:

GASTROINTESTINAL:
ABDOMEN SOFT, HARD, DISTENDED
BOWEL SOUNDS PRESENT, ABSENT
STOOL: CONTINENT, INCONTINENT

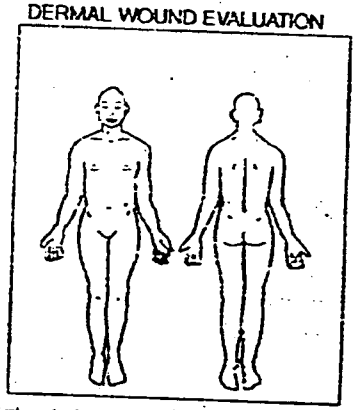
GENITOURINARY:
VOIDING: CONTINENT, INCONTINENT
CATHETER: N/A COLOR
CONSISTENCY N/A

INTEGUMENTARY:
SKIN COLOR NORMAL, PALE, CYANOTIC, JAUNDICED
SKIN TEMP WARM, COOL, CLAMMY, DIAPHORETIC
SKIN TURGOR LOOSE, TIGHT
GENERAL SKIN CONDITION Good
WOUND/INCISION N/A
SIGNATURE Judy Hankla CN

BEHAVIOR:
EYE CONTACT YES NO
COOPERATIVE AGITATED
ANXIETY NONE MILD MOD. SEVERE

☑ NOT APPLICABLE

DERMAL WOUND EVALUATION



Circle and # location of dermal wound on figure above.

LOCATION				
STAGE (I, II, III, IV, V or NA)				
APPEARANCE*				
SIZE (cm)				
DRAINAGE**				
ODOR***				
INFLAMMATION YES/NO				
UNDERMINING YES/NO				
INITIALS OF RN				

* - d = pink, red, s = slough, e = eschar, ** - ss = serosanguineous, s = serous
p = purulent, o = none, *** - o = none, m = mild, f = foul

PICTURES TAKEN ☐ YES ☑ NO

DESCRIBE HOW THE PT. AND/OR SIGNIFICANT OTHER HAS DEMONSTRATED THE ABILITIES TO MANAGE CONTINUING CARE NEEDS POST DISCHARGE Pt. D/C to home c sister - left - walking - Denied suicidal thoughts - D/C instructions given & wound understanding - skin warm & dry - Respirations unlabored. Alert & Oriented x's 3.

Judy Hankla, R.N.

078

10451938 223936
WINGMAN, TAMMY E
75 F M [redacted]

TIME IN ROOM _____ AM/PM TIME OUT 0130 AM/PM ADMIT _____

HISTORY AND PHYSICAL EXAMINATION

DOCTORS ORDERS

DIAGNOSTIC IMPRESSION

CONSULTATION NOTES

CONSULTANT'S SIGNATURE

DISCHARGE INSTRUCTIONS

E.R. PHYSICIAN'S SIGNATURE

POOR ORIGINAL

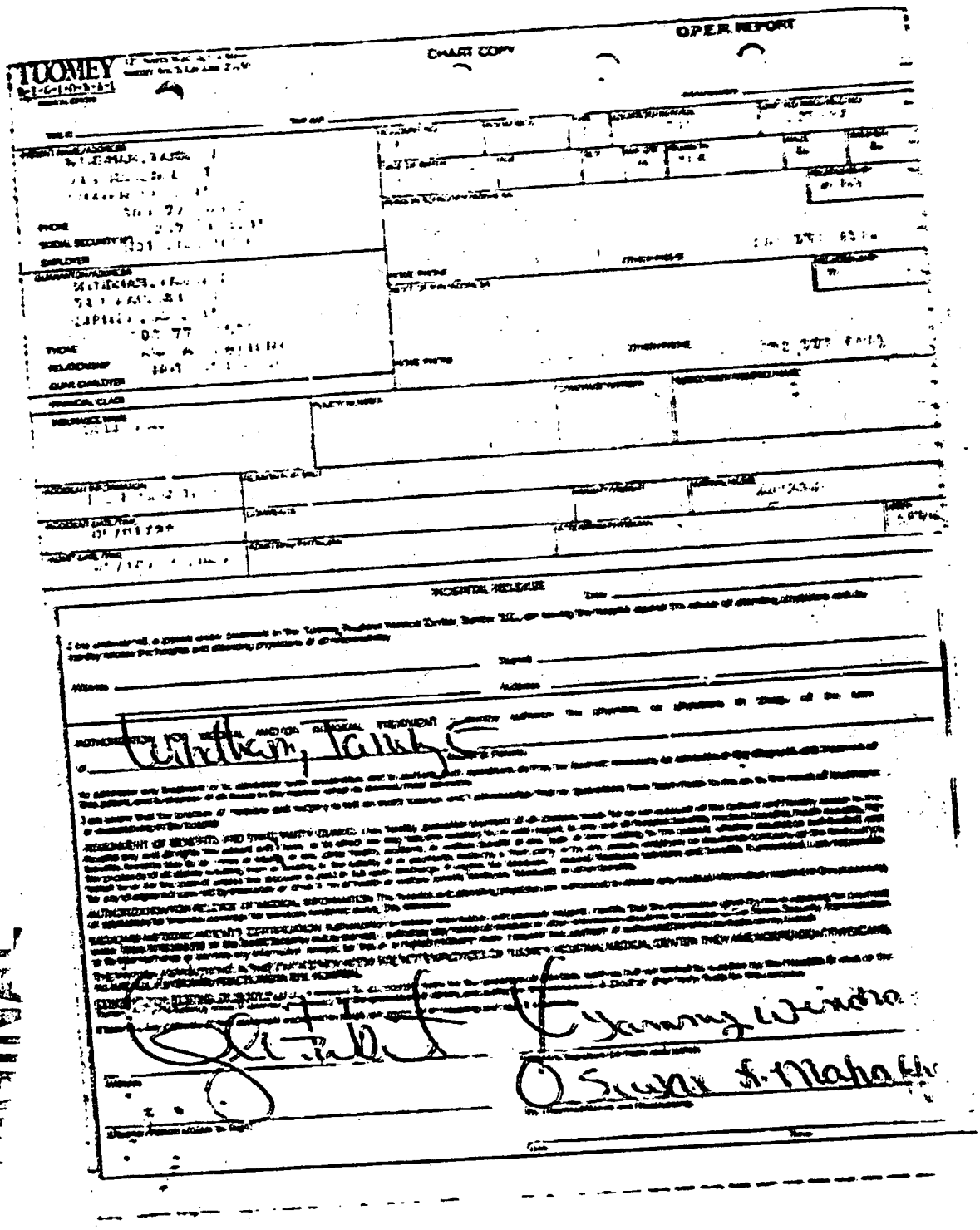

TUOMEY

CHART COPY

OPER. REPORT

HOSPITAL RELEASE

ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER
INITIAL TRIAGE

10451938 229992
25 F M [redacted]

TIME 2047 AM / PM 9-10-93

CHIEF COMPLAINT/ASSESSMENT
My stomach hurts so bad" 25 yo female Presented to the ER via EMS c/o vaginal abd pain & nausea & vomiting x 1 hour, Currently 3 mos Pregnant

CARE PRIOR TO ARRIVAL

LMP 3 mos ago WEIGHT — LAST TETANUS —
MEDICATIONS none
ALLERGIES NKA
VITAL SIGNS: BP 167/99 TEMPERATURE 98.4 PULSE 93 RESPIRATIONS 20
NURSING DIAGNOSIS Pain Comfort RIT C.C

NURSE'S SIGNATURE Hazel J. Brown

DATE & TIME	PROCEDURES / MEDS / VITAL SIGNS
2115	Dr. Call re: Pt's c/o pain — Ord

DATE & TIME	9-10-93 NURSE'S NOTES
2155	Pt. Pt to MSB via
2158	Pt Gyn [illegible]
	[illegible]
2200	States pain has eased a little. RE
2230	Dr. Call re: pt's c/o pain — Ord Tylenol #3
2330	Moved to Pt Room 23 Via [illegible]

RECORDER SIGNATURE
Judy Cruse Unlicensed
Rec Rebecca R Hodges RN

POOR ORIGINAL

050

5270

PATIENT'S NAME [illegible]

I.D. #

DATE 7-11-93

DATE & TIME	PROCEDURES / MEDS / VITAL SIGNS 9-10-93	DATE & TIME	NURSE'S NOTES
2345	(G) [illegible]		
	[illegible]		
2355	[illegible]		

LEGEND OF SIGNATURES

[illegible] Rebecca R. [illegible]

POOR ORIGINAL

RUN ON 09/11/93-0132 ** END OF RE **

10451998 - WINDHAM,TAMMY L (

93:M0076685 - 54315 REQ DATE: 09/10/93 1047 REQ: [illegible] FARMER,FITZGERALD

SOURCE: GENITAL,VAGINAL
ORDERED: GC CULTURE, GRAM STAIN

GC CULTURE
'Pending ....'

GRAM STAIN SPECIMEN
** FINAL: WBC'S :MODERATE
GRAM POSITIVE COCCI IN CLUSTERS :FEW
GRAM POSITIVE COCCI IN PAIRS :FEW
GRAM NEGATIVE RODS :FEW
GRAM POSITIVE RODS :MODERATE
:NO GRAM NEG INTRACEL [illegible]

*** END OF STAT REPORT ***

POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER PAGE 1
RUN ON 09/11/93-0038 ** STAT REPORT **

10451998 - WINDHAM,TAMMY E (229958) ER REG ER 25 F UNKNOWN
0910:H0154S - 572297 COMP COLL: 09/10/93 2347 RECD: 09/11/93 0021 PARKER,REGINA
ORDERED: WET PREP

=> WET PREP
(NO TRICS SEEN,4+BACT,8-10 WBC,18-20 EPI,RARE RBC.)
NORMAL: NEGATIVE

*** END OF STAT REPORT ***

Gm Stain

POOR ORIGINAL

10451998 - WINDHAM,TAMMY E (229998) ER REG PT 25 F UNKNOWN
0910:SC0046S - 572261 COMP COLL: 09/10/93 2125 RECD: 09/10/93 2135 MYLANDER,KEN
ORDERED: HCG QUANT

=> HCG QUANT		4.5	MIU/ML
	NEGATIVE <2.5		
	BORDERLINE 10-20		
	WEEK 1 21-30		
	WEEK 2 30-100		
	WEEK 3 100-1000		
	WEEK 4 1000-10K		
	TRIMESTER 1 10K-160K		
	TRIMESTER 2 5K-30K		
	TRIMESTER 3 4K-15K		

*** END OF STAT REPORT ***

TUOMEY REGIONAL MEDICAL CENTER
** STAT REPORT **

RUN ON 09/10/93-2149

10451998 - WINDHAM,TAMMY E (229998) ER REG ER 25 F UNKNOWN
0910:H0148S - 572281 COMP COLL: 09/10/93 2125 RECD: 09/10/93 2135 MYLANDER,KENN
ORDERED: CBC

	[CBC]			
	[HEMOGRAM]	11.43 H	1000/UL	(4.0-11.0)
=>	WBC	4.63	MIL/UL	(4.2-5.4)
=>	RBC	12.9	G/DL	(12.0-16.0)
=>	HGB	39.8	%	(37.0-47.0)
=>	HCT	86.0	FL	(81-99)
=>	MCV	27.9	PG	(26-35)
=>	MCH	32.4	G/DL	(31-37)
=>	MCHC	13.8	%	(11.0-16.0)
=>	RDW	530	1000/UL	(70-500)
=>	PLATELET COUNT			
	[DIFF-AUTOMATED]			
=>	NEUTROPHILS	61.0	%	(37-75)
=>	LYMPHOCYTES	31.1	%	(19-48)
=>	MONOCYTES	5.2	%	(0.0-10.0)
=>	EOSINOPHILS	2.1	%	(0.0-7.0)
=>	BASOPHILS	0.6	%	(0.0-1.5)
	[DIFF-MANUAL]			
	[RBC MORPHOLOGY]			

*** END OF STAT REPORT ***

~~Hct~~
HCG ~~Plt~~
~~Platelet~~
~~Pt~~

TUOMEY REGIONAL MEDICAL CENTER PAGE 1
RUN ON 09/10/93-2201 ** STAT REPORT **

10451998 - WINDHAM,TAMMY E (229998) ER REG ER 25 F UNKNOWN
0910:U0055S - 572284 COMP COLL: 09/10/93-2137 RECD: 09/10/93 2140 PARKER,REGINA
COMMENT: SOURCE? URINE,CLEAN CATCH
DATE/TIME OF COLLECTION? N
ORDERED: URINALYSIS

[URINALYSIS]
[URINALYSIS-CHEM]
[URINE SEDIMENT]

=>	COLOR	YELLOW		
=>	APPEARANCE	CLEAR	(CLEAR)	
=>	GLUCOSE	NEGATIVE	(NEG)	
=>	BILIRUBIN	NEGATIVE	(NEG)	
=>	KETONES	NEGATIVE	(NEG)	
=>	SPECIFIC GRAVTY	1.025		(1.003-1.040)
=>	BLOOD	NEGATIVE	(NEG)	
=>	PH	5.0		(5-9)
=>	PROTEIN	NEGATIVE	(NEG)	
=>	UROBILINOGEN	0.2	MG/DL	(0.2-1.0)
=>	NITRITES	NEGATIVE	(NEG)	
=>	LEUKOCYTES	TRACE	(NEG)	
=>	WBC	10-14	(0-6)	
=>	RBC	1-2	(0-2)	
=>	EPITHELIAL CELL	TNTC	(0-5)	

*** END OF STAT REPORT ***

TUOMEY REGIONAL MEDICAL CENTER PAGE 1
RUN ON 09/10/93-2226 ** STAT REPORT **

10451998 - WINDHAM,TAMMY E (229998) ER REG ER 25 F UNKNOWN
0910:C0181S - 572281 COMP COLL: 09/10/93 2125 RECD: 09/10/93 2135 MYLANDER,KENN
ORDERED: PANEL 7, ALK PHOS

[PANEL 7]

=>	SODIUM	139.2		MEQ/L	(135-153)
=>	POTASSIUM	3.54		MEQ/L	(3.5-5.3)
=>	CHLORIDE	110.3		MEQ/L	(100-112)
=>	CO2	25.0		MEQ/L	(24-31)
=>	ANION GAP	7.74	L		(8-16)
=>	GLUCOSE-SERUM	115	H	MG/DL	(80-110)
=>	BUN	9		MG/DL	(5-25)
=>	CREATININE	0.9		MG/DL	(0.5-1.4)
=>	ALK PHOS	97		IU/L	(42-121)

*** END OF STAT REPORT ***

COPY FROM TUOMEY HOSPITAL
17582 AREA/ROUTE/S): 0005400
TUOMEY HOSPITAL
ACCOUNTS PAYABLE
129 N WASHINGTON ST
SUMTER, SC 29150

307

LABORATORY REPORT REPRINT

SmithKline Beecham Clinical Laboratories

MICROFILM# 09149383020

PATIENT NAME	PATIENT ID	ROOM NO.	AGE	SEX	PHYSICIAN
WINDHAM, TAMMY E	229998	ER	25	F	PARKER, REGINALD MD

PAGE	REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG-IN DATE	REPORT DATE	& TIME
1	0622084	784795A	10451998	09/10/93 23:47	09/11/93	09/15/93	3:00AM

REMARKS

EASTERN TIME

REPORT STATUS	TEST	RESULT IN RANGE	RESULT OUT OF RANGE	UNITS	REFERENCE RANGE	FLAG
FINAL						

CULTURE, CHLAMYDIA AT
SOURCE: VAGINAL
STATUS: FINAL
RESULT: NO CHLAMYDIA TRACHOMATIS ISOLATED

)) END OF REPORT ((

PLACE TOP OF REPORT #1 HERE

FORM 07-613

Moore Business Forms, Inc

LABORATORY REPORTS

058

10453340 229998
WINDHAM, TANDY E
25 F W [redacted]

TIME IN ROOM ____ AM PM TIME OUT 1330 AM PM ADMIT ____

HISTORY AND PHYSICAL EXAMINATION

15497 - 98.6 - 86 - 24 NKDA

12:52
Burning Dysuria, Freq
Ex Tank. Resident last
night & today. Denied
Fever, N/V, abd pain,
Lower B/L, dyspareunia, Last
Tx ER - Rocephin IM, Bactrim
DS, none since.
Pyelonephritis, UTI, Allergic
Rx did not recall details.
PMH - Sept Appendectomy.
Urine HCG Neg ER Urine
Urinalysis - nitrites, Lgt Leuk,
mild epithelial, Few Bacteria,
No Casts, Occ Bacteria

DIAGNOSTIC IMPRESSION Acute Cystitis

CONSULTATION NOTES

CONSULTANT'S SIGNATURE ____ TIME ____ AM PM

CONDITION ON DISCHARGE ☐ IMP ☐ IMPROVED ☐ DECEASED ☐ ADMITTED ☐ OTHER (SPECIFY) ☐ HOME ☐ NURSING HOME ☐ ALTERNATIVE HOUSING ☐ OTHER

DISCHARGE INSTRUCTIONS
Doctor Recheck if Sx persist
Return if Sx worsen

E.R. PHYSICIAN'S SIGNATURE [signature]

POOR ORIGINAL

079

TUOMEY REGIONAL

CHART COPY

O.P.E.R. REPORT

TIME IN

TIME OUT

PATIENT NAME/ADDRESS

PHONE

SOCIAL SECURITY NO

EMPLOYER

GUARANTOR/ADDRESS

PHONE

RELATIONSHIP

OUR EMPLOYER

FINANCIAL CLASS

INSURANCE NAME

POLICY NUMBER

ACCIDENT INFORMATION

ACCIDENT DATE/TIME

ADMIT DATE/TIME

REASON FOR VISIT

COMMENTS

ADMITTING PHYSICIAN

HOSPITAL RELEASE

I the undersigned, a patient under treatment in the Tuomey Regional Medical Center, Sumter, S.C., am leaving the hospital against the advice of attending physicians, and do hereby release the hospital and attending physicians of all responsibility.

Witness _____ Signed _____

_____ Address _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT. I hereby authorize the physician, or physicians on duties of the Tuomey staff

to administer any treatment or to administer such anesthetics and to perform such operations as may be necessary or advisable in the treatment and treatment of this patient, and to dispose of all tissue in the manner which is deemed most advisable.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in this hospital.

ASSIGNMENT OF BENEFITS. I hereby authorize payment directly to the hospital named above of hospital insurance otherwise payable to me including Major Medical and payment of surgical or medical benefits, including Major Medical, directly to the attending physician, but not to exceed hospital charges for those services. I understand that I am financially responsible to the hospital and physician for charges not covered by this assignment.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION. The hospital and attending physician are authorized to release any medical information required on the processing of application for insurance coverage for services rendered during this admission.

MEDICARE-MEDICAID PATIENT'S CERTIFICATION. Authorization to release information and payment request. I certify that the information given by me in applying for payment under Titles XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related medicare claim. I request that payment of authorized benefits be made either to myself or on my behalf.

THE PHYSICIANS PRACTICING IN THIS EMERGENCY ROOM ARE NOT EMPLOYEES OF TUOMEY REGIONAL MEDICAL CENTER. THEY ARE INDEPENDENT PRACTITIONERS, AS ARE ALL PHYSICIANS PRACTICING IN THE HOSPITAL.

CONSENT FOR TESTING OF BODY FLUIDS. I consent to appropriate tests for the presence of infection, such as, but not limited to, infection by the Hepatitis B virus or the human immunodeficiency virus, if deemed necessary for the protection of others, and authorize the withdrawal of blood or other body fluids for this purpose.

I have had the contents of this statement explained in detail, am aaware of its meaning, and sign it voluntarily.

Witness

Patient's signature (or mark and name)

(Person Patient Unable to Sign)

By (Relationship and Explanation)

Date

Time

PUUM

080

HISTORY NO.

TUOMEY REGIONAL MEDICAL CENTER
INITIAL TRIAGE

10453340 229998
PATWINDHAM, TAMMY E
25 F W [redacted]
DA

TIME 1025 AM / PM 9-15-93

CHIEF COMPLAINT/ASSESSMENT
C/c: "I was here Fri night for pain up here + it got worse"
O: 25yo. WF cb pain to upper abdominal pain, pain to central upper region, states constant pain, ambulatory to ER, CAOx3, last BM this morning, states normal bowel movements, states "hurts to eat" states get SOB on occasion due to the pain

CARE PRIOR TO ARRIVAL ER Friday night

LMP 9-N-93 WEIGHT 145 LAST TETANUS N/A

MEDICATIONS States None

ALLERGIES States NKDA

VITAL SIGNS: B/P 138/93 TEMPERATURE 98.6 PULSE 82 RESPIRATIONS 20

NURSING DIAGNOSIS Pain r/t ? etiology

NURSE'S SIGNATURE [signature]

DATE & TIME	PROCEDURES / ORDERS / VITAL SIGNS 9-15-93	DATE & TIME	NURSE'S NOTES 9-15-93
		1315	No answer in [illegible] WR [illegible]
		1320	Called to Obs 3 [illegible]
1352	Dr. Klugman aware - SJ		
1330	Zantac 150 mg po - SJ	1330	pt alert - oriented to [illegible] & distress - SJ

POOR ORIGINAL

RECORD OF MEDICATIONS

[signature]
SJ [signature]
21429

[signature]

081

TUOMEY REGIONAL MEDICAL CENTER
INITIAL TRIAGE

10453340 229998
PAT WINDHAM, TAMMY S
25 F M [redacted]
DA

TIME 1025 AM / PM 9-15-93

CHIEF COMPLAINT/ASSESSMENT
C/c: "I was here Fri. night for pain up here & it got worse"
Pt. 25 y/o. WF c/o pain to upper abdominal pain, pain to central upper region, states constant pain, ambulatory to ER, CABG 3. last Bowel movement this morning, states BS are bowel movements, states "has to eat" states get SOB on occasion due to the pain

CARE PRIOR TO ARRIVAL ER Friday night

LMP 9-N-93 WEIGHT 145 LAST TETANUS N/A

MEDICATIONS States none

ALLERGIES States NKDA

VITAL SIGNS: B/P 155/93 TEMPERATURE 98.6 PULSE 82 RESPIRATIONS 21

NURSING DIAGNOSIS Pain r/t ? etiology

NURSE'S SIGNATURE [signature]

DATE & TIME	PROCEDURES / MEDS / VITAL SIGNS 9-15-93	DATE & TIME	9-15-93 RESULTS
		1245	No [illegible]
			[illegible] WR
		1320	Ctd to Obs
1252	Dr. Klugman exam - SJ		
1330	Tantac 15 mg IV pg - SJ	1330	Pt alert - ambulatory Exit [illegible]

POOR ORIGINAL

MEDICATIONS ADMINISTERED BY
Tantac
SJ [illegible] RN
31429

[signature] RN

082

HISTORY NO. _____ TUOMEY REGIONAL MEDICAL CENTER 129 N. WASHINGTON ST. SUMTER, SC 29150

NAME 10453340 229998
WINDHAM, TAMMY E [redacted]
25 F W

ADDRESS _____ 9-15-93

☒ CARE OF WOUNDS

1. Keep clean and dry.
2. Watch for and report any redness, swelling, increased pain or red streaks in the area of the wound.
3. Wound recheck _____
4. Sutures out _____
5. You will need to call the physician to whom you were referred for follow-up to make an appointment/Return to ER for recheck on _____

☒ CARE OF BURNS

Contact a physician if any of the following conditions occur.

1. Increasing redness or discoloration of the normal tissue around burn site.
2. Fever or chills.
3. Red streaks arising from the burn area.
4. Swelling or progressive inability to use the fingers or feet if burn involves an extremity.
5. Shortness of breath, increased cough or blurred vision if the burn involves the face.
6. Difficulty swallowing if the burn involves the neck.
7. Notify physician if burn fails to improve as expected.
8. Burn recheck _____

☒ ANTIBIOTICS

You have been given a prescription for an antibiotic. Please take as directed. Take at least 30 minutes before meals or one hour after meals. Antibiotics should be taken on an empty stomach unless stated otherwise. You should be feeling better within 36-48 hours. Finish the entire amount even though you start feeling better. Make sure you are rechecked by a private doctor.

☐ HEAD INJURY

1. Give patient light diet, such as liquids, soups, crackers for 24 hrs.
2. Avoid strenuous activity for at least 24 hrs.

Call physician without delay if any of the following conditions occur.

1. Persistent severe headache.
2. Repeated vomiting
3. Unusual drowsiness or loss of coordination.
4. Drainage of blood or fluid from nose or ears.
5. Convulsions
6. Report any clumsiness in walking.
7. Wake patient every _____ hours and observe for above symptoms.

☐ SPRAIN OR SOFT TISSUE INJURY (Only if checked)

☐ Keep injured part elevated.
☐ Ice pack to area for 15 min. every 4 hours. Protect skin.
☐ Give ASA/Tylenol as follows: _____ tablets every _____ hours.
☐ Use Dry/Moist heat for 15 min every 4 hrs. Protect Skin.
☐ Loosen Ace bandage as necessary.
☐ Do not walk on injured part for _____ days.

☐ INSTRUCTIONS FOR CLEAR LIQUID DIET

If you are instructed by a physician to stay on a clear liquid diet for 24 hrs. you may eat or drink any/all of the following

1. All clear or strained fruit juices (ex: grape, apple, cranberry)
2. Clear coffee, tea, Kool Aid, Gatorade, or carbonated beverages (7 up, Sprite, Ginger Ale)
3. Clear broth, bouillon, consomme (ex: beef, chicken broth)
4. Popsicles, Jello

* DO NOT STAY ON THIS DIET LONGER THAN 24 HRS. If you are still vomiting or having diarrhea you should return to or call your physician.

☐ WARNING: The medications you have been given may cause drowsiness. DO NOT drive or operate machinery.

☐ FEVER CONTROL

1. Give patient plenty of fluids such as Coca Cola, Ginger Ale, tea. NO MILK.
2. Dress patient lightly.
3. Give Tylenol
   Dose: _____ tsp. every 4 hrs.
4. Sponge for temperature of _____ or higher
5. To Sponge patient
   A. Undress patient
   B. Have pan of luke warm water and cloth.
   C. Rub skin over entire body with wet cloth for about 20 min.
6. Check temperature again.

☐ IMMUNIZATIONS

To enable you to keep complete record of immunizations the following was administered on Date:
☐ 1. Tetanus Toxoid 0.5cc
☐ 2. Tetanus Immune Globulin 250 units
☐ 3. DPT 0.5 cc
☐ 4. DT Pediatric 0.5 cc
☐ 5. DT Adult 0.5 cc

☒ OTHER

Zantac 150 prescribed for Abdominal Discomfort.

POOR ORIGINAL

☐ If there are any problems return to the Emergency Room or see your private physician.

To whom it may concern: Date _____
Patient named above was treated at Tuomey Regional Medical Center Emergency Room on _____ at _____
He/She has been advised not to return to work/school for ____ days or until released by the private physician or company doctor.
Work/School Excuse by Dr _____

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS
Tammy Windham

PATIENT INSTRUCTIONS

083

TIME IN ROOM _____ AM/PM TIME OUT 0150 AM/PM ADMIT _____

10497548 229998
WINDHAM, TAMMY E
26 F M [redacted]

HISTORY AND PHYSICAL EXAMINATION 2335 1/31/97

NN, Meds, allergies noted
2/03/58
24 yo woman c/o epigastric
pain, onset this AM, nausea
denies vomiting
denies pregnancy, dysuria
Sample is voiding straight
Similar episode 3 yrs ago
w/ Preg. Told she had
Viral illness, no med
Sexually active, uses condoms
Denies std exposures
Abdominal tenderness
No guarding, rebound
No CVA tenderness
Last menses, normal
Denies vaginal discharge
No pelvic pain
No dysuria, hematuria
Direct questioning regarding
possibility of pregnancy
No illness or hospitalizations
Discussed w Dr Paula 2335

DOCTORS ORDERS

Urine-preg
CBC
Chemistry
U/A
EKG
IV
Pain & Nausea Med
ER records
Pt Name 2335
Tylenol 30 mg po
2335
2345

Reglan 10 mg IV
2335

DIAGNOSTIC IMPRESSION 1) Abdominal pain
2) r/o PID

CONSULTATION NOTES

1) Urine, 2) Bacterial DS / GC DNA Probe

CONSULTANT'S SIGNATURE

CONDITION ON DISCHARGE: IMPROVED / UNIMPROVED / DECEASED / ADMITTED / OTHER — DISPOSITION: POLICE / HOME / MEDICAL FACILITY / COURTESY RIDE / OTHER — TIME AM/PM

DISCHARGE INSTRUCTIONS

1) Take medications as prescribed
2) Return to ER if symptoms worsen

2345

E.R. PHYSICIAN'S SIGNATURE [redacted]

POOR ORIGINAL

TUCMEY

O.P.E.R. REPORT

POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER
INITIAL TRIAGE

10487542 229558
WINGHAM, TAMMY E
26 F W

TIME 2230 AM / PM 11/31/94

CHIEF COMPLAINT/ASSESSMENT
C/o "SHARP pain in mid epig area States pain is SHARP & B... from Hx C/o Dysuria, Frequency, C/O N/V Tonight. States pain occurred this a.m. & Tonight. TO ER Via EMS. pt appears in mild distress Skin W & D.

CARE PRIOR TO ARRIVAL EMS

LMP 11/1/94 WEIGHT — LAST TETANUS —

MEDICATIONS NONE

ALLERGIES NKA

VITAL SIGNS: B/P 162/88 TEMPERATURE 97.1 PULSE 74 RESPIRATIONS 18

NURSING DIAGNOSIS Alt in Health Maint Potential for infection r/t C/C.

NURSES SIGNATURE

DATE & TIME	PROCEDURES / MEDS / VITAL SIGNS	DATE & TIME	NURSE'S NOTES
		2335	Pt to ER pt in mild pain
2345	Urinalysis - [illegible]	2345	C/O mid pain
	-PC — 11.0		
0015	-Clean catch [illegible]		
	Collected [illegible]		
	Cath. Kit = [illegible]		
		0020	[illegible]
			[illegible]
		0025	[illegible]
0150	Pain med PO	0150	pt rec'd pain med
			understands

LEGEND OF ABBREVIATIONS

[illegible]

31425

POOR ORIGINAL

10497548 229998
WINDHAM, TAMMY E
26 F W [redacted]

DATE & TIME	2194 PROCEDURES / MEDS / VITAL SIGNS	DATE & TIME	2194 NURSES NOTES
		0130	with visitor pt
			comfortable

LEGEND OF SIGNATURES

TF RJ Reed R.N.

POOR ORIGINAL

087

TUOMEY REGIONAL MEDICAL CENTER PAGE 9

RUN ON: 02/01/94-0116 ** STAT REPORT **

10497548 - WINDHAM,TAMMY E (229998) ER DEC [illegible]
0131:C0142S - 621922 COMP COLL: 01/31/94 2015 [illegible]
ORDERED: PANEL 7, AMYLASE

[PANEL 7]				
SODIUM	138.4		[illegible]	[illegible]
POTASSIUM	4.57		[illegible]	[illegible]
CHLORIDE	108.5		[illegible]	[illegible]
CO2	24.4		[illegible]	[illegible]
ANION GAP	10.1			[illegible]
GLUCOSE-SERUM	115	H	[illegible]	[illegible]
BUN	7		[illegible]	[illegible]
CREATININE	0.6		[illegible]	[illegible]
** AMYLASE	86		[illegible]	[illegible]

*** END OF STAT REPORT ***

POOR ORIGINAL

10497548 - WINDHAM,TAMMY E (229998) EA [illegible] 26 F [illegible]
0201:D00015 - 631941 CGMP CCLL: 02/01/94 0003 [illegible] 02/01/94 0218 ANDERSON,BETTY
COMMENT: SOURCE? URINE,CLEAN CATCH
DATE/TIME OF COLLECTION? T
ORDERED: URINALYSIS

[URINALYSIS]
[URINALYSIS-CHEM]
[URINE SEDIMENT]

=>	COLOR	YELLOW		
=>	APPEARANCE	CLOUDY	(CLEAR)	
=>	GLUCOSE	NEGATIVE	(NEG)	
=>	BILIRUBIN	NEGATIVE	(NEG)	
=>	KETONES	NEGATIVE	(NEG)	
=>	SPECIFIC GRAVITY	1.015		(1.003-1.030)
=>	BLOOD	NEGATIVE	(NEG)	
=>	PH	5.0		(5-8
=>	PROTEIN	TRACE	(NEG,	
=>	UROBILINOGEN	0.2	NOT ES	(0.2-1.0)
=>	NITRITES	NEGATIVE	(NEG)	
=>	LEUKOCYTES	LARGE	(NEG)	
=>	WBC	6-12	(0-5)	
=>	RBC	2-4	(0-3)	
=>	EPITHELIAL CELL	TNTC	(0-5)	
=>	BACTERIA	3+	(NEG)	

*** END OF STAT REPORT ***

POOR ORIGINAL

TOOMEY REGIONAL MEDICAL CENTER — PAGE 1

RUN ON: 02/01/94-0054 — ** STAT REPORT **

10497548 - WINDHAM,TAMMY E (219998) [illegible] F ([illegible]
0131:C01425 - 63'922 RES COLL: 01/31/94 2015 RECD: 02/01/94 0029 ANDERSON,RITAP
ORDERED: PANEL 7, AMYLASE

	[PANEL 7]			
=>	SODIUM	[illegible]	MEQ/L	(135-153)
=>	POTASSIUM	4.5	MEQ/L	(3.5-5.3)
=>	CHLORIDE	[illegible]	MEQ/L	(100-112)
=>	CO2	[illegible]	MEQ/L	(24-31)
=>	ANION GAP	[illegible]		(8-16)
=>	GLUCOSE-SERUM	[illegible] H	MG/DL	(83-110)
=>	BUN	7	MG/DL	(5-25)
=>	CREATININE	[illegible]	MG/DL	(0.5-1.4)
	AMYLASE	[illegible]		

*** END OF STAT REPORT ***

POOR ORIGINAL

090

TUOMEY REGIONAL MEDICAL CENTER
** STAT REPORT **

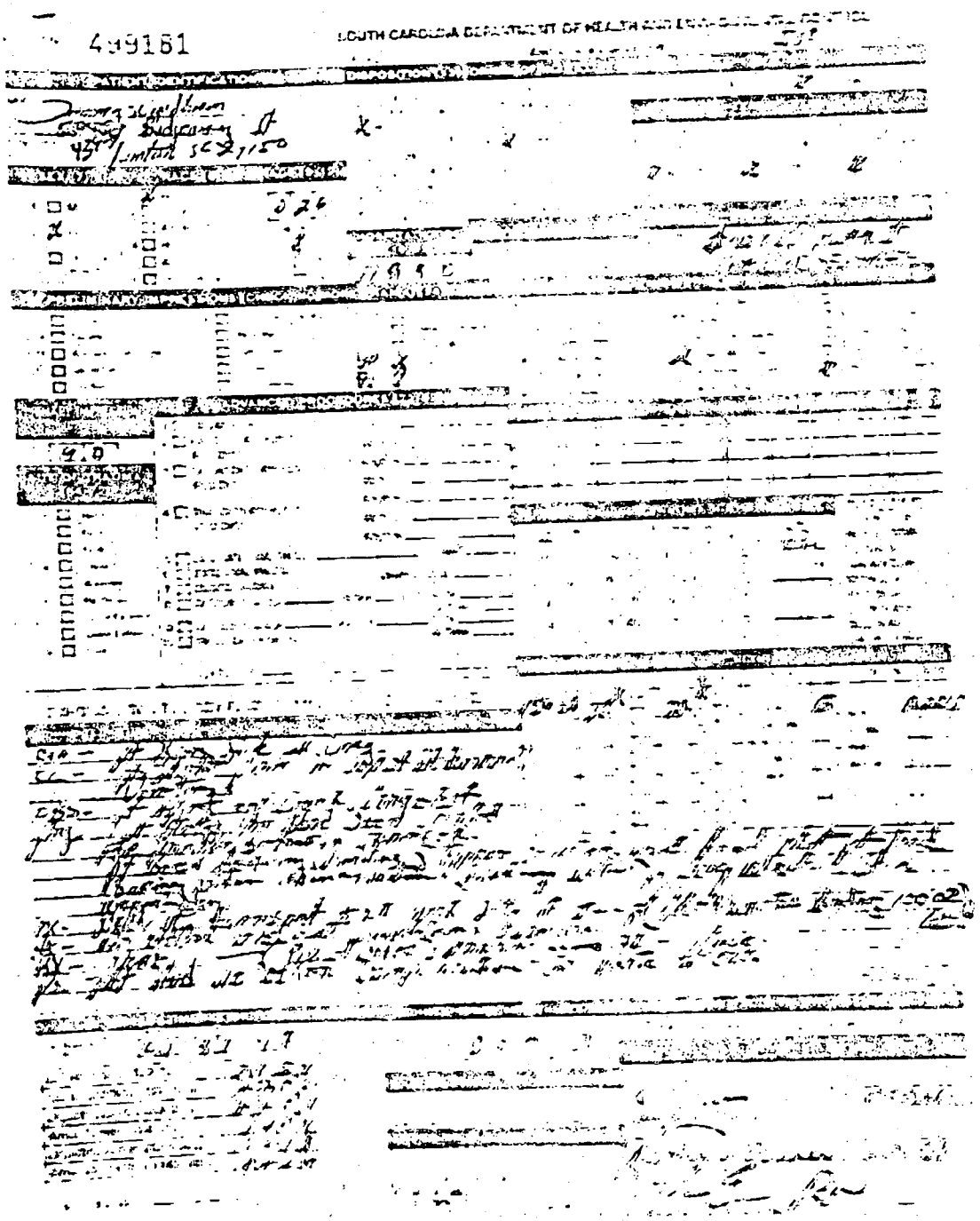
RUN ON 02/01/94-0054

10497548 - WINDHAM,TAMMY E (229998) [illegible]
0131:H01585 - 631522 COMP COLL: 01/31/94 [illegible] RECD: 02/01/94 0039 [illegible]
ORDERED: CBC

	[CBC]			
	[HEMOGRAM]			
=>	WBC	13.52 H	[illegible]	(3.8-11.0)
=>	RBC	4.75	[illegible]	(3.7-5.2)
=>	HGB	12.8	G/DL	(11.5-15.7)
=>	HCT	38.8	%	(33-46)
=>	MCV	81.7	FL	(77-96)
=>	MCH	26.9	PG	(26-34)
=>	MCHC	33.0	G/DL	(32-37)
=>	RDW	15.1	%	(11.5-15.5)
=>	PLATELET COUNT	378	[illegible]	(125-400)
	[DIFF-AUTOMATED]			
=>	NEUTROPHILS	75.3	%	(42-74)
=>	LYMPHOCYTES	20.0	%	(19-48)
=>	MONOCYTES	3.0	%	(0.0-10.0)
=>	EOSINOPHILS	1.6	%	(0.0-7.0)
=>	BASOPHILS	0.1	%	(0.0-1.5)
	[DIFF-MANUAL]			
	[RBC MORPHOLOGY]			

*** END OF STAT REPORT ***

POOR ORIGINAL



POOR
ORIGINAL

092

PATIENT NAME: WINDHAM,TANNY E
UNIT NO: 229998
EXAM DATE: 01/31/94

REASON FOR EXAM: ABD PAIN

STUDY: ABDOMEN - FLAT & ERECT

NEGATIVE FOR ANY SIGNIFICANT ABNORMALITY.

POOR ORIGINAL

CC:

ADR CODE:
TRANSCRIBED DATE/TIME: 02/01/94 (0908)
TRANSCRIPTIONIST: XWCF
PRINTED DATE/TIME: 02/01/94 (0931)

R

N. KENNETH ROSEFIELD, JR.

PAGE 1

XR ABDOMEN - FLAT & ERECT 2448

NAME: WINDHAM,TANNY E
PHYS: ROSEFIELD,KENNETH JR
DOB: [redacted] SEX: F
ACC: [redacted]
EXAM: [redacted]
UNIT: [redacted]

EMMA MEDICAL RECORD

093

HOSPITAL NO. _____ TUOMEY REGIONAL MEDICAL CENTER 129 N WASHINGTON ST SUMTER, SC 29150

NAME Washington, Jean D 094

☐ **CARE OF WOUNDS**

1. Keep clean and dry.
2. Watch for and report any redness, swelling, increased pain or red streaks in the area of the wound.
3. Wound recheck _____
4. Sutures out _____
5. You will need to call the physician to whom you were referred for follow-up to make an appointment./Return to ER for recheck on _____

☐ **CARE OF BURNS**

Contact a physician if any of the following conditions occur.

1. Increasing redness or discoloration of the normal tissue around burn site.
2. Fever or chills.
3. Red streaks arising from the burn areas.
4. Swelling or progressive inability to use the fingers or toes if burn involves an extremity.
5. Shortness of breath, increased cough or blurred vision if the burn involves the face.
6. Difficulty swallowing if the burn involves the neck.
7. Notify physician if burn fails to improve as expected.
8. Burn recheck _____

☐ **ANTIBIOTICS** Bactrim

You have been given a prescription for an antibiotic. Please take as directed. Take at least 30 minutes before meals or one hour after meals. Antibiotics should be taken on an empty stomach unless stated otherwise. You should be feeling better within 24-48 hours. Finish the entire amount even though you start feeling better. Keep them you are instructed by a private doctor.

☐ **HEAD INJURY**

1. Keep patient [illegible] weight restrictions for 24 hrs.
2. Avoid strenuous activity for at least 24 hrs.

Call physician without delay if any of the following conditions occur

1. Persistent severe headache
2. Repeated vomiting
3. Unusual drowsiness, change in consciousness
4. Drainage of blood or fluid from nose or ears
5. Convulsions
6. Weakness, clumsiness in walking
7. Wake patient every _____ hours and observe for above symptoms

☐ **SPRAIN OR SOFT TISSUE INJURY**
(Only if checked)

☐ Keep injured part elevated
☐ Ice pack to area for 15 min every 4 hours. Protect skin
☐ Give: Aspirin/Tylenol as follows:
_____ tablets every _____ hours
☐ Use Dry Moist heat for 15 min every 4 hrs. Protect skin
☐ Crutches/Sling as necessary
☐ Do not walk on injured part for _____ days.

☐ **INSTRUCTIONS FOR CLEAR LIQUID DIET**

If you are instructed by a physician to stay on a clear liquid diet for 24 hrs. you may eat or drink any/all of the following:

1. All clear or strained fruit juices (no pulp, apple, cranberry)
2. Clear coffee, tea, soda, jello, carbonated beverages (7 oz. bottle, canned okay)
3. Clear broth, bouillon, consommé (no beef chicken or veg.)
4. Popsicles, jello
5. DO NOT EAT ANY ON THIS DIET FOR LESS THAN 24 HRS. If you are still vomiting or having diarrhea you should return to or call your physician.

☐ **FEVER CONTROL**

1. Give patient plenty of fluids such as [illegible]
2. Bathe patient lightly
3. Give Tylenol
   Dose _____ Do not exceed _____ in 24 hrs.
4. Sponge for temperature of _____ or higher
5. Encourage patient
6. Address patient
7. Have [illegible] with cloth.
8. Have patient drink [illegible]
9. Check temperature again

☐ **IMMUNIZATIONS**

It would be to your complete record of immunizations the following was administered on Date:

☐ 1. Tetanus Toxoid, _____ cc
☐ 2. Tetanus Immune Globulin 250 units
☐ 3. DPT 0.5 cc
☐ 4. DT Pediatric 0.5 cc
☐ 5. DT Adult 0.5 cc

☐ **OTHER**

Tick infection
of scabies

POOR ORIGINAL

☐ There are any problems return to the Emergency Room or see your private physician.

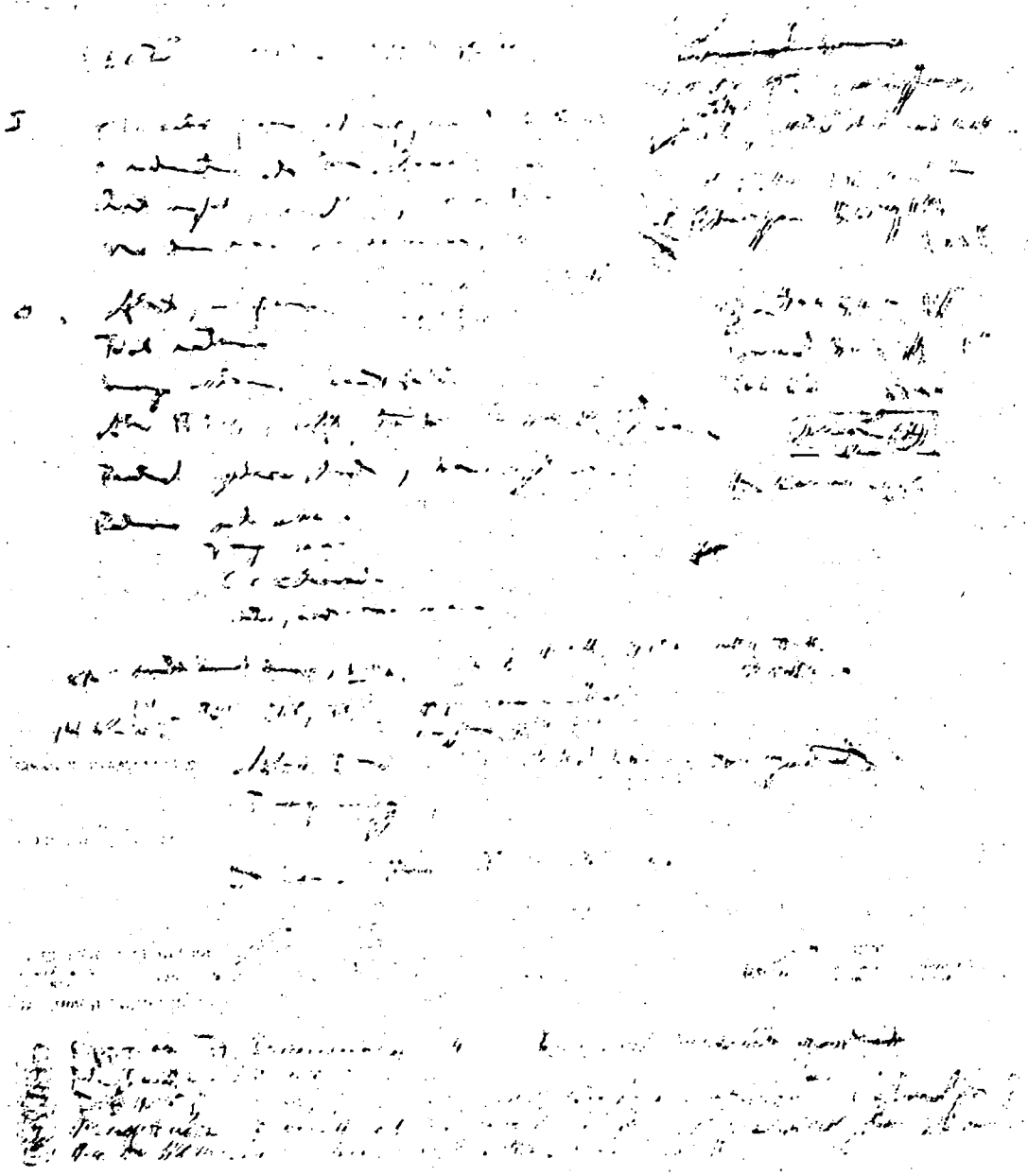
To whom it may concern: Date _____
Patient named above was treated at Tuomey Regional Medical Center Emergency Room on _____ at _____
He/She has been advised not to return to work for _____ days or until released by his private physician or emergency doctor.
Work Excuse Given by ER _____

094

5294

TUOMEY

POOR ORIGINAL



POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER
INITIAL T .GE

DATE 10/19/94

TIME 1532 AM/PM DOCTOR [illegible] NOTIFIED YES NO TIME

WHY ARE YOU HERE? "I am started to feel like throwing and also been vomiting since last night & vomiting today"

w/c to ER SIGNATURE [illegible] RELATIONSHIP

TIME 1537 ASSESSMENT arrived to ER via w/c [illegible] using ammonia inhalant, c/o nausea, pain to R abd, and hx of cystatic duct [illegible] Dx given to Dr Hardy at 1540 "nausea/vomiting & pressing pain in R abd today"

CARE PRIOR TO ARRIVAL none

Hx of S/S of TB none PRECAUTIONS TAKEN TISSUES MASK EYE EAR

LMP last month WEIGHT LAST TETANUS N/A

MEDICATIONS Tylenol

ALLERGIES NKA

VITAL SIGNS: B/P 192/100 TEMPERATURE 99.3 PULSE 95 RESPIRATIONS 20

NURSING DIAGNOSIS pain R/T inflammation of biliary system evidenced by c/c

TO PHC/TMF TIME NURSE'S SIGNATURE [illegible]

DATE & TIME	PROCEDURES/MEDS/VITAL SIGNS	SKIN & TIME	PATIENT'S NOTES
1552	E w/c to ER via [illegible]		
[illegible]	[illegible]		
[illegible]	[illegible]		
[illegible]	[illegible]		
[illegible]	[illegible]		
[illegible]	[illegible]		
[illegible]	[illegible]		

POOR ORIGINAL

097

NAME _____

☒ CARE OF WOUNDS

1. Keep clean and dry.
2. Watch for and report any redness, swelling, increased pain or red streaks in the area of the wound.
3. Wound recheck _____
4. Sutures out _____
5. You will need to call the physician to whom you were referred to follow-up, to make an appointment./Return to CR to recheck on _____

☒ CARE OF BURNS

Contact a physician if any of the following conditions occur.

1. Increasing redness or discoloration of the normal tissue around burn site
2. Fever or chills
3. Red streaks arising from the burn area
4. Swelling or progressive inability to use the fingers or toes if burn involves an extremity.
5. Shortness of breath, increased cough or blurred vision if the burn involves the face.
6. Difficulty swallowing if the burn involves the neck.
7. Notify physician if burn fails to improve as expected.
8. Burn recheck _____

☒ ANTIBIOTICS

You have been given a prescription for an antibiotic. Please take as directed. Take at least 30 minutes before meals or two hours after meals. Antibiotics should be taken on an empty stomach unless stated otherwise. You should be feeling better within 3 to 5 days. Finish the entire amount even though you may start feeling better. Make sure you are rechecked by a provider if your

☐ HEAD INJURY

1. Does patient have any of the following symptoms or signs:
2. Have someone watch for any of the following conditions:
   1. Persistent severe headache
   2. Repeated vomiting
   3. Unusual drowsiness or loss of consciousness
   4. Drainage of blood or fluid from nose or ears
   5. Convulsions
   6. Persons any clumsiness or walking
   7. Wake patient every _____ hours and observe for these symptoms

☐ SPRAIN OR SOFT TISSUE INJURY (Only if checked)

- ☐ Keep injured part elevated
- ☐ Ice pack to area for 15 min every 4 hours. Protect skin.
- ☐ Use ACE wrap as given. _____ Wash every _____ hours
- ☐ Use Dry/Moist heat for 15 min every 4 hrs. Protect Skin
- ☐ Loosen ace bandage as necessary
- ☐ Do not walk on injured part for _____ days

☐ INSTRUCTIONS FOR TAKING (SEND) DIET

If you are instructed by a physician to stay on a clear liquid diet for 24 hrs you may eat or drink any of the following:

1. Do not eat or drink milk products, or anything with [illegible]
2. Clear broth, bouillon, consommé (no [illegible])
3. Plain tea, coffee, carbonated (no [illegible])
4. Plain Jello
5. Do not drink [illegible]

If you are unable to keep clear liquids down for 24 hrs, or if you are unable to keep your physician

WARNING: The medication you have been given may impair your judgment. Do not drive a motor vehicle or operate dangerous machinery.

