

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC File No. 0825491

Robbin Bradley Cole, Employee Respondent,
v.

Goodman Conveyor Company,
d/b/a Joy Mining Machinery, Employer, and
Indemnity Insurance Company of N.A., Carrier.....Appellants.

RECORD ON APPEAL

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DECISION AND ORDER
OF THE APPELLATE PANEL OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO.: 0825491

Robin Bradley Cole, Employee,

Claimant/Respondent,

vs.

Goodman Conveyor Company,
d/b/a Joy Mining Machinery, Employer,

and

Indemnity Insurance Company
of N.A., Carrier,

Defendants/Appellants.

ORAL ARGUMENT:

Held in Columbia, South Carolina, on
October 24, 2011.

APPEARANCES:

Claimant represented by Lynn Shook, P.C.,
Esquire, Greenville, South Carolina.

Defendants represented by Mark A. Allison,
Esquire, of the law firm McAngus, Goudelock &
Courie, LLC, Greenville, South Carolina.

PANEL MEMBERS:

G. Bryan Lyndon, Commissioner, Chairperson
Avery B. Wilkerson, Jr., Commissioner
Derrick L. Williams, Commissioner

FILED:

12/5, 2011

STATEMENT OF THE CASE

The parties were heard by Commissioner Andrea C. Roche on April 6, 2011, in Anderson, South Carolina. On July 14, 2011, the Hearing Commissioner issued the following Order:

"IT IS, THEREFORE, ORDERED that the Claimant is totally and permanently disabled and that the Defendants shall pay medical bills causally-related to the aggravation of the Claimant's pre-existing COPD from exposure to toxic chemicals since September 8, 2008, and continuing for the remainder of Claimant's life.

IT IS FURTHER ORDERED that the Defendants shall pay to the Claimant twenty nine percent (29%) to each lung for a total of 145 weeks of compensation at the rate of \$456.60 or a total of Sixty Six Thousand Two Hundred Seven Dollars and 00/100 (\$66,207.00).

IT IS SO ORDERED."

Within the statutory period, counsel for the Defendants filed an Application for Review in the case setting forth his basis for appeal, copies of which were furnished to all interested parties prior to oral argument presented before the Appellate Panel on October 24, 2011.

At oral argument before the Appellate Panel, counsel for the Defendants/Appellants argued, *inter alia*, that the Hearing Commissioner erred in finding and concluding that the Claimant sustained a compensable injury by accident; in finding and concluding that the Claimant is permanently and totally disabled; in finding and concluding that the Defendants/Appellants are responsible for all causally-related medical treatment, past and future; in finding and concluding that the Claimant is entitled to an award of 145 weeks

of compensation. Defendants/Appellants further argued that the Claimant suffered pre-existing COPD prior to his employment and further that the Claimant lacked credibility. The Claimant/Respondent averred that the Decision and Order of the Hearing Commissioner should be affirmed.

All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Appellate Panel and has since been under study and consideration. After careful review of the record as a whole and hearing oral arguments in this case, this Panel makes the following Findings of Fact and Conclusions of Law.

FINDINGS OF FACT

1) The average weekly wage is \$684.22 with a corresponding compensation rate of \$456.60.

2) The Claimant/Respondent sustained an injury by accident arising out of and during the course of his employment through the exposure to chemicals, including Reactobond and AW68, specifically, but not limited to, exposure on September 8, 2008, when he was drenched in hydraulic oils.

3) Based on the medical records and testimony, the Claimant/Respondent met his burden of proof in that his exposure to toxic chemicals in the workplace aggravated his pre-existing COPD.

4) The Claimant/Respondent's testimony was not credible with regard to his pre-existing lung problems and was treated for bronchitis and prescribed Albuterol at Anderson Area Medical Center on October 24, 2006

(Def. APA 1, Pgs. 174-179), but we do not find this lack of credibility to undermine his claim.

5) It is found as a fact that the Claimant/Respondent suffered from breathing problems, to include asthma, bronchitis, and Chronic Obstructive Pulmonary Disease (COPD) which were aggravated as a result of his continuous exposure to chemicals, including Reactobond and AW68, in the workplace.

6) It is found as a fact that the Employer/Appellant had actual notice of the Claimant's work injury and aggravation on several occasions, including in August 2009, when the Claimant discussed getting a respirator with Keavin Ramey as advised to do so by his doctor because of his breathing problems. It is found as a fact that Defendants had further notice when the Claimant was unable to breathe on or about March 12, 2009, and Mr. Ramey called his girlfriend to come and pick him up.

7) It is found as a fact that the Claimant/Respondent is totally and permanently disabled as a result of the aggravation of his COPD and will require prescriptions of steroids, antibiotics and inhalers for his respiratory problems.

8) It is found as a fact that the Claimant/Respondent has smoked a pack of cigarettes daily for more than 25 years at the time of the hearing, continues to do so which has greatly contributed to his COPD and lung impairment, and is not causally-related to his job injury.

9) It is found as a fact that the Employer/Appellant did not provide respirators for its employees and that toxic chemicals were present in the workplace as testified to by the Claimant/Respondent and the defense witnesses.

10) It is found as a fact that the Claimant/Respondent cannot return to gainful employment as evidenced by Dr. Stephen Hand's questionnaire (Cl. APA 6, Pg. 168) and deposition testimony.

11) It is found as a fact that, based on Dr. Hand's restrictions given in his deposition and the Claimant/Respondent's education and experience, the Claimant/Respondent is permanently and totally disabled.

12) It is found as a fact that the Claimant/Respondent's work exposure to toxic chemicals only contributed 29 percent impairment to each lung for 145 weeks of compensation.

13) It is found as a fact that the Claimant/Respondent was terminated from his employment on March 12, 2010, and has not worked since that time.

14) It is found as a fact that, although the Claimant/Respondent was in the Navy and exposed to asbestos, the medical evidence does not support that such exposure has caused and/or contributed to his COPD and that he was denied Veterans' benefits accordingly (Cl. APA 9, Pgs. 149-159).

15) I find that the Claimant/Respondent has no health insurance and even enrolled in a program on March 9, 2010, (Def. APA 11, Pgs. 158-154) at

Greenville Pharmaceutical Research to try to get help and medication for his severe restrictive lung disease.

16) I find that the Claimant/Respondent is entitled to past causally-related medical treatment and to future medical treatment if it is causally-related to his exposure at work.

RULINGS OF LAW

1) Pursuant to §42-1-30 of the S.C. Code Ann. (1976), the Claimant/Respondent was a covered employee at the time of his job injury on September 8, 2008.

2) Pursuant to §42-1-140 of the S.C. Code Ann. (1976), Goodman Conveyor Company, d/b/a Joy Mining Machinery was a covered employer.

3) Pursuant to §42-1-160 of the S.C. Code Ann. (1976), the Claimant/Respondent suffered an injury arising out of and in the course of his employment when he was exposed to toxic chemicals in the workplace on September 8, 2008, and continuing which aggravated his COPD which caused permanent impairment to his right and left lungs.

4) Pursuant to §42-9-10 of the S.C. Code Ann. (1976), the Claimant/Respondent has sustained permanent impairment to each lung of twenty nine percent (29%) based on the preponderance of the medical evidence.

5) Pursuant §42-9-10 of the S.C. Code Ann. (1976), the Claimant/Respondent is totally and permanently disabled based on the unrefuted medical evidence, testimony, Claimant's education and work history, and is entitled to lifetime medical benefits for the aggravation of his pre-existing COPD.

6) Under §42-15-600 of the S.C. Code Ann. (1976), the Defendants/Appellants are liable for causally-related medical expenses, past and future, including prescription medications, respiratory/physical therapy, mileage to and from the medical providers, and any other medical treatment, related to the aggravation of the Claimant/Respondent's pre-existing COPD.

7) Pursuant to Tiller vs. National Healthcare Center of Sumter, 513 S.E. 2d 843 (S.C. 1999), the Claimant/Respondent's disability is adequately supported by the substantial material evidence in the record.

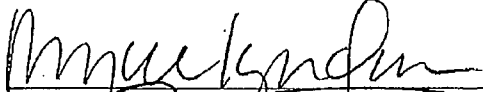
Considering the foregoing Findings of Fact, Rulings of Law, and the record as a whole, the undersigned enter the following:

ORDER

IT IS, THEREFORE, ORDERED that the Decision and Order of the Hearing Commissioner is hereby affirmed.

AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION



G. Bryan Lyndon, Commissioner, Chairperson



Avery B. Wilkerson, Jr., Commissioner



Derrick L. Williams, Commissioner

12/5, 2011

Columbia, South Carolina

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.

This 5th day of December, 2011
By Valerie D. Heller

Administrative Assistant to the Commissioner

Mark A. Allison
J. Lynn Shook

STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0825486

Robin Bradley Cole, Employee,
Claimant,

vs.

Goodman Conveyor Company,
d/b/a Joy Mining Machinery,
Employer, and Indemnity
Insurance Company of N.A.,
Carrier,
Defendants.

DECISION AND ORDER

HEARING: Held in Anderson, South Carolina, on April 6, 2011.

APPEARANCES: Claimant represented by Lynn Shook, Attorney at Law, Greenville, South Carolina.

Defendants represented by Mark A. Allison, Attorney at Law, of the law firm McAngus, Goudelock & Courie, LLC, Greenville, South Carolina.

PURPOSE OF HEARING: To determine the issues as set forth in the Forms 50 and 51 and any other issues which may have timely come before this Commissioner.

COMMISSIONER: Andrea C. Roche, Commissioner

FILED: July 14, 2011.

STIPULATIONS

The parties stipulated at the hearing to the following issues:

- 1) The South Carolina Workers' Compensation Commission has jurisdiction over the subject matter and parties to this action.
- 2) Notice of the hearing was timely and properly served upon all parties of interest.
- 3) The purpose of the hearing is to determine the issues as set forth in Forms 50 and 51.
- 4) Venue, set in Anderson County, is proper as agreed by all parties.
- 5) The Claimant's average weekly wage is \$684.22 with a corresponding compensation rate of \$456.60.
- 6) The date of the injury/accident suffered by the Claimant is September 8, 2008.

APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence, without objection:

By the Claimant

APA #1	Primary Care Associates, P.A., 9/07/08-11/17/08, six (6) pages;
APA #2	Self Regional Hospital, 3/12/09, thirty-three (33) pages;
APA #3	Carolina Pulmonary & Sleep Medicine, 8/10/09, six (6) pages;
APA #4	AnMed Health, 3/20/09-1/05/10, sixty-one (61) pages;

APA #5 Anderson Area Medical Center, 8/19/09 & 2/19/10, eleven (11) pages;

APA #6 Stephen H. Hand, M.D., 8/19/09-3/11/11, twelve (12) pages;

APA #7 Material Safety Data Sheets, fourteen (14) pages;

APA #8 Documentation from Personnel File, five (5) pages;

APA #9 VA Rating Decision, 3/01/11, seven (7) pages.

By the Defendants

APA #10 Joe A. Martin, M.D., 6/26/07-11/18/08, two (2) pages;

APA #11 Greenville Pharmaceutical Research, 3/19/10, seven (7) pages;

APA #12 Stephen H. Hand, M.D., 3/29/10-12/28/10, nine (9) pages;

APA #13 AnMed Health Center, 10/24/06-12/30/10, fifteen (15) pages.

CLAIMANT BIOGRAPHICAL

DOB: 1/30/68
AGE: 43 years old
SEX: Male
EDUCATION: Dropped out of school in the 9th grade
MILITARY: E1, U.S. Navy, 1987-1989
EMPLOYMENT BACKGROUND: Hull maintenance technician in Navy where he fabricated sheet metal and steel; Hydro Aluminum Corporation, 4½ years, maintenance technician; Su Dan Chemical Corporation, 4½ years, operator and dye setup technician; Plastic Omnium, painted bumpers, electrostatically; Champion Tool and Dye, pressure operator

STATEMENT OF THE CASE

Claimant filed a Form 50 asserting that he is permanently and totally disabled as a result of Chronic Obstructive Pulmonary Disease which was aggravated and/or exacerbated by his job as a result of exposure to toxic chemicals in the workplace.

The Defendants denied that the Claimant is permanently and totally disabled and further denied that he was exposed to any chemicals in the workplace which would have exacerbated or aggravated COPD. Defendants alleged that any problems he had with COPD were preexisting and were not aggravated during the course of his employment.

EVIDENCE OF THE CASE

Testimony of the Claimant

The Claimant testified that he began working at Joy Mining Machinery on 8/11/08 as a maintenance technician. The company makes conveyor belts for the mining industry. He was required to clean machines, empty pans of hydraulic machine oil, replacing machine valves, patch floors, keep forty welding machines operational, blow off the welding machines, change machine belts and other maintenance duties. He testified that, when he would blow off the welding machines, massive amounts of dust would linger in the air.

The Claimant described the plant as being the dirtiest plant in which he had ever worked. He testified that dust particles were constantly in the air and that sometimes he would wear a paper mask.

The Claimant testified that he had never had breathing difficulties such as he began to have after beginning to work at Joy Global Mining Machinery.

He did say that he was told by his mother that he had asthma as a child. He denied ever having breathing inhalers prescribed prior to working for the defendant.

The Claimant stated that he began to experience severe breathing problems approximately one month after beginning the job. He said that he would have trouble catching his breath and his nose would be filled with mucous. The Claimant said prior to this he had been in good health and had never filed a prior workers' compensation claim.

The Claimant testified that about September 8, 2008, he was underneath a machine changing a valve and a catch pan for hydraulic fluid called Reactobond spilled onto his hair, face, shirt and pants. He stated that, hours later, his breathing became so labored that he had difficulty getting his breath.

The Claimant testified that he was around these toxic hydraulic fluids, Reactobond and AW 68, on a daily basis. To remove a machine directional valve, he said, took about an hour. To reinstall one would take about 1½ hours. The Claimant explained that it was difficult to keep these fluids off of his hands or clothing and, once the chemicals got onto his clothes, he had to wear them for the remainder of his shift.

Following the incident on or about September 8, 2008, the Claimant stated that he went to his family doctor about one week later (Cit. APA No. 1, Pg. 1). He said his respiratory problems continued to worsen and he began going to the Anderson Area Medical Center emergency room and, on one occasion, he went to Self Regional Hospital in Greenwood. He testified that one day at work his breathing became so difficult his boss, Keavin Ramey, had to call his girlfriend to pick him up and he had to be helped to walk to her car.

He said a few times his breathing became so labored that he was advised to go sit in the office where it was air conditioned which he did. The Claimant said he was unable to do this and perform his job.

The Claimant testified that when his breathing would get so bad, he would go to the doctor and was told he had bronchitis or asthma. In the emergency room visits, he was told he had Chronic Obstructive Pulmonary Disease (COPD hereinafter). The Claimant testified that he was ultimately referred to a specialist.

The Claimant said although he thought that the chemicals, Reactobond and AW 68, might have had something to do with his breathing problems he was not sure until he was referred to Dr. Stephen Hand, a pulmonologist, on August 19, 2009. The Claimant stated that Dr. Hand performed tests on him and asked about his work environment. He prescribed several types of medications and advised the Claimant that he wanted to review the Material Safety Data Sheets (hereinafter MSDS) on Reactobond and AW 68.

The Claimant said that once Dr. Hand determined that the chemicals were causally-related to his breathing problems, he advised him to ask his employer to provide him with a respirator for work (Clt. APA No. 6, Pg.174). The Claimant testified that he talked to Keavin Ramey, the plant engineer, after this and told him that Dr. Hand thought his breathing problems were related to Reactobond and AW68. He told Mr. Ramey that Dr. Hand wanted the company to purchase a respirator for him to wear. He said that Mr. Ramey told him it would cost more than \$300 and he would put in a PO (purchase order). The Claimant testified that he spoke with Mr. Ramey again on a couple of occasions and was told by Mr. Ramey to stay away from the Reactobond. The Claimant stated that he never received a respirator and was

terminated on March 12, 2010. The Claimant testified that his breathing difficulties have not gotten any better since being away from the job and that he has difficulty sleeping.

The Claimant testified that he has not worked since being terminated and does not know of any work which he could perform. He said he is unable to play with his dog or even walk to and from his mailbox without experiencing breathing difficulties. He explained that he has no health insurance or money to purchase the prescribed inhalers and other medications which Dr. Hand has prescribed. He testified that he signed up to be a participant in a study group for COPD to receive medications but, after one appointment, he had a reaction to a component in a medication that was given to him and had to discontinue the program (Def. APA 11, Pgs. 158-164). The Claimant said he has always worked and would like to return to work. He stated that he does not know of a job he could perform now. He testified that his breathing problems have affected his energy level and his relations with his wife. He stated that he is often awakened at night with shortness of breath and, on occasion, he will put his head into his freezer to help him breathe.

Testimony of Keavin Ramey

Mr. Ramey testified that he has worked as the plant engineer at Joy Global in Belton for the past four years. He said the Claimant works under his daily direction. Mr. Ramey testified that he has witnessed the Claimant having breathing difficulties at work and on occasion has sent him to the office where it is air conditioned to aid in his breathing. He said that he thought the Claimant's breathing problems were the result of being around asbestos when he was in the Navy. Mr. Ramey stated that he witnessed the Claimant having respiratory problems while working in the plant. He testified that, on one

occasion, the Claimant's breathing became so labored he was worried for him and would have called EMS but that the Claimant asked him to call his girlfriend instead. He said he did and she picked the Claimant up from work because he "was in bad shape."

Mr. Ramey testified that the Claimant had breathing problems when he first began working for the company in August of 2008. He stated that he saw the Claimant using inhalers while in the workplace and he heard someone gave him some Albuterol or Advair to use. He testified that the Claimant was a good employee and had been given pay raises for good performance.

Mr. Ramey testified that the Claimant's job was a maintenance technician and that the Claimant had to clean the plant and machinery. He stated that, at the plant, there is what is called "the bone yard" where old machines are stored which are salvaged from other plants. Mr. Ramey admitted that parts are taken from these old machines to repair machines in the plants. However, he denied that the plant was antiquated or had poor ventilation.

He testified that the Claimant would be exposed to the chemicals Reactobond and AW68 and that these chemicals could have gotten on his clothing or skin. Ramey denied that the Claimant was ever drenched by these chemicals while working under a machine on or about September 8, 2008.

He said that he did recall a conversation with the Claimant when he asked if the company would purchase some cartridges for an old respirator mask that he had. He denied that the Claimant asked him on or about August 26, 2009, if the company would purchase a respirator mask because his doctor, Dr. Stephen Hand, had advised him to do so because of his respiratory

problems being aggravated by exposure to the toxic chemicals, Reactobond and AW68.

Mr. Ramey said he was aware that the Claimant was sent for a physical prior to being offered a job at the company. He said that he had checked the Claimant's references on his job application and was advised that he was a good employee. Mr. Ramey admitted that no one with whom he spoke stated that the Claimant had breathing difficulties.

Mr. Ramey testified that he was aware that, in order to work at the company, a "Hazard Communication/Hazardous Materials/Haz-Woper Awareness Level Training-MSDS Quiz" was given to the Claimant. Ramey testified that this test was administered because of the presence of hazardous chemicals in the workplace.

Testimony of Joe Beasley

Joe Beasley testified that he works out of the Alabama plant and that he has worked as a safety manager for 15 years with Goodman Conveyor Company. Mr. Beasley said that he is at the Belton plant where the Claimant worked one week per month. Mr. Beasley denied that the working conditions at the Belton plant were filthy and dusty and stated all sampling tests had passed Occupational, Safety and Health Administration (hereinafter OSHA) standards. Mr. Beasley denied that the Belton plant had substandard working conditions and said Goodman Conveyor Company is a Fortune 500 company. He testified that it had been purchased Joy Global Mining Machinery Company four years ago.

Mr. Beasley testified that employees are not required to wear respirator masks nor are they provided. He explained that, for an employee to be issued

a respirator mask, OSHA requires the masks be individually fitted. Mr. Beasley said there are paper masks available to employees.

Mr. Beasley testified that Reactobond and AW68 are hydraulic fluids which are used in machines at the Belton plant and he is aware of their toxicity. He said he was aware that the MSDS on Reactobond states that inhalation of this chemical can cause burns to the respiratory system and that chronic inhalation irritates and corrodes the upper respiratory tract. He said AW68 may also cause respiratory difficulties and irritation to the lungs. He stated he was aware that the Belton plant would repair machinery by using parts from "the bone yard". Mr. Beasley said he knew nothing about the claimant's breathing problems.

Deposition of Stephen H. Hand, M.D.

The deposition of Dr. Stephen Hand was held on April 18, 2011. Dr. Hand fully testified as to his education and qualifications. Dr. Hand testified that he first examined the Claimant on August 19, 2009, at which time the Claimant reported repeated emergency room visits the previous six months for episodes of shortness of breath and wheezing and that he had been diagnosed with COPD and asthma during this period of time. Dr. Hand testified that the Claimant felt that his respiratory problems were related to his exposure at work to Reactobond and AW68, both hydraulic oils. Dr. Hand testified that the Claimant complained of a cough after exposure to these chemicals. He said the Claimant told him that he had been in the Navy and was exposed to asbestos. Dr. Hand testified that the Claimant's respiratory problems are not related to asbestos exposure as there are no symptoms or signs from any diagnostic tests that would be medically caused by such exposure.

Dr. Hand stated that the Claimant's continued smoking of cigarettes for more than 25 years contributed to his COPD and respiratory problems. He stated that to a reasonable degree of medical certainty the Claimant's COPD was aggravated by his exposure to the hydraulic chemicals in the work place. Dr. Hand stated that the Claimant is unable to work in any area where he would be exposed to dust or chemical vapor. He testified that the Claimant will require continued prescriptions for bronchodilators, inhaled steroids, antibiotics, and systemic Prednisone to treat his COPD and respiratory problems.

Dr. Hand testified that the Claimant's respiratory testing showed, at one point, 73% below normal lung function. He testified that the Claimant's continued use of cigarettes clearly contributed to his right and left lung impairment but stated that he could not say if the Claimant's air flow restriction would improve if he ceased smoking.

Dr. Hand testified that it was his medical opinion that 29% of the Claimant's impairment to each lung was causally-related to the aggravation caused by his exposure to Reactobond and AW68 in his job. Dr. Hand testified that he reviewed the MSDS on both chemicals and that they were lung irritants when inhaled.

Dr. Hand said he told the Claimant to ask his employer to provide him with a respirator for use in the work place. He stated that the last time he examined the Claimant he was not working yet his lung function had not improved.

MEDICAL EVIDENCE

The Claimant was seen at Primary Care Associates on 9/17/08 complaining of a persistent cough for about a month, "worse over 2 weeks",

with wheezing and rattling. He was diagnosed with asthmatic bronchitis and prescribed medications, to include a Medrol Dose Pak. The Claimant was seen again by the physicians at Primary Care Associates on 11/17/08 continuing to have a persistent, non-productive cough with wheezing. FVC/FVL testing performed revealed "severe obstruction". The Claimant was diagnosed with "asthmatic bronchitis vs. COPD" and prescribed multiple medications, to include a Medrol Dose Pak, steroids and inhaler, to try to afford him some relief.

On 3/12/09, the Claimant presented to Self Regional Hospital in Greenwood, SC, with complaints of "six month history of progressively worsening shortness of breath with exertion, worse over past two days". Evaluation in the emergency room revealed tightness in his chest with cough, respiratory distress, decreased air movement and tachycardia. It was noted that the Claimant's past medical history included bronchitis, asthma and COPD, and smoking. It was noted that the Claimant was struggling to breathe and had been experiencing an increase in shortness of breath for a few days and that he had been using an inhaler multiple times per day. The Claimant underwent respiratory therapy treatments while in the ER. The treating ER physician noted in the record that the Claimant's condition was ". . . likely COPD exacerbation". The Claimant was discharged with a diagnosis of "chronic bronchitis vs. COPD".

The Claimant presented to the ER at AnMed Health in Anderson, SC, on 3/20/09 with a chief complaint of increased shortness of breath, chest discomfort, and cough. The Claimant stated that he was diagnosed with COPD "last week" and was placed on two different inhalers and a steroid. The Claimant indicated that his symptoms "seem to have worsened". It was noted

that Claimant's past medical history included bronchitis and COPD. Extensive workup was performed in the ER and he was diagnosed with acute bronchitis with bronchospasm and prescribed an Albuterol nebulizer, Prednisone and Tussionex. The Claimant was instructed to follow-up with pulmonologist, Dr. Stephen Hand, for further evaluation and workup.

The Claimant was seen again in the ER at AnMed Health on two other occasions, 7/07/09 and 7/30/09, each time with the chief complaint of shortness of breath. On 7/07/09 he was evaluated and treated and diagnosed with acute exacerbation of COPD. On 7/30/09, he was evaluated and treated and diagnosed with chronic bronchitis.

The Claimant was first evaluated by pulmonologist Dr. Stephen Hand on 8/19/09. Dr. Hand noted that the Claimant had been diagnosed with COPD/asthma over the past six months with multiple ER visits for shortness of breath and wheezing with no improvement with medications. Dr. Hand noted in his report, "He feels his respiratory problems are related to exposures at work. He works for Goodman Conveyor and wears a respirator mask . . . but he does not think the mask is properly maintained by the company." Dr. Hand further noted, "He gets exposed to AW68 and Reactobond at work . . . he complains of a cough after exposure that is productive of clear sputum as well as shortness of breath and wheezing." Dr. Hand also noted, "This will often become severe but improves with Prednisone and Albuterol. He states he does not require the use of metered-dose inhalers if he is not working." Dr. Hand noted that Claimant also has a history of asbestos exposure in the past while he was in the Navy.

Evaluation of the Claimant's pulmonary condition revealed significant shortness of breath, intermittent wheezing, cough and clear sputum

production with occasional nausea and vomiting after prolonged episodes of coughing. It was also noted that Claimant had occasional generalized weakness. Dr. Hand's initial diagnoses of the Claimant was asthma with possible coexisting COPD, exposure to toxins at work including Reactobond and AW68, ongoing tobacco abuse, history of anxiety, and a history of asbestos exposure for which a CT scan of the chest was recommended. Claimant was prescribed Prednisone, Albuterol, QVAR and Chantix.

On 8/26/09, Claimant had a follow-up with Dr. Hand at which time it was noted that he had had recurrent episodes of bronchospasm, "at least one of which was related to exposure to Reactobond 909, and possibly also to exposure to AW68 hydraulic fluid." The Claimant reported that his shortness of breath had markedly improved since his last visit and that he had "not been exposed to Reactobond recently." The CT scan of the chest revealed a 1.8 mm nodular density in the right middle lobe. Dr. Hand recommended that Claimant utilize proper gear at work and asked Claimant to talk to his safety supervisor at the plant about this.

The Claimant was seen in follow-up by Dr. Hand on 3/01/10, 9/27/10 and 12/28/10 for the gradual worsening of his severe asthma with coexisting COPD.

In a letter to Claimant's counsel dated October 11, 2010, Dr. Hand noted Claimant is suffering from "moderate to severe COPD with asthma". Dr. Hand indicated that the Claimant had been exposed to hydraulic oil AW68 and Reactobond and that "exposure to respiratory irritants clearly can be problematic." "Both of these chemicals have been described as causing irritation to the respiratory mucosa and have the potential to exacerbate

respiratory disease." It was also Dr. Hand's opinion that the Claimant's smoking was also an issue but that he was actively trying to quit.

A questionnaire was completed by Dr. Hand on 3/11/11 and it was noted that, in his opinion, the Claimant's exposure to the chemicals in the workplace exacerbated his COPD and asthma. It was also Dr. Hand's opinion that Claimant had sustained a 73% impairment to the right lung and 73% impairment to the left lung as a result of this exposure. Dr. Hand further noted that Claimant will require future medical care and treatment for his respiratory disease and long term medications, specifically, Symbicort, Proair and QVAR, to control his condition. It was Dr. Hand's opinion that Claimant is unable to perform any gainful employment as a result of his COPD and asthma.

FINDINGS OF FACT

Based on the foregoing and after careful review of the medical evidence, as well as the testimonial evidence of the Claimant, I hereby make the following findings of fact:

1) The average weekly wage is \$684.22 with a corresponding compensation rate of \$456.60.

2) I find that the Claimant sustained an injury by accident arising out of and during the course of his employment through the exposure to chemicals, including Reactobond and AW68, specifically, but not limited to, exposure on September 8, 2008, when he was drenched in hydraulic oils.

3) Based on the medical records and testimony, I find that the Claimant met his burden of proof in that his exposure to toxic chemicals in the workplace aggravated his pre-existing COPD.

4) I find the Claimant's testimony was not credible with regard to his pre-existing lung problems and was treated for bronchitis and prescribed Albuterol at Anderson Area Medical Center on October 24, 2006 (Def. APA 1, Pgs. 174-179), but I do not find this lack of credibility to undermine his claim.

5) It is found as a fact that the Claimant suffered from breathing problems, to include asthma, bronchitis, and Chronic Obstructive Pulmonary Disease (COPD) which were aggravated as a result of his continuous exposure to chemicals, including Reactobond and AW68, in the workplace.

6) It is found as a fact that the Defendants' had actual notice of the Claimant's work injury and aggravation on several occasions, including in August 2009, when the Claimant discussed getting a respirator with Keavin Ramey as advised to do so by his doctor because of his breathing problems. It is found as a fact that Defendants had further notice when the Claimant was unable to breathe on or about March 12, 2009, and Mr. Ramey called his girlfriend to come and pick him up.

7) It is found as a fact that the Claimant is totally and permanently disabled as a result of the aggravation of his COPD and will require prescriptions of steroids, antibiotics and inhalers for his respiratory problems.

8) It is found as a fact that the Claimant has smoked a pack of cigarettes daily for more than 25 years at the time of the hearing, continues to do so which has greatly contributed to his COPD and lung impairment, and is not causally-related to his job injury.

9) It is found as a fact that the employer did not provide respirators for its employees and that toxic chemicals were present in the workplace as testified to by the Claimant and the defense witnesses.

10) It is found as a fact that the Claimant cannot return to gainful employment as evidenced by Dr. Stephen Hand's questionnaire (Clt. APA 6, Pg. 168) and deposition testimony.

11) It is found as a fact that, based on Dr. Hand's restrictions given in his deposition and the Claimant's education and experience, the Claimant is permanently and totally disabled.

12) It is found as a fact that the Claimant's work exposure to toxic chemicals only contributed 29 percent of his disability for 145 weeks of compensation.

13) It is found as a fact that the Claimant was terminated from his employment on March 12, 2010, and has not worked since that time.

14) It is found as a fact that, although the Claimant was in the Navy and exposed to asbestos, the medical evidence does not support that such exposure has caused and/or contributed to his COPD and that he was denied Veterans' benefits accordingly (Clt. APA 9, Pgs. 149-159).

15) I find that the Claimant has no health insurance and even enrolled in a program on March 9, 2010, (Def. APA 11, Pgs. 158-154) at Greenville Pharmaceutical Research to try to get help and medication for his severe restrictive lung disease.

16) I find that the Claimant is entitled to past causally-related medical treatment and to future medical treatment if it is causally-related to his exposure at work.

RULINGS OF LAW

Accordingly, as provided in the South Carolina Code of Laws, 1976, as amended, §42-17-40, it is the determination of this Commissioner that:

1) Pursuant to §42-1-30 of the S.C. Code Ann. (1976), the Claimant was a covered employee at the time of his job injury on September 8, 2008.

2) Pursuant to §42-1-140 of the S.C. Code Ann. (1976), Goodman Conveyor Company, d/b/a Joy Mining Machinery was a covered employer.

3) Pursuant to §42-1-160 of the S.C. Code Ann. (1976), the Claimant suffered an injury arising out of and in the course of his employment when he was exposed to toxic chemicals in the workplace on September 8, 2008, and continuing which aggravated his COPD which caused permanent impairment to his right and left lungs.

4) Pursuant to §42-9-10 of the S.C. Code Ann. (1976), the Claimant has sustained permanent impairment to each lung of twenty nine percent (29%) based on the preponderance of the medical evidence.

5) Pursuant §42-9-10 of the S.C. Code Ann. (1976), the Claimant is totally and permanently disabled based on the unrefuted medical evidence, testimony, Claimant's education and work history, and is entitled to lifetime medical benefits for the aggravation of his pre-existing COPD.

6) Under §42-15-600 of the S.C. Code Ann. (1976), the Defendants are liable for causally-related medical expenses, past and future, including prescription medications, respiratory/physical therapy, mileage to and from the medical providers, and any other medical treatment, related to the aggravation of the Claimant's pre-existing COPD.

7) Pursuant to Tiller vs. National Healthcare Center of Sumter, 513 S.E. 2d 843 (S.C. 1999), the Claimant's disability is adequately supported by the substantial material evidence in the record.

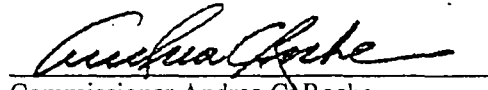
ORDER

IT IS, THEREFORE, ORDERED that the Claimant is totally and permanently disabled and that the Defendants shall pay all medical bills causally-related to the aggravation of the Claimant's pre-existing COPD from exposure to toxic chemicals since September 8, 2008, and continuing for the remainder of the Claimant's life.

IT IS FURTHER ORDERED that the Defendants shall pay to the Claimant 145 weeks of compensation at the compensation rate of \$456.60 or a total of Sixty Six Thousand Two Hundred Seven Dollars and 00/100 (\$66,207.00) representing 29% of total disability.

IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION


Commissioner Andrea C. Roche

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.

July 14, 2011

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Roche

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # _____
Carrier File # _____
Carrier Code # 395
Employer FEIN _____

Robin Bradley Cole

Claimant's Name _____ SSN _____
Address _____ City Belton, SC State 29627 Zip _____
Home Phone # (864) 276-8756 Work Phone # _____

Goodman Conveyor Company, Inc., d/b/a Joy Mining Machinery

Employer's Name _____
Address _____ City Belton, SC State _____ Zip _____
Indemnity Insurance Company of N.A.
Insurance Carrier _____

Lynn Shook

Preparer's Name _____ Law Firm _____

Lynn Shook, P.C.

Phone # (864) 467-0880

Complete each information blank. To request a hearing, check box 13 b., indicate the kinds of benefits claimed by checking the box(es) at lines 6, 7, 8, and 9, and file this form in duplicate.

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

☒ Injury by Accident ☒ Illness ☐ Repetitive Trauma ☒ Other Date of Injury or Illness: 9/08/08

1 a. The claimant sustained an accidental injury to Pulmonary/Lungs on September 8, 2008 in Anderson County, State of South Carolina

1 b. Body parts affected are Lungs

Describe briefly how the accident occurred Claimant was saturated by chemicals while working under a press on 9/08/08 with subsequent continuous exposure to chemicals in the workplace.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

3. The relationship of employer and employee existed at the time of injury.

4. At the time of the injury claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the employer on or about 9/08/08 in the following manner:
month day year

Reported to Plant Engineer, Kevin Ramey

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

☐ (a) medical examination and treatment for _____

☒ (b) additional medical examination and treatment for Ongoing pulmonology treatment

☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: To be determined

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

☒ (1) General Disability: ☒ Total ☐ Partial

☐ (3) Wage Loss

☒ (2) Specific Disability: ☒ Total ☐ Partial

☐ 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of _____

10 a. At the time of injury, the claimant was paid weekly wages of \$ REQUEST FORM 20; and demands accounting of days worked and wages earned as provided by law.

10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident. Claimant was laid off by employer on or about March 12, 2010.

11 a. Further grounds or unusual aspects of claim: Claimant seeks determination of compensability, entitlement to medical treatment, and any and all other benefits to which he may be entitled under the workers' compensation laws of South Carolina.