☐ FEVER CONTROL

1. Does patient have any of these signs: Temp. Data Change (Yes, No) RECHECK
2. Check patient's temp
3. Give Tylenol
   Dose _____ Rpt. every 4 hrs
4. Sponge for temperature of _____ or more
5. To sponge patient
   A. Undress patient
   B. Have bath water warm, not cold
   C. Rub, with clean cotton body with cool bath for about 20 min
6. Check temperature again

☐ MEDICATIONS

It is important you keep complete records of medications the following with administration or Take

- ☐ 1. Tylenol Tylenol/Aspirin
- ☐ 2. Tylenol Immune Globulin/Antibiotic
- ☐ 3. Cough Syrup
- ☐ 4. CR Patient Guide
- ☐ 5. CR Nurse Survey

TDS

☐ OTHER

Spoke with Landlord's company
Called Doctor Dunning
Dr. Hoffman
Dr. Hoffman 3000 W Thomas
Dr. Hoffman Suite
Dr. Hoffman's office
Dr. Hoffman
Dr. Hoffman 50
Dr. Hoffman & Associates on chart
Dr. Hoffman

If there are any problems return to Emergency Room or see your physician.

To whom it may concern: Child _____ Parent named above was treated at Aspirus Medical Center Emergency Room on _____ at _____

May Give Non-Steroidal Anti-Inflammatory Medication for _____ days or until menses returns. Please follow-up with your physician or primary doctor. Work/School Excuse for the _____

Signature

POOR ORIGINAL

098

5298

TUOMEY

ADMISSION RECORD

PATIENT NAME/ADDRESS

MINDHAM, TAMMY E

[redacted]

10601526 2136/1 IR

27 F I W MCL

223332

SI

PARROTT, MELINDA

[redacted]

803-773-8101

SI

GUARANTOR/ADDRESS

MINDHAM, TAMMY E

[redacted]

PARROTT, MELINDA

[redacted]

803-773-8528

803-773-8101

FINANCIAL CLASS

S

SELF-PAY

247311815

MINDHAM, TAMMY E

Cat I

ACCIDENT INFORMATION

LAST MENSTRUAL

PREGNANT W/CHOLELITHIASIS

ACCIDENT DATE/TIME

08/15/94

WHEELCHAIR

ADMIT DATE/TIME

10/21/94 1552

MOSES, HENRY P.

MOSES, HENRY P.

ADMIT

PRIOR STAYS

ADMITTING DIAGNOSIS

PRINCIPAL DIAGNOSIS

SECONDARY DIAGNOSES

PROCEDURE CODE

POOR ORIGINAL

IMPORTANT MESSAGE FROM MEDICARE: N

DOES PT. HAVE ADVANCE DIRECTIVE? N

DOES PATIENT HAVE CHAMPUS? N

099

CHART COPY

5299

1024

WINDHAM, TAMMY E
229998

HENRY P. MOSES, MD

ADMISSION HISTORY AND PHYSICAL:

DATE OF ADMISSION: 10/21/94

ADMITTING DIAGNOSIS: Cholelithiasis and cholecystitis.

HISTORY OF PRESENT ILLNESS: The patient is a 27 year old female who presented to the ER approx two days prior with abdominal pain and was found to be approx. 7 & weeks pregnant at that time. She was thought to have some gastritis and returned 2 days later. Ultrasound revealed cholelithiasis. She complains of some nausea and vomiting and denies fever or chills or jaundice.

ALLERGIES: None.

MEDICATIONS: None.

PAST MEDICAL HISTORY: Negative.

REVIEW OF SYSTEMS: Negative for cardiovascular, GI, GU, neuro, or pulmonary disease.

PHYSICAL EXAM:
GENERAL: Well nourished, well developed in no acute distress.
HEENT: Benign.
NECK: Supple.
CHEST: Clear.
CARDIOVASCULAR: Regular rate with normal S1 and S2. No murmur or gallop.
ABDOMEN: Tender in the right upper quadrant with guarding.
NEURO: Intact.
EXTREMITIES: Without edema or deformity.

IMPRESSION:
1. Cholelithiasis and cholecystitis.
2. Intrauterine pregnancy approx. 8 weeks gestation.

PLAN: Admit for IV fluids and antibiotics. Will obtain OB consultation.

POOR ORIGINAL

1 0

[redacted]

WINDHAM, TAMMY E
229998

HENRY P. MOSES, MD

ADMISSION HISTORY AND PHYSICAL:

HENRY P. MOSES, MD

HENRY P. MOSES, MD DICT. 10/24/94 TRANS. 10/24/94 REPORT

POOR ORIGINAL

KINDRAN, TAMMY V
229994

HENRY F. MOSES, MD

DISCHARGE SUMMARY:

DATE OF ADMISSION: 12/21/94
DATE OF DISCHARGE: 12/24/94

ADMITTING DIAGNOSIS: Cholelithiasis, cholecystitis.

DISCHARGE DIAGNOSIS: Cholelithiasis, cholecystitis, intrauterine pregnancy, approximately 8 weeks gestation.

OPERATIVE PROCEDURES: None.

ADMISSION HISTORY AND PHYSICAL: The patient is a 27 year old female with history of right upper quadrant pain for approximately 2 days. An ultrasound on the ER which revealed cholelithiasis. She complained of nausea and vomiting. She is approximately 8 weeks pregnant. Consultation at the hospital was contributory.

PHYSICAL EXAM: At the time of admission was unremarkable except for examination of the abdomen which revealed tenderness in right upper quadrant.

HOSPITAL COURSE: The patient was admitted to the hospital and consultation obtained with the obstetrician. She was placed on Rocephin and IV fluids. She showed prompt resolution of her pain and symptoms. She was discharged in a stable condition at that time which she was tolerating well at discharge. She was instructed to continue low fat diet at home to control with obstetrician and myself with recurrence of pain. She is also advised to have elective cholecystectomy following her delivery.

POOR ORIGINAL

HENRY F. MOSES, MD

HENRY F. MOSES, MD [illegible] TRANS: [illegible]

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POOR
ORIGINAL

:LOMEY

POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER
INITIAL TP CE

PATIENT

DATE OF

DATE 10/21/94

TIME 0918 AM/PM DOCTOR NOTIFIED YES NO TIME

WHY ARE YOU HERE?

SIGNATURE MD ACKNOWLEDGEMENT

TIME 0918 ASSESSMENT

PAIN YES NO

CARE PRIOR TO ARRIVAL

LOC YES or NO PRECAUTIONS TAKEN TETUS MASK BOX BAG

BP 84/47 WEIGHT LAST TETANUS

MEDICATIONS

ALLERGIES NKA

VITAL SIGNS: BP 144/87 TEMPERATURE PULSE RESPIRATIONS

NURSING DIAGNOSIS

TO FUNCTION TIME NURSE'S SIGNATURE

DATE TIME	TREATMENT/INITIAL SIGN	DATE & TIME	DOCTOR'S ORDERS
10/21	I - [illegible]		
10/21	- [illegible]		
10/21	- [illegible]		

POOR ORIGINAL

RESPONSIBLE PHYSICIAN

105

5305

DATE & TIME	PROCEDURES / MEDS, VITAL SIGNS	DATE & TIME	NURSES NOTES
1145			

DATE & TIME	PROCEDURES / MEDS / VITAL SIGNS	DATE & TIME	NURSES NOTES
1500 T			
1530 T			
1555 T			
1610 T			
1635 T			
1635 T			
1640 T			

POOR ORIGINAL

RUN ON 10/ ./94-0027

PAGE 1

********** **********

10601526 - WINDHAM, T

COLLECTED	10/21 1250	
WBC	11.60 H	
RBC	4.94	
HGB	13.9	
HCT	41.9	
MCV	84.8	
MCH	28.1	
MCHC	33.2	
RDW	15.0	
PLATELET COUNT	355	

AUTOMATED DIFFERENTIAL

COLLECTED	10/21 1250	
NEUTROPHILS	84.2 H	
LYMPHOCYTES	11.7 L	
MONOCYTES	2.9	
EOSINOPHILS	0.7	
BASOPHILS	0.2	

POOR ORIGINAL

10601526 - WINDHAM,

RUN ON 10/25/94-0857

10601526 - WINDHAM, [illegible]

	10/21	10/21
COLLECTED	1200	1200
SODIUM	138.1	138.1
POTASSIUM	3.89	4.07
CHLORIDE	104.5	103.6
CO2	24.1	25.7
ANION GAP	9.4	9.2
GLUCOSE-SERUM	96	145 H
BUN	6	6
CREATININE	0.7	0.7
CALCIUM	9.4	
TOTAL PROTEIN	6.8	
ALBUMIN	3.7	
A/G RATIO	1.19	
TOTAL BILIRUBIN	0.7	
DIRECT BILI	0.1	
INDIRECT BIL	0.6	
GGT	41	
ALT (SGPT)	24	
AST (SGOT)	26	
LDH SERUM	150	
CK TOTAL	45	
ALK PHOS	98	
URIC ACID	3.9	
PHOSPHORUS	3.3	
CHOLESTEROL	169	
TRIGLYCERIDE	93	
AMYLASE	56	

POOR ORIGINAL

10601526 - WINDHAM, [illegible]

POOR ORIGINAL

PATIENT NAME: [illegible]
UNIT NO: 229996
EXAM DATE: 10/21/94

REASON : ABD PAIN

ABDOMINAL ULTRASOUND SHOWS [illegible] GALLSTONES IN THE GALLBLADDER,
VARYING IN SIZE FROM 2 MM, TO 1.2 CM. THE GALLBLADDER IS NOT
PARTICULARLY DISTENDED AND THERE IS NO WALL THICKENING OR EDEMA
PRESENT. THE LIVER, BILIARY TREE, PANCREAS, KIDNEYS, SPLEEN, AND
AORTA ARE UNREMARKABLE. SCANNING THE LOWER ABDOMEN AND PELVIS SHOWS
NOTHING UNUSUAL.

IMPRESSION: CHOLELITHIASIS WITH MULTIPLE STONES OF VARYING SIZES.

POOR
ORIGINAL

CC:

TECHNOLOGIST: [illegible]

ACR CODES:
TRANSCRIBED DATE/TIME: [illegible]
TRANSCRIPTIONIST: [illegible]
PRINTED DATE/TIME: [illegible]

[illegible]

PAGE 1

[illegible]

111

5311

TUOMEY REGIONAL MEDICAL CENTER

PATIENT DISCHARGE SUMMARY

CONTINUING CARE NEEDS

NUTRITIONAL DIET

RESPIRATORY

MEDICATION

	NAME / DOSAGE	SPECIAL INSTRUCTION
1	Premarin	
2		
3		
4		
5		

PATIENT ACTIVITIES (CHECK APPROPRIATE ACTIVITIES)

COMMUNITY REFERRALS

VALUABLES RETURNED TO

EQUIPMENT/SUPPLY REFERRALS

TREATMENTS/WOUND CARE

SYMPTOMS TO REPORT TO PHYSICIAN

FOLLOW UP APPOINTMENTS

PRINTED/ADDITIONAL INSTRUCTIONS

FOOD/DRUG INTERACTION WARNINGS

COPY OF THIS SUMMARY SENT TO

I HAVE RECEIVED AND UNDERSTAND THE ABOVE INSTRUCTIONS REGARDING MY HOSPITAL CARE

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

DATE

POOR ORIGINAL

POOR ORIGINAL

POOR
ORIGINAL

TUOMEY

114

POOR
ORIGINAL

HISTORY, PHYSICAL, DISCHARGE NOTE

HISTORY

Chief Complaint or Working Diagnosis

Past History

Allergies

Current Medications

Bleeding Problems

PHYSICAL

Physical Examination: Pulse ____ BP ____ Temp ____ R ____

H.E.E.N.T.

Heart and Lungs

Abdomen

Other Findings

Impression or Pre-Op Diagnosis

Brief Operative Note (May be dictated)

Procedure

Post-Op Diagnosis

Estimated Blood Loss ____ Drains/Tubes ____

Specimens Obtained

DISCHARGED NOTE

Final Diagnosis

Condition on Discharge

Complications, if any

Any Abnormal Findings

Disposition and Discharge Medications

Discharge Instructions

115

POOR ORIGINAL

RUN ON 11/18/96-2018 ** STAT REPORT **

10614126 - WINDHAM,TAMMY E [redacted] ORDERING PER DOC 27 F BRITTON,JOHN J.
1118;H00945 - 759732 COMP COLL: 11/18/96 [redacted] RECD: 11/18/96 [redacted] BRITTON,JOHN
COMMENT: COMMIX T: PT ON DAY SURGERY ROOM 6#
ORDERED: CBC

[CBC]
[HEMOGRAM]
[HEMOGRAM]

=>	WBC	11.78 H	[illegible]	((4.0-10.0))
=>	RBC	4.74	[illegible]	((4.7-6.2))
=>	HGB	12.2	G/DL	((13.5-16.7))
=>	HCT	36.5	%	((38-46))
=>	MCV	77.2	FL	((77-96))
=>	MCH	26.2	PG	((26-34))
=>	MCHC	33.7	G/DL	((32-37))
=>	RDW	14.4	%	((11.9-15.1))
=>	PLATELET COUNT	249	[illegible]	((150-450))

[DIFF-AUTOMATED]

=>	NEUTROPHILS	69.4	%	((42-74))
=>	LYMPHOCYTES	24.6	%	((18-42))
=>	MONOCYTES	4.7	%	((3.0-10.0))
=>	EOSINOPHILS	1.1	%	((0.0-7.0))
=>	BASOPHILS	0.2	%	((0.0-2.0))

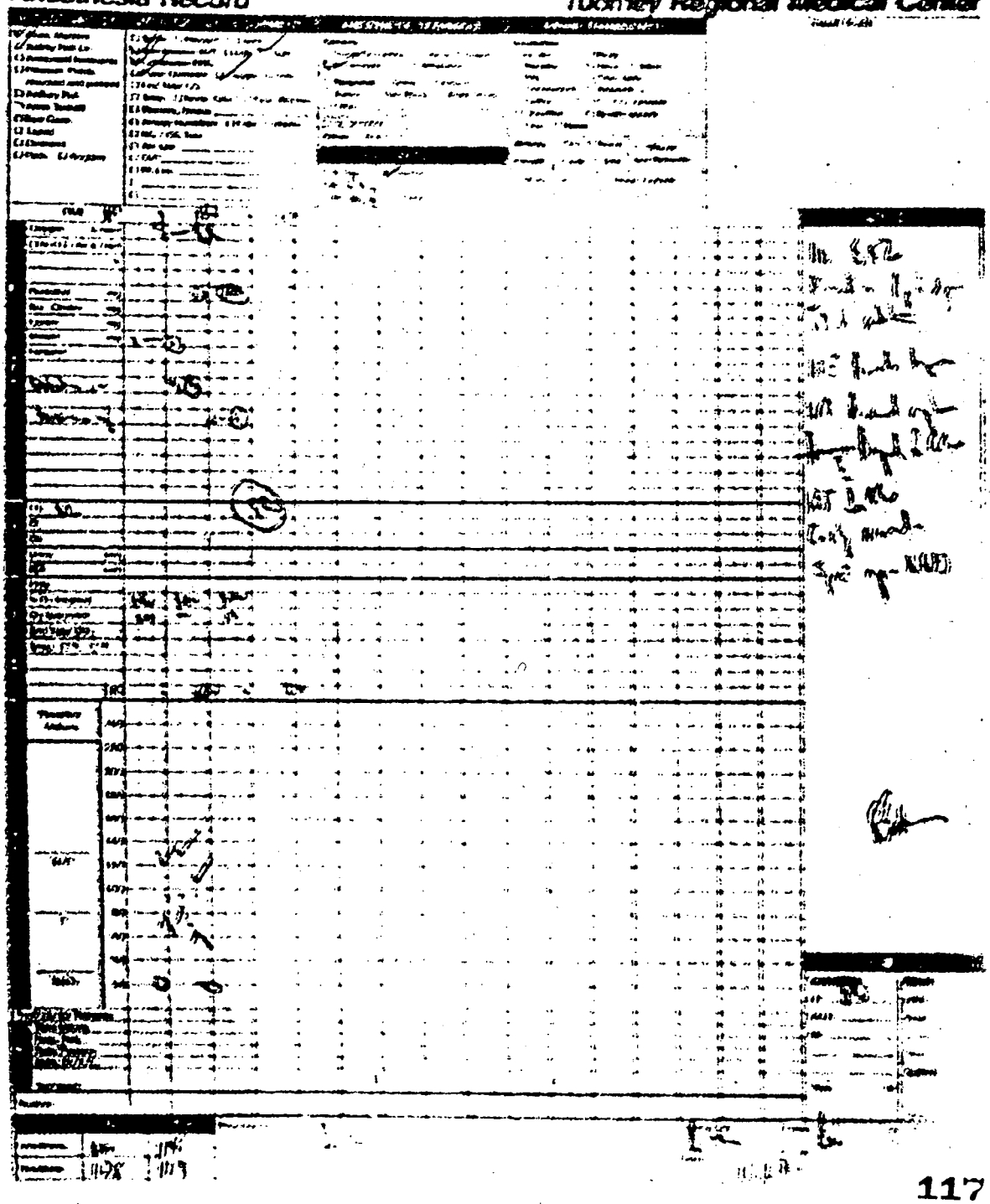
[DIFF-MANUAL]
[RBC MORPHOLOGY]

*** END OF STAT REPORT ***

POOR ORIGINAL

Anesthesia Record

Tuomey Regional Medical Center



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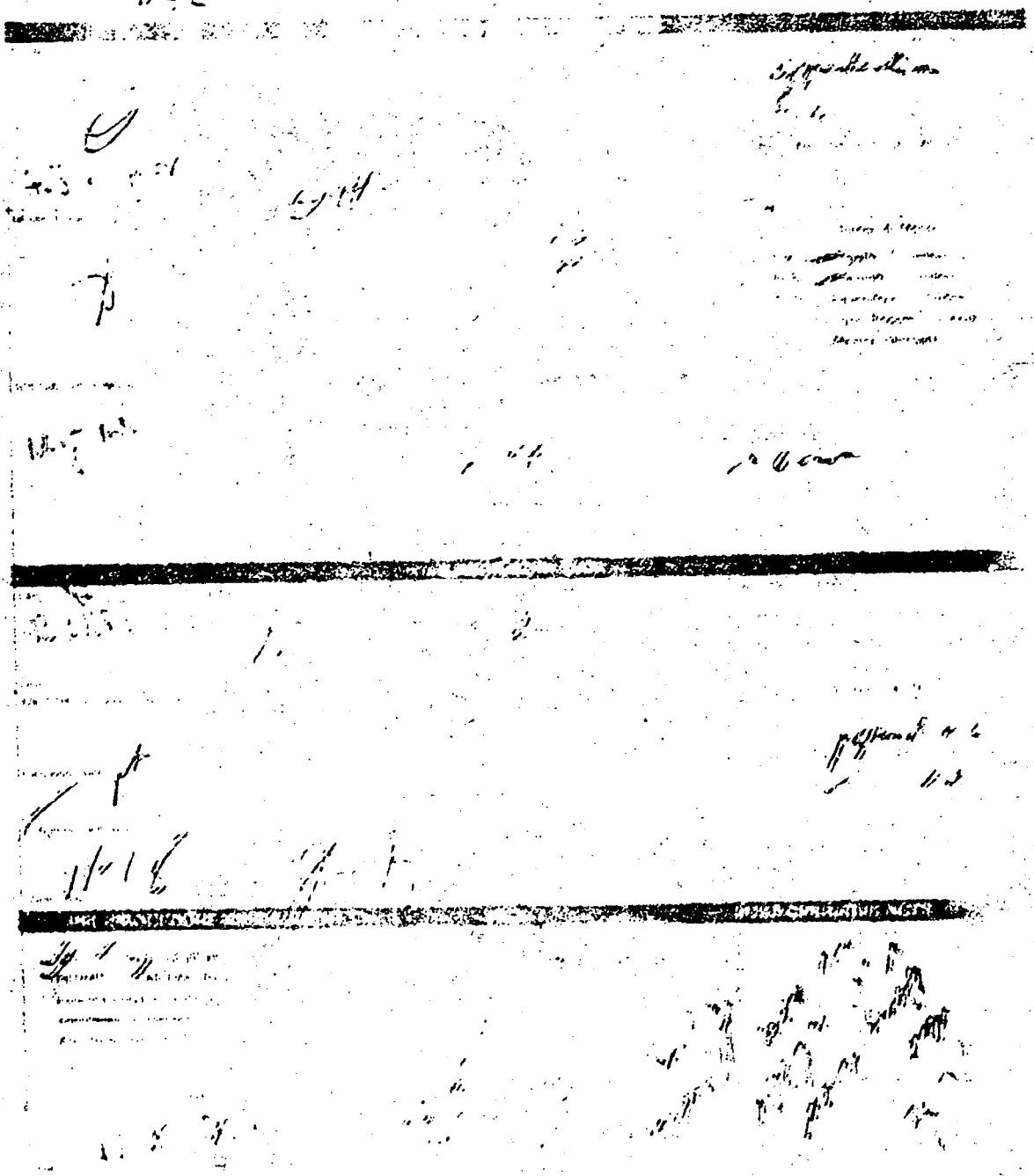
POOR ORIGINAL

PRE-



POOR
ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER
SUMTER, SC 29150

111894

DATE 11-18-94 OR CYL

LOCAL PROCEDURES: N/A

MISCP PROCEDURE VITAL SIGNS N/A

PRE OP	PULSE	RESP	BP	PT'S
POST OP	PULSE	RESP	BP	PT'S

PRIORITY'S PRE	PRIORITY'S POST	NURSING DIAGNOSIS EVALUATION
N/A	N/A	Patient Demonstrates Knowledge/Coping Strategies
N/A	N/A	No S/S of Intraoperative Hypothermia
N/A	N/A	No Intraoperative Injury Occurs
N/A	N/A	Skin Integrity Maintained: No Redness or Edema Noted

COUNTS	NEEDLE	SPONGE	INSTRUMENT	CORRECT	SEE COMMENT	CIRCULATOR	SCRUB
Initial							
Intra OP #1 N/A							
Intra OP #2 N/A							
Skin Closure							

PRE OP Dx: Dilation + Curettage

POST OP Dx: same

Operative Procedure: Dilation + Curettage

Implants: N/A See other side

Surgeon: [illegible]

Surgeon:

Anesthesia: [illegible]

RN Circulator 1: [illegible]

RN Circulator 2:

Surgical Tech 1: [illegible]

Surgical Tech 2:

Other Tech:

Ancillary Tech:

ANESTHESIA:

TIME: Anes Begin 1110 OR Arrival 1102 Surgery Begin 1125 Surgery End 1135 Anes End 1145

LASER: Dye Type Device Used

CAUTERY: Used Site

WOUND CLASSIFICATION:

SPECIMEN: 1. Products of Conception

2.

3.

N/A See Comments

SKIN PREP OF SKIN CONDITION: N/A

WOUND CLOSURE: N/A

DRESSING:

POST OP CONDITION: N/A

POST OP CONDITION:

DISCHARGE DESTINATION:

TRANSPORTATION:

Post OP Report Given To: [illegible] By: [illegible]

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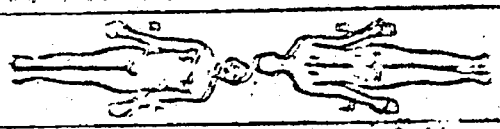
POOR ORIGINAL

PRE OPERATIVE NURSING ASSESSMENT

PATIENT CARE INTERVENTIONS



TUOMEY REGIONAL MEDICAL CENTER
129 N. Washington Street
Sumter, S. C. 29150

POOR ORIGINAL

WILLIAM, Tammy
229299
Dr. Britton

OPERATIVE NOTE

Date of Operation: 11/21/96

OPERATION: Dilatation and Curettage
SURGEON: Dr. Britton

DESCRIPTION OF PROCEDURE:
This patient was given an intravenous, intramuscular combination anesthesia and placed in the dorsal lithotomy position, prepped and draped in the usual manner for vaginal procedure. Bimanual examination revealed the uterus to be healthy. The cervix was dilated to accept a [illegible] curette and there was a slow ooze of dark blood noted. A gush of [illegible] and a small piece of placental tissue was removed from the uterine cavity. The uterine cavity scraped in a [illegible] fashion. Further curettage was carried out using a #2 curved curette. A moderate amount of tissue was extracted from the endometrial cavity. Hemostasis was maintained until there was no more tissue coming through the [illegible]. At this point a sharp curet was used and the endometrial cavity was gently curetted and no further tissue was found.

Blood loss initially was minimal [illegible] cc. The patient tolerated the procedure well and was taken to the recovery room in satisfactory condition.

JOHN [illegible]
D.O.T. 11-[illegible]

121

POOR ORIGINAL

TUOMEY

RUN DT 11/21/[illegible]

PAGE 1

NEW DOB 11/21/[illegible]

NAME: WINDHAM,TAMMY C
AGE: [illegible]
DOB: [redacted]
SEX: F
SOCIAL SECURITY: [redacted]

ACCESSION #: [illegible] 0011
DATE: 11 [illegible] 6
LOCATION: [illegible]

SPECIMEN: Product(s) of conception.
SUBMITTING PHYSICIAN: Stratton
RACE: W

GROSS DESCRIPTION [illegible]
A1 (Tammy Windham, not additionally labeled) multiple gelatinous
convolut fir. friabl tissue rangi with clots & clear. The aggregate
measures 2.5 x 2.0 x 1.5 cm. [illegible]
Section in 1.
Dictated by: C.Y. STEVENS,M.D.

MICROSCOPIC DESCRIPTION [illegible]
(5911) This specimen consists predominately of villous and membranous
tissue. A few decidual cells are present. [illegible]
structures are consistent with chorionic villi and fibrinoid
consistent with trophoblastic cells.
Dictated by: P.A. [illegible],M.D.

DIAGNOSIS [illegible]
THROMBOSED ECTATIC CHORIONIC AND PLACENTAL VILLI.

CONSULTANT(S): Dr. [illegible]

[illegible] 11/21/11 122

PATIENT: WINDHAM,TAMMY C [illegible] [illegible]

POOR ORIGINAL

PHYSICIAN S
ORDER SHEET

DRUG ALLERGIES: NKA

11-18

NPO

Lopid 600mg PO

Vasotec 10mg PO

M Rabbitt
11/18/87

123

POOR ORIGINAL

NKH

11/18/95 (1) Admit - Oxi Inc. Kit
(2) MPO
(3) EBC
(4) Cefuroxime Pre-op
(5) Vancomycin 1gm IV
(6) Ancef 1gm IV

POOR ORIGINAL

N/A

(Follow optional order only, if desired)

1) DISCHARGE DIAGNOSIS: [illegible]

2) Vital signs per Day Surgery protocol.

3) Diet: ✓ Liquids; advance as tolerated.
___ Liquids only
___ NPO
NEED FOR INSTRUCTION [illegible]

4) ___ D/C IV when tolerating adequate fluids.
___ Continue IV fluids with _____ at _____ cc/hr.

5) Activity Level: (Check for appropriate activity)
___ No Restrictions
___ Shower
___ Tub Bath
___ Assist Ambulation
___ Ambulate with Assistance
___ Sponge Bath
___ Other: _____

6) MEDICATIONS: Patient may resume [illegible]
[illegible]

Antibiotics: _____
Insulin Instructions: (IF Diabetic) _____

Discharge Meds: [illegible]

7) Treatment Plan: _____

8) Follow-up Appointments: [illegible]
Other Equipment/Supplies: _____
Wound Care Instructions: _____
Special Instructions: _____
Activity Restrictions: _____
Additional Orders: _____

[illegible]
Signature
[illegible]
Date
Discharge Time [illegible]

125

POOR ORIGINAL

PARENTERAL FLUID THERAPY RECORD — TUOMEY REGIONAL MEDICAL CENTER

DATE / TIME	BOTTLE NUMBER	NURSE	FLUID (Bl. Pt.)	MEDICATION ADDED	In / P	RATE
11/16/94 1000	#1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

P-PUMP — WARD MONITOR

126

USE NEW SHEET AFTER COMPLETION OF ONE SIDE.

5326

POOR ORIGINA

DATE I.V. STARTED ____ STARTED ____

DATE	SITE	DIAMETER, LENGTH AND TYPE NEEDLE	TIME OF I.V. START/ INITIAL	TOTAL # VP	TIME OF RESTART	TOTAL # VP FOR RESTART	DIAMETER, LENGTH AND TYPE NEEDLE FOR RESTART	LOCATION OF RESTART	TIME OF NEEDLE CARE	TIME OF PRIMARY TUBING CHANGE	INITIAL OF NURSE STARTING I.V. OR DOING NEEDLE CARE	REDNESS / PAIN EDEMA AT I.V. SITE		
												TIME	TIME	TIME
												0000	0800	1600
11/8/94	R hand	18 G	1600	1									1600	
11/9/94	R wrist	18 G	1100	1									1111	
													1245	

IV/INT DISCONTINUED

DATE	TIME	SITE	AMOUNT OF FLUID DISCARDED	PRESSURE DRESSING	BANDAID APPLIED	SITE CONDITION & REDNESS, PAIN, EDEMA	CLOTS IN IV SET (YES / NO)	NURSE INITIALS
11-5-94	1230	[illegible]	✓	✓	✓	✓	[illegible]	[illegible]

⊙ DOCUMENTATION FOR RESTART	LEGEND OF SIGNATURE
[illegible]	[illegible]

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POOR ORIGINAL

DAY SURGERY NURSING CARE RECORD
HEALTH HISTORY AND PRE-OP TEACHING RECORD

DATE 11/16/01 TIME 0545 ANTICIPATED POST PROCEDURE LEVEL OF CARE D

MANNER OF ARRIVAL: ☑ AMBULATORY ☐ WHEELCHAIR ☐ STRETCHER ☐ AMBULANCE

ACCOMPANIED BY: ☐ OTHER ☐ SPOUSE ☐ PARENTS ☐ ALONE ☑ OTHER NURSE Lopez

CONDITION: ☑ STABLE ☐ UNSTABLE

ORIENTATION: ☑ PERSON ☑ PLACE ☐ TIME

MENTAL: ☑ ALERT ☑ COOPERATIVE ☐ ANXIOUS ☐ OTHER

INFORMATION OBTAINED FROM: ☑ PATIENT ☐ FAMILY MEMBER

HEIGHT 5'3" SPECIAL DIET ☐ ☐ OTHER

WEIGHT 157 FOCAL LESION

HEAD CIRCUMFERENCE (UNDER AGE 2)

BLOOD TRANSFUSIONS ☐ YES ☑ NO

REACTION? ☐ YES ☑ NO

ARE YOU A JEHOVAH'S WITNESS? ☐ YES ☐ NO

BLOOD TYPE (if applicable)

ALLERGIES – (Drug, Food, Other) LIST:

☐ ASA ☐ LATEX

PRESENT MEDICATIONS – WITH PATIENT? ☐ YES ☑ NO PERSONAL PHYSICIAN

HAS PATIENT TAKEN CORTISONE IN THE PAST? ☐ YES ☐ NO IF YES, WHEN & WHY

IS PATIENT TAKING ASPIRIN? ☐ YES ☐ NO DR NOTIFIED COMMENTS

COUMADIN? ☐ YES ☐ NO DR NOTIFIED COMMENTS

ACTIVITIES OF DAILY LIVING: ☐ INDEPENDENT ☐ NEEDS ASSISTANCE WITH ☐ MOBILITY ☐ FEEDING ☐ HYGIENE ☐ DRESSING

CHIEF COMPLAINT / HISTORY OF PRESENT ILLNESS Cancer Colon Bleeding Anemia

PHYSICAL: ☑ WELL DEVELOPED ☐ EMACIATED ☐ PALE ☐ OTHER

SYSTEMS REVIEW COMMENTS

Cardiovascular

YES	NO		
☑	☐	1) HYPERTENSION	
☐	☑	2) CHEST PAIN	
☐	☑	3) HEART ATTACK	
☐	☑	4) CHF	
☐	☑	5) MURMUR	
☐	☑	6) ARRHYTHMIAS / TACHYCARDIA	
☐	☑	7) MITRAL VALVE PROLAPSE / ANTIBIOTIC REQUIRED	
☐	☑	8) PREVIOUS HEART SURGERY	
☐	☑	9) RHEUMATIC FEVER	
☐	☑	10) BLEEDING PROBLEMS	

CNS

☐	☑	1) CONVULSIONS / SEIZURES	
☐	☑	2) STROKE	
☐	☑	3) VASCULAR WEAKNESS	
☐	☑	4) PARALYSIS	
☐	☑	5) ARTHRITIS	
☐	☑	6) FAINTING OR DIZZY EPISODES	
☐	☑	7) DRUG OR ALCOHOL ADDICTION	

Respiratory

☐	☑	1) SHORTNESS OF BREATH	
☐	☑	2) WHEEZING	
☐	☑	3) CHRONIC COUGH	
☐	☑	4) CURRENT COLD / FLU	
☐	☑	5) EMPHYSEMA	
☐	☑	6) TB	
☐	☑	7) ASTHMA	
☐	☑	8) DO YOU SMOKE?	

GENERAL

☐	☑	1) DIABETES	
☐	☑	2) HEPATITIS / JAUNDICE	
☐	☑	3) AIDS	
☐	☑	4) KIDNEY DISEASE / DIALYSIS	
☐	☑	5) URINARY DISEASE	
☐	☑	6) THYROID PROBLEMS	
☐	☑	7) SICKLE CELL DISEASE / TRAIT	
☐	☑	8) CANCER / CHEMOTHERAPY	
☐	☑	9) GI PROBLEMS	
☐	☑	10) SKIN INFECTIONS	
☐	☑	11) MENTAL DISTENTION	
☐	☑	12) GYN PROBLEMS / LMP	
☐	☑	13) IMMUNIZATIONS	
☐	☑	14) GROWTH / DEVELOPMENT	
☐	☑	15) PROSTATE PROBLEMS	

Pre-Op II – ☐ DIET ☐ ☐ ☐

POOR ORIGINAL

HEALTH HISTORY AND PRE-OP TEACHING RECORD continued

ANESTHESIA HISTORY:
PRIOR SURGERIES: ☐ NO ☑ YES (List) [illegible]
PREVIOUS PROBLEMS WITH ANESTHESIA: ☑ NO ☐ YES (Explain)
FAMILY HISTORY OF MALIGNANT HYPERTHERMIA: ☑ NO ☐ YES (Explain)
(PATIENT OR FAMILY MEMBER)

DOES PATIENT HAVE:	YES	NO	COMMENTS
1) HEARING AID		✓	
2) GLASSES		✓	
3) CONTACT LENSES		✓	
4) PROSTHESIS		✓	
5) WIG OR HAIRPIECE		✓	
6) DENTURES		✓	
7) TEETH ☐ CAPPED ☐ LOOSE ☐ CHIPPED ☐ MISSING			

PSYCHOSOCIAL: SIGNIFICANT OTHER / SUPPORT [illegible] PHONE NO. 773-6317
NAME OF PERSON ACCOMPANYING PATIENT ON DAY OF SURGERY
NAME OF PERSON PROVIDING CARE AT HOME UPON DISCHARGE

ADVANCE DIRECTIVE INFORMATION

☐ N/A
DOES THE PATIENT HAVE AN ADVANCE DIRECTIVE (LIVING WILL OR HEALTH CARE POWER OF ATTORNEY)? YES ☑ NO
DID THE PATIENT RECEIVE ADVANCE DIRECTIVE INFORMATION? YES ☑ NO
IF NO, WAS THE PATIENT GIVEN ADVANCE DIRECTIVE INFORMATION BY PAT? YES ☑ NO ☐ N/A
SOCIAL SERVICES CONSULT GENERATED PER PATIENT / S.O. REQUEST FOR ADDITIONAL ADVANCE DIRECTIVE INFORMATION? ☐ YES ☐ NO ☐ N/A
ARE YOU AN ORGAN / TISSUE DONOR? ☐ YES ☑ NO COMMENTS

TEACHING RECORD — PATIENT CARE INTERVENTIONS

YES	NO	N/A		YES	NO	N/A	
☐	☐	☐	1. TIME TO BE AT DAY SURGERY — 2nd FLOOR	☐	☐	☐	19. SURGICAL PROCEDURE TIME
☐	☐	☐	2. PARKING INFORMATION	☐	☐	☐	20. PAIN — LEVEL OF PAIN, EQUIPMENT, RELIEVER, PAIN MED. PRIOR PROCEDURE, SOME PARTIAL HOARSENESS FROM INTUBATION, BLURRED VISION, DIPLOPIA, FOLEY, I.V., NO VISITORS
☐	☐	☐	3. NPO AFTER MIDNIGHT (EXCEPT MEDS PERMITTED BY M.D.)				
☐	☐	☐	4. NO MAKE-UP, NAIL POLISH, HAIR PINS, CONTACT LENSES, ETC.				
☐	☐	☐	5. NO JEWELRY — NO VALUABLES				
☐	☐	☐	6. WEAR LOOSE CASUAL CLOTHING WITH FLAT SHOES (ORTHOPEDIC CASES WEAR LOOSE PANTS)	✓	☐	☐	21. POST OP / SIGN OF STAR, CRITERIA FOR DISCHARGE
☐	☐	☐	7. BATHE THE NIGHT BEFORE OR A.M. OF SURGERY	✓	☐	☐	22. SURGICAL PROCEDURE DISCUSSION —
☐	☐	☐	8. BRING ALL PRESENT MEDICATIONS				PHYSICIAN'S ORDERS:
☐	☐	☐	9. HOSPITAL GOWN WILL BE SUPPLIED FOR DAY SURGERY PATIENTS. LOCKERS WILL BE AVAILABLE. CLOTHES WILL BE PLACED IN A BAG AND PLACED UNDER STRETCHER IF PATIENT ADMITTED				☐ I.V. ☐ SITE SCRUB ☐ FOLEY ☐ CROUTON WALKING ☐ INCENTIVE SPIROMETER ☐ PCA PUMP ☐ OTHER MEDICATION ORDERS:
☐	☐	☐	10. ANESTHESIA INTERVIEW				
☐	☐	☐	11. PRE-OP MED	✓	☐	☐	23. QUESTIONS / ANSWERS
☐	☐	☐	12. SAFETY MEASURES - SIDE RAILS UP, CALL BELL IN P.A.R.				
☐	☐	☐	13. I.V. INSERTION — I.V. ANTIBIOTICS				
☐	☐	☐	14. FOLEY CATH INSERTION				
☐	☐	☐	15. SHAVE AND PREP OPERATIVE SITE	✓	☐	☐	24. PATIENT GIVEN SURGICAL TEACHING PAMPHLETS
☐	☐	☐	16. TWO VISITORS PER PATIENT, NO CHILDREN VISITORS, VISITOR WAITING AREA, MUST HAVE SOMEONE TO DRIVE HOME, ON-GOING PATIENT STATUS UPDATE				OTHER PAMPHLETS:
☐	☐	☐	17. WEARING APPAREL OF SURGICAL PERSONNEL	✓	☐	☐	25. INSTRUCTIONS / PRESCRIPTIONS UPON DISCHARGE ☐ NO DRIVING ☐ ICE PACKS ☐ DISCHARGE ☐ MEDICATION
☐	☐	☐	18. SURGICAL HOLDING AREA — PATIENTS MAY ACCOMPANY CHILDREN, I.V. INSERTION, O.R. SUITE, SURROUNDINGS, EQUIPMENT, TEMPERATURE				☐ DRESSING / DRESSING ☐ OTHER

NAME OF INTERVIEW ANESTHESIOLOGIST [illegible] DATE and TIME 11/18/94
PATIENT VERBALIZED UNDERSTANDING OF ABOVE INFORMATION AND HAS NO FURTHER QUESTIONS AT THIS TIME ☑ YES ☐ NO
IF NO, COMMENT:
PATIENT SIGNATURE [illegible]
SIGNATURE OF INTERVIEWER [illegible]
DATE and TIME 11/18/94 1115

POOR ORIGINAL

DAY SURGERY POST-OPERATIVE NURSE'S NOTES

RETURN TIME 1245 RETURNED FROM OR PACU ENDO PERIOPERATIVE RADIOLOGY OTHER
RETURNED BY E. Dutton RN VIA STRETCHER W/C OTHER
FAMILY MEMBER / SO AT BEDSIDE YES UNABLE TO LOCATE PT UNACCOMPANIED
BED IN LOWEST POSITION ✓ SIDE RAILS UP X's 2 ✓ CALL LIGHT IN PLACE ✓
CONDITION: STABLE UNSTABLE
PATIENT POSITION SUPINE RIGHT SIDE LEFT SIDE PRONE OTHER
PATIENT INSTRUCTED TO STAY IN BED AND VERBALIZED UNDERSTANDING YES NO N/A
I.V. THERAPY N/A YES, SEE PARENTERAL FLUID RECORD NO
EXTREMITY ELEVATED AS ORDERED N/A YES NO
PAIN RELIEF / TIME
NOB: 445

TIME — NO #	BP	P	R	TEMP	LOC	SKIN	RESP	DRSG	DRNG	VAS	PAIN	N&V	MED	ACT	SAT	NURSE
1245 @ 2.3	121/75	94	16	97	1	1										ED
1330 @ 2.3	—	—	—	—	1	1										ED
1420 @ 2.3	109/70	83	18	97	1	1	1	1	1	1	1	1	1	1		ED
1430 @ 2.3	104/60	78	17	—	1	1										ED

ASSESSMENT GUIDELINES

LOC — 1 - ALERT / ORIENTED 2 - DROWSY 3 - SLEEPING BUT AROUSES TO VERBAL STIMULI 4 - INAPPROPRIATE BEHAVIOR 5 - MENTALLY UNRESPONSIVE
SKIN — 1 - WARM / DRY / PINK 2 - MOIST / CLAMMY 3 - PALLOR 4 - JAUNDICE 5 - CYANOSIS
RESP — 1 - LUNGS CLEAR 2 - BREATHING DEEPLY AND EASILY 3 - WHEEZES 4 - COUGHS 5 - DYSPNEA 6 - SHALLOW / LOW AIR EXCHANGE
DRSG — 1 - DRY / INTACT 2 - DRAINAGE 3 - REINFORCED
DRNG — 1 - SM 2 - MOD 3 - LARGE 4 - NONE SOURCE 1 - ORAL 2 - EARS 3 - NAD 4 - VAGINAL 5 - WOUND 6 - OTHER
VAS — 1 - WARM, GOOD MOVEMENT, GOOD CAPILLARY REFILL SENSATION 2 - NUMBNESS, GOOD MOVEMENT, WARM, GOOD CAPILLARY REFILL
3 - NUMBNESS, NO MOVEMENT, GOOD REFILL WARM 4 - NUMBNESS, NO MOVEMENT, COLD
PAIN — 1 - COMFORTABLE / NO PAIN 2 - TOLERABLE PAIN 3 - MODERATE PAIN 4 - SEVERE PAIN
N&V — 1 - NO N&V 2 - SLIGHTLY NAUSEATED 3 - ACTIVE VOMITING
ABD — 1 - SOFT / NON DISTENDED 2 - SOFT / SLIGHTLY DISTENDED 3 - FIRM / DISTENDED 4 - B.S. ACTIVE 5 - B.S. HYPOACTIVE 6 - B.S. ABSENT
ACT — 1 - PURPOSEFUL MOVEMENT 2 - REQUIRES MINIMAL HELP 3 - UNABLE TO ASSIST IN MOVEMENT

DATE	Sutures, Drains, Dressings, Casts, Etc. Per Order / Medication	Time	Initials	Comments	Time

PATIENT CARE INTERVENTIONS

A) NUTRITION
1) P.O. FLUIDS OFFERED YES TIME 1250 TOLERATED WELL POOR NO NURSE'S NOTES
NO EXPLAIN
2) MEAL PROVIDED YES TIME 1340 TYPE FULL LIQUID MODIFIED N/A LOW SALT
TOLERATED WELL POOR NO NURSE'S NOTES
NO EXPLAIN

B) FLUID & ELECTROLYTES (SEE PARENTERAL FLUID RECORD)

C) ELIMINATION
1) PATIENT VOIDED TIME 1330 VIA BEDPAN URINAL TO BR W/ASSISTANCE VOLUME MEASURED URINE (SEE NURSE'S NOTES)
URINE CLEAR YELLOW CLOUDY PINK TINGED BLOODY OTHER VOL NO
LEG BAG APPLIED YES TIME N/A URINE STRAWED N/A NO YES

D) AMBULATION
1) PATIENT ABLE TO WALK WITH MINIMAL ASSISTANCE WALKED 50 FT W/ N/A % INCREASE N/A NEW DEFICITS
PATIENT CONFINED TO BED/CHAIR
SURGICAL SHOE APPLIED YES TYPE SIZE NO N/A
SLING APPLIED YES TO WHO NO N/A

N.D. POST-OP VISIT YES NO N/A
PATIENT DISCHARGED VIA APPROVED DISCHARGE CRITERIA SEE DISCHARGE INSTRUCTIONS FOR DISCHARGE INSTRUCTIONS

RN SIGNATURE E. Dutton RN
MD SIGNATURE

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001544

POOR ORIGINAL

DATE 11-12-94 ARRIVED FROM: OR PACU ER ICU/ IMC UNIT CARDIAC CATH LAB VIA: LIGHT STRETCHER WC

ARRIVAL TIME 1035 ACCOM BY [illegible] ACCOM BY [illegible] REPORT RCVD BY [illegible]

SURGICAL PROCEDURE D&C

ANES TYPE: General Spinal Epidural Block IV Sedation Other

Condition On Arrival: Satisfactory Serious Critical Other

ANES [illegible] DRNA [illegible]

PREOP BP 1917 - 11/78 INTRAOP BP 120/72 11/0 SPECIAL INFO [illegible]

ADMISSION ASSESSMENT

LOC: Awake Arousable w/ Stimulus Sleeping Alert Disoriented Stupor

ORIENTATION: Person Situation Unable to Place Time Assess

SKIN: Warm Cool Diaphoretic Dry Cold Shivering

COLOR: Pale Pink Ruddy Mottled Cyanotic Pink Pale Other

RESPIRATIONS: Regular Quiet Shallow Apneic Dyspnea Deep Irregular Labored Moderate Assisted

O2 DELIVERY: NC Ulan T-Piece Venti-Mask Ambu Face Tent Blowby Room Air 25 % DIC AT 22 Vent - Mode FIO2 TV R Peep

AIRWAY ADJUNCT: N/A Oral Trach Nasal ETT DIC AT

CHIN LIFT / HYPEREXTENSION: Yes Yes DIC AT

BREATH SOUNDS: Anterior Lateral Posterior Clear BS Equal BS Other [illegible]

APICAL PULSE: Regular Irregular Rate 88 Abn [illegible]

CARDIAC RHYTHM/ EKG: Rhythm NSR Sinus Tach Sinus Brady Ectopy Other Reg Irreg Rate 015

ABDOMEN: Round Firm Distended Rot Soft Other

IV SITE(S): Patent Saline Lock mm DIC AT

IV FLUIDS: TYPE LR AMOUNT 200 SITE RT RATE 150
TYPE AMOUNT SITE RATE
TYPE AMOUNT SITE RATE

BLADDER DISTENTION: No Yes

FOLEY: No Yes Secured

URINE: N/A Clear Yellow Amber Red Sediment Other Cloudy Pink-Yellow Red Sediment Other Amount DC - See CMPE

Level of Sensation: N/A

(+) YES (-) NO		TEMP	CAP DR	NAIL	CAP REFILL	R	TIP / PT
HANDS	LT	N/A					
	RT						
FEET	LT	N/A					
	RT						

HAND DRIPS: Dry Bloody Other - See Comments

OP SITES/ DRG: Site Dry Intact Site Dry Intact

DRAINAGE: Site [illegible] Amt [illegible] Odor [illegible] Site Amt Odor

POSITION: Supine Prone Side R / L R / L Side Other

SAFETY: Bed Low Wheels / Foot Wheels Locked Bed Side Rails Other Safety Strap Alarm on Doorway

LEVEL OF PAIN: None 0 Tolerable 1-3 Severe 7-10 Slight 1-3 Moderate 4-6 Unable To Assess

COMPLETED BY [illegible]

NURSING DIAGNOSIS - INTERVENTIONS

PRIORITY #	DIAGNOSIS	INITIALS
A	POT/ACTUAL INEFFECTIVE BREATHING PATTERN R/T Anesthetic Agents	ET
N/A N/A N/A	Other	
A	ALTERATION IN LOC R/T Anesthetic Agents	ET
N/A N/A N/A	Other	
A	POTENTIAL FOR INJURY R/T Anesthetic Agents	ET
N/A N/A N/A	Other	
A	ALTERATION IN COMFORT R/T Surgical Procedure	ET
N/A N/A N/A	Other	
A	POT/ACTUAL ALTERATION IN FLUID VOLUME R/T Surgical Procedure Blood Loss During Surgery Fluids Given During Surgery	ET
N/A N/A N/A	Other	
A	POT/ACTUAL ALTERATION IN BODY TEMP R/T Surgical Procedure	ET
N/A N/A N/A	Other	
A	OTHER	ET
N/A N/A N/A		

PATIENT CARE INTERVENTIONS

POSITIONING: N/A Arm Rests Headboard Head Pads Other DOC AT

Pillows Roll Gel Mat SR Stirrup Rol Leg Other

CIRCULATORY: N/A Teds Hose - Stkg/Leg - Rt/Leg Intermittent Pump

TCME On Removed Legs Digits Dressing Dressing Dressing

THERMAL: N/A Warm Blankets Blue Hugger - Use Immediately

1. ECG Leads
2. Pulse Ox
3. Blood Press
4. Other

RESPIRATORY: N/A Clear Cough Deep Breath Suction Oral ETT

N/A Nasal Trach Stoma Oral Nasal Orotracheal Cuffed Other

TUBES: N/A NG Or Suction Type Continuous Chest Gastric Thoracic Vent Foley Urethral Condom Chest Rule-In Other

DRAINS: N/A JP Amt Odor Hemovac Amt Odor T Tube Amt Odor

LINES/ CHANGES: N/A Yes Warm Blankets Clean Dry

TIME TAKEN: N/A Maintained at N/A Saline Hep Dry

SEE NOTES

COMMENTS [illegible]

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5331

POOR ORIGINAL

DISCHARGE ASSESSMENT

TIME: 1230

LOC: ☑ Awake ☐ Arousable w/ Stimulus ☐ Sleeping ☐ Alert ☐ Disoriented ☐ Stupor

ORIENTATION: ☑ Person ☑ Situation ☐ Unable to ☐ Place ☑ Time Assess

SKIN: ☑ Warm ☐ Cool ☐ Diaphoretic ☑ Dry ☐ Cold

COLOR: ☐ Pale Pink ☐ Ruddy ☐ Mottled ☐ Cyanotic ☑ Pink ☐ Pale ☐ Other

RESPIRATIONS: ☑ Regular ☑ Quiet ☐ Shallow ☐ Unlabored ☑ Deep ☐ Irregular ☐ Labored ☐ Moderate ☐ Assisted

O2 DELIVERY: ☐ NC ___ Liters ☐ T-Piece ☐ Venti Mask ☐ Ambu ☐ Face Tent ☐ Blow By ☑ Room Air ☐ ___% ☐ Vent - Mode ___ FIO2 ___ TV ___ R ___ Peep ___

AIRWAY ADJUNCT: ☑ N/A ☐ Oral ☐ Trach ☐ Nasal ☐ ETT

CHIN LIFT / HYPEREXTENSION: ☑ No ☐ Yes DIC AT ___

BREATH SOUNDS: ☐ N/A ☑ Anterior ☑ Clear ☐ Lateral ☐ Rt ☐ Lt ☐ Posterior ☑ Equal Bil ☐ Other

APICAL PULSE: ☐ N/A ☑ Regular ☐ Irregular Rate 80 Min

CARDIAC RHYTHM/EKG: Rhythm ☐ NSR ☐ Sinus Tach ☐ Sinus Brady ☐ Bslgy ☐ Other ___ Rate - ☐ Reg ☐ Irreg Rate 91

ABDOMEN: ☐ Round ☐ Flat ☐ Distended ☐ Rt ☑ Soft ☐ Other

IV SITE(S): ☐ N/A ☑ Patent ☐ No S/S Infil DIC AT ___

IV FLUIDS: TYPE D5 AMOUNT 150 SITE LFA RATE 100
TYPE / AMOUNT / SITE / RATE
TYPE / AMOUNT / SITE / RATE
TOTAL INTAKE 150

BLADDER DISTENTION: ☑ No ☐ Yes Voided ___ cc
FOLEY: ☑ No ☐ Yes ☐ Discontinued
URINE: ☑ N/A ☐ Clear ☐ Yellow ☐ Amber ☐ Pink ☐ Cloudy ☐ Pale-Yellow ☐ Red ☐ Sediment ☐ Other ___
☑ Pt Did Not Void ☐ Amount ___ cc
Total Amount ___ ☐ Qty - Too Drifty

Level of Sensation: ☑ N/A Lt ___ Rt ___

1st YES 2nd NO	TEMP	COLOR	WET	Dry/Warm	R	Dr / Pt
HANDS Lt	91					
HANDS Rt	94					
FEET Lt	92					
FEET Rt	94					

HAND GRIPS: ☑ Equal Pull ☐ Other See Comments

IV SITE: Site LFA Dry Leaking
DSD: Site ___ Dry Intact

DRAINAGE: Site Rt Leg Amt ☐ Sm ☐ Med ☐ Lge Drsg Intact
Site ___ Amt ___ Drsg ___
Site ___ Amt ___ Drsg ___

POSITION: ☑ Supine ☐ Prone ☐ Trend ☐ R / L ☐ R / L Side ☐ Other

SAFETY: ☑ Call Light ☐ Low ☐ Side Rails ☐ Other

LEVEL OF PAIN: ☑ 0 None ☐ 3 ☐ 5 ☐ 1 ☐ 2 Mild ☐ 4 ☐ 6 ☐ 8 ☐ 10 Worst Pain Possible

COMPLETED BY E. Tatum

NURSES NOTES

Pt awaiting ambulance for discharge to ET

124 Removed to Bed across from ET
Sept '95 R Hip Pain
1:05 Discharged to ET

TRANSFER
CONDITION ON DISCHARGE: ☑ Satisfactory ☐ Serious ☐ Critical ☐ Other
DISCHARGE DESTINATION: ☐ Home ☐ SNF ☐ Other ___
TRANSPORT MODE: ☐ Stretcher ☐ Wheelchair ☐ Ambulatory ☐ Other
ACCOMPANIED BY: ☐ Family ☐ Friend ☐ N/A
BELONGINGS: ☑ Yes ☐ No
MEDICATIONS WITH POSITION: ☑ Yes ☐ No
CALL LIGHT WITHIN REACH: ☑ Yes ☐ No
PERSON RECEIVING REPORT: Nursing Station ON 12 AM 1245 TIME

	WITNESS	LEGAL SIGNATURE
1.	N/A	Signed with ET
2.		
3.		
4.		