11 b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident: Belton Family Practice, Belton, SC; Carolina Pulmonary & Sleep Medicine Consultants, Anderson, SC; AnMed Healthcare, Anderson, SC; Self Regional Hospital, Greenwood, SC

11 c. To the best of your knowledge, did you have any prior permanent disability? No

If yes, describe: _____

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

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

☐ 13 b. I am requesting a hearing. A \$25.00 fee is required.

14. Estimated time needed for hearing One (1) hour

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

Preparer's Signature _____

Attorney for Claimant _____

E-Mail lynnshook@aol.com

Division of _____
Date _____

Refer to R.67-205, R.67-206, R.67-207, and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.

WCC FORM # 50 REV. DATE 9/90

Form provided by Forms On-A-Disk, Inc. • Dallas, Texas • (214) 340-9429

50

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

R 0028

SC Workers' Compensation Commission
1333 Main Street, suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
803)737-5723



WCC File #: 0825486

Carrier File #: 494C1733402

Carrier Code #:

Employer FEIN #:

Robbin Cole

Claimant's Name

SSN

Belton, South Carolina 29627

Address City State Zip

Home Phone #

Mark A. Allison

Preparer's Name

Work Phone #

McAngus Goudalock & Courie

Law Firm

Joy Global, Inc.

Employer's Name

Post Office Box 866

Belton, South Carolina 29627

Address City State Zip

ACE USA/ESIS

Insurance Carrier

(864) 242-1713

Phone Number

Date of Accident: 9/8/08

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

1. It is denied that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: Defendants deny Claimant sustained compensable injury to chemical exposure, occupational asthma, or injury to any other body part or organ.
2. It is denied that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See No. 1 above.
3. It is denied that the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1 above.
4. It is denied that at the time in question the employee was performing service growing out of and incidental to his employment. The reasons for denial are: See No. 1 above.
5. It is denied that notice of injury was given to the employer. The reasons for denial are: See No. 1 above.
6. It is denied that the employee needs/is entitled to additional medical care as a result of the injury. The reasons for denial are: Defendants deny Claimant is entitled to additional medical treatment.
7. It is denied that the employee is entitled to temporary total disability for the period(s) of: Defendants deny Claimant is entitled to temporary compensation.
8. It is denied that the employee is permanently disabled. The reasons for denial are: Permanent disability, if any, to be determined by the Commission.
9. It is denied that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of Form 20 to be submitted applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: See addendum.
12. Estimated time needed for hearing: 60 minutes

I certify that I have served this document pursuant to R.67-211 by delivering a copy to:

Lynn Shook, Esquire
Lynn Shook, P.C.
906 Augusta Street
Greenville, South Carolina 29605

on the 18th day of February, 2011 by ☐ first class mail; ☐ personal service; ☒ certified mail.
I verify the contents of this form are accurate and true to the best of my knowledge.

[Signature] Attorney for Employer/Carrier mallison@mcclaw.com February 18, 2011
Preparer's Signature Title Email Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51 Revised 9/07

51

Employer's Answer to Request for Hearing

R 0030

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. - 0825491

ROBIN B. COLE,	)	
	)	
CLAIMANT,	)	HEARING
	)	
VS.	)	BEFORE COMMISSIONER
	)	ANDREA C. ROCHE
GOODMAN CONVEYOR	)	
COMPANY, INCORPORATED,	)	<u>TRANSCRIPT</u>
d/b/a JOY MINING	)	
MACHINERY,	)	
	)	
EMPLOYER,	)	
AND	)	
	)	
INDEMNITY INSURANCE	)	
COMPANY OF NORTH AMERICA,	)	
	)	
CARRIER,	)	
DEFENDANTS.	)	
	)	

 COPY

WORKERS' COMPENSATION COMMISSION HEARING TAKEN
BEFORE CORA ELLIS BRUTON, A NOTARY PUBLIC IN AND FOR
THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF
10:55 AM ON WEDNESDAY, APRIL 6, 2011, COURT HOUSE, 100
SOUTH MAIN STREET, ANDERSON, SOUTH CAROLINA 29622.

RECEIVED
JUL 12 2011

R-0032

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SC 29073
803-397-0189

APPEARANCES

FOR THE CLAIMANT

J. LYNN SHOOK, ESQUIRE
906 AUGUSTA STREET
GREENVILLE, SOUTH CAROLINA 29605
864-467-0880

FOR THE DEFENDANTS

MARK A. ALLISON, ESQUIRE
McANGUS, GOUDELOCK & COURIE, LLC
POST OFFICE BOX 2980
GREENVILLE, SOUTH CAROLINA 29602
864-239-4000

REPORTED BY

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT
LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

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1 THE COURT: Today's date is April the 6th, 2011.
2 This is WCC File No. 0825491. This is the case of the
3 Claimant, Robin B. Cole, represented by Attorney J.
4 Lynn Shook, versus the Employer, Goodman Conveyor
5 Company, Incorporated, d/b/a Joy Mining Machinery; its
6 Carrier, Indemnity Insurance Company of North America;
7 both Defendants represented by Attorney Mark Allison.

8 The issues today are those raised on the Forms 50
9 and 51. We have an average weekly wage of \$684.22
10 with a resulting compensation rate of \$456.60 and a
11 date of accident of September the 8th, 2008.

12 Are there any objections to APAs, jurisdiction,
13 venue or any other items?

14 MS. SHOOK: No, Your Honor.

15 MR. ALLISON: No, ma'am.

16 THE COURT: Without objection the Commission's
17 file becomes a part of the record with the exception
18 of self-serving declarations and unstipulated medical
19 reports.

20 Before going on the record we did have a
21 pre-hearing conference.

22 It is the position of the Claimant that he would
23 sustain either an injury by accident or an
24 occupational disease after being exposed to hydraulic
25 fluids in the workplace. It is the position of the

1 Claimant that he is seeking a finding of
2 compensability; that he would be entitled to his past
3 causally related medical treatment; that he would be
4 entitled to TTD from the date that he was laid off
5 until maximum medical improvement and that he is now
6 permanently and totally disabled as a result of this
7 and would be entitled to benefits pursuant to the Act.

8 It is the position of the Defendants that the
9 Claimant cannot carry his burden of proving either
10 that he suffers from an injury by accident or an
11 occupational disease. That there was no exposure as
12 talked about in the Form 50 on September the 8th,
13 2008. It's the position of the Defendants that the
14 condition of the Claimant had preexisted based on the
15 medicals in the record and testimony that will come
16 out and that he's also refused to take available
17 safety equipment in the form of respirators and masks
18 that was available to him. It's the position of the
19 Defendants that the Claimant has got credibility
20 issues. It's the position of the Defendants that the
21 Claimant continued to work until he was laid off in
22 March of 2010 because of a lack of work and the
23 Claimant would still be working if he had not been
24 laid off. That he is drawing unemployment; that he
25 represented to the Employment Security Commission that

1 he had no medical restrictions at all and could work,
2 so it would be their position that even if I find any
3 kind of principal accident the Claimant cannot tie it
4 in with any specific event.

5 Is there anything either of you would like to
6 add?

7 MR. ALLISON: No, Commissioner.

8 MS. SHOOK: No, Your Honor.

9 THE COURT: All right. Ms. Shook, I understand
10 that the Claimant is your first witness?

11 MS. SHOOK: Yes, ma'am.

12 THE COURT: Mr. Cole, please raise your right
13 hand. Do you swear to tell the truth, the whole truth
14 and nothing but the truth?

15 THE WITNESS: Yes, ma'am.

16 THE COURT: Please state your full name for the
17 record.

18 THE WITNESS: Robin Bradley Cole.

19 THE COURT: All right. Ms. Shook, your witness.

20 Robin Bradley Cole,

21 Having first been duly sworn, testified as follows:

22 DIRECT EXAMINATION

23 BY MS. SHOOK:

24 Q Mr. Cole, how old are you?

25 A 42. 43, excuse me.

1 Q And how far -- how old?

2 A 43.

3 Q 43? Okay. And how far did you go in
4 school?

5 A Ninth grade.

6 Q Did you complete the ninth grade or did you
7 drop out?

8 A I completed it.

9 Q And then how -- where have you worked prior
10 to working at Goodman?

11 A I went into the Navy at 19, got out when I
12 was 21. Went to work at the Sudan Company in Belton.
13 That was my first job; I worked there for about four
14 and a half years.

15 Q What did you do for Sudan?

16 A I -- press operator and die setup, die
17 repair.

18 Q Okay. Then where did you work? That would
19 have been about what time, four and a half years, 199-
20 -- the best you know? If you don't know I'll --

21 A From '91 to '95, somewhere in there.

22 Q Okay. And then where did you work after
23 '95?

24 A If I'm not mistaken I went to work at the
25 Townhouse Restaurant for a friend of mine.

1 Q How long did you work there?

2 A Off and on for about 11 years in between
3 jobs I'd work for him.

4 Q Did you work at Hydro --

5 A Yes, ma'am.

6 Q -- Hydro -- what's the name of that --

7 A Hydro Aluminum.

8 Q And when did you work there?

9 A It ended in 2006, so I worked there --

10 Q The best you can recall. Was that right
11 before you went to work at Goodman Conveyor?

12 A Yes, ma'am, that was the last job that I
13 had.

14 Q All right. And what happened at Hydro
15 Aluminum; what did you do there?

16 A I was a -- started off as a saw operator and
17 worked my way through to -- to the maintenance tech
18 area.

19 Q What did a maintenance tech do at that time?

20 A It was all purpose -- anything -- a --
21 hydraulic lathes, general maintenance of the machines.

22 Q So most of the maintenance you're doing it
23 on the machines or are you doing the cleaning up and
24 --

25 A Yes, ma'am, most of it on the machines.

1 Q Okay. All right. And then -- how did you
2 get to work at Goodman Conveyors; how did you get that
3 job?

4 A I was referred by my supervisor from Hydro
5 Aluminum.

6 Q Did you go and apply or did someone contact
7 you?

8 A They contacted me.

9 Q Who contacted you?

10 A Sandra Rickets, human resource woman.

11 Q All right. And she -- were you asked to
12 apply for a job or come to work or what?

13 A They wanted me to fill out an application.

14 Q And that would have been on or about August
15 of 2008?

16 A Yes, ma'am.

17 Q Okay. And did you get a job?

18 A Yes, ma'am.

19 Q All right. Prior to this job have you ever
20 had a job injury?

21 A No.

22 Q Have you ever had breathing difficulties
23 like you're having now?

24 A Never, not just --

25 Q Did you have, ever, breathing difficulties?

1 A Not to my recollection, no. Childhood
2 bronchitis, I believe.

3 Q Do you remember that?

4 A No.

5 Q Were you ever seen anywhere for breathing
6 problems?

7 A Not to my recollection, no.

8 Q Let's talk about what you did at Goodman
9 Conveyor and the work conditions there. What was your
10 job?

11 A All purpose -- all purpose maintenance.

12 Q What did that mean you worked on?

13 A That means the -- maintain the upkeep in the
14 machinery I was assigned to which basically covered
15 about 78 machines.

16 Q What kind of machines?

17 A It's hard to explain. I cut off some pipes
18 and everything and custom down the sides and move to
19 another one to get it welded and things. Very old
20 machinery.

21 Q When you say very old machinery how old is
22 the machinery?

23 A I'd say as old as pre-World War II, the
24 50's, 60's, stuff like that.

25 Q How would you know that?

1 A If you take and fix something you refer to
2 one of the manuals that we kept in the maintenance
3 office and everything. They have names of
4 manufacturing and all. Sometimes they had labels on
5 -- labels so old you can't read the labels on the
6 machine itself so you refer to your manuals.

7 Q And each machine made what?

8 A They cut tubing, cut tubing. Some of them
9 are presses that punch out parts. Drill presses.

10 Q But -- for what kind of industry; mining
11 industry?

12 A Yes, ma'am.

13 Q Okay. What do you make for the mining
14 industry there?

15 A When I first started there I think Goodman's
16 product, the main things, was underground for coal
17 mining.

18 Q Underground what?

19 A Conveyor belt systems.

20 Q So these machines were primary to make --

21 A To transfer like coal from one place
22 underground to above ground.

23 Q The machines at Goodman made conveyor belts
24 for the underground mining?

25 A Yes, ma'am.

1 Q Okay. That's your understanding?

2 A Yes, ma'am.

3 Q And your understanding is these were old
4 machines I guess?

5 A Yes, ma'am.

6 Q Was there something called a "bone yard"
7 there?

8 A Yes, ma'am.

9 Q What is a bone -- the bone yard?

10 A It's where old machinery was stored out in a
11 field in the back of the plant. Some of it was
12 brought from other plants. Periodically we'd take a
13 piece of machinery from the bone yard, bring it to the
14 shop, clean it up and try to make it function. Most
15 of it is non-functioning and old. We'd try to modify
16 it and make it do something it wasn't designed to do.

17 Q So when you began working there tell me what
18 the conditions of the -- of the plant were as far as
19 --

20 A It's dark. It's -- the lighting wasn't that
21 good, the bulbs would go out all the time, so I mean
22 that was the purpose -- one of my jobs also was to
23 check the lighting. Dusty -- you've got -- you've got
24 42 to 48 welding machines going at one time, so it's
25 real smoky. Ventilation is inadequate as far as I'm

1 concerned.

2 Q When you say inadequate, what kind of
3 ventilation did they have there?

4 A Just exhaust fans and some of the -- the
5 ceiling fans were about 20 foot high. Belts were --
6 you know, I'd have to replace belts periodically and
7 things so most of them wouldn't be functioning. All
8 of them wouldn't be functioning at one time.

9 Q This is on the exhaust fans?

10 A Yes, ma'am.

11 Q Okay. Compared to other plants you've
12 worked at how did this one compare?

13 A It's the filthiest one I've ever worked in
14 in my life.

15 Q When you say filthiest it's filthy with
16 what?

17 A Everything from -- just saw chip particles
18 to hydraulic fluids on the floors to any kind of
19 fluids -- coolants on the floors.

20 Q What on the floors?

21 A Coolants. They use liquid coolants to cool
22 down the drill bits and --

23 Q Coolants? Okay. Was that part of your job,
24 to clean the floors?

25 A Yes, ma'am.

1 Q Okay. Why did you -- as far as the
2 machines, what were you to do to the machines?

3 A My supervisor is Keavin Ramey, put me in
4 charge of trying to solve all of the hydraulic leaks
5 on all the presses and air leaks. So I would go from
6 press to press and inspect. If I found an oil leak
7 try to fix it with fittings, check the hoses, whatever
8 it needed. It was -- it was a pretty much all day,
9 every day, every machine in that room. Every one of
10 them just about has a drip pan to catch excess oil
11 underneath it. It has to be vacuumed out periodically
12 and transferred to a containment barrel which is in
13 back of the plant.

14 Q So that's your job?

15 A Yes, ma'am.

16 Q All right. Tell me what happened on or
17 about September 08, 2008 when you were working on your
18 machines, explain what happened then.

19 A I'm trying to think of the name of this
20 machine. I want to say it's the Endomatic, but I'm
21 completely sure. But anyway it was a machine that
22 takes a piece of piping and it's got a chemical on
23 there called Reactabond. It supposedly softens the
24 metal so it can be treated and it's a -- I think it's
25 a acid base. I thought it was -- is a regular

1 hydraulic fluid or a coolant. I had to change the
2 directional valve which is located up under the
3 machine and there was a drip pan to catch the fluids
4 up under there also so I had to lay boards across it
5 and lay on my back to change this directional valve.
6 Taking it off I had to shut the press down and
7 everything, discharge the air and everything off of
8 it, but still had some pressure on it. So taking the
9 valve off this fluid once I removed the valve
10 basically saturated me.

11 Q When you say "saturated" what do you mean by
12 that?

13 A In my face, in my hair, on my chest. The
14 back of my hair was laying in the fluid in the catch
15 pan and I've got long hair, so -- my arms, I mean I
16 was pretty much fully exposed.

17 Q And -- and what -- is it like a oil or is it
18 like a --

19 A It seems like a oil and it's real slimy.
20 Like I said, I didn't know what it consisted of until
21 later on and everything, but it's black liquid. It's
22 -- like I say I thought it was a -- just a dirty
23 hydraulic fluid.

24 Q All right. Then did you -- did you have any
25 problems from that?

1 A It was like a day or the night after I
2 started having breathing problems. Didn't know what
3 that was or anything at the time.

4 Q Tell us about what kind of problems you
5 started having.

6 A Shortness of breath. I got so short of
7 breath that I mean it was like somebody took a cup and
8 put it over my face. Like I say I didn't know what
9 the problem --

10 Q Was this at home or --

11 A Yes, ma'am, I was at home.

12 Q All right. What did you do?

13 A Basically I just tried to calm -- it caused
14 a panic attack basically, which you can't breathe, so
15 you just -- I kind of freaked. I didn't know what --
16 so I think I called -- at that time I called Belton
17 Primary Care which was Dr. Martin's office, but I
18 didn't see Dr. Martin, I saw the nurse assistant; what
19 is it? Nurse -- practitioner --

20 Q Physician's assistant?

21 A That's right.

22 Q And you had called them, according to the
23 records, on or about September 8th, 2008?

24 A That's correct.

25 Q All right. And you went in and saw a -- a

1 physician's assistant?

2 A Yes, ma'am.

3 Q What did she do for you?

4 A She gave me a -- a breathing test, a mask
5 put on -- put Albuterol or whatever that -- and I
6 can't remember if she gave me a Z-Pak or an inhaler at
7 the time, but it's supposedly to just open your lungs
8 up.

9 Q Did it work?

10 A Temporarily.

11 Q All right. Had you ever had any of those
12 treatments before?

13 A No, ma'am.

14 Q All right. There's a record in here where
15 you went to Anderson Medical in 2006. Do you recall
16 that?

17 A No, ma'am.

18 Q You were treated for bronchitis or
19 something; do you recall that?

20 A No, ma'am, I don't recollect that at all.

21 Q All right. Let's talk about the breathing
22 problems that -- beginning in September '08.

23 A Yes, ma'am.

24 Q What happened from there on?

25 A It just progressively got worse. If I'd get

1 real hot my breathing would -- I had to walk this
2 plant constantly from machine to machine. I didn't
3 have one designated area so I carried my tool bags on
4 a set of hand trucks which weighed over a hundred
5 pounds and go from job to job. I'd fix breakdowns if
6 somebody would call me over there, the techs or
7 whatever, I'd fix that.

8 Q Tell us what a breakdown is.

9 A Where a machine -- something goes wrong with
10 a machine, the electrical, lack of air, hydraulic
11 breach, anything like that; or would just break.

12 Q How did you learn to do all this?

13 A I'm just mechanically inclined.

14 Q No certificate from Tech or anything like
15 that?

16 A No, I just have my military -- hull
17 technician -- I was a hull technician in the Navy.

18 Q All right. So you go and fix the machine.
19 How about fixing leaks; tell me -- tell me about what
20 kind of leaks you fixed.

21 A Most of them are hydraulic leaks based on
22 the cutoff -- they're filled with -- I don't know how
23 much -- it's eight gallons of AW68 hydraulic fluid.
24 Parts would fall -- they get fed into the machine --
25 sometimes at the cutoff a part would fall and hit a

1 line and rupture it, so they'd shut it down and I'd
2 come over there and either cut the line and put a
3 fitting in it or either clamp it off just to get it
4 back on. Or replace the whole line, time permitting,
5 (inaudible) and everything and back on line as soon as
6 possible and functioning. It might be a temporary fix
7 or a permanent, and depending on timeframe.

8 Q So when you say they -- they wanted the
9 machines working and fixed as quickly as you can?

10 A Yes, ma'am.

11 Q All right. When you fixed these machines
12 were you required to wear any kind of safety
13 equipment?

14 A Safety glasses, steel toed shoes.

15 Q All right. They reimbursed you for the
16 steel toed shoes. What about respirators?

17 A No, ma'am, I had my own personal respirator,
18 but it was only designed for like dust particles and
19 stuff.

20 Q Did they have any type of mask for you to
21 wear?

22 A Not at my shop, no, ma'am.

23 Q Okay. So you wore steel toed --

24 A A little dust mask; a little cloth they had
25 that just covered --

1 Q Did you wear a cloth mask?

2 A Sometimes, yes, ma'am.

3 Q You said you had your own mask? Where did
4 you get a mask from?

5 A I had it from Hydro Aluminum.

6 Q From Hydro Aluminum?

7 A Yes, ma'am.

8 Q Would you wear it?

9 A Yes, ma'am.

10 Q All right. Did you -- did they provide --
11 all right. Let's go into about how your breathing
12 progressed. How -- how did your breathing go? How
13 were you doing from September '08 on?

14 A It just gradually got worse. I became
15 hospitalized.

16 Q Where?

17 A Greenwood, Self Regional Hospital. I was
18 there -- my breathing got real bad one -- early one
19 morning about 4:00 in the morning and my wife now
20 drove me there. They did two or three breathing
21 treatment on me then and gave me inhalers. I was out
22 of work I believe three days.

23 Q Did you -- did you have an out of work slip?

24 A Yes, ma'am, stay out three days. To keep
25 from getting three points you can be out three days,

1 but only if you turn in a medical sheet.

2 Q Did you turn it in?

3 A Yes, ma'am.

4 Q Turned it in to who?

5 A Sandra Rickets.

6 Q Ms. Rickets? Okay. And when you turned it
7 in did you tell her anything?

8 A I -- I've had conversations with Ms. Rickets
9 about my breathing, yes.

10 Q Okay. And what would it be about your
11 breathing?

12 A Well, I didn't know at the time what it was,
13 but a friend of mine he was in the -- in the Navy
14 during Viet Nam and he was talking about he had just
15 got compensated for asbestosis, air thing -- because
16 of the ship that he was on the piping and everything
17 was --

18 Q Okay. You had a friend -- what did you tell
19 Ms. Rickets?

20 A I said I was going to check with the
21 military because I might -- because it takes years
22 sometimes for it to show. I wanted to check with
23 Veterans Affairs to get them to look in and see if
24 that might be my problem.

25 Q Asbestos?

1 A Yes, ma'am.

2 Q Did you work around asbestos?

3 A Yes, ma'am.

4 Q Okay. And you -- you applied for VA
5 benefits?

6 A I -- I called the -- they did a check and
7 when I got the paperwork which wasn't too long ago
8 they denied it.

9 Q Okay. And that's just in evidence in my
10 APAs?

11 A Yes.

12 Q All right. Now let's talk about breathing.
13 Your breathing's getting worse. You said you went to
14 Self Regional and you had an out of work slip and you
15 handed it in to Ms. Rickets. What else was going on
16 as far as getting treatment or having breathing
17 problems?

18 A I was just so -- I got a referral to a
19 pulmonary specialist, Dr. Hand.

20 Q From -- you were going to Anderson Medical?

21 A Anderson Hospital.

22 Q Several --

23 A Yes, ma'am.

24 Q -- several times you went to Anderson
25 Medical ER, correct?

1 A Yes, ma'am.

2 Q And what did they do for you?

3 A Breathing treatments, rescue inhalers, and
4 then a referral to a specialist because I told them it
5 was ongoing.

6 Q All right. As far as your Employer, did
7 they know you were going to these hospitals and
8 getting treatments?

9 A Yes, ma'am.

10 Q And how did they know that?

11 A Verbally and by doctor's excuse.

12 Q And you'd turn in these excuses?

13 A Yes, ma'am.

14 Q To whom?

15 A Ms. Rickets.

16 Q All right. So you got a referral to Dr.
17 Hand, correct?

18 A Yes ma'am. Yes, ma'am.

19 Q And this would have been on or about when?
20 Do you remember?

21 A No, ma'am.

22 Q All right. If the record shows that was on
23 or about August '09 does that seem right?

24 A That could be, yes, ma'am.

25 Q Okay. So you go to Dr. Hand and what did he

1 do for you; what happened?

2 A He signed me up to go to a breathing --
3 several breathing exams; one where they put you in a
4 booth, blow through these tubes and everything and
5 they record the lung capacity and this, that and the
6 other. I mean that was my first and then from that
7 they referred me back to Dr. Hand. A few months later
8 I went and he'd do an update. He'd give me sample
9 inhalers and stuff like that to try; Z-Paks which is
10 like -- it's a steroid -- something that helps your
11 lung muscles, like that stuff and everything. On
12 occasion it'd be like you start off with like six
13 tablets and the next week you go down to like four,
14 then two until you get off of that. They worked
15 pretty good for a period of time. It's like it
16 cleared up and then get back.

17 Q All right. When did you first think your
18 lung problems were related to these chemicals at work?

19 A It was probably -- it was about my third
20 exposure with the Reactabond I noticed I was getting
21 -- I mean I couldn't be around it. The gloves we had,
22 we only had latex gloves and everything, so it'd eat
23 through them. We didn't have the up to your elbow
24 gloves or anything like that. After about the third
25 time I was around it and everything I mentioned to

1 Keavin Ramey who was my boss, main boss direct up and
2 told him, I said, "Keavin, I believe I'm having a
3 reaction to this certain chemical." Which I was told
4 by other people there that it was a acid base and it
5 has a little breathing health hazard on the MSD list
6 and respiratory problems and skin irritation.

7 Q And what did Keavin -- Mr. Ramey say to you?

8 A He told me to stay away from it.

9 Q Was that possible?

10 A Not really, no, ma'am.

11 Q In your job?

12 A No, ma'am.

13 Q All right. When would you have had this
14 conversation on or about; discussion if you can
15 recall? Before Dr. Hand?

16 A During the -- probably -- about -- it was
17 probably my first or second visit with Dr. Hand or
18 somewhere around there.

19 Q All right. And was there a time when Dr.
20 Hand talked about a respirator?

21 A Yes, ma'am.

22 Q And what -- what were you supposed to do?

23 A He told me to talk to my safety coordinator
24 about getting a respirator if we didn't have them
25 which would have to be a fitted respirator, it just

1 can't be anything, it's got to have special cartridges
2 to keep out certain vapors. And each cartridge is
3 color coded and whatever and each one is for a
4 different chemical or vapor that's (inaudible).

5 Q Did you talk to someone?

6 A I talked to Mr. Ramey and I also talked -- I
7 can't remember his name, he was our safety man at the
8 time and it's my understanding it's changed, I think
9 since I left the plant.

10 Q All right. And what did you tell them; what
11 did they say, Mr. Ramey?

12 A I told him that I needed to see about
13 getting a respirator made so -- with the cap off and
14 everything, but one that was best suited for instance
15 like \$300 and something dollars. I talked to the
16 safety coordinator at the time and said he had put in
17 for a P.O. to get it ordered and everything, which I
18 guess he has to go through upper management which has
19 to be signed by, I believe, David Stubblefield.

20 Q Did you ever get a respirator?

21 A No, ma'am.

22 Q All right. But you were told he was going
23 to get you one by Mr. Ramey?

24 A He had to wait on a P.O. to be signed.

25 Q And Mr. Ramey also said stay away from the

1 Reactabond that was the problem, correct?

2 A Yes, ma'am.

3 Q All right. And this would have been some
4 time after September '08?

5 A Yes, ma'am.

6 Q Right around August '09?

7 A Yes, ma'am.

8 Q All right. Tell me how long you worked
9 there? Then what happened after you got the
10 respirator then what happened at work?

11 A I worked there about 19 months.

12 Q Total?

13 A Yes, ma'am.

14 Q And you were laid off when?

15 A I don't remember the exact date.

16 Q Around March 2010 sound right?

17 A That sounds about right, yes, ma'am.

18 Q Somewhere around there? All right. Prior
19 to that was your job changed?

20 A Oh, I was moved -- I still had the title of
21 all purpose maintenance, but they moved me out of
22 maintenance shop and had me working with the safety
23 coordinator fabricating guard railings, chain covers,
24 patching holes in the floor which calls for a two part
25 epoxy which is pretty strong when you mixed them

1 together. It's a -- takes your breath away. And
2 fixing anything, I mean safety wise if I found which
3 also consisted of air leaks, stuff like that,
4 containing busted hoses and getting projectiles and
5 dirt off the floor and pick up glass and stuff, so.
6 It's basically a little maintenance, but it wasn't
7 doing what I was graded in.

8 Q Okay. And why were you moved to that job?
9 Why did they tell you they moved you to that job?

10 A They told me it was lack of work in our
11 department, in the maintenance department.

12 Q Okay. And what was going on as far as that
13 company? While you worked for that company how many
14 names did it operate under?

15 A Okay. I believe this is -- if I've got it
16 correct. It started off when I went to work there it
17 was just Goodman Conveyors, then it was
18 Goodman/Hewitt/Rawlins, then just Goodman/Hewitt, they
19 dropped the Rawlins and then now it's -- I don't know
20 exactly the full name. It's Joy Machinery Mining and
21 Global Parts or something like that.

22 Q Why was the name changing that often?

23 A I don't know. We had periodic meetings and
24 everything and it's a little over my head when they
25 get to talking politics for it and everything, but my

1 understanding is they came in, they saw the plant --
2 basically we would have went under if they hadn't done
3 something pretty soon, they was trying to incorporate
4 us into a bigger company.

5 Q So they were having money problems and --

6 A Matter of fact --

7 Q -- from your understanding they changed the
8 name?

9 A Yes, ma'am.

10 Q And were you changing the signs for these
11 company names?

12 A I have, yes, ma'am.

13 Q All right. So you got changed over to
14 working in safety doing guard rails and fixing holes
15 where the pipes fit in? How was your breathing going
16 on? What were you doing around the plant?

17 A Basically the same thing, hopping from place
18 to place, cleaning up a -- pave holes the facility had
19 in the parking lot area. That's where they dump the
20 metal shavings in some big hopper. It also has a big
21 catch pan up under for the drained oil to go into.
22 But if it rains it's just a covered shelter, just the
23 top's covered, not the sides. If it rains water gets
24 in there it makes it overflow into the parking lot.
25 So part of my job was to go out there and suck out all

1 of -- and suck it all out with a vacuum and clean the
2 parking lot up.

3 Q And when would you have done that, on or
4 about, if you know?

5 A Depending on what's going on.

6 Q All right. And did you have any reaction to
7 doing any of that?

8 A Just when I'd get hot. It was outside and
9 you know, sweeping all that stuff up.

10 Q And when you got hot what happened?

11 A If I get hot or anything or real upset or
12 anything I -- my breathing gets worse and worse and it
13 closes up and I have to cool off. So I either have to
14 sit down or get in the air conditioning or even stick
15 my head in the freezer.

16 Q Who at the plant knew about this and what
17 did they tell you to do when you would have trouble
18 breathing?

19 A Well, Keavin told me -- if he was around he
20 just told me on several occasions go in the office,
21 sit down, cool down. I'd come in one morning if I was
22 breathing bad go up to him, see what he wanted and
23 he'd basically go like, you sound like crap today. So
24 -- his mother had asthma real bad, so he kind of
25 understand -- understood my breathing problems and

1 everything. So he -- he was accommodating, you know,
2 he put --

3 Q So you'd go sit in the plant office to cool
4 down?

5 A Yes, ma'am, in the maintenance office.

6 Q In March of 2010 did your breathing get real
7 bad at that point where you had to leave? Tell me
8 about that. You left work?

9 A Yes, ma'am.

10 Q Tell us what happened then.

11 A It just -- gradually working and everything,
12 constantly walking and everything, I had an episode.
13 Don't know what started it, you know, it just kicked
14 in. I shut down and I went to my supervisor George
15 Keach, and tried to sit down and cool off, this, that
16 and the other and things. Well, it got where it was
17 so bad I told him I needed to go to the doctor or the
18 hospital, so I called my now wife and she was on her
19 way to pick me up to carry me to the hospital. Well,
20 George did take the time to walk me outside to get
21 fresh air and we sat on the -- I sat on the receiving
22 dock and George stood out there until my wife got
23 there to pick me up.

24 Q All right. And this was in March 2009,
25 March 20, 2009 you went to Self Memorial?

1 A Yes, ma'am.

2 Q All right. And did Mr. Ramey -- was he
3 involved in any of this --

4 A Well, he knew -- this was -- definitely I
5 should say -- it's just me, George, Keavin and we had
6 one other guy and they had fired him, so everything
7 was disclosed between us three.

8 Q So when these episodes got as bad as they
9 were getting, and I'm assuming in March, this was
10 pretty bad?

11 A Yes, ma'am.

12 Q How -- how are you responding? Are you --
13 you know, breathing, are you breathing inhalers;
14 what's going on?

15 A I have a rescue inhaler. Sometimes I carry
16 it. I have three prescribed. I don't have them today
17 so -- sometimes I carry two to work. I have to use
18 them more than I should have really, but it's the only
19 way I could keep functioning. I had to work. I
20 worked sick, but when they get that bad there's no
21 work at all. I just couldn't do it. Ain't every day
22 great but some are worse than others, but I had to
23 have a job. I mean it's just bottom line, so I tried
24 and tried and tried to keep -- keep up.

25 Q And this day in March why -- why would you

1 need to be walked outside by Mr. --

2 A They didn't want me -- I was breathing so
3 shallow I thought I might pass out. Instead of
4 falling down in the plant and hitting my head on
5 something they escorted me out to get fresh air and
6 wait for my wife to get there.

7 Q Okay. Well, would that be one of your
8 worse episodes?

9 A That's one of the worse, yes, ma'am.

10 Q All right. Let's talk about now. What are
11 you doing? You're drawing unemployment?

12 A Yes, ma'am.

13 Q And who put in for your unemployment?

14 A The plant called for my first tier I think
15 she called it.

16 Q Who would that be?

17 A Sandra.

18 Q Ms. Rickets?

19 A Yes, ma'am.

20 Q All right. And you know that you -- when
21 you fill out unemployment you have to look for jobs?

22 A Yes, ma'am.

23 Q And you stated you could work?

24 A I could try, but yes, ma'am, I stated I -- I
25 could work.

1 Q Have you been looking for a job?

2 A Yes, I have.

3 Q All right. What kind of job -- have you
4 been offered any job?

5 A No, ma'am.

6 Q All right. Could you do the job you've been
7 doing in the past?

8 A I don't think I could, but I have to try.
9 That's part of the stipulations of the unemployment, I
10 mean.

11 Q How much are you drawing; about \$315 a week
12 I believe?

13 A Yes. I bring home about \$250 something
14 after child support is taken out.

15 Q And that's unemployment? All right. Let's
16 talk about what you do on a day to day basis and what
17 you're able to do now that you have -- hobbies in the
18 past that you did that you can't do now. Let's talk
19 about your routine and your general health.

20 A Basically I don't do -- my wife is working
21 at Caterpillar and she goes to work. I do the cooking
22 and cleaning and I'm -- I'm like a housewife or
23 basically right now because we own five acres. I've
24 got a 150 pound Rottweiler that I can't even play with
25 anymore. I can go feed him but by the time I walk

1 down the hill to feed him I get about halfway up the
2 hill and I'm out of breath, so.

3 Q All right. When you say you can't play with
4 that dog anymore, what could you do before?

5 A Oh, I used to walk him a mile a day. I'd
6 get out and play with balls and Frisbees and we'd take
7 him to the river, give him a bath and this, that and
8 the other. Now she basically does all of it as far as
9 walking, she does all that unless I just turn him
10 loose and let him run. Sometimes he runs off.