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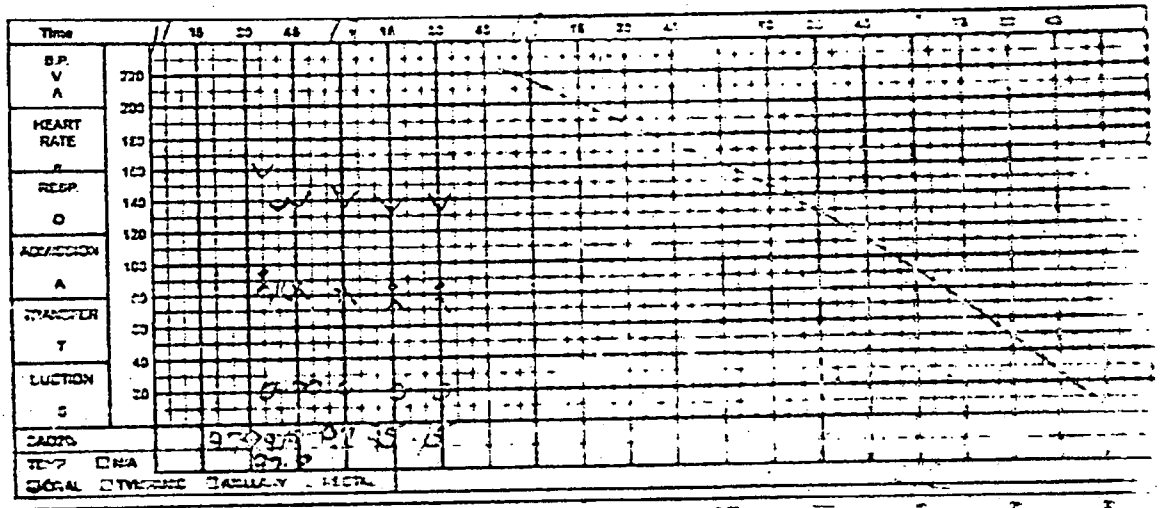
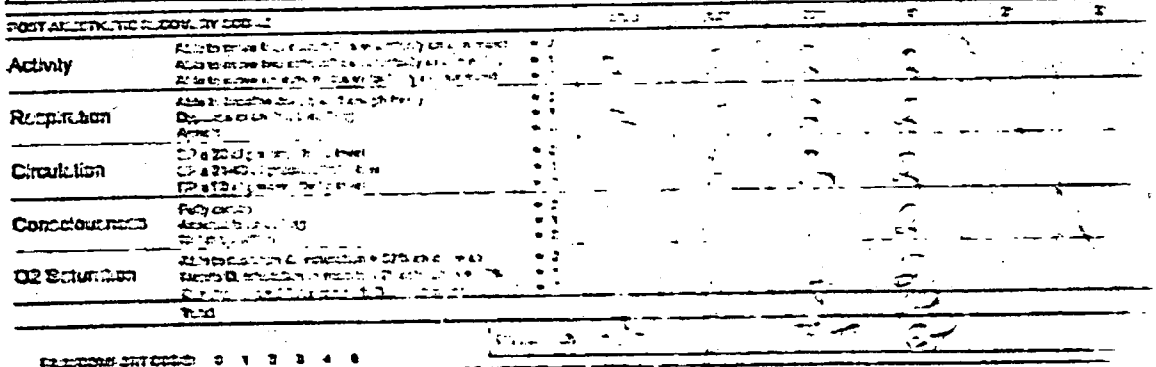
001546

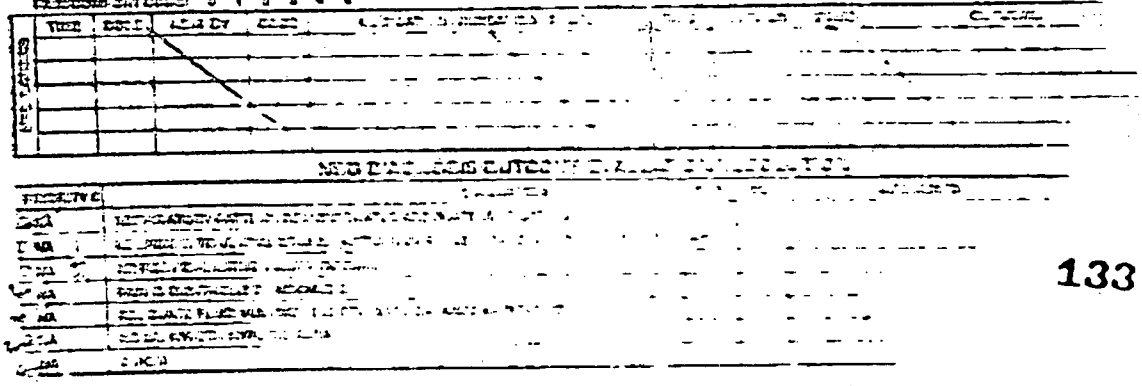
POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER
Sumter, South Carolina 29150

PATIENT CARE ASSESSMENT/INTERVENTIONS

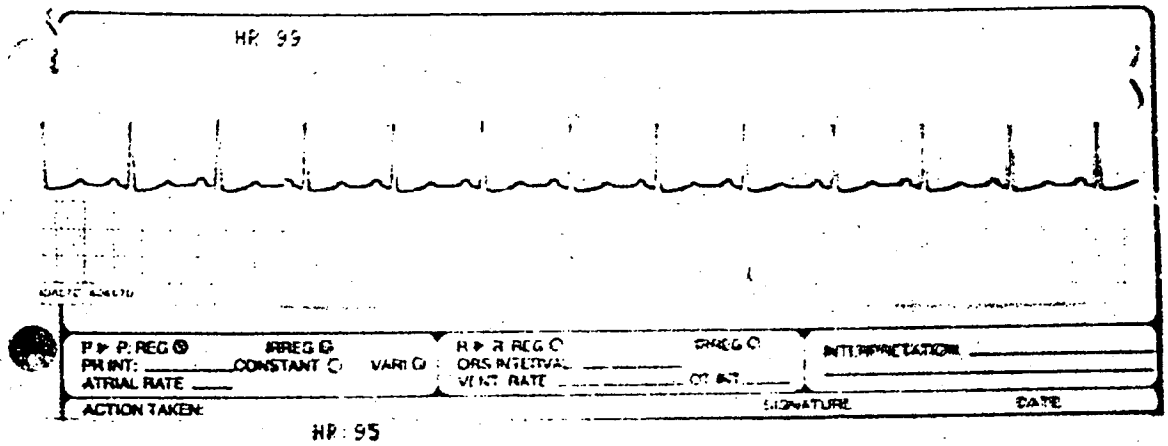






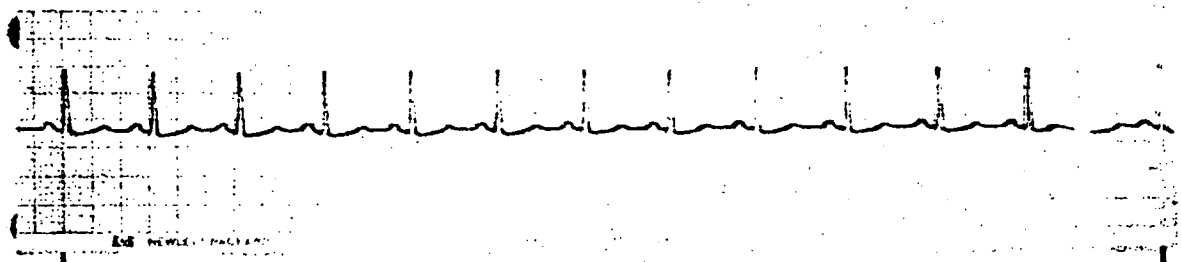
133

POOR ORIGINAL



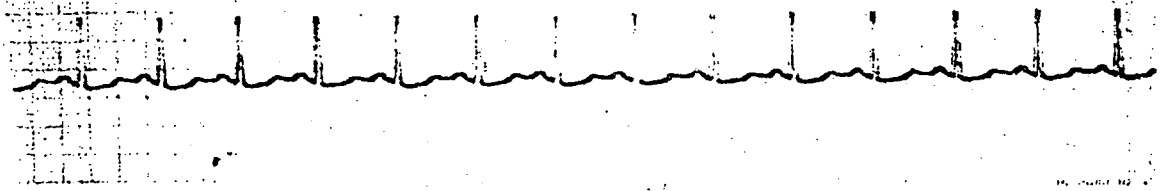
P ▶ P: REG ⊙ IRREG ⊙
PR INT: _____ CONSTANT ○ VARI ○
ATRIAL RATE ____
R ▶ R REG ○ IRREG ○
QRS INTERVAL _____
VENT RATE _____ QT INT ____
INTERPRETATION _____
ACTION TAKEN: SIGNATURE DATE

HR: 95



P ▶ P: REG ⊙ IRREG ⊙
PR INT: _____ CONSTANT ○ VARI ○
ATRIAL RATE ____
R ▶ R REG ○ IRREG ○
QRS INTERVAL _____
VENT RATE _____ QT INT ____
INTERPRETATION _____
ACTION TAKEN: SIGNATURE DATE

HR: 109



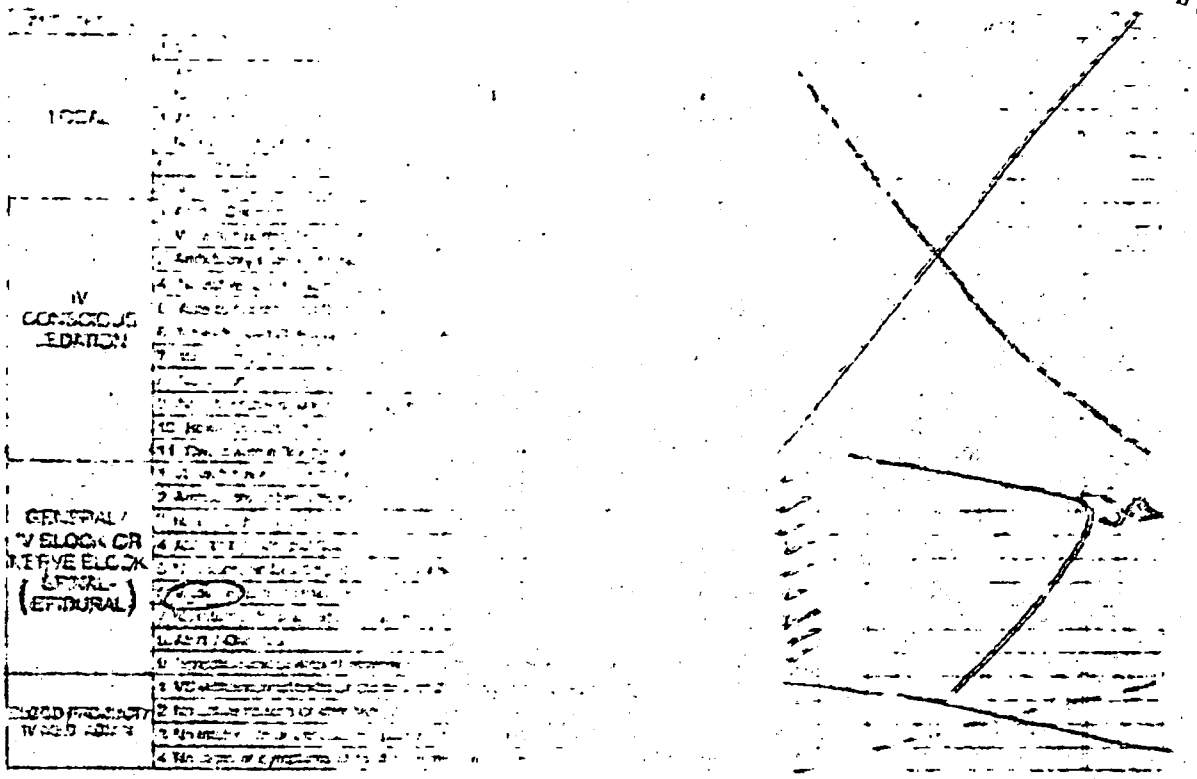
P ▶ P: REG ⊙ IRREG ○
PR INT: _____ CONSTANT ○ VARI ○
ATRIAL RATE ____
R ▶ R REG ○ IRREG ○
QRS INTERVAL _____
VENT RATE _____ QT INT ____
INTERPRETATION _____
ACTION TAKEN: SIGNATURE DATE

REMARKS _____

RHYTHM STRIP RECORD

001548
POOR ORIGINAL

POOR ORIGINAL



001550

POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER

The Outpatient Center

6 AM - 7 PM

DISCHARGE AND FOLLOW-UP

Ambulatory Care Department Instructions

1. DIET
   - ____ Force fluids
   - ____ Restricted _____
   - ✓ Unrestricted (Routine or before surgery)
   - ____ Liquids and light foods [illegible] hrs, then progress to normal.
   - ✓ ****ABSOLUTELY NO ALCOHOL [illegible]

2. ACTIVITY
   - ____ CHILDREN SHOULD HAVE RESPONSIBLE ADULT WITH THEM AT ALL TIMES
   - ✓ Go directly home from hospital, stay inside, and limit your activities.
   - ✓ Do not sign any legal documents for next 24 hrs. (while taking pain medication)
   - ✓ Do not drive, go shopping, or operate hazardous machinery, for the next 24 hrs. or while taking pain medication.
   - ✓ Do not engage in sports, heavy lifting or work until your doctor gives you permission.
   - ____ Dizziness is common when taking pain medication. Do not drive, be careful walking and climbing stairs.
   - ____ May resume normal activities in ____ hrs.
   - ✓ No sex, no tampons, NOTHING IN VAGINA until your doctor says it is ok.
   - ____ You are on Bedrest with bathroom privileges only.
   - ____ Turn, cough, and deep breathing exercises should be done 3-4 times a day for the next 48-72 hours.

3. WOUND CARE
   - ____ Keep cast dry.
   - ____ Keep area dry and clean.
   - ✓ Do not be alarmed if there is a small amount of drainage and bleeding. This is expected.
   - ____ Change dressing as necessary
   - ____ Do not change dressing
   - ____ Wear bra for _____ days.
   - ____ Do not remove strips of tape on wound. Clean up, can dark, and pat dry.
   - ____ May remove dressing in AM and take tub bath or shower
   - ____ Keep affected limb elevated for _____ hrs.
   - ____ Keep ice pack in place for the next _____ hrs.
   - ✓ You will have vaginal bleeding not more than a [illegible]
   - ____ Urine may be bloody.

4. MEDICATIONS ****RESUME ALL MEDICATIONS AS BEFORE SURGERY [illegible]
   - ✓ If you are given a prescription have it filled and take as prescribed [illegible]
   - Your last dose of pain medication was given at _____ [illegible]
   - ✓ Medication cards provided along with instructions [illegible]

5. SYMPTOMS TO REPORT TO PHYSICIAN
   - ✓ Excessive bleeding
   - ✓ Excessive pain
   - ____ Inability to void
   - ____ Infected (red or angry) wound
   - ____ Extremity becomes cool, pale, pain, or numb
   - ____ Excessive swelling of extremity
   - ✓ Excessive nausea or vomiting
   - ✓ Temperature above 101°F after first [illegible]
   - You may experience minor surgical and anesthesia related discomforts such as [illegible] headache, low grade temp. These symptoms should improve after 24-48 hours. [illegible]

6. FOLLOW UP APPOINTMENTS ☐ Dr. _____ Date/Time [illegible] ☐ Or will call [illegible] with further [illegible]
   ☐ Call Dr. office on a.m. to make an appt.

Dr. _____ or his nurse will call results of test in the next few days.

SPECIAL INSTRUCTIONS: A copy of the physician discharge instructions was provided to me at ☐ Yes ☐ No ☐ N/A

I have received a copy of the post operative instructions. Medications (if other than current) and understand them.

Witness [illegible] Patient/Guardian

SHOULD A PROBLEM ARISE WHILE CARRYING OUT THE ABOVE INSTRUCTIONS, PLEASE CONTACT YOUR PERSONAL PHYSICIAN OR THE NEAREST EMERGENCY ROOM. PLEASE BRING THESE INSTRUCTIONS WITH YOU.

137

TIME IN ROOM _____ AM PM

HISTORY AND PHYSICAL EXAMINATION

DOCTORS ORDERS

POOR ORIGINAL

DIAGNOSTIC IMPRESSION

CONSULTATION NOTES

CONSULTANT'S SIGNATURE

CONDITION ON DISCHARGE

TIME

DISCHARGE INSTRUCTIONS

138

E.R. PHYSICIAN'S SIGNATURE

TOOMEY

CHART COPY

G.P.E.R. REPORT

MEDICAL CENTER

TIME IN _____ TIME OUT _____ ROOM NUMBER _____

PATIENT NAME/ADDRESS
WINDHAM, TAMMY E
[redacted]
PHONE
SOCIAL
EMPLO

ACCOUNT NO | MONITOR | TYPE | LOCATION/SERVICE | UNIT NO/MED REC NO.
[redacted] | | ER | ER | 229990

DATE OF BIRTH [redacted] | AGE 27 | SEX F | MAR STS M | RELIGION HOL | RACE W | SMOKER N

PERSON TO NOTIFY (NAME/ADDRESS)
[redacted]
HOME PHONE [redacted] OTHER PHONE 803-773-91[illegible]
RELATIONSHIP SI

GUARANTOR/ADDRESS
WINDHAM, TAMMY E
[redacted]
PHONE
RELAT
GUAR

NEXT OF KIN/ADDRESS
[redacted]
OTHER PHONE 803-773-6101
RELATIONSHIP SI

FINANCIAL CLASS S

INSURANCE NAME
SELF-PAY

POLICY NUMBER
[redacted]

COVERAGE NUMBER

SUBSCRIBER/INSURED NAME
WINDHAM, TAMMY E

ACCIDENT INFORMATION | REASON FOR VISIT

ACCIDENT DATE/TIME | COMMENTS | ARRIVAL MODE
AMBULANCE

ARRIVAL DATE/TIME
12/13/04 0122

ADMITTING PHYSICIAN | ATTENDING PHYSICIAN

HOSPITAL RELEASE

Date _____

I the undersigned, a patient under treatment in the Toomey Regional Medical Center - Sumter, S.C., am leaving the hospital against the advice of attending physicians and I hereby release the hospital and attending physicians of all responsibility.

Witness _____ Signed _____

_____ Address _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT. I hereby authorize the physician, or physicians in charge of the
of Windham, Tammy E
(Name of Patient)
to administer any treatment or to administer such anesthetics and perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient, and to dispose of all tissue in the manner which is deemed appropriate.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatment or examinations in the hospital.

ASSIGNMENT OF BENEFITS AND THIRD PARTY CLAIMS. I hereby authorize payment of all charges made for or on account of the patient and hereby assign to the hospital any and all sums that are payable and I have, or to which I may hereafter become entitled to or with respect to any and all hospital benefits, medical benefits, health benefits, Blue Cross benefits, benefits due to sickness or injury, or any other health, accident, or indemnity benefit of any type or form relating to the patient, whether insured or self-funded, and the proceeds of all claims resulting from or relating to the liability of any person made by a third party or by any person, employer, or insurance company on the third party's behalf to or for the patient unless the account is paid in full upon rendition. I request that Medicare payments be made directly to the hospital. I understand I am responsible for any charges not covered by insurance or other form of health or accident benefit, Medicare, Medicaid, or other benefits.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION. The hospital and attending physician are authorized to release any medical information required in the processing of application for financial coverage for services rendered during this admission.

☒ The hospital and attending physician are authorized to release medical information to my regular physician, Dr. _____

☐ The hospital and attending physician are authorized to release medical information to my regular physician.

MEDICARE BENEFICIARY/PATIENT'S CERTIFICATION: I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

THE PHYSICIANS PRACTICING IN THE EMERGENCY ROOM ARE NOT EMPLOYEES OF TOOMEY REGIONAL MEDICAL CENTER. THEY ARE INDEPENDENT PHYSICIANS. THEY ARE ALL PHYSICIANS PRACTICING IN THE HOSPITAL.

CONSENT FOR TESTING OF BODY FLUIDS. I consent to appropriate tests for the prevention of infection, such as, but not limited to, infection by the Hepatitis B virus or human immunodeficiency virus, if deemed necessary for the protection of myself and others. Withdrawal of blood or other body fluids for the purpose

I HAVE REVIEWED THE CONTENTS OF THIS STATEMENT, AM AWARE OF ITS MEANING AND SIGN IT VOLUNTARILY.

Witness _____ Patient's Signature (or Mark and Name) Tammy Windham

Person Patient Unable to Sign _____ Dr. in Charge of Patient _____

Date _____ Date _____

139

POOR

001553

[redacted]EY REGIONAL MEDICAL CENTER
INITIAL TRIAGE

10624397 229998
WINDHAM, TAMMY E
[redacted] F W 10/18/67

DATE 12-13-94

TIME 0123 AM/PM DOCTOR _____ NOTIFIED YES___ NO___ TIME___

WHY ARE YOU HERE? "Abd pain & vomiting" "Dx c Gallbladder x 5 months ago"

_____ SIGNATURE [redacted] RELATIONSHIP _____

TIME 0125 ASSESSMENT C/O: abd pain & vomiting (R) upper abdom pain - mild to moderate - To ER via W/C

DASA (YES) NO

CARE PRIOR TO ARRIVAL ~~Ward~~ - EMS -

Hx of S/S of TB N/A PRECAUTIONS TAKEN TISSUES___ MASK___ ISOL___ INST___

LMP 2 wks ago WEIGHT N/A LAST TETANUS N/A IMMUNIZATION HISTORY N/A

MEDICATIONS Work -

ALLERGIES NKDA -

VITAL SIGNS: B/P 173/98 TEMPERATURE 98.3 PULSE 83 RESPIRATIONS 20

NURSING DIAGNOSIS Pain r/t ? r/t abdominal problem

TO FHC/TMP N/A TIME N/A NURSE'S SIGNATURE [redacted]

DATE & TIME	PROCEDURES/MEDS/VITAL SIGNS	DATE & TIME	12-13-94 NURSE'S NOTES
		0131	To T.C via W/C c [illegible]
0150	Inital 60mg (R) hip pl. mg given		
	.50mg (L) hip ——— RN		
0210	Pt ambulated to B/C ———	0210	B/C x 2 follow-up appt. to be done. Understands verbal & written instructions & pt. discharged ambulatory

LEGEND OF SIGNATURES

RN Mary Clerk

140

001554

REPORT NO. 465719 (1-6)

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

O.A. NO. 1052 4597 Ambulance Run Report TRIP NO. 257

PATIENT IDENTIFICATION (Please Print) | DISPOSITION (98) | ORIGIN OF INJ. ALL (99) | TYPE OF CALL (100)

LAST NAME (7-26): Windham | FIRST NAME (27-42): Tawana | MI (43)

[redacted] APT. #

CITY (53-64): Lunatic | STATE (65-66): SC | ZIPCODE (67-81): 29374

DISPOSITION (98):
1. ☐ TREAT, NO TRANS
2. ☐ DOA AT SCENE
3. ☑ HOSPITAL ER
4. ☐ HOSP DOA ADMIT
5. ☐ TRAUMA CENTER
6. ☐ PATIENT'S HOME
7. ☐ NURSING HOME
8. ☐ DR'S OFFICE
9. ☐ OUTPATIENT

ORIGIN OF INJ. ALL (99):
1 ☐ Motor Vehicle
2 ☐ Motorcycle
3. ☐ Pedestrian
4. ☐ Home Related
5 ☐ Work Related
6 ☐ Recreational
7. ☐ Not Disaster
8. ☐ Other

TYPE OF CALL (100): 1. ☐ TRAUMA 2. ☐ MEDICAL

PATIENT STATUS

TO SCENE (101): 1 ☐ EMERGENT 2 ☑ NON-EMERGENT 3 ☐ EMERGENT
ON SCENE (102): 1 ☐ EMERGENT 2 ☐ NON-EMERGENT 3 ☑ NON-EMERGENT
FROM SCENE (103): 1 ☐ EMERGENT 2 ☑ NON-EMERGENT 3 ☐ EMERGENT
CODE _____ CODE _____ CODE 1

SEX (54): 1 ☐ Male 2 ☑ Female 3 ☐ Undetermined

RACE (55): 1 ☑ White 2 ☐ Black 3 ☐ Am. Indian 4 ☐ Hispanic 5 ☐ Asian 6 ☐ Undetermined

AGE (56-59): 027 CHECK ONE: 1 ☑ YRS 2 ☐ MOS 3 ☐ DAYS

HOSPITAL CODE (104-107): 3019

SAFETY EQP (108): 1 ☐ Restraints 2 ☐ Helmets 3 ☐ None 4 ☐ Unknown

INCIDENT LOCATION
ST. OR HWY. NAME OR NO. [redacted]
CITY, STATE, ZIP CODE Lunatic SC 29374

PRELIMINARY IMPRESSIONS (CHECK NO MORE THAN 3) (109-111)

03 ☐ Seizure	24 ☐ Musculoskeletal	74 ☐ Respiratory Distress
04 ☑ Diabetic	30 ☐ Head Injury	83 ☐ Coronary Problem
11 ☐ Abrasion/Contusion	32 ☐ Spinal Injury	85 ☐ Cardiac Arrest
13 ☐ Laceration	33 ☐ Stroke	97 ☐ Other
23 ☐ Fracture	51 ☐ GI Problems	98 ☐ Other

TREATMENT PROCEDURES (112-140)

01 ☐ Dressing Applied	07 ☐ Oxygen Given	13 ☐ Cardiac Massage
02 ☐ Limb Splinted	08 ☐ Suction Used	14 ☐ Cleaning Contusion
03 ☐ Spine Immobilized	09 ☐ Airway Established	15 ☑ Cold Application
04 ☐ Neck Immobilized	10 ☑ Airway Maintained	16 ☐ Patient Restrained
05 ☐ CPR Administered	11 ☐ Ventilation Terminated	17 ☑ Other (Specify)
06 ☐ Oral Airway Used	12 ☐ Ventilation Resp.	

ADVANCED PROCEDURES (135-139)

1 ☐ IV Started
2 ☐ IV Attempted Pre-Hosp
3 ☐ Second IV Attempted Pre-Hosp
4 ☐ Third IV Attempted Pre-Hosp
5 ☐ Intubation (Method) _____ Confirmed _____
☐ External Pacing Demand Rate _____ mA _____
7 ☐ Blood Drawn
8 ☐ IV Central Access Site _____ Solution _____ Rate _____ IV Team _____
9 ☐ Other Solution _____ Rate _____ IV Team _____
10 ☐ Manual Decompression

Ordering Physician _____ (Name) _____ (Number)

DRUGS USED (140-147)

SITE OF TRAUMA (148-156)

1 ☐ Head
2 ☐ Face
3 ☐ Neck
4 ☑ Chest
5 ☐ Abdomen
6 ☐ Hip/Pelvis
7 ☐ Upper Extremity
8 ☐ Lower Extremity
9 ☐ Back

REVISED TRAUMA SCORE (021-024)

GLASGOW COMA SCORE	SYSTOLIC BP	RESPIRATORY RATE	CODE VALUE
13 - 15	> 89	10 - 29	4
9 - 12	76 - 89	> 29	3
6 - 8	50 - 75	6 - 9	2
4 - 5	1 - 49	1 - 5	1
3	0	0	0

RTS SCORE

INJURY MOP
Falls > 20 ft
High Speed (MVA)
E
N
Head
D

VITAL SIGNS

TIME	PULSE	RESPIRATIONS	PUPILS	LOC
1734	96 ☑ REG ☐ IRREG	22 ☐ REG ☐ IRREG	E - EQUAL U - UNEQUAL N - NO RESP C - CONSTR D - DILATED	A - ALERT V - VERBAL P - PAIN U - UNRESP
/	☐ REG ☐ IRREG	☐ REG ☐ IRREG		
/	☐ REG ☐ IRREG	☐ REG ☐ IRREG		
/	☐ REG ☐ IRREG	☐ REG ☐ IRREG		
/	☐ REG ☐ IRREG	☐ REG ☐ IRREG		

EXPOSURE TO PT's BODY FLUIDS? (200) YES 1 ☐ NO 2 ☑

CONTACT, INCIDENT, CALL COMMENTS, OBSERVATIONS, CLINICAL RESPONSES TO TREATMENT

cm. - Pt having pains in Upper Stomach.
cc- pt having pains, stated sleepless
obs - pt sitting on couch, very tired.
Hx:- pain pains (sharp) pain too upper (R) Quadrant (stated), nausea, heaving (nerves) & skin warm-dry, possible gallbladder, because having problem before.
TX- TLC.
HX- trouble with gallbladder in past
MX- UNK.
DR- None, no family physician.
AL- None.
PS - No Consent Executed to Emergency Rm.

POOR ORIGINAL

TIME RECORD

RUN DATE (201-206): Month 12 Day 05 Year 94

	Hour	Min
Call Received: (207-210)	0	5 6
Call Dispatched: (211-214)	0	8 5 7
Departed Base: (215-218)	10	0 5 9
Arrive Scene: (219-222)	0	0 0 7
Departed Scene: (223-226)	0	5 1 2
Arrive Destination: (227-230)	0	1 1 9

CAUSE OF DELAY: _____

DHEC PERMIT NO (231-235): 13303

AUTO ACCIDENT PLATE NO (81-92): _____

SENDING HOSPITAL ID: _____

PROVIDER TIME (OPTIONAL): 0 1 1 5

REFUSAL
1 ☐ Pt Refused Treatment 2 ☐ _____
ATTENDANT'S SIGNATURE _____
PRIMARY PATIENT ATT. _____
2ND ATTENDANT _____
REC _____

141

DHEC 1050 09/83

5341

PATIENT EDUCATION RECORD

DATE 12-13-94

TIME 0200

EDUCATIONAL ASSESSMENT:

COMPREHENSION ABILITY: Exhibits ability to grasp concepts and respond to questions.
[ ] High [ ] Medium [X] Low

MOTIVATION LEVEL:
[ ] Asks questions
[ ] Uncooperative
[ ] Extremely anxious
[ ] Eager to learn
[X] Seems uninterested
[ ] Denies need for education

KNOWLEDGE LEVEL: Related to health problems. [ ] High [ ] Medium [X] Low

FACTORS THAT AFFECT TEACHING:

Language barrier: [ ] Yes [X] No Explain: _____

Cultural practices: [ ] Yes [X] No Explain: _____

Religious practices: [ ] Yes [X] No Explain: _____

Change in memory status: Short term [ ] Yes [X] No
Long term [ ] Yes [X] No

R.N. Signature: Mary Kline

DATE	TEACHER	TOPIC DISCUSSED	PT RESPONSE	NEEDS YES
12/13/94	RN	Patient/Family informed of their right to present complaints and how to do so.	RN	

POOR ORIGINAL

10624397 279998
WINDHAM, TAMMY E [redacted]
27 F W

142

5342

001556
POOR ORIGINAL

143

TUOMEY
R·E·G·I·O·N·A·L MEDICAL CENTER
129 North Washington Street
Sumter, South Carolina 29150

ADMISSION RECORD

PATIENT NAME/ADDRESS: WINDHAM,TAMMY E [redacted]	ACCOUNT NO: 10625758	MEDICAL REC: 2140/1	TYPE: IN	LOCATION/SERVICE: SUR	UNIT NO./MED REC NO: 229998		
	DATE OF BIRTH: [redacted]	AGE: 27	SEX: F	MAR STAT: M	RELIGION: HOL	RACE: W	SMOKER: N
PHON / SOCI / EMPL: [redacted]	PERSON TO NOTIFY/ADDRESS: MILES,DIANE [redacted]					RELATIONSHIP: FR	
GUARANTOR/ADDRESS: WINDHAM,TAMMY E [redacted]					ER PHONE: 803		
PHO / REL / GU: [redacted]	NEXT OF KIN/ADDRESS: PARROTT,MELINDA [redacted]					RELATIONSHIP: SI	
FINANCIAL CLASS: D					THER PHONE: 803-773-8101		
INSURANCE NAME: MEDICAID CLAIMS RECEIP	POLICY NUMBER: 5432440304				SUBSCRIBER/INSURED NAME: WINDHAM,TAMMY E		

ACCIDENT INFORMATION: LAST MENSTRUAL	RE ON FOR VISIT: CHOLELITHAISIS		
ACCIDENT DATE/TIME: 12/19/94	COMMENTS	HEIGHT/WEIGHT	ARRIVAL MODE: WALKED
ADMIT DATE/TIME: 12/19/94 1633	ADMITTING PHYSICIAN: ELLETT,JAMES W.	ATTENDING PHYSICIAN: ELLETT,JAMES W.	USER: ADJL
HOSP. DAYS	HOME TNE DAF ICF NH DFS AUTOPSY	SURGEON	CONSULT
		ANESTHESIOLOGIST	CONSULT

DISCHARGE DATE/TIME: 12/24/94 1220

JF 1/16

CB 1-3

DIAGNOSIS AND PROCEDURE CODE

ADMITTING DIAGNOSIS

PRINCIPAL DIAGNOSIS: 574.00

SECONDARY DIAGNOSIS: 194

PROCEDURES

IMPORTANT MESSAGE FROM MEDICARE? N
DOES PT. HAVE ADVANCE DIRECTIVE? U
DOES PATIENT HAVE CHAMPUS? N
IF YES, WHAT HOSPITAL AND DATES?

POOR ORIGINAL

12-20 51

CB 1/16 94

CHART COPY

1021

POOR ORIGINAL

WINDHAM,TAMMY E
229998

JAMES W. ELLETT, MD

ADMISSION HISTORY AND PHYSICAL:

PRESENT ILLNESS: This is a 27-year-old female with symptomatic cholelithiasis versus early acute cholecystitis.

This young lady was pregnant several months ago. An ultrasound, done on October 21, 1994, showed cholelithiasis with multiple stones of varying sizes. At that time she was admitted to the hospital.

She carried the baby for two months and lost the pregnancy spontaneously. She underwent a D&C under general anesthesia, and her menses resumed. She is currently menstruating.

Over the past week she has had increasing abdominal pain. She went to the emergency room a week ago and today. The pain started today and did not cease. It was located in the right upper quadrant, going through to the back, associated with nausea. She was released from the emergency room and seen in the office still uncomfortable, so she was admitted to the hospital for further treatment.

She states she is healthy. No history of heart disease. No hypertension or diabetes. She had an appendectomy at the age of 12 and a D&C a month ago. She has one child, eight years old, and lost one pregnancy spontaneously. Her menstruation is currently ongoing. She is basically a healthy individual.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 98 in the office and 99.6 here, pulse 72, respirations 20, blood pressure 161/94.
HEENT: Pharynx is clear. She has a cold.
LUNGS: Clear to auscultation.
HEART: Normal sounds, without murmur.
BREASTS: Not examined.
ABDOMEN: Basically soft, except in the right upper quadrant, where there is tenderness. This tenderness is localized right over the gallbladder region.
EXTREMITIES: Dorsalis pedis 2+ bilaterally.

White count 11,700, hemoglobin 13. Liver functions were normal, except for the alkaline phosphatase, which was 123. Amylase was unremarkable.

IMPRESSION: Symptomatic cholelithiasis versus cholecystitis.

She has been admitted for further treatment.

WINDHAM,TAMMY E
229998

JAMES W. ELLETT, MD

ADMISSION HISTORY AND PHYSICAL:

JAMES W. ELLETT, MD

JAMES W. ELLETT, MD DICT. 12/19/94 TRANS. 12/20/94 MRJC

POOR ORIGINAL

POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER
129 N. Washington Street
Sumter, S.C. 29150

WINDHAM, TAMMY
229998

JAMES W. ELLETT, M.D.

DISCHARGE SUMMARY:

DATE OF ADMISSION: 12-20-94
DATE OF DISCHARGE: 12-24-94

HISTORY OF PRESENT ILL : This is a 27-year-old female with cholelithiasis. She was pregnant several months ago and developed discomfort, prompting admission to the hospital. At this time cholelithiasis was demonstrated. She had a spontaneous miscarriage and underwent a dilatation and curettage.

She developed increasing abdominal pain and has been to the Emergency Room twice. She was seen in the office and admitted with the diagnosis of symptomatic cholelithiasis vs. early acute cholecystitis.

See history and physical for details.

Admitting impression was symptomatic cholelithiasis vs. cholecystitis.

Ultrasound showed cholelithiasis with marked gallbladder wall thickening and pericholecystic fluid and moderate tenderness directly over the gallbladder. Hepatobiliary imaging was consistent with cystic duct obstruction with no gallbladder activity visualized to one hour. Biliary tracer activity appeared in the small bowel at 20 minutes.

White count was mildly elevated, hemoglobin 13.4 gm, urinalysis showed TNTC red cells - she was actively menstruating. Serum bilirubin and liver enzymes were unremarkable, except for a mild elevation in the alkaline phosphatase.

On 12/20/94 she underwent cholecystectomy and cholangiogram.

She tolerated this well. Postoperatively her Jackson-Pratt drain was removed. Her diet was advanced. By 12/24/94 she was in satisfactory condition for discharge.

She is discharged on a low fat diet, no heavy lifting, no driving until checked by me. Ambulate p.r.n. She is counseled to stop smoking.

FOLLOWUP: A followup appointment to be arranged.

DISCHARGE SUMMARY:

DISCHARGE MEDICATIONS: Tylenol 320 to 640 mg p.o. q 4 h p.r.n. pain.

FINAL DIAGNOSIS: Chronic cholecystitis and cholelithiasis.

JAMES W. ELLETT, M.D.

JAMES W. ELLETT, M.D. DICT: 12-24-94 TRANS: 12-29-94 MS2

POOR
ORIGINAL

PATIENT NAME: WINDHAM,TAMMY E
UNIT NO: 229998
EXAM DATE: 12/20/94

TUOMEY REGIONAL MEDICAL CENTER
DEPARTMENT OF RADIOLOGY
129 N WASHINGTON ST
SUMTER SOUTH CAROLINA 29150-4963

REASON FOR EXAM: CHOLELITHIASIS

TRANSVERSE AND LONGITUDINAL IMAGES WERE OBTAINED OVER THE GALLBLADDER. THE GALLBLADDER DEMONSTRATES A MARKEDLY THICKENED WALL WITH STONES WITHIN IT. THE PATIENT WAS MODERATELY TENDER DIRECTLY OVER THE GALLBLADDER DURING REALTIME EXAMINATION. A SMALL AMOUNT OF PERICHOLECYSTIC FLUID WAS SUGGESTED AS WELL. NO INTRAHEPATIC OR EXTRAHEPATIC BILIARY DILATATION WAS NOTED.

IMPRESSION: CHOLELITHIASIS WITH MARKED GALLBLADDER WALL THICKENING, PERICHOLECYSTIC FLUID, AND MODERATE TENDERNESS DIRECTLY OVER THE GALLBLADDER.

FOLLOWING THE INTRAVENOUS ADMINISTRATION OF 8.4 MILLICURIES OF TECHNETIUM 99M-CHOLETEC, HEPATOBILIARY IMAGING STUD. WAS PERFORMED FOR ONE HOUR IN THE ANTERIOR PROJECTION. PROMPT UPTAKE OF TRACER ACTIVITY IS SEEN WITHIN THE LIVER WITH BILIARY TRACER ACTIVITY AT 10 MINUTES AND SMALL BOWEL ACTIVITY AT 20 MINUTES. NO GALLBLADDER ACTIVITY IS SEEN TO ONE HOUR.

IMPRESSION: HEPATOBILIARY IMAGING STUDY CONSISTENT WITH CYSTIC DUCT OBSTRUCTION WITH NO GALLBLADDER ACTIVITY VISUALIZED TO ONE HOUR

GILBERT E. PARKER JR., M.D.

CC: JAMES W ELLETT, MD

TECHNOLOGIST:

ACR CODE:
TRANSCRIBED DATE/TIME: 12/20/94 (1515)
TRANSCRIPTIONIST: XRCF
PRINTED DATE/TIME: 12/20/94 (1518)

PAGE 1

POOR ORIGINAL

NORMAN R. CLINKSCALES, M.D.

NM HEPATOBILIARY SCAN 3329
US GALLBLADDER 4526

[redacted]

32412

CHART/MEDICAL RECORD

TUOMEY REGIONAL MEDICAL CENTER
DEPARTMENT OF RADIOLOGY
129 N. WASHINGTON ST
SUMTER SOUTH CAROLINA 29150-4993

PATIENT NAME: WINDHAM, FANNY E
UNIT NO: 209998
EXAM DATE: 12/20/94

REASON FOR EXAM: OPEN CHOLECYSTECTOMY

FLUOROSCOPIC SPOT FILMS FROM AN INTRAOPERATIVE CHOLANGIOGRAM SHOW FAINT OPACIFICATION OF THE INTRAHEPATIC AND EXTRAHEPATIC BILE DUCTS WHICH ARE OF NORMAL CALIBER. CONTRAST FLOWS FREELY INTO THE DUODENUM. NO FILLING DEFECTS ARE NOTED.

IMPRESSION: NORMAL CHOLANGIOGRAM.

1.18 MINUTES OF FLUORO TIME WAS USED WITH THE ABOVE PROCEDURE.

POOR ORIGINAL

CC: JAMES W ELLETT, MD

TECHNOLOGIST: TOM W HOLLAND, RT(R)

ACR CODE:
TRANSCRIBED DATE/TIME: 12/21/94 (1003)
TRANSCRIPTIONIST: XRSLH
PRINTED DATE/TIME: 12/21/94 (1140)

NORMAN B. [redacted]

XR OPERATIVE CHOLANGIO 2083

[redacted]

PATIENT NAME: WINDHAM,TAMMY E
UNIT NO: 229998
EXAM DATE: 10/21/94

REASON : ABD PAIN

ABDOMINAL ULTRASOUND SHOWS MULTIPLE GALLSTONES IN THE GALLBLADDER VARYING IN SIZE FROM 5 MM. TO 1.7 CM. THE GALLBLADDER IS NOT PARTICULARLY DISTENDED AND THERE IS NO WALL THICKENING OR EDEMA PRESENT. THE LIVER, BILIARY TREE, PANCREAS, KIDNEYS, SPLEEN, AND AORTA ARE UNREMARKABLE. SCANNING THE LOWER ABDOMEN AND PELVIS SHOWS NOTHING UNUSUAL.

IMPRESSION: CHOLELITHIASIS WITH MULTIPLE STONES OF VARYING SIZES.

POOR ORIGINAL

CC:

TECHNOLOGIST: PAULA M WILSON, RDMS

ACR CODE:
TRANSCRIBED DATE/TIME: 10/21/94 (1239)
TRANSCRIPTIONIST: XRLMP
XRMKW
PRINTED DATE/TIME: 12/19/94 (1639)
PAGE 1

NORMAN B. CLINKSCALES, M.D.

US ABDOMEN, COMPLETE 4500

NAME: WINDHAM,TAMMY E
PHYS: AYCOCK JR,GEORGE C
[redacted] AGE: 27 SEX: F
ACCT NO: 10631526 LOCATION: 2136 1
EXAM DATE: 10/21/94 STATUS: DIS
UNIT NO: 229998

TUOMEY REGIONAL MEDICAL CENTER
129 E. Washington Street
Sumter, S.C. 29150

WINDHAM, TAMMY
229998

JAMES W. ELLETT, M.D.

OPERATIVE REPORT

DATE OF PROCEDURE: 12-20-94

PREOPERATIVE DIAGNOSIS: Acute cholecystitis.

POSTOPERATIVE DIAGNOSIS: Same.

POOR ORIGINAL

PROCEDURE:
1) Cholecystectomy.
2) Cholangiogram.

SURGEON: James W. Ellett, M.D.

DESCRIPTION OF OPERATION: The patient was placed in the dorsal supine position. Athrombic cuffs, Foley catheter, and NG tube were utilized. The abdomen was washed with Betadine and prepped with Betadine and draped as a sterile field. A right upper quadrant incision was carried sharply through the layers with hemostasis carried out with electrocautery. The rectus muscle was divided with electrocautery. The peritoneal cavity was entered. Buchwalter retractor was then positioned. The gallbladder was acutely distended. A 312 needle, on the suction tip, was placed into the gallbladder and decompressed the gallbladder. The hole was closed with a suture of 2-0 Vicryl. The gallbladder was then taken down partially in a retrograde fashion using electrocautery. The gallbladder was the taken down in a combined retrograde and antegrade fashion. The vessels going to the gallbladder were clipped with hemoclips and divided. The gallbladder was finally dissected down to a stalk going to the common bile duct. A large clip was placed across the gallbladder and then a cholangiogram was performed. The cystic duct was divided. Cholangiocath was inserted and secured with two clips. Saline was then used to irrigate the bile duct without leak. Half-strength contrast was then used under direct fluoroscopic vision, and revealed a reasonably normal cholangiogram. The common bile duct and common hepatic duct filled out well. The common bile duct had a normal tip and emptied promptly into the duodenum. No gross filling defects were noted.

The cholangiocatheter was removed from the cystic duct and the cystic duct was ligated with 2-0 Vicryl. A clip was placed on either side of the ligature. The wound was then irrigated with Ancef solution. Hemostasis was noted to be secure. A Jackson-Pratt drain was placed

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POOR ORIGINAL

OPERATIVE REPORT

through a separate stab incision inferiorly and secured with a 3-0 nylon suture. It was then placed in the foramen of Winslow.

The wound was then closed using a running locked closure of 0 Vicryl on the posterior rectus sheath. The anterior rectus sheath and lateral musculature was closed using interrupted sutures of #1 Dexon. The subcutaneous tissue was cleansed with Betadine solution and then closed using interrupted stitches of 2-0 Vicryl. The skin was closed with a skin gun. A dressing was applied. The Jackson-Pratt drain was connected to bulb suction. The patient tolerated the procedure well. Sponge, needle, and instrument counts were correct. She was taken to the Recovery Room in good condition.

JAMES W. ELLETT, M.D.

JAMES W. ELLETT, M.D. DICT: 12-20-94 TRANS: 12-20-94 SRS

001567

POOR ORIGINAL

PATIENT DISCHARGE NURSING ASSESSMENT

DISCHARGE DATE 12/24/94

ESCORTED BY K. Gallagher

DESTINATION Home

NAME OF PERSON DISCHARGED TO Caleb's Dad

NURSING DISCHARGE ASSESSMENT

NEUROLOGICAL

EXTREMITY MOVEMENT

RESPIRATORY

CARDIOVASCULAR

OTHER

GASTROINTESTINAL

GENITOURINARY

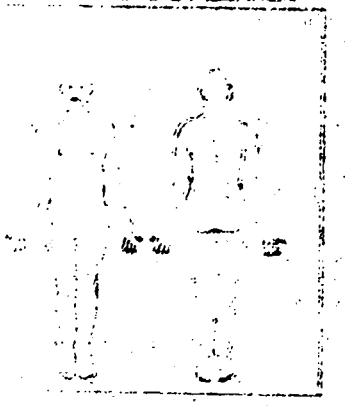
CATHETER D/C

CONDITION

INTEGUMENTARY

BEHAVIOR

DERMAL WOUND EVALUATION



DESCRIBE HOW THE PT AND/OR

CONTINUING CARE NEEDS POST

Has family to help

5354

POOR ORIGINAL

TUOMEY REGIONAL MEDICAL CENTER

PATIENT DISCHARGE SUMMARY

CONTINUING CARE NEEDS:

NUTRITIONAL DIET Low Fat Diet for Diverticulosis COPY TO ☐ S.O. ☐ YES ☐ NO

RESPIRATORY: ☑ NA ☐ O2 ____ ☐ I.M. V/A ____

MEDICATION: ☐ CONTINUE SAME MEDS AT HOME AS PRIOR TO ADMISSION ☐ NO MEDS REQUIRED

NAME / DOSAGE / ROUTE	CAUTION	TIME	DATE	SPECIAL INSTRUCTIONS
1.				
2.				
3.				
4.				
5.				