11 Q Okay. Hobbies other than your dog?

12 A Shoot pool, but I -- I can do that, but --

13 Q You can still shoot pool?

14 A Yes, ma'am. I can walk around and shoot
15 pool.

16 Q All right. How far can you walk when you
17 get short of breath?

18 A Well, from the front door to my dog is
19 probably about 25 yards.

20 Q And then what happens?

21 A About halfway back, so I mean you can say
22 about 40 yards I'm short of breath, I have to sit
23 down.

24 Q And how often will this happen?

25 A Well, every time I try to go feed him.

1 Q All right. What about around the house? As
2 far as those acreage what do you -- who's keeping that
3 up?

4 A We try to hire somebody, like bush hogging,
5 work the gardens and everything. I recently had to
6 hire a guy for something I could do. We had a leak in
7 the back bathroom sink and hired a friend of ours to
8 come over and I supplied my tools, but he did the work
9 because I couldn't be around the caulking to seal the
10 pipe back in. Now with the epoxies and stuff like
11 that I don't like breathing them in because they shut
12 me down too.

13 Q And when you say "shut down" tell us --
14 you're smothering, is that what you're calling shut
15 down?

16 A Yes, ma'am. I get to coughing so bad that I
17 lose my breath and then that's when the -- I had to
18 get -- my sputum -- it's not throwing up like from the
19 stomach, it's coming out of your lungs. It's gooey --
20 it's -- and I've never done that before -- before,
21 ever.

22 Q If your lungs were at 100 percent and we
23 know you've had some bronchitis, a little bit of
24 asthma as a child, but if they were at 100 percent
25 before you went to work for Goodman Conveyor --

1 MR. ALLISON: Commissioner, I'm going to object
2 to the form of the question. There's no foundation
3 based -- well, first that his lungs functioned at 100
4 percent before.

5 MS. SHOOK: Okay. I'm saying that if -- if he
6 was at -- all right.

7 Q On a scale of one to ten, okay, ten being
8 the best, one being the worst, where are your lungs --
9 where do your lungs strike on now?

10 A Now? Say one's the worst, ten's the best?
11 I'm around two.

12 Q Okay. Where is your left lung now?

13 A Same place.

14 Q And what makes you say that?

15 A The records from Dr. Hand says I have 73
16 percent loss of lung capacity in my lungs.

17 Q Well, that's -- that's what Dr. Hand says.
18 I'm asking you.

19 A Oh.

20 Q Based on how you were working before and how
21 you're working now?

22 A Oh. It's just -- you know, just a total
23 turnaround. I was so active I -- you know, Mr. Ramey
24 would even tell me to slow down when I first started
25 there because I was energetic. I mean just go, go,

1 go, and everything. Once I started with -- my
2 breathing started going downhill my performance
3 started going downhill. I couldn't do everything I
4 used to do.

5 Q But you -- you were getting raises weren't
6 you?

7 A Yes, ma'am. I'd do everything they asked me
8 to do, I just -- my -- me personally I wasn't
9 performing to my -- my full ability.

10 Q You -- you felt like you couldn't perform
11 because --

12 A That's right.

13 Q Okay. All right. If you were offered a job
14 now what would you do?

15 A At the same place?

16 Q Anywhere.

17 A Anywhere? I'd have to go try.

18 Q Why would you have to try?

19 A If -- if I didn't that would disqualify me
20 -- disqualify me from my unemployment.

21 Q Okay. Could you do any of the jobs you did
22 in the past?

23 A I don't think so, no, ma'am.

24 Q And why not specifically?

25 A I just -- it just -- a certain amount --

1 there's just no way I can do it; my lungs won't let
2 me.

3 Q What medicines are you on now?

4 A The only thing I have left is my nebulizer
5 and my Albuterol. I can't afford -- I do over the
6 counter inhaler -- a little rescue inhaler, try to
7 take a breath ever once in a while, but it's not
8 really as effective as prescribed medicine.

9 Q Where did you get a nebulizer from?

10 A Bought it from my sister-in-law.

11 Q And how much did you pay for it?

12 A About \$20 bucks. I couldn't afford a new
13 one. She had one -- her son had asthma when he was a
14 kid. It's an old one; it's a big unit and you can't
15 carry it around with you.

16 Q What about the Albuterol, where did you get
17 that from?

18 A It was prescribed to me. I can't remember
19 which hospital, so I use it sparingly because I only
20 have about a half a box left.

21 Q How often do you use it?

22 A I used it this morning as a matter of fact,
23 but it's been like almost a week since I've used it.

24 Q And why did you use it this morning?

25 A I woke up at -- the cool air -- the air

1 changed, the climate changed so and stuff and I had
2 the windows up yesterday and the house was full of --
3 air the house out a little bit and I was up -- going
4 from 70's to the 30's or whatever or my sleep and
5 everything and I was just rattling -- in the chest
6 rattling and everything and I did cough up some sputum
7 this morning.

8 Q How do you sleep at night?

9 A Not very well.

10 Q And why is that?

11 A I just wake up all the time. It's like --
12 it's not anything -- sometimes I catch myself not
13 breathing. It's like a nightmare for me, because, you
14 know, shortness of breath, I mean.

15 Q All right. Other than walking your dog and
16 -- and how has this affected your life, we should say,
17 when you're at home and not at work?

18 A I'm depressed all the time now, and I'm kind
19 of embarrassed.

20 Q Why are you embarrassed?

21 A Well, it's caused problems between me and my
22 wife because of sexual relationship.

23 Q Is that because --

24 A Performance.

25 Q And why do you think that's causing

1 performance problems?

2 A Because of -- I can't -- I'm sorry, this is
3 just --

4 Q Just say it. We've all heard it.

5 A I can't perform my -- just like on the job I
6 can't perform like I used to. I run out of breath and
7 have to stop.

8 Q But you're able to cook and clean at home?

9 A I cook, yes, ma'am.

10 Q All right. Do you -- do you clean?

11 A I try -- I try to keep the dust down in the
12 house.

13 Q Okay. Anything else you want to add that I
14 haven't asked you?

15 A I can't think of anything.

16 Q All right. Answer any questions Mr. Allison
17 might have.

18 A Yes, ma'am.

19 THE COURT: All right. Mr. Allison.

20 MR. ALLISON: Thank you, Commissioner. I
21 neglected to hand my APAs up.

22 CROSS EXAMINATION

23 BY MR. ALLISON:

24 Q Good morning, Mr. Cole.

25 A Morning.

1 Q Let's talk about your background just a
2 little bit. You served in the Navy you said for you
3 thought two years?

4 A About a year and a half, I guess, all
5 together.

6 Q Okay. Do you have -- in your application
7 for employment you said you were in the military from
8 1987 to 1991; is that right?

9 A It should be '87, '89.

10 Q Okay. Well, you -- you filled this out?

11 A Yes.

12 Q But you're telling me that you were only in
13 the military for two years?

14 A Right.

15 Q Okay. And you were discharged?

16 A Yes, sir.

17 Q Why were you discharged?

18 A I got a OTH, other than honorable discharge
19 for discrimination.

20 Q And just what -- what does that mean?

21 A Racial slurs.

22 Q Okay. What did you do when you were in the
23 Navy?

24 A I was a hull maintenance technician.

25 Q And during that time you believe that you

1 were exposed to asbestos; is that right?

2 A Yes, sir.

3 Q Okay. And why do you think that?

4 A I did asbestos rip-outs on the old ships.

5 Q Okay. So you don't just think, you know
6 that --

7 A That I was around it, yes.

8 Q -- that was your actual job was to remove
9 that asbestos from those hull ships?

10 A Part -- part of my job, yes, sir.

11 Q Okay. Now before you were ever in the
12 military did you ever have any problems with breathing
13 or your lungs?

14 A Not to my recollection, no, sir.

15 Q All right. Now in your deposition you
16 testified that you were diagnosed with asthma as a
17 child; is that right?

18 A That's hearsay through my mother actually.
19 She said I may have -- or bronchitis or something like
20 that. I don't know if it was asthma or bronchitis or
21 if that's the same thing.

22 Q All right. Well, regardless of whatever the
23 medical definition of it is did you have breathing
24 problems as a child?

25 A Not that I remember. This is what my mother

1 told me.

2 Q Okay. So what you're -- what you're telling
3 me today is, is that your mother told you as a -- as a
4 boy that you had asthma or bronchitis, but you were
5 not aware of any problems that you had?

6 A Right.

7 Q Is that right?

8 A Uh-huh.

9 Q Are you telling me that you didn't ever use
10 an inhaler as a child?

11 A Not that I -- I played baseball.

12 Q All right. Were you ever -- before you
13 worked with -- with Goodman did you ever have problems
14 breathing?

15 A Not that I know of -- no.

16 Q Did you ever have problems breathing that
17 would make you go seek treatment from a doctor or from
18 a hospital?

19 A Not that I remember.

20 Q Okay. Well, let me -- let me see if this
21 will refresh your memory.

22 MR. ALLISON: Commissioner, this is page 174 of
23 Defendants' APAs.

24 Q Mr. Cole, these are copies of medical
25 records. Both -- both your Employer and your attorney

1 submitted whatever medical records they wanted to and
2 that's what -- that's what I'm reading from. On
3 October 24, 2006, which was about two years before you
4 started with Goodman, you went to Anderson Emergency
5 Room. Do you have any memory of that?

6 A I don't remember that.

7 Q All right. Well, I'm going to tell you
8 what's checked on this sheet and I'm going to ask you
9 some questions about it. It says that you were
10 complaining of respiratory problems, including cough,
11 that you had mild trouble breathing and wheezing and
12 that you had un-nosing congestion. Do you have any
13 dispute to what's in that record?

14 A No, I don't dispute it, I just don't
15 remember it.

16 Q Okay. And on the next page you're diagnosed
17 with bronchitis and you're given Albuterol and told to
18 take Albuterol four puffs a day. Do you have any
19 dispute with that?

20 A I don't dispute that, I just don't remember,
21 no, sir.

22 Q Okay. Well, what you testified to before
23 earlier in your depo -- in your testimony today was
24 that you never used any kind of inhaler before you
25 worked at Goodman.

1 A I don't remember using one.

2 Q Okay. Well, that -- that's my -- that
3 testimony wasn't true was it? You did, in fact -- you
4 were prescribed Albuterol and told to use it four
5 puffs a day back in 2006?

6 A I don't remember; I really don't.

7 Q Okay. Are you telling me that that didn't
8 happen?

9 A If it's on the paper it could have happened,
10 I don't remember.

11 Q So now you're telling me that it is possible
12 that you did have problems breathing before you ever
13 started working for Goodman?

14 A That's highly possible.

15 Q And you --

16 A I don't --

17 Q -- and you don't have any reason to dispute
18 this record?

19 A No, sir, I don't.

20 Q Let's talk about some of the other jobs that
21 you've had. You worked for Hydro Aluminum and did
22 what?

23 A Maintenance.

24 Q Okay.

25 A Well, I started off as a saw operator.

1 Q Okay. When you were working at Hydro
2 Aluminum were you -- were you exposed to anything that
3 irritated your respiratory problems?

4 A No, I was sent up to load a job -- let me
5 correct that. We had bake ovens at (inaudible) two of
6 them to cure the aluminum and make it harder and we
7 had to repair. It's on railroad tracks and they pull
8 cars in and out and had to pull the walls out several
9 times. It gets real hot in there, about 400 degrees
10 when it runs. Then when it's off it's still over a
11 hundred degrees in there, so it's insulated. So I had
12 insulation on me that would cause skin irritants.

13 Q Did you wear a respirator on that job?

14 A Just masks. Dust masks technically.

15 Q And you testified before that you -- you
16 actually used a respirator on your job with Goodman.

17 A When I was welding. Oh, I thought you were
18 going to say Hydro. Yeah, I had one at Hydro Aluminum
19 when I was in maintenance.

20 Q Okay. And is that the respirator that you
21 claim that you used when you came and worked at
22 Goodman?

23 A The same.

24 Q So your job before required you to use a
25 respirator?

1 A For certain jobs, yes, sir.

2 Q Okay. Did that job at Hydro make your
3 coughing and make your problems with asthma worse?

4 A No, not at Hydro. I had worked at
5 (inaudible) --

6 Q How about your job with Plastic Omnium?
7 What did you do for those folks?

8 A I was an electrostatic painter with BMW and
9 General Motors.

10 Q Okay. Did you have to wear -- what kind of
11 safety equipment did you wear to do electrostatic
12 painting?

13 A Okay, it was -- steel toed boots required.
14 It was full Tyvek suit, safety glasses and respirator.

15 Q Why did you have to wear a respirator on
16 your job at Plastic Omnium?

17 A Curing products for paper it has drainage
18 floors with water running up under it and it has fans
19 that blow. The overspray from the paint down into the
20 water to catch it. The bumper comes through and
21 they're grounded. Electrostatic paper was electrode
22 because (inaudible) for that. And the reason the
23 bumpers are painted is to give it traction of the
24 paint to the bumper to keep from overspray -- too much
25 overspray.

1 Q Okay.

2 A So not spraying across from like you and I.

3 Q If -- if you didn't wear a respirator what
4 would happen?

5 A Oh, you'd get sprayed in the face. You've
6 got a guy right across from you; he's spraying one
7 bumper and you're spraying the other.

8 Q All right. How long did you work for
9 Plastic Omnium?

10 A Less than a year.

11 Q All right. So between Hydro Aluminum and
12 Plastic Omnium you worked for five or six years total;
13 is that right?

14 A Yes.

15 Q And -- and during this whole time you had to
16 wear respirators because of the chemicals and
17 irritants that you were around; is that right?

18 A Yes, sir.

19 Q And that's before you worked with Goodman;
20 is that right?

21 A Yes, sir.

22 Q How long have you been a smoker?

23 A 20 something years.

24 Q When did you start?

25 A I was a kid; I was a teenager.

1 Q Okay. How many packs a day do you smoke?

2 A No more than one.

3 Q Okay. Do you smoke a pack a day?

4 A Right at it, yes, sir.

5 Q Have doctors told you to quit smoking?

6 A Yes, sir.

7 Q Have you done that?

8 A I've tried and it's --

9 Q But you haven't stopped smoking?

10 A Haven't stopped completely, no.

11 Q Have you reduced your smoking?

12 A Yes, sir.

13 Q Okay. So if you smoke about a pack a day,
14 what was the most you ever smoked in terms of packs?

15 A I smoke more now than I did prior. I was
16 about a half a pack smoker and just sitting around the
17 house now I -- I smoke more now than I did prior.

18 Q Okay. Now you need to help me understand
19 that then, Mr. Cole, because what you just testified
20 to is that you've actually reduced the amount you
21 smoke because your doctor told you you needed to quit;
22 is that right?

23 A Yes.

24 Q So you've told me you -- you're smoking less
25 because the doctor told you to quit, but then you're

1 telling me now you smoke more than you ever did.

2 A Right.

3 Q So which is it?

4 A I'm about a pack a day, less than a pack a
5 day; right at a pack a day.

6 Q Is that more or less than when your doctor
7 told you you needed to quit smoking?

8 A It's a little more.

9 Q Okay. So you haven't reduced the amount of
10 cigarettes you smoked since he told you that?

11 A Periodically I do, but no, not on a
12 consistent basis though.

13 Q What kind of cigarettes do you smoke?

14 A I smoke menthol.

15 Q When you smoke cigarettes does it cause
16 problems with your breathing?

17 A Not that I -- no, nothing immediate, no,
18 huh-huh. It's the long term I'm short with.

19 Q So you don't have any problems with coughing
20 or shortness of breath when you smoke cigarettes; is
21 that what you're telling me?

22 A Right.

23 Q Now you -- you testified that you started
24 having problems with breathing on or about the day
25 after September 8th of 2008; is that right?

1 A Memorial Day, yes.

2 Q Okay. And did you have any breathing
3 problems before that happened?

4 A No.

5 Q Okay. First let me show you a copy of your
6 attendance record. Okay? This is the -- this is the
7 attendance record that Goodman keeps, and I'm going to
8 just make sure that you understand what you're -- what
9 you're looking at here. This is the 2008 vacation
10 schedule and attendance, so let's go down to September
11 and come over to the date of September 8th and it
12 indicates that you were sick and out eight hours that
13 day. Do you agree with that?

14 A Yeah, I believe I was out that day.

15 Q Okay. Well, if you were out that day --

16 MR. ALLISON: And Commissioner, this will be
17 Defendants' Exhibit 1.

18 THE COURT: Any objection?

19 MS. SHOOK: No objection.

20 (Defendants' Exhibit No. 1, Vacation Schedule and
21 Attendance record marked for identification and
22 entered into the record.)

23 BY MR. ALLISON:

24 Q Mr. Cole, if you were out that day how were
25 you drenched in hydraulic fluid on the job?

1 A I was exposed before that date.

2 Q Okay. Well, you testified earlier today
3 that you were exposed to all this fluid on September
4 8th, 2008.

5 A I said on or about that date.

6 Q All right. Are you now -- are you changing
7 your testimony now and saying that that did not happen
8 on that date?

9 A The date, sir, I was exposed -- all I want
10 to say is I was changing a directional valve. Within
11 three weeks of me getting hired on that was one of my
12 first major jobs on that, so it was around that time
13 and yes, I wound up going to the doctor around about
14 that time. I did not know that it was the Reactabond
15 at that time. I'm just saying I was exposed -- I
16 wound up in the doctor. This is looking back now,
17 finding out that all these chemicals could contribute
18 to this.

19 Q You don't know whether you had any kind of
20 incident on September 8th, 2008 or not do you?

21 A All I've got is the doctor's reports or
22 whatever, that's it. That's all --

23 Q When --

24 A -- we had to sign papers -- job sheets and
25 everything on every job that you worked on and what

1 date.

2 Q After you were allegedly covered up in this
3 hydraulic fluid you testified in your deposition that
4 your -- that Darlene Brock took you to Greenwood to
5 Self Regional Hospital; is that right?

6 A I think -- I think I testified to that.

7 Q Okay. Is that -- is that still your
8 understanding of what happened?

9 A Looking back on my -- this is kind of what I
10 was told. On her record she keeps a tab of
11 everything, but I think I went to Dr. Martin in Belton
12 and saw -- that's where I saw the nurse practitioner
13 on that day.

14 Q Okay. What you -- what you told me in your
15 deposition is that it would be Greenwood that she took
16 you to. The question was, "Was that Self Regional
17 Hospital?" And the answer was, "Yeah, I think so.
18 They gave me two breathing treatments." And you go on
19 to say in answer to the question, "Did you go see
20 another doctor after you were discharged from the
21 hospital?" "I went and seen Dr. Martin." Are you
22 telling me now that you didn't go to the hospital on
23 September 8th, 2008?

24 A I don't -- I can't remember if it was the
25 hospital, but when you go to just breathe -- I don't

1 recall exactly the dates and times, this, that and the
2 other. I have been to Greenwood in the hospital
3 emergency room. I've been to Urgent Care. I've been
4 to -- in and out of so many that I can't keep up with
5 things. I'm sorry.

6 Q Now, when you had this incident where you
7 were allegedly covered, your face and hair and chest
8 and arms in this fluid who did you report to at work
9 about that?

10 A Nobody.

11 Q Why not?

12 A Because it didn't bother me at the time.

13 Q It didn't bother you at the time? What --

14 A It's a hands on job and you just -- I just
15 worked and when I get done with the job then I clean
16 up. I mean every -- every little thing I was exposed
17 to something every day whether it's chain soap,
18 hydraulic fluids, dirt and dust or whatever. I mean I
19 don't have time to go to the bathroom and wash my
20 hands every five seconds.

21 Q Assuming that that ever even happened that
22 you were covered like that, what -- what makes you
23 think that that has anything to do with the breathing
24 problems that you have today?

25 A After finding out later on that -- when I

1 went to Dr. Hand and I don't know the exact nature of
2 things, they asked me what line of work I was in. So
3 I told him and everything, so part -- the particulars
4 of when and I told him I was working a dirty job, I'm
5 a maintenance man. I'm possibly around dirt and grime
6 and oils and this, that and the other. And I pretty
7 much asked him why he -- you know, I told him I also
8 did asbestos and all that and they ruled that out; I
9 mean he did, the asbestos part and so did the
10 military. But such and such a process of elimination
11 that's what I get after several times of going to the
12 hospital because I didn't know whether it's got to be
13 something I was exposed to at work because it hit me
14 so fast and so hard. So I gave Dr. Hand a small list
15 of some of the things I was exposed to at the plant;
16 not everything, but just a few of them and they all
17 turned out to be some kind of respiratory problems
18 with exposures -- hand exposures, breathing,
19 ventilation so that's where I come up with this. I
20 mean that's --

21 Q And you first saw Dr. Hand in August 2009;
22 is that right?

23 A I guess that's correct, sir.

24 Q And that's almost a year after you claim
25 this incident happened back in September 2008?

1 A Yes, sir. It takes a while to get an
2 appointment with him even after a referral.

3 Q Now when you testified earlier you said that
4 you felt immediately you had problems the day after
5 that were caused by you being exposed to this; is that
6 correct?

7 A Well, it didn't get in my mouth and face and
8 everything, I mean at the time like I say it just got
9 my breath.

10 Q Now -- now you're telling me that you didn't
11 link any relationship between what you were working
12 with and your breathing problems until almost a year
13 after?

14 A I couldn't link it to that particular one,
15 it could be one -- a combination, I'm not sure. I
16 still don't know.

17 Q All right. And -- and that pretty much sums
18 it up doesn't it? You -- you still don't know what's
19 --

20 A I've had the doctors telling me, I don't --
21 I'm not a doctor.

22 Q But you can't tell us for sure that the
23 breathing problems that you have now are related to
24 anything that you do on your job with Goodman can you?

25 A I can't, no -- professionally, no, I'm not a

1 doctor.

2 Q Okay. And I understand you're not a doctor,
3 but I'm -- and I'm not asking for your medical
4 opinion, but I am asking for your -- for what you
5 experienced with your own body and your own breathing
6 problems and you can't tell us today that the problems
7 that you have in your experience was because of what
8 you did with Goodman can you?

9 A I was -- I -- in my heart I believe yes,
10 sir.

11 Q All right. Well, let me ask you this then.
12 You worked with Goodman for 19 months didn't you?

13 A Yes, sir.

14 Q And all the doctors that you saw with
15 breathing problems, from the hospitals to Dr. Martin
16 to Dr. Hand, did any of those doctors ever take you
17 out of work for more than a day or two?

18 A I've been out for three days at a time.

19 Q Okay. Did those doctors ever tell you to
20 not return to the type of work that you do?

21 A I've been -- I've been told -- said had I
22 ever thought of changing my job -- my career.

23 Q My question though, Mr. Cole, did any doctor
24 ever say that you can't work around these chemicals or
25 these irritants anymore?

1 A They never said that, they just --

2 Q And they -- and they never restricted you
3 from being around these things that you were
4 complaining about did they?

5 A No, sir, that's totally (inaudible).

6 Q Okay. And in fact from the time you saw Dr.
7 Hand in August 2009 you worked another seven months
8 until you were laid off in March 2010; is that right?

9 A I worked another four in maintenance and
10 then three in safety.

11 Q And you worked full time?

12 A Yes, sir.

13 Q You worked every day and you were exposed to
14 the same fluids and things that you worked on from the
15 time you started?

16 MS. SHOOK: Objection. He's misleading the
17 witness. Earlier he said he was out and he looked at
18 the personnel records. My client has testified he was
19 out off and on, so he's misleading him to say he
20 worked every day because he didn't.

21 THE COURT: Well, I mean he can -- he can answer
22 the question that he didn't work every day.

23 MR. ALLISON: I'll rephrase the question.

24 Q Mr. Cole, from the time you saw Dr. Hand in
25 August until the time you were laid off seven months

1 later in March you kept doing your normal job that
2 they asked you to do; is that right?

3 A When I was at work, yes, sir.

4 Q And you did that eight or more hours per
5 day; is that right?

6 A Yes, sir.

7 Q Yes? And you were still exposed to
8 hydraulic fluids and chemicals and things like that
9 that you had always been around; is that right?

10 A Not in the last three months, I wasn't in
11 direct contact like I was in maintenance, no, sir.

12 Q If you thought that these chemicals were
13 giving you such great problems with your breathing and
14 shortness of breath why did you keep working there?

15 A I needed a job and I didn't realize the
16 severity of the condition I had either.

17 Q So it -- when you were still working with
18 Goodman you said you didn't realize the severity of
19 it, what does that mean?

20 A I didn't realize what I know today. I just
21 recently found out how much lung capacity loss I have
22 the other day.

23 Q When you applied for unemployment benefits,
24 Mr. Cole, did you affirm or attest on your application
25 that you were able to work still?

1 A Yes.

2 Q And you've been drawing unemployment -- you
3 applied for unemployment benefits within a couple of
4 weeks of being laid off; is that right?

5 A That's when I could apply.

6 Q Okay. And you were laid off for lack of
7 work; is that right?

8 A That's their -- that's their reason, yes.

9 Q Do you have any reason to dispute that?

10 A Yes.

11 Q What reason is that?

12 A There was plenty of work to do in there.

13 Q Okay. Do you -- were you -- did anybody
14 tell you that you were laid off because you were
15 having problems breathing or keeping up on the job?

16 A No, sir, that would be stupid I think.
17 Nobody is going to tell you that when they fire a
18 person. You don't --

19 Q All right. I'm going to show you one last
20 form and these are records from -- some of the
21 military records that we got. This is a Report and
22 Medical History. Is that your handwriting on the
23 report?

24 A Uh-huh.

25 Q Is that a yes?

1 A Yes, sir.

2 Q And this is your signature at the end of the
3 report; is that right?

4 A Yes, sir.

5 Q And this was reviewed by an officer and it's
6 been dated January 1989; is that right?

7 A Yes, sir.

8 Q So you were in the Navy at that time; is
9 that right?

10 A Yes, sir.

11 Q All right. And on the front of this form
12 that says Report and Medical History that you have
13 testified that you filled out, you've checked that you
14 have had problems in the past with asthma and
15 shortness of breath. Is that accurate?

16 A At the time I guess so, yes, sir.

17 Q So -- so in 1989 when you were 20 or 21
18 years old, by your own admission you were having
19 problems with asthma and shortness of breath; is that
20 right?

21 A I guess so.

22 Q And that's not what you testified to earlier
23 when you said you did not ever have any breathing
24 problems until you worked with Goodman?

25 A I guess, I'm -- I mean -- the breathing

1 problems and shortness of breath is related --
2 something like this, I'm sorry, I know it might be a
3 fine line but I said it was two different things I
4 mean.

5 Q Mr. Cole, the question that was asked you
6 before by -- by your attorney, not me, was whether you
7 had any breathing problems before and your answer was
8 simply "no"; is that right? Isn't that what you
9 testified to and that's not true is it?

10 A I didn't consider it was a problem, I just,
11 you know, shortness of breath is -- I don't know, it's
12 nothing like this.

13 Q So are you telling me that when you were 20
14 years old and you filled out that form that you didn't
15 consider -- you don't consider asthma and shortness of
16 breath to be breathing problems?

17 A When I was 41 years old I could take off and
18 run five miles. I can't run five yards.

19 Q When you worked at Goodman, Mr. Cole, were
20 there respirators that came with your tools?

21 A No.

22 Q Okay. Did you ever tell, when asked about
23 wearing a respirator or cartridge mask, did you ever
24 tell your supervisor that by the time you get all that
25 stuff on you would already have the job finished

1 anyway so you didn't need to use them?

2 A On certain jobs.

3 Q Okay. So --

4 A They're -- that wasn't -- you didn't have to
5 wear one. I preferred to get one.

6 Q Okay. And my question to you is, were they
7 available to you if you needed them?

8 A No.

9 Q Okay.

10 MR. ALLISON: Commissioner, if you'll just bear
11 with me for one second, please.

12 BY MR. ALLISON:

13 Q Did you ever use inhalers when you were on
14 the job?

15 A Yes.

16 Q Okay. Did you use inhalers from the time
17 you started the job with Goodman in August 2008?

18 A When I first -- whenever I first got my
19 first rescue inhaler, I don't know the exact date,
20 yes, I started using it.

21 Q All right. Did you get your first rescue
22 inhaler before or after you started at Goodman?

23 A That would be after.

24 Q Okay. So are you saying that you did not
25 use inhalers when you first started the job with

1 Goodman?

2 A Right.

3 MR. ALLISON: That's all the questions I have.

4 THE COURT: Okay. Ms. Shook?

5 MS. SHOOK: A couple of follow-ups.

6 REDIRECT EXAMINATION

7 BY MS. SHOOK:

8 Q My APAs on page 146 you had to have a
9 pre-employment physical; is that correct?

10 A Yes, ma'am.

11 Q And you checked you had allergies on this
12 pre-employment physical according to this note; would
13 that be correct?

14 A Yes.

15 Q And I believe you were okay to work. It
16 says, "Abnormalities involving working persistence.
17 No to lungs." Would that have been what you checked
18 or what the doctor checked on the pre-employment
19 physical?

20 A I --

21 Q They sent you to the doctor didn't they?

22 A Yes, ma'am.

23 Q Is that right?

24 A Yes, ma'am.

25 Q Okay.

1 MS. SHOOK: And I'll just point out that that's
2 from my APAs.

3 Q And you passed on August 4th, '08, no
4 problems with lungs. It did say, personal history,
5 allergies, asthma. Do you really know the difference
6 between asthma and bronchitis, COPD, any of that
7 stuff?

8 A No, ma'am.

9 Q Did you have a clue about any of this --

10 A No, ma'am, I didn't.

11 Q -- before you started getting these
12 treatments? August 8th, my APAs again, you had to do
13 a training quiz on hazardous materials; is that
14 correct; learning to read the labels?

15 A Yes, ma'am.

16 Q And that's because there were a lot of
17 hazardous chemicals?

18 A Like I say as we've been referring to.

19 Q And in the attendance record Mr. Allison has
20 handed up it shows, November 17th, November 19th of
21 '08 you're out with a doctor's note. Do you recall
22 that? Do you recall it?

23 A Yes, ma'am.

24 Q 5/18 of '09 you called Keaven, supervisor,
25 why would that have been you were out again?

1 A Yes, ma'am.

2 Q July 7th, July 9th of '09, doctor's note?

3 A Yes, ma'am.

4 Q So you were missing time -- full time?

5 A I was calling Keaven to see if he would use
6 my vacation time instead of me getting points and I
7 only had five days vacation time so that got gone
8 pretty quick. So I started getting points, whereon I
9 forgot how many points are on the system and
10 everything, but once I got up to like six they gave me
11 a written warning about days missed. And every day I
12 missed I think I was sick, but it doesn't matter.

13 Q Okay. Then I've got the same attendance
14 records that Mr. Allison has handed up that says
15 September 8th of '08 you worked five out of eight
16 hours. Do you recall that? I mean if you don't
17 recall it that's fine.

18 A No, ma'am --

19 Q The records speak for themselves.

20 A -- I don't recall the exact number.

21 Q And on -- we've used the date of accident on
22 or about September 8th of '08; correct.

23 A Yes, ma'am.

24 Q And these are the attendance records as far
25 as you know --

1 A Yes, ma'am.

2 Q -- from your Employer?

3 A Yes, ma'am.

4 Q You don't keep these records do you?

5 A No, ma'am.

6 Q They're kept by someone?

7 A Yes, ma'am.

8 Q Okay. And as far as saying you never had

9 breathing problems what do you mean by that? You

10 obviously went to the emergency room in '06. You say

11 you don't remember it, but we've got a record.

12 A I don't remember it at all.

13 Q And you got Albuterol and you --

14 A I don't -- I don't remember.

15 Q -- but it said you had bronchitis according

16 to that record.

17 A I don't remember it and if I did -- I didn't

18 have a driver's license at the time so it had to be

19 somebody that carried me there, I don't remember. It

20 might have been my mother or something like that. I

21 didn't have a license at the time.

22 Q You've had colds?

23 A Yes, ma'am.

24 Q And you've had congestion?

25 A Yes, ma'am.

1 Q What do you call those? Do you call those
2 breathing problems?

3 A At the time, yes, for a short period of
4 time, yes, ma'am.

5 Q All right. Compared to anything like that
6 in '06 when you went and got diagnosed with
7 bronchitis, compared to '06, that ER visit now, how
8 has your breathing changed?

9 A Dramatically.

10 Q Specifically? Shortness of breath?

11 A Yes, ma'am.

12 Q Wheezing?

13 A Yes, ma'am.

14 Q Trouble breathing at night?

15 A Congestion, coughing, wheezing, trouble
16 breathing and so on. My sexual life, yes.

17 Q And you first put these with these chemicals
18 after when?

19 A About my third episode around Reactabond and
20 talking to Dr. Hand. He's the one that asked me
21 actually what kind of work I did and what kind of
22 environment I worked in.

23 Q Okay. And you've worked and I've got -- and
24 you didn't see this until I showed it to you, because
25 I just saw it in the personnel file. Mr. Ramey

1 checked your work record out, the time record out.
2 Worked '95 to '96, was laid off. Rehired 8/8/04 to
3 8/6/07, "Just real good all around maintenance guy."
4 "If work would pick up I would love to have him back
5 so we could get the job done." That's his quote, of
6 Ken Ledbetter, your supervisor. "Sudan," Mr. Ramey,
7 once again, "employed for them '91 to '95. Left in
8 1995, worked a notice and quit to accept other
9 employment. We would rehire. He is a good guy." Did
10 I show you that?

11 A Some of that.

12 Q Yes, I did.

13 A What did you ask me?

14 Q Did you know anything about this?

15 A No, ma'am.

16 MS. SHOOK: He got that from the supervisor where
17 he was checked out.

18 MR. ALLISON: I don't have any objection to this.
19 I do have an objection to counsel instructing her
20 witness about answering the question.

21 MS. SHOOK: I'm sorry. I'd like to have this
22 marked as Claimant's Exhibit No. 1.

23 (Claimant's Exhibit No. 1, Reference Check,
24 marked for identification and entered into the
25 record.)

1 Q Didn't you testify earlier that they were
2 Hydro -- I keep forgetting the name of that company,
3 recommended you to Goodman Conveyor?

4 A Yes, ma'am.

5 Q Do you remember that?

6 A Yes, ma'am.

7 Q Okay. I'm just trying to clear up what you
8 remember and what you don't. I know it's hard to
9 testify and I shouldn't -- I know you've never seen
10 that before, but I just wanted to show you.

11 MS. SHOOK: So that's all I have.

12 THE COURT: Okay. Mr. Allison?

13 MR. ALLISON: I don't have any follow-up.

14 THE COURT: Any other witnesses for the Claimant?

15 MS. SHOOK: Well, I did subpoena Mr. Ramey, but
16 are you going to put him up?

17 MR. ALLISON: I am.

18 MS. SHOOK: Okay. Well, I'll just cross him
19 then.

20 THE COURT: Okay. Any witnesses for the
21 Defendants?

22 MR. ALLISON: Yes, ma'am, we call Joe Beasley.

23 THE COURT: Please raise your right hand. Do you
24 swear to tell the truth, the whole truth and nothing
25 but the truth?

1 THE WITNESS: I do.

2 THE COURT: Please state your full name for the
3 record.

4 THE WITNESS: Ricky Joe Beasley.

5 THE COURT: Mr. Allison.

6 MR. ALLISON: Thank you, Commissioner.

7 Ricky Joe Beasley,

8 Having first been duly sworn, testified as follows:

9 DIRECT EXAMINATION

10 BY MR. ALLISON:

11 Q Good afternoon, Mr. Beasley.

12 A Good afternoon.

13 Q Where do you work?

14 A I work for Joy Mining Machinery. I am a EHS
15 specialist; a regional person. I have a facility in
16 Alabama where my office is and I also have the Belton,
17 South Carolina facility and I'm responsible for all
18 the EHS.