PATIENT ACTIVITIES (CHECK APPROVED ACTIVITIES)
☐ NO RESTRICTIONS ☐ ASSIST TO CHAIR ☐ NON WT BEARING ☐ RESUME NORMAL ACTIVITIES
☑ SHOWER ☐ WALKER ☐ PART WT BEARING ☐ OTHER ____
☐ TUB BATH ☑ CRUTCHES ☐ WALK WITH ASSISTANCE
☐ SPONGE BATH ☐ ASSIST DRESSING

COMMUNITY SERVICE REFERRALS ☑ NONE ☐ C.T.C. ☐ HOME HEALTH ☐ HOSPICE ☐ OTHER ____
☐ MEALS ON WHEELS ☐ MENTAL HEALTH CENTER

VALUABLES RETURNED TO PATIENT ☑ YES ☐ EXCEPTION N/A

EQUIPMENT/SUPPLY REFERRALS ☐ NONE ____

TREATMENTS/WOUND CARE ☐ NONE Keep incision clean dry & intact
Wash with soap & water

SYMPTOMS TO REPORT TO PHYSICIAN OFFICE NO ____ Temp > 101.
Fever, abdominal pain, drainage & redness from incision.

FOLLOW UP APPOINTMENTS ☑ TO MAKE OWN ☐ DR. ____ DATE/TIME ____
☐ DR. ____ DATE/TIME ____
Call office Tuesday for appt. with Dr. Evett

PRINTED/ADDITIONAL INSTRUCTIONS Keep Steri-Strips dry, may shower

FOOD/DRUG INTERACTION CARDS ☐ YES ☐ NONE

COPY OF THIS FORM GIVEN TO Patient 12:55 PM 2nd

I HAVE RECEIVED AND FULLY UNDERSTAND THE ABOVE INSTRUCTIONS FOR POST HOSPITAL CARE

X [signature] 155
(SIGNATURE OF PATIENT OR RESPONSIBLE PERSON)

RELATIONSHIP IF OTHER THAN PATIENT: Michelle Duarte RN
(SIGNATURE OF WITNESS)

DATE ____ TIME ____ HOSPITAL STAFF ____

001569

6/29/W

TIME IN ROOM _____ AM PM TIME OUT 0042 AM PM ADMIT _____

11532853 229998
WINDHAM, TAMMY ELIZABETH
32 F W [redacted]

12

HISTORY AND PHYSICAL EXAMINATION

2150 "Iron preg + Iron Sprthy need bid"

Preg hx ✓ ectopic ✓ clotting ✓ SCD ESOA
Smoke GC Pl Abn (Spark) ~ same boy
✓ Vag dc yellow x 5wks ✓ dizzy previous ✓ dyspnea x 3d
? ✓ Rhinorrhea ✓ preg x 5wks
✓ Abd cramping

PMC

DOCTORS ORDERS

was 2159

2155 ✓ CBC
✓ Perm lobs
✓ Quant BHCG
✓ Cath UA, CAS
✓ Rh
220° TP

2345 D/C

DIAGNOSTIC IMPRESSION First Trimester Bleeding

CONSULTATION NOTES

CONSULTANT'S SIGNATURE _____ TIME _____ AM PM

CONSULTATION / ADMISSION ☐ SERVICE MEDICINE ☐ PRACTICE MEDICINE ☐ SPECIALTY (CARDIOLOGY, PEDIATRIC, EENT, PSYCHIATRY, OB-GYN, SURGICAL, ONCOLOGY, UROLOGY, ORTHO)

CONDITION ON DISCHARGE ☐ SAME ☒ IMPROVED ☐ DECEASED ☐ ADMITTED ☐ OTHER

DISPOSITION ☐ POLICE ☒ HOME ☐ NURSING HOME ☐ ADMITTED ROOM ☐ OTHER

DISCHARGE INSTRUCTIONS

① Return u/s in a wk
② Flu ± OB in 4-5 days
③ Return for ↑ bleeding, lightheadedness, dizziness, CP, SOB or other problems

☒ DICTATED

E.R. PHYSICIAN'S SIGNATURE _____ 2249430 02

156

5356

TUOMEY HEALTHCARE SYSTEM
Bringing more to life.

129 North Washington Street
Sumter, South Carolina 29150

CHART DIVIDERS

O.P.E.R. REPORT

001570

TIME IN _____ TIME OUT _____ ROOM NUMBER _____

PATIENT NAME/ADDRESS	ACCOUNT NO.	ROOM/BED	TYPE	LOCATION/SERVICE	UNIT NO./MED. REC. NO.
WINDHAM, TAMMY ELIZABETH [redacted]					

DATE OF BIRTH	AGE	SEX	MAR STAT	RELIGION	RACE	SMOKER
[redacted]	29	F	M	HOU	BL	N

PHO [redacted]
SOC
EMP

PERSON TO NOTIFY/ADDRESS: MILES, DIANE [redacted] — RELATIONSHIP: FR — OTHER PHONE: 803

GUARANTOR/ADDRESS: WINDHAM, TAMMY ELIZABETH [redacted]

NEXT OF KIN/ADDRESS: PARROTT, MELINDA [redacted] — RELATIONSHIP: ST — OTHER PHONE: 803-773-8101

PHO
REL
GUA

FINANCIAL CLASS: D

INSURANCE NAME	POLICY NUMBER	COVERAGE NUMBER	SUBSCRIBER/INSURED NAME
MEDICAID CLAIMS RECEIP	5432440304		WINDHAM, TAMMY E

ACCIDENT INFORMATION	REASON FOR VISIT		
LAST MENSTRUAL	BLEEDING		
ACCIDENT DATE/TIME	COMMENTS	HEIGHT/WEIGHT	ARRIVAL MODE
05/22/00	NO CAID CARD		WALKED
ADMIT DATE/TIME	ADMITTING PHYSICIAN	ATTENDING PHYSICIAN	USER
06/29/00 2105			ADLE

HOSPITAL RELEASE

Date _____

I the undersigned, a patient under treatment in the Tuomey Regional Medical Center, Sumter, S.C., am leaving the hospital against the advice of attending physicians and do hereby release the hospital and attending physicians of all responsibility.

Witness _____ Signed _____

Address _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT: I hereby authorize the physician, or physicians in charge of the care of Tammy Windham (Name of Patient)

to administer any treatment or to administer such anesthetics and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient, and to dispose of all tissue in the manner which is deemed most advisable.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in the hospital.

ASSIGNMENT OF BENEFITS AND THIRD PARTY CLAIMS: I/we hereby guarantee payment of all charges made for or on account of the patient and hereby assign to the hospital any and all rights the patient and I have, or to which we may become entitled, to or with regard to any and all hospital benefits, medical benefits, health benefits, PIP benefits, benefits due to sickness or injury, or any other health, accident, or welfare benefit of any type or form relating to the patient., whether insured or self-funded, and the proceeds of all claims resulting from or relating to the liability of or payments made by a third party or by any person, employer or insurance company on the third party's behalf to or for the patient unless the account is paid in full upon discharge. If eligible for Medicare, I request Medicare services and benefits. I understand I am responsible for any charges not covered by insurance or other form of health or welfare benefit, Medicare, Medicaid, or other benefits.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physician are authorized to release any medical information required in the processing of application for financial coverage for services rendered during this admission.

☐ The hospital and attending physicians are authorized to release medical information to my regular physician, Dr. _____

☐ The hospital and attending physicians are not authorized to release medical information to my regular physician.

MEDICARE-MEDICAID PATIENT'S CERTIFICATION: Authorization release information and payment request. I certify that the information given to me in applying for payment under Titles XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related medicare claim. I request that payment of authorized benefits be made on my behalf.

THE PHYSICIANS PRACTICING IN THIS EMERGENCY ROOM ARE NOT EMPLOYEES OF TUOMEY REGIONAL MEDICAL CENTER. THEY ARE INDEPENDENT PHYSICIANS, AS ARE ALL PHYSICIANS PRACTICING IN THE HOSPITAL.

DID PT/GUARDIAN RECEIVE PROCEDURE FOR CONCERNS RESOLUTION? N

CONSENT FOR TESTING OF BODY FLUIDS: I consent to appropriate tests for the presence of infection, such as, but not limited to, infection by the Hepatitis B virus or the human immunodeficiency virus, if deemed necessary for the protection of others, and authorize the withdrawal of blood or other body fluids for this purpose.

I HAVE REVIEWED THE CONTENTS OF THIS STATEMENT, AM AWARE OF ITS MEANING, AND SIGN IT VOLUNTARILY.

Witness _____ X Patient's Signature (or mark and name) _____

(Reason Patient Unable to Sign) _____ By (Representative) and Relationship _____

Date 6-29-00 Time 157

Emergency Department Nursing Flow Sheet

001571

Nat

11532853 229998
WINDHAM, TAMMY ELIZABETH
32 F W

Date: 6-29-08

ID #: [redacted]

TRIAGE ASSESSMENT

Type: ☑ Emergent ☐ Urgent ☐ Non-Urgent ☐ Recheck

Mode of Arrival: ☑ Foot ☐ Ambulance ☐ Car ☐ Carried ☐ Police ☐ W/C

Triage Time: 2116

Sex: ☐ Male ☑ Female

Age/DOB: 32 10-18-67

LMP: 5-22-08

Chief Complaint: Pregnant - Bleeding real bad.
G6-P1-A04

History of Chief Complaint/Onset, Duration: Started tonight & cramping.
Blood in tissue. Not wearing peri-pad.
Makes little eye contact.

B/P:	T:	P:	R:	Wt.:	Ht.:	O_2 Sat.:	B/S:
165/82	99.3	93	20	70kg	5'2"		

Meds: Vitamins

Meds/Other Allergies: NKA

Immunizations: ☐ UTD ☐ Tetanus _____ (Date)

Latex Allergy: ☑ No ☐ Yes (A YES response requires a latex assessment)

Meds: ☐ Tylenol _____ ☐ Pediaprofen _____ ☐ Suture removal ☐ Wound healed ☐ Yes ☐ No

DASA: ☐ Yes ☐ No

Pt. Abuse Screen: Suspect Abuse: ☑ NA/No ☐ Yes
If Yes, See additional comments

Hx of S/S of TB: ☑

Precautions Taken: ☐ Tissues ☐ Mask ☐ Isol. ☐ Inst.

Pre-Hospital Care: ☑ None ☐ Other: _____

Past Medical History:
☐ No significant past medical history
☐ CA: _____
☐ Surgery: _____
☐ Other: _____
☐ Pneumonia ☐ CAD ☐ CABG
☐ DM ☑ HTN ☐ PUD
☐ CVA ☐ Seizure ☐ Migraine
☐ Psych ☐ COPD ☐ Asthma

Social History: ☑
☐ Smoking 1/4 ppd
☐ ETOH 0 /day
☐ Drugs: 0
Lives: ☐ At home ☐ Nursing home ☐ Other: _____

Nursing Diagnosis:
☑ Altered comfort ☐ Impaired integrity ☐ Impaired gas exchange ☐ Altered tissue perfusion ☐ Ineffective coping ☐ Other: _____

B. Trotter RN
Signature

Place in room: 9

Time: 2124

158

5358

N	Date:	ID #:
11532853 WINDHAM, TAMM 229998		

Admitting Notified: | **Room Assignment Rcv'd:** | **Bed Ready:**

Transfer/Admit:
Time: _____ Room: _____
Physicians Contacted: ( ) _____
☐ Call Returned ( ) _____
☐ Present ( ) _____
Report Given: ( ) _____
Accompanied By: ☐ RN/LPN ☐ Transporter ☐ RT ☐ Tech ☐ EMT/Paramedic ☐ Doctor

Transported via: ☐ Stretcher ☐ W/C ☐ Hospital Bed ☐ Foot ☐ Ambulance ☐ Helicopter

Family/Friends Notified: ( ) _____ ( ) _____

IV Fluids: IV rate and LTC: _____ _____ _____ _____

Transfer Vital Signs: B/P: _____ T: _____ P: _____ R: _____

Transfer Nurse: _____

Receiving Nurse: _____ Time: _____

Discharge: Instruction Sheets Given:

☐ Accidents	☐ Head Injury	☐ Skin Infections/Abscesses	☐ Urethritis	☐ Wound Care
☐ Corneal Abrasions	☐ Low Back Pain	☐ Splints and Casts	☐ Urinary Tract Infection	☐ _____
☐ Crutch Walking	☐ Otitis Media	☐ Sprains and Strains	☐ Viral Infections	☐ _____
☐ Gastroenteritis	☐ Pelvic Inflammatory Disease	☐ Threatened Miscarriage	☐ Vomiting or Diarrhea in Children	☐ _____

Medication Dose Route: Ø

Instruction Topic: U/S abd

Taught to: ☐ Patient ☐ Family ☐ Parent ☐ Other: _____

Understanding: ☐ Good ☐ Fair ☐ Poor

Evaluation Method: ☐ Verbal ☐ Return Demonstration

Mode: ☐ Walk ☐ W/C ☐ Carried ☐ Stretcher ☐ Private Car ☐ EMS

Accompanied by: ☐ Self ☐ Family ☐ Friend ☐ Other: _____

D/C Vital Signs: Deferred ☐	B/P: 155/72	T: 98	P: 68	R: 18

Condition on Admission/Transfer/Discharge: ☐ Good ☐ Fair ☐ Poor ☐ Same ☐ Improved

Notes: D/c - follow up OBT to Dr. Lane
pelvic U/S in 2w

Signature

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Signature

Signature

Name: Windham, Tammy Elizabeth

Date/ID: 1153853 229998

6/29/00

TIME	VITAL SIGNS BP	T	P	R	SaO_2	IV's / MEDS / TRANSFUSION	PATIENT PROGRESS/COMMENTS/OUTCOME/INITIALS
2200						20 gauge, ⓛ ~~radial~~ mid wrist ; Blood drawn	
						3cc NS flush ; Blood sent to lab — BR	
2205						Cath UA collected & sent to lab — BR	
2218	148/74	98.8	72	18		Pelvis labs complete ; A. Bays, EDT	
						assisting D. Bailey — BR	
2225	165/72	98.6	70	18		Lab result back ; Chest reported BR	
0070						Dr. Jalla up visit to Lane	
						US LA @ 0730 — BR	

Signature: _____

Signature: BR Sonya Flood, RD

Page: ③

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PATIENT: WINDHAM,TAMMY ELIZABETH ACCT #: 11532853 LOC: ED U #: 229998
REQ DR: UNKNOWN AGE/SX: 32/F ROOM: REG: 06/29/00
STATUS: REG ER BED: DIS:

SPEC #: 0629:SC00099S COLL: 06/29/00-2200 STATUS: COMP REQ #: 01405404
RECD: 06/29/00-2231 SUBM DR: BAILEY,TRACEY DENISE

ENTERED: 06/29/00-2201 OTHR DR: DEPT,PERSONNELL
UNKNOWN

ORDERED: HCG QUANT
COMMENTS: Is Patient for surgery in AM: N

Test	Result	Flag	Reference
> HCG QUANT	10054.50	H	0-2.5 MIU/ML
	*		
	NEGATIVE <5.0		
	BORDERLINE 5-25		
	3-4 WEEKS 9-130		
	4-5 WEEKS 75-2,600		
	6-7 WEEKS 850-20,800		
	7-12 WEEKS 11,500-289,000		
	12-16 WEEKS 18,300-137,000		
	16-29 WEEKS 1,400-53,000		
	29-41 WEEKS 940-60,000		

** END OF REPORT **

PATIENT: WINDHAM,TAMMY ELIZABETH ACCT #: 11532853 LOC: ED U #: 229998
REG DR: UNKNOWN AGE/SX: 32/F ROOM: REG: 06/29/00
STATUS: REG ER BED: DIS:

SPEC #: 0629:EH00009S COLL: 06/29/00-2220 STATUS: COMP REQ #: 01405413
RECD: 06/29/00-2231 SUBM DR: BAILEY,TRACEY DENISE

ENTERED: 06/29/00-2224 OTHR DR: DEPT,PERSONNELL
UNKNOWN

ORDERED: ER WET PREP

Test	Result	Flag	Reference
ER WET PREP			
> WBC WET PREP	MODERATE		NEGATIVE
> EPI WET PREP	FEW		FEW-ABUNDAN
> TRICHOMONAS WP	NEGATIVE		NEGATIVE
> YEAST WET PREP	NEGATIVE		NEGATIVE
> CLUE CELLS WP	NEGATIVE		NEGATIVE

Quant - HCG - 2316
~~Rh~~

** END OF REPORT **

162

PATIENT: WINDHAM,TAMMY ELIZABETH	**ACCT #:** 11532853	**LOC:** ED	**U #:** 229998
REG DR: UNKNOWN	**AGE/SX:** 32/F	**ROOM:**	**REG:** 06/29/00
	STATUS: REG ER	**BED:**	**DIS:**

SPEC #: 0629:BB00031S **COLL:** 06/29/00-2200 **STATUS:** COMP **REQ #:** 01405403
RECD: 06/29/00-2231 **SUBM DR:** BAILEY,TRACEY DENISE

ENTERED: 06/29/00-2201 **OTHR DR:** DEPT,PERSONNELL
UNKNOWN

ORD PRODS: (NO ORDERED PRODUCTS)
ORD TESTS: ABO
COMMENTS: HAS PT HAD REACTION TO BLOOD PRODUCTS BEFORE? N

Test	Result	
ABO		
> DIRECT COOMBS	NEGATIVE	(NEGATIVE)
> ABO	O POS	

** END OF REPORT **

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PATIENT: WINDHAM,TAMMY ELIZABETH | ACCT #: 11532853 | LOC: ED | U #: 229998
REG DR: UNKNOWN | AGE/SX: 32/F | ROOM: | REG: 06/29/00
STATUS: REG ER | BED: | DIS:

SPEC #: 0629:H00210S | COLL: 06/29/00-2200 | STATUS: COMP | REQ #: 01405404
RECD: 06/29/00-2231 | SUBM DR: BAILEY,TRACEY DENISE

ENTERED: 06/29/00-2201 | OTHR DR: DEPT,PERSONNELL
UNKNOWN

ORDERED: ERCBC WITH DIFF
COMMENTS: Is Patient for surgery in AM: N

	Test	Result	Flag	Reference
	ERCBC WITH DIFF			
	HGRM			
>	WBC	10.56		3.0-11 1000/UL
>	RBC	4.74		3.7-5.3 MIL/UL
>	HGB	10.4	*L*	11.5-16.0 G/DL
>	HCT	34.5		33-46 %
>	MCV	72.8	*L*	79-95 FL
>	MCH	21.9	*L*	26-34 PG
>	MCHC	30.1		29-35 G/DL
>	RDW	19.5	*H*	11.9-15.5 %
>	PLATELET COUNT	361		135-415 1000/UL
	DIFF-AUTOMATED			
>	NEUTROPHILS	64.4		42-76 %
>	LYMPHOCYTES	24.9		16-48 %
>	MONOCYTES	7.3		0.0-10.0 %
>	EOSINOPHILS	2.8		0.0-7.6 %
>	BASOPHILS	0.6		0.0-1.5 %

** END OF REPORT **

PATIENT: WINDHAM,TAMMY ELIZABETH ACCT #: 11532853 LOC: ED U #: 229998
REG DR: UNKNOWN AGE/SX: 32/F ROOM: REG: 06/29/00
STATUS: REG ER BED: DIS:

SPEC #: 0629:EU00026S COLL: 06/29/00-2200 STATUS: COMP REQ #: 01405404
RECD: 06/29/00-2231 SUBM DR: BAILEY,TRACEY DENISE

ENTERED: 06/29/00-2201 OTHR DR: DEPT,PERSONNELL
UNKNOWN

ORDERED: URINALYSIS ER
COMMENTS: Is Patient for surgery in AM: N
SOURCE? URINE,CATHETER
DATE/TIME OF COLLECTION? T

	Test	Result	Flag	Reference
	URINALYSIS ER			
	URINALYSIS-CHEM			
	URINE SEDIMENT			
>	COLOR	YELLOW		
>	APPEARANCE	CLEAR		
>	GLUCOSE	NEGATIVE		NEGATIVE MG/DL
>	BILIRUBIN	NEGATIVE		NEGATIVE
>	KETONES	NEGATIVE		NEGATIVE
>	SPECIFIC GRAVTY	1.010		1.003-1.030
>	BLOOD	NEGATIVE		NEGATIVE
>	PH	7.0		5-9
>	PROTEIN	NEGATIVE		NEGATIVE MG/DL
>	UROBILINOGEN	0.2		0.2-1.0 MG/DL
>	NITRITES	NEGATIVE		NEGATIVE
>	LEUKOCYTES	NEGATIVE		NEGATIVE
>	WBC	1-6		0-6 /HPF
>	RBC	0		0-2 /HPF
>	EPITHELIAL CELL	1-6		0-6 /HPF
>	BACTERIA	FEW	H	NEGATIVE

** END OF REPORT **

165

HISTORY NO. _____ TUOMEY HEALTHCARE SYSTEM 129 N. WASHINGTON ST. SUMTER, SC 29150 (803) 778-3000

NAME _____ ADDRESS _____

Tammy Elizabeth Windham 6-29-00

1153285?

CARE OF WOUNDS

1. Keep clean and dry.
2. Watch for and report any redness, swelling, increased pain or red streaks in the area of the wound.
3. Wound recheck _____
4. Sutures out _____
5. You will need to call the physician to whom you were referred for follow-up to make an appointment./Return to ER for recheck on _____

CARE OF BURNS

Contact a physician if any of the following conditions occur.

1. Increasing redness or discoloration of the normal tissue around burn site.
2. Fever or chills.
3. Red streaks arising from the burn areas.
4. Swelling or progressive inability to use the fingers or toes if burn involves an extremity.
5. Shortness of breath, increased cough or blurred vision if the burn involves the face.
6. Difficulty swallowing if the burn involves the neck.
7. Notify physician if burn fails to improve as expected.
8. Burn recheck _____

ANTIBIOTICS

You have been given a prescription for an antibiotic. Please take as directed. Take at least 30 minutes before meals or one hour after meals. Antibiotics should be taken on an empty stomach unless stated otherwise. You should be feeling better within 36-48 hours. Finish the entire amount even though you start feeling better. Make sure you are rechecked by a private doctor.

HEAD INJURY

1. Give patient light diet, such as liquids, soups, crackers for 24 hrs.
2. Avoid strenuous activity for at least 24 hrs.

Call physician without delay if any of the following conditions occur.

1. Persistent severe headache.
2. Repeated vomiting
3. Unusual drowsiness or loss of coordination.
4. Drainage of blood or fluid from nose or ears.
5. Convulsions
6. Report any clumsiness in walking.
7. Wake patient every _____ hours and observe for above symptoms.

SPRAIN OR SOFT TISSUE INJURY (Only if checked)

- ☐ Keep injured part elevated.
- ☐ Ice pack to area for 15 min. every 4 hours. Protect skin.
- ☐ Give ASA/Tylenol as follows: _____ tablets every _____ hours
- ☐ Use Dry/Moist heat for 15 min. every 4 hrs. Protect Skin.
- ☐ Loosen Ace bandage as necessary.
- ☐ Do not walk on injured part for _____ days.

INSTRUCTIONS FOR CLEAR LIQUID DIET

If you are instructed by a physician to stay on a clear liquid diet for 24 hrs. you may eat or drink any/all of the following.

1. All clear or strained fruit juices (ex: grape, apple, cranberry)
2. Clear coffee, tea, Kool Aid, Gatorade, or carbonated beverages (7 up, Sprite, Ginger Ale)
3. Clear broth, bouillon, consomme (ex: beef, chicken broth)
4. Popsicles, Jello

* DO NOT STAY ON THIS DIET LONGER THAN 24 HRS. If you are still vomiting or having diarrhea you should return to or call your physician.

☐ **WARNING!** The medication you have been given may cause drowsiness. **DO NOT** drive or operate machinery.

FEVER CONTROL

1. Give patient plenty of fluids such as Coca Cola, Ginger Ale, tea. NO MILK.
2. Dress patient lightly.
3. Give Tylenol Dose: _____ tsp. every 4 hrs.
4. Sponge for temperature of _____ or higher.
5. To Sponge patient
   A. Undress patient
   B. Have pan of luke warm water and cloth.
   C. Rub skin over entire body with wet cloth cloth for about 20 min.
6. Check temperature again.

IMMUNIZATIONS

To enable you to keep complete record of immunizations the following was administered on Date:

- ☐ 1. Tetanus Toxoid 0.5cc
- ☐ 2. Tetanus Immune Globulin 250 units
- ☐ 3. DPT 0.5 cc
- ☐ 4. DT Pediatric 0.5 cc
- ☐ 5. DT Adult 0.5 cc

OTHER

Pelvic US in AM
Follow up with OB
in 4-5 days
Return for bleeding
Light headedness,
dizziness, CP SOB
or other problems

☑ If there are any problems return to the Emergency Room or see your private physician.

To whom it may concern: Date: _____
Patient named above was treated at Tuomey Regional Medical Center Emergency Room on _____
at _____
He/She has been advised not to return to work/school for ____ days or until released by his private physician or company doctor.
Work/School Excuse by Dr. _____

THESE INSTRUCTIONS ARE GIVEN AT THE RECOMMENDATION OF:
☑ EMERGENCY PHYSICIAN
☐ PRIVATE PHYSICIAN Bailey

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS
X Tammy Windham
SIGNATURE OF PATIENT OR RESPONSIBLE PERSON

ADDITIONAL INSTRUCTION: YOU SHOULD SEE YOUR PRIVATE OR REFERRAL PHYSICIAN, Dr. _____ Phone No. _____ FOR FOLLOW UP CARE, IN _____ DAYS.

X _____
SIGNATURE OF NURSE

31108 8/99 PATIENT INSTRUCTIONS MEDICAL RECORDS 166

5366

TUOMEY HEALTHCARE SYSTEM

129 North Washington Street
[redacted]nter, South Carolina [redacted]0

CHART DIVIDERS

O.P.E.R. REPORT

001580

TIME IN _____ TIME OUT _____ ROOM NUMBER _____

PATIENT NAME/ADDRESS	ACCOUNT NO.	ROOM/BED	TYPE	LOCATION/SERVICE	UNIT NO./MED. REC. NO.
WINDHAM, TAMMY ELIZABETH			ER	ED	229998

DATE OF BIRTH	AGE	SEX	MAR. STAT.	RELIGION	RACE	SMOKER
[redacted]	32	F	M	HOL	W	N

PHO [redacted]
SOC
EMP

PERSON TO NOTIFY/ADDRESS: WINDHAM, TOMMY [redacted] — RELATIONSHIP: H — OTHER PHONE: 803-436-9132

GUARANTOR/ADDRESS: WINDHAM, TAMMY ELIZABETH [redacted]
PHO
REL
GU

NEXT OF KIN/ADDRESS: PARROTT, MELINDA [redacted] — RELATIONSHIP: SI — OTHER PHONE [redacted]

FINANCIAL CLASS: # I?

INSURANCE NAME	POLICY NUMBER	COVERAGE NUMBER	SUBSCRIBER/INSURED NAME
SELF-PAY	24[redacted]		WINDHAM, TAMMY ELIZABETH

LMP - 5/22/16 — Applied medicaid

ACCIDENT INFORMATION	REASON FOR VISIT
ONSET OF SYMPTO	

ACCIDENT DATE/TIME	COMMENTS	HEIGHT/WEIGHT	ARRIVAL MODE
07/03/00			WALKED

ADMIT DATE/TIME	ADMITTING PHYSICIAN	ATTENDING PHYSICIAN	USER
07/03/00 1358		JO	SOU

HOSPITAL RELEASE

Date _____

I the undersigned, a patient under treatment in the Tuomey Regional Medical Center, Sumter, S.C., am leaving the hospital against the advice of attending physicians and do hereby release the hospital and attending physicians of all responsibility.

Witness _____ Signed _____

_____ Address _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT: I hereby authorize the physician, or physicians in charge of the care

of Tammy Elizabeth Windham
(Name of Patient)

to administer any treatment or to administer such anesthetics and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient, and to dispose of all tissue in the manner which is deemed most advisable.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in the hospital.

ASSIGNMENT OF BENEFITS AND THIRD PARTY CLAIMS: I/we hereby guarantee payment of all charges made for or on account of the patient and hereby assign to the hospital any and all rights the patient and I have, or to which we may become entitled, to or with regard to any and all hospital benefits, medical benefits, health benefits, PIP benefits, benefits due to sickness or injury, or any other health, accident, or welfare benefit of any type or form relating to the patient, whether insured or self-funded, and the proceeds of all claims resulting from or relating to the liability of or payments made by a third party or by any person, employer or insurance company on the third party's behalf to or for the patient unless the account is paid in full upon discharge. If eligible for Medicare, I request Medicare services and benefits. I understand I am responsible for any charges not covered by insurance or other form of health or welfare benefit, Medicare, Medicaid, or other benefits.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physician are authorized to release any medical information required in the processing of application for financial coverage for services rendered during this admission.

☐ The hospital and attending physicians are authorized to release medical information to my regular physician, Dr. _____

☐ The hospital and attending physicians are not authorized to release medical information to my regular physician.

MEDICARE-MEDICAID PATIENT'S CERTIFICATION: Authorization release information and payment request. I certify that the information given to me in applying for payment under Titles XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related medicare claim. I request that payment of authorized benefits be made on my behalf.

THE PHYSICIANS PRACTICING IN THIS EMERGENCY ROOM ARE NOT EMPLOYEES OF TUOMEY REGIONAL MEDICAL CENTER. THEY ARE INDEPENDENT PHYSICIANS, AS ARE ALL PHYSICIANS PRACTICING IN THE HOSPITAL.

CONSENT FOR TESTING OF BODY FLUIDS: I consent to appropriate tests for the presence of infection, such as, but not limited to, infection by the Hepatitis B virus or the human immunodeficiency virus, if deemed necessary for the protection of others, and authorize the withdrawal of blood or other body fluids for this purpose.

I HAVE REVIEWED THE CONTENTS OF THIS STATEMENT, AM AWARE OF ITS MEANING, AND SIGN IT VOLUNTARILY.

Witness _____ Patient's Signature (or mark and name) _____

(Reason Patient Unable to Sign) _____ By (Representative) and Relationship _____

Date 07/23/16 Time _____

167

5367

001581

TIME IN ROOM _____ AM PM TIME OUT 1428 AM PM ADMIT sClope

07/03/00

11534169 229998

WINDHAM, TAMMY ELIZABETH

32 F W [redacted]

HISTORY AND PHYSICAL EXAMINATION

14/66 - 99.6 - 94 - 16 NKA

0 meds

was spotting LMP

ER Tabs

US 7 w - 5 cm SAC

TVUC appt 7/13

GC/Chl DS

Blood type opos

Rh GB

Dc Ectopic vs PID vs STD

D/C

DIAGNOSTIC IMPRESSION Threatened spont Ab

CONSULTATION NOTES _____

CONSULTANT'S SIGNATURE _____ TIME _____ AM PM

CONSULTATION / ADMISSION ☐ SERVICE MEDICINE ☐ PRACTICE MEDICINE ☐ SPECIALTY (CARDIOLOGY, PEDIATRIC, EENT, PSYCHIATRY, OB-GYN, SURGICAL, ONCOLOGY, UROLOGY, ORTHO)

CONDITION ON DISCHARGE ☐ SAME ☒ IMPROVED ☐ DECEASED ☐ ADMITTED ☐ OTHER

DISPOSITION ☐ POLICE ☒ HOME ☐ NURSING HOME ☐ ADMITTED ROOM ☐ OTHER

DISCHARGE INSTRUCTIONS

Bedrest

Call TVUC Wed. for F/U

Rx if pain, nausea bleeding, dizziness, faintness

Rhagnes MD

☐ DICTATED

E.R. PHYSICIAN'S SIGNATURE _____ 2268571002

168

5368

Emergency Department Nursing Flow Sheet

001582

Name:	Date:	ID #:
Tammy Windham	7-3-00	[redacted]

TRIAGE ASSESSMENT

Type: ☐ Emergent ☐ Urgent ☑ Non-Urgent ☐ Recheck

Mode of Arrival: ☑ Foot ☐ Ambulance ☐ Car ☐ Carried ☐ Police ☐ W/C

Triage Time: 1310

Sex: ☐ Male ☑ Female

Age/DOB: 32y

LMP: May 22

Chief Complaint: "2 6 wks preg - & & in bleeding bad & cramping"

History of Chief Complaint/Onset, Duration:
Prenatal care Orange Co Para 1, Health dept. + Preg test, seen Thurs. & Fri in ER

B/P:	T:	P:	R:	Wt.:	Ht.:	O_2 Sat.:	B/S:
146/80	99.6	94	16				

Meds: None

Meds/Other Allergies: NKA

Immunizations: ☐ UTD ☐ Tetanus _____ (Date)

Latex Allergy: ☑ No ☐ Yes (A YES response requires a latex assessment)

Meds: ☐ Tylenol _____ ☐ Pediaprofen _____ ☐ Suture removal ☐ Wound healed ☐ Yes ☐ No

DASA: ☐ Yes ☐ No

Pt. Abuse Screen: Suspect Abuse: ☐ NA/No ☐ Yes *If Yes, See additional comments*

Hx of S/S of TB: No

Precautions Taken: ☐ Tissues ☐ Mask ☐ Isol. ☐ Inst.

Pre-Hospital Care: ☑ None ☐ Other: _____

Past Medical History:
☐ No significant past medical history ☐ CA: _____ ☐ Surgery: _____ ☐ Other: _____
☐ Pneumonia ☐ CAD ☐ CABG
☐ DM ☑ HTN ☐ PUD
☐ CVA ☐ Seizure ☐ Migraine
☐ Psych ☐ COPD ☐ Asthma

Social History:
☐ Smoking _____ ppd ☐ ETOH _____ /day ☐ Drugs: _____
Lives: ☐ At home ☐ Nursing home ☐ Other: _____

Nursing Diagnosis:
☑ Altered comfort ☐ Impaired integrity ☐ Impaired gas exchange ☐ Altered tissue perfusion ☐ Ineffective coping ☐ Other: _____

Clanton RN
Signature

Place in room: | **Time:**

169

5369

Name	Date:	ID #:
11534169 229998 WINDHAM, TAMMY ELIZABETH 32 F W	1-3-00	

Admitting Notified:	Room Assignment Rcv'd:	Bed Ready:

Transfer/Admit:

Time: _____ Room: _____

Physicians Contacted: ( ) _____
☐ Call Returned ( ) _____
☐ Present ( ) _____

Report Given: ( ) _____

Accompanied By: ☐ RN/LPN ☐ Transporter ☐ RT ☐ Tech ☐ EMT/Paramedic ☐ Doctor

Transported via: ☐ Stretcher ☐ W/C ☐ Hospital Bed ☐ Foot ☐ Ambulance ☐ Helicopter

Family/Friends Notified: ( ) _____
( ) _____

IV Fluids: IV rate and LTC: _____ _____ _____ _____

Transfer Vital Signs: B/P: _____ T: _____ P: _____ R: _____

Transfer Nurse: _____

Receiving Nurse: _____ Time: _____

Discharge: Instruction Sheets Given:

☐ Accidents	☐ Head Injury	☐ Skin Infections/Abscesses	☐ Urethritis	☐ Wound Care
☐ Corneal Abrasions	☐ Low Back Pain	☐ Splints and Casts	☐ Urinary Tract Infection	☐ _____
☐ Crutch Walking	☐ Otitis Media	☐ Sprains and Strains	☐ Viral Infections	☐ _____
☐ Gastroenteritis	☐ Pelvic Inflammatory Disease	☐ Threatened Miscarriage	☐ Vomiting or Diarrhea in Children	☐ _____

Medication Dose Route: _____

Instruction Topic: flu/homecare/meds

Taught to: ☑ Patient ☑ Family ☐ Parent ☐ Other: _____

Understanding: ☑ Good ☐ Fair ☐ Poor

Evaluation Method: ☑ Verbal ☐ Return Demonstration

Mode: ☑ Walk ☐ W/C ☐ Carried ☐ Stretcher ☐ Private Car ☐ EMS

Accompanied by: ☐ Self ☑ Family ☐ Friend ☐ Other: _____

D/C Vital Signs: Deferred ☐	B/P: 145/67	T: 99.3	P: 83	R: 20

Condition on Admission/Transfer/Discharge: ☑ Good ☐ Fair ☐ Poor ☐ Same ☐ Improved

Notes: INT d/c intact. Denies heavy vaginal bleeding or pain. No distress

M Sumner
Signature

_____
Signature

_____
Signature 170

001584

Name: Windham, Tammy

Date/ID: 1-3-00 /

VITAL SIGNS							
TIME	BP	T	P	R	SaO_2	IV's / MEDS / TRANSFUSION	PATIENT PROGRESS/COMMENTS/OUTCOME/INITIALS
1325						18G INT to (R) hand, labs drawn & held. Flushed. →	
1330						Pelvic setup →	
1340						Dr. Rhyne in c pt. Pelvic exam done c S. Prawette, EDT assisting	

Signature: M. M. Smoreau

Signature: _____

Page: (3) 171

001585

11534169 229998
WINDHAM, TAMMY ELIZABETH
32 F W [redacted]

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the hospital, and attending and consulting physicians to release information concerning treatment of the above patient to any insurance company requesting the same for purposes of determining eligibility for payment of insurance benefits, and to Medbill, Inc. for billing purposes. I explicitly consent and authorize the attending and consulting physicians to release the results of any test for Human Immunodeficiency Virus (H.I.V.) which may be performed on the above patient to any insurance company requesting information regarding treatment provided for purposes of determining eligibility of insurance benefits.

CONSENT FOR TREATMENT

The undersigned hereby consent to examination and treatment of the patient by member of the medical staff of the hospital as a result of presenting to the hospital Emergency Room. The undersigned understands that the examination(s) and treatment received in the emergency room is (are) emergency care only, and is (are) not a substitute for complete continuing medical care. Records and test reports will be available to the physician of the patient's choice whom the patient will identify. It is important that the patient reports to the physician of his/her choice any new remaining medical problems, because it is frequently impossible to recognize and treat all elements of injury or illness in a single emergency department visit.

The undersigned knows and understands that physician members of the medical staff to whom the patient is referred are **not employees** of the hospital, but are private practitioners of the human arts.

The undersigned consents to the provision of primary medical and emergency room visits to the patient by the hospital-based emergency medicine physicians (or physician members of the medical staff to whom the patient is referred) and to the performance of any surgical or diagnostic procedure which the physicians treating the patient deem necessary under the circumstances to preserve life and limb.

AND AUTHORIZATION TO PAY INSURANCE BENEFITS AND GUARANTEE OF PAYMENT:

I hereby authorize payment to any and all physicians involved in my treatment or diagnosis of any benefits specified and otherwise payable to me, but not to exceed the reasonable and customary charges. I understand I am financially responsible to these physicians for charges not covered by this assignment.

STATEMENT TO PERMIT PAYMENT OF MEDICAL INSURANCE BENEFITS TO PHYSICIANS:

I certify that the information given by me in applying for payment under Titles V, XVIII, and XIX of the Social Security Act is complete and correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its carriers any information needed for this or any related Medicare/Medicaid Claim. I request that payment of authorized benefits be made on my behalf to the physician group or its designated representative. I hereby authorize the physician or its designated representative to obtain from the Social Security Administration, and that agency to release, any information to establish my entitlement to Medicare/Medicaid benefits.

CHAMPUS/CHAMPVA

I certify that to the best of my knowledge and belief the CHAMPUS/CHAMPVA eligibility information provided is complete and correct. I further authorize the release of any medical information necessary to adjudicate and process this claim to the Federal Government including the CHAMPUS Contractor. I also authorize the release of, or obtaining of, medical and/or other coverage information to and from any other organization with which I have another medical benefits plan or health insurance coverage.

PRIVACY ACT

Data required by the Privacy Act of 1974: Legal authority for the personal information, including the Social Security Number, required on this Form is 44 USC 3101, 41 CFR 101 et seq., and 10 USC 1079 and 1086. The principal purpose of this information is to evaluate eligibility for civilian health benefits authorized by 10 USC, Chapter 55, and to issue payment upon establishment and determination that the medical care received is authorized by law. The information is subject to verification with the appropriate Uniformed Service.

The Office of the Civilian Health and Medical Program of the Uniformed Services and CHAMPUS Contractors use the information to control and process medical claims for payment; for control and approval of medical treatments and interface with providers of medical care; to control and accomplish reviews of utilization; for review of claims related to possible third party liability cases and initiation of recovery actions: for referral to Peer Review Committees or similar professional review organizations to control and review providers medical care; for disclosure to third party contacts, without the consent of the individual to whom the information pertains, in situations where the party to be contacted has or is expected to have, information necessary to establish the validity of evidence or to verify the accuracy of information presented by the individual concerning the individual's eligibility for benefits under CHAMPUS/CHAMPVA, the amount of benefits payments, any review of suspected abuse or fraud, or any concern for program integrity or quality appraisal; for the issuance of deductible certificates; to respond to inquiries from Congressional offices made at the request of the individual covered by the system; for referral to the Secretary of the Department of Health, Education, and Welfare and/or to the Administrator of the Veteran's Administration consistent with their statutory administrative responsibility under Champus/Champva: for referral to the Department of Justice and/or foreign law enforcement agencies for investigation and possible criminal prosecution; and, for referral to the Department of Justice for representation of the Secretary of Defense in civil actions. The information must be provided if the beneficiary/patient (or sponsor) desires to have a portion of the charges paid by the government. Failure to provide information will result in denial of or delay in payment of the claim.

IMPORTANT: READ CAREFULLY

Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting or making any false, fictitious or fraudulent statement or claim in any matter within the jurisdiction of any department or agency of the United States. Examples of fraud include situations in which ineligible persons knowingly use an unauthorized Identification Card in the filing of a CHAMPUS/CHAMPVA claim; or where a beneficiary/patient (or sponsor) fails to disclose other medical benefits or health insurance coverage.

(Note: the above is also certified if signed by the parent or guardian of a minor.)

04/03/00
Date

Witness

Patients Signature (Parent if Minor) (Seal)

Insured and Guarantor If Other Than Patient (Seal)

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Address

HISTORY NO. _____ TUOMEY HEALTHCARE SYSTEM 129 N. WASHINGTON ST. SUMTER, SC 29150 (803) 778-6900

001586

NAME 7-3-00 Windham, Tammy E. ADDRESS

115341169

CARE OF WOUNDS

1. Keep clean and dry.
2. Watch for and report any redness, swelling, increased pain or red streaks in the area of the wound.
3. Wound recheck _____
4. Sutures out _____
5. You will need to call the physician to whom you were referred for follow-up to make an appointment./Return to ER for recheck on _____

CARE OF BURNS

Contact a physician if any of the following conditions occur.

1. Increasing redness or discoloration of the normal tissue around burn site.
2. Fever or chills.
3. Red streaks arising from the burn areas.
4. Swelling or progressive inability to use the fingers or toes if burn involves an extremity.
5. Shortness of breath, increased cough or blurred vision if the burn involves the face.
6. Difficulty swallowing if the burn involves the neck.
7. Notify physician if burn fails to improve as expected.
8. Burn recheck _____

ANTIBIOTICS

You have been given a prescription for an antibiotic. Please take as directed. Take at least 30 minutes before meals or one hour after meals. Antibiotics should be taken on an empty stomach unless stated otherwise. You should be feeling better within 36-48 hours. Finish the entire amount even though you start feeling better. Make sure you are rechecked by a private doctor.

HEAD INJURY

1. Give patient light diet, such as liquids, soups, crackers for 24 hrs.
2. Avoid strenuous activity for at least 24 hrs.

Call physician without delay if any of the following conditions occur.

1. Persistent severe headache.
2. Repeated vomiting
3. Unusual drowsiness or loss of coordination.
4. Drainage of blood or fluid from nose or ears.
5. Convulsions
6. Report any clumsiness in walking.
7. Wake patient every _____ hours and observe for above symptoms.

SPRAIN OR SOFT TISSUE INJURY (Only if checked)

- ☐ Keep injured part elevated.
- ☐ Ice pack to area for 15 min. every 4 hours. Protect skin.
- ☐ Give ASA/Tylenol as follows: _____ tablets every _____ hours
- ☐ Use Dry/Moist heat for 15 min. every 4 hrs. Protect Skin.
- ☐ Loosen Ace bandage as necessary.
- ☐ Do not walk on injured part for _____ days.

INSTRUCTIONS FOR CLEAR LIQUID DIET

If you are instructed by a physician to stay on a clear liquid diet for 24 hrs. you may eat or drink any/all of the following.

1. All clear or strained fruit juices (ex: grape, apple, cranberry)
2. Clear coffee, tea, Kool Aid, Gatorade, or carbonated beverages (7 up, Sprite, Ginger Ale)
3. Clear broth, bouillon, consomme (ex: beef, chicken broth)
4. Popsicles, Jello

* DO NOT STAY ON THIS DIET LONGER THAN 24 HRS. If you are still vomiting or having diarrhea you should return to or call your physician.

WARNING! The medication you have been given may cause drowsiness. **DO NOT** drive or operate machinery.

FEVER CONTROL

1. Give patient plenty of fluids such as Coca Cola, Ginger Ale, tea. NO MILK.
2. Dress patient lightly.
3. Give Tylenol Dose: _____ tsp. every 4 hrs.
4. Sponge for temperature of _____ or higher.
5. To Sponge patient
   A. Undress patient
   B. Have pan of luke warm water and cloth.
   C. Rub skin over entire body with wet cloth cloth for about 20 min.
6. Check temperature again.

IMMUNIZATIONS

To enable you to keep complete record of immunizations the following was administered on Date:

- ☐ 1. Tetanus Toxoid 0.5cc
- ☐ 2. Tetanus Immune Globulin 250 units
- ☐ 3. DPT 0.5 cc
- ☐ 4. DT Pediatric 0.5 cc
- ☐ 5. DT Adult 0.5 cc

OTHER

1) Bedrest.
2) Call Tuomey Maternity Center Wednesday for follow up.
3) Return for pain, heavy bleeding, dizziness or fainting.

☒ If there are any problems return to the Emergency Room or see your private physician.

To whom it may concern: Date: _____
Patient named above was treated at Tuomey Regional Medical Center Emergency Room on _____
at _____
He/She has been advised not to return to work/school for ____ days or until released by his private physician or company doctor.
Work/School Excuse by Dr. _____

THESE INSTRUCTIONS ARE GIVEN AT THE RECOMMENDATION OF:
☒ EMERGENCY PHYSICIAN Dr. Rhyne
☐ PRIVATE PHYSICIAN

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS
X _____ SIGNATURE OF PATIENT OR RESPONSIBLE PERSON

ADDITIONAL INSTRUCTION: YOU SHOULD SEE YOUR PRIVATE OR REFERRAL PHYSICIAN, Dr. _____ Phone No. _____ FOR FOLLOW UP CARE, IN _____ DAYS.

X _____ SIGNATURE OF NURSE

31108 8/99 PATIENT INSTRUCTIONS MEDICAL RECORDS 173

5373

TUOMEY HEALTHCARE SYSTEM

129 North Washington [illegible]
[illegible]ter, South Carolina [illegible]0

CHART DIVIDERS

O.P.E.R. REPORT 001587

TIME IN _____ TIME OUT _____ ROOM NUMBER _____

PATIENT NAME/ADDRESS	ACCOUNT NO.	ROOM/BED	TYPE	LOCATION/SERVICE	UNIT NO./MED. REC. NO.
WINDHAM, TAMMY ELIZABETH	11539707		SDC	SDC	229998

DATE OF BIRTH	AGE	SEX	MAR STAT.	RELIGION	RACE	SMOKER
[redacted]	32	F	M	HOL	W	N

PHON [redacted]
SOCI
EMPL

PERSON TO NOTIFY/ADDRESS: WINDHAM, TOMMY — RELATIONSHIP: H

H [redacted] OTHER PHONE

GUARANTOR/ADDRESS: WINDHAM, TAMMY ELIZABETH

[redacted]

PHONE
RELAT
GUARA [redacted]

NEXT OF KIN/ADDRESS: PARROTT, MELINDA — RELATIONSHIP: SI

[redacted] OTHER PHONE 803-773-8101

FINANCIAL CLASS: D

INSURANCE NAME	POLICY NUMBER	COVERAGE NUMBER	SUBSCRIBER/INSURED NAME
MEDICAID CLAIMS RECEIP	2437349601		WINDHAM, TAMMY ELIZABETH

ACCIDENT INFORMATION	REASON FOR VISIT		
	D&C		
ACCIDENT DATE/TIME	**COMMENTS**	**HEIGHT/WEIGHT**	**ARRIVAL MODE**
ADMIT DATE/TIME	**ADMITTING PHYSICIAN**	**ATTENDING PHYSICIAN**	**USER**
07/14/00		LATHAM, HELEN DEMOS	

HOSPITAL RELEASE

Date _____

I the undersigned, a patient under treatment in the Tuomey Regional Medical Center, Sumter, S.C., am leaving the hospital against the advice of attending physicians and do hereby release the hospital and attending physicians of all responsibility.

Witness _____ Signed _____

_____ Address _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT: I hereby authorize the physician, or physicians in charge of the care

of _____
(Name of Patient)

to administer any treatment or to administer such anesthetics and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient, and to dispose of all tissue in the manner which is deemed most advisable.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in the hospital.

ASSIGNMENT OF BENEFITS AND THIRD PARTY CLAIMS: I/we hereby guarantee payment of all charges made for or on account of the patient and hereby assign to the hospital any and all rights the patient and I have, or to which we may become entitled, to or with regard to any and all hospital benefits, medical benefits, health benefits, PIP benefits, benefits due to sickness or injury, or any other health, accident, or welfare benefit of any type or form relating to the patient, whether insured or self-funded, and the proceeds of all claims resulting from or relating to the liability of or payments made by a third party or by any person, employer or insurance company on the third party's behalf to or for the patient unless the account is paid in full upon discharge. If eligible for Medicare, I request Medicare services and benefits. I understand I am responsible for any charges not covered by insurance or other form of health or welfare benefit, Medicare, Medicaid, or other benefits.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physician are authorized to release any medical information required in the processing of application for financial coverage for services rendered during this admission.

☐ The hospital and attending physicians are authorized to release medical information to my regular physician, Dr. _____

☐ The hospital and attending physicians are not authorized to release medical information to my regular physician.

MEDICARE-MEDICAID PATIENTS CERTIFICATION: Authorization release information and payment request. I certify that the information given to me in applying for payment under Titles XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related medicare claim/request that payment of authorized benefits be made on my behalf.

THE PHYSICIANS PRACTICING IN THE EMERGENCY ROOM ARE NOT EMPLOYEES OF TUOMEY REGIONAL MEDICAL CENTER. THEY ARE INDEPENDENT PHYSICIANS, AS ARE ALL PHYSICIANS PRACTICING IN THE HOSPITAL.

DID PT/SO RECEIVE PROCEDURE FOR CONCERNS RESOLUTION? N

CONSENT FOR TESTING OF BODY FLUIDS: I consent to appropriate tests for the presence of infection, such as, but not limited to, infection by the Hepatitis B virus or the human immunodeficiency virus, if deemed necessary for the protection of others, and authorize the withdrawal of blood or other body fluids for this purpose.

I HAVE REVIEWED THE CONTENTS OF THIS STATEMENT, AM AWARE OF ITS MEANING, AND SIGN IT VOLUNTARILY.

Witness _____ Patient's Signature (or mark and name) Tammy Windham

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_____ By (Representative) and Relationship _____

(Reason Patient Unable to Sign)

_____ Date _____ Time _____

001588

DAY SURGERY NURSING CARE RECORD
HEALTH HISTORY AND PRE-OP TEACHING RECORD

☐ PHONE INTERVIEW
☐ INTERVIEW AM OF SURGERY
☑ PRE-OP INTERVIEW
DATE 7/12/00 TIME 1345
ANTICIPATED POST PROCEDURE LEVEL OF CARE DS
MANNER OF ARRIVAL: ☑ AMBULATORY ☐ WHEELCHAIR ☐ STRETCHER ☐ AMBULANCE
POST-OP CRUTCHES/WALKER: ☐ YES ☐ NO ☑ N/A ☐ OTHER child
ACCOMPANIED BY: ☐ SPOUSE ☐ PARENTS ☐ ALONE ☑ OTHER

[redacted]

CONDITION: ☑ STABLE ☐ UNSTABLE
ORIENTATION: ☑ PERSON ☑ PLACE ☑ TIME
MENTAL: ☑ ALERT ☐ COOPERATIVE ☐ ANXIOUS ☑ OTHER Tearful
INFORMATION OBTAINED FROM: ☑ PATIENT ☐ FAMILY MEMBER ☐ OTHER
HEIGHT 5'3" SPECIAL DIET Reg DIET PILLS ☐ YES ☑ NO (LIST BELOW)
WEIGHT 120# HEAD CIRCUMFERENCE (UNDER AGE 2) N/A
BLOOD TYPE (IF APPLICABLE) O pos BLOOD TRANSFUSION? ☐ YES ☑ NO REACTION? ☐ YES ☐ NO ARE YOU A JE
ALLERGIES: ☑ NKA ☐ YES (LIST) PERSONAL PHYSICIAN None
IODINE / SEAFOOD ALLERGY: ☐ YES ☑ NO CONTRAST DYE ☐ YES ☑ NO
IS PATIENT ALLERGIC TO: LATEX ☐ YES ☑ NO FOOD/BANANAS ☐ YES ☑ NO CHESTNUTS ☐ YES ☑ NO AVOCADOS ☐ YES ☑ NO POINSETTIAS ☐ YES ☑ NO POST-DENTAL PROCEDURES ☐ YES ☑ NO
MEDICATIONS BROUGHT ON DAY OF INTERVIEW ☐ YES ☑ NO HERBAL / HOMEOPATHIC MEDICATION None
HOW DO YOU MANAGE YOUR PAIN AT HOME? Tylenol

MEDICATIONS	MEDICATION	DOSE / FREQUENCY / PURPOSE	MEDICATION	DOSE / FREQUENCY / PURPOSE
	None			

HAS PATIENT / IS PATIENT	YES	NO	COMMENTS
TAKEN CORTISONE IN THE PAST?		✓	
TAKING ASPIRIN?		✓	
TAKING COUMADIN?		✓	
CHIEF COMPLAINT / HISTORY OF PRESENT ILLNESS: Dec			

ACTIVITIES OF DAILY LIVING: ☑ INDEPENDENT
NEEDS ASSISTANCE WITH: ☐ MOBILITY ☐ FEEDING ☐ HYGIENE ☐ DRESSING
☐ APPROPRIATE FOR AGE

PHYSICAL: ☑ WELL DEVELOPED ☐ EMACIATED ☐ PALE ☐ OTHER:

SYSTEMS REVIEW

	YES	NO		COMMENTS
CARDIOVASCULAR		✓	1) HYPERTENSION	148/82 HR 84 BP up on & off Rx meds ever
		✓	2) CHEST PAIN	
		✓	3) HEART ATTACK	
		✓	4) CHF	
		✓	5) MURMUR / MVP / ANTIBIOTIC REQUIRED	SURGEON NOTIFIED ☐ YES ☐ NO
		✓	6) ARRHYTHMIAS / TACHYCARDIA	
		✓	7) PREVIOUS HEART SURGERY	
		✓	8) RHEUMATIC FEVER	
		✓	9) BLEEDING PROBLEMS / ANEMIA	
CNS		✓	1) CONVULSIONS / SEIZURES	
		✓	2) STROKE	
		✓	3) MUSCULAR WEAKNESS / PARALYSIS	
		✓	4) ARTHRITIS	
		✓	5) FAINTING OR DIZZY EPISODES	
		✓	6) DRUG OR ALCOHOL DEPENDENT	
RESPIRATORY		✓	1) SHORTNESS OF BREATH	
		✓	2) WHEEZING	
		✓	3) CHRONIC COUGH	
		✓	4) CURRENT COLD / URI	
		✓	5) EMPHYSEMA	
		✓	6) TB	☐ POSITIVE PPD ☐ FAMILY HISTORY
		✓	7) ASTHMA	
	✓		8) DO YOU SMOKE?	< 1/2 ppd x 13 yrs
GENERAL		✓	1) DIABETES	
		✓	2) HEPATITIS (JAUNDICE)	
		✓	3) AIDS	
		✓	4) KIDNEY DISEASE / DIALYSIS	
		✓	5) URINARY DISEASE / PROSTATE PROBLEM	
		✓	6) THYROID PROBLEMS	
		✓	7) SICKLE CELL DISEASE / TRAIT	
		✓	8) CANCER / CHEMOTHERAPY	
		✓	9) GI PROBLEMS ☐ HISTORY OF MOTION SICKNESS	
		✓	10) ☐ INDIGESTION ☐ GASTRIC REFLUX ☐ HIATAL HERNIA	
		✓	11) SKIN BREAKDOWN / BURN INJURY ≤ 7 YRS	
		✓	12) MENTAL CONDITION	
		✓	13) GYN PROBLEMS / LMP May 24	☐ POST MENOPAUSAL ☐ POST HYSTERECTOMY POSSIBILITY OF PREGNANCY ☐ YES ☐ NO
	N/A		14) IMMUNIZATIONS	☐ UP TO DATE ☐ DELINQUENT REASON: ☐ ILLNESS/MEDICAL RELATED ☐ PARENT NEGLECT
	N/A		15) GROWTH / DEVELOPMENT	☐ ADD ☐ ADHD
		✓	16) EYE DISEASE	

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HEALTH HISTORY AND PRE-OP TEACHING RECORD continued

ANESTHESIA HISTORY:

PRIOR SURGERIES: ☐ NO ☑ YES (List): D&C x4, open cholecystectomy

PREVIOUS PROBLEMS WITH ANESTHESIA: ☑ NO ☐ YES (Explain): _____

FAMILY HISTORY OF MALIGNANT HYPERTHERMIA: ☑ NO ☐ YES (Explain): _____

PATIENT OR FAMILY MEMBER)

DOES PATIENT HAVE:	YES	NO	COMMENTS
1) HEARING AID		✓	
2) GLASSES	✓		
3) CONTACT LENSES		✓	
4) PROSTHESIS		✓	
5) WIG OR HAIRPIECE		✓	
6) DENTURES		✓	
7) TEETH: ☐ CAPPED ☐ LOOSE ☐ CHIPPED ☐ MISSING			

IS PATIENT:	YES	NO	COMMENTS
1) HARD OF HEARING		✓	☐ (R) EAR ☐ (L) EAR ☐ BOTH
2) DEAF		✓	☐ (R) EAR ☐ (L) EAR ☐ BOTH
3) BLIND		✓	☐ (R) EYE ☐ (L) EYE ☐ BOTH
4) IOL		✓	☐ (R) EYE ☐ (L) EYE ☐ BOTH

PSYCHOSOCIAL: SIGNIFICANT OTHER / SUPPORT: _____

NAME OF PERSON ACCOMPANYING PATIENT ON DAY OF SURGERY: Sister PHONE NO: 481-0980

NAME OF PERSON PROVIDING CARE AT HOME UPON DISCHARGE: _____ MAY LEAVE MESSAGE ON ANSWERING MACHINE ☐ YES ☑ NO

DO YOU HAVE ANY SPECIAL REQUESTS REGARDING YOUR RELIGIOUS / CULTURAL PRACTICES? ☑ NO ☐ YES. COMMENTS: _____

CHAPLAINCY CONSULT ☑ NO ☐ YES NOTIFIED _____ DATE _____ TIME _____

COMMENTS _____

☐ N/A

ADVANCE DIRECTIVE INFORMATION

DOES THE PATIENT HAVE AN ADVANCE DIRECTIVE: LIVING WILL OR HEALTH CARE POWER OF ATTORNEY? ☐ YES ☑ NO

DID THE PATIENT RECEIVE ADVANCE DIRECTIVE INFORMATION? ☐ YES ☐ NO

IF NO, WAS THE PATIENT GIVEN ADVANCE DIRECTIVE INFORMATION BY RN? ☐ YES ☐ NO

SOCIAL SERVICES CONSULT GENERATED PER PATIENT / S.O. REQUEST FOR ADDITIONAL ADVANCE DIRECTIVE INFORMATION? ☐ YES ☑ NO

ARE YOU AN ORGAN / TISSUE DONOR? ☐ YES ☑ NO COMMENTS: _____

EDUCATIONAL ASSESSMENT

COMPREHENSION ABILITY: Exhibits ability to grasp concepts and respond to questions. ☑ High ☐ Medium ☐ Low

MOTIVATION LEVEL: ☐ Asks questions ☐ Eager to learn ☐ Uncooperative ☐ Seems uninterested ☐ Denies need for education

KNOWLEDGE LEVEL: Related to health problems. ☑ High ☐ Medium ☐ Low

FACTORS THAT AFFECT TEACHING: Language barrier: ☐ Yes ☑ No Explain: _____

Cultural practices: ☐ Yes ☑ No Explain: _____

Religious practices: ☐ Yes ☑ No Explain: _____

Change in memory status: Short term ☐ Yes ☐ No

Is patient competent? ☐ Yes ☐ No (If No, name of responsible member: _____

Last year completed in school or college degree: HS grad

Cognitive barriers: ☐ Yes ☐ No

Financial barriers to care choices: ☐ Yes ☐ No

Physical barriers: ☐ Sight ☐ Hearing ☐ Speech n/a

Emotional barriers: ☐ Anxious ☐ Nervous ☐ Withdrawn

TEACHING RECORD — PATIENT CARE INTERVENTIONS

YES	NO	N/A		
✓			1.	TIME TO BE AT DAY SURGERY — 2nd FLOOR 11:30
✓			2.	PARKING INFORMATION
✓			3.	NPO AFTER MIDNIGHT (EXCEPT MEDS PERMITTED BY M.D.)
✓			4.	NO MAKE-UP, NAIL POLISH, HAIR PINS, CONTACT LENSES, ETC.
✓			5.	NO JEWELRY — NO VALUABLES
✓			6.	WEAR LOOSE CASUAL CLOTHING WITH FLAT SHOES (ORTHOPEDIC CASES WEAR LOOSE PANTS)
✓			7.	BATHE THE NIGHT BEFORE OR A.M. OF SURGERY
✓			8.	BRING ALL PRESENT MEDICATIONS
✓			9.	HOSPITAL GOWN WILL BE SUPPLIED FOR DAY SURGERY PATIENTS. LOCKERS WILL BE AVAILABLE. CLOTHES WILL BE PLACED IN A BAG AND PLACED UNDER STRETCHER IF PATIENT ADMITTED.
✓			10.	ANESTHESIA INTERVIEW
✓			11.	PRE-OP MED
✓			12.	SAFETY MEASURES > SIDE RAILS UP, CALL BELL IN PLACE
✓			13.	I.V. INSERTION — I.V. ANTIBIOTICS
		✓	14.	FOLEY CATH INSERTION
		✓	15.	SHAVE AND PREP OPERATIVE SITE
✓			16.	TWO VISITORS PER PATIENT. NO CHILDREN VISITORS. VISITOR WAITING AREA. MUST HAVE SOMEONE TO DRIVE HOME. ON-GOING PATIENT STATUS UPDATE.
✓			17.	SURGICAL HOLDING AREA — PATIENTS MAY ACCOMPANY CHILDREN. I.V. INSERTION. O.R. SUITE-SURROUNDINGS. EQUIPMENT. TEMPERATURE.
✓			18.	SURGICAL PROCEDURE TIME 1330 (Add on room called - Donna in OR)
✓			19.	PACU — LENGTH OF STAY, EQUIPMENT, O2 MASK, PAIN MED, TCDB PROCEDURE, SORE THROAT, HOARSENESS FROM INTUBATION, BLURRED VISION, DRSG, FOLEY, I.V., NO VISITORS
✓			20.	POST-OP, LENGTH OF STAY, CRITERIA FOR DISCHARGE
✓			21.	SURGICAL PROCEDURE DISCUSSION — DOCTOR'S ORDERS
		✓	22.	PATIENT INSTRUCTED IN PREVENTION OF PRESSURE ULCERS
✓			23.	QUESTIONS / ANSWERS
✓			24.	PATIENT GIVEN SURGICAL TEACHING PAMPHLET.
✓			25.	RESTRICTIONS / EXPECTATIONS UPON DISCHARGE

☐ ENEMA ☐ SITE SCRUB

☐ DOUCHE ☐ CRUTCH WALKING

☐ INCENTIVE SPIROMETER ☐ PCA PUMP

☐ OTHER _____

MEDICATION ORDERS _____

OTHER PAMPHLETS _____

☑ NO DRIVING ☐ FORCE FLUIDS

☐ DIMINISHED VISION ☐ MEDICATION RX's

☐ CRUTCH ☐ OTHER _____

☐ AMBULATION

NAME OF INTERVIEW ANESTHESIOLOGIST: CA Wilson DATE and TIME 7/13/00

PATIENT VERBALIZED UNDERSTANDING OF ABOVE INFORMATION AND HAS NO FURTHER QUESTIONS AT THIS TIME ☑ YES ☐ NO

IF NO, COMMENT: _____

PATIENT SIGNATURE Tammy Wordham SIGNATURE OF INTERVIEW RN Davis, RN 176 DATE/TIME 7/13/00

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PRE-OPERATIVE NURSING ASSESSMENT AND CHECKLIST

ADMIT DATE / TIME 7/14/00 ADMITTED FROM: Home SIGNIFICANT OTHER: ☑ PRESENT ☐ ALONE NAME/# FOR RIDE HOME DS
NAME Melinda Parrott RELATIONSHIP / LOCATION Sister
MANNER OF ARRIVAL: ☑ AMBULATORY ☐ WHEELCHAIR ☐ STRETCHER ☐ OTHER: Linda Parrott Niece DS
CONDITION: ☑ STABLE ☐ UNSTABLE
EMOTIONAL RESPONSE: ☑ COOPERATIVE ☐ UNCOOPERATIVE ☑ CALM ☐ TALKATIVE ☐ CRYING ☐ ANGRY ☐ IRRITABLE ☐ FEARFUL
PATIENT / SO VERBALIZES UNDERSTANDING OF SURGERY / PROCEDURE: ☑ YES, PATIENT STATES " Dr. C "
PATIENT DENIES CURRENT ACUTE MEDICAL PROBLEM: ☑ YES ☐ NO. EXPLAIN:
INTERVIEW BP
VITAL SIGNS: BP 154/68 P 83 R 20 TEMP 98.3
NEURO STATUS: ☑ ALERT / ORIENTED ☐ LETHARGIC ☐ UNRESPONSIVE ☐ DIFFICULTY UNDERSTANDING SPEECH ☐ CONFUSED ☐ ANXIOUS ☐ OTHER:
CIRCULATION: APICAL PULSE 80 REGULAR / IRREGULAR ☐ NUMBNESS ☐ TINGLING
LUNG SOUNDS: ☑ CLEAR ☐ RALES ☐ WHEEZING ☐ DIMINISHED ☐ CLEAR WITH COUGHING RESPIRATIONS: ☑ NO DISTRESS ☐ SOB ☐ LABORED
ABDOMEN: ☑ SOFT ☐ FIRM ☐ DISTENDED ☑ BOWEL SOUNDS PRESENT ☐ BOWEL SOUNDS ABSENT ☐ N/A FHT N/A
EXTREMITY PULSES: UPPER ☑ STRONG ☐ BOUNDING ☐ WEAK ☑ REGULAR ☐ IRREGULAR ☐ ABSENT (LOC.) ☐ AMPUTATION
LOWER ☑ STRONG ☐ BOUNDING ☐ WEAK ☐ REGULAR ☐ IRREGULAR ☐ ABSENT (LOC.) ☐ AKA ☐ BKA
EDEMA: ☑ ABSENT ☐ PRESENT (LOCATION):
PAIN: ☑ ABSENT ☐ PRESENT (LOCATION): ☐ MD AWARE
SKIN CONDITION: ☑ WARM / DRY ☐ MOIST / CLAMMY ☐ PINK ☐ JAUNDICE ☐ CYANOSIS ☐ FRACTURES ☑ BRUISES ☐ RASH ☐ INSECT BITES ☐ LACERATIONS ☐ SCRATCHES ☐ DECUBITUS (SEE DIAGRAM)

(A) I CERTIFY THAT I HAVE NOT TAKEN ANYTHING BY MOUTH AFTER MIDNIGHT.
B. NOT INSTRUCTED TO BE NPO.
C. INSTRUCTED THAT NO SOLID FOOD BE TAKEN BUT COULD HAVE CLEAR LIQUIDS UNTIL
MEDICATIONS TAKEN THIS AM: LAST SOLID FOOD 7/13/00 LAST LIQUID 7/13/00
WITNESS Wendy Gaskin PATIENT'S SIGNATURE Tammy Windham DATE 7/14/00

NURSING ROUNDS	0800	0900	1000	1100	1200	1300	1400	1500

NURSING DIAGNOSIS

PRIORITY #	DIAGNOSIS	DATE / TIME	RN INITIALS
☐ N/A	KNOWLEDGE DEFICIT / ANXIETY R/T ☑ SURGERY ☐ PROCEDURE ☐ ENVIRONMENT	7/13/00	
	OUTCOME: PT/SO WILL BE ABLE TO VERBALIZE OR DEMONSTRATE DESIRED CONTENT.		
☐ N/A	ALTERATION IN COMFORT R/T ☐ SURGERY ☐ PROCEDURE ☐ ANESTHESIA		
	OUTCOME: PAIN WILL BE RELIEVED OR REDUCED OR PT WILL SHOW SIGNS OF ADAPTATION.		
☐ N/A	POTENTIAL FOR INJURY ☐ MEDICATIONS ☐ MENTAL STATUS ☐ PHYSICAL LIMITATIONS		
	OUTCOME: RISK OF INJURY WILL BE REDUCED.		
☐ N/A	POTENTIAL FOR INFECTION ☐ IV INSERTION ☐ SURGICAL PREP ☐ FOLEY CATHETER INSERTION		
	OUTCOME: RISK OF INFECTION WILL BE REDUCED.		
☐ N/A	POTENTIAL FOR IMPAIRED SKIN INTEGRITY R/T ☐ POSITIONING ☐ SURG. WOUND ☐ AGE		
	OUTCOME: SKIN WILL REMAIN INTACT OR EVIDENCE OF GRANULATION WILL BE PRESENT.		

PATIENT CARE INTERVENTIONS

	YES	NO	N/A
MD VISIT PRE-OP	☐	☑	☐
NPO MAINTAINED	☑	☐	☐
ID BAND ☐ NAME VERIFIED ☐ U# VERIFIED ☑ DR VERIFIED	☑	☐	☐
CBC	☐	☐	☐
U/A	☐	☐	☐
F.S.B.S. BY ACCUCHECK ____ mg/dl TIME ____	☐	☐	☐
PREGNANCY TEST	☐	☐	☐
BLOOD/BLOOD PRODUCT AVAILABILITY TAS	☑	☐	☐
OTHER LABS	☐	☐	☐
CHEST X-RAY	☐	☐	☐
EKG	NO ☐	☐	☐
HISTORY & PHYSICAL (Except Local Pts.) DR. NOTIFIED ☐	N/A	☐	☐
CONSENTS SIGNED (Surg., PCA, undsrd fert., L&D supp. pers)	☑	☐	☐
DENTURES REMOVED ☐ TO FAMILY ☐ HOME ☐ PT. BELONGINGS	☐	☐	☐
HEARING AID REMOVED ☐ TO FAMILY ☐ HOME ☐ PT. BELONGINGS	☐	☐	☐
PROSTHESIS REMOVED ☐ TO FAMILY ☐ HOME ☐ PT. BELONGINGS	☐	☐	☐
GLASSES/CONTACT REMOVED ☐ TO FAMILY ☐ HOME ☐ PT. BELONGINGS	☐	☐	☐
JEWELRY/HAIR PINS REMOVED ☐ TO FAMILY ☐ HOME ☐ PT. BELONGINGS	☐	☐	☐
NAIL POLISH/MAKE-UP REMOVED	☐	☐	☐
UNDERCLOTHING REMOVED	☐	☐	☐
BRA TO OR	☐	☐	☐

☑ ENEMA PRIOR TO PROCEDURE ☐ YES, RESULTS ____ MAMMOGRAPHIC
PRE-OP RADIOLOGY PROCEDURE: ☐ LOCALIZATION ☐ IVP ☐ OTHER @ ____ BY ____
RETURNED @ ____ BY ____ PER ☐ STRETCHER ☐ W/C
☐ SAFETY PRECAUTIONS IMPLEMENTED
ABNORMAL LAB, EKG, X-RAY REPORTED TO M.D.
TIME/DATE ____ M.D. ____
COMMENTS:
SURGICAL PREP/SHAVE COMPLETED ☐ N/A ☐ YES (SITE) ____ ☐ NO BY ____
PREP/SHAVE ASSESSMENT COMPLETED BY ____ RN
CONDITION OF PREP/SHAVE SITE: ☐ SKIN INTEGRITY INTACT ☐ SKIN INTEGRITY ALTERATION. EXPLAIN: ____
FOLEY CATHETER INSERTED ☐ N/A ☐ YES ☐ NO
TYPE ____ BY ____
VOIDED PRIOR TO O.R. ☐ YES ☐ NO
URINE STRAINED ☐ N/A ☐ YES ☐ NO CALCULI PRESENT ☐ N/A ☐ YES ☐ NO
☐ ANTIBIOTIC(S) TO OR

IV THERAPY

INJECTION SITE	DATE	Single Orders - Pre-operatives MEDICATION - DOSAGE - RT. OF ADM.	TIME INTL	DATE TIME	SITE	TOTAL # VP	DIAMETER / LENGTH TYPE NEEDLE	FLUID	IVAC	RATE	INITIALS
A - LT UQ B - RT UQ C - LT THIGH D - RT THIGH E - LT ARM F - RT ARM G - LT ABDOMEN H - RT ABDOMEN I - SELF ADMINISTER	7/14/00	Reglan 10 mg IVP 20 min	1300								
		Pepcid 20 mg									
	7/14/00	Rocephin 1 gm IVPB 15 min	1300								
		Midazolam 3 mg	NOW								
		Demerol 25mg	PRN								

VITAL SIGNS: BP 122/68 P 67 RESP. 20 RESPIRATION: ☑ NO DISTRESS ☐ SOB ☐ LABORED
TO: ☑ OR ☐ RADIOLOGY ☐ CATH LAB PER: ☐ STRETCHER - SIDERAILS UP x 3 ☐ W/C ☐ CARRIED ☐ AMBULATORY
AT: 1445 BY A Allen PER-OP RN SIGNATURE Sally Bufkin
CONDITION: ☑ STABLE ☐ UNSTABLE ☐ ID BAND (NAME, U #, DR, VERIFIED)

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001591

DAY SURGERY POST-OPERATIVE NURSE'S NOTES

RETURN TIME 1650 RETURNED FROM ☐ OR ☐ PACU ☐ RADIOLOGY ☐ CATH LAB ☐ OTHER:
RETURNED BY S. Schroder VIA ☐ STRETCHER ☐ W/C ☐ OTHER REPORT RECEIVED FROM S Schroder, Kat RN
FAMILY MEMBER / SO AT BEDSIDE ☐ YES ☐ UNABLE TO LOCATE ☐ PT UNACCOMPANIED
BED IN LOWEST POSITION ✓ SIDE RAILS UP X'S 2 ✓ CALL LIGHT IN PLACE ✓ RN RELIEF / TIME
CONDITION: ☒ STABLE ☐ UNSTABLE ANESTHESIA TYPE
PATIENT POSITION ☒ SUPINE ☐ RIGHT SIDE ☐ LEFT SIDE ☐ PRONE ☐ OTHER HOB
PATIENT INSTRUCTED TO STAY IN BED AND VERBALIZED UNDERSTANDING ☒ YES ☐ NO ☐ N/A SAFETY INSTRUCTIONS GIVEN TO PARENT ☐ YES ☐ NO ☒ N/A
I.V. THERAPY ☐ N/A ☐ YES FLUID NS AMOUNT 700 SITE L hand RATE 125 cc/h
EXTREMITY ELEVATED AS ORDERED ☒ N/A ☐ YES ☐ NO ICE PACKS IN PLACE ☒ N/A ☐ YES ☐ NO BRA PLACED ☒ N/A ☐ YES ☐ NO

TIME — NO #	BP	P	R	TEMP	LOC	SKIN	RESP	DRSG	DRNG	VAS	PAIN	N&V	ABD	ACT	SaO_2	NURSE
1650A	116/60	74	20	97.6	1	1	2	N	4/6	1	1	1	1	1	— %	BT
1800	109/62	61	16	97.2	1	1	2	Na	4/6	1	1	3	1	1	— %	BT
															%	
															%	
															%	
															%	
															%	
															%	
															%	
															%	
															%	

ASSESSMENT GUIDELINES

LOC – 1 - ALERT / ORIENTED 2 - DROWSY 3 - SLEEPING BUT AROUSES TO VERBAL STIMULI 4 - INAPPROPRIATE BEHAVIOR 5 - MENTALLY HANDICAPPED
SKIN – 1 - WARM / DRY / PINK 2 - MOIST / CLAMMY 3 - PALLOR 4 - JAUNDICE 5 - CYANOSIS
RESP – 1 - LUNGS CLEAR 2 - BREATHING DEEPLY AND EASILY 3 - RALES 4 - WHEEZING 5 - DIMINISHED 6 - CLEAR COUGHING 7 - COUGH 8 - SOB 9 - LABORED
DRSG – 1 - DRY / INTACT 2 - DRAINAGE 3 - REINFORCED
DRNG – 1 - SM 2 - MOD 3 - LARGE 4 - NONE SOURCE: 1 - ORAL 2 - EARS 3 - ABD 4 - VAGINAL 5 - MEATUS 6 - OTHER
VAS – 1 - WARM, GOOD MOVEMENT, GOOD CAPILLARY REFILL, SENSATION 2 - NUMBNESS, GOOD MOVEMENT, WARM, GOOD CAPILLARY REFILL
3 - NUMBNESS, NO MOVEMENT, GOOD REFILL, WARM 4 - NUMBNESS, NO MOVEMENT, COLD
PAIN – 1 - COMFORTABLE / NO PAIN 2 - TOLERABLE PAIN 3 - MODERATE PAIN 4 - SEVERE PAIN
N&V – 1 - NO N&V 2 - SLIGHTLY NAUSEATED 3 - ACTIVE VOMITING
ABD – 1 - SOFT / NON DISTENDED 2 - SOFT / SLIGHTLY DISTENDED 3 - FIRM / DISTENDED 4 - B.S. ACTIVE 5 - B.S. HYPOACTIVE 6 - B.S. ABSENT
ACT – 1 - PURPOSEFUL MOVEMENT 2 - REQUIRES MINIMAL HELP 3 - UNABLE TO ASSIST IN MOVEMENT

DATE	Single Order – Post-operatives MEDICATION – DOSAGE – RT. OF ADM. INDICATION	TIME/ INIT	DATE	RESULTS	TIME/ INIT

PATIENT CARE INTERVENTIONS

A) NUTRITION
P.O. FLUIDS OFFERED ☒ YES TIME 4 pm TOLERATED ☐ WELL ☐ POOR ☐ SEE NURSE'S NOTES
☐ NO. EXPLAIN:
MEAL PROVIDED ☐ YES TIME TYPE: ☐ FULL LIQUIDS ☐ REGULAR ☐ ADA ☐ LOW CHOL ☐ RENAL ☒ OTHER liquids only
TOLERATED ☐ WELL ☐ POOR ☐ SEE NURSE'S NOTES
☐ NO. EXPLAIN:
B) I.V. THERAPY – TIME D/C'd 1745 AMOUNT 500 SITE CONDITION clear CATHLON INTACT yes DRESSING APPLIED yes D/C'd BY BT
C) ELIMINATION
PATIENT VOIDED: TIME 1780 VIA ☐ BEDPAN ☐ URINAL ☐ UP TO BR W/ASSISTANCE ☐ FOLEY ☐ RACKED URINE (SEE NURSE'S NOTES) ☐ DIAPER
URINE ☒ CLEAR YELLOW ☐ CLOUDY ☐ PINK TINGED ☐ BLOODY ☐ AMBER CLOTS NOTED ☐ YES ☐ NO
LEG BAG APPLIED ☐ YES TIME ☒ N/A ☐ URINE STRAINED ☒ N/A ☐ NO ☐ YES
D) AMBULATION ☐ APPROPRIATE FOR AGE
☒ PATIENT ABLE TO WALK WITH MINIMAL ASSISTANCE ☐ PATIENT ABLE TO WALK WITH CANE / WALKER / CRUTCHES
☐ PATIENT CONFINED TO BEDREST
SURGICAL SHOE APPLIED: ☐ YES TYPE TIME ☐ NO ☒ N/A
SLING APPLIED: ☐ YES TO ARM ☐ NO ☒ N/A
M.D. POST-OP VISIT ☐ YES ☒ NO ☐ N/A

NN
1745 A Pt. up to BR - vomited
some ent. sts c pt better
S Hancock

PATIENT DISCHARGED VIA APPROVED DISCHARGE CRITERIA. SEE DISCHARGE RECORD. DISCHARGE RN Betty C Hancock

INITIALS	LEGAL SIGNATURE	INITIALS	LEGAL SIGNATURE
BT	Betty C Hancock		
JD	Jonny R. Davis		

178

05630 REVISED 6/99

5378

001592

Addressograph [redacted]

Tuomey Regional Medical Center
Physician Order Sheet

PACU ORDER

AUTOMATIC STOP ORDERS		
Antibiotics - 10 Days	Anticoagulants - 72 Hours	Chemotherapeutics - 5 Days
Respiratory Treatments - 72 Hours	Exception: Low Dose Heparin	Ergot Preparations - Order Daily
Schedule II Substances - PRN - 72 Hrs	Prophylaxis/Oral	Ketorolac (Toradol) - 5 Days
All Other Medications - 30 Days	Anticoagulants - 7 Days	

Drug Allergies 1. _____ 2. _____ 3. _____ 4. _____

[ ] **Inpatient Admission** [ ] **Assign to Outpatient Observation**

FOR USE BY PACU STAFF ONLY

1. Pain Medications in PACU:
   - ___Call Anesthesiologist
   - ✓ Morphine 2-3 mg every 5-10 minutes PRN Pain to maximum of 20 mg.
   - ___Fentanyl _____mcg IV every 5 - 10 minutes PRN pain to maximum of _____mcg.
   - ___Ketorolac (Toradol) _____mg IV x 1 for pain.
   - ___Other: _____
2. Anti-Emetic Medications in PACU: 7/14/00 SS
   - ___Call Anesthesiologist
   - ___Droperidol (Inapsine) 0.625mg IV PRN x 1.
   - ___Metoclopramide (Reglan) 10mg IV PRN x 1.
   - ___Promethazine (Phenergan) 12.5mg IV PRN x 1.
   - ___Zofran _____mg IV PRN x 1.
3. Blood Pressure Medications in PACU:
   - ___Call Anesthesiologist
   - For systolic pressure >_____torr or diastolic pressure >_____torr:
     - ___Labetalol 5mg IV every 5 minutes PRN to maximum of_____mg. (Call if HR < 60/min.)
     - ___Hydralazine 5mg IV every 15 minutes PRN to maximum of ____mg. (Call if HR > 90/min.)
     - ___Other:_____
4. ___ Administer supplemental oxygen PRN via
   - ____ Nasal cannula at _____ L/min
   - ____ Face tent at _____%
   - ____ Blowby at 100%
   - ____ Other_____
5. ___ IV FLUIDS: _____
6. Discharge
   - ___May discharge per PACU discharge criteria.
   - ✓ Call Anesthesiologist
7. Additional Orders:

_____ 7/14/00 _____

Physician **Date** **Time**

Form 67-NCR **Chart Check: Date:** **Time:** **Initials:** 179

Original Form 1/6/95
Revised 2/8/95, 8/10/95, 7/1/96, 9/5/96, 4/16/98, 1/8/99, 1/13/99 LZ

001593

Addressograph [redacted]

Tuomey Healthcare System
Physician Order Sheet

DAY SURGERY POST OP ORDER

AUTOMATIC STOP		ORDERS
Antibiotics - 10 Days	Anticoagulants - 72 Hours	Chemotherapeutics - 5 Days
Respiratory Treatments - 72 Hours	Exception: Low Dose Heparin	Ergot Preparations - Order Daily
Schedule II Substances - PRN - 72 Hrs	Prophylaxis/Oral	Ketorolac (Toradol) - 5 Days
All Other Medications - 30 Days	Anticoagulants - 7 Days	

Drug Allergies: 1. NKA 2. _____ 3. _____ 4. _____

(Follow optional orders only if checked)

1) DISCHARGE DIAGNOSIS: S/P ST

2) Vital signs per Day Surgery routine.

3) Diet: ✓ Liquids, advance as tolerated ____ Liquids only ____ NPO
NEED FOR INSTRUCTION ____ YES ____ NO

4) ____ D/C IV when tolerating PO fluids.
____ Continue IV fluids with _____ at a rate of _____.

5) Activity Level: (Check for approved activity)
✓ No Restrictions ____ Assist Feeding ____ Shower ____ Drive Car
____ Climb Stairs ____ Assist Dressing N/A ~~Resume~~ sexual activities ____ Ambulate W/Assistance
____ Non Wt. Bearing ____ Sponge Bath ____ Part Wt. Bearing ____ Tub Bath
____ Other: _____

6) MEDICATION:
Pain Med(s): _____
Antiemetic: _____
Insulin Instructions (IF Diabetic): _____
Discharge Meds: _____

7-14-10 ✓ 7) Treatment/Wound Care: _____

8) Follow-up Appointment: 2 wk w/ SOS please
9) Equipment/Supply Needs: _____
10) Special Instructions: _____
11) Community Service Referrals: _____
12) ✓ Discharge Home When Day Surgery Criteria Met.
____ Call Me When Patient Ready for Discharge
13) Additional Orders: _____

_____ 7/16/10 _____
Physician **Date** **Time**

Form 43-NCR **Chart Check: Date:** **Time:** **Initials:**

Original Form: 12/21/92
Revised: 9/13/93, 12/3/93

180

5380

001594

Addressograph [redacted]

Tuomey Regional Medical Center
Physician Order Sheet

ANESTHESIA PRE-OP ORDERS

AUTOMATIC STOP ORDERS		
Antibiotics - 10 Days	Anticoagulants - 72 Hours	Chemotherapeutics - 5 Days
Respiratory Treatments - 72 Hours	Exception: Low Dose Heparin	Ergot Preparations - Order Daily
Schedule II Substances - PRN - 72 Hrs	Prophylaxis/Oral	Ketorolac (Toradol) - 5 Days
All Other Medications - 30 Days	Anticoagulants - 7 Days	

Drug Allergies: 1. NKA 2. _____ 3. _____ 4. _____

[ ] **Inpatient Admission** [ ] **Assign to Outpatient Observation**

7/13/00

1. ✓ NPO after midnight.
2. ____ May have clear liquids until ____.
3. **Medications:**
   - ✓ Reglan 10mg PO on arrival to ACU.
   - ✓ Pepcid 20 mg PO on arrival to ACU.
   - ____ Bicitra ____ cc PO on call to ACU.
   - ____ Atropine ____ mg PO on call to OR (in clear liquid).
   - ✓ Robinul 0.4 mg IM on call to OR.
   - ✓ Midazolam 2 mg IM/PO (circle one) on call to OR.
   - ✓ Other: Demerol 25 mg IM
4. **Labs:**
   - ____ Fingerstick blood sugar on arrival to ACU.
   - ____ CBC ____ Panel 7 ____ Panel 12
   - ____ Electrolytes ____ PT/PTT
   - ____ T3, T4, TSH ____ Liver Function Studies
   - ____ Chest X-Ray (PA & Lateral)
   - ____ ECG
   - ____ Other: _____
5. Obtain Medical Records from:
   - ____ Tuomey Healthcare Systems
   - ____ Other: _____
   - ____ Send old chart to OR.
6. Home Medications Patient is to take A.M. of Surgery:

   _____

   _____
7. Special Instructions:

   _____

   _____

   _____

T Anthony 7/13/00 1415

Physician **Date** **Time**

Form 04-NCR

Chart Check: Date: ____ **Time:** ____ **Initials:** ____

Original Form: 1/6/95
Revised: 3/21/95 klr, 1/09/96 lhm/wlm, 4/1/96 klk, 10/28/97 klk, 5/19/98 klk, 102899klk

181

5381

001595

TUOMEY REGIONAL MEDICAL CENTER

AUTOMATIC STOP ORDERS

DAY SURGERY UNIT ADMISSION ORDERS

ANTIBIOTICS - 72 HRS
ANTICOAGULANTS - 72 HOURS
EXCEPTION: LOW DOSE HEPARIN PROPHYLAXIS/ORAL
ANTICOAGULANTS - 7 DAYS

CHEMOTHERAPEUTICS - 5 DAYS
ERGOT PREPARATIONS - ORDER DAILY
SCHEDULE II SUBSTANCES - 72 HOURS
ALL OTHER MEDICATIONS - 30 DAYS

PHYSICIAN'S ORDER SHEET

DRUG ALLERGIES | 1. NKA | 2. | 3. | 4.

DOCTOR: PLEASE ENTER DATE & HOUR. SIGN EACH SET OF ORDERS.
NURSE: PLACE X IN COLUMN ON LINE FOR MEDICATIONS REQUIRED - PHARMACY.

IMPRINT PATIENT INFORMATION BELOW

DATE | TIME

(Follow optional orders only if checked)

1) Admit to: GYN

2) Diagnosis: Blighted Ovum

3) Condition: stable

4) Permit For: D+C
to be performed by Dr. _____

5) Anesthesia Consult for:
Choice per anesthesia
General Spinal
Regional Block Epidural
Bierblock Local with IV Sedation

6) NPO after midnight night prior to surgery.

7) Laboratory:
CBC Panel 7
Electrolytes PT,PTT
Urinalysis Panel 25

8) Clot to blood bank TYPE and SCREEN
Autologous blood on hold

9) PA Chest X-Ray - (One View)

10) EKG (age > 50 or history of cardiac problems)

11) Prep and Shave :

12) Insert Foley Catheter in Day Surgery
Insert Foley in O.R.

13) Initiate IV in per anesth arm with _____
to run at _____ rate.

14) Antibiotic: _____
On call to OR. Other _____

16) Instruct Patient in PCA

15) Additional Orders:

Physician _____ Date/Time 7/13/00

Original Form: 12-21-92

182

5382

001596

OPERATIVE REPORT / PROGRESS NOTE

[redacted]

PRE-OP DX Blighted Ovum

POST-OP DX Same

PROCEDURE Suction D+C

FINDINGS Products of conception

OPERATIVE NOTE DICTATED: ☑ YES ☐ NO DATE _____ TIME _____

SURGEON Latham

TYPE OF ANESTHESIA IV sedation

EBL 50cc DRAINS _____

SPECIMENS POC

SURGEON SIGNATURE [signature] DATE 7/14/00 TIME _____

NOTES

06355
March 1999

TUOMEY HEALTHCARE SYSTEM
129 N. WASHINGTON STREET
SUMTER, SC 29150

OUTPATIENT LABOR AND DELIVERY NOTE

Name: WINDHAM,TAMMY ELIZABETH MR#: 229998
Dct Dr: HELEN DEMOS LATHAM, MD RM#: [redacted]
Adm.DT: 07/14/2000

The patient is a 32-year-old gravida 6, para 1, 041, comes in with some spotting. She has been seen in the Emergency Room several times, the last time was on July 03, 2000. At that time, she had a beta hCG of over 10,000, and no intrauterine fetal pole, but evidence of a gestational sac suggesting a blighted ovum. The patient since then has had another beta hCG over 41,000. The ultrasound was done on June 30, 2000, but she continues to look like she has a blighted ovum.

PAST MEDICAL HISTORY: The patient has no past medical history.

PAST SURGICAL HISTORY: The patient has had cholecystectomy, appendectomy. She has had a normal vaginal delivery. She has had four dilatation and curettage (D&C's) by history and missed abortion.

ALLERGIES: The patient has no known allergies.

SOCIAL HISTORY: The patient's social history is significant for tobacco abuse. Denies any illicit drug use. She is unemployed.

PHYSICAL EXAMINATION:
VITALS: Blood pressure 122/75, weight 170.5 pounds.
HEENT: Normal.
LUNGS: Clear.
HEART: Regular rate and rhythm.
BREASTS: Without masses, discharge, or axillary lymphadenopathy.
ABDOMEN: Soft and obese.
EXTREMITIES: Without edema.
PELVIC: Normal external genitalia. Vagina rugated. Cervix is multiparous. Scant amount of blood in the vault. Uterus approximately 8-9 weeks size. Adnexa normal.

ASSESSMENT: Blighted ovum.

PLAN: The patient is familiar with dilatation and curettage (D&C). Reviewed the need for the procedure in that probable genetic evaluation will be necessary for contemplating future pregnancy. The patient understands and wishes to proceed.

TUOMEY HEALTHCARE SYSTEM
129 N. WASHINGTON STREET
SUMTER, SC 29150

WINDHAM, TAMMY ELIZABETH
229998

HELEN DEMOS LATHAM, MD

Dict. Date: 07/13/2000 Trans.Date: 07/14/2000
XRMD:5498

Tuomey Regional Medical Center
129 N. Washington Street
Sumter, S.C. 29150

RUN DATE: 07/14/00
RUN TIME: 1138

TUH NPR LAB **LIVE**
Specimen Inquiry External
PCI User: MPWSK Lab Database: LAB.TUH

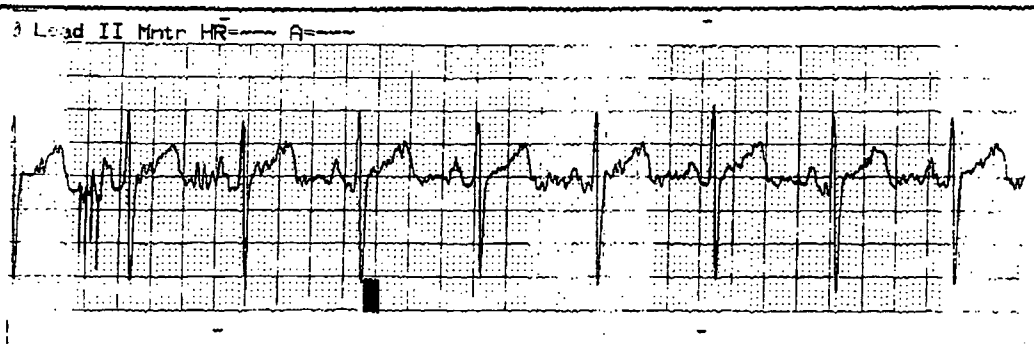
Name: WINDHAM,TAMMY ELIZABETH **Age/Sex:** 32/F **Attend Dr:** LATHAM,HELEN DEMOS
Acct#: 11539707 **Unit#:** 229998 **Status:** REG SDC **Location:** SDC
Reg: 07/14/00 **Disch:**

Specimen: 0713:BB00014R COMP **Collected:** 07/13/00-1422 **Received:** 07/13/00-1430

	Test	Result	
	TYPE SCREEN HLD		
	AB SCREEN		
	ABO		
>	DIRECT COOMBS	NEGATIVE	(NEGATIVE)
>	INDIRECT COOMBS	NEGATIVE	(NEGATIVE)
>	ABO	O POS	

** END OF REPORT **

001600

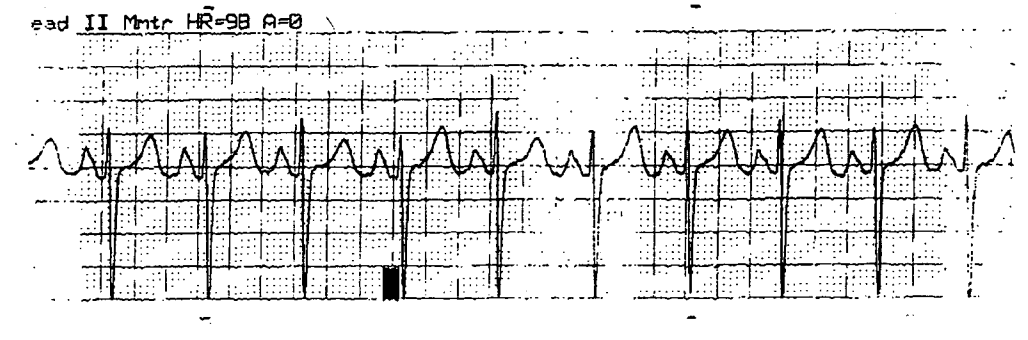


P ▶ P: REG ⊗ IRREG ⊗
PR INT: _____ CONSTANT ○ VARI ⊗
ATRIAL RATE ____

R ▶ R: REG ⊗ IRREG ⊗
QRS INTERVAL: _____
VENT. RATE _____ QT INT. ____

INTERPRETATION: _____

ACTION TAKEN: SIGNATURE: DATE:

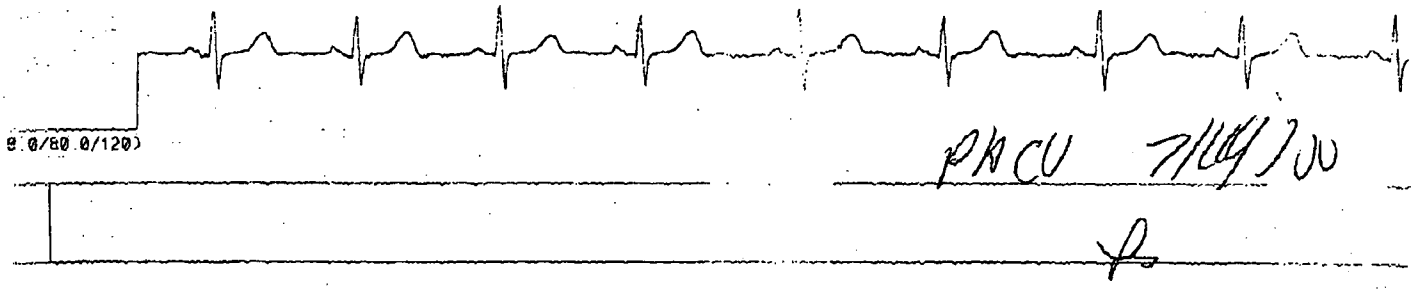


P ▶ P: REG ⊗ IRREG ⊗
PR INT: _____ CONSTANT ○ VARI ⊘
ATRIAL RATE ____

R ▶ R: REG ⊗ IRREG ⊗
QRS INTERVAL: _____
VENT. RATE _____ QT INT. ____

INTERPRETATION: _____

ACTION TAKEN: SIGNATURE: DATE:



PACU 7/16/00

P ▶ P: REG ○ IRREG ○
PR INT: _____ CONSTANT ○ VARI ⊗
ATRIAL RATE ____

R ▶ R: REG ○ IRREG ⊗
QRS INTERVAL: _____
VENT. RATE _____ QT INT. ____

INTERPRETATION: _____

ACTION TAKEN: SIGNATURE: DATE:

REMARKS: _____

[redacted]

RHYTHM STRIP RECORD

ICU-1220 MOORE

5387

001601

Anesthesia Record

Tuomey Healthcare System

PATIENT SAFETY
- ☑ Anes. Machine
- OR # 4
- ☑ Safety Belt On
- ☑ Armboard Restraints
- ☑ Pressure Points checked and padded
- ☐ Axillary Roll
- ☐ Arms Tucked
- ☐ Eye Care:
- ☐ Taped
- ☐ Ointment
- ☐ Pads ☐ Goggles

MONITORS AND EQUIPMENT
- ☐ Sigh: ☐ Precord ☐ Esoph
- ☑ Non-Invasive B/P: ☑ Left ☐ Right
- ☑ Continuous EKG
- ☑ Pulse Oximeter ☐ Oxygen Sensor
- ☐ End Tidal CO_2
- ☐ Temp. ☐ Nerve Stim. ☐ Fluid Warmer
- ☐ Warming Device
- ☐ Airway Humidifier ☐ Foley Catheter
- ☐ NG / OG Tube ☐ Ck for Placement
- ☐ Art. Line
- ☐ CVP
- ☐ PA Line
- ☐
- ☐

ANESTHETIC TECHNIQUE
- General:
- ☐ Rapid Sequence ☐ Cricoid Pressure
- ☑ Intravenous ☐ Inhalation
- ☐ Regional: ☐ Spinal ☐ Epidural
- ☐ Axillary ☐ Bier Block ☐ Ankle Block
- ☐ Other:
- ☑ I.V. Sedation
- Other: ☐ M.A.C. ☐

IV(S)
- ☐ In Place ☑ Started
- Site: Lt hand
- Cath 20 Other

AIRWAY MANAGEMENT
- Intubation:
- Tube size ☐ Blade
- ☐ Regular ☐ Direct ☐ Blind
- ☐ RAE ☐ Fiber optic
- ☐ Endobronch. ☐ Attempts x
- ☐ Curled ☐ ET CO_2 present
- ☐ Uncuffed ☑ Breath sounds
- ☐ Oral ☐ Nasal
- Airway: ☐ Oral ☐ Nasal ☐ Difficult see Remarks
- Circuit: ☐ Circle ☐ NRB
- ☐ Mask Case ☑ Nasal Cannula

STAMP PLATE

[redacted]

TIME: 15[30] • 16[00] • X • 17[00]

AGENTS
- Oxygen 3 (L/min) — 3 — X
- ☐ N_2O ☐ Air (L/min)
- Versed mg 2 2
- Fentanyl mcg 100
- Propofol dry SD/SD/SD
- Toradol 30

FLUIDS
- (1) Lovenox Fr
- (2)
- (3)
- (4)
- Urine (ml)
- EBL (ml)

MONITORS
- EKG — SR — SR
- % O_2 Inspired 01 — 01
- O_2 Saturation 92 — 94
- End Tidal CO_2 N/C
- Temp: ☐ °C ☐ °F

VITAL SIGNS

Baseline Values: 136/88 B/P; 90 P; 92 SaO_2

240 220 200 180 160 140 120 100 80 60 40 20

VENT
- Symbols for Remarks
- Tidal Volume
- Resp. Rate
- Peak Pressure
- Mode (S/A/C) — S — S
- Tourniquet
- Position — X — (O) — X

	START	STOP
Anesthesia	1615	1545
Procedure	1520	1546
	1530	1535

Procedure: DEC

SURGEON: Lapham — CRNA: Stringer-Stubbs CRNA

DATE: 5/14/00 — ANESTHESIOLOGIST:

REMARKS

PRE-OP ANTIBIOTICS
TIME
TIME

Transferred to OR 4 Monitors applied for sedation

To PACU awake/stable

ANESTHESIOLOGIST PHYSICALLY PRESENT

FLUID TOTALS

Crystalloid		Blood	
LR	400	pRBC	
D5LR		Autol	
NS		C. Svr	
		Total:	ml
		Colloid	
Total:	400 ml		
		Total:	ml

39100 6/96

5388

001602

PRE-ANESTHESIA HISTORY & PHYSICAL RECORD

SURGICAL PROCEDURE PROPOSED: D+C

AGE: 32

BP: 154/68 122/60

WEIGHT: 170

HR: 83 67

HISTORY AND PHYSICAL SYSTEMS REVIEW

PULMONARY: 1/2 PPD. C+A

CARDIO-VASCULAR: Rx HTN - No meds. O/w ⊖.