19 Q All right. So you work in --

20 A Environmental Health and Safety.

21 Q -- you work in Alabama, but you're here
22 today on behalf of your company?

23 A I am.

24 Q All right. And what does EHS mean?

25 A Environmental Health and Safety.

1 Q Okay. So you're responsible for what?

2 A I have -- I have a point person that works
3 with me at Belton, but I'm responsible for all
4 compliance issues to make sure we're in compliance.

5 Q Okay. And when you say compliance, with --
6 compliance with?

7 A Compliance with all the OSHA regulations,
8 EPA.

9 Q Okay. In part of your job do you have to
10 ensure that this plant, particularly this Belton plant
11 is in compliance with OSHA standards?

12 A Absolutely.

13 Q And -- and how do you ensure compliance with
14 that?

15 A Through audits of the facilities and I'm
16 here -- I'm here one week out of every month.

17 Q Okay. How often are those audits done?

18 A Monthly.

19 Q Okay. In the time period that Mr. Cole
20 worked for what we've been calling Goodman, but in the
21 time that he worked for the company from August 2008
22 through March 2010 were there such audits done?

23 A Yes.

24 Q Okay. And specifically -- just explain
25 briefly what kind of testing would be done to test

1 whether or not the plant was within OSHA standards and
2 limits?

3 A Well, the company -- as far as safety audits
4 we do those in-house just -- we check all the machine
5 guarding, things of that nature. As far as
6 environmental goes we do an annual air samples and
7 from an outside contractor.

8 Q All right. And during the time Mr. Cole
9 worked there was there ever -- did you ever fail in
10 any manner in that testing?

11 A No, all air sampling results came back and
12 we were under OSHA permissible exposure limits on air
13 quality.

14 Q All right. When was the last time that
15 annual testing was done?

16 A That testing was --

17 Q And if you don't know the date that's fine.
18 You want to refer to something here?

19 A Within the last eight months, yes, the
20 booklet.

21 Q Okay. Is this what you're referring to as
22 the booklet?

23 A Yes.

24 Q Okay.

25 MS. SHOOK: Your Honor, I'd like to see the copy

1 of the -- what we're talking about.

2 Q Mr. Beasley, do you have a problem with
3 showing Mr. Cole's attorney a copy of that and I'll
4 bring it back to you?

5 THE WITNESS: This is the air quality monitoring
6 for the Belton Facility.

7 MR. ALLISON: Okay.

8 BY MR. ALLISON:

9 Q And in your position are you regularly in
10 the Belton plant?

11 A One week out of every month, yes, sir.

12 Q Okay. And so -- I'm going to hand you this
13 booklet back and if you'll just reference the date on
14 the -- on that testing.

15 A September 21, 2010.

16 Q Okay. And again, what was the conclusion or
17 result of that?

18 A As the report states, it says, "As indicated
19 all results were below regulatory permissible exposure
20 being established by OSHA." And this was on
21 everything we tested. Which this test pertained to
22 all the (inaudible).

23 Q How long have you been with the company?

24 A I've been with the company -- I've been with
25 the company 15 years, but Joy Mining Machinery has

1 only owned us for about four years now.

2 Q Okay. During the time that you've been
3 there have you ever had employees who have been out of
4 work on workers' compensation for respiratory
5 problems?

6 A Never.

7 Q All right. Did you have occasion to
8 personally meet with or be around Mr. Cole in his
9 performance of job duties?

10 A Yes. I met Mr. Cole shortly after he came
11 to work at Belton.

12 Q Okay. When did you meet him?

13 A It was in September of '08, to the best of
14 my recollection.

15 Q Did you -- did you have conversations with
16 him or just meet him in passing?

17 A No, Mr. Cole came to me that day, the first
18 day that I remember Rob coming up to me and was
19 letting me know that he carried an inhaler -- his
20 question was, "Do I need to leave my inhaler in the
21 first aide room?" And I told him, absolutely not, he
22 needed to carry that with him personally in case he
23 ever needed that. That was his question he had for
24 me.

25 Q And that was in September of 2008, correct?

1 A Right.

2 Q And what was your response?

3 A It's not that I -- I mean I told him
4 absolutely not, he needed to carry that with him in
5 case he had an asthma attack, so he would have it with
6 him.

7 Q Okay. Mr. Cole testified that the plant or
8 the company was having -- he thought the company was
9 having money problems; is that true?

10 A Absolutely not. Joy Mining Machinery is a
11 Fortune 500 company. They own 33 plants in The United
12 States.

13 Q Okay. What was the reason for the recent
14 changes in the company name?

15 A Due to product line merging Goodman Conveyor
16 was a separate entity. They integrated the Hewitt
17 Rawlins product line and it's now called Joy Mining
18 Machinery d/b/a Goodman/Hewitt.

19 Q Mr. Cole testified to his personal
20 observations that the plant was not properly
21 ventilated, that it was the filthiest plant he had
22 ever worked inside of. My question to you is, have
23 you ever run afoul of OSHA violations or any other
24 agency, federal or state agency who would monitor
25 those things for improper ventilation for compliance

1 standards?

2 A Yes, the department that's called DHEC here
3 in South Carolina, they're in the plant frequently
4 monitoring our air quality permits.

5 Q Okay. Now specifically you've heard
6 testimony from Mr. Cole about his exposure to
7 Reactabond. What is Reactabond?

8 A Reactabond is a lubricant that's used to --
9 the process actually is a sledging process and it
10 requires a lubricant to be on it before it's sweated.
11 The material bonds it to the (inaudible) on the side.
12 It's a bonding lubricant.

13 Q Mr. Cole testified that it is acid based; is
14 that correct?

15 A That is correct.

16 Q Okay. And he testified that it is a level
17 three risk according to NSDS sheets; is that correct?

18 A That would be correct.

19 Q Okay. And given his job duties what would
20 his exposure to Reactabond have been?

21 A Only when he was there to perform
22 maintenance duties at that station where it -- where
23 it was run.

24 Q Okay. And approximately how often would he
25 do that?

1 A Depending on the breakdown of that machine
2 -- I don't know how to answer that question.

3 Q Did he do it every week?

4 A Weekly, probably.

5 Q Okay. Weekly meaning once or twice a week?

6 A I would say once or twice a week.

7 Q Okay. Did Mr. Cole have a respirator
8 available to him?

9 A No, not that I'm aware of. Nowadays we have
10 -- we do provide respirators, but we wouldn't -- OSHA
11 required us to send these fellows for testing to --
12 for him to be able to wear a respirator.

13 Q Okay. Did he wear a dust mask?

14 A We do provide dust masks, yes.

15 Q And those were available as needed -- are
16 those available as to Employee need?

17 A Yes.

18 Q All right.

19 A Dust masks in particular masks.

20 Q Okay. Are Employees required to wear
21 respirators and dust masks around Reactabond?

22 A No, --

23 MS. SHOOK: Objection. He just answered that
24 question. He said in order for him to get a
25 respirator he'd have to be fitted by -- OSHA would

1 require him to be fitted, and no, he didn't have one
2 available. So that's asked and answered.

3 MR. ALLISON: It's a completely separate
4 question.

5 THE COURT: Yes, I'll allow it.

6 MR. ALLISON: Are other Employees --

7 THE COURT: Overrule the objection.

8 Q Are all Employees -- any Employees required
9 to wear a respirator around Reactabond?

10 A No, because it's based off of our air
11 sampling studies and our -- there's an air sampling
12 study laying there in front of -- that proves that
13 we're way below the OSHA permissible exposure limits
14 for eight hour time related average. So it does not
15 require a respirator.

16 Q Okay. So if -- if measurements were high
17 enough then -- then you would have to require it if
18 there was a symptom out there, right?

19 A That's correct.

20 Q And you're the person responsible for
21 monitoring that?

22 A Yes.

23 Q And maintaining compliance of those
24 criteria?

25 A (No verbal response).

1 MR. ALLISON: That's all the questions I have.

2 THE COURT: All right. Ms. Shook.

3 CROSS EXAMINATION

4 BY MS. SHOOK:

5 Q Mr. Beasley, you've been with -- I'm
6 confused. Four years ago Joy Mining Machinery bought
7 you, correct?

8 A That's correct.

9 Q And prior to that who owned you?

10 A Continental Conveyor.

11 Q Continental Conveyor? Now they're not a
12 Fortune 500 company are they?

13 A (No verbal response).

14 Q No? And there is a bone yard at this plant,
15 correct?

16 A Yes -- yes, there was a area out back where
17 used machinery was stored.

18 Q And the machinery was very old in this
19 plant; is that correct?

20 A Depending on what machinery you're referring
21 to.

22 Q Well, I guess I -- I'm a little confused.
23 In my mind a very well off company is not going to
24 have junk machines behind it to get parts from, so I'm
25 thinking that maybe prior to Joy Mining coming in

1 Goodman was not the best company -- it didn't have a
2 lot of money, it was using used equipment; would you
3 agree with that?

4 A We did use used equipment and as we replaced
5 equipment with new equipment the old equipment stayed
6 out back.

7 Q Now, you said that respirators were
8 available for Mr. Cole, correct?

9 A Had he operated a station that required a
10 respiratory he would have been provided one.

11 Q All right. Are you aware of the request for
12 a respirator -- that Dr. Hand recommended one?

13 A I heard that in -- in -- I read that in the
14 deposition.

15 Q But you didn't -- that wouldn't be part of
16 your job?

17 A No, because that would have been handled at
18 the facility.

19 Q And you do have to get a purchase order for
20 such?

21 A Yes.

22 Q Okay. And you're not in charge of workers'
23 comp are you?

24 A No.

25 Q And how many employees total --

1 A I -- I need to rephrase that. I work with
2 Sandra Ricketts and we handle the workers' comp.
3 Sandra is the point person at that facility, but all
4 of us handle (inaudible).

5 Q All right. How -- for how many employees?

6 A They have 100 -- they have around 100 now.

7 Q Who is they?

8 A Goodman/Hewitt.

9 Q Well, I'm talking about Joy Mining.

10 A Oh, Joy Mining --

11 Q You said you'd been with them 15 years and
12 you're over two plants. How many employees are you
13 over?

14 A I have 350 at the Winfield facility.
15 Approximately 110 at the Goodman Facility.

16 Q So you've got 460 employees that you're over
17 the safety of the plants at, correct?

18 A I have a point person at each facility that
19 works for me.

20 Q Can you sit here and swear that none of
21 these employees have ever filed a workers'
22 compensation claim related to any breathing
23 difficulties?

24 A I'm not aware of any.

25 Q Okay. You're not aware of any but you can't

1 swear that there aren't any can you? And that's
2 basically all -- you know that Reactabond is -- has
3 produced respiratory mucosa? Do you know that from
4 the MSDS sheet?

5 A Yes, the MSDS sheets safety fact is that
6 excessive inhalation use.

7 Q Well, it also talked about the plant being
8 properly ventilated, correct?

9 A The MSDS sheet talks about it?

10 Q Yes, sir. Did you know that?

11 A The MSDS sheet says that proper ventilation
12 is required. It's for open ventilation.

13 Q Now since Joy Mining has bought this company
14 they've put a lot of money in it haven't they?

15 A That's correct.

16 Q And it's probably brought up to a lot better
17 ventilation standards than it was when -- when Mr.
18 Cole was working there?

19 A We are currently working on projects now.

20 Q So this plant needed some improvement did it
21 not; ventilation, machinery, correct?

22 A That's correct.

23 Q And there was some old machines and they
24 leaked a good bit did they not?

25 A Yes, they did leak.

1 Q And they leaked -- leaked Reactabond and
2 they leaked -- leaked AW68, correct?

3 A That is correct.

4 Q Okay. You're not a pulmonologist are you?

5 A No, ma'am.

6 Q You really don't know about Mr. Cole's
7 health or any aggravations or preexisting do you?
8 That wouldn't be in your area of expertise would it?

9 A No, I'm a licensed EMT.

10 Q A what, I'm sorry? EMT?

11 A Yes.

12 Q Oh, okay.

13 MS. SHOOK: Well, that's all I have.

14 THE COURT: Okay. Mr. Allison?

15 MR. ALLISON: That's all for Mr. Beasley, Your
16 Honor. Commissioner, this is Keavin Ramey.

17 THE COURT: Please raise your right hand. Do you
18 swear to tell the truth, the whole truth and nothing
19 but the truth?

20 THE WITNESS: I do.

21 THE COURT: Please state your full name for the
22 record.

23 THE WITNESS: Keavin Douglas Ramey.

24 THE COURT: Mr. Allison.

25 Keavin Douglas Ramey,

1 Having first been duly sworn, testified as follows:

2 DIRECT EXAMINATION

3 BY MR. ALLISON:

4 Q Good afternoon, Mr. Ramey. Who do you work
5 for?

6 A Goodman Conveyor. It's owned by Joy Mining
7 Machinery.

8 Q Okay. And you work in the Belton plant?

9 A That's correct.

10 Q How long have you worked there?

11 A Going on almost four years.

12 Q And what is your position there?

13 A I'm the plant engineer.

14 Q Okay. Are you the supervisor or were you
15 the supervisor for Mr. Rob Cole?

16 A I was; that's correct.

17 Q Okay. Were you his supervisor the entire
18 time he worked there?

19 A I was.

20 Q Okay. According to his records Mr. Cole was
21 hired in August 2008.

22 A That's right.

23 Q And when he was hired and began working in
24 August 2008 did you ever notice him having any
25 breathing problems?

1 A I did. Rob had breathing issues from the
2 day -- just about from the time he started. He came
3 in August, the weather was not too hot, not too cold,
4 but as winter came on his breathing issues were --
5 arose and in the summer months he had a harder time
6 than he did at any other time.

7 Q When he started working at Goodman in August
8 2008 did he use an inhaler?

9 A He did.

10 Q And how do you know that?

11 A I witnessed him using it.

12 Q Okay. Did you -- as a supervisor did you
13 work around him every day?

14 A Almost every day; that's correct.

15 Q Okay. So you were actually on the floor --
16 you weren't tucked away in some office somewhere, but
17 you were out and about?

18 A Well, I -- I do have an office, but I -- I
19 spend a lot of time and rapport with the maintenance
20 group. The maintenance group reports to me and I
21 direct their activities on a day-to-day basis.

22 Q When he first started working for Goodman
23 did you ever have any conversations with him about
24 these breathing problems and using this inhaler?

25 A We did. There were several instances where

1 Rob was having difficult days breathing and there were
2 a few instances where I -- where I actually had to
3 send -- send him out because he was having such a
4 difficult time we needed to send him home.

5 Q Okay. Did he ever give you any reason for
6 why he was having those -- those problems?

7 A Well, he didn't -- he didn't inform me that
8 he had asthma or whatever breathing problems he does
9 have when he came to work there, but when I realized
10 that he had an issue he told me that he -- he thought
11 it was from working around asbestos when he was at the
12 Navy Shipyards.

13 Q Did Mr. Cole ever tell you that he thought
14 part of his problem was because of his --

15 MS. SHOOK: Leading. Objection.

16 THE COURT: It is leading.

17 Q Did -- did Mr. Cole ever relate his
18 breathing problems to any other source other than
19 asbestos?

20 A No.

21 Q Was Mr. Cole a smoker?

22 A He was.

23 Q Did he --

24 A He smoked when I -- he smoked when I hired
25 him. I believe when he came -- when he first came to

1 work with Goodman he was -- he smoked Kools -- Kool
2 Menthol Cigarettes and before he left he had changed
3 over to Camels.

4 Q Why -- why do you remember that?

5 A Just Camel is an old school cigarette. They
6 have -- you don't see too many people smoking Camel
7 cigarettes.

8 Q Okay. How -- how frequently or regularly
9 did he smoke?

10 A I don't -- I'm not sure. I -- I would guess
11 that Rob probably was smoking at -- at least a pack a
12 day if not more.

13 Q All right. Do you ever recall an incident
14 where Mr. Cole was drenched in any kind of fluid on
15 the job?

16 A Drenched, no. I mean he worked in the
17 maintenance group so, you know, they were -- they
18 worked the whole -- the grease, and fluids, you know
19 on and off on a regular basis, but to say drenched,
20 nothing that I have -- I was never aware of any
21 situation like that.

22 Q Okay. Did Mr. Cole or anyone else ever
23 report to you that there was any kind of significant
24 exposure to any chemical on the job while he was
25 there?

1 A No.

2 Q Did Mr. Cole ever talk to you about using
3 other people's inhalers?

4 A Yes, he did. On a couple of occasions he
5 had run out of his prescription for his inhaler and on
6 two separate occasions that I know of that I can
7 remember someone had given him I believe it was
8 Albuterol, that -- that they weren't using anymore or
9 their prescription had been changed and Rob got it --
10 got it from them. And there was one other occasion
11 that somebody had given him some Advair that he -- he
12 was using which -- and I told him then that, you know,
13 it was a dangerous thing to use other people's
14 medication, but he -- he was having a really difficult
15 time at that time.

16 Q Okay. Did your plant make respirators, dust
17 masks or cartridges available to Mr. Cole that were
18 available to anybody?

19 A That's correct.

20 Q Did Mr. Cole use those?

21 A We don't -- we don't make our employees use
22 them. They are there for their use if they -- if they
23 think they need them. We've had studies done in our
24 plant. We you have adequate ventilation for most -
25 well, not most everything -- for everything in our

1 facility. We're well below the OSHA recommended
2 levels so we don't -- we don't make our employees use
3 it, but they're there for their use. We have 3M masks
4 and 3M multi-gas or multi-vapor cartridges. Rob most
5 of the time he would use them -- he did use them on
6 occasion. Now he -- dust masks we have available for
7 their use if they want it.

8 Q Did he ever comment on why he didn't use
9 them?

10 A He didn't like -- he didn't like the mask
11 that we had. Rob did bring in a mask of his own, but
12 he didn't have cartridges for it and it wasn't a 3M
13 mask so our -- our filter cartridges would not fit his
14 mask and Rob tried to rig it up to where it would
15 work, but he couldn't get our equipment to fit -- fit
16 his mask.

17 Q What was the reason for Mr. Cole's layoff in
18 March 2010?

19 A Our business started slowing down; we laid
20 off quite a few other people. In fact we laid off
21 almost half our workforce at the time. Prior to that
22 because of Rob's breathing issues they had moved him
23 to a safety function rather than a maintenance
24 function because his breathing had gotten -- gotten
25 really bad. But as work declined we laid off quite --

1 quite a few people.

2 Q How many folks did you lay off around March
3 2010?

4 A My best estimation was probably around 60
5 people, permanent employees and temporary employees.

6 MR. ALLISON: That's all the questions I have.

7 THE COURT: All right. Ms. Shook?

8 CROSS EXAMINATION

9 BY MS. SHOOK:

10 Q Mr. Ramey --

11 A Uh-huh.

12 Q -- you're worked there for four years,
13 correct?

14 A That's correct.

15 Q So that was -- was that prior to Joy Mining
16 or did you come in with Joy Mining?

17 A That -- that was just prior to Joy Mining
18 buying Goodman Conveyors.

19 Q So you came in to a new company that a
20 Fortune 500 company -- I mean you came when a Fortune
21 500 company had bought it?

22 A No.

23 Q You were there before they bought it?

24 A That's correct.

25 Q And they let you stay on?

1 A That's right.

2 Q And so they've improved this facility
3 greatly, correct?

4 A Well, I'd say yes.

5 Q And you said that you hired Mr. Cole in
6 August?

7 A That's correct.

8 Q I believe it was about August 11th, '08?

9 A That's probably correct.

10 Q As according to your records?

11 A Uh-huh.

12 Q And you did reference checks on him did you
13 not?

14 A That's right.

15 Q And he checked out very well did he not?

16 A Yeah, Rob -- Rob came highly recommended
17 from his former supervisors.

18 Q And nobody ever talked about breathing
19 issues or laying out of work or anything like that did
20 they --

21 A No.

22 Q -- when you did references?

23 A They did not.

24 Q And he started working August 11th and you
25 said sometime around September he started -- you see

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1 him using the nebulizers or Albuterol or whatever?

2 A I would say Rob was using the nebulizers
3 from -- just about from the time he came to work
4 there. I didn't really see Rob start having
5 difficulties until the winter months -- the colder
6 winter months and then over into the summer months
7 when it was really hot. He seemed to have a harder
8 time in the summer than he did in the winter.

9 Q And the difficulty -- can you tell me --
10 describe -- I mean was it shortness of breath,
11 sickness, vomiting, dizzy, what was it?

12 A Very, very short breaths. He would get so
13 short of breath sometimes that he would get sick,
14 physically sick. One incident I had -- it was during
15 the summer Rob got so short of breath that it scared
16 me enough we carried him and put him in an air
17 conditioned office and give him an oxygen mask because
18 I thought he was going to expire. I mean he was -- he
19 was very, very short of breath. But there was a
20 couple of instances where, you know, I had -- I had to
21 request that he go home.

22 Q Did you ever think to call an ambulance or
23 have him transported to the hospital?

24 A With that -- that one incident we -- yeah,
25 we did want to call an ambulance, but Rob didn't want

1 us to. He wanted to call his girlfriend and let her
2 come and get him.

3 Q Okay. And you -- would that have been
4 around March of '09 as the records reflect; does that
5 ring a bell?

6 A I'm not sure. It -- it wouldn't have been
7 March. It would have been over into the summer,
8 probably more like June or July.

9 Q But there were several times he got bad
10 episodes of breathing --

11 A There were several times --

12 Q -- several more times?

13 A -- several times that he had, you know,
14 severe episodes of breathing -- breathing issues.

15 Q And you -- I'm sorry. And you testified
16 that he did work on these machines or did maintenance
17 and fixed leaks, correct?

18 A That's correct.

19 Q And as far as being drenched you don't
20 remember anything like that, but they got this oil and
21 these hydraulic fluids, these maintenance men on their
22 clothing, correct?

23 A They do.

24 Q You didn't provide any Zyline suits or
25 anything like that for these maintenance men?

1 A Yes, we do have -- we do have suits that
2 they can wear.

3 Q But they didn't wear them and you didn't
4 require them to?

5 A That's right.

6 Q Just like the respirators, you didn't
7 require respirators to be worn either?

8 A That's correct.

9 Q Okay. And on or about August -- the end of
10 August '09 I think -- you said he was having trouble
11 in the summer; did he approach you about a mask that
12 he was recommended to wear?

13 A He approached me and wanted me to purchase
14 cartridge filters to fit his mask.

15 Q Did you -- what did you do?

16 A I told him that we had masks available to
17 him to use, but I wasn't -- wasn't going to buy
18 cartridge filters for his personal mask.

19 Q Did you check with his pulmonologist to see
20 exactly why he was recommended?

21 A No.

22 Q But you knew that he was recommended to wear
23 a mask?

24 A No.

25 Q You didn't -- you didn't know he was seeing

1 a pulmonologist at that time?

2 A I don't know if he -- I didn't know -- I
3 knew he had been seeing a doctor about his breathing,
4 yes, but Rob never brought me anything from a doctor
5 saying that his doctor recommended he wear a mask.

6 Q But you knew that he was being written out
7 of work from time to time, correct?

8 A Yes.

9 Q And you knew it was associated with lung
10 problems, correct?

11 A Yes.

12 Q And when he came and worked there he was
13 doing fine but progressively started getting worse,
14 correct?

15 A I'm not going -- I don't know how to answer
16 that. Rob had problems in the summer and he had
17 problems in the cold winter. Whether it was any worse
18 or -- or not from what it was when he came there I
19 don't know.

20 Q You had a pre-employment physical done
21 didn't you?

22 A That's correct.

23 Q And his lungs checked out on that
24 pre-employment physical didn't it?

25 A I don't know. I --

1 Q Well, it's in the records, so if it's in the

2 --

3 A All right. Well, you have those, I don't.

4 Q Okay. And if he hadn't checked out -- his
5 pre-employment physical you wouldn't have hired him
6 would you?

7 A That's correct.

8 Q And he was a good employee wasn't he?

9 A Oh, yes.

10 Q Because he got raises and -- yes or no?

11 A Yes. I never had any problem with Rob's
12 work -- Rob could work.

13 Q And -- and as far as asbestos and things
14 like that he was -- he was trying to figure out what
15 was wrong with his breathing when he was talking about
16 that, correct?

17 A I'm not a breathing expert, but yes.

18 Q But there were occasions where he got so bad
19 that you were afraid that he might quit breathing
20 completely?

21 A Yeah, one time.

22 Q And he was laid off in March; is that
23 correct?

24 A Yes.

25 Q Of 2010, I'm sorry. And I believe y'all

1 helped him get his unemployment?

2 A We did that for all the people that we laid
3 off, that's correct.

4 Q And there's no requirement to wear
5 respirators and you -- you didn't buy him one did you?

6 A I didn't buy one for his personal mask.
7 There -- they are provided by the company. We do have
8 them available to anyone that asks for it.

9 Q And you know that the -- this Reactabond is
10 a toxic chemical; do you not know that?

11 A It's a level three which means that it has
12 -- can be an irritant, yes.

13 Q And just because one person's not bothered
14 by it doesn't mean another person wouldn't be bothered
15 by it; would you agree with that?

16 A I would assume that would be correct, yes.

17 MS. SHOOK: That's all I have.

18 THE COURT: Okay. Mr. Allison?

19 MR. ALLISON: I don't have any follow-ups.

20 THE COURT: Any other witnesses for the
21 Defendants?

22 MR. ALLISON: No, thank you.

23 THE COURT: That concludes the hearing.

24 (The hearing concluded at 12:55 p.m.)

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2008 VACATION SCHEDULE

NAME: Cole, Robbin Bradley

VACATION DAYS DUE: -0-

HIRE DATE: 8/11/08 21-2575

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10-31 No Clock in
11-17-11-19 No Note

R0130

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. #0825486

ROBBIN COLE,
EMPLOYEE/CLAIMANT,
VERSUS
JOY GLOBAL, INC., AND ACE USA/ESIS,
EMPLOYER/INSURER/DEFENDANT.

COPY

DEPOSITION OF
STEPHEN HAND, M.D.

PURSUANT TO NOTICE OF DEPOSITION AND/OR AGREEMENT
IN THE ABOVE-ENTITLED CASE, THE DEPOSITION OF **STEPHEN HAND,**
M.D. WAS TAKEN ON **THE 18TH DAY OF APRIL, 2011,** COMMENCING
AT THE HOUR OF 4:09 P.M., IN THE OFFICE OF DR. STEPHEN
HAND, 2000 E. GREENVILLE STREET, SUITE 1100, ANDERSON,
SOUTH CAROLINA.

REPORTED BY: KAREN E. HOLLEY

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R 0131

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(THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH
MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.)

FREELANCE REPORTING SERVICES (864) 587-7050

R 0133

1 STIPULATIONS:

2 IT IS AGREED BY AND BETWEEN THE COUNSEL FOR THE PARTIES AS
3 FOLLOWS:

- 4 1. THAT THIS DEPOSITION IS BEING TAKEN PURSUANT TO ALL
5 APPLICABLE RULES OF THE SOUTH CAROLINA WORKERS'
6 COMPENSATION COMMISSION;
7 2. THAT THE DEPONENT WAIVES HIS RIGHT TO READ AND SIGN THE
8 DEPOSITION TRANSCRIPT.

9 *****

10 STEPHEN HAND, M.D. BEING DULY SWORN TO TELL THE TRUTH, THE
11 WHOLE TRUTH, AND NOTHING BUT THE TRUTH OF HIS OWN KNOWLEDGE
12 CONCERNING THE MATTER HEREIN, TESTIFIED AS FOLLOWS:

13 *****

14 EXAMINATION BY MR. ALLISON:

15 Q. GOOD AFTERNOON, DR. HAND. MY NAME IS MARK ALLISON AND
16 I'M HERE ON BEHALF OF JOY GLOBAL WHO IS A LOCAL
17 BUSINESS AND EMPLOYER HERE IN ANDERSON COUNTY AND THEIR
18 WORKERS' COMPENSATION INSURANCE COMPANY. THE REASON
19 WE'RE HERE IS THAT YOU'VE PROVIDED TREATMENT FOR A
20 PATIENT WHO LATER FILED A WORKERS' COMPENSATION CLAIM
21 SO WE NEED TO ADDRESS SOME ISSUES RELATED TO HIS
22 CONDITION AND WHETHER IT IS CAUSELY RELATED TO HIS
23 EMPLOYMENT AND SOME OTHER OPINIONS THAT YOU RENDERED
24 ABOUT THE DEGREE OF IMPAIRMENT THAT HE HAS.

25 A. OKAY.

1 Q. FIRST OF ALL, IF I ASK YOU ANY QUESTION THAT DOESN'T
2 MAKE SENSE OR IF YOU NEED ANYTHING CLARIFIED, PLEASE
3 LET ME KNOW THAT.

4 A. SURE.

5 Q. TO START WITH, CAN YOU JUST BRIEFLY GO THROUGH YOUR
6 CREDENTIALS?

7 A. YES. I AM AN MD. I DID TRAINING IN INTERNAL MEDICINE
8 AND PULMONARY MEDICINE. I DID THAT AT MEDICAL COLLEGE
9 OF GEORGIA IN AUGUSTA FROM 1983 TO 1988. I'VE BEEN IN
10 PRACTICE IN ANDERSON SINCE THEN.

11 Q. DO YOU HAVE ANY CERTIFICATIONS, BOARD CERTIFICATIONS?

12 A. BOARD OF INTERNAL MEDICINE, PULMONARY, CRITICAL CARE
13 AND SLEEP MEDICINE.

14 Q. AND FROM THE RECORDS THAT WE'VE OBTAINED FROM THIS
15 PRACTICE AND FROM THIS HOSPITAL, IT'S MY UNDERSTANDING
16 THAT YOU UNDERTOOK THE CARE OF ROBBIN COLE ON OR ABOUT
17 AUGUST 2009?

18 A. THAT IS CORRECT.

19 Q. AND THAT WAS ON A REFERRAL FROM DR. JOE MARTIN?

20 A. ACCORDING TO THIS INITIAL CONSULT, THERE WAS A GARY
21 MORRIS, PA, AND I DON'T KNOW WHO THAT IS. BUT JOE
22 MARTIN APPARENTLY IS HIS PRIMARY CARE DOCTOR OR WAS AT
23 THAT TIME.

24 Q. AND YOU PROVIDED SOME TREATMENT AND TESTING OF MR. COLE
25 FOR RESPIRATORY PROBLEMS; IS THAT RIGHT?

1 A. THAT IS CORRECT.

2 Q. AND ULTIMATELY YOU SIGNED OFF ON A QUESTIONNAIRE DATED
3 MARCH 11, 2011?

4 A. YES.

5 Q. REGARDING THE RELATIONSHIP OF HIS CONDITION TO WORK
6 CONDITIONS AND SOME OTHER WORKERS' COMP RELATED ISSUES;
7 IS THAT CORRECT?

8 A. THAT'S CORRECT.

9 Q. I WANT TO GO OVER THAT. I WANT TO GO OVER YOUR
10 RESPONSES WITH YOU AND ELABORATE ON THOSE.

11 A. ALL RIGHT.

12 Q. FIRST OF ALL, WHAT DO YOU UNDERSTAND THE NATURE OF MR.
13 COLE'S EXPOSURE TO ANY CHEMICALS OR SUBSTANCES ON HIS
14 JOB WITH JOY GLOBAL?

15 A. WHAT I UNDERSTAND IS THAT HE WAS EXPOSED TO A COUPLE OF
16 CHEMICALS WITH POTENTIAL RESPIRATORY TOXICITY, UNIBOND
17 AND THEN AW68 WHICH IS AN OIL COMPOUND. AND AS I
18 UNDERSTAND IT, HE WAS NOT REQUIRED TO WEAR PROTECTIVE
19 RESPIRATORY EQUIPMENT.

20 Q. DID HE TELL YOU THAT HE WAS NOT REQUIRED TO WEAR THAT?

21 A. THAT'S MY RECOLLECTION, YES.

22 Q. DID MR. COLE TELL YOU OR DID YOU HAVE ANY INFORMATION
23 ABOUT THE DURATION OR THE NATURE OF HIS EXPOSURE TO
24 THESE CHEMICALS? IN OTHER WORDS, WAS THIS A ONE TIME
25 EXPOSURE OR DAILY EXPOSURE?

1 A. LET ME LOOK BACK AT MY RECORDS. MY UNDERSTANDING IS
2 THAT THIS WAS A REPETITIVE EXPOSURE AT WORK.

3 Q. AND WHERE DOES THAT INFORMATION COME FROM?

4 A. THAT WOULD BE FROM HIM.

5 Q. DID HE EXPLAIN HOW OFTEN OR ANYTHING REGARDING THE
6 FREQUENCY OF HIS EXPOSURE TO THOSE CHEMICALS?

7 A. I DON'T SEE ANY SPECIFIC DOCUMENTATION ABOUT THAT.

8 Q. SO YOUR BASIC UNDERSTANDING IS THAT JUST VERY GENERALLY
9 HE WAS EXPOSED TO SOME OR BOTH OF THOSE CHEMICALS ON A
10 REGULAR BASIS?

11 A. THAT WAS MY UNDERSTANDING, YES.

12 Q. ACCORDING TO YOUR RECORDS, MR. COLE WAS EXPOSED TO
13 OTHER, EITHER CHEMICALS OR INVOLVED WITH OTHER
14 ACTIVITIES THAT LEAD TO THE DEVELOPMENT OF ASTHMA
15 AND/OR COPD. IS THAT ACCURATE?

16 A. WHAT SPECIFICALLY ARE YOU SPEAKING OF?

17 Q. WELL I'M LOOKING AT YOUR OFFICE VISIT NOTE DATED AUGUST
18 19, 2009 AND UNDER THE IMPRESSION AND PLAN THERE'S
19 "INDICATION OF A 25 YEAR HISTORY OF TOBACCO ABUSE,
20 ALCOHOL ABUSE, THAT MAY POSE PROBLEMS WITH HIS
21 RESPIRATORY SYSTEM AND HISTORY OF ASBESTOS EXPOSURE."

22 A. YES, HE CLEARLY SAID HE WAS SMOKING AND THAT HE DID
23 DRINK. THERE WAS NOT CLEAR DOCUMENTATION OR A CLEAR
24 HISTORY FOR ASBESTOS EXPOSURE. IT WAS SOMETHING HE
25 COMMENTED ON. I'M SORRY, I TAKE THAT BACK. LET ME

1 MAKE A CORRECTION. IN HIS WORK HISTORY, AND FOR SOME
2 REASON THIS IS LISTED UNDER FAMILY HISTORY, WHICH IS
3 NOT ACCURATE, HE WAS IN THE NAVY FOR 2 YEARS AND SAID
4 HE HAD HAD SOME ASBESTOS EXPOSURE THEN. AND THAT'S ON
5 THE FIRST PAGE OF THE NOTE FROM 8/19/09.

6 Q. UNDER THE HIS -- AT THE BOTTOM OF HISTORY AND PRESENT
7 ILLNESS?

8 A. WELL, YES, THAT'S TRUE, HISTORY AND PRESENT ILLNESS TOO
9 AND THEN IN FAMILY HISTORY, SOME HOW THIS GOT PUT IN
10 THE WRONG PART OF THE HISTORY, BUT THAT'S WHAT HE SAID.

11 Q. AND ARE ANY OR ALL OF THOSE EXPOSURES RELATED TO HIS
12 RESPIRATORY SYSTEM OR IN HIS RESPIRATORY CONDITION?

13 A. THE CIGARETTE EXPOSURE IS.

14 Q. ARE YOU SAYING THAT HIS ALCOHOL INTAKE AND ASBESTOS
15 EXPOSURE IS NOT?

16 A. WELL, WE NEVER REALLY FOUND ANY EVIDENCE OF ASBESTOSIS.
17 THE ALCOHOL ISSUE WAS A POTENTIAL PROBLEM BECAUSE OF
18 THE RISK OF ASPIRATION AND PNEUMONIA AND IN RESPIRATORY
19 DEPRESSION PEOPLE WHO DRINK VERY HEAVILY. BUT I'VE
20 NEVER SEEN THAT HE HAD SPECIFIC RESPIRATORY PROBLEMS
21 RELATED TO ALCOHOL.