DIABETES MELL: CONTROL — DIET ORAL INSULIN

METABOLIC:

PREVIOUS ANESTHESIA AND COMPLICATIONS: D+C x4 GB Mz

FAMILY ANESTHESIA PROBLEMS: 4

NEUROLOGIC: 0

RENAL: 4

MENTAL STATUS: Alert - Apprehensive; Un/Cooperative; Un/Responsive; Non/Communicative; Psychosis/Confused

ORAL: M. Class II; Range of Motion poor; Jaw ☑ Adequate ☐ Limited Cooperation c Exam; Neck ☑ Adequate ☐ Limited; Teeth ☐ Edentulous ☐ Caries ☐ Caps-Bridges ☐ Loose ☐ Missing-damaged: 17 front

SPECIAL INFORMATION: Missed AB; Blighted ovum

ALLERGIES: NKDA

DRUGS: 4

LABORATORY DATA

CBC — Date:

CHEMISTRIES — Date:

X-RAY

EKG

ANESTHETIC Options including: GA/IV sed

Discussed with pt

☑ Agree(s) with plan

7/14/00 — Date/Time

Anesthesiologist

ANESTHETIC TECHNIQUE PLANNED: GENERAL (IV SEDATION) SPINAL LOCAL/MAC EPIDURAL OTHER: BLOCK:

SPECIAL NEEDS: A-LINE; CVP; PA CATHETER; OTHER:

BLOOD AVAILABLE

PRE-MEDICATION: P.R U5 RD.1

ASA CLASS: I (II) III IV V IV E

PRE-PROCEDURE ASSESSMENT

Pre-anesthetic State: ☐ Calm ☑ Awake ☐ Asleep ☐ Apprehensive ☐ Confused ☐ Uncooperative ☐ Unresponsive

☐ NPO ☐ CHART REVIEWED

☑ PERMIT ☐ LAB DATA REVIEWED

☑ Patient's condition satisfactory to proceed with anesthesia as planned

☐ Anesthesia plan modified (NOTL).

7/14/00 1500 — Date/Time

CRNA

Date/Time — Anesthesiologist

PACU

BP 137/71 P 68

R 16 SAT 92

T

Report to: L Schroeder

Notes: Awake

POST-OPERATIVE NOTE

Pt ambulating c steady gait. VSS. Stable. Discharged to home. 1442

189

5389

001603

TUOMEY HEALTHCARE SYSTEM
SUMTER, SC
PRE OPERATIVE NURSING ASSESSMENT

Received in Holding Area 1455 Accompanied By Sister

Patient/Family Comments About Procedure (Their Words) D + e

Verbal ID of Patient (Yes) No Consent Signed/Consistent (Yes) No

Confirmed Name & Medical Record No. (Yes) No R.N. Initials RBT Arm Band ID On (Yes) No

Chart Assessment Done (Yes) No Clergy Visits

Surgical Site Confirmed (Yes) No

Blood Band On: yes

Blood/Blood Confirmed Barbara

Products Available N/A Yes No

TSAH ✓ PRBC Autologous

H&P or Progress Note on Chart (Yes) No

Belongings Given To: understretcher

Belongings ☐ N/A ☐ Locker Key

Allergies ☑ NKA

NEUROLOGICAL: ☐ Relaxed ☑ Apprehensive ☐ Confused ☐ Alert ☐ Restless ☐ Crying ☐ Arousable ☐ Nonresponsive ☐ Other ☐ Very Sedated

ANTICIPATED POST PROCEDURE: LEVEL OF CARE: ☐ DS ☐ PACU - INPT ☑ PACU - DS

Seizure HX Y (N) Last Seizure

CVA HX Y (N) Event Date Limitation

ADL LIMITATION: ☑ None ☐ Mobility ☐ Vision ☐ IOL L-R ☐ Hearing ☐ Speech ☐ See Comments

CARDIAC: ☐ HR: 67 ☐ Reg. ☐ Irreg. EKG Rhythm:

Hx Cardiac Surgery: Date:

Comments:

HTN Y (N) BP 122/60 @

RESPIRATORY: Asthma: Y (N) Last Attack:

COPD Y (N) Chest X-ray: ☐ Normal ☐ See Report

Smoker (Y) N Comments:

Skin Condition ☑ Normal ☐ Pale ☐ Cyanotic ☐ Flushed ☐ Clammy ☐ Warm ☐ Dry ☐ Cold ☐ See DS Assessment ☐ See Dermal Sheet

EXTREMITIES: Edema Y (N) Location

AV Graft (R) (N/A)

Pulses: Radial ✓ L ✓ R ☐ Strong ☐ Weak

Pedal L R ☐ Strong ☐ Weak

Amputation: Y (N) Location: PVAC Y (N) Location:

ABDOMEN: ☐ Soft ☐ Hard ☐ Distended

FHT: Location:

Hiatal Hernia: Y (N) Reflux: Y (N)

GENITO-URINARY / RENAL: Foley: Y (N) Color: ☐ Yellow ☐ Cloudy ☐ Blood Tinged ☐ Amber ☐ Clear

Dialysis: Y (N) Last Run: Comments:

DIABETIC: Y (N) ☐ IDDM ☐ Oral Agent FSBS AT

SURGICAL Hx:

Comments:

Assessed By: R. Metcalfe (RN) at 1455

Nurses Notes:

RN Signature Date / Time

31200

190

5390

OPERATING ROOM RECORD

PRIORITY # PRE	PRIORITY # INTRA	NURSING DIAGNOSIS	NURSING DIAGNOSIS	RN INITIALS PRE	RN INITIALS INTRA
☐ N/A	☐ N/A	Potential for Anxiety R/T Surgical Procedure/Environment			
☐ N/A	☐ N/A	Potential for Hypothermia R/T ☐ Surgical Procedure ☐ Cool Environment ☐ PREP of Irrigating Fluids			
☐ N/A	☐ N/A	Potential for Injury ☐ Positioning ☐ Equipment ☐ Chemical Hazard ☐ Physical Hazard ☐ Electrical or Laser Hazard			
☐ N/A	☐ N/A	Potential for Alteration in Skin Integrity R/T ☐ Positioning ☐ Surgical Wound ☐ Age ☐ Equipment			

PATIENT CARE INTERVENTIONS

POSITIONING ☐ Supine ☐ Prone ☒ Lith. ☐ Exaggerated Lith ☐ Lat R, L ☐ Jackknife ☐ Semifowler ☐ Arm Tucked R, L ☐ Arm At Side R, L ☐ Fob Down ☐ Beach Chair

Positioning Per J. Smith RN / L. Stehr CNA

PADDING ☐ N/A ☐ Headrest ☒ Arm Pads R, L ☒ Heel Pads R, L ☐ Donut ☐ Pillow ☐ Roll (Axillary, V H Shoulder Chest, Hip) ☐ Geomatt ☐ Between R, L ☐ Beanbag ☐ Well Leg Holder R, L ☐ Stirrup Padding ☐ Alvorado Foot Rest R, L ☐ Foot board ☐ Papoose ☐ Other

TABLE ☐ N/A ☒ OR Table ☐ Cysto ☐ Eye Stretcher ☐ OPS Bed ☐ Stretcher ☐ Chick ☐ Midmark Chick ☐ Spica Cast Table ☐ Fracture

TOOLS ☐ N/A ☒ Safety Strap ☐ Arm Board R, L ☐ Stirrups Allen, Amsco, Cysto ☐ Arm Table R, L ☐ Shoulder Holder R, L ☐ Kidney Rest ☐ Sand Bag ☐ Mayfield Head Rest ☐ Side Rails ☐ Knee Holder R, L ☐ Overarm Board R, L ☐ Sled ☐ Lateral Hip Positioner w/Padding ☐ Chinese Finger Traps

CIRCULATORY ☒ N/A ☐ Ted Hose R, L ☐ Plexi-Pulse R, L Times ↑ ↓

☒ N/A ☐ Tourniquet Site ___ Per ___ Model # ___ Pressure ___ Times ↑ ↓ Total Time ___

☒ N/A ☐ Tourniquet Site ___ Per ___ Model # ___ Pressure ___ Times ↑ ↓ Total Time ___

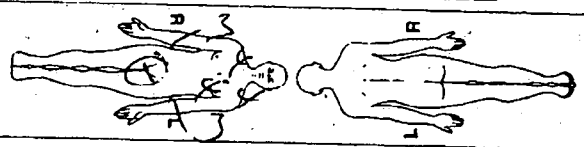
☒ N/A ☐ Tourniquet Site ___ Per ___ Model # ___ Pressure ___ Times ↑ ↓ Total Time ___

THERMAL ☐ N/A ☒ Warm Blankets ☐ Saran Wrap

☐ Bairhugger Model # ___ Model # ___ ☐ Upper ☐ Lower ☐ Cub ☐ Short ☐ Long Per ___

1 Incision Site
2 Bovie Pad
3 Safety Straps
4 EKG Leads
5 Per Anesthesia
☐ Per Circulating nurse

5. Padding
6 Rolls
7 Red Area
8 Other
9. FHT ___ Time ___



SURGICAL PREP ☐ N/A Site Vagina, perineum Per JS 1 x Min.

☐ Hibiclens ☐ Alcohol ☐ Duraprep ☐ NaCL ☐ Betadine Scrub ☒ Betadine Solution ☐ Circumcised Y N ☐ Foreskin Retracted Y - NA

SHAVE ☐ N/A Area ___ Per ___

BOVIE ☐ N/A Model # ___ Cut ___ Coag ___ Bipolar ___ Per ___

CATHETER INSERTION ☐ N/A ___ French ___ cc ☐ Balloon ☐ Preconnected Drainage Bag ☐ CBI Per ___

URINE APPEARANCE ☐ N/A ☐ Clear ☐ Cloudy ☐ Sediment ☐ Other Comments ___

IRRIGATION SOLUTION ☐ N/A ☐ NaCL ☐ H_2O ☐ LR ☐ D5W ☐ GLYCINE ☐ BSS ☐ Other ___ ☐ Bacitracin 50,000 Units ☐ Ancef

PARENTAL FLUID ☐ N/A ☒ Admin Per Anesthesia (See Anesthesia Record) ☐ Admin Per Circulating RN

TUBES ☐ N/A ☐ N/G Size ___ Per ___ ☐ CHEST: Type ___ Size ___ ☐ Other: Type ___ Size ___

DRAINS ☐ N/A Site ___ ☐ JP Size ___ ☐ HEMOVAC: Size ___ ☐ TLS ___ ☐ Penrose Size ___

PACKING ☐ N/A Site ___ ☐ Plain ☐ Vaseline ☐ IODO Form ☐ Vaginal ☐ Other ___

DONOR SITE ☐ N/A Site ___ ☐ Skin ☐ Bone ☐ Tendon ☐ Other ___

CAMERA / RECORDER ☐ Yes ☐ No X-RAY / IMAGE ☐ Yes ☐ No Cysto U/S ☐ Yes ☐ No

LOCAL PROCEDURES: ☐ N/A ☐ See Local Room Monitor Strip Report

MINOR PROCEDURE VITAL SIGNS: ☐ N/A ☐ See Strip ☐ See Below

PRE OP	PULSE	RESP	BP	PER
PRE OP	PULSE	RESP	BP	PER

PRIORITY # PRE	PRIORITY # INTRA	NURSING DIAGNOSIS EVALUATION	RN INITIALS PRE	RN INITIALS INTRA
☐ N/A	☐ N/A	Patient Demonstrates Knowledge Coping Strategies		
☐ N/A	☐ N/A	No S/S of Intraoperative Hypothermia		
☐ N/A	☐ N/A	No Intraoperative Injury Occurs		
☐ N/A	☐ N/A	Skin Integrity Maintained, No Redness or Edema Noted		

001605

TUOMEY HEALTHCARE SYSTEM
SUMTER, SC 29150

[redacted]

Date 7/14/00 OR# 4
Surgeon Dr. Latham Private Scrub —
Surgeon — 2nd Surgeon —
1st Assistant ☐ N/A —
Legal Signature/Initials:

Anesthesiologist Dr. M. Lee Relief — CRNA L. Stehr Relief —
RN Circulator 1 J. Smith RN Relief/Time Relief/Time
RN Circulator 2 Relief/Time Relief/Time
Scrub Tech 1 K. Geaird CST Relief/Time Relief/Time
Surgical Tech 2 L. Shorter ST Relief/Time Relief/Time
Surgical Tech 3 Relief/Time Relief/Time
Ortho Tech Relief/Time Relief/Time
Call Saver
X-Ray Tech Observer 1 Observer 2

COUNTS	SHARPS	SPONGE	INSTRUMENT	CORRECT	SEE COMMENT	CIRCULATOR	SCRUB
Initial			☐		☐		
Intra OP #1 ☐ N/A	☐	☐	☐	☐	☐	—	—
Intra OP #2 ☐ N/A	☐	☐	☐	☐	☐	—	—
Skin Closure			☐		☐		

PRE OP Dx. Missed Abortion vs Blighted ovum
POST OP Dx. Same
Operative Procedure Suction dilatation and curettage

Implants ☐ N/A ☐ See other side —

ANESTHESIA: ☐ General ENDO/Mask ☐ Local ☐ Spinal ☐ IV Sed. ☐ Epidural ☐ Block —
TIME: Anes. Begin 1515 OR Arrival 1520 Surgery Begin 1525 Surgeon Begin 1530 Surgeon End 1535 Surgery End 1540 Anes. End 1545
LASER: ☐ N/A ☐ YAG ☐ Candella ☐ CO_2 ☐ Set Up Only Laser Nurse —
CULTURES: ☐ N/A ☐ Site —
WOUND CLASSIFICATION: ☐ I. Clean ☐ II. Clean Contaminated ☐ III. Contaminated ☐ IV. Dirty/Infected
SPECIMEN: ☐ N/A ☐ See Comments
1. Products of Conception Time ☐ Fresh ☐ Formalin 4. Time ☐ Fresh ☐ Formalin
2. Time ☐ Fresh ☐ Formalin 5. Time ☐ Fresh ☐ Formalin
3. Time ☐ Fresh ☐ Formalin 6. Time ☐ Fresh ☐ Formalin
BOVIE POST OP SKIN CONDITION: ☐ N/A ☐ Normal ☐ Other —
WOUND CLOSURE: ☐ N/A ☐ Staples ☐ Suture ☐ Steristrips ☐ Benzoin ☐ Skin Prep ☐ Mastisol
DRESSING: ☐ Yes ☐ No Describe Peri Pad

POST OP RESP. CONDITION: ☐ N/A ☐ Extubated ☐ Intubated ☐ O_2
POST OP LEVEL OF CONSCIOUSNESS: ☐ Alert (Sedated) ☐ Un / Cooperative ☐ Un / Responsive ☐ Non / Communicative ☐ Psychosis / Confused ☐ Age Appropriate
192
POST OP CONDITION: ☐ Satisfactory ☐ Serious ☐ Critical ☐ Other
DISCHARGE DESTINATION: ☐ PACU ☐ ICU ☐ DS ☐ Radiology ☐ Room # —
TRANSPORT MODE: ☐ Surgilift ☐ DS/PACU Bed ☐ Stretcher ☐ Eyestretcher ☐ Inpatient Bed ☐ Other ☐ Carried Per —
Post OP Report Given To L. Schroeder RN By ☐ RN L. Stehr CRNA 1545 OR End

5392

TUOMEY HEALTHCARE SYSTEM
129 N. WASHINGTON STREET
SUMTER, SC 29150

OPERATIVE NOTE

Name: WINDHAM,TAMMY ELIZABETH MR#: 229998
Dct Dr: HELEN DEMOS LATHAM, MD RM#: [redacted]
Adm.DT: 07/14/2000

PREOP DIAGNOSIS: Blighted ovum.
POSTOP DIAGNOSIS: Same.
ANESTHESIA: IV sedation.
SURGEON: Latham.
PROCEDURE: Suction dilatation curettage.
ESTIMATED BLOOD LOSS: Less than 50 ccs.
FINDINGS: Included an 8 weeks size uterus with abundant amount of products of conception.

PROCEDURE: The patient was taken to the operating room and after IV sedation the patient was placed in the dorsal lithotomy position and the perineum was sterilely prepped and draped in the usual fashion. The uterus sounded to approximately 8 cm. Frank dilators were used to dilate the cervix and then a 9 mm. curved curette was used to perform a suction D&C removing all products of conception until there was a good crie in all four quadrants in the fundus. A sharp curettage was then performed confirming a good crie and the procedure was completed with satisfactory results. All instruments, sponge, needle counts were correct and the patient went to the recovery room in stable condition.

HELEN DEMOS LATHAM, MD

Dict. Date: 07/14/2000 Trans.Date: 07/18/2000
RTDRT/5984

Tuomey Regional Medical Center
129 N. Washington Street
Sumter, S.C. 29150

RUN DATE: 07/18/00
RUN TIME: 1333

TUH NPR LAB **LIVE**
SURGICAL PATHOLOGY REPORT

LOCATION
SURGICAL DAY CARE

Name: WINDHAM,TAMMY ELIZABETH Age/Sex: 32/F Attend Dr: LATHAM,HELEN DEMOS
Acct#: 11539707 Unit#: 229998 [redacted]
Reg: 07/14/00 Disch:

SPEC #: 00:S004646 RECD: 07/17/00-1319 STATUS: SOUT REQ #: 01418040
SPEC: 07/14/00- SUBM DR: LATHAM,HELEN DEMOS

DIAGNOSIS

PRODUCTS OF CONCEPTION.
clm/7-18-00

ROUTINE INFORMATION

SPECIMEN: Products of conception.

CLINICAL HISTORY: Blighted ovum.

RACE: W

GROSS DESCRIPTION

(Windham) Labeled "Products of conception" are fragments of hemorrhagic tissue in a surgical plastic device. It measures approximately 6.5 cm is aggregate. Some of the fragments show morphologic, spongy configuration of placental tissue. Representative section in cassette #1.
clm/7-17-00

Dictated by: PINILLA,O.A. MD

MICROSCOPIC DESCRIPTION

(4646) The chorionic villi for the most part show well preserved architecture. The _____ in one is hydropic; however, there are no changes of a neoplastic process.
clm/7-18-00

Dictated by: PINILLA,O.A. MD

Signed PINILLA,O.A. MD 07/18/00

POST ANESTHESIA CARE
NURSING RECORD

FORM NO. 04799 REV. 7/99

001609

DATE 7/14/00 ARRIVED FROM ☑ OR ☐ L/D ☐ CARDIAC CATH. LAB ☐ OTHER VIA ☐ BED ☑ STRETCHER ☐ CRIB ACCOM. BY _____ ACCOM. BY S. Smith REPORT PER S. Stehn

BLOOD/BLOOD PRODUCTS AVAILABLE N/A

ANTICIPATED POST PROCEDURE LEVEL OF CARE D/C.

ARRIVAL TIME 1545

SURGICAL PROCEDURE Suction D & C.

ANES. TYPE ☑ General ☐ Block ☐ Spinal ☐ IV Sedation ☐ Epidural ☐ Other Toradol 30mg 1550

Condition On Arrival ☐ Satisfactory ☐ Serious ☐ Critical ☐ Other

ANES. Jean

SURGEON Nathan

CRNA S. Stehn

PREOP BP 154/64 127/60 INTRAOP BP 138/83 158/100 SPECIAL INFO Hx HTN - Norvasc

ADMISSION ASSESSMENT

LOC: ☐ Awake ☑ Awakens w/ Stimulus ☐ Sleeping ☐ Alert ☐ Disoriented ☐ Stupor

ORIENTATION: ☑ Person ☑ Situation ☐ Unable to Assess ☑ Place ☐ Time ☐ Appropriate for Age

SKIN: ☐ Warm ☐ Cool ☐ Diaphoretic ☐ Dry ☐ Cold ☐ Shivering

COLOR: ☑ Pale Pink ☐ Dusky ☐ Mottled ☐ Cyanotic ☑ Pink ☐ Pale ☐ Other

RESPIRATIONS: ☑ Regular ☐ Quiet ☐ Shallow ☐ Apneic ☐ Unlabored ☐ Deep ☐ Irregular ☐ Labored ☐ Moderate ☐ Assisted

O2 DELIVERY: ☐ N/C 2 Liters ☐ T-Piece ☐ Venti-Mask ☐ Ambu ☐ Face Tent ☐ Blowby ☐ Room Air ☐ 92% D/C AT ☐ Vent - Mode ____ FIO_2 ____ TV ____ R ____ Peep ____

AIRWAY ADJUNCT: ☑ N/A ☐ Oral ☐ Trach ☐ Nasal ☐ ETT D/C AT

CHIN LIFT / HYPEREXTENSIONS: ☑ No ☐ Yes D/C AT

BREATH SOUNDS: ☑ Anterior ☐ Clear Bil. ☑ Lateral ☐ Posterior ☑ Equal Bil. ☐ Other

APICAL PULSE: ☑ Regular ☐ Irregular Rate 65 /Min.

CARDIAC RHYTHM/ EKG: Rhythm- ☑ NSR ☐ Sinus Tach ☐ Sinus Brady ☐ Ectopy ☐ Other Rate- ☑ Reg. ☐ Irreg. Rate: 65

ABDOMEN: ☑ Round ☐ Firm ☐ Distended ☑ Flat ☑ Soft ☐ Other

IV SITE(S): ☐ N/A ☐ Patent ☐ No S/S Infil. D/C AT

IV FLUIDS: TYPE LR AMOUNT 400 SITE LH RATE 125

TYPE ____ AMOUNT ____ SITE ____ RATE ____

TYPE ____ AMOUNT ____ SITE ____ RATE ____

BLADDER DISTENSION: ☑ No ☐ Yes

FOLEY: ☐ No ☐ Yes ☐ Secured

URINE: ☐ N/A ☐ Clear ☐ Yellow ☐ Amber ☐ Pink ☐ Cloudy ☐ Pale-Yellow ☐ Red ☐ Sediment ☐ Other Amount ____ ☐ CBI - See CBIFS

Level of Sensation: ☐ N/A Lt. ____ Rt. ____

(+) YES	(-) NO	TEMP	COLOR	M/S	CAP REFILL	R	DP / PT
HANDS	LT.						
	RT.	WA					
FEET	LT.						
	RT.						

HAND GRIPS: ☑ Equal Bilat. ☐ Other - See Comments

OP SITE/ DSG: Site clean ☐ Dry ☐ Intact

Site ____ ☐ Dry ☐ Intact

DRAINAGE: Site vag pad Amt. scant Char. bloody

Site ____ Amt. ____ Char. ____

POSITION: ☐ Supine ☐ FOB ↑ ☐ Leg ↑ R / L ☐ R / L Side ☑ HOB ↑ / ↓ ☐ Other

SAFETY: ☑ SR ↑ ☐ Low ☑ Stretcher / Bed Wheels Locked ☐ ID Band ☐ Other ☐ Safety Strap ☐ Nurse at Bedside

LEVEL OF PAIN: NO PAIN ☑ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 WORST PAIN

COMPLETED BY Amelia Schroeder RN

NURSING DIAGNOSIS - REASSESS PRN

PRIORITY #	DIAGNOSIS	RN INITIALS
A / 1 / N/A N/A N/A	POT/ACTUAL INEFFECTIVE BREATHING PATTERN R/T ☑ Anesthetic Agents ☐ Other	
A / 4 / N/A N/A N/A	ALTERATION IN LOC R/T ☑ Anesthetic Agents ☐ Other	
A / 3 / N/A N/A N/A	POTENTIAL FOR INJURY R/T ☑ Anesthetic Agents ☐ Other	
A / 2 / N/A N/A N/A	ALTERATION IN COMFORT R/T ☑ Surgical Procedure ☐ Other	
A / N/A N/A N/A	POT/ACTUAL ALTERATION IN FLUID VOLUME/ ELECTROLYTE BALANCE R/T ☐ Surgical Procedure ☐ Blood Loss During Surgery ☐ Fluids/Blood Admin. During Surgery ☐ Other	
A / N/A N/A N/A	POT/ACTUAL ALTERATION IN BODY TEMP R/T ☐ Surgical Procedure ☐ Other	
A / 5 / N/A N/A N/A	OTHER	

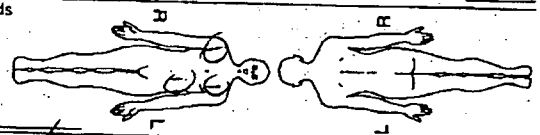
PATIENT CARE INTERVENTIONS

PADDING: ☐ N/A ☐ Arm Pads ☐ Headrest ☐ Heel Pads ☑ Pillow ☐ Other

CIRCULATORY: ☑ N/A ☐ Ted Hose - Short/Long - R/L Leg ☐ PlexiPulse ☐ CMS Clks Repeated / 1 Hr. ☐ Chg'd ☐ Unchg'd / 2 Hr. ☐ Chg'd ☐ Unchg'd

THERMAL: ☐ N/A ☑ Warm Blankets ☐ Bair Hugger - L.M. N-Model #

1. EKG Leads
2. Padding
3. Red Area
4. Other



☑ N/A ☐ Turn ☐ Cough ☐ Deep Breath ☐ Suction ☐ Oral ☐ ET

RESPIRATORY: Mucus- ☐ Clear ☐ Cloudy ☐ Thick ☐ Bloodtinged ☐ Other ☐ N/A Mucus Amt.- ☐ Scant ☐ Small ☐ Moderate ☐ Copious ☐ Other

☐ N/A ☐ NG To Suction - ☐ Low ☐ Airshield ☐ Wall ☐ Clamped

TUBES: ☐ Intermittent ☐ Constant ☐ Chest Tube to: ☐ Under H2O Seal ☐ Atrium ☐ Suction

DRAINS: ☑ N/A ☐ JP Time ____ Amt. ____ Char. ____ ☐ Hemovac Time ____ Amt. ____ Char. ____ ☐ T-Tube Time ____ Amt. ____ Char. ____ ☐ Cell Saver Amt. Replaced ____

LINEN CHANGE: ☐ N/A ☐ Yes ☐ Warm Blankets ☐ Clean ☐ Dry

COMMENTS: 1600 O2 Sat ↓ 87% on RA.
1615. D/C O2
1630 O2 sat 93% on RA

195

5396

001610

071400

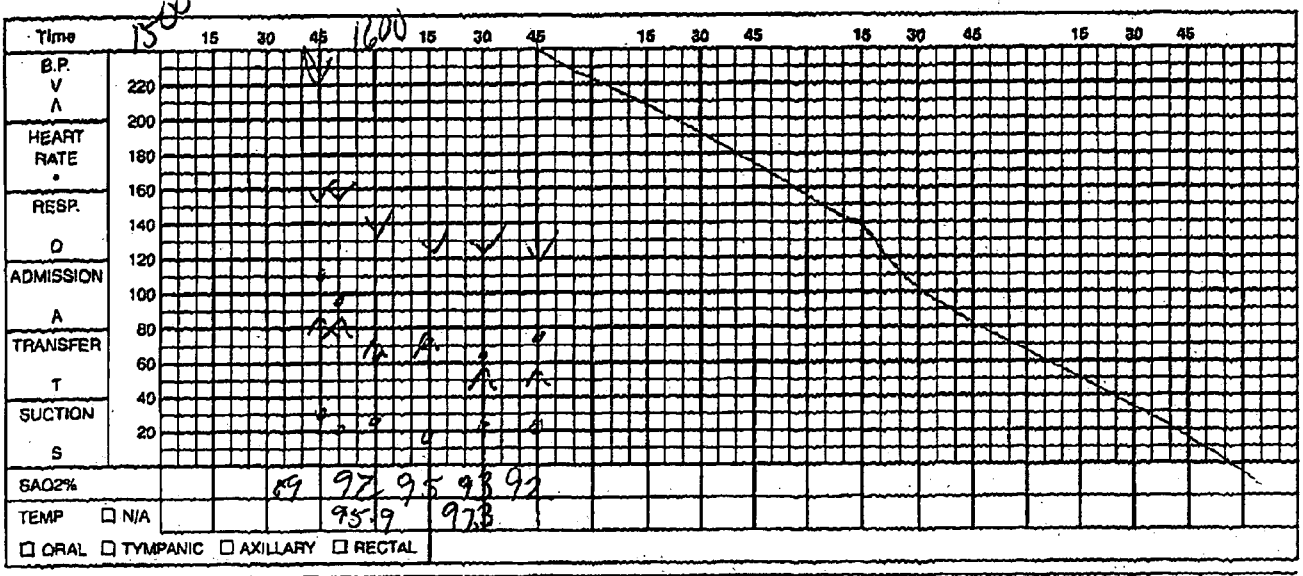
TUOMEY HEALTHCARE SYSTEM
Sumter, South Carolina 29150

11539707 07/14/00

[redacted]

ADDRESSOGRAPH

PATIENT CARE ASSESSMENT/INTERVENTIONS



POST ANESTHETIC RECOVERY SCORE		ADM	15"	30"	1'	2'	3'	4'
Activity	Able to move four extremities voluntarily on command = 2 Able to move two extremities voluntarily or command = 1 Able to move no extremities voluntarily or command = 0	2	2	2				
Respiration	Able to breathe deeply and cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	2	2	2				
Circulation	BP ± 20 of preanesthetic level = 2 BP ± 21-49 of preanesthetic level = 1 BP ± 50 of preanesthetic level = 0	2	2	2				
Consciousness	Fully awake = 2 Arousable on calling = 1 Not responding = 0	1	1	1				
O2 Saturation	Able to maintain O_2 saturation > 92% on room air = 2 Needs O_2 inhalation to maintain O_2 saturation > 90% = 1 O_2 saturation < 90% even with O_2 supplement = 0	1	1	2				
	TOTAL	8	8	9				
	RN INITIALS	LD	[illegible]	[illegible]				

PAIN/COMFORT CODE: 0 1 2 3 4 5

MEDICATIONS

TIME	DOSE	ADM. BY	CODE	MEDICATION / INDICATION / ROUTE	TIME	INITIALS	CODE	OUTCOME
1600	3ml	[illegible]	4	MSO4 IV/IM P.O. Prn				
1625	4ml	[illegible]	4	MSO4	1615	[illegible]		[illegible]

NSG DIAGNOSIS OUTCOME/EVALUATION/RESOLUTION

PRIORITY #	EVALUATION	YES	NO	COMMENTS	RN INITIALS
1 ☐ NA	RESPIRATORY PATTERN DEMONSTRATES ADEQUATE VENTILATION	✓			LD
4 ☐ NA	RESPONDS TO VERBAL STIMULI, RETURN OF REFLEXES AND RESPONSIVENESS	✓			
☐ NA	NO POST OPERATIVE INJURY OCCURS	✓			
2 ☐ NA	DISCOMFORT IS CONTROLLED / MINIMIZED	✓			
☑ NA	ADEQUATE FLUID VOLUME / ELECTROLYTE BALANCE MAINTAINED				
☒ NA	NO S/S HYPER / HYPOTHERMIA				
☐ NA	OTHER				

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5397

TIME: 1635

DISCHARGE ASSESSMENT

LOC: ☑ Awake ☐ Awakens w/ Stimulus ☐ Sleeping ☐ Alert ☐ Disoriented ☐ Stupor

ORIENTATION: ☑ Person ☑ Situation ☐ Unable to Assess ☐ Place ☑ Time ☐ Appropriate for Age

SKIN: ☑ Warm ☐ Cool ☐ Diaphoretic ☑ Dry ☐ Cold ☐ Shivering

COLOR: ☐ Pale Pink ☐ Dusky ☐ Mottled ☐ Cyanotic ☑ Pink ☐ Pale ☐ Other ____

RESPIRATIONS: ☑ Regular ☐ Quiet ☐ Shallow ☑ Unlabored ☐ Deep ☐ Irregular ☐ Labored ☐ Moderate ☐ Assisted

O2 DELIVERY: ☐ N/C ____ Liters ☐ T-Piece ☐ Venti-Mask ☐ Ambu ☐ Face Tent ☐ Blowby ☑ Room Air ☐ 02 %

D/C AT ____ ☐ Vent - Mode ____ FIO_2 ____ TV ____ R ____ Peep ____

AIRWAY ADJUNCT: ☑ N/A ☐ Oral ☐ Trach ☐ Nasal ☐ ETT

CHIN LIFT / HYPEREXTENSIONS: ☑ No ☐ Yes D/C AT ____

BREATH SOUNDS: ☐ N/A ☑ Anterior ☑ Clear Bil. ☑ Lateral ☐ Posterior ☑ Equal Bil. ☐ Other ____

APICAL PULSE: ☐ N/A ☑ Regular ☐ Irregular Rate 75 /Min.

CARDIAC RHYTHM/ EKG: Rhythm- ☑ NSR ☐ Sinus Tach ☐ Sinus Brady ☐ Ectopy ☐ Other ____ Rate- ☑ Reg. ☐ Irreg. Rate: 75

ABDOMEN: ☐ Round ☐ Firm ☐ Distended ☑ Flat ☐ Soft ☐ Other ____

IV SITE(S): ☐ N/A ☑ Patent ☐ No S/S Infil ☐ D/C AT ____

IV FLUIDS: TYPE LR AMOUNT 800 SITE 500 RATE 125
TYPE ____ AMOUNT ____ SITE ____ RATE ____
TYPE ____ AMOUNT ____ SITE ____ RATE ____
TOTAL INTAKE 700

BLADDER DISTENSION: ☑ No ☐ Yes Voided ____ cc

FOLEY: ☐ No ☐ Yes ☐ Secured

URINE: ☑ N/A ☐ Clear ☐ Yellow ☐ Amber ☐ Pink ☐ Cloudy ☐ Pale-Yellow ☐ Red ☐ Sediment ☐ Other ____ ☐ Has Not Voided ☐ Amount ____ cc

Total Amount ____ ☐ CBI - See CBIFS

Level of Sensation: ☑ N/A Lt. ____ Rt. ____

(+) YES (-) NO		TEMP	COLOR	M/S	CAP REFILL	R	DP / PT
HANDS	LT.						
	RT.	WNL					
FEET	LT.						
	RT.						

HAND GRIPS: ☐ Equal Bilat. ☐ Other - See Comments

OP SITE/ DSG: Site Vulva - VVC ☐ Dry ☐ Intact
Site ____ ☐ Dry ☐ Intact

DRAINAGE: Site Perineum Amt. Small Char. Bloody
Site ____ Amt. ____ Char. ____
Site ____ Amt. ____ Char. ____

POSITION: ☐ Supine ☐ FOB ↑ ☐ Leg ↑ R / L ☐ R / L Side ☑ HOB ↑ / ↓ ☐ Other ____

SAFETY: ☑ SR ↑ ☐ Low ☑ Stretcher / Bed Wheels Locked ☐ ID Band ☐ Other ☐ Safety Strap ☐ Nurse at Bedside

LEVEL OF PAIN: NO PAIN ☑ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 WORST PAIN

☑ Discharge Criteria Met
☐ Discharge per Anesthesiologist

COMPLETED BY Linda Schroeder RN

NURSES NOTES

CONDITION ON DISCHARGE: ☑ Satisfactory ☐ Serious ☐ Critical ☐ Other

DISCHARGE DESTINATION: ☐ OS ☐ L/D ☐ ER ☐ RM # ____ ☐ Other ____

TRANSPORT MODE: ☐ OS/PACU Stretcher ☐ Stretcher ☐ In Pt. Bed

ASSISTED TO BED: ☐ Yes ☐ No ☐ N/A

SIDE RAILS UP: ☐ Yes ☐ No

BED LOCKED IN LOW POSITION: ☑ Yes ☐ No

CALL LIGHT WITHIN REACH: ☐ Yes ☐ No

POST PACU REPORT GIVEN TO [illegible] RN BY [illegible] RN 1650 TIME

VS ON UNIT: BP 110/60 P 74 R 20 TEMP 97.6

INITIALS	LEGAL SIGNATURE
1. LS	Linda Schroeder RN
2.	
3.	
4.	

001612

TUOMEY HEALTHCARE SYSTEM
Bringing more to life.

The Outpatient Center

6 AM - 7 PM

DISCHARGE AND FOLLOW-UP
Ambulatory Care Discharge Instructions
778-9294

[redacted]

1. DIET

_____ Force fluids
_____ Restricted _____
__✓__ Unrestricted (Routine as before surgery)
_____ Liquids and light foods (jello, soup, etc.) next _____ hrs. then progress to normal.
_____ ABSOLUTELY NO ALCOHOLIC BEVERAGES FOR THE NEXT 24 HOURS******

2. ACTIVITY

_____ CHILDREN SHOULD HAVE RESPONSIBLE ADULT WITH THEM AT ALL TIMES.
__✓__ Go directly home from the hospital, stay inside, and limit your activities.
__✓__ Do not sign any legal documents for the next 24 hrs. (while taking pain medication).
__✓__ Do not engage in sports, heavy lifting or work until your doctor gives you permission.
__✓__ Dizziness is common when taking pain medication. Do not drive, be careful walking and climbing stairs, and of throwrugs.
__✓__ May resume normal activities in _____ hrs., active range of motion to extremity to maintain tone and prevent clots.
__✓__ No sex, no tampons, NOTHING IN VAGINA until your doctor says it's o.k.
_____ You are on Bedrest with bathroom privileges only.
_____ Turn, cough, and deep breathing exercises should be done 3-4 times a day for the next 48-72 hours.
_____ Proper use of alternative equipment for walking (walker, crutches, post op shoe, etc...)

3. WOUND CARE

_____ Keep ears dry.
__✓__ Keep area dry and clean.
_____ Do not be alarmed if there is a small amount of bright red bleeding. This is expected.
_____ Change dressing as necessary.
_____ Do not change dressing.
_____ Wear bra for _____ days. _____ Monthly Breast exam and annual Mammogram.
_____ Do not remove strips of tape on wound. Clean op site daily and pat dry.
_____ May remove dressing in AM and take tub bath or shower.
_____ Keep affected limb elevated for _____ hrs.
_____ Keep ice pack in place for the next _____ hrs.
_____ You will have vaginal bleeding, not more than a period.
__✓__ Urine may be bloody.
__✓__ Peri Care - Change pad at each bathroom visit, wipe front to back.

4. MEDICATIONS

_____ If you are given a prescription have it filled and take as prescribed. motrin as needed for pain
Your last dose of pain medication was given at _____
_____ Medication cards provided along with instruction. _____

5. SYMPTOMS TO REPORT TO PHYSICIAN

Office No. 725-8351

__✓__ Excessive bleeding.
__✓__ Excessive pain.
_____ Inability to void.
_____ Infected (red or angry) wound or discharge with foul odor or unusual color (yellow, greenish, etc...).
_____ Extremity becomes cold to touch, blue, or numb, calf pain.
_____ Excessive swelling of extremity.
_____ Excessive nausea or vomiting.
__✓__ Temperature above 101°F after first post-op night.
_____ You may experience minor surgical and anesthesia related discomforts such as nausea, hoarseness, sore throat, cough, muscle aches, headache, low grade temp. These symptoms should improve after 24-48 hours.
_____ Sudden change in vision.

6. FOLLOW UP APPOINTMENTS

☐ Dr. Feldman Date/Time _____ ☐ Dr. will call you this p.m. with further instructions.
☐ Call Dr. office in a.m. to make an appt. 2 weeks. at hunter O.B.
☐ Implant card given to patient.

SPECIAL INSTRUCTIONS: A copy of this physician discharge instructions was provided to the pt. ☐ Yes ☐ No ☒ NA

I have received a copy of the post operative instructions and understand them.

Relationship (if other than patient)

7-14-00 1800

[redacted] SIGNATURE OF PATIENT/RESPONSIBLE PARTY

[redacted] SIGNATURE

[redacted] DISCHARGE RN DATE TIME

SHOULD A PROBLEM ARISE NOT COVERED IN THE ABOVE INSTRUCTIONS PLEASE CONSULT YOUR PERSONAL PHYSICIAN OR GO TO THE NEAREST EMERGENCY ROOM. (PLEASE TAKE THESE INSTRUCTIONS WITH YOU)

31080

198

5399

DISCHARGE ASSESSMENT

001613

CRITERIA TO BE MET PRIOR TO DISCHARGE

ANESTHESIA	CRITERIA	MET	NOT MET	ACTION TAKEN	RN INITIALS
LOCAL	1. VS within normal limits or stable and 20% variation of pre-proc. VS				
	2. Ambulatory unless otherwise indicated				
	3. No active nausea or vomiting				
	4. Able to tolerate oral fluids				
	5. No excessive bleeding, drainage, or swelling				
	6. Voided or patent indwelling catheter				
	7. No intolerable or unexplained pain or discomfort				
IV CONSCIOUS SEDATION	1. Alert / Oriented	✓			
	2. VS within normal limits or stable and 20% variation of pre-proc. VS	✓			
	3. Ambulatory unless otherwise indicated	✓			
	4. No active nausea / vomiting	✓			
	5. Able to tolerate oral fluids / lower	✓			
	6. No excessive bleeding, drainage, or swelling	✓			
	7. Voided or patent indwelling catheter	✓		AT	
	8. No abdominal distention	✓			
	9. No intolerable or unexplained pain or discomfort	✓			
GENERAL/ IV BLOCK OR NERVE BLOCK (SPINAL-EPIDURAL)	1. VS within normal limits or stable and 20% variation of pre-proc. VS				
	2. Ambulatory unless otherwise indicated				
	3. No active nausea or vomiting				
	4. Able to tolerate oral fluids				
	5. No excessive bleeding, drainage, or swelling				
	6. Voided or patent indwelling catheter				
	7. No intolerable or unexplained pain or discomfort				
	8. Alert / Oriented				
	9. Sensation and control of movement of affected extremity				
BLOOD PRODUCT/ IV MED. ADMIN.	1. VS within normal limits or stable and 20% variation of pre-proc. VS				
	2. No active nausea or vomiting				
	3. No intolerable or unexplained pain or discomfort				
	4. No signs or symptoms of transfusion/med. reaction				

Discharge vital signs: BP 179/67 P 61 R 16 Temp. 97°

Family member / friend available to transport patient home ☑ Yes ☐ No Name sister

Comments

Discharge Date 7-14-00 Time 1800 Escorted by S. Hamerlain

Via W/C

VITAL SIGN NORMAL LIMITS	INFANT (0-1 YR)	CHILD (1-8 YRS.)	ADULT
Respirations	40-60 min.	10-25 MIN.	8-20 min.
Blood Pressure	85 ± 20 / 60 ± 20	95 ± 25 / 60 ± 25	100-170 / 50-90
Pulse	120 ± 20	90 ± 20	75 ± 20

Postoperative Call

Person giving info: ☑ Patient ☐ Other

Satisfied with care: ☑ Yes ☐ No

Complained of ☐ Excessive drainage from incision

481-0980 ☐ Nausea/Vomiting o Elevated Temperature

Call ☐ Nausea/Vomiting o Excessive Pain

☐ Difficulty urinating

Comments/Suggestions: ☐ Patient instructed to notify physician

Patient contacted: 7/17/00 1320 RN PB

Date 7/13/00 Time 1110 RN PB

No response. Follow-up letter sent ☐

Date 7/15/00 Time: 1110 RN PB

Date: _____ Time: _____ RN _____

SIGNATURE LEGEND

INITIALS	LEGAL SIGNATURE
SH	Stefy C Hamerlain

199

5400

TUOMEY HEALTHCARE SYSTEM
Bringing more to life.

[illegible] North Washington S[illegible]
[illegible]nter, South Carolina [illegible] 0

CHART DIVIDERS

O.P.E.R. REPORT
001614

TIME IN _____ TIME OUT _____ ROOM NUMBER _____

PATIENT NAME/ADDRESS	ACCOUNT NO.	ROOM/BED	TYPE	LOCATION/SERVICE	UNIT NO./MED. REC. NO.
PHONE	DATE OF BIRTH	AGE	SEX	MAR. STAT.	RELIGION	RACE	SMOKER
SOCIAL SECURITY NO.	PERSON TO NOTIFY/ADDRESS				RELATIONSHIP
EMPLOYER	HOME PHONE		OTHER PHONE		
GUARANTOR/ADDRESS	NEXT OF KIN/ADDRESS				RELATIONSHIP
PHONE					
RELATIONSHIP					
GUARANTOR EMPLOYER	HOME PHONE		OTHER PHONE		
FINANCIAL CLASS					

INSURANCE NAME	POLICY NUMBER	COVERAGE NUMBER	SUBSCRIBER/INSURED NAME

CCIDENT INFORMATION	REASON FOR VISIT		
CCIDENT DATE/TIME	COMMENTS	HEIGHT/WEIGHT	ARRIVAL MODE
DMIT DATE/TIME	ADMITTING PHYSICIAN	ATTENDING PHYSICIAN	USER

HOSPITAL RELEASE

Date _____

I the undersigned, a patient under treatment in the Tuomey Regional Medical Center, Sumter, S.C., am leaving the hospital against the advice of attending physicians and do hereby release the hospital and attending physicians of all responsibility.

Witness _____ Signed _____

_____ Address _____

AUTHORIZATION FOR MEDICAL AND /OR SURGICAL TREATMENT: I hereby authorize the physician, or physicians in charge of the care

of _____
(Name of Patient)

o administer any treatment or to administer such anesthetics and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient, and o dispose of all tissue in the manner which is deemed most advisable.

am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in he hospital.

SSIGNMENT OF BENEFITS AND THIRD PARTY CLAIMS: I/we hereby guarantee payment of all charges made for or on account of the patient and hereby assign to the hospital any and ll rights the patient and I have, or to which we may become entitled, to or with regard to any and all hospital benefits, medical benefits, health benefits, PIP benefits, benefits due to sickness r injury, or any other health, accident, or welfare benefit of any type or form relating to the patient, whether insured or self-funded, and the proceeds of all claims resulting from or relating o the liability of or payments made by a third party or by any person, employer or insurance company on the third party's behalf to or for the patient unless the account is paid in full upon ischarge. If eligible for Medicare, I request Medicare services and benefits. I understand I am responsible for any charges not covered by insurance or other form of health or welfare benefit, Medicare, Medicaid, or other benefits.

UTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physician are authorized to release any medical information required in the processing of application or financial coverage for services rendered during this admission.

☐ The hospital and attending physicians are authorized to release medical information to my regular physician, Dr _____

☐ The hospital and attending physicians are not authorized to release medical information to my regular physician.

EDICARE-MEDICAID PATIENT'S CERTIFICATION: Authorization release information and payment request. I certify that the information given to me in applying for payment under Titles XVIII. nd XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers ny information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

HE PHYSICIANS PRACTICING IN THIS EMERGENCY ROOM ARE NOT EMPLOYEES OF TUOMEY REGIONAL MEDICAL CENTER. THEY ARE INDEPENDENT PHYSICIANS, AS ARE ALL HYSICIANS PRACTICING IN THE HOSPITAL.

ONSENT FOR TESTING OF BODY FLUIDS: I consent to appropriate tests for the presence of infection, such as, but not limited to, infection by the Hepatitis B virus or the human mmunodeficiency virus, if deemed necessary for the protection of others, and authorize the withdrawal of blood or other body fluids for this purpose.

HAVE REVIEWED THE CONTENTS OF THIS STATEMENT, AM AWARE OF ITS MEANING, AND SIGN IT VOLUNTARILY.

Witness _____ X Tammy Winelbarn
Patient's Signature (or mark and name)

(Reason Patient Unable to Sign) _____ By (Representative) and Relationship _____

Date 6/20/00 Time 220

5401

001615

11899030
WINDHAM, TAMMY 229998
34 F W

AE IN ROOM _____ AM PM TIME OUT 1610 AM PM ADMIT _____

HISTORY AND PHYSICAL EXAMINATION

1245 I suprapubic pain
past 1 mild pain
q day D/C
q hysterectomy
q PCP

Cost CA, ICEA 1310 Tw
1310 Tw
ORTHOSTATIC V.S.
PELVIC USS Cont 1313
CW 1320
PELVIC U.S. Done 3/20/08
Rx. +HCG +BLEEDING
CBC, Type & Rh 1400 W
QUANT HCG Sent
14699 1338

Cyst @ Ovary Q 1254
q wk
Dx
Q Doe

D/C

DIAGNOSTIC IMPRESSION MISSED ABORTION

CONSULTATION NOTES

Latham

CONSULTANT'S SIGNATURE _____ TIME _____ AM PM

CONSULTATION / ADMISSION ☐ SERVICE MEDICINE ☐ PRACTICE MEDICINE ☐ SPECIALTY (CARDIOLOGY, PEDIATRIC, EENT, PSYCHIATRY, OB-GYN, SURGICAL, ONCOLOGY, UROLOGY, ORTHO)

CONDITION ON DISCHARGE ☐ SAME ☐ IMPROVED ☐ DECEASED ☐ ADMITTED ☐ OTHER | DISPOSITION ☐ POLICE ☐ HOME ☐ NURSING HOME ☐ ADMITTED ROOM ☐ OTHER

DISCHARGE INSTRUCTIONS FLU c DR LATHAM 8 AM IN OFFICE FOR D+C
NPO p MN.
WORK NOTE.
Tw

☑ DICTATED

E.R. PHYSICIAN'S SIGNATURE Tw 93203 221

5402

Emergency Department Nursing Flow Sheet

001616

Name:	Date:	ID #:
11899030 WINDHAM, TAMMY [redacted] 229998 han C 34 F W	5-20-02	[redacted]

TRIAGE ASSESSMENT

Type:	Mode of Arrival:	Triage Time:	Sex:
☐ Emergent ☐ Urgent ☐ Non-Urgent ☐ Recheck	☐ Foot ☐ Ambulance ☒ Car ☐ Carried ☐ Police ☐ W/C	10-17	☐ Male ☒ Female
		Age/DOB: 10-18-67	LMP: 3-6-02

Chief Complaint: "Vaginal Bleeding"

Patient's acceptable level of pain **Current Pain Level**

History of Chief Complaint/Onset, Duration:

C/O onset Vaginal Bleeding on 4-25-02 — states "uses approx 20 pads per day" mild cramping

B/P: 159/70	T: 98.5	P: 80	R: 20	Wt.: 66 Kg	Ht.:	O_2 Sat.: 99	B/S:

Meds: 0

Meds/Other Allergies: NKA

Immunizations: ☒ UTD ☐ Tetanus _____ (Date)

Latex Allergy: ☒ No ☐ Yes (A YES response requires a latex assessment)

Meds: ☐ Tylenol _____ ☐ Pediaprofen _____ ☐ Suture removal ☐ Wound healed ☐ Yes ☐ No

DASA: ☒ Yes ☐ No

Pt. Abuse Screen: Suspect Abuse: ☒ NA/No ☐ Yes *If Yes, See additional comments*

Hx of S/S of TB: NO **Precautions Taken:** ☐ Tissues ☐ Mask ☐ Isol. ☐ Inst.