22 Q. DID YOU DO SPECIFIC TESTING TO DETERMINE WHETHER THERE
23 WAS EVIDENCE OF ASBESTOSIS?

24 A. HE HAD A CT OF THE CHEST DONE AND ACTUALLY HE'S HAD A
25 COUPLE DONE. HE HAD ONE DONE IN AUGUST OF 2009. THE

1 TYPICAL FINDING AND ASBESTOSIS IS PLEURAL WASTE
2 CALCIFICATIONS WHICH HE DID NOT HAVE. HE HAD A VERY
3 SMALL LUNG NODULE IN SOME SMALL LYMPH NODES, BUT THOSE
4 ARE NON-SPECIFIC FINDINGS.

5 Q. CAN YOU JUST BRIEFLY EXPLAIN WHAT A NON-SPECIFIC
6 FINDING IS?

7 A. NON-SPECIFIC FINDING MEANS THERE IS NOTHING THAT WOULD
8 DIRECTLY LINK IT TO ASBESTOSIS. IT'S NOT HIGHLY
9 SUSPICIOUS FOR CANCER. IT'S SOMETHING THAT YOU JUST
10 HAVE TO FOLLOW.

11 Q. LIKEWISE THEN WOULD IT BE TRUE THAT THOSE NON-SPECIFIC
12 FINDINGS COULD NOT BE DETERMINED TO BE CAUSELY RELATED
13 TO ANY WORK EXPOSURE?

14 A. THE FINDINGS ON CT SCAN?

15 Q. YES.

16 A. YES, I WOULD AGREE TO THAT.

17 Q. HAVING EVALUATED MR. COLE ON MULTIPLE OCCASIONS AND
18 HAVING REVIEWED MULTIPLE CT SCANS AND OTHER TESTING
19 WHICH WAS DONE, TO WHAT DEGREE IS SMOKING THE CAUSE OF
20 MR. COLE'S RESPIRATORY CONDITION?

21 A. IT'S A SIGNIFICANT CONTRIBUTING FACTOR.

22 Q. IS IT THE SINGLE LARGEST CONTRIBUTING FACTOR OR MOST
23 SIGNIFICANT FACTOR?

24 A. WELL THAT CAN BE HARD TO DETERMINE, WHAT'S THE MOST
25 SIGNIFICANT FACTOR. BUT YOU KNOW, THE FACT THAT HE'S

1 CONTINUED TO SMOKE, I THINK HAS BEEN A HARMFUL THING TO
2 HIM OVER THE TIME I'VE SEEN HIM.

3 Q. WHAT OTHER FACTORS DO YOU BELIEVE CONTRIBUTE TO HIS
4 RESPIRATORY CONDITION OTHER THAN SMOKING?

5 A. I THINK HIS WORK EXPOSURES CONTRIBUTED AT THE TIME I
6 INITIALLY SAW HIM.

7 Q. YOU BELIEVE THAT AS OF -- WELL WHEN DID YOU LAST SEE
8 MR. COLE?

9 A. THE LAST NOTE I HAVE ON HIM WAS FROM 2/21/11.

10 Q. AT THAT TIME, DO YOU BELIEVE THAT HIS WORK EXPOSURES
11 CONTINUED TO CONTRIBUTE TO HIS RESPIRATORY CONDITION?

12 A. AT THIS POINT HE HAS NOT WORKED IN APPROXIMATELY ONE
13 YEAR, TO MY UNDERSTANDING. IS THAT CORRECT?

14 MR. ALLISON: LET'S GO OFF THE RECORD FOR JUST A
15 SECOND.

16 (OFF THE RECORD AT 4:21 P.M.)

17 (ON THE RECORD AT 4:22 P.M.)

18 EXAMINATION RESUMING BY MR. ALLISON:

19 Q. WE WERE TRYING TO DETERMINE OFF THE RECORD THE PRECISE
20 DATE WHEN MR. COLE DISCONTINUED HIS EMPLOYMENT WITH MY
21 CLIENT AND WE DETERMINED THAT DATE TO BE MARCH 13,
22 2010. SO IN LIGHT OF THAT INFORMATION, DOES THAT HELP
23 YOU ANSWER THE QUESTION?

24 A. YEAH, WELL HE HAD NOT WORKED IN 11 MONTHS WHEN I SAW
25 HIM ON 2/21/11, SO AT THAT POINT AND TIME, HE WAS NOT

1 CONTINUING TO HAVE RESPIRATORY IRRITATION FROM
2 OCCUPATIONAL EXPOSURE BECAUSE HE HADN'T WORKED.

3 Q. SO THE PROBLEMS THAT HE HAD, AT LEAST AS OF THE LAST
4 TIME YOU EVALUATED HIM IN FEBRUARY, WERE ATTRIBUTABLE
5 TO SOME OTHER CAUSE THAN WORK EXPOSURES?

6 A. HIS CIGARETTE SMOKING IS CLEARLY CONTRIBUTING. WHETHER
7 HIS LONG TERM PULMONARY FUNCTION PROBLEMS ARE ENTIRELY
8 RELATED TO CIGARETTES WOULD BE HARD TO DETERMINE
9 BECAUSE HE'S HAD TWO SIGNIFICANT IRRITANT EXPOSURES.

10 Q. IN THE CONTEXT OF A WORKERS' COMPENSATION CLAIM IT IS
11 OFTEN IMPORTANT TO DISTINGUISH BETWEEN TEMPORARY
12 EXACERBATIONS AND AGGRAVATIONS AS OPPOSED TO PERMANENT.
13 IN THIS CASE WITH MR. COLE, DO YOU BELIEVE THAT HIS
14 AGGRAVATION OR EXACERBATION OF HIS COPD AND ASTHMA WAS
15 TEMPORARY OR PERMANENT.

16 A. RELATED TO THE WORK EXPOSURE?

17 Q. YES.

18 A. OKAY. I THINK THAT THE EXACERBATION RELATED TO THE
19 WORK EXPOSURE WAS TEMPORARY. AS AN ADDENDUM TO THAT, I
20 DON'T THINK HE CAN GO BACK INTO A TOXIC ENVIRONMENT
21 AGAIN.

22 Q. THE CONCLUSION FROM -- OR YOUR OPINION FROM THE MARCH
23 2011 QUESTIONNAIRE WAS THAT HE SUSTAINED 73 PERCENT
24 IMPAIRMENT TO HIS RIGHT AND LEFT LUNGS AS A RESULT OF
25 THIS EXPOSURE. WELL FIRST OF ALL, CAN YOU COMMENT ON

1 HOW YOU ARRIVED AT THOSE FIGURES?

2 A. THAT'S BASED ON HIS MOST RECENT SPIROMETRY FROM
3 12/28/10 WHICH SHOWED HIS FEV1, WHICH IS FORCED
4 EXPIRATORY VOLUME IN THE FIRST SECOND, BASICALLY WHAT
5 YOU CAN BLOW OUT IN THE FIRST SECOND, TO BE 27 PERCENT
6 PREDICTED OR 73 PERCENT BELOW NORMAL.

7 Q. AND YOU NOTED IN A SIDE NOTE THAT REGARDLESS OF THAT
8 NUMBER IT'S DIFFICULT TO SAY HOW MUCH OF THAT
9 IMPAIRMENT IS DUE TO THE WORK EXPOSURE?

10 A. THAT'S TRUE.

11 Q. IS ANY PERCENTAGE OF THAT IMPAIRMENT RELATED TO THE
12 WORK EXPOSURE?

13 A. I SUSPECT IT IS. IT WOULD BE HARD TO ASSIGN A
14 SPECIFIC, YOU KNOW, NUMBER TO THAT. BUT YOU KNOW, HE
15 DID HAVE -- HE WAS EXPOSED TO TOXIC CHEMICALS AND I
16 THINK THAT PROBABLY ACCOUNTS FOR AT LEAST SOME OF THAT.

17 Q. THERE'S WHAT WOULD APPEAR TO BE A DISCONNECT THEN
18 BETWEEN THE OPINION THAT THE WORK EXPOSURE CONSTITUTED
19 A TEMPORARY AGGRAVATION WITHIN THE CONCEPT THAT IT
20 RESULTED IN SOME KIND OF PERMANENT IMPAIRMENT SO CAN
21 YOU EXPLAIN THE DISCONNECT?

22 A. LET ME POINT OUT ONE THING TO YOU. YOU HAVE ALL OF HIS
23 PULMONARY FUNCTION TESTS THERE?

24 Q. I DON'T KNOW IF I HAVE ALL OF THEM, BUT YOU CAN FEEL
25 FREE TO REFER TO WHATEVER.

- 1 A. ALL RIGHT, AND I CAN GET YOU COPIES. THE WORSE SET WAS
2 THE ONE WE LOOKED AT FROM 12/28/10. HIS INITIAL SET
3 FROM 8/10/09 SHOWED AN FEV1 THAT WAS 40 PERCENT
4 PREDICTIVE. SO THE BAD, IT JUST WASN'T AS BAD. NOW HE
5 HAD ONE SPIROMETRY THAT LOOKED SIGNIFICANTLY BETTER ON
6 8/26/09 WHICH HIS FEV1 WAS ACTUALLY 71 PERCENT
7 PREDICTIVE, SO THAT'S AS GOOD AS I'VE EVER SEEN. SO
8 PROBABLY THAT'S ABOUT THE BEST HE'S EVER GOING TO BE, I
9 WOULD EXPECT. YOU KNOW, I THINK THE TOXIC CHEMICAL
10 EXPOSURE AND THE CIGARETTE EXPOSURE CERTAINLY
11 CONTRIBUTE TO AGGRAVATIONS AND HIS RESPIRATORY STATUS.
12 BUT I THINK HE DOES HAVE SOME PERMANENT LUNG
13 IMPAIRMENT, WHEN YOU LOOK AT THAT BEST PULMONARY
14 FUNCTION HE EVER HAD WAS ABOUT 71 PERCENT PREDICTIVE.
15 Q. SO IS 73 PERCENT IMPAIRMENT AN ACCURATE FIGURE OR IS
16 JUST THE FIGURE AT THE LAST TESTING TIME?
17 A. THAT'S THE FIGURE OF THE LAST TESTING TIME.
18 Q. IS THERE ANY WAY TO, GIVEN THE PAST TEST RESULTS, WAS
19 THERE A FIGURE THAT WOULD MORE ACCURATELY REFLECT HIS
20 TOTAL PERMANENT LUNG IMPAIRMENT?
21 A. WHEN YOU SAY TOTAL PERMANENT LUNG IMPAIRMENT, DO YOU
22 MEAN GLOBALLY OR DO YOU MEAN RELATED TO THE TOXIC
23 EXPOSURE AT WORK?
24 Q. BOTH.
25 A. BOTH. WELL, I MEAN ALL I CAN REALLY SAY IS THAT THE

1 MOST RECENT LUNG FUNCTION TEST SHOWED THAT HE'S GOT
2 SEVERE AIR FLOW OBSTRUCTION, YOU KNOW, THAT HE'S LOST
3 -- OR THAT HE'S DOWN 73 PERCENT FROM WHERE HE SHOULD
4 BE. NOW HOW MUCH OF THAT WOULD BE RECOVERABLE IF HE
5 STOPPED SMOKING, I DON'T KNOW. HE'D HAVE TO STOP
6 SMOKING FOR US TO FIND OUT.

7 Q. AND I UNDERSTAND YOUR OPINION AND THAT YOU'RE
8 ADDRESSING WHAT PORTION OF IT MAY BE RECOVERABLE, BUT
9 REGARDLESS OF WHETHER ANY PERCENTAGE OF IT IS
10 RECOVERABLE, WHAT PERCENTAGE OF HIS TOTAL OVERALL
11 DYSFUNCTION AND IMPAIRMENT WOULD YOU RELATE TO SMOKING
12 AND WHAT PERCENTAGE WOULD YOU RELATE TO ANY WORK
13 EXPOSURE?

14 A. OKAY. WELL, THE BEST ESTIMATE I WOULD HAVE FOR THAT IS
15 THAT ONE SPIROMETRY WHICH SHOWED, YOU KNOW, 71 PERCENT
16 PREDICTIVE SO THAT WOULD BE 29 PERCENT BELOW NORMAL,
17 OKAY. IF THAT'S THE BEST HE CAN DO, OR THE BEST HE HAS
18 DONE SINCE HIS WORK EXPOSURE, THEN I WOULD SAY THAT
19 WOULD BE THE MAXIMUM YOU COULD SAY WOULD BE ACCOUNTED
20 FOR BY HIS WORK EXPOSURE.

21 Q. SO THE MAXIMUM WOULD BE 29 PERCENT?

22 A. THAT'S WHAT I WOULD SAY. AND THERE'S A LOT OF
23 GUESSWORK INVOLVED IN THIS TO BE PERFECTLY HONEST.

24 Q. SO IS IT FAIR TO SAY THEN THAT YOU COULD NOT REALLY
25 STATE ANY OPINION ABOUT PERCENTAGE OF LOSS TO A

- 1 REASONABLE DEGREE OF MEDICAL CERTAINTY?
- 2 A. LOSS RELATED TO THE EXPOSURE; TO THE WORK EXPOSURE?
- 3 Q. YES, IS THAT CORRECT?
- 4 A. I'D SAY NO MORE THAN 29 PERCENT.
- 5 Q. BUT MY QUESTION IS, AND IF YOU CAN'T THAT'S FINE. I'M
- 6 NOT TRYING TO PAINT YOU IN A BOX ON THIS. CAN YOU GIVE
- 7 THAT OPINION TO A REASONABLE DEGREE OF MEDICAL
- 8 CERTAINTY OR IS THAT MORE OF A BEST GUESS?
- 9 A. IT'S MORE OF A BEST GUESS.
- 10 Q. THE FIRST TESTING THAT HE HAD WAS DONE ON AUGUST 26,
- 11 2009 -- I'M SORRY, THAT'S ACTUALLY THE SECOND TESTING.
- 12 AND HANDWRITTEN ON THAT STUDY ARE THE WORDS "MILD AIR
- 13 FLOW OBSTRUCTION."
- 14 A. CORRECT.
- 15 Q. DID YOU WRITE THAT ON THERE?
- 16 A. I DID.
- 17 Q. AND THEN ON A STUDY -- AND BY THE WAY THAT STUDY WAS
- 18 TAKEN WHILE HE WAS WORKING FOR THE EMPLOYER?
- 19 A. OKAY.
- 20 Q. HE'S LAID OFF OF WORK APPROXIMATELY SIX AND A HALF
- 21 MONTHS LATER AND THEN ANOTHER NINE MONTHS AFTER HE'S
- 22 LAID OFF, ANOTHER STUDY IS DONE THAT INDICATES SEVERE
- 23 OR SIGNIFICANT AIR FLOW OBSTRUCTION.
- 24 A. RIGHT.
- 25 Q. WHAT IS THE EXPLANATION FOR THE INCREASE IN AIR FLOW

- 1 OBSTRUCTION WHEN HE'S ACTUALLY REMOVED FROM THE
2 EXPOSURE, OR ALLEGED EXPOSURE, TO ANY TOXINS?
- 3 A. WELL I THINK, YOU KNOW, HE HAD THE ADDITIONAL AIRWAY
4 EXPOSURE WITH THE CONTINUED TOBACCO USE.
- 5 Q. DOES THAT MEAN THEN THAT THE ADDITIONAL AIR FLOW
6 OBSTRUCTION BETWEEN THOSE TWO TESTS WOULD BE RELATED TO
7 HIS CONTINUED TOBACCO USE?
- 8 A. IT MAY NOT BE ENTIRELY RELATED TO THAT. I THINK THAT'S
9 CLEARLY A CONTRIBUTING FACTOR. I MEAN OTHER THINGS CAN
10 CONTRIBUTE; INFECTION, ALLERGY, OTHER THINGS THAT CAUSE
11 AIRWAY INFLAMMATION CAN CONTRIBUTE TO THAT.
- 12 Q. BUT WORK WAS NOT ONE OF THEM?
- 13 A. NOT IF HE WAS NOT WORKING.
- 14 Q. NOW WITH REGARD TO YOUR OPINION THAT AS MUCH AS 29
15 PERCENT OF HIS PERMANENT IMPAIRMENT IS A WORK RELATED
16 EXPOSURE, HOW CAN YOU DETERMINE THAT? THAT IN FACT
17 THAT HE HAS A PERMANENT IMPAIRMENT BECAUSE OF THE WORK
18 EXPOSURE?
- 19 A. WELL I'M BASING THAT ON THIS SPIROMETRY FROM 8/26/09
20 WHICH WAS THE BEST HE WAS EVER ABLE TO PERFORM. I MEAN
21 HE NEVER HAD NORMAL PULMONARY FUNCTION, BUT HE WAS ABLE
22 TO IMPROVE TO THE POINT WHERE IT WAS MILD, AT LEAST ON
23 A TEMPORARY BASIS.
- 24 Q. SO WOULD YOU AGREE, DR. HAND, THAT WHEN MR. COLE
25 STARTED WORKING FOR THIS PARTICULAR EMPLOYER IN THE

1 FALL OF 2008, THAT HE LIKELY HAD SOME DEGREE OF AIR
2 FLOW OBSTRUCTION BEFORE HE EVEN STARTED THIS JOB?

3 A. LIKELY, YES.

4 Q. BUT THERE'S NO WAY TO DETERMINE THAT OR ASSIGN A VALUE
5 TO IT NUMERICALLY BECAUSE HE HAD NEVER BEEN TESTED?

6 A. CORRECT.

7 Q. BUT IT IS LIKELY THAT A HISTORY OF NEARLY 25 YEARS OF A
8 PACK PLUS PER DAY OF SMOKING, THAT HE CAME TO THE TABLE
9 WITH SOME DEGREE OF PERMANENT IMPAIRMENT?

10 A. CORRECT.

11 Q. IS THERE ANY WAY FOR YOU TO DETERMINE THEN WHAT DEGREE
12 OF IMPAIRMENT HE HAD WHEN THIS AUGUST 26, 2009 STUDY
13 WAS DONE? IN OTHER WORDS, CAN YOU BREAK THAT DOWN AS
14 BETWEEN WORK EXPOSURES AND NON-WORK RELATED EXPOSURES?

15 A. YOU REALLY CAN'T. IT WOULD BE VERY HARD TO DETERMINE
16 THAT.

17 Q. DO YOU HAVE A BEST GUESS ESTIMATE OR OPINION?

18 A. OF THE PERCENTAGE?

19 Q. YES.

20 A. HOW MUCH -- OKAY. WELL ONE THING ABOUT MR. COLE WAS HE
21 DID SYMPTOMATICALLY GET WORSE AFTER THESE EXPOSURES AT
22 WORK, SO I THINK IT WAS A CONTRIBUTING CAUSE TO SOME OF
23 HIS SYMPTOMATOLOGY. NOW A PRECISE PERCENTAGE WOULD BE
24 HARD TO SAY BECAUSE HE DIDN'T HAVE A PRE-EMPLOYMENT
25 SPIROMETRY TO THE BEST OF MY KNOWLEDGE. SO AGAIN, IT

- 1 WOULD BE A BEST GUESS, YOU KNOW. SO YOU'RE ASKING ME
2 OF THAT 29 PERCENT HOW MUCH OF IT WAS WORK RELATED?
- 3 Q. YES.
- 4 A. BEST GUESS WOULD PROBABLY BE HALF.
- 5 Q. IS IT NOT POSSIBLE THAT ANY WORK-RELATED AGGRAVATION OR
6 EXACERBATION THAT HE HAD RESOLVED ONCE HE WAS NO LONGER
7 EXPOSED TO THE CHEMICAL OR SUBSTANCE AND THAT HE
8 ESSENTIALLY WOULD HAVE RETURNED TO BASELINE OR HIS PRE-
9 EMPLOYMENT CONDITION ONCE HE WAS REMOVED FROM THAT
10 EXPOSURE?
- 11 A. THAT IS POSSIBLE.
- 12 Q. IS THAT IN FACT WHAT WOULD BE MOST LIKELY, GIVEN THE
13 RELATIVELY SHORT DURATION OF HIS EMPLOYMENT WITH THIS
14 COMPANY WHICH WAS APPROXIMATELY ONE AND A HALF YEARS?
- 15 A. THAT IS MOST LIKELY.
- 16 Q. FROM REVIEWING YOUR NOTES, MR. COLE WAS NOT, AND
17 POSSIBLY THROUGH NO FAULT OF HIS, SO I'M NOT TRYING TO
18 BEAT HIM UP, BUT HE WAS NOT COMPLIANT WITH THE
19 TREATMENT RECOMMENDATIONS AND FOLLOWING UP WITH
20 APPOINTMENTS; IS THAT CORRECT?
- 21 A. THAT'S CORRECT.
- 22 Q. IS THAT NON-COMPLIANCE AN IMPEDIMENT TO HIS RECOVERY OR
23 HIS MINIMIZING HIS RESPIRATORY DIFFICULTIES?
- 24 A. IT IS.
- 25 Q. IS HIS CONTINUED TOBACCO ABUSE ALSO AN AGGRAVATING

1 FACTOR THAT KEEPS HIS RESPIRATORY FUNCTION AS
2 DIMINISHED AS IT IS BY THE MOST RECENT TESTING?

3 A. YES, IT IS.

4 MR. ALLISON: THAT'S ALL THE QUESTIONS I HAVE.

5 EXAMINATION BY MS. SHOOK:

6 Q. DR. HAND, I'M LYNN SHOOK AND I REPRESENT MR. COLE AND I
7 NEED TO MAKE A FEW QUESTIONS AND JUST SOME
8 CLARIFICATIONS.

9 A. SURE.

10 Q. MR. COLE WENT TO WORK AUGUST OF 2008 AND I'M GOING TO
11 SHOW YOU THIS AND MARK THIS AS CLAIMANT EXHIBIT NUMBER
12 ONE, A PREEMPLOYMENT PHYSICAL THAT HE TOOK PRIOR TO
13 GOING TO WORK FOR JOY GLOBAL.

14 (EXHIBIT NUMBER ONE IS MARKED FOR IDENTIFICATION.)

15 A. OKAY.

16 Q. AND I WANT TO POINT OUT -- THIS WAS SOME DOCTOR, I
17 CAN'T READ HIS WRITING, WHO CHECKED MR. COLE OUT PRE
18 EMPLOYMENT AND I WOULD NOTE THAT HE, ON THE LUNG PART,
19 SAID NO, THERE WAS NO PROBLEM WITH LUNGS, IS THAT
20 CORRECT?

21 A. THAT'S WHAT HE CHECKED, YES.

22 Q. AND HERE, BY HISTORY, THERE IS ALLERGIES CHECKED?

23 A. YES.

24 Q. SO --

25 A. WELL ALLERGIES AND THEN ASTHMA UNDERLINED. I DON'T

1 KNOW WHO UNDERLINED IT. I DON'T KNOW IF IT WAS THE
2 DOCTOR OR THE PATIENT.

3 Q. OKAY. ASSUMING THIS IS TESTIFIED TO THAT THE PATIENT
4 DIDN'T FILL THIS FORM OUT, I GUESS WE CAN ASSUME THAT
5 DOCTOR, WHOEVER THAT IS, CHECKED HIM OUT, LISTENED TO
6 HIS LUNGS AND SAID HE HEARD NO PROBLEMS WITH HIS LUNGS
7 AT THAT TIME.

8 MR. ALLISON: I'M GOING TO OBJECT TO THE DOCTOR BEING
9 ABLE TO OPINE AS TO WHAT PHYSICAL EXAM MIGHT HAVE BEEN
10 CONDUCTED. I THINK HE CAN READ THIS SHEET AND WHATEVER
11 INFORMATION IS APPARENT FROM THE SHEET, HE CAN TESTIFY
12 TO THAT BUT --

13 EXAMINATION RESUMING BY MS. SHOOK:

14 Q. OKAY, IF YOU WOULD JUST TESTIFY TO WHAT YOU THINK THE
15 DOCTOR'S FINDINGS WERE?

16 A. SEE I AM ASSUMING THAT THIS CHECKLIST IS PHYSICAL EXAM.
17 IS THAT WHAT THAT IS?

18 Q. I WOULD ASSUME FOR A PRE-EMPLOYMENT PHYSICAL THAT'S
19 WHAT IT WOULD BE.

20 A. IT SAYS "ABNORMALITIES OF FOLLOWING ORGANS OR SYSTEMS."
21 IT DOESN'T SAY, YOU KNOW, CLEAR THIS IS PHYSICAL EXAM,
22 BUT I THINK THAT'S WHAT THAT MEANS. AND HE DID CHECK
23 NO ABNORMALITIES FOR LUNGS SO I WOULD ASSUME THAT MEANS
24 HE DIDN'T HEAR ANY WHEEZING OR CRACKLING AT THAT
25 PARTICULAR POINT AND TIME.

- 1 Q. AND AT THE POINT WHEN YOU SAW MR. COLE, HE WAS WHEEZING
2 AND CRACKLING AND SHORTNESS OF BREATH AND THE
3 SYMPTOMALOGY OF COPD, CORRECT, HE WAS EXPERIENCING?
- 4 A. RIGHT. LET'S LOOK BACK AT MY EXAM. YEAH, HE WAS
5 WHEEZING WHEN I FIRST SAW HIM.
- 6 Q. SO I'LL PUT THAT INTO EVIDENCE. SO ASSUMING THAT MR.
7 COLE DID SMOKE FOR YEARS, BUT WAS WORKING CONTINUOUSLY
8 UP UNTIL THE TIME HE WENT TO GOODMAN CONVEYOR, AND HE
9 DIDN'T HAVE ANY MAJOR WHEEZING, CRACKLING, MUCUS
10 PROBLEMS AND THEN HAD AN EXPOSURE TO TWO TOXIC
11 CHEMICALS, CAN WE SAY THAT THIS WAS A TRIGGERING EVENT
12 WHICH AGGRAVATED ANY PREEXISTING LUNG FUNCTION PROBLEMS
13 HE COULD HAVE HAD?
- 14 A. I THINK YOU CAN SAY THAT, YES.
- 15 Q. AND WHEN I'M LOOKING AT THE MSDS SHEETS ON THESE DRUGS,
16 IT STATES THAT THEY ARE CORROSIVE TO THE LUNGS. IS
17 THAT YOUR UNDERSTANDING?
- 18 A. YES.
- 19 Q. AND WHEN YOU SAY CORROSIVE, WHAT -- EXPLAIN IN MEDICAL
20 TERMS WHAT THAT MEANS?
- 21 A. WELL IT WOULD MEAN THAT IT'S IRRITATING TO THE -- TO
22 ANY SORT OF MUCUS MEMBRANES THAT EXIST IN THE MOUTH,
23 THE NOSE, THE INSIDE OF THE WINDPIPE, BRONCHIAL TUBES.
- 24 Q. AND THAT'S NOT A TEMPORARY THING, IS IT DOCTOR;
25 CORROSION TO THE LINING OF YOUR LUNGS AND MEMBRANES?

1 A. WELL RESPIRATORY IRRITANTS CAN CAUSE TEMPORARY
2 IRRITATION AND INFLAMMATION. IT IS POSSIBLE TO CAUSE
3 PERMANENT SCARRING. YOU KNOW, SOME INHALANTS CAN DO
4 THAT, BUT USUALLY YOU SEE FINDINGS ON X-RAY AND CT
5 CONSISTENT WITH PULMONARY FIBROSIS THAT WOULD ACCOUNT
6 FOR THAT.

7 Q. AND YOU DIDN'T ANY FINDINGS ON THE CT ON THAT?

8 A. DID NOT.

9 Q. NOR ON ASBESTOSIS --

10 A. NO.

11 Q. -- ANY FINDINGS FOR THAT?

12 A. NO.

13 Q. NOW ASSUMING FURTHER THAT MR. COLE WORKED AND HE BEGAN
14 GOING TO EMERGENCY ROOMS AND I BELIEVE YOU COMMENTED IN
15 YOUR NOTES HE WENT TO ANMED, AND THIS BEGAN SHORTLY
16 AFTER HE BEGAN WORKING AT GOODMAN CONVEYOR AND WAS
17 EXPOSED TO THESE CHEMICALS. HE WASN'T ON INHALANTS
18 UNTIL, BEST WE CAN SEE -- IN 2006 HE WENT TO ANMED FOR
19 THE BRONCHITIS AND WAS GIVEN AN INHALER. IS THAT
20 USUALLY WHAT THEY DO FOR BRONCHITIS, AN EPISODE OF
21 BRONCHITIS?

22 A. WELL USUALLY YOU TREAT BRONCHITIS WITH AN ANTIBIOTIC.
23 THE INHALER PROBABLY WAS BECAUSE THEY THOUGHT --
24 PROBABLY FOR WHEEZING AND THOUGHT HE HAD SOME DEGREE OF
25 LUNG OBSTRUCTION.

- 1 Q. AND I DO BELIEVE --
- 2 A. ASTHMATIC PROBLEMS.
- 3 Q. -- THAT'S IN OUR NOTES.
- 4 A. YEAH.
- 5 Q. AND AS FAR AS WE COULD TELL, ASSUMING THAT NONE OF THE
- 6 RECORDS AFTER 2006 HE WAS NOT GETTING INHALERS UP UNTIL
- 7 HE WENT TO GOODMAN CONVEYOR, WOULD THAT LEAD YOU TO
- 8 CONCLUDE THAT SOMETHING IN THAT ENVIRONMENT, AW68 OR
- 9 UNIBOND, AGGRAVATED HIM TO THE POINT THAT HE STARTED
- 10 HAVING DIFFICULTIES BREATHING?
- 11 A. YES.
- 12 Q. AND HE WAS LAID OFF, AS WE SPOKE ABOUT, IN MARCH OF
- 13 2010 AND YOU WERE TREATING HIM AT THAT TIME?
- 14 A. CORRECT.
- 15 Q. AND I BELIEVE IT WASN'T UNTIL AFTER YOU BEGAN TREATING
- 16 HIM IN SEPTEMBER OF '09 THAT THERE WAS SOME DISCUSSION
- 17 ABOUT WHAT HE WAS EXPOSED TO AT WORK. IS THAT YOUR
- 18 UNDERSTANDING?
- 19 A. I THOUGHT WE HAD DISCUSSED THAT ACTUALLY IN AUGUST OF
- 20 '09. HE BROUGHT UP THE AW68 AND THE UNIBOND AND THAT
- 21 ACTUALLY WAS THE FIRST TIME I SAW HIM.
- 22 Q. IS THAT SOMETHING YOU WOULD ASK A PATIENT ABOUT WHAT
- 23 THEY'RE EXPOSED TO IF THEY WERE PRESENTING WITH THOSE
- 24 TYPE OF PULMONARY FUNCTION PROBLEMS?
- 25 A. IT IS, IF THEY WORK IN AN INDUSTRIAL SETTING.

1 Q. AND I THINK YOU DIDN'T CONCLUDE, YOU DIDN'T KNOW FOR
2 SURE IF THOSE CHEMICALS WERE TOXIC TO THE LUNGS?
3 A. RIGHT.
4 Q. AND IT WASN'T UNTIL -- I THINK IT WAS ON OR ABOUT
5 SEPTEMBER, I BELIEVE, LOOKING BACK, THAT YOU WERE ABLE
6 TO GET YOUR HANDS ON THE MSDS SHEET?
7 A. 8/26/09 IT LOOKS LIKE. REACTOBOND AND AW68 HYDRAULIC
8 FLUID.
9 Q. SO AT THAT POINT, YOU WOULD HAVE SAID, "MR. COLE, I
10 THINK THESE IRRITANTS ARE CAUSING YOU SOME PULMONARY
11 FUNCTION PROBLEMS," OR SOMETHING TO THAT AFFECT?
12 A. YES.
13 Q. AND I BELIEVE LATER ON YOU TALKED ABOUT WRITING A NOTE
14 TO HIS EMPLOYER ABOUT GETTING A MASK TO WEAR?
15 A. YES. DO YOU HAVE A COPY OF THAT? IT MAY BE UNDER
16 HERE. FROM OCTOBER 11, 2010 IT LOOKS LIKE. THIS WAS
17 ACTUALLY TO YOU -- LET'S SEE BACK FURTHER. IT MAY NOT
18 HAVE BEEN PUT INTO MY CHART. DO YOU HAVE A COPY?
19 Q. I HAVE A COPY OF IT, YES, SIR. LET ME GET MY HANDS ON
20 IT.
21 MR. ALLISON: IT'S 127.
22 MS. SHOOK: THANK YOU. OH, THIS IS A LETTER THAT HE
23 WROTE TO ME, BUT WE'RE TRYING TO FIND WHERE HE TALKED
24 ABOUT GIVING HIM THE MASK. LET'S GO OFF THE RECORD FOR
25 A MINUTE.

1 (OFF THE RECORD AT 4:49 P.M.)

2 (ON THE RECORD AT 4:49 P.M.)

3 EXAMINATION RESUMING BY MS. SHOOK:

4 Q. IT'S AP PAGE 122 AND IT'S DATED AUGUST 27, '09, AND IT
5 STATES "I'VE ENCOURAGED HIM TO UTILIZE PROPER
6 PROTECTIVE GEAR AT WORK AND ASKED HIM TO TALK TO HIS
7 SAFETY SUPERVISOR AT HIS PLANT ABOUT THIS MATTER."

8 A. SO THIS WAS PART OF THE PROGRESS NOTE. OKAY, YES, I
9 SEE THAT IN MY NOTES. YES, THAT'S RIGHT.

10 Q. SO AT THAT POINT YOU THOUGHT THAT THESE CHEMICALS WERE
11 A BIG ENOUGH IRRITANT HE SHOULD HAVE BEEN WEARING A
12 MASK AT WORK?

13 A. CORRECT.

14 Q. AND WHEN YOU INDICATED ABOUT HIS LONG TERM SMOKING CAN
15 CAUSE PULMONARY FUNCTION, BUT NOT ONLY SMOKING BUT ALSO
16 EXPOSURE TO LUNG IRRITANTS CAUSE COPD, CORRECT?

17 A. CORRECT.

18 Q. AND WORSENING OF COPD?

19 A. YES.

20 Q. AND ASSUMING THAT THIS MAN WAS ABLE TO WORK UP UNTIL
21 THE TIME HE WENT TO JOY GLOBAL AND NOW HE IS HAVING
22 FEV1s LESS THAN -- ABOUT 72 PERCENT PREDICTIVE, WHAT IS
23 YOUR OPINION AS TO HIS ABILITY TO WORK?

24 A. THERE ARE A COUPLE OF THINGS. FIRST OF ALL, HIS MOST
25 RECENT PULMONARY FUNCTION TEST, HIS FEV1 WAS ACTUALLY

1 27 PERCENT PREDICTIVE SO JUST TO CLARIFY THAT.

2 Q. I'M SORRY.

3 A. IN MY OPINION, BECAUSE OF HIS SENSITIVITY OR
4 RESPIRATORY IRRITANTS, HE CANNOT WORK IN A TOXIC
5 ENVIRONMENT. HE CAN'T BE EXPOSED TO TOXIC CHEMICALS.

6 Q. AND ONCE, MY UNDERSTANDING IS OF A TRIGGER EVENT, ONCE
7 SOMETHING TRIGGERS A REACTION SUCH AS MR. COLE HAS HAD,
8 CAN FURTHER CHEMICALS TRIGGER THESE AS WELL?

9 A. YES.

10 Q. SO HE'S KIND OF, PER SE, LIKE A BUBBLE BOY; HE CAN GET
11 INTO ANY KIND OF INDUSTRIAL EXPOSURE AND HAVE MUCH
12 DIFFICULTY BREATHING; WOULD THAT BE CORRECT?

13 A. YES.

14 Q. SO GIVEN THAT, THE FACT THAT HE CONTINUED TO WORSEN,
15 YOU SAID IT WAS A TEMPORARY EXACERBATION, BUT NOTHING
16 HAS CHANGED IN HIS LIFE AFTER HE QUIT WORKING. I MEAN
17 HE'S SMOKED ALL HIS LIFE AND WORKED.

18 A. RIGHT.

19 Q. HE WAS EXPOSED TO THE CHEMICALS, HE STARTED GOING TO
20 THE EMERGENCY ROOM, HE STARTED HAVING TROUBLE
21 BREATHING. IT WAS EVEN TO THE POINT, ASSUMING THE
22 EVIDENCE SHOWS THIS, THAT HE HAD TO BE SENT TO THE
23 SECRETARY'S OFFICE TO BE ABLE TO BREATHE, GET OUT --
24 GET IN THE COLD AIR. WOULD THIS LEAD YOU TO BELIEVE
25 THAT THIS HAS NOT BEEN TEMPORARY, BUT IT HAS BEEN A

1 PERMANENT IMPAIRMENT TO HIM THAT HAS LASTED AND CAUSED
2 HIM TO BE MORE SUSCEPTIBLE TO ANY TYPE OF IRRITANT TO
3 HIS LUNG?

4 A. WELL I THINK HE DOES HAS SOME DEGREE OF PERMANENT
5 IMPAIRMENT BECAUSE HIS BEST PULMONARY FUNCTION TEST,
6 FROM 8/26/09, WAS ALMOST 71 PERCENT PREDICTIVE. I
7 THINK THAT'S THE BEST.

8 Q. HE'LL EVER BE?

9 A. YEAH. SO HE -- YOU KNOW, I THINK HE DOES HAVE SOME
10 PERMANENT IMPAIRMENT AND I WOULD BELIEVE THAT HE CANNOT
11 GO BACK INTO A TOXIC ENVIRONMENT AND BE EXPOSED TO
12 TOXIC CHEMICALS.

13 Q. AND WHAT DO YOU THINK, AS FAR AS MEDICINES THAT HE
14 WOULD NEED TO BE ON?

15 A. WELL I THINK HE'S GOING TO NEED BRONCHODILATORS; HE'S
16 GOING TO NEED INHALED STEROIDS; AND BECAUSE OF HIS
17 RECURRENT RESPIRATORY PROBLEMS, HE'S LIKELY TO NEED, AT
18 TIMES, SYSTEMIC STEROIDS LIKE PREDNISONE AND
19 POTENTIALLY ANTIBIOTICS FOR EXACERBATIONS.

20 Q. NOW YOU MENTIONED EARLIER -- MR. ALLISON ASKED YOU
21 ABOUT HIM MISSING A COUPLE OF APPOINTMENTS. WERE YOU
22 AWARE THAT HE HAD NO HEALTH INSURANCE AND NO INCOME?

23 A. I KNEW THAT LATER ON HE WAS NOT WORKING. I DIDN'T EVER
24 ASK HIM ABOUT THAT SPECIFICALLY.

25 Q. SO IT WOULD BE DIFFICULT TO AFFORD THESE MEDICATIONS

1 WITHOUT SOME KIND OF HELP AND INSURANCE, WOULD IT NOT?
2 MR. ALLISON: OBJECTION TO HIS OPINION RELATED TO MR.
3 COLE'S FINANCES.

4 EXAMINATION RESUMING BY MS. SHOOK:

5 Q. IT WOULD BE -- ALL RIGHT, LET ME WITHDRAW THAT. IT
6 WOULD BE DIFFICULT TO TREAT THIS SORT OF CONDITION WERE
7 HE UNABLE TO GET THESE MEDICATIONS, CORRECT?

8 A. IT WOULD, YES.

9 Q. AND THIS WOULD BE SOMETHING HE WOULD NEED TO BE ON FOR
10 LIFE?

11 A. I WOULD EXPECT.

12 Q. AND ACCORDING TO THE RECORDS YOU HAVE AND YOU HAVE
13 ACCESS TO ANMED ER RECORDS, I UNDERSTAND, HE WAS NOT ON
14 ANY OF THESE MEDICATIONS PRIOR TO SEEING YOU?

15 A. THAT'S MY UNDERSTANDING. NOT LONG TERM.

16 Q. NOW THIS IS A PART OF OUR APA AND WE BASICALLY TOUCHED
17 ON THIS BRIEFLY. YOU DO NOT FEEL LIKE THE ASBESTOSIS
18 HE WAS AROUND CAUSED ANY OF HIS PROBLEMS?

19 A. NOT AS BEST I CAN TELL, NO.

20 Q. AND ASBESTOSIS EXPOSURE WOULD NOT CAUSE COPD, WOULD IT?

21 A. NO.

22 Q. WE'RE TALKING ABOUT HIS INABILITY TO GET BACK IN AN
23 INDUSTRIAL ENVIRONMENT, NEEDING THE MEDICATIONS -- LONG
24 TERM SMOKING IS A CAUSE OF PULMONARY PROBLEMS AND COPD,
25 NO DOUBT?

1 A. YES, TRUE.

2 Q. BUT HE WAS WORKING UP UNTIL THE TIME HE GOT EXPOSED TO
3 THESE CHEMICALS AT WORK. ASSUMING THAT, CAN YOU SAY TO
4 A REASONABLE DEGREE OF MEDICAL CERTAINTY THAT THIS
5 EXPOSURE TO THESE TOXIC CHEMICALS IN THE EMPLOYMENT
6 EXACERBATED A PRE-EXISTING CONDITION TO THE POINT WHERE
7 NOW HE IS UNABLE TO WORK IN AN INDUSTRIAL SETTING?

8 A. YES.

9 Q. AND I DON'T NEED A SPECIFIC AMOUNT OF IMPAIRMENT,
10 THAT'S ALL I WOULD REQUIRE OF YOU.

11 MS. SHOOK: THANK YOU DOCTOR.

12 EXAMINATION BY MR. ALLISON:

13 Q. DR. HAND, YOU JUST STATED THAT HE WOULD BE UNABLE TO
14 WORK IN AN INDUSTRIAL SETTING WHICH IS A DIFFERENT
15 STATEMENT THAN YOUR PRIOR OPINION THAT HE CAN'T GO BACK
16 TO WORK AROUND CERTAIN CHEMICALS OR TOXIC EXPOSURES.
17 AN INDUSTRIAL SETTING IMPLIES HE CANNOT GO BACK TO WORK
18 IN ANY CAPACITY. CAN YOU JUST CLARIFY YOUR OPINION?

19 A. YES, MY OPINION IS THAT HE CANNOT GO BACK TO AN
20 INDUSTRIAL SETTING WHERE HE HAS EXPOSURE TO SIGNIFICANT
21 RESPIRATORY IRRITANTS, WHICH WOULD INCLUDE DUST, FUMES,
22 CHEMICALS, SMOKE.

23 Q. AND TO A REASONABLE DEGREE OF MEDICAL CERTAINTY, DOES
24 IT REMAIN YOUR OPINION THAT MR. COLE MOST LIKELY
25 RETURNED TO BASELINE ONCE HE WAS REMOVED FROM THIS

1 PARTICULAR WORK EXPOSURE?

2 A. WHEN YOU USE BASELINE, PRIOR TO BEING AT WORK?

3 Q. YES.

4 A. HE NEVER RETURNED TO HIS BEST BASELINE, EITHER
5 SYMPTOMATICALLY OR BY PULMONARY FUNCTION.

6 Q. BUT DOES YOUR OPINION REMAIN THAT YOU GAVE PREVIOUSLY
7 THAT HE RETURNED TO A PRE-EXPOSURE BASELINE ONCE HE WAS
8 REMOVED FROM THAT?

9 A. WELL, YOU KNOW, I THINK IF YOU LOOK AT HIS LUNG
10 FUNCTIONS TEST, HE NEVER RETURNED TO THE BEST LEVEL OF
11 FUNCTION THAT HE'S HAD. YOU KNOW, HE NEVER GOT BACK TO
12 BEING 71 PERCENT PREDICTIVE THAT WE HAVE FOUND. SO I
13 MEAN HE HAS NOT RETURNED TO THE BEST LEVEL WHERE I'VE
14 SEEN HIM.

15 Q. INSOFAR AS HIS CONDITION THAT EXISTED BEFORE HE WORKED
16 WITH THIS PARTICULAR EMPLOYER AND HIS CONDITION ONCE HE
17 WAS REMOVED FROM THAT, YOU PREVIOUSLY STATED THAT IT
18 WAS MOST LIKELY THAT HE RETURNED TO THAT -- TO WHATEVER
19 BASELINE HE WAS AT, THAT HE RETURNED TO THAT CONDITION
20 ONCE HE WAS REMOVED FROM HIS EXPOSURE LEVEL AFTER HE
21 WAS LAID OFF IN MARCH 2010, THAT WHATEVER LATER
22 CONDITIONS THAT OCCUR, BE IT SMOKING OR ANY OTHER
23 EXPOSURES THAT HE MIGHT HAVE HAD, MAY HAVE CONTINUED
24 HIS CONDITION, HIS WORK-RELATED CONDITION, HE RETURNED
25 TO BASELINE AFTER THE REMOVAL FROM THAT?

1 A. WELL, ALL RIGHT. I GUESS I DO NEED TO CLARIFY HERE
2 BECAUSE I MEAN SYMPTOMATICALLY, I THINK HE EVER REALLY
3 RETURNED TO BASELINE. NOW LIKE YOU SAID, HE CONTINUED
4 TO SMOKE, OKAY. I DON'T THINK HE EVER FULLY RETURNED
5 TO BASELINE.

6 Q. WELL OKAY THEN, THAT'S A DEPARTURE FROM WHAT YOU HAD
7 SAID EARLIER IN YOUR DEPOSITION AND SO I'M AFRAID THAT
8 MAYBE I'M CONFUSING YOU OR MAYBE I'VE CONFUSED
9 SOMETHING THAT YOU SAID.

10 A. OKAY. WHAT WAS THE ORIGINAL QUESTION?

11 Q. THE ORIGINAL CONCEPT THAT WE DEALT WITH EARLIER IN THE
12 DEPOSITION WAS THIS CONCEPT OF TEMPORARY VERSUS
13 PERMANENT. AND IN PARTICULAR, IN REGARDS TO ANY
14 PERMANENT IMPAIRMENT HE HAS. YOUR ORIGINAL STATEMENT
15 WAS THAT WHATEVER DEGREE OF IMPAIRMENT THAT HE MIGHT
16 HAVE HAD ALONG THE WAY WHILE HE WAS WORKING WOULD HAVE
17 BEEN TEMPORARY IN NATURE AS OPPOSED TO PERMANENT IN
18 NATURE. BUT ONCE HE WAS REMOVED FROM THAT EXPOSURE
19 THAT WAS CAUSING TEMPORARY PROBLEMS, HE WOULD THEN
20 RETURN TO WHATEVER HIS BASELINE MIGHT BE.

21 A. OKAY.

22 Q. THAT WAS WHAT MY -- THAT WAS MY UNDERSTANDING OF YOUR
23 TESTIMONY EARLIER AND SO MAYBE USING THE TERM BASELINE
24 IS CONFUSING, BUT WITH REGARD TO TEMPORARY VERSUS
25 PERMANENT, IS IT FAIR TO SAY THAT HIS -- THAT THESE

1 EXPOSURES THAT HE HAD CAUSED TEMPORARY PROBLEMS AS HE
2 WAS CONTINUALLY EXPOSED TO THEM, BUT THAT ONCE THAT
3 EXPOSURE WAS REMOVED FROM THE SCENARIO, THAT THE
4 PROBLEMS HE'S LEFT WITH NOW, THAT ARE PERMANENT IN
5 NATURE, ARE NOT RELATED TO THOSE EXPOSURES THAT HE HAD
6 ON THE JOB?

7 A. WELL I THINK HE DID CLEARLY HAVE WORSENING OF SYMPTOMS
8 RELATED TO THE JOB EXPOSURE.

9 Q. CORRECT.

10 A. I MEAN THE ER VISITS AND ALL THE STUFF WE'VE ALREADY
11 DISCUSSED.

12 Q. CORRECT.

13 A. BUT I DON'T THINK HE'S EVER COMPLETELY RETURNED TO
14 BASELINE, YOU KNOW. NOW HOW MUCH OF THAT IS RELATED TO
15 THE FACT HE'S CONTINUING TO SMOKE AND HOW MUCH OF IT IS
16 RELATED TO THE IRRITANT EXPOSURES HE HAD AT WORK WOULD
17 BE VERY DIFFICULT TO SAY, IF NOT IMPOSSIBLE. I DON'T
18 KNOW THAT I CAN REALLY COMPLETELY CLARIFY THAT.

19 MR. ALLISON: ALL RIGHT. THAT'S ALL THE QUESTIONS I
20 HAVE.

21 MS. SHOOK: JUST ONE MORE.

22 EXAMINATION BY MS. SHOOK:

23 Q. I KNOW THIS IS VERY CONFUSING, IT'S CONFUSING FOR ME AS
24 LUNG DIFFICULTIES ARE. BUT SO I'M CLEAR, MR. COLE WAS
25 WORKING, HE WAS SMOKING.

1 A. UH-HUH.

2 Q. HE WAS EXPOSED TO CHEMICALS. HE STARTED HAVING
3 PROGRESSIVE COPD PROBLEMS, GOING TO THE EMERGENCY ROOM

4 --

5 A. RIGHT.

6 Q. -- DIAGNOSED BRONCHITIS. EVENTUALLY GOT REFERRED TO
7 YOU. HIS FEV1s WERE LESS THAN THEY SHOULD HAVE BEEN --

8 A. RIGHT.

9 Q. -- EVEN AFTER HE HAD SOME INHALATION -- INHALERS, I
10 BELIEVE?

11 A. YEAH.

12 Q. SO CAN YOU SAY TO A REASONABLE DEGREE OF MEDICAL
13 CERTAINTY THAT ONCE HE WAS EXPOSED TO THESE CHEMICALS,
14 HIS PROBLEMS, WHATEVER THEY WERE AND WHATEVER AMOUNT
15 FROM SMOKING, WERE EXACERBATED TO THE POINT NOW THAT HE
16 CANNOT RETURN TO AN INDUSTRIAL ENVIRONMENT BECAUSE OF
17 HIS IMPAIRED LUNG FUNCTION?

18 A. YES. HE CANNOT RETURN TO AN INDUSTRIAL ENVIRONMENT
19 WHERE HE IS EXPOSED TO RESPIRATORY TOXINS.

20 Q. AND THAT BEING DUST, CHEMICALS, THINGS OF THAT NATURE?

21 A. CORRECT.

22 MS. SHOOK: THAT'S ALL THE QUESTIONS I HAVE.

23 (THERE BEING NO FURTHER QUESTIONS, THIS DEPOSITION CONCLUDED
24 AT 5:05 P.M.)

25

CERTIFICATE OF REPORTER

I, KAREN E. HOLLEY, A NOTARY PUBLIC IN AND FOR THE
STATE OF SOUTH CAROLINA, DO HEREBY CERTIFY THAT THE
FOREGOING 33 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT
OF THE DEPOSITION OF STEPHEN HAND, WHICH WAS TAKEN BY ME ON
THE 18TH DAY OF APRIL, 2011.

THAT THE WITNESS WAS FIRST DULY SWORN TO TELL THE
TRUTH, THE WHOLE TRUTH AND NOTHING BUT THE TRUTH OF HIS OWN
KNOWLEDGE CONCERNING THIS MATTER.

THAT I AM NOT RELATED TO NOR THE EMPLOYEE OF ANY OF THE
PARTIES HERETO, NOR RELATED TO OR EMPLOYED BY ANY ATTORNEY
OR COUNSEL EMPLOYED BY THE PARTIES HERETO, NOR INTERESTED IN
THE OUTCOME OF THIS ACTION.

KAREN E. HOLLEY, REPORTER

NOTARY PUBLIC FOR S.C.

COMMISSION EXPIRES: MAY 3, 2017

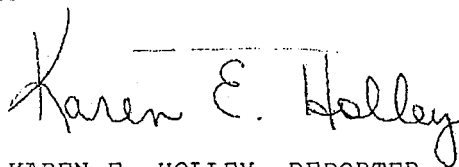
R 0164

CERTIFICATE OF REPORTER

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KAREN E. HOLLEY, REPORTER

NOTARY PUBLIC FOR S.C.

COMMISSION EXPIRES: MAY 3, 2017

Goodman Conveyor

PRE-EMPLOYMENT PHYSICAL (051565)

Name Robbin Bradley Cole Age 40 M(S) D W Sex M

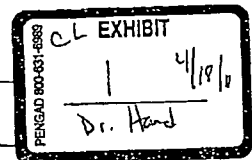
Family

History: () T.B. () Diabetes () Epilepsy () Mental Disorder () Heart

Personal

History: () T.B. () Menstrual () Heart Disease or Hypertension
 () Diabetes () Musculoskeletal () G.U. Disease
 () Nerves () G.I. Disease () Convulsions
 () V.D. () Rheumatic Fever () Allergies (asthma)
 () Scars or Birthmarks

Other _____

Operations noneMilitary
Service _____Any Service or Job
Connected Disability _____

Ht. 5'8" Wt. 162 B/P 150/94 Pulse 82 Vision: O.D. 20/30 O.D. 20/30 Corrected: O.S. _____ Color passed

Abnormalities of following
organs or systems?

	YES	NO
E.E.N.T.		✓
Neck		✓
Chest		✓
Lungs		✓
Heart	✓	
Abdomen		✓
Hernia		✓
Back		✓
Skin		✓
Extremities		✓
Reflexes		✓
Glands	✓	
Genitals		✓
Anus		✓
Pelvic		✓

Urine: Sp. Gr. 1.025 Alb. 30 mg/dl Sug. 100 mg Micro _____

Chest X-Ray _____ VDRL _____

Immunizations: Tetanus _____ Polio _____

Influenza _____ Smallpox _____

Finger Stick Blood Sugar = 138 mg/dl

Comments on abnormal findings or positive history:

----Drug Screen ----

---- Refer to Anderson Radiology for back
x-rays (2) lower views

Tonsils swollen (B)

Recommend Blood Pressure Monitoring.
May be 2° to anxiety.

(V) Recommended For Employment

() Not Recommended For Employment

R 0166

Reason _____

8-4-08

Date

Examining Physician

146

COPY

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. #0825486

ROBBIN COLE,

EMPLOYEE/CLAIMANT,

VERSUS

JOY GLOBAL, INC. AND ACE USA/ESIS,

EMPLOYER/INSURER/DEFENDANT.



DEPOSITION OF
ROBBIN COLE

PURSUANT TO NOTICE OF DEPOSITION AND/OR AGREEMENT
IN THE ABOVE-ENTITLED CASE, THE DEPOSITION OF ROBBIN COLE
WAS TAKEN ON THE 13TH DAY OF OCTOBER, 2010, COMMENCING AT
THE HOUR OF 2:00 P.M., IN THE OFFICES OF LYNN SHOOK,
ATTORNEY AT LAW, GREENVILLE, SOUTH CAROLINA.

REPORTED BY:

ROSALIND POOLE WALTERS, CERTIFIED VERBATIM REPORTER.

FREELANCE REPORTING SERVICES
Certified Verbatim Reporters

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(864) 587-7050 or (864) 706-1241
FreelanceRpt@charter.net

R 0167

APPEARANCES:

LYNN SHOOK, ESQUIRE
906 AUGUSTA STREET
GREENVILLE, SOUTH CAROLINA 29605

ATTORNEY FOR THE CLAIMANT,

MARK A. ALLISON, ESQUIRE
MCANGUS, GOUDELOCK, AND COURIE
POST OFFICE BOX 2980
GREENVILLE, SOUTH CAROLINA 29602-2980

ATTORNEY FOR THE DEFENDANT.

FREELANCE REPORTING SERVICES (864) 587-7050

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EXHIBITS:

(NONE MARKED)

(THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH
MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.)

FREELANCE REPORTING SERVICES (864) 587-7050

1 STIPULATIONS:

2 IT IS AGREED BY AND BETWEEN THE COUNSEL FOR THE PARTIES AS
3 FOLLOWS:

- 4 1. THAT THIS DEPOSITION IS BEING TAKEN PURSUANT TO ALL
5 APPLICABLE RULES OF THE SOUTH CAROLINA WORKERS'
6 COMPENSATION COMMISSION;
7 2. THAT THE DEPONENT WAIVES THE RIGHT TO READ AND SIGN THE
8 DEPOSITION TRANSCRIPT.

9 ***** ***** ***** *****

10 ROBBIN COLE, BEING DULY SWORN TO TELL THE TRUTH, THE WHOLE
11 TRUTH, AND NOTHING BUT THE TRUTH OF HIS OWN KNOWLEDGE
12 CONCERNING THE MATTER HEREIN, TESTIFIED AS FOLLOWS:

13 ***** ***** ***** *****

14 EXAMINATION BY MR. ALLISON:

15 Q. GOOD AFTERNOON, AGAIN, MR. COLE. MY NAME IS MARK
16 ALLISON, AND I'M HERE ON BEHALF OF JOY GLOBAL WHO'S THE
17 PARENT COMPANY FOR YOUR WORKERS' COMP CLAIM, AND I'M
18 HERE TO SIMPLY ASK YOU SOME QUESTIONS ABOUT YOUR CLAIM,
19 WHAT YOU ALLEGE HAS HAPPENED. I'M GOING TO ASK YOU
20 SOME QUESTIONS ABOUT YOUR HEALTH, ABOUT YOUR MEDICAL
21 CONDITION BEFORE YOU EVER WORKED WITH THE EMPLOYER AND
22 YOUR MEDICAL CONDITION SINCE THEN, AND I'M GOING TO BE
23 ASKING YOU ALL THESE THINGS SO THAT WE HAVE A BETTER
24 UNDERSTANDING OF HOW TO HANDLE YOUR WORK COMP CLAIM.
25 OKAY? IF I ASK YOU ANYTHING THAT DOESN'T MAKE SENSE TO

1 YOU OR THAT YOU DON'T UNDERSTAND, I WANT YOU TO STOP ME
2 AND TELL ME THAT.

3 A. OKAY.

4 Q. BECAUSE OTHERWISE I'LL ASSUME THAT YOU'VE UNDERSTOOD
5 EVERYTHING. SO DON'T BE AFRAID TO SAY, I NEED YOU TO
6 REPHRASE THAT QUESTION.

7 A. OKAY.

8 Q. ROZ IS HERE BECAUSE SHE'S THE COURT REPORTER. SHE'S
9 RECORDING EVERYTHING THAT YOU AND I SAY, AND SO, JUST
10 LIKE LYNN TOLD YOU, TRY NOT TO SAY UH-HUH OR UH-UH.
11 TRY TO SAY YES OR NO. AND, ALSO, MAKE SURE YOU GIVE ME
12 A SPOKEN ANSWER AS OPPOSED TO NODDING YOUR HEAD. OKAY?

13 A. OKAY.

14 Q. THAT JUST MAKES IT EASIER FOR HER. WILL YOU STATE YOUR
15 FULL NAME FOR ME, PLEASE?

16 A. ROBBIN BRADLEY COLE.

17 Q. AND ROBBIN IS WITH TWO B'S?

18 A. TWO B'S.

19 Q. WHAT NAME DO YOU GO BY?

20 A. EVERYBODY CALLS ME ROB.

21 Q. HOW OLD ARE YOU, ROB?

22 A. FORTY-TWO.

23 Q. AND YOUR DATE OF BIRTH?

24 A. 1/30/68.

25 Q. WHAT'S YOUR SOCIAL SECURITY NUMBER?

- 1 A.
2 Q. YOUR ADDRESS?
3 A. , BELTON, SOUTH
4 CAROLINA, 29627.
5 Q. ARE YOU MARRIED?
6 A. FIXING TO BE.
7 Q. ALL RIGHT. CONGRATULATIONS.
8 A. THANK YOU.
9 Q. WILL THIS BE YOUR FIRST MARRIAGE?
10 A. YES.
11 Q. ALL RIGHT, GREAT. DO YOU HAVE ANY CHILDREN?
12 A. I HAVE A 16-YEAR-OLD SON.
13 Q. DO YOU HAVE CUSTODY OF YOUR SON?
14 A. NO.
15 Q. DOES HE LIVE WITH HIS MOM?
16 A. YES.
17 Q. DO YOU PAY CHILD SUPPORT?
18 A. YES.
19 Q. HOW MUCH DO YOU PAY?
20 A. OFF THE TOP OF MY HEAD, COURT COSTS AND EVERYTHING, \$58
21 A WEEK, SOMETHING LIKE THAT.
22 Q. DO YOU HAVE ANY OTHER FINANCIAL OBLIGATIONS LIKE THAT
23 FOR CHILD SUPPORT OR ALIMONY?
24 A. NONE.
25 Q. DID YOU GRADUATE FROM HIGH SCHOOL?

R 0172

- 1 A. NO.
- 2 Q. WHERE DID YOU GO TO SCHOOL?
- 3 A. BELTON HONEA PATH.
- 4 Q. WHAT WAS THE LAST GRADE YOU FINISHED?
- 5 A. LAST COMPLETED WAS THE NINTH.
- 6 Q. DO YOU HAVE A G.E.D.?
- 7 A. NO.
- 8 Q. WHAT KIND OF GRADES DID YOU MAKE IN SCHOOL? WHAT WAS
- 9 YOUR KIND OF AVERAGE GRADES?
- 10 A. C, AVERAGE.
- 11 Q. HAVE YOU EVER TAKEN ANY KIND OF COLLEGE-LEVEL CLASSES
- 12 LIKE AT PIEDMONT TECH OR TRI-COUNTY TECH, ANYTHING LIKE
- 13 THAT?
- 14 A. I TOOK SOME COLLEGE CREDIT STUFF WHEN I WAS IN THE
- 15 NAVY.
- 16 Q. LET'S GO AHEAD AND TALK ABOUT THAT THEN. WHEN DID YOU
- 17 ENROLL IN THE NAVY?
- 18 A. 1987.
- 19 Q. AND WHEN WERE YOU DISCHARGED?
- 20 A. 1989.
- 21 Q. WHAT WAS YOUR RANK AT THE TIME OF DISCHARGE?
- 22 A. E-1.
- 23 Q. AND WHAT WAS YOUR REASON FOR LEAVING THE MILITARY?
- 24 A. DISCHARGE OTHER THAN HONORABLE.
- 25 Q. WHAT WERE THE CIRCUMSTANCES? YOU DON'T HAVE TO GO INTO

1 DETAIL WITH ME, BUT JUST GENERALLY WHAT WAS THE REASON
2 THAT YOU LEFT?

3 A. DISCRIMINATION, RACIAL SLURS.

4 Q. WHAT DID YOU DO IN THE MILITARY?

5 A. I WAS A HULL MAINTENANCE TECHNICIAN.

6 Q. WHAT DOES THAT MEAN?

7 A. SHIPS COME INTO PORT, ANY JOBS AS FAR AS WELDING,
8 FABRICATING, BASICALLY SHEET METAL WORK, HEAVY STEEL
9 WORK, WELDING.

10 Q. WERE YOU EVER EXPOSED TO ANY KIND OF MATERIAL OR
11 CHEMICAL THAT WOULD HAVE CONTRIBUTED TO OR CAUSED ANY
12 BREATHING PROBLEMS?

13 A. HONESTLY I COULD SAY -- I COULD PROBABLY SAY YES,
14 BECAUSE MOST OF THE SHIPS I WORKED ON WERE COMMISSIONED
15 BETWEEN THE 40S AND THE 60S. SO WHATEVER THEY
16 CONTAINED AS FAR AS YOUR HOT WATER PIPING, INSULATION,
17 STUFF LIKE THAT.

18 Q. I GUESS WHAT MATERIAL OR SUBSTANCE IN PARTICULAR DO YOU
19 THINK COULD HAVE MAYBE CAUSED YOU PROBLEMS THEN?

20 A. I NEVER HAD ANY PROBLEMS PRIOR TO THAT, BUT I MAY HAVE
21 BEEN EXPOSED. I CALLED THE V.A. I MAY HAVE BEEN
22 EXPOSED TO ASBESTOS.

23 Q. WHAT IS YOUR REASON FOR THINKING THAT YOU MAY HAVE BEEN
24 EXPOSED TO ASBESTOS IN PARTICULAR?

25 A. WE HAD TO TAKE SAMPLES.

1 Q. AND WHEN YOU TOOK SAMPLES WHO WOULD DO THE TESTING ON
2 THE SAMPLES?

3 A. IT WOULD GET SENT OFF. I REALLY DON'T KNOW WHO EXACTLY
4 THE MILITARY SENDS IT TO TO HAVE IT DONE.

5 Q. AND DID THE TESTING OF THOSE SAMPLES EVER REVEAL
6 ASBESTOS?

7 A. THEY NEVER REVEALED IT TO US.

8 Q. SO YOU JUST THINK THAT THERE MAY HAVE BEEN ASBESTOS, OR
9 WAS THAT KIND OF COMMON KNOWLEDGE THAT YOU WORKED WITH
10 ASBESTOS?

11 A. WELL, THE YEAR OF THE SHIPS AND EVERYTHING, TO ME IT
12 WAS PRETTY LOGICAL THAT YES, PROBABLY ASBESTOS WAS
13 INVOLVED.

14 Q. DID YOU EVER HAVE ANY BREATHING PROBLEMS BEFORE YOU
15 STARTED YOUR SERVICE IN THE NAVY?

16 A. NO.

17 Q. DID YOU DEVELOP ANY BREATHING PROBLEMS WHILE YOU WERE
18 IN THE NAVY?

19 A. NO.

20 Q. WHEN DID YOU FIRST EVER START HAVING ANY PROBLEMS WITH
21 BREATHING?

22 A. SEVERE OR JUST MILD?

23 Q. JUST ANY TYPE OF PROBLEM. SHORTNESS OF BREATH,
24 COUGHING MORE THAN NORMAL, THAT KIND OF THING.

25 A. PROBABLY WHEN I WAS YOUNGER. MY MOM SAID -- I GUESS IT

1 WAS MORE OF ALLERGIES THAN ANYTHING, HAYFEVER KIND OF
2 DEAL.

3 Q. WHEN YOU SAY YOUNGER, DO YOU MEAN WHEN YOU WERE IN
4 SCHOOL?

5 A. YEAH. PROBABLY 12, RIGHT IN THERE. I PLAYED BASEBALL
6 FOR LIKE 11 YEARS.

7 Q. DID YOU EVER TAKE ANY MEDICATION FOR ALLERGIES OR
8 ANYTHING LIKE THAT AS A CHILD?

9 A. NO.

10 Q. WHEN DID YOU FIRST EVER NOTICE ANY PROBLEMS WITH
11 BREATHING OTHER THAN ALLERGIES?

12 A. APPROXIMATELY ONE MONTH TO THE DAY WHEN I STARTED AT --
13 WELL, IT WAS GOODMAN CONVEYOR AT THE TIME BEFORE THEY
14 CHANGED OVER.

15 Q. AND APPROXIMATELY WHEN DID YOU START WORKING THERE?

16 A. 8/11/08.

17 Q. 8/11/08 IS WHEN YOU STARTED WORKING THERE?

18 A. MM-HMM.

19 Q. IS THAT A YES?

20 A. YES. SORRY.

21 Q. THAT'S ALL RIGHT. SO YOUR BREATHING PROBLEMS STARTED A
22 MONTH FROM THAT TIME?

23 A. I WAS OUT OF WORK SICK 9/8/08.

24 Q. SO ARE YOU TELLING ME THAT YOU DIDN'T HAVE BREATHING
25 PROBLEMS WHEN YOU STARTED WORKING IN AUGUST 2008?

- 1 A. THAT'S CORRECT.
- 2 Q. DID YOU HAVE A FAMILY DOCTOR AT THAT TIME?
- 3 A. DR. MARTIN IS USUALLY WHO I WOULD SEE, BUT I'VE NEVER
- 4 HAD A STEADY FAMILY DOCTOR.
- 5 Q. WHO IS DR. MARTIN?
- 6 A. THEY'VE CHANGED THE NAME OF IT. IT USED TO BE BELTON
- 7 FAMILY PRACTICE.
- 8 Q. BUT IT'S NOT BELTON FAMILY PRACTICE ANYMORE?
- 9 A. I THINK THEY CHANGED THE NAME. I'M NOT REALLY SURE.
- 10 THERE ARE SEVERAL DOCTORS IN THERE.
- 11 Q. BUT DO YOU STILL SEE DR. MARTIN?
- 12 A. NO. I HAVEN'T SEEN HIM SINCE THE FIRST TIME.
- 13 Q. YOU HAVEN'T SEEN HIM SINCE WHEN?
- 14 A. WHATEVER THE LAST DATE WAS THAT HE REFERRED ME TO DR.
- 15 HAND, THE PULMONARY SPECIALIST.
- 16 Q. WHAT ABOUT GROWING UP AS A CHILD, WHO WAS YOUR FAMILY
- 17 DOCTOR?
- 18 A. DR. MCALLISTER IS THE LAST ONE I CAN REMEMBER. WHETHER
- 19 HE STILL PRACTICES OR NOT I DON'T KNOW. I HAVEN'T SEEN
- 20 HIM IN YEARS.
- 21 Q. WAS HE AT BELTON FAMILY PRACTICE OR ANOTHER OFFICE?
- 22 A. AT ANOTHER OFFICE.
- 23 Q. WAS IT IN BELTON?
- 24 A. YES.
- 25 Q. HOW OLD WERE YOU WHEN HE WAS YOUR FAMILY DOCTOR?

1 A. EIGHT, SOMEWHERE AROUND THAT, FAR AS I CAN REMEMBER.
2 Q. ARE YOU A SMOKER?
3 A. YES.
4 Q. WHEN DID YOU START SMOKING?
5 A. APPROXIMATELY 25 YEARS AGO.
6 Q. WHEN YOU WERE 17?
7 A. YES, CORRECT.
8 Q. HOW MANY PACKS A DAY DO YOU SMOKE?
9 A. ONE.
10 Q. IS THAT LESS THAN YOU USED TO SMOKE?
11 A. IT'S A LITTLE MORE. I SMOKE MORE NOW SINCE I GOT
12 DIAGNOSED THAN I DID BEFORE. I WAS ONLY SMOKING A HALF
13 A PACK A DAY.
14 Q. HAVE YOU EVER SMOKED MORE THAN ONE PACK A DAY?
15 A. NO.
16 Q. WHAT KIND OF CIGARETTES DO YOU SMOKE?
17 A. MENTHOL.
18 Q. HAVE YOU ALWAYS SMOKED MENTHOL?
19 A. NOT ALWAYS, NO.
20 Q. WHAT OTHER KIND OF CIGARETTES HAVE YOU SMOKED
21 REGULARLY?
22 A. STARTED OFF WITH LIKE MARLBORO REGULARS.
23 Q. HOW LONG DID YOU SMOKE THOSE?
24 A. PROBABLY ABOUT SIX YEARS. THEN I SWITCHED TO A LIGHT,
25 CAMEL LIGHT MENTHOL.