Pre-Hospital Care: ☒ None ☐ Other: _____

Past Medical History:

☒ No significant past medical history
☐ CA: _____
☐ Surgery: _____
☐ Other: _____

☐ Pneumonia ☐ CAD ☐ CABG
☐ DM ☐ HTN ☐ PUD
☐ CVA ☐ Seizure ☐ Migraine
☐ Psych ☐ COPD ☐ Asthma

Social History: N

☐ Smoking _____ ppd
☐ ETOH 0 /day
☐ Drugs: 0

Lives: ☒ At home ☐ Nursing home ☐ Other: _____

Nursing Diagnosis:

☒ Altered comfort ☐ Impaired integrity
☐ Impaired gas exchange ☐ Altered tissue perfusion
☐ Ineffective coping ☐ Other: _____

292

L Corbett, R
Signature

Place in room: 15 **Time:** 12:38 mf

5403

001617

Name:	Date:	ID #:
11899030 229998 WINDHAM, TAMMY ELIZABETH 34 F W [redacted]	5/20/02	

Admitting Notified:	Room Assignment Rcv'd:	Bed Ready:

Transfer/Admit:

Time: _____ Room: _____

Physicians Contacted: ( ) _____

☐ Call Returned ( ) _____

☐ Present ( ) _____

Report Given: ( ) _____

Accompanied By: ☐ RN/LPN ☐ Transporter ☐ RT ☐ Tech ☐ EMT/Paramedic ☐ Doctor

Transported via: ☐ Stretcher ☐ W/C ☐ Hospital Bed ☐ Foot ☐ Ambulance ☐ Helicopter

Family/Friends Notified: ( ) _____ ( ) _____

IV Fluids: IV rate and LTC: _____ _____ _____ _____

Transfer Vital Signs: B/P: _____ T: _____ P: _____ R: _____

Transfer Nurse: _____

Receiving Nurse: _____ Time: _____

Discharge: Instruction Sheets Given:

☐ Accidents	☐ Head Injury	☐ Skin Infections/Abscesses	☐ Urethritis	☐ Wound Care
☐ Corneal Abrasions	☐ Low Back Pain	☐ Splints and Casts	☐ Urinary Tract Infection	☐ _____
☐ Crutch Walking	☐ Otitis Media	☐ Sprains and Strains	☐ Viral Infections	☐ _____
☐ Gastroenteritis	☐ Pelvic Inflammatory Disease	☐ Threatened Miscarriage	☐ Vomiting or Diarrhea in Children	☐ _____

Medication Dose Route: _____

Instruction Topic: D/C + F/U teaching done c pt

Taught to: ☒ Patient ☒ Family ☐ Parent ☐ Other: _____

Understanding: ☒ Good ☐ Fair ☐ Poor

Evaluation Method: ☒ Verbal ☐ Return Demonstration

Mode: ☒ Walk ☐ W/C ☐ Carried ☐ Stretcher ☐ Private Car ☐ EMS

Accompanied by: ☒ Self ☐ Family ☐ Friend ☐ Other: _____

D/C Vital Signs: Deferred ☐	B/P: 159/70	T: 98.6	P: 88	R: 16

Condition on Admission/Transfer/Discharge: ☒ Good ☐ Fair ☐ Poor ☐ Same ☐ Improved

Notes: Pt D/C'd amb to home, Pt to F/U with Dr Latham.

RN Signature

203

Signature

Signature

5404

EMERGENCY DEPARTMENT NURSING RECORD

001618

Name: Windham, Tammy Date: 5/20/02 ID:

MEDICATIONS GIVEN	TIME	BY WHOM	PAIN SCALE

VITAL SIGNS						PATIENT PROGRESS / COMMENTS / OUTCOME / INITIALS
TIME	BP	T	P	R	SaO_2	
1240						34yo old female c/o vaginal bleeding since 4-25-02. also c/o mild abd cramping @
1245						O — 130/68 74 P 135/70 74 9 133/64 P 90. Pt examined by Dr Watts @
1320						pelvic exam done by Dr Watts pelvic labs sent @
1345						Lab work received chart posted @
1400						INT 20g inserted w/ @ ASC, blood work obtained + sent to lab. Pt has red-blood band on for blood type @
1425						Pt to US per W/C @
1510	109/70	98.4	82	18		Pt returned from US. VSS @
1540						Lab work Chart posted. @
1605						INT D/C'd, Pt D/C'd amb to home c F/U teaching. Pt to F/U c Dr Latham 5/21/02 @ Pt has Dr Latham's address + phone # @

Signature: @ Carol A Watts

Signature: Carol Ann Watts RN

Page: 2:04

19391 Rev. 12/7/2001 bd

5405

PATIENT: WINDHAM,TAMMY ELIZABETH ACCT #: 11899030 LOC: ED U #: 229998
AGE/SX: 34/F ROOM: REG: 05/20/02
REG DR: UNKNOWN STATUS: REG ER BED: DIS:

SPEC #: 0520:EH00003S COLL: 05/20/02-1300 STATUS: COMP REQ #: 01896863
RECD: 05/20/02-1324 SUBM DR: WATTS,THOMAS J. DO

ENTERED: 05/20/02-1301 OTHR DR: UNKNOWN
ORDERED: ER WET PREP

Test	Result	Flag	Reference	Verified
ER WET PREP				
> WBC WET PREP	FEW		NEGATIVE	05/20/02-1339
> EPI WET PREP	FEW		FEW-ABUNDAN	05/20/02-1339
> TRICHOMONAS WP	NEGATIVE		NEGATIVE	05/20/02-1339
> YEAST WET PREP	NEGATIVE		NEGATIVE	05/20/02-1339
> CLUE CELLS WP	NEGATIVE		NEGATIVE	05/20/02-1339

** END OF REPORT **

205

PATIENT: WINDHAM,TAMMY ELIZABETH ACCT #: 11899030 LOC: ED U #: 229998
AGE/SX: 34/F ROOM: REG: 05/20/02
REG DR: UNKNOWN STATUS: REG ER BED: DIS:

SPEC #: 0520:UC00007S COLL: 05/20/02-1310 STATUS: COMP REQ #: 01896863
RECD: 05/20/02-1314 SUBM DR: WATTS,THOMAS J. DO

ENTERED: 05/20/02-1301 OTHR DR: UNKNOWN
ORDERED: ER PREG

Test	Result	Flag	Reference	Verified
> PREGNANCY TEST	POSITIVE	H	NEGATIVE	05/20/02-1321

wet prep

** END OF REPORT **

206

PATIENT: WINDHAM, TAMMY ELIZABETH ACCT #: 11899030 LOC: ED U #: 229998
AGE/SX: 34/F ROOM: REG: 05/20/02
REG DR: UNKNOWN STATUS: REG ER BED: DIS:

SPEC #: 0520:U00041S COLL: 05/20/02-1310 STATUS: COMP REQ #: 01896863
RECD: 05/20/02-1313 SUBM DR: WATTS, THOMAS J. DO

ENTERED: 05/20/02-1301 OTHR DR: UNKNOWN
ORDERED: URINALYSIS-ER
COMMENTS: SOURCE? URINE, CATHETER
DATE/TIME OF COLLECTION? T

Test	Result	Flag	Reference	Verified
> COLOR	YELLOW			05/20/02-1320
> APPEARANCE-2	CLEAR		CLEAR	05/20/02-1320
> GLUCOSE	NEGATIVE		NEGATIVE MG/DL	05/20/02-1320
> BILIRUBIN	SMALL		NEGATIVE	05/20/02-1320
> KETONES	TRACE		NEGATIVE	05/20/02-1320
> SPECIFIC GRAVTY	1.029		1.003-1.030	05/20/02-1320
> BLOOD	NEGATIVE		NEGATIVE	05/20/02-1320
> PH	5.5		5-9	05/20/02-1320
> PROTEIN	NEGATIVE		NEGATIVE MG/DL	05/20/02-1320
> UROBILINOGEN	1.0		0.2-1.0 MG/DL	05/20/02-1320
> NITRITES	NEGATIVE		NEGATIVE	05/20/02-1320
> LEUKOCYTES	NEGATIVE		NEGATIVE	05/20/02-1320

** END OF REPORT **

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001622

PATIENT: WINDHAM,TAMMY ELIZABETH ACCT #: 11899030 LOC: ED U #: 229998
AGE/SX: 34/F ROOM: REG: 05/20/02
REG DR: UNKNOWN STATUS: REG ER BED: DIS:

SPEC #: 0520:SC00073S COLL: 05/20/02-1400 STATUS: COMP REQ #: 01896902
RECD: 05/20/02-1408 SUBM DR: WATTS,THOMAS J. DO

ENTERED: 05/20/02-1351 OTHR DR: UNKNOWN
ORDERED: HCG QUANT

Test	Result	Flag	Reference	Verified
> HCG QUANT-TOTAL	4259	H	0-6 mIU/ml	05/20/02-1501
	*			
	NEGATIVE <5.0			
	BORDERLINE 5-25			
	3-4 WEEKS 9-130			
	4-5 WEEKS 75-2,600			
	5-6 WEEKS 850-20,800			
	6-7 WEEKS 4,000-100,200			
	7-12 WEEKS 11,500-289,000			
	12-16 WEEKS 18,300-137,000			
	16-29 WEEKS 1,400-53,000			
	29-41 WEEKS 940-60,000			

** END OF REPORT **

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5409

PATIENT: WINDHAM,TAMMY ELIZABETH ACCT #: 11899030 LOC: ED U #: 229998
REG DR: UNKNOWN AGE/SX: 34/F ROOM: REG: 05/20/02
STATUS: REG ER BED: DIS:

SPEC #: 0520:BB00014S COLL: 05/20/02-1400 STATUS: COMP REQ #: 01896901
RECD: 05/20/02-1408 SUBM DR: WATTS,THOMAS J. DO

ENTERED: 05/20/02-1351 OTHR DR: UNKNOWN
ORD PRODS: (NO ORDERED PRODUCTS)
ORD TESTS: ABO
COMMENTS: HAS PT HAD REACTION TO BLOOD PRODUCTS BEFORE? N
ACT WKST: XMT 05/20/02 #3

Test	Result
ABO	
> ABO	O POS

Quant HCG

** END OF REPORT **

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HISTORY NO. _____ TUOMEY HEALTHCARE SYSTEM 129 N. WASHINGTON ST. SUMTER, SC 29150 (803) 778-9000

001624

NAME Windham, Tammy ADDRESS _____

11899035

☐ **CARE OF WOUNDS**

1. Keep clean and dry.
2. Watch for and report any redness, swelling, increased pain or red streaks in the area of the wound.
3. Wound recheck _____
4. Sutures out _____
5. You will need to call the physician to whom you were referred for follow-up to make an appointment./Return to ER for recheck on _____

☐ **CARE OF BURNS**

Contact a physician if any of the following conditions occur.

1. Increasing redness or discoloration of the normal tissue around burn site.
2. Fever or chills.
3. Red streaks arising from the burn areas.
4. Swelling or progressive inability to use the fingers or toes if burn involves an extremity.
5. Shortness of breath, increased cough or blurred vision if the burn involves the face.
6. Difficulty swallowing if the burn involves the neck.
7. Notify physician if burn fails to improve as expected.
8. Burn recheck _____

☐ **ANTIBIOTICS**

You have been given a prescription for an antibiotic. Please take as directed. Take at least 30 minutes before meals or one hour after meals. Antibiotics should be taken on an empty stomach unless stated otherwise. You should be feeling better within 36-48 hours. Finish the entire amount even though you start feeling better. Make sure you are rechecked by a private doctor.

☐ **HEAD INJURY**

1. Give patient light diet, such as liquids, soups, crackers for 24 hrs.
2. Avoid strenuous activity for at least 24 hrs.

Call physician without delay if any of the following conditions occur.

1. Persistent severe headache.
2. Repeated vomiting
3. Unusual drowsiness or loss of coordination.
4. Drainage of blood or fluid from nose or ears.
5. Convulsions
6. Report any clumsiness in walking.
7. Wake patient every _____ hours and observe for above symptoms.

☐ **SPRAIN OR SOFT TISSUE INJURY (Only if checked)**

- ☐ Keep injured part elevated.
- ☐ Ice pack to area for 15 min. every 4 hours. Protect skin.
- ☐ Give ASA/Tylenol as follows: _____ tablets every _____ hours
- ☐ Use Dry/Moist heat for 15 min. every 4 hrs. Protect Skin.
- ☐ Loosen Ace bandage as necessary.
- ☐ Do not walk on injured part for _____ days.

☐ **INSTRUCTIONS FOR CLEAR LIQUID DIET**

If you are instructed by a physician to stay on a clear liquid diet for 24 hrs. you may eat or drink any/all of the following.

1. All clear or strained fruit juices (ex: grape, apple, cranberry)
2. Clear coffee, tea, Kool Aid, Gatorade, or carbonated beverages (7 up, Sprite, Ginger Ale)
3. Clear broth, bouillon, consomme (ex: beef, chicken broth)
4. Popsicles, Jello

* DO NOT STAY ON THIS DIET LONGER THAN 24 HRS. If you are still vomiting or having diarrhea you should return to or call your physician.

☐ **WARNING!** The medication you have been given may cause drowsiness. **DO NOT** drive or operate machinery.

☐ **FEVER CONTROL**

1. Give patient plenty of fluids such as Coca Cola, Ginger Ale, tea. NO MILK.
2. Dress patient lightly.
3. Give Tylenol
   Dose: _____ tsp. every 4 hrs.
4. Sponge for temperature of _____ or higher.
5. To Sponge patient
   A. Undress patient
   B. Have pan of luke warm water and cloth.
   C. Rub skin over entire body with wet cloth cloth for about 20 min.
6. Check temperature again.

☐ **IMMUNIZATIONS**

To enable you to keep complete record of immunizations the following was administered on Date:

- ☐ 1. Tetanus Toxoid 0.5cc
- ☐ 2. Tetanus Immune Globulin 250 units
- ☐ 3. DPT 0.5 cc
- ☐ 4. DT Pediatric 0.5 cc
- ☐ 5. DT Adult 0.5 cc

☐ **OTHER**

follow up with Dr Sattom 0900 in office for D+C no food or drink after mid night. no work 5/20/02

☒ If there are any problems return to the Emergency Room or see your private physician.

To whom it may concern: Date: _____

Patient named above was treated at Tuomey Regional Medical Center Emergency Room on _____ at _____

He/She has been advised not to return to work/school for ____ days or until released by his private physician or company doctor.

Work/School Excuse by Dr. _____

THESE INSTRUCTIONS ARE GIVEN AT THE RECOMMENDATION OF:

- ☐ EMERGENCY PHYSICIAN
- ☐ PRIVATE PHYSICIAN

Watts

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS

X Tammy Windham

SIGNATURE OF PATIENT OR RESPONSIBLE PERSON

ADDITIONAL INSTRUCTION: YOU SHOULD SEE YOUR PRIVATE OR REFERRAL PHYSICIAN, Dr. _____ Phone No. _____ FOR FOLLOW UP CARE, IN _____ DAYS.

X _____

SIGNATURE OF NURSE

31108 8/99

PATIENT INSTRUCTIONS MEDICAL RECORDS

5411

PATIENT: WINDHAM,TAMMY ELIZABETH | ACCT #: 11899030 | LOC: ED | U #: 229998
REG DR: UNKNOWN | AGE/SX: 34/F | ROOM: | REG: 05/20/02
STATUS: REG ER | BED: | DIS:

SPEC #: 0520:H00177S | COLL: 05/20/02-1400 | STATUS: COMP | REQ #: 01896902
RECD: 05/20/02-1408 | SUBM DR: WATTS,THOMAS J. DO

ENTERED: 05/20/02-1351 | OTHR DR: UNKNOWN
ORDERED: ERCBC WITH DIFF

	Test	Result	Flag	Reference	Verified
	ERCBC WITH DIFF				
	HGRM				
>	WBC	12.2	*H*	3.0-11 1000/UL	05/20/02-1604
>	RBC	4.82		3.7-5.3 MIL/UL	05/20/02-1604
>	HGB	9.6	*L*	11.5-16.0 G/DL	05/20/02-1604
>	HCT	32.6	*L*	33-46 %	05/20/02-1604
>	MCV	67.6	*# L*	79-95 FL	05/20/02-1604
		Delta: *72.8 on 06/29/00-2200*			
>	MCH	19.9	*L*	26-34 PG	05/20/02-1604
>	MCHC	29.4		29-35 G/DL	05/20/02-1604
>	RDW	17.9	*H*	11.9-15.5 %	05/20/02-1604
>	PLATELET COUNT	422	*# H*	135-415 1000/UL	05/20/02-1604
		Delta: *361 on 06/29/00-2200*			
	DIFF-AUTOMATED				
>	NEUTROPHILS	70.2		42-76 %	05/20/02-1604
>	LYMPHOCYTES	22.9		16-48 %	05/20/02-1604
>	MONOCYTES	4.5		0.0-10.0 %	05/20/02-1604
>	EOSINOPHILS	2.3		0.0-7.6 %	05/20/02-1604
>	BASOPHILS	0.1		0.0-1.5 %	05/20/02-1604

** END OF REPORT **

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001626

Patient Name: WINDHAM,TAMMY ELIZABETH
Unit No: 229998
Exam Date: 05/20/2002

TUOMEY HEALTH CARE SYSTEM
DEPARTMENT OF RADIOLOGY
129 N. WASHINGTON ST.
SUMTER, SOUTH CAROLINA 29150-4983

REASON FOR EXAM: +PREG. BLEEDING

PELVIC ULTRASOUND

Sonographic evaluation of the pelvis was performed via transabdominal and transvaginal approach.

Examination shows the uterus measuring 6.6 x 3.3 cm in the sagittal plane. No discrete gestational sac is seen within the endometrium, although one small collection of fluid is noted near the fundus of the uterus measuring 7 mm in size. The endometrium generally appears heterogeneous, but only measures 6 mm in thickness. No uterine masses are seen. Evaluation of adnexal structures showed a left ovary measuring 3.0 x 1.8 cm in size with the right ovary measuring 3.8 x 1.8 cm in size. ~~A small cystic~~ structure was seen in the inferior aspect of the right ovary measuring 1.3 cm in size, likely a small follicle. No other adnexal masses or fluid collections were seen.

IMPRESSION: Somewhat thickened and heterogeneous appearing endometrium without discrete gestational sac identified, although a small amount of fluid is seen superiorly near the fundus of the uterus. No definite adnexal masses or fluid collections other than a follicle in the right ovary suspected. Clinical correlation and correlation with HCG values is recommended.

CC:

Technologist: ALISON BURCHETTE RT, RDMS

ACR Code:
Transcribed Date/Time: 05/21/2002 (1256)
Transcriptionist: XRLDR
Printed Date/Time: 05/21/2002 (1544) Batch No: 2TIMOTHY L. PANNELL, M.

PAGE1 CHART COPY

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US TRANSVAGINAL 5168

Na: WINDHAM,TAMMY ELIZABETH
Pl: [redacted]
Dc:
Ac:
Ex:
Ur:

5413

Tuomey Healthcare System
Emergency Room Note

05/20/02

Patient: WINDHAM,TAMMY ELIZABETH **Account #:** 11899030
Unit #: 229998
Dictating Physician: WATTS,THOMAS J. DO

DATE OF ADMISSION: 05/20/2002
DATE OF DISCHARGE:

TIME SEEN:

PRIMARY CARE: None listed.

CHIEF COMPLAINT: Vaginal bleeding.

HISTORY OF PRESENT ILLNESS: The patient is a 34-year-old white female who presents to the emergency department complaining of vaginal bleeding, onset on 04/25/2002. She has had only 3 days where she has had no bleeding. She states "20 pads a day at times." She denies any lightheadedness, nausea, vomiting, diarrhea, abdominal pain, vaginal discharge, or dysuria.

REVIEW OF SYSTEMS: Otherwise, negative.

PAST MEDICAL HISTORY: Significant for multiple miscarriages in the past.

SOCIAL HISTORY: She does smoke 1/2 pack a day.

CURRENT MEDICATIONS: Currently on no medicines.

ALLERGIES: No known drug allergies.

PHYSICAL EXAMINATION: General: A well-nourished and well-developed 34-year-old white female in no acute distress. Vital Signs: Normal. She is afebrile and nonorthostatic. HEENT: Unremarkable. Chest: Clear. Heart: Regular. Abdomen: Soft, nontender, and nondistended. Normoactive bowel sounds are present. Pelvic: A moderate-sized clot from the cervical os. Cultures are taken. Uterus is unenlarged. No significant tenderness is noted. No significant adnexal masses or adnexal tenderness is noted. Rest of the examination is unremarkable.

EMERGENCY DEPARTMENT COURSE: Catheterized UA and pregnancy test were obtained as well as pelvic labs and cultures. Wet prep was unremarkable. Urine pregnancy test was positive. Urinalysis was negative. Subsequently ordered a pelvic ultrasound, quantitative HCG, CBC, and type and Rh. Quantitative HCG was 4259. The patient's type was O positive. CBC was pending. Ultrasound demonstrated no intrauterine pregnancy. A follicular cyst was noted in the right ovary per Dr Pannell. The case was discussed with Dr Latham who will schedule the patient for dilatation and curettage first thing in the morning. She will be discharged to follow up with Dr Latham as scheduled at 0900 in the office and

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n.p.o. after midnight. Work note was given.

DISCHARGE DIAGNOSIS: Missed abortion.

_____
Thomas J Watts, DO

II: WATT/3SN4/3SC0/
DD: 05/20/2002
DT: 05/21/2002
JOB NO: 5488881-

Interpreted by: WATTS,THOMAS J. DO
<<Signature on File>>

05/21/02 0440

Electronically Signed by: WATTS,THOMAS J. DO

cc:

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TUOMEY HEALTHCARE SYSTEM
Bringing hope to life.

129 North Washington Street
Sumter, South Carolina 29150

CHART DIVIDERS

ER ADMIT/DISCHARGE REPORT
001629

TIME IN _____ TIME OUT _____ ROOM NUMBER _____

PATIENT NAME/ADDRESS	ACCOUNT NO.	ROOM/BED	TYPE	LOCATION/SERVICE	UNIT NO./MED. REC. NO.
WINDHAM, TAMMY ELIZABETH [redacted]	[redacted]		ER	ER	[redacted]

DATE OF BIRTH	AGE	SEX	MAR. STAT.	RELIGION	RACE	SMOKER
[redacted]	35	F	M	HOL	W	N

PHO [redacted]
SOC
EMP
GUA WINDHAM, TAMMY ELIZABETH [redacted]
PH
RE
GU
FINANCIAL CLASS R

PERSON TO NOTIFY/ADDRESS: WINDHAM, TOMMY [redacted] — RELATIONSHIP: H — OTHER PHONE

NEXT OF KIN/ADDRESS: PARROTT, MELINDA [redacted] — RELATIONSHIP: SI — OTHER PHONE: 803-773-8101

INSURANCE NAME	POLICY NUMBER	COVERAGE NUMBER	SUBSCRIBER/INSURED NAME
--YOUNGS FOOD STORE	247311815		WINDHAM, TAMMY ELIZABET

CCIDENT INFORMATION	REASON FOR VISIT		
ACCIDENT/EMPL R	LAC TO LEFT FOREARM		
CCIDENT DATE/TIME	**COMMENTS**	**HEIGHT/WEIGHT**	**ARRIVAL MODE**
06/23/03			
DMIT DATE/TIME	**ADMITTING PHYSICIAN**	**ATTENDING PHYSICIAN**	**USER**
06/23/03 0648		NO	ADVE

HOSPITAL RELEASE

Date _____

I the undersigned, a patient under treatment in the Tuomey Regional Medical Center, Sumter, S.C., am leaving the hospital against the advice of attending physicians and do hereby release the hospital and attending physicians of all responsibility.

Witness _____ Signed _____

_____ Address _____

AUTHORIZATION FOR MEDICAL AND /OR SURGICAL TREATMENT: I hereby authorize the physician, or physicians in charge of the care

of _____
(Name of Patient)

to administer any treatment or to administer such anesthetics and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient, and to dispose of all tissue in the manner which is deemed most advisable.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in the hospital.

ASSIGNMENT OF BENEFITS AND THIRD PARTY CLAIMS: I/we hereby guarantee payment of all charges made for or on account of the patient and hereby assign to the hospital any and all rights the patient and I have, or to which we may become entitled, to or with regard to any and all hospital benefits, medical benefits, health benefits, PIP benefits, benefits due to sickness or injury, or any other health, accident, or welfare benefit of any type or form relating to the patient, whether insured or self-funded, and the proceeds of all claims resulting from or relating to the liability of or payments made by a third party or by any person, employer or insurance company on the third party's behalf to or for the patient unless the account is paid in full upon discharge. If eligible for Medicare, I request Medicare services and benefits. I understand I am responsible for any charges not covered by insurance or other form of health or welfare benefit, Medicare, Medicaid, or other benefits.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: The hospital and attending physician are authorized to release any medical information required in the processing of application for financial coverage for services rendered during this admission.

☐ The hospital and attending physicians are authorized to release medical information to my regular physician, Dr. _____

☐ The hospital and attending physicians are not authorized to release medical information to my regular physician.

DOES PT HAVE ADVANCE DIRECTIVE?

MEDICARE/MEDICAID PATIENT'S CERTIFICATION: Authorization release information and payment request. I certify that the information given to me in applying for payment under Titles XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

THE PHYSICIANS PRACTICING IN THIS EMERGENCY ROOM ARE NOT EMPLOYEES OF TUOMEY REGIONAL MEDICAL CENTER. THEY ARE INDEPENDENT PHYSICIANS, AS ARE ALL PHYSICIANS PRACTICING IN THE HOSPITAL.

CONSENT FOR TESTING OF BODY FLUIDS: I consent to appropriate tests for the presence of infection, such as, but not limited to, infection by the Hepatitis B virus or the human immunodeficiency virus, if deemed necessary for the protection of others, and authorize the withdrawal of blood or other body fluids for this purpose.

I HAVE REVIEWED THE CONTENTS OF THIS STATEMENT, AM AWARE OF ITS MEANING, AND SIGN IT VOLUNTARILY.

Witness _____ Patient's Signature (or mark and name) 215

_____ By (Representative) and Relationship

Reason Patient Unable to Sign) _____

_____ Date _____ Time

5416

EMERGENCY DEPARTMENT DISCHARGE RECORD D/A Required

WINDHAM, TAMMY ELIZABETH 001630
120# 72 [redacted] ED 06/23/03

Diagnosis: 5cm lac to (L) forearm **WORKERS' COMP.** ____
w/ superficial extensor tendon lac.

Disposition:
☐ Admitted ☐ ~~Discharged~~ ☐ Transferred Time: 1030 Signature: S Dunlap RN

☐ Ambulatory ☐ Wheel Chair ☐ Stretcher ☐ Ambulance ☐ Helicopter ☐ Ambulette ☐ Other _____

Report to Receiving Facility/Unit _____ Room# _____ Time: _____

Condition on Discharge: ☐ ~~Good~~ ☐ Poor ☐ ~~Stable~~ ☐ Improved ☐ Same

Instructions: The examination and treatment you received in the Emergency Department has been rendered on an emergency basis only and is not meant to replace complete care from a personal physician or clinic.

☐ X-rays. X-rays are read initially by the emergency physician. The X-ray will be read by a radiology physician specialist within 24 hours. If the radiologist notes any differences, you will be contacted by the emergency department.

☐ Lab Work. Results of lab testing done in the Emergency Department are available to your private physician. Lab results cannot be given over the Emergency Department phone.

☐ Sutures. Return to the Emergency Department in _____ days for suture removal. Return immediately for any sign of wound infection such as redness, swelling, increased pain or pus draining from suture site.

☐ Instruction sheet given: _____

☐ Prescriptions: Fill prescription(s) you were given and take medication as instructed.

☐ Rx given: tylenol or motrin for pain

☐ You have been given a medication that may make you drowsy. Do not drive or operate machinery or perform any activity that requires you to be alert.

☐ Work/School. Patient was evaluated in the Emergency Department on _____ and advised not to return to work/school for: ☐ _____ day(s) or ☐ until released by private physician or company physician.

☐ Physician Remarks: F/u Dr Culbertson this am
Return for difficulties

FOLLOW UP:
Call to arrange an appointment at the office of Dr. Culbertson's office within now day(s).
773-1636

IMPORTANT: If your condition gets worse or you have any concerns and you cannot contact your physican, return promptly to Tuomey Healthcare Systems Emergency Department. (803)778-9111

These instructions are given at the recommendation of Dr. _____ ☐ Private Physician ☐ Emergency Physican

These instructions are provided to: ☐ Patient ☐ Family ☐ Responsible Person ☐ Recieving Facility

I have read and understand these instructions.	
X Tammy Windham	S Dunlap RN
Signature of Patient or Responsible Person	Signature of Nurse or Physician

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5417

2086172 229998
INDHAM, TAMMY ELIZABETH
10/18/67 F W
3068 HWY 15 SOUTH

WORKERS' COMP 001631

D/A Required

Emergency Department- Triage / Order Record

Triage Level

Date: 6-23-03

Name: Wyndham, Tammy | Triage Time: | Age: 34 yrs | DOB: 10-18-67

Pain: ☐ Yes ☐ No Pain Score: ___ Type: ☐ Acute ☐ Chronic Quality: ☐ Dull ☐ Throbbing ☐ Sharp ☐ Radiating ☐ Ache ☐ Pressure

Chief Complaint: Laceration @ forearm

Latex Allergies: ☐ Yes ☑ No
Food Allergies: ☐ Yes ☐ No

Drug Allergies: NONE

T:	BP:	P:	R:	Wt (kg)	Ht:	SaO2	B/S	LMP
98.2	161/100	92	20	65kg	5'2"	98		5-6-03

Mode of Arrival: ☐ Foot ☐ Ambulance ☐ Car ☐ Carried ☐ Police ☐ Wheelchair

Hx of S/S of TB ☐ Yes ☐ No
Precautions: ☐ Tissues ☐ Mask ☐ Isolation ☐ Instruction

Visual Acuity ☐ Lens ☐ No Lens
OD ___ OS ___
OU ___

Home/Homeopathic/Herbal Meds.: None

Immunizations: ☐ UTD ☐ Tetanus 02 (Date)

Suspected Pt. Abuse: ☐ Yes ☑ No

Pre-Hospital Care: ☐ EMS ☐ C-collar ☐ Spinal Immobilization ☐ None ☐ Other ___

HPI: (location, quality, duration, timing, modifying factors, associated signs)

1½ hr ago accidently cut wrist c a box cutter at work. 3" deep lac noted.

Nursing Diagnosis:
☑ Altered Comfort
☑ Impaired Integrity
☐ Ineffective Coping
☐ Health Care Seeking
☐ Impaired Gas Exchange
☐ Altered Tissue Perfusion
☐ Other: ___

Nurse Signature: R. Ekpo

Review of Systems: ☐ All reviewed and negative

Yes	No	
☐	☐	Fever
☐	☐	Visual Problems
☐	☐	Difficulty Hearing
☐	☐	Chest Pain
☐	☐	Difficulty Breathing
☐	☐	Vomiting Diarrhea
☐	☐	Dysuria / Discharge
☑	☐	Trauma
☐	☐	Rash
☐	☐	Extremity Weakness
☐	☐	Depression
☐	☐	Excessive Thirst
☐	☐	Abnormal Bleeding

Past Medical/Family History:

Yes	No	Family	
☐	☐	☐	Lung Disease
☐	☐	☐	Heart Disease
☐	☐	☐	Kidney Disease
☐	☐	☐	HTN
☐	☐	☐	CVA
☐	☐	☐	Diabetes
☐	☐	☐	Cancer
☐	☐		HIV
☐	☐		Seizures
☐	☐		Sickle Cell Dse
☑	☐		Surgery GB, APPY
☐	☐		Psychiatric

Social History: ☐ Smoke Yrs/Pd ☐ EtOH ___ ☐ Drugs ___

ORD	LAB/X-RAYS	TIME	INIT
	EKG		
	CBC/diff		
	BMP or CMP		
	LFT		
	Amy/Lip		
	FSBS		
	Troponin I		
	CKMB		
	PT/PTT		
	Blood Cx 1 or 2		
	T&S or T&C		
	ABO		
	GC/Chlamydia		
	Wet Prep		
	U/A		
	Urine C&S		
	Urine Preg.		
	QHCG		
	ABG RA		
	CXR		
	PCXR		
	C-Spine		
	Abd Series		
	Ankle ☐L ☐R		
	Wrist ☐L ☐R		
	Hip ☐L ☐R		
	Cardiac Protocol		
	Trauma Panel		
	O.D. Panel		

Ibuprofen ___
Tylenol ___

☐ DT 0.5 ml IM
Time Lot # Site Nurse

☐ Cardiac Monitor ☐ Foley ☐ I/Os
☐ Oxygen ☐ NGT ☐ Lavage
☐ Pulse Ox ☐ IV/INT

TIME	PHYSICIAN ORDERS	TIME	INIT
	Ancef 1gm IVPB	0837	SO
	NPO		
	Dress wound.		
	DC		

PHYSICIAN SIGNATURE

TIME TO ROOM 217

Patient to Room # 5 /Time 0830

Dictated 24326002

41124 Rev. 5/10/03

5418

12086172 229998
WINDHAM,TAMMY ELIZABETH
F W

Name: _____ **Date:** 6/23/13 **ID#:** _____

DATE	TIME	INIT	PAIN SCORE	SED. SCORE	MEDICATIONS/INDICATIONS (LOCATION OF PAIN)	DATE	TIME	INIT	PAIN SCORE	SED. SCORE	RESP RATE	OUTCOME/COMMENTS

SEDATION SCALE (To be utilized With Controlled Substances AND Medications With Sedation potential!)
S=sleeping, easy to arouse (If sleeping count respirations for a full minute & document)
1=awake & alert/ 2=slightly drowsy, easily aroused/ 3=frequently drowsy, arousable, drifts off to sleep during conversation/ 4=somnolent, minimal or no response to physical stimulation

ADMITTING NOTIFIED: | **ROOM ASSIGNMENT RECEIVED:** | **BED READY:**

TRANSFER / ADMIT: **TIME:** _____ **ROOM:** _____

TRANSPORTED BY: ☐ STRETCHER ☐ HOSPITAL BED ☐ AMBULANCE ☐ WHEEL CHAIR ☐ FOOT ☐ HELICOPTER

PHYSICIAN'S CONTACTED: ( ) _____ ( ) _____ ☐ CALL RETURNED ☐ PRESENT

REPORT GIVEN: ( ) _____ FAMILY/FRIENDS NOTIFIED: ( ) _____

ACCOMPANIED BY: ☐ RN/LPN ☐ TECH ☐ TRANSPORTER ☐ EMT/PARAMEDIC ☐ RT ☐ DOCTOR

TRANSFER VITAL SIGNS: B/P _____ T _____ P _____ R _____

RECEIVING NURSE: _____ TIME: _____

INSTRUCTION TOPIC: follow up/home care/meds

TAUGHT TO: ☒ PATIENT ☐ FAMILY ☐ PARENT ☐ OTHER

MODE: ☒ WALK ☐ W/C ☐ CARRIED ☐ STRETCHER ☐ PRIVATE CAR ☐ EMS

ACCOMPANIED BY: ☐ SELF ☒ FAMILY ☐ FRIEND ☐ OTHER

D/C VITAL SIGNS: ☐ DEFERRED B/P all nurses notes R _____

CONDITION ON ADMISSION/TRANSFER/DISCHARGE: ☐ GOOD ☐ FAIR ☐ POOR ☐ SAME ☒ IMPROVED

NOTES: _____

Pain Level Upon Discharge: _____ (If Score > or = 8 Nurses Note required.)

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Signature / Initials _____ Signature / Initials _____ Signature / Initials

001633

12086172 229998
WINDHAM, TAMMY ELIZABETH

EMERGENCY DEPARTMENT NURSING RECORD

Name: _____ Date: 6/23/03 ID: _____

Date	Time	Init	Pain Score	Sed. Score	Medication/Indication (Location of Pain)	Date	Time	Init	Pain Score	Sed. Score	Resp. Rate	Outcome / Comments
6/23/03	0231	SD			Ancef 1gram IV	6/23/03	0231	D				

SEDATION SCALE: (To be utilized With Controlled Substances AND Medications With Sedation potential!)
S=sleeping, easy to arouse (if sleeping count respirations for a full minute & document)
1=awake & alert 2=slightly drowsy, easily aroused 3=frequently drowsy, arousable, drifts off to sleep during conversation 4=somnolent, minimal or no response to physical stimulation

CT Contrast Injection Monitoring: If creatinine obtained: 2.5 or < or Physician's Approval ☐ Yes
IV Site: _____ ga. Location: _____. Flushes prior to injection ☐ Yes
Site monitored during injection: ☐ Yes Evidence of infiltration: ☐ No ☐ Yes (See comments)
Patient takes Glucophage, Glucovance (Metformin) ☐ Yes ☐ No
If "Yes", patient is instructed to hold medicine for 48hrs after CT: ☐ Yes

TIME	VITAL SIGNS BP	T	P	R	SaO_2	PATIENT PROGRESS / COMMENTS / OUTCOME / INITIALS
0230						Pt amb to room 5 from WR in NAD SD
0240						wound cleaned & bandaged. Pressure dressing applied. Pulses + distal to injury. SD.
0320						1 tank, EOT @ bedside for drug & alcohol screen. SD
0330						IV NS KVO to R FA. Blood drawn for labs & hold (EL tube). IV flushed c 3cc NS c difficulty. Pt aware of NPO status SD
0330						Dr. Cushman @ bedside for exam. SD
0403	116/89	-	84	18	-	Dr. Cushman @ bedside to suture SD
0430						Suturing complete. Neosporin & dressing applied - D/C instructions given verbalized understanding. IV removed. Dressing applied. Denies any complaints. Amb to WR in NAD SD

Signature/Initials: _____

Signature/Initials: _____

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Page: 3

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Tuomey Healthcare System
Emergency Room Note

06/23/03

Patient: WINDHAM,TAMMY ELIZABETH **Account #:** 12086172
Unit #: 229998
Dictating Physician: CUSHMAN,MARSHA LYNN

CHIEF COMPLAINT: Laceration to the left forearm.

HISTORY OF PRESENT ILLNESS: The patient is a 34-year-old female who presents to the emergency department with complaint of laceration on her left for arm. She cut it with a box cutter. She was cutting through some cardboard, got distracted while she was doing that and ended up slicing through the cardboard and her anterior midforearm. Bleeding is currently controlled. No other injuries were sustained. She does have good range of motion in the hand. No loss of sensation distally.

REVIEW OF SYSTEMS: There are no pulmonary, cardiac, GI, GU, neurologic, or extremity complaints other than previously stated. She is right-hand dominant.

PAST MEDICAL AND SURGICAL HISTORY: Status post cholecystectomy and appendectomy.

SOCIAL HISTORY: She smokes 1/2 pack of cigarettes a day. No alcohol or other illicit drug use.

FAMILY HISTORY: No family history of heart disease, diabetes, or stroke.

CURRENT MEDICATIONS: None.

ALLERGIES: No known drug allergies.

IMMUNIZATIONS: Her tetanus is up-to-date. She received a tetanus last year.

PHYSICAL EXAMINATION: Vital Signs: Stable. Blood pressure 161/100, pulse 92, respiratory rate 20, and temperature 98.2. The O2 saturation is 98% on room air. General/Constitutional: The patient is an alert, well-developed, and well-nourished female of stated age in no distress. HEENT: Head is normocephalic and atraumatic. Lungs: Clear to auscultation bilaterally. Heart: Regular rate and rhythm. Abdomen: Soft, nontender, and nondistended with active bowel sounds. Extremities: No gross deformities, clubbing, cyanosis, or edema, but she does have about 4.5- to 5-cm laceration to the anterior forearm which has an obvious extensor tendon involvement. Bleeding is currently controlled. Pulses and sensation are intact distally. She good range of motion including flexion and extension at the wrist and at all fingers without limitation. There is no evidence of any injury more proximally. Rest of the extremities are again without injury. Neurologic: She is alert and oriented x 3.

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LABORATORY DATA AND X-RAYS: None.

HOSPITAL COURSE AND TREATMENT PLAN: Gave her Ancef 1 gm IV and anesthetized the wound and repaired the wound.

Procedure Note: The patient was prepped and draped in sterile fashion. The wound was cleaned with Betadine. The wound was anesthetized with 2% lidocaine with epinephrine. Good wound anesthesia was obtained. The wound was then cleaned with copious amounts of sterile saline and explored. It did show the very superficial extensor tendon disruption. No other injuries were noted. The wound was then repaired. Two subcutaneous sutures of 4-0 were placed. I could not find the proximal portion of the tendon. Nine simple sutures of 4-0 Ethilon were placed in the cutaneous surface. Good wound approximation and good hemostasis was obtained. The patient tolerated the procedure wonderfully. Sterile dressing was applied.

I discussed the case with Dr Culbertson's office. His office suggested that he is willing to see her this morning. We will discharge her from here and have her go over to his office today for evaluation and possible repair if necessary.

DIAGNOSIS: A 5-cm laceration to the left forearm with superficial extensor tendon laceration.

CONDITION ON DISCHARGE: She is discharged in stable and improved condition.

_____
Marsha L. Cushman, DO

II: CUSM/17CK2/17SC0/
DD: 06/23/2003 09:59:22
DT: 06/24/2003 04:03:01
JOB NO: 9330559-

Interpreted by: CUSHMAN,MARSHA LYNN

<SIGNED ELECTRONICALLY>

06/24/03 0805

Electronically Signed by: CUSHMAN,MARSHA LYNN

cc:

129 North Washington Street
nter, South Carolina 50

CHART DIVIDERS

ER ADMIT/DISCHARGE REPORT

001636

TIME OUT _____ ROOM NUMBER _____

ACCOUNT NO.	ROOM/BED	TYPE	LOCATION/SERVICE	UNIT NO./MED. REC. NO.

DATE OF BIRTH	AGE	SEX	MAR. STAT.	RELIGION	RACE	SMOKER

PERSON TO NOTIFY/ADDRESS — RELATIONSHIP

229998

HOME PHONE — OTHER PHONE

NEXT OF KIN/ADDRESS — RELATIONSHIP

HOME PHONE — OTHER PHONE

POLICY NUMBER	COVERAGE NUMBER	SUBSCRIBER/INSURED NAME

REASON FOR VISIT			
COMMENTS		HEIGHT/WEIGHT	ARRIVAL MODE
ADMITTING PHYSICIAN	ATTENDING PHYSICIAN		USER

JUL 7 2004

HOSPITAL RELEASE

Date _____

rsigned, a patient under treatment in the Tuomey Regional Medical Center, Sumter, S.C., am leaving the hospital against the advice of attending physicians and do ease the hospital and attending physicians of all responsibility.

_____ Signed _____

_____ Address _____

ZATION FOR MEDICAL AND /OR SURGICAL TREATMENT: I hereby authorize the physician, or physicians in charge of the care

_____ _____

WI D

WINDHAM,TAMMY ELIZABETH
Acct: 12258872 Unit: 229998
NO DOCTOR
ED
F W Age: 36
DOS: 07/07/04

ter any treatment or to administer such ane 1 /07/04 ile in the diagnosis and treatment of this patient, and
of all tissue in the manner which is deemed .

that the practice of medicine and surgery is not have been made to me as to the result of treatments or examinations in
d.

ENT OF BENEFITS AND THIRD PARTY CLAIMS: I/we hereby guarantee charges made for or on account of the patient and hereby assign to the hospital any and e patient and I have, or to which we may become entitled, to or with regard to any and all hospital benefits, medical benefits, health benefits, PIP benefits, benefits due to sickness any other health, accident, or welfare benefit of any type or form relating to the patient, whether insured or self-funded, and the proceeds of all claims resulting from or relating ity of or payments made by a third party or by any person, employer or insurance company on the third party's behalf to or for the patient unless the account is paid in full upon If eligible for Medicare, I request Medicare services and benefits. I understand I am responsible for any charges not covered by insurance or other form of health or welfare benefit, Medicaid, or other benefits.

ATION FOR RELEASE OF MEDI MATION: The hospital and attending physician are authorized to release any medical information required in the processing of application l coverage for services rendere mission.

spital and attending physicians a lease medical information to my regular physician, Dr. _____

spital and attending physicians are n ase medical information to my regular physician.

-MEDICAID PATIENT'S CERTIFICATION: se information and payment request. I certify that the information given to me in applying for payment under Titles XVIII the Social Security Act is correct. I authorize ical or other information about me to release to the Social Security Administration or its intermediaries or carriers tion needed for this or a related Medicare claim. ayment of authorized benefits be made on my behalf.

CIANS PRACTICING IN THIS EMERGENCY ROOM A OT EMPLOYEES OF TUOMEY REGIONAL MEDICAL CENTER. THEY ARE INDEPENDENT PHYSICIANS, AS ARE ALL IS PRACTICING IN THE HOSPITAL.

FOR TESTING OF BODY FLUIDS: I consent to appropriate tests for the presence of infection, such as, but not limited to, infection by the Hepatitis B virus or the human iciency virus, if deemed necessary for the protection of others, and authorize the withdrawal of blood or other body fluids for this purpose.

/IEWED THE CONTENTS OF THIS STATEMENT, AM AWARE OF ITS MEANING, AND SIGN IT VOLUNTARILY.

_____ _____ Patient's Signature (or mark and name)

_____ _____ By (Representative) and Relationship

tient Unable to Sign)

_____ _____ Date Time

7/10 222

5423

EMERGENCY DEPARTMENT
DISCHARGE RECORD

WINDHAM, TAMMY ELIZABETH 001637
12258872 [redacted] ED
07/07/04

Diagnosis: Abd Pain

Disposition:
☐ Admitted ☑ Discharged ☐ Transferred Time: 0252 Signature: Pam Lechbourg, RN

☐ Ambulatory ☐ Wheel Chair ☐ Stretcher ☐ Ambulance ☐ Helicopter ☐ Ambulette ☐ Other _____

Report to Receiving Facility/Unit _____ Room# _____ Time: _____

Condition on Discharge: ☐ Good ☐ Poor ☐ Stable ☐ Improved ☐ Same

Instructions: The examination and treatment you received in the Emergency Department has been rendered on an emergency basis only and is not meant to replace complete care from a personal physician or clinic.

☐ X-rays. X-rays are read initially by the emergency physician. The X-ray will be read by a radiology physician specialist within 24 hours. If the radiologist notes any differences, you will be contacted by the emergency department.

☐ Lab Work. Results of lab testing done in the Emergency Department are available to your private physician. Lab results cannot be given over the Emergency Department phone.

☐ Sutures. Return to the Emergency Department in _____ days for suture removal. Return immediately for any sign of wound infection such as redness, swelling, increased pain or pus draining from suture site.

☑ Instruction sheet given: Abd Pain

☐ Prescriptions: Fill prescription(s) you were given and take medication as instructed.

☑ Rx given: Zantac

☐ You have been given a medication that may make you drowsy. Do not drive or operate machinery or perform any activity that requires you to be alert.

☐ Work/School. Patient was evaluated in the Emergency Department on _____ and advised not to return to work/school for: ☐ _____ day(s) or ☐ until released by private physician or company physician.

☐ Physician Remarks: quit Smoking

FOLLOW UP:
Call to arrange an appointment at the office of Dr. FHC within 2 day(s).

IMPORTANT: If your condition gets worse or you have any concerns and you cannot contact your physican, return promptly to Tuomey Healthcare Systems Emergency Department. (803)778-9111

These instructions are given at the recommendation of Dr. Bee ☐ Private Physician ☑ Emergency Physican

These instructions are provided to: ☐ Patient ☐ Family ☐ Responsible Person ☐ Recieving Facility

I have read and understand these instructions. Tammy Windham Signature of Patient or Responsible Person	Pam Lechbourg, RN Signature of Nurse or Physician

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001638

WINDHAM,TAMMY ELIZABETH
Acct: 12258872 Unit: 229998
NO DOCTOR
ED
F W Age: 36 [redacted]

cy Department- Triage / Order Record [redacted] ge Level: ___ ate: 7-7-04

Triage Time: 0040

Age: 36 DOB: [redacted]

Pain: ☑ Yes ☐ No Pain Score: 7 Type: ☐ Acute ☐ Chronic Quality: ☐ Dull ☐ Throbbing ☑ Sharp ☐ Radiating ☐ Ache ☐ Pressure

Chief Complaint: passed out, vomiting, abd pain started @2130 tonight

Latex Allergies: ☐ Yes ☐ No
Food Allergies: ☐ Yes ☐ No
Drug Allergies: NKDA

T:	BP:	P:	R:	Wt (kg)	Ht:	SaO2	B/S	LMP
99	114/82	89	18	146 kg	5'3			5-4-04

Mode of Arrival: ☐ Foot ☐ Ambulance ☐ Car ☐ Carried ☐ Police ☐ Wheelchair

Hx of S/S of TB ☐ Yes ☐ No
Precautions: ☐ Tissues ☐ Mask ☐ Isolation ☐ Instruction

Visual Acuity ☐ Lens ☐ No Lens
OD_____ OS _____
OU_____

Home/Homeopathic/Herbal Meds.