1 Q. WHEN YOU SMOKED MARLBORO REGULARS FOR SIX YEARS HOW
2 MANY CIGARETTES OR PACKS WOULD YOU SMOKE PER DAY?

3 A. THAT'S BEFORE MY MOM KNEW I SMOKED, SO PROBABLY LIKE
4 FOUR OR FIVE A DAY MAYBE.

5 Q. FOUR OR FIVE CIGARETTES A DAY?

6 A. YES.

7 Q. AND SINCE YOU SWITCHED TO MENTHOL HOW MANY CIGARETTES
8 WOULD YOU NORMALLY SMOKE IN A DAY?

9 A. WORKING I'D ONLY SMOKE MAYBE 10, ABOUT HALF A PACK A
10 DAY. TOO BUSY TO SMOKE.

11 Q. WHY HAVE YOU SMOKED MORE SINCE YOU WERE DIAGNOSED WITH
12 YOUR BREATHING PROBLEMS?

13 A. I THINK IT'S A NERVE THING, TO BE HONEST WITH YOU.

14 Q. ALL RIGHT.

15 A. IDLE HANDS.

16 Q. BEFORE YOU STARTED TO WORK WITH THIS EMPLOYER WERE YOU
17 EXPOSED TO ANYTHING ELSE THAT COULD CAUSE BREATHING
18 PROBLEMS OR AFFECT YOUR LUNGS? YOU MENTIONED ASBESTOS
19 WHEN YOU SERVED IN THE MILITARY.

20 A. I WORKED FOR HYDRO ALUMINUM PRIOR TO THAT.

21 Q. WHAT DID YOU DO FOR HYDRO ALUMINUM?

22 A. MAINTENANCE.

23 Q. WHAT CHEMICALS OR MATERIALS WOULD YOU HAVE BEEN EXPOSED
24 TO THAT MIGHT MAKE YOUR BREATHING PROBLEMS WORSE?

25 A. I HAD TO WELD EVERY ONCE IN A WHILE, AND THAT'S ABOUT

- 1 IT. NOT A EVERYDAY THING.
- 2 Q. DID WELDING EVER CAUSE YOU PROBLEMS?
- 3 A. NO.
- 4 Q. DID YOU EVER HAVE ANY PROBLEMS WITH BREATHING OR
- 5 COUGHING OR SHORTNESS OF BREATH WHILE YOU WORKED FOR
- 6 HYDRO ALUMINUM?
- 7 A. NO, I DID NOT.
- 8 Q. HOW LONG DID YOU WORK THERE?
- 9 A. FOUR AND A HALF YEARS.
- 10 Q. AND ABOUT WHAT YEARS WAS THAT?
- 11 A. LET'S SEE. I WAS OUT OF WORK ALMOST A YEAR PRIOR TO
- 12 GOING TO WORK AT GOODMAN. SO -- DATES.
- 13 Q. THAT'S ALL RIGHT.
- 14 A. I WAS DRAWING UNEMPLOYMENT AT THE TIME. I WAS REFERRED
- 15 FROM MY OLD SUPERVISOR. WHEN GOODMAN CONVEYOR CALLED
- 16 ASKING IF THEY KNEW OF A DECENT MAINTENANCE MAN HE
- 17 REFERRED ME AFTER I LOST MY JOB THERE, AND THEY SENT ME
- 18 THE APPLICATION AND I WENT TO WORK FOR THEM.
- 19 Q. BUT YOU WORKED THERE IN THE PAST 10 YEARS?
- 20 A. RIGHT.
- 21 Q. THAT'S BEEN PRETTY RECENT, OKAY. WHERE DID YOU WORK
- 22 BEFORE HYDRO ALUMINUM?
- 23 A. LET ME THINK BACK. SU-DAN COMPANY. S-U SLASH D-A-N.
- 24 Q. WHAT DID YOU DO FOR THOSE FOLKS?
- 25 A. PRESS OPERATOR AND DIE SETUP.

1 Q. DID THAT JOB EVER CAUSE ANY BREATHING DIFFICULTIES OR
2 PROBLEMS?

3 A. NO.

4 Q. HOW LONG DID YOU WORK THERE?

5 A. ABOUT FOUR AND A HALF YEARS.

6 Q. WHERE DID YOU WORK BEFORE THAT?

7 A. LET'S SEE. I WORKED AT PLASTIC OMNIUM.

8 Q. PLASTIC OMNIUM?

9 A. OMNIUM. I THINK THEY'VE CHANGED THEIR NAME SINCE THEN,
10 TOO.

11 Q. WHAT DID YOU DO THERE?

12 A. ELECTROSTATIC PAINTING.

13 Q. JUST TELL ME BRIEFLY, WHAT DOES THAT MEAN,
14 ELECTROSTATIC PAINTING?

15 A. BUMPERS WOULD COME IN IN A CLIMATE-CONTROLLED ROOM.
16 YOU GOT DOWN-FLOW AIR. YOU GOT WATER UNDERNEATH IT.
17 ELECTROSTATIC MEANS THAT THE BUMPER JIG THAT THE BUMPER
18 RIDES ON IS GROUNDED SO WHEN YOU SPRAY IT THE
19 ELECTRICITY MAKES THE PAINT STICK JUST TO THE BUMPER.
20 THERE'S NO OVERSPRAY. YOU WEAR A TYVEK SUIT AND
21 RESPIRATORS, GLOVES.

22 Q. WAS THAT RESPIRATOR OPTIONAL OR DID YOU HAVE TO WEAR
23 IT?

24 A. MANDATORY.

25 Q. AND DID YOU WEAR IT?

- 1 A. (WITNESS NODS HEAD).
- 2 Q. IS THAT A YES?
- 3 A. YES. EXCUSE ME.
- 4 Q. THAT'S ALL RIGHT. DID YOU EVER HAVE ANY DIFFICULTY
- 5 WITH BREATHING, COUGHING, OR SHORTNESS OF BREATH WHEN
- 6 YOU WORKED ON THAT JOB?
- 7 A. NO.
- 8 Q. WHO WAS YOUR SUPERVISOR AT HYDRO ALUMINUM?
- 9 A. KEN LEDBETTER.
- 10 Q. IS HE THE ONE WHO HELPED YOU GET A JOB WITH GOODMAN?
- 11 A. YES.
- 12 Q. BEFORE YOU WORKED AT PLASTIC OMNIUM WHERE DID YOU WORK?
- 13 A. BEFORE THAT I THINK I WORKED A LITTLE WHILE AT CHAMPION
- 14 TOOL AND DIE DOING BASICALLY THE SAME THING I DID AT
- 15 SU-DAN COMPANY, DIE SETUP AND PRESS OPERATOR.
- 16 Q. WERE YOU EXPOSED TO ANYTHING THERE THAT MADE YOUR
- 17 BREATHING OR COUGHING WORSE?
- 18 A. NO.
- 19 Q. HAVE HAD ANY OTHER FULL-TIME JOBS SINCE YOU WERE
- 20 DISCHARGED FROM THE NAVY?
- 21 A. NO. I KIND OF BOUNCED FROM WHATEVER WAS PAYING THE
- 22 BEST AT THE TIME. SO I HAVE QUITE AN EXTENSIVE WORK
- 23 RECORD.
- 24 Q. HAVE YOU EVER RECEIVED MEDICAL TREATMENT THROUGH THE
- 25 MILITARY FROM A V.A. FACILITY OR HOSPITAL?

- 1 A. NO.
- 2 Q. HAVE YOU EVER BEEN HOSPITALIZED FOR ANY REASON?
- 3 A. NO.
- 4 Q. HAVE YOU EVER HAD SURGERY?
- 5 A. NO.
- 6 Q. HAVE YOU EVER BEEN DIAGNOSED WITH ANY CONDITION OR
7 DISEASES SUCH AS ASTHMA OR DIABETES OR HIGH BLOOD
8 PRESSURE, ANYTHING LIKE THAT?
- 9 A. I THINK THE ASTHMA THING WAS WHEN I WAS A KID. I
10 REALLY DON'T REMEMBER.
- 11 Q. BUT YOU WERE DEFINITELY DIAGNOSED WITH ASTHMA AT SOME
12 POINT?
- 13 A. THAT'S WHAT MY MOM TOLD ME. I PLAYED BASEBALL. I WAS
14 A SPORTS FANATIC. I WRESTLED. I'VE NEVER HAD ANY
15 PROBLEMS.
- 16 Q. WELL, DID YOU OR DID YOU NOT HAVE PROBLEMS BREATHING
17 WHEN YOU WERE A CHILD?
- 18 A. AS FAR AS I KNOW, AS FAR AS I REMEMBER, I DIDN'T.
- 19 Q. DID YOU EVER USE AN INHALER --
- 20 A. NEVER.
- 21 Q. -- WHEN YOU WERE IN SCHOOL?
- 22 A. NO.
- 23 Q. DID YOU EVER TAKE ANY MEDICATION FOR BREATHING
24 PROBLEMS?
- 25 A. NO.

1 Q. BUT TO THE BEST OF YOUR MEMORY, YOU THINK THAT SOME
2 DOCTOR DIAGNOSED YOU WITH ASTHMA WHEN YOU WERE A CHILD?

3 A. YES.

4 Q. AND WOULD THAT HAVE BEEN DR. MCALLISTER WHO DID THAT?

5 A. I'M GOING TO SAY YES.

6 Q. I DON'T KNOW IF I ASKED YOU THIS OR NOT, SO I APOLOGIZE
7 IF I'M ASKING A QUESTION I ALREADY HAVE ASKED. DO YOU
8 HAVE A FAMILY DOCTOR NOW?

9 A. NO.

10 Q. IS THIS YOUR FIRST WORKERS' COMPENSATION CLAIM?

11 A. YES.

12 Q. HAVE YOU EVER BEEN INVOLVED IN ANY LAWSUITS OR CLAIMS
13 FOR INJURY TO YOUR BODY?

14 A. YES.

15 Q. TELL ME ABOUT THAT.

16 A. A PIT BULL BITE RIGHT HERE. A FRIEND OF MINE'S PIT
17 BULL LEAPED OUT OF HIS TRUCK AND BIT ME ACROSS THE
18 FACE.

19 Q. WAS YOUR MEDICAL TREATMENT PAID FOR?

20 A. YES.

21 Q. DID YOU RECEIVE ANY MONEY IN ADDITION TO GETTING
22 MEDICAL TREATMENT?

23 A. NOT ENOUGH. YES.

24 Q. HOW MUCH MONEY DID YOU GET?

25 A. A LITTLE UNDER \$2000.

1 Q. DID AN ATTORNEY HELP YOU WITH THAT?

2 A. YES.

3 Q. WHO WAS YOUR ATTORNEY?

4 A. STEVE KRAUSE OF KRAUSE AND MOORHEAD.

5 Q. HAVE YOU HAD ANY OTHER LAWSUITS OR CLAIMS FOR INJURY TO
6 YOUR BODY?

7 A. NO.

8 Q. HAVE YOU EVER BEEN INJURED IN A CAR ACCIDENT?

9 A. NO.

10 Q. WE'RE HERE TODAY BECAUSE YOU'VE CLAIMED THAT YOU WERE
11 INJURED ON THE JOB BACK ON SEPTEMBER 8, 2008. IS THAT
12 RIGHT?

13 A. 9/8/08.

14 Q. WAS THERE A PARTICULAR INCIDENT OR EVENT THAT HAPPENED
15 THAT DAY THAT CAUSED YOU TO BE HURT?

16 A. I WAS CHANGING A DIRECTIONAL VALVE ON A PRESS CALLED A
17 -- I BELIEVE IT'S CALLED A ENDOMATIC, WHERE YOU HAVE TO
18 CRAWL UP UNDER IT TO GET TO IT AND LAY ON YOUR BACK,
19 AND IT HAS A CATCH PAN WHICH WOULD CATCH WHAT I THOUGHT
20 WAS HYDRAULIC FLUID. BUT MY HAIR WAS SATURATED; MY
21 ARMS SATURATED, BECAUSE I WAS LAYING ON MY BACK
22 CHANGING IT LIKE THIS. COME TO FIND OUT IT WASN'T
23 HYDRAULIC FLUID. IT WAS A CHEMICAL CALLED REACTOBOND
24 WHICH SOFTENS METAL SO THEY CAN THREAD IT. IT'S A
25 LEVEL THREE ON THE M.S.D.S. SHEET HEALTH HAZARD.

- 1 Q. WHAT DOES THAT MEAN? WHAT DOES LEVEL THREE HEALTH
2 HAZARD MEAN?
- 3 A. IT GOES UP TO FOUR. FOUR IS THE HIGHEST.
- 4 Q. SO YOU CRAWLED UNDER A PRESS, AN ENDOMATIC PRESS, LAID
5 UNDER IT SO YOU COULD --
- 6 A. CHANGE THE DIRECTIONAL VALVE.
- 7 Q. -- CHANGE THE VALVE, AND DID FLUID COME OUT FROM WHERE
8 YOU WERE CHANGING THE VALVE OR WAS IT JUST LAYING ON
9 THE FLOOR?
- 10 A. BOTH. ONCE YOU PULL THE VALVE IT COMES OFF, AND SO I
11 WAS LAYING IN IT AND IT ALSO POURS ON YOU ONCE YOU PULL
12 THE VALVE. IT'S A CONFINED SPACE.
- 13 Q. SO WHATEVER GOT ON YOUR BODY AND IN YOUR HAIR, THAT
14 CAME FROM THE GROUND AND --
- 15 A. ABOVE IT.
- 16 Q. -- FROM THE VALVE CHANGE?
- 17 A. (WITNESS NODS HEAD).
- 18 Q. TELL ME EVERY PART OF YOUR BODY THAT THIS GOT ON.
- 19 A. BOTH ARMS UP TO THE SHOULDER, HAIR, FACE, BACK, KNEES.
20 I HAD TO TURN AROUND AND GET ON IT. IT'S ALL OVER THE
21 FLOORS. IT'S A PRETTY MESSY PRESS.
- 22 Q. WHAT WERE YOU WEARING AT THE TIME?
- 23 A. JUST A WORK UNIFORM. DENIM JEANS, LONG-SLEEVED DENIM
24 SHIRT, STEEL-TOED BOOTS, SAFETY GLASSES.
- 25 Q. WERE YOU SUPPOSED TO WEAR ANY OTHER SAFETY EQUIPMENT

1 OTHER THAN SAFETY GLASSES WHEN YOU WORKED ON A PRESS
2 LIKE THAT?

3 A. NOT THAT I'M AWARE OF.

4 Q. DID YOU HAVE ANY PAIN OR DISCOMFORT WHEN THIS HAPPENED?

5 A. NOT AT THE BEGINNING, NO. IT WAS HOURS LATER.

6 Q. WHEN DID YOU FIRST NOTICE ANY PROBLEMS BECAUSE OF THE
7 CONTACT?

8 A. IT WAS LATER THAT EVENING. IT WAS JUST MY BREATHING
9 STOPPED, AND MY GIRLFRIEND, FIANCÉE NOW, RUSHED ME TO
10 THE HOSPITAL BECAUSE I COULDN'T CATCH MY BREATH.
11 DIDN'T KNOW WHY.

12 Q. DID YOU HAVE PROBLEMS BREATHING BEFORE THAT HAPPENED?

13 A. NO.

14 Q. HAD YOU EVER HAD DIFFICULTY BREATHING OR RESPIRATORY
15 PROBLEMS BEFORE THAT HAPPENED?

16 A. NO.

17 Q. WHICH HOSPITAL DID SHE TAKE YOU TO?

18 A. I CAN'T REMEMBER IF IT WAS GREENWOOD URGENT CARE OR---

19 Q. AND WHAT IS THAT THAT YOU KEEP PULLING OUT AND
20 REFERRING TO?

21 A. JUST SOME NOTES. SHE WRITES DOWN EVERYTHING.

22 Q. IS "SHE" YOUR GIRLFRIEND?

23 A. YEAH, MY FIANCÉE.

24 Q. WHAT'S HER NAME?

25 A. DARLENE BROCK. LET'S SEE. IT WOULD BE GREENWOOD SHE

- 1 TOOK ME TO.
- 2 Q. IS THAT SELF REGIONAL HOSPITAL?
- 3 A. YEAH, I THINK SO.
- 4 Q. WHAT DID THEY DO FOR YOU THERE?
- 5 A. GAVE ME I THINK TWO BREATHING TREATMENTS. I CAN'T
- 6 REMEMBER EXACTLY WHAT ALL. IT WAS EITHER TWO OR THREE
- 7 BREATHING TREATMENTS THEY HAD TO GIVE ME. I'D DONE
- 8 HYPERVENTILATED. I GOT SCARED, I GUESS.
- 9 Q. OTHER THAN THE TREATMENT THAT YOU RECEIVED IN THE
- 10 HOSPITAL DID YOU GET ANY MEDICATIONS OR INHALERS OR
- 11 ANYTHING LIKE THAT TO HELP YOU ONCE YOU LEFT THE
- 12 HOSPITAL?
- 13 A. THAT I DON'T KNOW. I COULDN'T TELL YOU.
- 14 Q. DID THEY REFER YOU TO SEE ANOTHER DOCTOR ONCE YOU WERE
- 15 DISCHARGED?
- 16 A. YES.
- 17 Q. WHO DID THEY TELL YOU TO SEE?
- 18 A. EITHER A FAMILY DOCTOR OR...
- 19 Q. AND DID YOU GO SEE ANOTHER DOCTOR AFTER YOU WERE
- 20 DISCHARGED FROM THE HOSPITAL?
- 21 A. I WENT AND SEEN DR. MARTIN.
- 22 Q. HAD YOU EVER SEEN DR. MARTIN BEFORE THIS EPISODE?
- 23 A. I THINK FOR A MINOR COLD MAYBE.
- 24 Q. WHAT DID DR. MARTIN DO FOR YOU?
- 25 A. THIS WOULD BE 9/17/08. I CAN'T THINK OF WHAT YOU CALL

1 HER. SHE'S A PRACTICAL NURSE?

2 Q. NURSE PRACTITIONER?

3 A. YES, NURSE PRACTITIONER. I SAW HER. I DIDN'T ACTUALLY
4 SEE DR. MARTIN.

5 Q. WHAT DID SHE DO FOR YOU?

6 A. I THINK SHE GAVE ME THE INHALER, MY FIRST INHALER, PRO-
7 AIR OR COMBIVENT. I CAN'T REMEMBER EXACTLY WHICH ONE
8 I'VE BEEN ON SO MANY.

9 Q. SO SEPTEMBER 17, 2008 WAS THE FIRST TIME YOU WERE EVER
10 PRESCRIBED AN INHALER. IS THAT RIGHT?

11 A. PROBABLY ON THE 17TH, 9/17/08, WHEN I WENT AND SAW DR.
12 MARTIN.

13 Q. DID YOU CONTINUE TO TREAT WITH DR. MARTIN? IN OTHER
14 WORDS, DID YOU KEEP GOING BACK?

15 A. HE'S THE ONE THAT REFERRED ME TO DR. HAND, THE
16 PULMONARY SPECIALIST BASICALLY.

17 Q. WELL, HOW MANY TIMES DID YOU GO TO DR. MARTIN'S OFFICE
18 BEFORE YOU GOT REFERRED TO DR. HAND? YOU DON'T HAVE TO
19 GIVE ME A SPECIFIC NUMBER.

20 A. MAYBE TWICE.

21 MS. SHOOK:

22 I DON'T THINK HE'D MIND IF YOU TESTIFY TO WHAT YOU
23 REMEMBER RATHER THAN YOUR GIRLFRIEND'S NOTES.

24 EXAMINATION RESUMED BY MR. ALLISON:

25 Q. THAT'S FINE. EITHER ONE.

1 A. IF IT WASN'T FOR HER I WOULDN'T REMEMBER ANYTHING.

2 Q. LET'S GO OFF THE RECORD FOR A SECOND.

3 (OFF THE RECORD; 2:32 -- 2:33 P.M.)

4 EXAMINATION RESUMED BY MR. ALLISON:

5 Q. WHO IS THE DOCTOR, THE PULMONOLOGIST THAT YOU WERE
6 REFERRED TO?

7 A. DR. HAND.

8 Q. DO YOU KNOW HOW TO SPELL THAT?

9 A. H-A-N-D.

10 Q. DO YOU KNOW HIS OR HER FIRST NAME?

11 A. I DON'T KNOW HIS FIRST NAME.

12 Q. WHERE IS DR. HAND'S OFFICE?

13 A. IT'S AT THE ANMED CAMPUS IN ANDERSON. IT'S IN THE
14 PULMONARY AND SLEEP DISORDER WING.

15 Q. IS THAT ON HIGHWAY 81?

16 A. YES.

17 Q. WHAT DID DR. HAND DO TO TREAT YOUR BREATHING PROBLEM?

18 A. HE SENT ME THROUGH A BREATHING TEST WITH, I GUESS, ONE
19 OF HIS NURSES. YOU SIT IN A CHAMBER. THEY GIVE YOU A
20 SERIES OF BREATHING TESTS TO SEE HOW MUCH AIR YOU'RE
21 PUTTING OUT.

22 Q. AND WHAT DID DR. HAND TELL YOU AFTER YOU HAD THOSE
23 TESTS, OR WHAT DID YOU LEARN FROM THOSE TESTS?

24 A. BASICALLY I'M BREATHING LOWER THAN I WAS SUPPOSED TO BE
25 AND EVERYTHING. HE RECOMMENDED ME TO STOP SMOKING. I

1 CAN'T REMEMBER EXACTLY WHAT INHALER HE PUT ME ON, AND
2 I'M NOT SURE IF HE PUT ME ON PREDNISONE THEN OR NOT. I
3 THINK HE DID PUT ME ON A Z-PACK. I'M NOT SURE.

4 Q. SO YOU WERE ALREADY ON AN INHALER FROM DR. MARTIN'S
5 OFFICE, BUT YOU THINK HE GAVE YOU ANOTHER ONE?

6 A. HE CHANGED IT.

7 Q. ABOUT HOW MANY TIMES HAVE YOU SEEN DR. HAND FOR
8 TREATMENT? I MEAN, JUST A FEW TIMES OR DO YOU SEE HIM
9 EVERY MONTH OR WHAT?

10 A. IT TOOK ME LIKE SIX MONTHS TO GET MY FIRST APPOINTMENT,
11 SO THIS WILL BE -- I'VE GOT AN APPOINTMENT ON THE FIRST
12 OF NEXT MONTH WITH HIM FOR CHEST X-RAYS. SO THAT WILL
13 BE ABOUT THE FOURTH TIME, FIFTH TIME I'VE SEEN HIM.

14 Q. OTHER THAN GIVE YOU THE BREATHING TESTS AND GIVE YOU
15 THOSE PRESCRIPTIONS HAS HE DONE ANYTHING ELSE TO TREAT
16 YOUR CONDITION?

17 A. NO. CAT SCANS AND CHEST X-RAYS.

18 Q. HAS HE DIAGNOSED YOUR CONDITION?

19 A. C.O.P.D.

20 Q. HAS HE TOLD YOU WHAT CAUSED YOUR C.O.P.D.?

21 A. NO.

22 Q. HAVE YOU HAD ANY CONVERSATIONS WITH HIM ABOUT WHAT MAY
23 HAVE CAUSED OR CONTRIBUTED TO YOUR C.O.P.D.?

24 A. YES, I HAD A CONVERSATION WITH HIM.

25 Q. DID HE ASK YOU TO PROVIDE HIM WITH A HISTORY OF THINGS

1 THAT YOU'VE BEEN EXPOSED TO THAT MIGHT AFFECT YOUR
2 BREATHING?

3 A. SINCE I'VE GOTTEN SICK, YEAH, I'VE TOLD HIM SEVERAL
4 THINGS THAT I'VE BEEN EXPOSED TO.

5 Q. WHAT ARE THOSE THINGS THAT YOU SHARED WITH DR. HAND?

6 A. ONE WOULD BE THE REACTOBOND.

7 Q. WHAT ELSE DID YOU TELL HIM ABOUT?

8 A. THE HYDRAULIC FLUIDS, THE AW-68.

9 Q. LET'S TAKE THESE ONE AT A TIME. WHERE DID YOU COME
10 INTO CONTACT WITH HYDRAULIC FLUIDS?

11 A. DAILY, ON EVERY MACHINE.

12 Q. WAS THIS JUST YOUR JOB WITH GOODMAN OR WAS IT ALL OF
13 THE JOBS YOU'VE HAD?

14 A. JUST GOODMAN. THAT WAS A PART OF MY JOB, TO STOP ALL
15 THE HYDRAULIC LEAKS.

16 Q. WHY DO YOU THINK THAT HYDRAULIC FLUIDS HAVE ANY IMPACT
17 ON YOUR C.O.P.D.?

18 A. AFTER I FIGURED OUT IT WAS -- COULD BE SOMETHING LIKE
19 THAT I LOOKED ON THE M.S.D.S., AND THEY ARE LUNG
20 IRRITANTS, EITHER INHALATION OR ABSORPTION.

21 Q. THEN YOU ALSO MENTIONED ANOTHER -- IT SOUNDED LIKE A
22 CHEMICAL NAME?

23 A. XYLENE IN THE PAINT. THERE'S LIKE THREE OR FOUR
24 DIFFERENT HYDRAULIC FLUIDS WE USED. ONE'S A 110. I
25 DON'T KNOW IF IT WAS MADE BY MOBIL. ONE'S A 220, THE

1 AW-68. JUST ALL KINDS OF GOOD STUFF.

2 Q. AND I WANT TO MAKE SURE I UNDERSTAND ALL OF THE
3 CHEMICALS OR SUBSTANCES THAT YOU CAME INTO CONTACT WITH
4 THAT YOU THINK HAVE SOMETHING TO DO WITH YOUR
5 CONDITION. YOU'VE MENTIONED REACTOBOND. YOU'VE
6 MENTIONED THREE DIFFERENT HYDRAULIC FLUIDS, AND YOU'VE
7 MENTIONED XYLENE IN THE PAINT. IS THERE ANYTHING ELSE
8 THAT YOU CAME INTO CONTACT WITH THAT YOU THINK---

9 A. WE'VE HAD TO PATCH HOLES IN THE FLOOR USING AN EPOXY, A
10 TWO-PART EPOXY.

11 Q. ANYTHING ELSE?

12 A. WELL, YOU GOT 40 WELDERS GOING AT ONE TIME WELDING
13 EVERYTHING FROM STAINLESS AND THIS, THAT, AND THE
14 OTHER, AND THE VENTILATION'S NOT THAT GREAT IN THERE.
15 SO THAT PLACE IS PRETTY SMOKEY AT ALL TIMES.

16 Q. IS THERE ANYTHING ELSE YOU THINK MIGHT HAVE CAUSED OR
17 AGGRAVATED YOUR C.O.P.D.?

18 A. WELL, UP IN THE CEILING -- IT'S AN OLD BUILDING. I
19 DONE FORGOT WHEN IT WAS -- EARLY 70S, I THINK, LATE 60S
20 AND EVERYTHING. I HAD TO GET UP AND CHANGE THE BELTS
21 ON THE EXHAUST FANS, STUFF LIKE THAT. SO THERE'S DUST
22 THIS -- THIS THICK. I MEAN, LIKE I SAY, I WASN'T GIVEN
23 A RESPIRATOR. SO BASICALLY ALL I USED WAS JUST A
24 LITTLE THIN DUST MASK.

25 Q. YOU SAID THAT THERE WERE RESPIRATORS. IS THAT RIGHT?

- 1 A. I PROVIDED MY OWN.
- 2 Q. WERE THERE ANY RESPIRATORS MADE AVAILABLE TO YOU?
- 3 A. I REQUESTED.
- 4 Q. WHO DID YOU REQUEST IT FROM?
- 5 A. THE PLANT ENGINEER, KEAVIN RAMEY. THEY LOOKED IT UP
- 6 FOR -- FOR ME. THEY LOOKED IT UP, AND IT WAS LIKE 300-
- 7 SOMETHING DOLLARS BECAUSE YOU HAVE TO BE FITTED FOR IT
- 8 AND EVERYTHING, AND HE PUT IN FOR IT AND THE P.O. WAS
- 9 NEVER SIGNED OFF. SO I NEVER RECEIVED IT. MINE IS
- 10 JUST GOOD FOR DUST AND STUFF LIKE THAT, MY CARTRIDGES.
- 11 YOU HAVE TO HAVE A SPECIAL CARTRIDGE FOR EACH CHEMICAL.
- 12 Q. WERE YOU EVER FITTED FOR A CARTRIDGE MASK?
- 13 A. NO.
- 14 Q. ARE YOU SURE ABOUT THAT?
- 15 A. I'M POSITIVE.
- 16 Q. ABOUT WHEN WAS IT WHEN YOU ASKED KEAVIN FOR A
- 17 RESPIRATOR? AND I UNDERSTAND IF YOU DON'T REMEMBER THE
- 18 MONTH AND YEAR, BUT MAYBE IF YOU REMEMBER IT WAS THREE
- 19 MONTHS AFTER YOU STARTED OR A YEAR AFTER YOU STARTED.
- 20 A. IT WAS I'M GOING TO SAY PROBABLY -- PROBABLY ABOUT A
- 21 YEAR AFTER I STARTED.
- 22 Q. YOU MENTIONED THAT YOU WERE ABLE TO USE A DUST MASK.
- 23 WAS THERE ANY OTHER PROTECTIVE EQUIPMENT OR SAFETY
- 24 EQUIPMENT PROVIDED OTHER THAN THE DUST MASK?
- 25 A. NONE.

1 Q. WERE THERE OTHER MAINTENANCE WORKERS?

2 A. GEORGE KEECH IS, HE'S THE ALL-PURPOSE MAINTENANCE MAN.
3 HE'S LIKE MY BOSSMAN. KEAVIN'S HIS BOSSMAN. AND THEN
4 WE GOT ONE GUY WHO'S JUST BASICALLY A ELECTRICIAN.

5 Q. DID THOSE GUYS EVER WEAR RESPIRATORS OR CARTRIDGE
6 MASKS?

7 A. NOT THAT I KNOW OF.

8 Q. DO YOU KNOW OF ANYONE WHO WORE RESPIRATORS OR CARTRIDGE
9 MASKS?

10 A. WELL, ONCE I FOUND OUT THAT MINE DIDN'T WORK ON THEM
11 CHEMICALS I GAVE MY MASK TO THE GUY THAT WAS RUNNING
12 THAT PARTICULAR MACHINE, THE ENDOMATIC I WAS TALKING
13 ABOUT WITH THE REACTOBOND, JUST AS A PRECAUTION. I
14 SAID, I DON'T KNOW IF IT WILL HELP OR NOT, BUT IT AIN'T
15 HELPING ME. SO I GAVE IT TO HIM.

16 Q. AND THAT MASK THAT YOU'RE TALKING ABOUT THAT YOU GAVE
17 AWAY WAS JUST A REGULAR DUST MASK?

18 A. NO, IT WAS A RESPIRATOR, BUT THE CARTRIDGES WERE MADE
19 FOR LIGHT STUFF, YOU KNOW. IT AIN'T MADE FOR REAL
20 INTENSE CHEMICALS.

21 Q. HOW LONG DID YOU WEAR THE RESPIRATOR? DID YOU WEAR IT
22 EVERY DAY?

23 A. ONLY WHEN I GOT AROUND CERTAIN -- THAT CERTAIN CHEMICAL
24 IS THE MAIN ONE, AND I WAS INSTRUCTED BY KEAVIN RAMEY
25 AFTER ABOUT THE THIRD -- ABOUT THE SECOND OR THIRD

1 EPISODE I HAD WITH THIS TO AVOID IT, STAY AWAY FROM IT.

2 Q. TO STAY AWAY FROM WHAT?

3 A. THE REACTOBOND. SEEING AS HOW I DIDN'T GET THE P.O.
4 FOR THE MASK I REQUESTED HE TOLD ME JUST TO STAY AWAY
5 FROM IT.

6 Q. WERE YOU ABLE TO WORK AND STAY AWAY FROM REACTOBOND?

7 A. I HAD TO WORK RIGHT NEXT TO IT. IT'S GOT A HALF-
8 HORSEPOWER MOTOR ON THE EXHAUST FAN AND A BIG BOX FAN
9 IN FRONT OF IT. SO IT ALL IS OBSOLETE. SO BASICALLY
10 IT'S BLOWING IT OUT ANYWAY UNLESS THEY'VE CHANGED IT
11 SINCE I LEFT.

12 Q. HOW OFTEN WERE YOU EXPOSED TO OR IN CONTACT WITH THE
13 REACTOBOND?

14 A. I KNOW HEAVILY ON THREE, THREE SEPARATE OCCASIONS.

15 Q. AND FOR HOW LONG?

16 A. APPROXIMATELY IT TOOK ME I'M GOING TO SAY AN HOUR TO
17 REMOVE THE DIRECTIONAL VALVE, MAYBE ANOTHER HOUR, HOUR
18 AND A HALF TO REINSTALL IT AFTER I REBUILT IT. I HAD
19 TO WELD UP THE CATCH TANK. IT ATE A HOLE IN THE
20 STAINLESS STEEL CATCH TANK. SO I HAD TO TAKE IT, DUMP
21 IT OUT, CLEAN THE TANK OUT, WELD IT UP, PUT THE TANK
22 BACK IN. SO IT WAS THREE SEPARATE OCCASIONS I KNOW OF.

23 Q. SO WHAT WOULD BE THE TOTAL AMOUNT OF TIME THAT YOU
24 WOULD HAVE REACTOBOND ON SOME PART OF YOUR BODY?

25 A. OH, IT WOULD BE ON THERE. ONCE IT'S ON THERE IT'S ON

1 YOU. IT'S IN -- IT ABSORBS. I'D HAVE TO WEAR THE SAME
2 CLOTHES. YOU KNOW WHAT I'M SAYING? SO ALL DAY LONG
3 IT'S SATURATED INTO MY CLOTHING.

4 Q. DOES IT WASH OFF?

5 A. IT TAKES EFFORT, YEAH, BUT IT WILL WASH OFF.

6 Q. OTHER THAN THOSE THREE OCCASIONS WHERE YOU HAD TO WORK
7 --

8 A. DIRECTLY.

9 Q. -- DIRECTLY WITH IT WERE THERE ANY OTHER TIMES THAT YOU
10 WERE EXPOSED TO IT?

11 A. NO, JUST BY WALKING AROUND. THE MACHINE ARE SO CLOSE
12 TOGETHER, I MEAN, I'D BE IN THE AREA, BUT NOT...

13 Q. WELL, DID YOU EVER HAVE PROBLEMS WITH BREATHING AND
14 THINGS LIKE THAT WHEN YOU WERE JUST IN THE AREA AROUND
15 IT?

16 A. AFTER THE FIRST ONE I'VE HAD PROBLEMS BREATHING,
17 PERIOD. SOME DAYS ARE BETTER THAN OTHERS, BUT NOW IF I
18 GET TOO HOT MY BREATHING GETS WORSE. IF I GET UPSET MY
19 BREATHING GETS WORSE.

20 Q. HOW MANY TIMES WERE YOU EXPOSED TO HYDRAULIC FLUIDS?

21 A. FROM DAY ONE.

22 Q. DID IT HAPPEN EVERY DAY?

23 A. EVERY DAY.

24 Q. WHEN YOU WOULD GET HYDRAULIC FLUID ON YOUR SKIN WOULD
25 YOU GO WASH IT OFF OR DID YOU JUST KIND OF WORK WITH IT

1 ON YOUR SKIN?

2 A. I BASICALLY HAD TO WORK THROUGH IT. THEY WANT
3 EVERYTHING ONLINE AS QUICKLY AS POSSIBLE. YOU KNOW,
4 THEY DON'T WANT NO MACHINERY DOWN. SO I STAY RIGHT
5 THERE WITH IT UNTIL I'M DONE, WHETHER IT TOOK FIVE
6 MINUTES OR FIVE HOURS.