Immunizations: ☐ UTD ☐ Tetanus _____ (Date)

Suspected Pt. Abuse: ☐ Yes ☐ No

Pre-Hospital Care: ☐ EMS ☐ C-collar ☐ Spinal Immobilization ☐ None ☐ Other _____

HPI: (location, quality, duration, timing, modifying factors, associated signs)
~2330 7-6-04 ABD PC P: Started vomiting & passed out, Called EMS but refused to go c them Hx: Ulcer, Anemia

Nursing Diagnosis:
☑ Altered Comfort ☐ Impaired Integrity ☐ Ineffective Coping ☑ Health Care Seeking ☐ Impaired Gas Exchange ☐ Altered Tissue Perfusion ☐ Other: _____

Nurse Signature: [signature]

Review of Systems: ☐ All reviewed and negative

Yes	No	
☐	☐	Fever
☐	☑	Visual Problems
☐	☑	Difficulty Hearing
☐	☐	Chest Pain
☐	☐	Difficulty Breathing
☑	☐	Vomiting Diarrhea
☐	☐	Dysuria / Discharge
☐	☐	Trauma
☐	☐	Rash
☐	☐	Extremity Weakness
☐	☐	Depression
☐	☐	Excessive Thirst
☐	☐	Abnormal Bleeding

Past Medical/Family History:

Yes	No	Family	
☐	☑	☐	Lung Disease
☐	☑	☐	Heart Disease
☐	☑	☐	Kidney Disease
☐	☐	☑	HTN
☐	☐	☑	CVA 11/6 Pleu
☐	☑	☐	Diabetes
☐	☑	☐	Cancer
☐	☑		HIV
☐	☑		Seizures
☐	☑		Sickle Cell Dse
☑	☐		Surgery
☐	☑		Psychiatric

Wrist wrap

Social History: ☑ ☐ Smoke 4 pk/day ☐ ☑ EtOH _____ ☐ ☑ Drugs _____

ORD	LAB/X-RAYS	TIME	INIT
	EKG ▲		
✓	CBC/diff ▲■	0040	TH
✓	BMP▲■ or CMP	0040	TH
	LFT		
	Amy/Lip		
	FSBS		
	Troponin I ▲		
	CKMB▲		
	PT/PTT ■		
	Blood Cx 1 or 2		
	T&S ■ or T&C		
	ABO		
	GC/Chlamydia		
	Wet Prep		
✓	U/A ■	0040	TH
	Urine C&S		
	Urine Preg.		
	QHCG		
	ABG RA		
	CXR		
	PCXR ▲■		
	C-Spine ■		
✓	Abd Series	0040	TH
	Ankle ☐L ☐R		
	Wrist ☐L ☐R		
	Hip ☐L ☐R		
	Cardiac Protocol = ▲		
	Trauma Panel = ■		
	O.D. Panel		

Ibuprofen _____
Tylenol _____

☐ DT 0.5 ml IM
Time Lot # Site Nurse

☑ Cardiac Monitor ▲ ☐ Foley ☐ I/Os
☑ Oxygen ▲ ☐ NGT ☐ Lavage
☑ Pulse Ox ☐ IV/INT

TIME	PHYSICIAN ORDERS	TIME	INIT
1:07	IV. 0.9 NS @ 1 L Bolus		
	then 125 cc/hr		
	Phenergan 12.5 mg IVP		
	Pepcid 20 mg IVP		
	GI cocktail PO c		
	Lido 20 mg in 5 phenergan		
	orthostatics		
	Pulse Ox - 99%		
	Accu-Chk		
2:39	d/c		
	PHYSICIAN SIGNATURE	TIME TO ROOM	1:07

Patient to Room # 17 /Time 0051 Dictated D

29228 Rev.02/10/04

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5425

001639

Name: WINDHAM,TAMMY ELIZABETH
Acct: 12258872 Unit: 229998
NO DOCTOR
ED
F W Age: 36 [redacted]

Date: 7/1/04 ID#:

DATE	TIME		SCORE	SCORE	(LOCATION OF PAIN)	DATE	TIME	INIT	PAIN SCORE	SED. SCORE	RESP RATE	OUTCOME/COMMENTS

SEDATION SCALE: (To be utilized With Controlled Substances AND Medications With Sedation potential)
1=S=sleeping easy to arouse (if sleeping count respirations for a full minute & document 24)
1=awake/alert/2=slightly drowsy, easily aroused/3=frequently drowsy, arousable, drifts off to sleep during conversation/4=somnolent, minimal or no response to physical stimulation

ADMITTING NOTIFIED: | ROOM ASSIGNMENT RECEIVED: | BED READY:

TRANSFER / ADMIT: TIME:_____ ROOM:_____
TRANSPORTED BY: ☐ STRETCHER ☐ HOSPITAL BED ☐ AMBULANCE ☐ WHEEL CHAIR ☐ FOOT ☐ HELICOPTER
PHYSICIAN'S CONTACTED: ( )_____ ( )_____ ☐ CALL RETURNED ☐ PRESENT
REPORT GIVEN: ( )_____ FAMILY/FRIENDS NOTIFIED: ( )_____
ACCOMPANIED BY: ☐ RN/LPN ☐ TECH ☐ TRANSPORTER ☐ EMT/PARAMEDIC ☐ RT ☐ DOCTOR
TRANSFER VITAL SIGNS: B/P_____ T_____ P_____ R_____
RECEIVING NURSE:_____ TIME:_____

INSTRUCTION TOPIC: Fall Instructions for Meds + Home care PR
TAUGHT TO: ☑ PATIENT ☐ FAMILY ☐ PARENT ☐ OTHER
MODE: ☑ WALK ☐ W/C ☐ CARRIED ☐ STRETCHER ☐ PRIVATE CAR ☐ EMS
ACCOMPANIED BY: ☐ SELF ☑ FAMILY ☐ FRIEND ☐ OTHER _____
D/C VITAL SIGNS: ☐ DEFERRED B/P 168/77 T 97.3 P 80 R 16
CONDITION ON ADMISSION/TRANSFER/DISCHARGE: ☐ GOOD ☐ FAIR ☐ POOR ☐ SAME ☐ IMPROVED

NOTES: 0130 - FSBS 114 - Pulse ox 99% - Orthostatics o 154/70 80, q 160/68 P96, q 139/69 P93
0250 - 20 gauge IVT removed from (L) hand - Pt. D/C/Dx of infiltration - Cathalon intact - bandage Applied - Ambulated from ED - 5 difficulty - PR

Pain Level Upon Discharge: _____ (If Score > or = 8 Nurses Note required.)

_____ Signature / Initials
_____ Signature / Initials
PR Pam Rechbourg Signature / Initials

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001640

WINDHAM,TAMMY ELIZABETH
Acct: 12258872 Unit: 229998
NO DOCTOR
ED
F W Age: 36

DEPARTMENT NURSING RECORD

Name: DOS: 07/07/04 Date: 7/7/04 ID:

Date	Time	Init	Pain Score	Sed. Score	Medication/Indication (Location of Pain)	Date	Time	Init	Pain Score	Sed. Score	Resp. Rate	Outcome / Comments
7-7-04	0150	PR			phenergan 12.5mg IV							
7-7-04	0130	PR			pepcid 20mg IV							
7-7-04	0200	PR			DL cocktail & Lidocaine							

SEDATION SCALE - (To be utilized With Controlled Substances AND Medications With Sedation potential!)
S=sleeping; easy to arouse (if sleeping count respirations for a full minute & document)
1=awake & alert/ 2=slightly drowsy, easily aroused/ 3=frequently drowsy, arousable, drifts off to sleep during conversation/ 4=somnolent, minimal or no response to physical stimulation

CT Contrast Injection Monitoring: If creatinine obtained: 2.5 or < or Physician's Approval ☐ Yes
IV Site: _____ ga. Location: _____. Flushes prior to injection ☐ Yes
Site monitored during injection: ☐ Yes Evidence of infiltration: ☐ No ☐ Yes (See comments)
Patient takes Glucophage, Glucovance (Metformin) ☐ Yes ☐ No
If "Yes", patient is instructed to hold medicine for 48hrs after CT: ☐ Yes

TIME	VITAL SIGNS BP	T	P	R	SaO_2	PATIENT PROGRESS / COMMENTS / OUTCOME / INITIALS
0115						FSBS 114 - PR
0115						Of 154/70 80
						E 160/68 86
						O 139/69 93
0125						Urine obtained and sent to lab-PR
0130						20 gauge IV placed in (L) hand blood drawn + flushed w/ 5cc NS - 1 liter NS now infusing wide open - phenergan + pepcid given as listed above - allergies verified - PR
0200						DL cocktail & lidocaine given as listed above - allergies verified - PR
0230						pt denies any vomiting since coming to ED - 0 distress PR

Signature/Initials: PR Pam Richburg, RN

Signature/Initials: _____

Page: 1

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PATIENT: WINDHAM, TAMMY ELIZABETH | ACCT #: 12258872 | LOC: ED | U #: 229998
REG DR: UNKNOWN | AGE/SX: 36/F | ROOM: | REG: 07/07/04
STATUS: REG ER | BED: | DIS:

SPEC #: 0707:U00005S | COLL: 07/07/04-0125 | STATUS: COMP | REQ #: 02490755
RECD: 07/07/04-0138 | SUBM DR: LECHER, BRIAN R

ENTERED: 07/07/04-0107 | OTHR DR: NO DOCTOR UNKNOWN

ORDERED: URINALYSIS-ER
COMMENTS: Is Patient for surgery in AM: N
SOURCE? Urine, clean catch
DATE/TIME OF COLLECTION? T

Test	Result	Flag	Reference	Verified
COLOR	YELLOW			07/07/04-0214
APPEARANCE-2	CLEAR		CLEAR	07/07/04-0214
GLUCOSE	NEGATIVE		NEGATIVE MG/DL	07/07/04-0214
BILIRUBIN	NEGATIVE		NEGATIVE	07/07/04-0214
KETONES	NEGATIVE		NEGATIVE	07/07/04-0214
SPECIFIC GRAVTY	1.011		1.003-1.030	07/07/04-0214
BLOOD	NEGATIVE		NEGATIVE	07/07/04-0214
PH	6.0		5-9	07/07/04-0214
PROTEIN	NEGATIVE		NEGATIVE MG/DL	07/07/04-0214
UROBILINOGEN	1.0		0.2-1.0 MG/DL	07/07/04-0214
NITRITES	NEGATIVE		NEGATIVE	07/07/04-0214
LEUKOCYTES	SMALL	H	NEGATIVE	07/07/04-0214
> WBC	7-14	H	0-6 /HPF	07/07/04-0216
> RBC	3-6	H	0-2 /HPF	07/07/04-0216
> EPITHELIAL CELL	15-19	H	0-6 /HPF	07/07/04-0216
> BACTERIA	FEW		NEGATIVE	07/07/04-0216
> YEAST	FEW		NEGATIVE	07/07/04-0216

** END OF REPORT **

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PATIENT: WINDHAM, TAMMY ELIZABETH | ACCT #: 12258872 | LOC: ED | U #: 229998
AGE/SX: 36/F | ROOM: | REG: 07/07/04
REG DR: UNKNOWN | STATUS: REG ER | BED: | DIS:

SPEC #: 0707:H00057S | COLL: 07/07/04-0130 | STATUS: COMP | REQ #: 02490755
RECD: 07/07/04-0138 | SUBM DR: LECHER, BRIAN R

ENTERED: 07/07/04-0107 | OTHR DR: NO DOCTOR
UNKNOWN

ORDERED: ERCBC WITH DIFF
COMMENTS: Is Patient for surgery in AM: N

Test	Result	Flag	Reference	Verified
ERCBC WITH DIFF				
HGRM				
> WBC	12.8	H	3.0-11 1000/UL	07/07/04-0148
> RBC	5.00		3.7-5.3 MIL/UL	07/07/04-0148
> HGB	10.6	# L	11.5-16.0 G/DL	07/07/04-0148
	Delta: 9.6 on 05/20/02-1400			
> HCT	33.6		33-46 %	07/07/04-0148
> MCV	67.2	L	79-95 FL	07/07/04-0148
> MCH	21.2	L	26-34 PG	07/07/04-0148
> MCHC	31.6		29-35 G/DL	07/07/04-0148
> RDW	21.0	H	11.9-15.5 %	07/07/04-0148
> PLATELET COUNT	355	#	135-415 1000/UL	07/07/04-0148
	Delta: 422 on 05/20/02-1400			
DIFF-AUTOMATED				
> NEUTROPHILS	75.1		42-76 %	07/07/04-0148
> LYMPHOCYTES	17.3		16-48 %	07/07/04-0148
> MONOCYTES	5.4		0.0-10.0 %	07/07/04-0148
> EOSINOPHILS	0.9		0.0-7.6 %	07/07/04-0148
> BASOPHILS	1.3		0.0-1.5 %	07/07/04-0148

** END OF REPORT **

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PATIENT: WINDHAM,TAMMY ELIZABETH ACCT #: 12258872 LOC: ED U #: 229998
AGE/SX: 36/F ROOM: REG: 07/07/04
REG DR: UNKNOWN STATUS: REG ER BED: DIS:

SPEC #: 0707:EC00001S COLL: 07/07/04-0130 STATUS: COMP REQ #: 02490755
RECD: 07/07/04-0138 SUBM DR: LECHER,BRIAN R

ENTERED: 07/07/04-0107 OTHR DR: NO DOCTOR
UNKNOWN

ORDERED: ER BMP
COMMENTS: Is Patient for surgery in AM: N

Test	Result	Flag	Reference	Verified
ER BMP				
> SODIUM	135	L	136-145 MEQ/L	07/07/04-0159
> POTASSIUM	3.2	L	3.5-5.1 MEQ/L	07/07/04-0159
> CHLORIDE	101		98-107 MEQ/L	07/07/04-0159
> C02	22		21-32 MEQ/L	07/07/04-0159
> GLUCOSE SERUM	111	H	80-110 MG/DL	07/07/04-0159
> BUN	8		7-18 MG/DL	07/07/04-0159
> CREATININE	0.8		0.6-1.3 MG/DL	07/07/04-0159
> CALCIUM	8.8		8.5-11.0 MG/DL	07/07/04-0159

** END OF REPORT **

PATIENT: WINDHAM,TAMMY ELIZABETH	**ACCT #:** 12258872	**LOC:** ED		**U #:** 229998
	AGE/SX: 36/F	**ROOM:**		**REG:** 07/07/04
REG DR: UNKNOWN	**STATUS:** REG ER	**BED:**		**DIS:**

SPEC #: 0707:A00004R	**COLL:** 07/07/04-0115	**STATUS:** COMP	**REQ #:** 02490756
	RECD: 07/07/04-0115	**SUBM DR:** UNKNOWN	
ENTERED: 07/07/04-0112		**OTHR DR:** NO DOCTOR	
ORDERED: ALTGLFS			

Test	Result	Flag	Reference	Verified
> GLUCOSE FINGER	114	H	80-110 MG/DL	07/07/04-0112

** END OF REPORT **

TUOMEY
HEALTHCARE SYSTEM
Bringing more to life

PATIENT NAME:	**WINDHAM, TAMMY ELIZABETH**
MRN:	**QUORTU229998**
ACCOUNT # (Opt):	**12258872**
DATE OF BIRTH:	[redacted]
REQUESTING DR:	**LECHER, BRIAN R**
ATTENDING DR:	
CC DR:	
ORDER LOCATION:	**OP**
ROOM NUMBER:	**ED^^**
SERVICE DATE:	**07-07-2004 01:07**
DICTATED DATE:	**07-07-2004 08:11**
REPORT DATE:	**07-07-2004 10:32**

TUOMEY HEALTHCARE SYSTEM

STUDY: RAD.ABC XR ABDOMEN SERIES W/CHEST 2463
REASON: PAIN

ACUTE ABDOMINAL SERIES WITH CHEST:

Examination of the chest shows normal heart size. The lungs are well expanded without focal infiltrates.

Supine and upright views of the abdomen show a nonobstructive gas pattern. No pathologic calcifications are identified. Surgical clips are seen in the right upper quadrant consistent with previous cholecystectomy. No free intraperitoneal air is seen.

IMPRESSION: No acute abnormalities.

TRANSCRIPTIONIST: LAPIERRE, DONNA
READING RADIOLOGIST: **PANNELL, TIMOTHY MD**
This report has been reviewed and released by:

PANNELL, TIMOTHY MD

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Tuomey Healthcare System
Emergency Room Note

07/07/04

Patient: WINDHAM,TAMMY ELIZABETH **Account #:** 12258872
Unit #: 229998
Dictating Physician: LECHER,BRIAN R

PRIMARY CARE: Family health center

CHIEF COMPLAINT: Nausea, vomiting, and syncope.

HISTORY OF PRESENT ILLNESS: The patient is a 36-year-old Caucasian female who is vomiting. She vomited about 8 times per family and then passed out. She had complaints of some midepigastric pain. She has a history of hiatal hernia and states that this has been bothering her a lot recently. She denies hitting her head, loss of consciousness, or diarrhea. She has no other modifying factors or associated symptoms.

REVIEW OF SYSTEMS: Medical review of systems reviewed with the patient and otherwise negative.

PAST MEDICAL HISTORY: Hiatal hernia.

PAST SURGICAL HISTORY: Cholecystectomy and appendectomy.

SOCIAL HISTORY: Positive for tobacco abuse. She is encouraged to quit. Denies alcohol or drug use.

FAMILY HISTORY: Positive for hypertension, CVA, and cancer.

CURRENT MEDICATIONS: None.

ALLERGIES: None.

PHYSICAL EXAMINATION: Constitutional: Heart rate, BP, RR, reviewed as recorded on nurses notes. The patient is well nourished, well hydrated. Eyes: Pupils reactive, extraocular movements intact. No conjunctival redness or drainage. Neck: No meningeal signs, trachea midline. No masses or thyromegaly. Cardiovascular: Heart regular rate and rhythm. Good peripheral pulses. No peripheral edema. Respiratory/Chest: Breath sounds clear and equal bilaterally. No rales, rhonchi, or wheezes. No accessory muscle use. Gastrointestinal/Abdominal: She has got some midepigastric tenderness. No rebound. No peritoneal signs. Bowel sounds are positive. No hepatosplenomegaly. Musculoskeletal: No clubbing or cyanosis. No joint swelling. Normal muscle tone. Neurological: Sensation is grossly intact. Cranial nerve exam reveals face is symmetrical, tongue is midline, speech is clear. Skin: No rash or petechiae. Good skin turgor palpated. Psychiatric: Alert and oriented. Appropriate behavior and judgment.

EMERGENCY DEPARTMENT COURSE: The patient is seen and examined. IV, O2, and monitor were immediately placed on the patient. She

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Tuomey Healthcare System
Emergency Room Note

07/07/04

Patient: WINDHAM,TAMMY ELIZABETH **Account #:** 12258872
Unit #: 229998
Dictating Physician: LECHER,BRIAN R

---

was monitored on a cardiac monitor which demonstrated sinus rhythm without any acute ST-T wave changes. Her vital signs at the time of exam are reviewed and normal. She was started on IV. She was given a liter bolus and run at 125 mL an hour and given some Phenergan, Pepcid, and GI cocktail. Upon repeat evaluation at 2:30, she was feeling 100% better. Her labs were obtained and reviewed, which showed normal hemoglobin and hematocrit. No evidence of significant leukocytosis. No evidence of electrolyte imbalance. Her blood sugar was normal. Urinalysis was obtained and reviewed and unremarkable. The patient's pulse oximetry remained normal at 99%. Acute abdominal series was obtained and reviewed and unremarkable with the exception of a metallic foreign body consistent with an abdominal belly ring. She will be discharged with prescription for some Zantac. Encouraged to drink lots of fluids, to follow up with her doctor and to quit smoking.

FINAL DIAGNOSES:
1. Acute abdominal pain.
2. Nausea and vomiting.
3. Situational syncope.

DISPOSITION: Discharged.

_____
Brian Lecher, DO

LECB/25SN4/25SSA/

Tuomey Healthcare System
Emergency Room Note

07/07/04

Patient: WINDHAM,TAMMY ELIZABETH **Account #:** 12258872
Unit #: 229998
Dictating Physician: LECHER,BRIAN R

DD: 07/07/2004 02:34 TD: 07/07/2004 21:53
13287310

Interpreted by: LECHER,BRIAN R

<SIGNED ELECTRONICALLY>

07/07/04 0234

Electronically Signed by: LECHER,BRIAN R

cc:

234

Chart Copy

001649

ADMISSION RECORD

Patient Name / Address	Account No.	Room / Bed	Type	Location / Service		Medical Rec. No.	
WINDHAM,TAMMY ELIZABETH [redacted]	12315167	LD 3/1	IN	WOM		229998	
	Date of Birth	Age	Sex	MarStat	Religion	Race	Smoker
	[redacted]	37	F	M	HOL	W	N

Person to Notify / Address	Relationship
WINDHAM,TOMMY [redacted]	H
Other Phone	

Guarantor / Address	Next of Kin / Address	Relationship
WINDHAM,TAMMY ELIZABETH [redacted]	RAPPOTT,MELINDA [redacted]	SI
	Other Phone	803-773-8101

Financial Class S

Insurance Name	Policy Number	Coverage Number	Subscriber / Insured Name
SELF-PAY	247311815		WINDHAM,TAMMY ELIZABETH

Accident Information	Reason for Visit		
LAST MENSTRUAL	PRETERM LABOR		
Accident Date / Time	Comments	Height / Weight	Arrival Mode
05/14/04			

Admit Date / Time	Admitting Physician	Attending Physician	User
11/03/04 1800	DENNIS,RONNIE W	DENNIS,RONNIE W	ADSK

Hospital Days	HOME	OMI	SNF	ICF	HH	DIED	AUTOPSY	Surgeon	Consult	Discharge Date / Time
	☐	☐	☐	☐	☐	☐	☐	Anesthesiologist	Consult	11.03.04

Admitting Diagnosis

Principal Diagnosis

Secondary Diagnosis

Procedure

H Diagnosis and Procedure Code 11/9/04 RP

644.13

382

11/3 6759 DENEW

Does Pt have Advance Directive? N

TUOMEY HEALTHCARE SYSTEM
Bringing more to life.

129 North Washington Street
Sumter, South Carolina 29150

Admission Record (Chart Copy)

00000 Rev. 01/01/2004

[redacted]

5436

Chart Copy

001650

ADMISSION RECORD

Patient Name / Address	Account No.	Room / Bed	Type	Location / Service	Medical Rec. No.
WINDHAM,TAMMY ELIZABETH [redacted]	12315167	LD 3/1	IN	WOM	229998

Date of Birth	Age	Sex	MarStat	Religion	Race	Smoker
[redacted]	37	F	M	HOL	W	N

Person to Notify / Address: WINDHAM,TOMMY [redacted] — Relationship: H — Other Phone

Guarantor / Address: WINDHAM,TAMMY ELIZABETH [redacted]

Next of Kin / Address: PARROTT,MELINDA [redacted] — Relationship: SI — Other Phone: 803-773-8101

Financial Class: S

Insurance Name	Policy Number	Coverage Number	Subscriber / Insured Name
SELF-PAY	247311815		WINDHAM,TAMMY ELIZABETH

Accident Information	Reason for Visit
LAST MENSTRUAL	PRETERM LABOR

Accident Date / Time	Comments	Height / Weight	Arrival Mode
05/14/04			

Admit Date / Time	Admitting Physician	Attending Physician	User
11/03/04 1800	DENNIS,RONNIE W	DENNIS,RONNIE W	ADSK

Hospital Days	HOME	OMI	SNF	ICF	HH	DIED	AUTOPSY	Surgeon	Consult	Discharge Date / Time
	☐	☐	☐	☐	☐	☐	☐	Anesthesiologist	Consult	11.03.04

Admitting Diagnosis

Principal Diagnosis

Secondary Diagnosis

Procedure

H Diagnosis and Procedure Code 11/9/04 RP

644.13

382

11/3 0759 DENRW

Does Pt have Advance Directive? N

TUOMEY HEALTHCARE SYSTEM
Bringing more to life.

129 North Washington Street
Sumter, South Carolina 29150

Admission Record (Chart Copy)

00000 Rev. 01/01/2004

[redacted]

5437

TUOMEY HEALTHCARE SYSTEM

PROGRESS NOTES

DATE	TIME	
		37 yo F p/w SOB
11/3/04		EDC 3/18/04 Eg's 24-25 wks
		admit & IV PCN
		Cx 4-5/50's-2 & bulging membranes
11/3/04		Cardiology in progress,
		Dr Jones pending & cardiology & pt & daughter
		will proceed.
11/3/04		Cx cardiology placed
		5 difficulty - good closure.
11/3/04		STAT bmp UCG
		Mg SO4 started
		Calcium gluconate 1g 21 11/3/04
11/3/04		Mg SO4 ↑
		UCG ↓
11/4/04		NO UCG since 1100pm.
		Cx closed & cardiology. 50-60% effaced
		will repeat CBC & Mg once today.
		Daughter & pt & family. PRN called
		Daughter & Dr Julie Johnson - wish to
		transfer Rick explained to pt. & family

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TUOMEY HEALTHCARE SYSTEM

38660 REV. 04/04

PHYSICIAN'S ORDER SHEET

AUTO STOP ORDERS - ALL MEDICATIONS 30 DAYS EXCEPT THE FOLLOWING:

- ANTI-INFECTIVES - 7 DAYS
- *EXCEPTION: AZITHROMYCIN - 5 DAYS
- CHEMOTHERAPEUTICS - 5 DAYS
- GLYCOPROTEIN IIB/IIIA INHIBITORS - 3 DAYS
- EPIDURALS/PCA'S - 5 DAYS
- HEPARIN DRIPS - 5 DAYS
- KETOROLAC - 5 DAYS
- HIV AND TB MEDS - 30 DAYS

UNAPPROVED DANGEROUS ABBREVIATIONS LIST

AU	q.o.d.	x3d	MS	T.I.W.
AS	U	SS	MS04	µg
AD	IU	qd	MGS04	

DRUG ALLERGIES | 1. | 2. | 3. | 4.

DOCTOR: PLEASE ENTER DATE & HOUR, SIGN EACH SET OF ORDERS
NURSE: PLACE X IN COLUMN ON LINE FOR MEDICATIONS REQUIRED

IMPRINT PATIENT INFORMATION BELOW

Tammy Windham
Dr Dennis

DATE 11/3/04 TIME 1740

EFM

US Done 11/3/04 1740

OB US complete – cervical length, fluid level, etc

LR – Volus 500cc then 125cc/HR

Procardia XL 30mg po qd – begin now

Ampicillin 2gm now, 1gm q 4 hours

DATE TIME

VO Dr RW Dennis / P Flaherty

11/3/04

TRANSCRIBER 11/3/04 24 HR CK

Betham 0.25g S.C. now

Celestone 12mg IM now

DATE TIME

Consult for emergency cerclage

TRANSCRIBER 11/4/04 24 HR CK

Noted 11/3/04 - 1919 / M. Estelle, RN

1) Urine Drug Screen
2) CBC
3) Preeclamptic labs
4) MS 04 4gm Bolus, then
5) 1½ gm / hr
6) DC procardia
7) Bedrest
8) Reg diet when awake

DATE TIME

9) Ativan to OR

TRANSCRIBER 24 HR CK

Noted 11/3/04 - 2135 / M. Estelle, RN

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T JOMEY HEALTHCARE SYSTEM

38660 REV. 04/04

PHYSICIAN'S ORDER SHEET

AUTO STOP ORDERS - ALL MEDICATIONS 30 DAYS EXCEPT THE FOLLOWING:

- ANTI-INFECTIVES - 7 DAYS
- *EXCEPTION: AZITHROMYCIN - 5 DAYS
- CHEMOTHERAPEUTICS - 5 DAYS
- GLYCOPROTEIN IIB/IIIA INHIBITORS - 3 DAYS
- EPIDURALS/PCA'S - 5 DAYS
- HEPARIN DRIPS - 5 DAYS
- KETOROLAC - 5 DAYS
- HIV AND TB MEDS - 30 DAYS

UNAPPROVED DANGEROUS ABBREVIATIONS LIST

AU	q.o.d.	x3d	MS	T.I.W.
AS	U	SS	MS04	µg
AD	IU	qd	MGS04	

DRUG ALLERGIES | 1. | 2. | 3. | 4.

DOCTOR: PLEASE ENTER DATE & HOUR. SIGN EACH SET OF ORDERS.
NURSE: PLACE X IN COLUMN ON LINE FOR MEDICATIONS REQUIRED - PHARMACY.

IMPRINT PATIENT INFORMATION BELOW

DATE 11/3/04 TIME 2145

4 gm Mg SO4 to 2' Kpm / hr —

p.o. Dr Dennis / M. Stiefel RN

DATE 11/3/04 TIME 2220

11/3/04

4 gm Mg SO4 — to 3 gm / hour

p.o. Dr. Dennis / M. Stiefel RN

11/3/04

DATE 11/3/04 TIME 2255

Demerol 25 mg + Phenergan 12.5 mg IVP — X1

4 gm Mg SO4 @ 3' Kpm

2255 p.o. Dr Dennis / M. Stiefel RN

11/3/04

DATE 11/4/04 TIME 0110

Demerol 25 mg + Phenergan 12.5 mg

IVP Q1 hour pm pain —

0110 p.o. Dr Dennis / M. Stiefel RN

11/4/04

DATE 11/4/04 TIME 0810

CBC

Mg SO4 level

V.O. Dr P Dennis / Stiefel RN

noted 11/4/04 0811 11/4/04

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TUOMEY HEALTHCARE SYSTEM

38660 REV. 04/04

PHYSICIAN'S ORDER SHEET

AUTO STOP ORDERS - ALL MEDICATIONS 30 DAYS EXCEPT THE FOLLOWING:

- ANTI-INFECTIVES - 7 DAYS
- *EXCEPTION: AZITHROMYCIN - 5 DAYS
- CHEMOTHERAPEUTICS - 5 DAYS
- GLYCOPROTEIN IIB/IIIA INHIBITORS - 3 DAYS
- EPIDURALS/PCA'S - 5 DAYS
- HEPARIN DRIPS - 5 DAYS
- KETOROLAC - 5 DAYS
- HIV AND TB MEDS - 30 DAYS

UNAPPROVED DANGEROUS ABBREVIATIONS LIST

AU	q.o.d.	x3d	MS	T.I.W.
AS	U	SS	MSO4	µg
AD	IU	qd	MGSO4	

DRUG ALLERGIES | 1. | 2. | 3. | 4.

DOCTOR: PLEASE ENTER DATE & HOUR SIGN EACH SET OF ORDERS.
NURSE: PLACE X IN COLUMN ON LINE FOR MEDICATIONS REQUIRED - PHARMACY.

IMPRINT PATIENT INFORMATION BELOW

	DATE	TIME	
W. CLERK INIT.			
DATE	11/4/04		1) Transfer w/c Ambulance to
TIME			Palmetto Richland c/c Dr Justin Johnson
TRANSCRIBER			2) Continue Mg SO4 @ 3 g/hr
24 HR. CK.			3) Continue Insulin gtt per TCC
			Noted Allergies 11/4/04 0847

	DATE	TIME	
W. CLERK INIT.			
DATE			
TIME			
TRANSCRIBER			
24 HR. CK.			

	DATE	TIME	
W. CLERK INIT.			
DATE			
TIME			
TRANSCRIBER			
24 HR. CK.			

	DATE	TIME	
W. CLERK INIT.			
DATE			
TIME			
TRANSCRIBER			
24 HR. CK.			

	DATE	TIME	
W. CLERK INIT.			
DATE			
TIME			
TRANSCRIBER			
24 HR. CK.			

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Addressograph

Tuomey Regional Medical Center
Physician Order Sheet

NO PRENATAL CARE ADMISSION ORDER

AUTOMATIC STOP ORDERS - ALL MEDICATIONS 30 DAYS EXCEPT THE FOLLOWING:

Anticoagulants – 72 hrs
* Exceptions: Low dose Heparin Prophylaxis, Low Molecular Weight Heparins and Warfarin – 7 days

Anti-Infectives – 7 days
* Exception: Azithromycin – 5 days

Chemotherapeutics – 5 days

Ergot Preparations – 24 hrs

Glycoprotein IIb/IIIa Inhibitors – 72 hrs

Ketorolac – 5 days

Drug Allergies: 1. NKDA **2.** _____ **3.** _____ **4.** _____

[ ] Inpatient Admission **[ ] Assign to Outpatient Observation**

1. ADMIT TO LABOR AND DELIVERY.
2. LR IV AT 125CC/HR.
3. BICITRA 30CC PO Q 3-4 HR PRN.
4. EXTERNAL ELECTRONIC FETAL MONITOR (EEFM). done
5. LAB: Draw Labs
   - A. CBC done
   - B. VDRL
   - C. RUBELLA TITER
   - D. TYPE AND RH
   - E. UA
   - F. HEPATITIS SCREEN
   - G. URINE DRUG SCREEN done
   - H. HIV
6. SOCIAL SERVICES CONSULT.
7. MAY CATHERIZE THREE (3) TIMES WHILE IN LABOR, IF UNABLE TO VOID AND DISTENDED. SEND UA TO LAB FOR C&S ON FIRST CATHERIZED SPECIMEN OBTAINED.

V.O. Dr R. Dennis RGen 11/4/04 0845

Physician **Date** **Time**

noted KGenker RN 11/4/04 0845

240

Form 83-NCR **Chart Check: Date: Time: Initials:**

Original Form: 11/28/89

TUOMEY HEALTHCARE SYSTEM
129 N. WASHINGTON STREET
SUMTER, SC 29150

DISCHARGE SUMMARY

Name: WINDHAM,TAMMY ELIZABETH
Att. Dr: DENNIS,RONNIE W
Adm. Dr: DENNIS,RONNIE W
Admit Date: 11/03/04
Location: LD

MR#: 229998
RM#: LD 3-1
[redacted]
Discharge Date: 11/04/04
Service: Women's Services

NAME: WINDHAM, TAMMY ELIZABETH

U#: 229998

DATE OF ADMISSION: 11/03/2004

DATE OF DISCHARGE: 11/04/2004

ACCOUNT NUMBER: 12315167

DATE OF BIRTH:

Transfer Note

Ms. Windham was admitted on 11/03/04, and had approximately 24 to 25 estimated gestational age, in preterm labor. She was treated with Celestone, tocolysis, and had emergency cerclage placed without complications. She had no uterine contractions for at 8 hours prior to this transfer and her cervical exam at the time of transfer still showed the cerclage in place with the cervix still closed, but about 50-60% effaced.

RONNIE DENNIS, MD

Dict. Date: 11/04/2004 Trans. Date: 11/04/2004
119909 / 36678 / 29358
Job: 22655

Electronically Signed by:

241

TUOMEY HEALTHCARE SYSTEM
129 N. WASHINGTON STREET
SUMTER, SC 29150

HISTORY AND PHYSICAL REPORT

Name: WINDHAM,TAMMY ELIZABETH
Att. Dr: DENNIS,RONNIE W
Adm. Dr: DENNIS,RONNIE W
Admit Date: 11/03/04
Location: LD

MR#: 229998
[redacted]
Service: Women's Services

NAME: WINDHAM, TAMMY ELIZABETH

U#: 229998

DATE OF ADMISSION: 11/03/2004

ACCOUNT NUMBER: 12315167

DATE OF BIRTH: [redacted]

CHIEF COMPLAINT: Labor.

HISTORY OF PRESENT ILLNESS: This is a 37-year-old G7, P1, A5, previous miscarriages between 8 and 10 weeks. EDC of 02/18/2005 by ultrasound. Gestational age 24-1/2 weeks. Admitted with complaints of pain and vaginal bleeding approximately 1-2 hours prior to this admission. She has been doing well until this episode. Her prenatal course has been otherwise unremarkable. She has had an amniocentesis done at Richland Hospital for advanced maternal age. Results are still pending.

PAST MEDICAL HISTORY: Significant for her early miscarriages.

FAMILY HISTORY: Significant for hypertension.

SOCIAL HISTORY: She denies any drugs, alcohol or tobacco usage.

REVIEW OF SYSTEMS: She denies any headache, blurry vision, shortness of breath or chest pain, epigastric pain, dysuria, bowel changes, pain in extremities or swelling in extremities.

PHYSICAL EXAMINATION: Blood pressure is 178/76, pulse 100, respirations 20, temperature 98.7. HEENT exam normal. Lungs clear. Heart is regular rate and rhythm without murmurs, gallops or rubs. Abdomen is gravid at approximately 24 weeks estimated gestational age. GU/rectal: She is 3-4, 90% effaced and -2 station. Extremities show no evidence of cyanosis or edema. Neurologic exam is grossly intact.

ASSESSMENT: Intrauterine pregnancy, 24-1/2 weeks estimated gestational age, in preterm labor. Admission for tocolysis and attempt at emergency cerclage placement.

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TUOMEY HEALTHCARE SYSTEM
129 N. WASHINGTON STREET
SUMTER, SC 29150

HISTORY AND PHYSICAL REPORT

Name: WINDHAM,TAMMY ELIZABETH
Att. Dr: DENNIS,RONNIE W
Adm. Dr: DENNIS,RONNIE W
Admit Date: 11/03/04
Location: LD

MR#: 229998
RM#: LD 3-1
[redacted]
Service: Women's Services

RONNIE DENNIS, MD

Dict. Date: 11/03/2004 Trans. Date: 11/03/2004
112553 / 30028 /
Job: 22601

Electronically Signed by:

001659

PATIENT: WINDHAM,TAMMY ELIZABETH | ACCT #: 12315167 | LOC: LD | U #: 229998
AGE/SX: 37/F | ROOM: LD 3 | REG: 11/03/04
REG DR: DENNIS,RONNIE W | STATUS: ADM IN | BED: 1 | DIS:

SPEC #: 1103:CU00010U | COLL: 11/03/04-2100 | STATUS: COMP | REQ #: 02592321
RECD: 11/03/04-2115 | SUBM DR: DENNIS,RONNIE W

ENTERED: 11/03/04-2111 | OTHR DR:
ORDERED: DRUG SCREEN MED
COMMENTS: Is Patient for surgery in AM: N
Patient for possible discharge on date of procedure: N

Test	Result	Flag	Reference	Verified
DRUG SCREEN MED				
> BENZODIAZEPINE	NEGATIVE		NEG	11/03/04-2148
> BARBIT	NEGATIVE		NEG	11/03/04-2148
> AMPHET*	NEGATIVE		NEG	11/03/04-2148
> COCAIN*	NEGATIVE		NEG	11/03/04-2148
> THC*	NEGATIVE		NEG	11/03/04-2148
> PCP*	NEGATIVE		NEG	11/03/04-2148
> OPIATES*	NEGATIVE		NEG	11/03/04-2148
> METHADONE*	NEGATIVE		NEG	11/03/04-2148
	THIS URINE DRUG SCREEN IS FOR MEDICAL USE ONLY. THESE RESULTS SHOULD BE USED ONLY BY PHYSICIANS TO RENDER DIAGNOSIS, TREATMENT, OR TO MONITOR PROGRESS OF MEDICAL CONDITIONS. THESE RESULTS SHOULD NOT BE USED FOR ANY LEGAL PURPOSES(S) OR FOR EMPLOYMENT EVALUATION PURPOSES. SPECIMEN WAS RECEIVED WITHOUT CHAIN OF CUSTODY AND WAS NOT HANDLED AS A LEGAL SPECIMEN.			

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** END OF REPORT **

PATIENT: WINDHAM,TAMMY ELIZABETH ACCT #: 12315167 LOC: LD U #: 229998
AGE/SX: 37/F ROOM: LD 3 REG: 11/03/04
REG DR: DENNIS,RONNIE W STATUS: ADM IN BED: 1 DIS:

SPEC #: 1104:H00111S COLL: 11/04/04-0840 STATUS: COMP REQ #: 02592682
RECD: 11/04/04-0849 SUBM DR: DENNIS,RONNIE W

ENTERED: 11/04/04-0834 OTHR DR:
ORDERED: CBC(NO DIFF)
COMMENTS: Is Patient for surgery in AM: N
Patient for possible discharge on date of procedure: N
QUERIES: Medical Necessity: NA

Test	Result	Flag	Reference	Verified
CBC(NO DIFF)				
> WBC	26.7	*H*	3.0-11 1000/UL	11/04/04-0940
	SMEAR SCANNED			
	WBC EST INCREASED			
RBC	4.57		3.7-5.3 MIL/UL	11/04/04-0904
HGB	11.2	*L*	11.5-16.0 G/DL	11/04/04-0904
HCT	33.7		33-46 %	11/04/04-0904
MCV	73.8	*L*	79-95 FL	11/04/04-0904
MCH	24.6	*L*	26-34 PG	11/04/04-0904
MCHC	33.3		29-35 G/DL	11/04/04-0904
RDW	20.6	*H*	11.9-15.5 %	11/04/04-0904
PLATELET COUNT	420	*H*	135-415 1000/UL	11/04/04-0904

** END OF REPORT **

PATIENT: WINDHAM,TAMMY ELIZABETH | ACCT #: 12315167 | LOC: LD | U #: 229998
AGE/SX: 37/F | ROOM: LD 3 | REG: 11/03/04
REG DR: DENNIS,RONNIE W | STATUS: ADM IN | BED: 1 | DIS:

SPEC #: 1104:H00111S | COLL: 11/04/04-0840 | STATUS: COMP | REQ #: 02592682
RECD: 11/04/04-0849 | SUBM DR: DENNIS,RONNIE W

ENTERED: 11/04/04-0834 | OTHR DR:
ORDERED: CBC(NO DIFF)
COMMENTS: Is Patient for surgery in AM: N
Patient for possible discharge on date of procedure: N
QUERIES: Medical Necessity: NA

Test	Result	Flag	Reference	Verified
CBC(NO DIFF)				
> WBC	26.7	H	3.0-11 1000/UL	11/04/04-0904
> RBC	4.57		3.7-5.3 MIL/UL	11/04/04-0904
> HGB	11.2	L	11.5-16.0 G/DL	11/04/04-0904
> HCT	33.7		33-46 %	11/04/04-0904
> MCV	73.8	L	79-95 FL	11/04/04-0904
> MCH	24.6	L	26-34 PG	11/04/04-0904
> MCHC	33.3		29-35 G/DL	11/04/04-0904
> RDW	20.6	H	11.9-15.5 %	11/04/04-0904
> PLATELET COUNT	420	H	135-415 1000/UL	11/04/04-0904

** END OF REPORT **

PATIENT: WINDHAM,TAMMY ELIZABETH | ACCT #: 12315167 | LOC: LD | U #: 229998
AGE/SX: 37/F | ROOM: LD 3 | REG: 11/03/04
REG DR: DENNIS,RONNIE W | STATUS: ADM IN | BED: 1 | DIS:

SPEC #: 1103:C00278U | COLL: 11/03/04-2205 | STATUS: COMP | REQ #: 02592329
RECD: 11/03/04-2223 | SUBM DR: DENNIS,RONNIE W

ENTERED: 11/03/04-2118 | OTHR DR:
ORDERED: CMP
COMMENTS: Is Patient for surgery in AM: N
Patient for possible discharge on date of procedure: N

	Test	Result	Flag	Reference	Verified
	CMP				
	BASIC METABOLIC				
>	SODIUM	134	L	136-145 MEQ/L	11/03/04-2302
>	POTASSIUM	3.7		3.5-5.1 MEQ/L	11/03/04-2302
>	CHLORIDE	103		98-107 MEQ/L	11/03/04-2302
>	C02	19	L	21-32 MEQ/L	11/03/04-2302
>	GLUCOSE SERUM	157	H	80-110 MG/DL	11/03/04-2302
>	BUN	1	L	7-18 MG/DL	11/03/04-2302
>	CREATININE	0.5	L	0.6-1.3 MG/DL	11/03/04-2302
>	CALCIUM	8.5		8.5-11.0 MG/DL	11/03/04-2302
>	PROTEIN	6.1	L	6.4-8.2 GM/DL	11/03/04-2302
>	ALBUMIN	2.3	L	3.2-4.0 GM/DL	11/03/04-2302
>	TOTAL BILI	0.1		0.1-1.0 MG/DL	11/03/04-2302
>	ALT (SGPT)	29	L	30-65 IU/L	11/03/04-2302
>	AST (SGOT)	28		15-37 IU/L	11/03/04-2302
>	ALK PHOS	210	H	50-136 IU/L	11/03/04-2302

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** END OF REPORT **

Tuomey Healthcare System
129 N. Washington Street
Sumter, S.C. 29150
Medical Director: O.A. Pinilla, MD

RUN DATE: 11/03/04
RUN TIME: 2249

TUH NPR LAB **LIVE**
Specimen Inquiry External
PCI User: NSRG1 Lab Database: LAB.TUH

Name: WINDHAM,TAMMY ELIZABETH **Age/Sex:** 37/F **Attend Dr:** DENNIS,RONNIE W
Acct#: 12315167 **Unit#:** 229998 **Status:** ADM IN **Location:** LD LD 3-1
Reg: 11/03/04 **Disch:**

Specimen: 1103:CU00010U **Collected:** 11/03/04-2100 **Status:** COMP **Req#:** 02592321
Received: 11/03/04-2115 **Subm Dr:** DENNIS,RONNIE W

Ordered: DRUG SCREEN MED
Comments: Is Patient for surgery in AM: N
Patient for possible discharge on date of procedure: N

Test	Result	Flag	Reference	Verified
DRUG SCREEN MED				
> BENZODIAZEPINE	NEGATIVE		NEG	11/03/04-2148
> BARBIT	NEGATIVE		NEG	11/03/04-2148
> AMPHET*	NEGATIVE		NEG	11/03/04-2148
> COCAIN*	NEGATIVE		NEG	11/03/04-2148
> THC*	NEGATIVE		NEG	11/03/04-2148
> PCP*	NEGATIVE		NEG	11/03/04-2148
> OPIATES*	NEGATIVE		NEG	11/03/04-2148
> METHADONE*	NEGATIVE		NEG	11/03/04-2148

THIS URINE DRUG SCREEN IS FOR MEDICAL USE ONLY. THESE RESULTS SHOULD BE USED ONLY BY PHYSICIANS TO RENDER DIAGNOSIS, TREATMENT, OR TO MONITOR PROGRESS OF MEDICAL CONDITIONS. THESE RESULTS SHOULD NOT BE USED FOR ANY LEGAL PURPOSES(S) OR FOR EMPLOYMENT EVALUATION PURPOSES. SPECIMEN WAS RECEIVED WITHOUT CHAIN OF CUSTODY AND WAS NOT HANDLED AS A LEGAL SPECIMEN.

** END OF REPORT **

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001664

PATIENT: WINDHAM,TAMMY ELIZABETH | ACCT #: 12315167 | LOC: LD | U #: 229998
AGE/SX: 37/F | ROOM: LD 3 | REG: 11/03/04
REG DR: DENNIS,RONNIE W | STATUS: ADM IN | BED: 1 | DIS:

SPEC #: 1103:U00066U | COLL: 11/03/04-2100 | STATUS: COMP | REQ #: 02592329
RECD: 11/03/04-2223 | SUBM DR: DENNIS,RONNIE W

ENTERED: 11/03/04-2118 | OTHR DR:
ORDERED: URINALYSIS
COMMENTS: Is Patient for surgery in AM: N
Patient for possible discharge on date of procedure: N

Test	Result	Flag	Reference	Verified
COLOR	YELLOW			11/03/04-2230
APPEARANCE-2	CLEAR		CLEAR	11/03/04-2230
GLUCOSE	NEGATIVE		NEGATIVE MG/DL	
				11/03/04-2230
BILIRUBIN	NEGATIVE		NEGATIVE	11/03/04-2230
KETONES	NEGATIVE		NEGATIVE	11/03/04-2230
SPECIFIC GRAVITY	1.013		1.003-1.030	11/03/04-2230
BLOOD	NEGATIVE		NEGATIVE	11/03/04-2230
PH	6.5		5-9	11/03/04-2230
PROTEIN	NEGATIVE		NEGATIVE MG/DL	
				11/03/04-2230
UROBILINOGEN	0.2		0.2-1.0 MG/DL	
				11/03/04-2230
NITRITES	NEGATIVE		NEGATIVE	11/03/04-2230
LEUKOCYTES	NEGATIVE		NEGATIVE	11/03/04-2230
> WBC	RARE		0-6 /HPF	11/03/04-2246
> RBC	0		0-2 /HPF	11/03/04-2246
> EPITHELIAL CELL	RARE		0-6 /HPF	11/03/04-2246

** END OF REPORT **

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1. ...ey Healthcare ...tem
129 N. Washington Street
Sumter, S.C. 29150
Medical Director: O.A. Pinilla, MD

RUN DATE: 11/03/04
RUN TIME: 1936

TUH NPR LAB **LIVE**
Specimen Inquiry External
PCI User: NSGJW Lab Database: LAB.TUH

Name: WINDHAM,TAMMY ELIZABETH Age/Sex: 37/F Attend Dr: DENNIS,RONNIE W
Acct#: 12315167 Unit#: 229998 Status: ADM IN Location: LD LD 3-1
Reg: 11/03/04 Disch:

Specimen: 1103:H00201S Collected: 11/03/04-1800 Status: COMP Req#: 02592232
Received: 11/03/04-1812 Subm Dr: DENNIS,RONNIE W

Ordered: CBC(NO DIFF)
Comments: Is Patient for surgery in AM: N
Patient for possible discharge on date of procedure: N

Test	Result	Flag	Reference	Verified
CBC(NO DIFF)				
> WBC	20.7	H	3.0-11 1000/UL	
				11/03/04-1820
	WBC'S INCREASED,VERIFIED			
> RBC	4.39		3.7-5.3 MIL/UL	
				11/03/04-1820
> HGB	10.8	L	11.5-16.0 G/DL	
				11/03/04-1820
> HCT	32.5	L	33-46 %	11/03/04-1820
> MCV	74.0	# L	79-95 FL	11/03/04-1820
	Delta: 67.2 on 07/07/04-0130			
> MCH	24.6	L	26-34 PG	11/03/04-1820
> MCHC	33.3		29-35 G/DL	11/03/04-1820
> RDW	20.3	H	11.9-15.5 %	11/03/04-1820
> PLATELET COUNT	449	# H	135-415 1000/UL	
				11/03/04-1820
	Delta: 355 on 07/07/04-0130			

** END OF REPORT **

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001666

PATIENT: WINDHAM,TAMMY ELIZABETH ACCT #: 12315167 LOC: LD U #: 229998
AGE/SX: 37/F ROOM: LD 3 REG: 11/03/04
REG DR: DENNIS,RONNIE W STATUS: ADM IN BED: 1 DIS:

SPEC #: 1103:C00277U COLL: 11/03/04-2205 STATUS: COMP REQ #: 02592328
RECD: 11/03/04-2223 SUBM DR: DENNIS,RONNIE W

ENTERED: 11/03/04-2118 OTHR DR:
ORDERED: BILI-TOTAL, ALT (SGPT), AST (SGOT), URIC ACID
COMMENTS: Is Patient for surgery in AM: N
Patient for possible discharge on date of procedure: N

Test	Result	Flag	Reference	Verified
> TOTAL BILI	0.1		0.1-1.0 MG/DL	11/03/04-2302
> ALT (SGPT)	28	L	30-65 IU/L	11/03/04-2302
> AST (SGOT)	18		15-37 IU/L	11/03/04-2302
> URIC ACID	3.0		2.6-7.2 MG/DL	11/03/04-2302

** END OF REPORT **

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Tuomey Healthcare System
129 N. Washington Street
Sumter, S.C. 29150
Medical Director: O.A. Pinilla, MD

RUN DATE: 11/03/04
RUN TIME: 1936

TUH NPR LAB **LIVE**
Specimen Inquiry External
PCI User: NSGJW Lab Database: LAB.TUH

Name: WINDHAM,TAMMY ELIZABETH **Age/Sex:** 37/F **Attend Dr:** DENNIS,RONNIE W
Acct#: 12315167 **Unit#:** 229998 **Status:** ADM IN **Location:** LD LD 3-1
Reg: 11/03/04 **Disch:**

Specimen: 1103:BB00055S COMP **Collected:** 11/03/04-1800 **Received:** 11/03/04-1812

	Test	Result	
	TYPE SCREEN HLD		
	AB SCREEN		
	ABO		
>	INDIRECT COOMBS	NEGATIVE	(NEGATIVE)
>	ABO	O POS	
>	ARMBAND NUMBER	BIS 8249	

** END OF REPORT **

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Patient Name: WINDHAM,TAMMY ELIZABETH
Unit No: 229998
Exam Date: 11/03/2004

OB ULTRASOUND: 11/03/04

FINDINGS: An obstetric ultrasound was performed and demonstrates a single live intrauterine gestation in vertex presentation with a heart rate of 153 bpm and anteriorly-located placenta. No gross abnormalities are currently seen. An estimated fetal weight of 817 grams was obtained. The cervical length is not well-demonstrated as the fetal head is immediately overlying the cervix in vertex presentation. No gross abnormal fluid collections are identified.

IMPRESSION: Single live intrauterine gestation in vertex presentation with an AUA of 25 weeks/1 day (EDD = 02/15/05). No gross fetal anomalies are currently seen. There is no current demonstrated evidence for an abnormal fluid collection. Cervical length is not well seen secondary to the fetal head lying immediately over the cervix in vertex presentation. Exam is otherwise grossly unremarkable.

CC: RONNIE W DENNIS, M.D.; NO DOCTOR

Technologist: JANETT L WILSON, RT(R), RDMS

ACR Code:
Transcribed Date/Time: 11/04/2004 (0921)
Transcriptionist: INPHACT
Printed Date/Time: 11/08/2004 (2032) MICHAEL RICHARD MEASE

Signed Report Printed From PCI
Name: WINDHAM,TAMMY ELIZABETH
Phys: DENNIS,RONNIE W
[redacted]AGE: 37 SEX: F
Acct No: 12315167 LOCATION: LD 3 1
Exam Date: 11/03/2004 STATUS: DIS IN
Unit No: 229998

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