7 Q. SO YOU WOULD GET HYDRAULIC FLUID ON YOUR BODY EVERY
8 DAY?

9 A. EVERY DAY.

10 Q. AND IT WOULD STAY ON THERE MOST OF THE DAY?

11 A. (WITNESS NODS HEAD).

12 Q. IS THAT A YES?

13 A. YES. EXCUSE ME.

14 Q. THAT'S FINE. WHAT ABOUT XYLENE? HOW OFTEN WOULD YOU
15 COME INTO CONTACT WITH THAT?

16 A. I'M GOING TO SAY AT LEAST ONCE A MONTH.

17 Q. AND HOW WOULD YOU COME INTO CONTACT WITH XYLENE?

18 A. THEY HAVE PUMPS TO PUMP THE XYLENE INTO THE PAINT AND
19 THIN IT OUT. THE PUMPS WOULD GET CLOGGED UP IF THEY
20 DIDN'T FLUSH THEM OUT AND EVERYTHING. SO I'D HAVE TO
21 REBUILD THE PUMPS, TAKE IT APART. SO THE PAINT -- YOU
22 GET THE PAINT AND THE XYLENE.

23 Q. DID YOU WEAR GLOVES WHEN YOU DID THIS KIND OF STUFF?

24 A. LATEX. IT EATS RIGHT THROUGH IT.

25 Q. SO YOU WOULD ACTUALLY GET THE PAINT AND THE XYLENE

1 EATING THROUGH THE GLOVES ONTO YOUR SKIN?

2 A. YES.

3 Q. HOW OFTEN WOULD THAT HAPPEN? WAS THAT ONCE A MONTH?

4 A. AT LEAST ONCE A MONTH THAT PUMP WOULD GO DOWN. WE

5 FINALLY GOT A NEW ONE.

6 Q. WHAT ABOUT THE EPOXY THAT WAS USED TO PATCH HOLES IN

7 THE FLOOR? HOW OFTEN WOULD YOU BE EXPOSED TO THAT?

8 A. I'M GOING TO SAY MAYBE THREE OR FOUR TIMES THE WHOLE

9 TIME I WAS THERE. WE JUST PERIODICALLY WOULD FILL IN

10 ONE WHEN WE HAD A CHANCE IF WE WASN'T GOING TO BE IN

11 EVERYBODY'S WAY.

12 Q. THOSE THREE OR FOUR TIMES THAT YOU WERE EXPOSED TO

13 EPOXY, DID THOSE EXPOSURES CAUSE YOUR BREATHING TO GET

14 WORSE?

15 A. JUST IN THE MIXING PROCESS.

16 Q. SO IT DID MAKE YOUR BREATHING WORSE DURING THE MIXING

17 PROCESS?

18 A. YEAH. IT'S A TWO-PART.

19 Q. HOW DID IT MAKE YOUR PROBLEM WORSE?

20 A. JUST THE INHALATION OF THE LIQUID PART OF IT AND

21 EVERYTHING. WE'D TAKE A DRILL AND A MIXER AND MIX IT

22 IN A FIVE-GALLON BUCKET. IT WOULD TAKE YOUR BREATH

23 AWAY. IT WAS PRETTY -- PRETTY STRONG.

24 Q. AND AFTER A WHILE WOULD YOUR BREATHING GO BACK TO

25 NORMAL FOR YOU?

- 1 A. (WITNESS GESTURES).
- 2 Q. YOU'D HAVE TO USE AN INHALER?
- 3 A. INHALER.
- 4 Q. DID YOU EVER USE OTHER PEOPLE'S INHALERS?
- 5 A. NO.
- 6 Q. DID YOU EVER TALK TO KEAVIN OR GEORGE OR ANYBODY AT
- 7 WORK ABOUT USING OTHER PEOPLE'S INHALERS?
- 8 A. NO.
- 9 Q. HOW LONG DOES A PRESCRIPTION LAST FOR? WHAT'S YOUR
- 10 NORMAL INHALER PRESCRIPTION?
- 11 A. SOME OF THEM ARE 120 PUFFS. SOME OF THEM ARE JUST 60.
- 12 SOME OF THEM HAVE COUNTERS ON THEM, CLICK DOWN AND
- 13 EVERYTHING. SOME OF THEM DON'T. APPARENTLY I WAS
- 14 HAVING TO USE MINE SO OFTEN THAT I WOULD RUN OUT OF MY
- 15 PRESCRIPTION BEFORE IT WAS TIME. SO I BASICALLY
- 16 SUFFERED FOR---
- 17 Q. WHAT WOULD YOU DO WHEN YOU RAN OUT OF YOUR
- 18 PRESCRIPTION?
- 19 A. SUFFER. STICK MY HEAD IN THE FREEZER.
- 20 Q. DID YOU EVER GO BACK TO YOUR DOCTOR AND LET HIM KNOW
- 21 THAT YOU WOULD RUN OUT AND THAT YOU NEEDED MORE?
- 22 A. I WASN'T SUPPOSED TO RUN OUT. SO I WAS -- I WAS TOLD,
- 23 YOU KNOW, DON'T OVERUSE IT, IF POSSIBLE. SO, I MEAN,
- 24 BUT IT WAS EITHER USE IT OR NOT BREATHE.
- 25 Q. SO WHEN YOU RAN OUT YOU NEVER USED OTHER PEOPLE'S

1 INHALERS?

2 A. NO. NOBODY ELSE I KNOW HAS GOT ONE.

3 Q. ALL RIGHT.

4 A. IF I RAN OUT OF MY INHALER I'D WAIT TILL I GET HOME AND
5 I'D GET ON MY NEBULIZER. IT'S JUST ALBUTEROL SULFATE.

6 Q. LET'S GO BACK TO THIS INCIDENT OR ACCIDENT YOU
7 DESCRIBED BACK ON SEPTEMBER 8, 2008. WHEN YOU WERE
8 COVERED IN THE REACTOBOND DID YOU LET ANYBODY AT WORK
9 KNOW WHAT HAD HAPPENED?

10 A. OH, YEAH. I MEAN, THEY KNEW WHAT I WAS WORKING ON.
11 THERE'S ONLY TWO PEOPLE.

12 Q. OH, I UNDERSTAND THAT THEY MIGHT HAVE KNOWN WHAT JOB
13 YOU WERE DOING, BUT AFTER THIS HAPPENED TO YOU WHEN YOU
14 CAME INTO CONTACT WITH A LOT OF REACTOBOND DID YOU GO
15 LET YOUR SUPERVISOR OR ANYBODY KNOW THAT YOU HAD GOTTEN
16 THIS STUFF ALL OVER YOU?

17 A. I DIDN'T KNOW IT WAS A HEALTH HAZARD AT THE TIME.

18 Q. BUT YOU NEED TO ANSWER MY QUESTION FIRST.

19 A. OKAY.

20 Q. DID YOU EVER---

21 A. NO.

22 Q. OKAY. AND YOU WERE SAYING YOU DIDN'T BECAUSE YOU
23 DIDN'T KNOW IT WAS A HEALTH HAZARD AT THE TIME?

24 A. THAT'S CORRECT.

25 Q. DID YOU EVER NOT WORK BECAUSE OF YOUR BREATHING

1 PROBLEMS OR C.O.P.D.?

2 A. YEAH.

3 Q. HOW MANY TIMES DID THAT HAPPEN WHERE YOU DIDN'T WORK?

4 A. I COULDN'T ACCURATELY TELL YOU. HUMAN RESOURCE COULD
5 TELL YOU HOW MANY DAYS I WAS OUT SICK, SICK-WISE.

6 Q. WAS IT PRETTY COMMON THAT YOU WEREN'T ABLE TO WORK?

7 A. IT GOT ON PRETTY MUCH A REGULAR BASIS. I'D BE OUT FOR
8 A DAY HERE, TWO DAYS HERE.

9 Q. AFTER SEPTEMBER 8, 2008 WHEN DID YOU START MISSING TIME
10 FROM WORK BECAUSE OF BREATHING?

11 A. I THINK MAYBE IT WAS THE FOLLOWING MONTH.

12 Q. AND WHEN YOU WERE FIRST MISSING TIME HOW OFTEN PER
13 MONTH? WAS IT ONCE A MONTH, THREE TIMES A MONTH?

14 A. PROBABLY ONCE A MONTH.

15 Q. AND BY THE END OF YOUR EMPLOYMENT THERE HOW MANY DAYS
16 PER MONTH WERE YOU MISSING?

17 A. LET'S SEE. I MISSED A GOOD MANY. I CAN'T REMEMBER
18 EXACTLY WHAT THEIR POINT SYSTEM IS, BUT I WAS STARTING
19 TO WORK SICK JUST TO GET MY POINTS BACK TO KEEP FROM
20 GETTING FIRED. IF YOU MISS SO MANY DAYS YOU GET LAID
21 OFF. SO I WAS TRYING TO GET SOME POINTS BACK BECAUSE I
22 KNEW I'D HAVE MORE DOCTORS APPOINTMENTS.

23 Q. WERE YOU EVER MISSING THREE OR FOUR DAYS A MONTH
24 BECAUSE OF THIS?

25 A. YES.

1 Q. DID IT EVER GET THAT BAD?
2 A. YES. I'D GET THEM TO SIGN ME OFF FOR THREE DAYS.
3 Q. AND THEN YOU STARTED WORKING SICK SO YOU WOULDN'T GET
4 FIRED?
5 A. YES.
6 Q. WERE YOU EVER FIRED?
7 A. I WAS MOVED FROM MAINTENANCE TO SAFETY.
8 Q. WHO DID THAT?
9 A. KEAVIN RAMEY.
10 Q. WHY WERE YOU MOVED FROM MAINTENANCE TO SAFETY?
11 A. I HAVE NO CLUE.
12 Q. DID KEAVIN GIVE YOU A REASON FOR WHY YOU WERE MOVED?
13 A. NO, HE DID NOT.
14 Q. WHEN DID THAT HAPPEN?
15 A. ABOUT SIX MONTHS BEFORE I GOT LAID OFF.
16 Q. WHAT DID YOU DO IN YOUR SAFETY JOB?
17 A. BUILD GUARDS FOR MACHINES THAT DIDN'T HAVE GUARDS ON
18 THEM, GUARD RAILS, PAINT THE GUARD RAILS, WELD THE
19 GUARD RAILS, CLEAN UP OIL SPILLS.
20 Q. WAS THERE ANYTHING ABOUT THAT JOB THAT MADE YOUR
21 BREATHING OR C.O.P.D. WORSE?
22 A. WELL, IT WAS BASICALLY DOING THE SAME THING. EACH ONE
23 OF THE PRESSES HAS A CATCH PAN UNDER IT BECAUSE THEY
24 LEAK SO BAD. PERIODICALLY YOU'D HAVE TO GO AND TAKE A
25 55-GALLON DRUM THAT'S GOT A VACUUM ON IT AND VACUUM ALL

- 1 THIS HYDRAULIC FLUID UP AND THEN TRANSFER IT TO A TANK
2 WHICH IS OUT BACK WHICH IS WASTE DISPOSAL.
- 3 Q. SO DID YOUR BREATHING CONDITION GET BETTER, WORSE, OR
4 STAY THE SAME WHEN YOU WORKED ON SAFETY?
- 5 A. THE SAME.
- 6 Q. WHEN WERE YOU LAID OFF?
- 7 A. APPROXIMATELY EIGHT MONTHS AGO.
- 8 Q. WHAT REASON WERE YOU GIVEN FOR BEING LAID OFF?
- 9 A. LACK OF WORK.
- 10 Q. DO YOU BELIEVE THAT WAS TRUE?
- 11 A. NO.
- 12 Q. WHY NOT?
- 13 A. BECAUSE THERE'S PLENTY OF STUFF FOR ME TO DO.
14 EVERYTHING IN THERE LEAKS. I MEAN, I COULD SPEND A
15 YEAR ALONE JUST TRACKING DOWN HYDRAULIC LEAKS.
- 16 Q. WHO TALKED TO YOU ABOUT YOUR BEING LAID OFF AND THE
17 REASON FOR BEING LAID OFF?
- 18 A. KEAVIN RAMEY.
- 19 Q. DID ANYONE ELSE TALK TO YOU?
- 20 A. NO. NORMALLY IT'S DONE BY THE PLANT MANAGER, MR.
21 STUPPERFIELD, BUT HE LET KEAVIN BREAK IT TO ME.
- 22 Q. DID YOU EVER HAVE ANY PROBLEMS OR ISSUES WITH KEAVIN
23 WHEN Y'ALL WORKED TOGETHER?
- 24 A. NO.
- 25 Q. HOW ABOUT NOW?

1 A. NO, I DON'T HAVE ANY PROBLEMS WITH KEAVIN.

2 Q. I WANT TO MAKE SURE THAT I KNOW ALL THE DOCTORS WHO
3 HAVE EVER TREATED YOU FOR BREATHING PROBLEMS OR
4 COUGHING OR ANYTHING RELATED TO YOUR LUNGS AND
5 BREATHING.

6 A. DR. MARTIN AND DR. HAND.

7 Q. HAVE YOU SEEN ANY OTHER DOCTORS OR BEEN TO ANY OTHER
8 FACILITIES?

9 A. JUST THE EMERGENCY ROOMS, AND I COULDN'T GIVE YOU THE
10 DOCTORS' NAMES.

11 Q. THAT'S FINE. AS FAR AS THOSE EMERGENCY ROOMS, YOU WENT
12 TO GREENWOOD BACK WHEN THIS HAPPENED IN '08. HAVE YOU
13 BEEN TO ANY OTHER EMERGENCY ROOMS?

14 A. I'M PRETTY SURE IT WAS ANDERSON MEMORIAL, I BELIEVE.

15 Q. ANMED?

16 A. YES.

17 Q. SO YOU'VE BEEN TO BOTH THE ANMED E.R. AND DR. HAND AT
18 ANMED?

19 A. (WITNESS NODS HEAD), AND URGENT CARE, THAT GREENWOOD
20 URGENT CARE OR WHATEVER IT'S CALLED.

21 Q. NOW, IS GREENWOOD URGENT CARE SEPARATE FROM GREENWOOD
22 EMERGENCY ROOM, OR IS THAT THE SAME THING?

23 A. I THINK IT'S THE SAME. I'M NOT SURE.

24 Q. HAVE YOU BEEN TO ANY OTHER DOCTOR OR FACILITY FOR
25 BREATHING PROBLEMS?

- 1 A. I TRIED A EXPERIMENTAL. WHAT WAS THE NAME OF IT?
2 PHARMACEUTICAL RESEARCH CENTER. IT'S HERE IN
3 GREENVILLE.
- 4 Q. WHERE IS THAT?
- 5 A. I DON'T KNOW EXACTLY THE NAME OF THE ROAD IT'S LOCATED
6 AT. YOU'RE BASICALLY A GUINEA PIG. THEY'RE TRYING TO
7 -- IT'S A C.O.P.D. TEST, AND THEY GIVE YOU AN INHALER.
8 IT MAY BE A PLACEBO OR IT COULD BE ONE OF THEIR TEST
9 DRUGS. YOU NEVER KNOW.
- 10 Q. HOW DID YOU LEARN ABOUT THIS?
- 11 A. A FRIEND OF MINE. SHE WAS GOING THROUGH IT.
- 12 Q. DID IT HELP YOU?
- 13 A. NO. I DID THE INHALER TWICE, AND IT MADE IT WORSE. SO
14 I DIDN'T GO BACK. I HAD TO RETURN THEIR MEDICINE
15 BECAUSE IT BELONGS TO A PHARMACEUTICAL COMPANY, NOT THE
16 PEOPLE DOING THE RESEARCH. SO I RETURNED THEIR --
17 THEIR MEDICINE.
- 18 Q. WHERE IS THAT PLACE?
- 19 A. I COULDN'T TELL YOU THE NAME OF THE ROAD. IT'S
20 PHARMACEUTICAL RESEARCH CENTER.
- 21 Q. THAT'S THE NAME OF IT?
- 22 A. MM-HMM.
- 23 Q. WHAT'S IT LOCATED NEAR?
- 24 A. OH, LORD: I COULDN'T -- I DON'T KNOW MUCH ABOUT
25 GREENVILLE. THERE'S TWO BUILDINGS RIGHT THERE. ONE'S

1 A PAIN CENTER AND THEN THIS IS THE -- IT'S JUST LIKE A
2 LITTLE -- IT'S OFF A SIDE ROAD. I CAN'T THINK.

3 MS. SHOOK:

4 OFF THE RECORD.

5 (OFF THE RECORD; 3:03 -- 3:04 P.M.)

6 EXAMINATION RESUMED BY MR. ALLISON:

7 Q. MR. COLE, WE'RE ALMOST FINISHED. OKAY?

8 A. OKAY.

9 Q. ARE THERE ANY OTHER MEDICAL FACILITIES OR DOCTORS THAT
10 YOU'VE SEEN FOR YOUR BREATHING PROBLEMS?

11 A. NO.

12 Q. ARE YOU CURRENTLY ON ANY MEDICATIONS OR TREATMENTS FOR
13 BREATHING PROBLEMS?

14 A. MY LAST VISIT TO DR. HAND, SINCE I DON'T HAVE INSURANCE
15 HE GAVE ME SOME SAMPLES OF PRO-AIR. IT'S A INHALER.
16 AND PUT ME BACK ON PREDNISONE.

17 Q. WHAT DOES THE PREDNISONE DO?

18 A. PREDNISONE IS A STEROID.

19 Q. BUT WHAT DOES IT DO TO HELP YOUR CONDITION?

20 A. IT'S SUPPOSED TO BUILD UP; I GUESS, YOUR TISSUES IN
21 YOUR LUNGS AND HELP IT. I DON'T KNOW EXACTLY WHAT IT
22 DOES. IT'S A STEP THING. YOU TAKE FOUR FOR FOUR DAYS,
23 THREE FOR FOUR DAYS, TWO FOR FOUR DAYS, AND ONE FOR
24 FOUR DAYS, AND THEN YOU GET OFF OF IT.

25 Q. SO YOU'RE CURRENTLY USING INHALER SAMPLES?

1 A. YES.

2 Q. HAS ANY DOCTOR EVER TOLD YOU THAT YOU CAN'T WORK
3 BECAUSE OF YOUR C.O.P.D.?

4 A. I'VE BEEN TOLD THAT I NEED TO CHANGE MY PROFESSION.

5 Q. WHO TOLD YOU THAT?

6 A. SEVERAL DOCTORS. DR. HAND FOR ONE ASKED ME IF I EVER
7 THOUGHT ABOUT CHANGING OCCUPATIONS.

8 Q. BUT HAS HE EVER FORMALLY GIVEN YOU ANY RESTRICTIONS
9 SAYING, LIKE GIVING YOU A NOTE SAYING YOU CAN'T BE
10 AROUND SMOKE OR DUST OR ANYTHING LIKE THAT?

11 A. NO.

12 Q. WHO PAID FOR ALL THIS TREATMENT?

13 A. IT'S STILL IN THE WORKS. WELL, MY INSURANCE WAS
14 COVERING UNTIL I GOT LAID OFF. SO UP UNTIL I GOT LAID
15 OFF. BILLS ARE JUST ADDING UP NOW.

16 Q. WHY WERE YOU PUTTING THIS ON YOUR PRIVATE OR YOUR
17 PERSONAL HEALTH INSURANCE IF YOU FELT LIKE IT WAS
18 RELATED TO THAT EXPOSURE YOU HAD WITH REACTOBOND ON THE
19 JOB?

20 A. I WANTED TO MAKE -- I THINK THAT'S WHAT I WAS WAITING
21 ON, DR. HAND TO VERIFY THAT THAT'S WHAT IT COULD BE. I
22 MEAN, I'M NOT A DOCTOR. I DON'T -- YOU KNOW, I WAS
23 WAITING ON HIM TO TELL ME YES, IT COULD BE OR IT COULD
24 BE SOMETHING ELSE.

25 Q. WELL, DID YOU HAVE ANY DOUBT IN YOUR MIND --

- 1 A. I DIDN'T.
- 2 Q. -- THAT YOUR PROBLEMS ARE BECAUSE OF EXPOSURE TO
- 3 REACTOBOND?
- 4 A. NO.
- 5 Q. WELL, IF YOU DIDN'T HAVE ANY DOUBT -- I UNDERSTAND
- 6 YOU'RE NOT A DOCTOR, BUT IF YOU PERSONALLY DIDN'T HAVE
- 7 ANY DOUBT WHY DIDN'T YOU PUT IT ON WORKERS' COMP? WHY
- 8 DIDN'T YOU ASK FOR YOUR EMPLOYER TO PAY FOR IT INSTEAD
- 9 OF YOUR PERSONAL INSURANCE?
- 10 A. BASICALLY THIS IS WHEN I WAS GOING THROUGH THE V.A.
- 11 SINCE I GOT MY DISCHARGE I'M NOT ALLOWED ANY MEDICAL
- 12 THROUGH THE V.A., SO I SENT IN FOR IT TO SEE IF I COULD
- 13 GET THEM TO HELP ME OUT ON THAT AND EVERYTHING. I
- 14 STILL HAVEN'T HEARD FROM THEM EITHER. THEN I GOT
- 15 BUMPED TO THE OTHER JOB AND I GOT LAID OFF. SO, I
- 16 MEAN, IT'S JUST I HAD TO USE THE PROCESS OF ELIMINATION
- 17 OF THINGS IT COULD BE.
- 18 Q. WHEN DID YOU APPLY FOR V.A. BENEFITS?
- 19 A. IT'S BEEN ABOUT THREE MONTHS AGO, I GUESS.
- 20 Q. DID YOU SAY YOU HAVEN'T HEARD BACK OR IT WAS DENIED?
- 21 A. I GOT A LETTER IN THE CAR THAT IT'S STILL PENDING ON
- 22 WHETHER I CAN RECEIVE ANY TYPE OF MEDICAL HELP BECAUSE
- 23 OF MY DISCHARGE. BASICALLY I'D HAVE TO GET MY
- 24 DISCHARGE UPGRADED TO A GENERAL, BUT...
- 25 Q. ALL RIGHT. I'M GOING TO ASK YOU THIS AGAIN, AND IT'S

1 NOT BECAUSE I'M TRYING TO BE DIFFICULT, BUT I WANT TO
2 MAKE SURE THAT YOU'RE ANSWERING THE QUESTION. YOU
3 TESTIFIED THAT YOU DIDN'T HAVE ANY DOUBT THAT THE
4 BREATHING PROBLEMS THAT STARTED IN SEPTEMBER OF '08
5 WERE BECAUSE OF YOUR EXPOSURE TO REACTOBOND, AND MY
6 QUESTION IS, SINCE YOU DIDN'T HAVE ANY DOUBT THAT
7 THAT'S WHAT WAS CAUSING IT WHY DID YOU PAY FOR THIS
8 WITH HEALTH INSURANCE INSTEAD OF WORKERS' COMP
9 INSURANCE?

10 A. TO BE HONEST WITH YOU, I DIDN'T KNOW HOW TO GO ABOUT
11 THAT AT ALL ANYWAY.

12 Q. YOU DIDN'T KNOW HOW TO GO ABOUT GETTING WORKERS' COMP
13 COVERAGE?

14 A. THE WORKMAN'S COMP, YES.

15 Q. WELL, DID YOU EVER TELL KEAVIN OR ANY OF YOUR EMPLOYERS
16 THAT YOU NEEDED TO GET TREATMENT BECAUSE OF AN EXPOSURE
17 YOU HAD ON THE JOB?

18 A. I JUST FIGURED REGULAR INSURANCE. I MEAN, THAT'S WHAT
19 IT'S FOR. I MEAN, I THOUGHT I'D GET BETTER SEEING DR.
20 HAND, HE'D FIGURE IT OUT AND MAKE ME ALL BETTER AND
21 EVERYTHING WOULD BE OKEY-DOKEY.

22 Q. DO YOU HAVE UNPAID MEDICAL BILLS?

23 A. YES.

24 Q. WHAT IS THE AMOUNT OF YOUR UNPAID BILLS?

25 A. I'D HAVE TO GET THEM ALL TOGETHER, BUT A ROUGH ESTIMATE

1 WOULD BE AROUND \$10,000 RIGHT NOW UP UNTIL I GO FOR
2 CHEST X-RAYS NEXT MONTH AND SHOOT IT ON UP A LITTLE
3 MORE.

4 Q. HAVE YOU APPLIED FOR ANY JOBS SINCE YOU WERE LAID OFF?

5 A. HAVE TO TO DRAW UNEMPLOYMENT.

6 Q. HOW LONG HAVE YOU BEEN DRAWING UNEMPLOYMENT?

7 A. SINCE I GOT LAID OFF.

8 Q. WHEN YOU APPLIED FOR---

9 A. ROUGHLY TWO WEEKS AFTER BEFORE I RECEIVED IT.

10 Q. WHEN YOU APPLIED FOR UNEMPLOYMENT BENEFITS AND YOU
11 FILLED OUT THE APPLICATION DID YOU INDICATE THAT YOU
12 WERE ABLE TO WORK ON THE APPLICATION?

13 A. (WITNESS NODS HEAD), BUT I ALSO PUT RESTRICTIONS WHERE
14 THEY HAD RESTRICTIONS, DO YOU HAVE ANY, I DO PUT
15 C.O.P.D. I MIGHT AS WELL BE HONEST WITH THEM.

16 Q. WHAT KIND OF JOBS HAVE YOU APPLIED FOR?

17 A. MAINTENANCE TECH.

18 Q. YOU HAVEN'T HAD ANY LUCK YET?

19 A. NO.

20 Q. ABOUT HOW MANY JOBS HAVE YOU APPLIED FOR?

21 A. TWENTY OR BETTER.

22 Q. DO YOU THINK YOU COULD DO THAT KIND OF JOB AS LONG AS
23 YOU HAD YOUR INHALER AND THE RIGHT PROTECTIVE
24 EQUIPMENT?

25 A. I DON'T THINK SO.

- 1 Q. WHY NOT?
- 2 A. BECAUSE IF I GET HOT NOW I LOSE MY BREATHING. I MEAN,
- 3 MY DOG -- I CAN'T WALK FROM HERE TO THAT TRUCK OVER
- 4 THERE AND WALK BACK UP THE HILL. AFTER FEEDING HIM I
- 5 HAVE TO SIT DOWN FOR 15 MINUTES TO CATCH MY BREATH.
- 6 Q. OTHER THAN TAKING CARE OF YOUR DOG DO YOU HAVE ANY
- 7 OTHER HOBBIES OR ACTIVITIES?
- 8 A. I SHOOT POOL.
- 9 Q. THAT MIGHT BE ALL I HAVE, MR. COLE. IF YOU'LL JUST
- 10 BEAR WITH ME FOR ONE MINUTE.
- 11 A. OKAY.
- 12 Q. NOW, WHEN YOU WERE HIRED DID YOU TELL ANYBODY AT WORK
- 13 THAT YOU HAD ASTHMA?
- 14 A. NO.
- 15 Q. JUST A FEW MORE SECONDS. I WANT TO MAKE SURE I'M NOT
- 16 MISSING ANYTHING. HAVE YOU EVER TRIED TO QUIT SMOKING,
- 17 MR. COLE?
- 18 A. YES, I HAVE.
- 19 Q. WHAT HAVE YOU DONE TO TRY TO QUIT?
- 20 A. I GOT ON CHANTIX. IT'S A PILL. IT'S LIKE A STEP
- 21 PROGRAM.
- 22 Q. IT DIDN'T WORK?
- 23 A. I MESSED IT UP. I STARTED WITH THE ONE YOU END UP WITH
- 24 FIRST AND STARTED BACKWARDS. I INFORMED THE DOCTOR
- 25 WHAT I'VE DONE, SO -- AND THE PATCH, WHICH I WAS

1 WEARING THEM AT WORK, AND YOU'RE SUPPOSED TO PUT IT ON
2 PART OF YOUR BODY THAT'S, YOU KNOW, HAIRLESS AND THIS,
3 THAT, AND THE OTHER, BUT I STAYED SO SWEATY AND
4 EVERYTHING.

5 Q. YOU COULDN'T KEEP IT ON?

6 A. I COULDN'T KEEP IT ON.

7 Q. ALL RIGHT, THOSE ARE ALL THE QUESTIONS I HAVE. I
8 APPRECIATE IT.

9 (THERE BEING NO FURTHER QUESTIONS, THIS DEPOSITION CONCLUDED
10 AT 3:17 P.M.)
11
12
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CERTIFICATE OF REPORTER

I, ROSALIND POOLE WALTERS, A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA, DO HEREBY CERTIFY THAT THE FOREGOING 47 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE DEPOSITION OF ROBBIN COLE, WHICH WAS TAKEN BY ME ON THE 13TH DAY OF OCTOBER, 2010.

THAT THE WITNESS WAS FIRST DULY SWORN TO TELL THE TRUTH, THE WHOLE TRUTH AND NOTHING BUT THE TRUTH OF HIS OWN KNOWLEDGE CONCERNING THIS MATTER.

THAT I AM NOT RELATED TO NOR THE EMPLOYEE OF ANY OF THE PARTIES HERETO, NOR RELATED TO OR EMPLOYED BY ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES HERETO, NOR INTERESTED IN THE OUTCOME OF THIS ACTION.



ROSALIND POOLE WALTERS, REPORTER

NOTARY PUBLIC FOR S.C.

COMMISSION EXPIRES: 12/18/2016

STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION

WCC FILE NO.: 0825486

Robin Bradley Cole,

Claimant,

vs.

Goodman Conveyor Co., Inc.,
d/b/a Joy Mining Machinery,
Employer, and Indemnity
Insurance Company of N.A.,
Carrier,

Defendants.

NOTICE OF WITNESSES AND/OR
WRITTEN REPORT(S),
PHYSICIAN(S), OR OTHER
EVIDENCE TO BE INTRODUCED
ON BEHALF OF CLAIMANT,
ROBIN BRADLEY COLE

TO: ANDREA C. ROCHE, COMMISSIONER, AND
MARK A. ALLISON, ATTORNEY FOR DEFENDANTS:

YOU ARE HEREBY NOTIFIED THAT THE CLAIMANT, pursuant to the provisions of the South Carolina Workers' Compensation Act and S.C. Code Ann. §1-23-330 (1985), herewith submits the following reports/physicians or other evidence on behalf of the Claimant, to wit:

APA #	PHYSICIAN/PROVIDER	DATE OF REPORT(S)	PAGE #'S
1	Primary Care Associates, P.C.	9/17/08-11/17/08	1-6
2	Self Regional Hospital	3/12/09	7-39
3	Carolina Pulmonary & Sleep Medicine	8/10/09	40-45
4	AnMed Health	3/20/09-1/05/10	46-106
5	Anderson Area Medical Center	8/19/09 & 2/19/10	107-117
6	Stephen H. Hand, M.D.	8/19/09-3/11/11	118-129
7	Material Safety Data Sheets		130-143
8	Personnel File Documentation		144-148
9	VA Rating Decision	3/01/11	149-155

PRIMARY CARE ASSOCIATES, P.C.

PATIENT NAME: Robbin Cole

ACCOUNT # 75444

DOS: 9-17-08

DOB: 1-30-68

CHIEF COMPLAINT: Cough x 1 month worse over 2 weeks has limited wheezing, rattling

VITAL SIGNS: BP: 130/100 T: 98.7 P: 72 R: 16 WT: 167 02 SAT: NURSE

HPI:

☒ Y <u> </u> N FEVER	☐ D/W	☒ SOB	☐ D/W
☐ SORE THROAT	☐ D/W	☐ HEADACHX	☐ D/W
☐ SNEEZING	☐ D/W	☐ RUNNY	☐ PRURITIC EYES X <u> </u> D/W
☒ RUNNY NOSE	☐ D/W	☐ PAIN	☐ PRESSURE DRAINAGE EARS X <u> </u> D/W
☒ NASAL CONGESTION	☐ D/W	☒ PRODUCTIVE	☐ NON-PRODUCTIVE COUGH X <u> </u> D/W
☐ FACIAL PRESSURE	☐ D/W		

CURRENT MEDS REVIEWED Y N

SMOKING Y N 1/2 ppd.

MEDS USED TO ALLEVIATE SYMPTOMS:

Alveolizer decongestant, Ambivent

OTHER PERTINENT MEDICAL CONDITIONS:

Hx of Asthmatic bronchitis,

REVIEW OF SYMPTOMS

GI + SKIN +
MUSC + LYMPH +

PHYSICAL EXAM

HEENT:

☐ PERRLA
☐ WHITE/ INJECTED SCLERAE
☐ CLEAR/ INJECTED CONJUNCTIVAE
☐ SHINY/ RETRACTED/ RED PERF TMS
☒ HEARING GROSSLY INTACT
☒ PINK/ RED MUCOSA
☐ NONTENDER/ TENDER SINUSES FRONT/MAX

RESPIRATORY:

☐ LUNGS CLEAR TO A & P
☐ NORMAL/ LABORED RESPIRATION
☒ WHEEZING/ ☒ RONCHI RALES
☐ SYMMETRIC LUNG EXPANSION

CV:

☒ RRR
☐ NORMAL S1, S2
☐ S3, S4, MURMURS, RUBS OR THRILLS

NECK:

☒ SUPPLE/ RIGIDITY
☐ ADENOPATHY/ ☒ NO ADENOPATHY
☐ NORMAL/ ENLARGED THYROID

SKIN:

☒ WARM AND DRY
☐ GOOD SKIN TURGOR
☐ LESIONS OR CYANOSIS

OTHER:

TESTS: STREP SCREEN TC: MONOSPOT: CBC: UA: CXR: SIN XR:

DIAGNOSIS/SYMPTOMS: Asthma Bronchitis

PLAN/MEDS: 1. Alveolizer 2. Ambivent 3. Alveolizer 4. Ambivent

PROVIDER Van

Primary Care Associates
726 Anderson St.
Belton, SC 29627

Patient: Robbin Cole

Account #: 75444

Date of Service: 9-17-08

X-Ray Report --- PA /Lateral Chest

Two views of the chest demonstrate the soft tissue and bony structures to be normal in appearance. The lungs are well expanded and clear. The cardiac silhouette, mediastinum and pulmonary vasculature appear normal.

Impression: NEGATIVE

my MD

R 0217

PRIMARY CARE ASSOCIATES, P. C.

Acct # 75444 Name: Robbin Cole Date of Service: 11-17-05
 CC: Sty Cough going on since 9/08 DOB: 1-30-68
 HT: 5'4" WT: 164 O2 Sat: 98 BGL: 108 LMP: 10/08
 T: 99.1 P: 76 R: 16 BP: 118/92 Nurse Initials: TA

ROS: Review from Date: <u>11/17/05</u> ☒ No Change ☐ Changes Noted	PMHx/SHx Review/date: <u>11/17/05</u> ☒ No Change ☐ Changes Noted	Allergies Review/date: <u>11/17/05</u> ☒ No Change ☐ Changes Noted	Meds Review from date: <u>11/17/05</u> ☒ No Change ☐ Changes Noted	Smoking Status ☐ Yes ☐ No ☒ Quit / PPD

HPI: Sty Cough production cough in chest
3 months Went to Dr. ago steroid pack not
relief

ROS: CONST: ☒ Fever ☐ Fatigue ☐ Chills ☐ NAD ☐ No resp distress
 HEENT: ☐ Allergies ☐ Ears ☐ Eyes ☐ Throat ☐ Nose ☐ Congestion ☐ Sinus Pain ☐ Swollen lymph nodes
☒ PND ☐ Tinnitus ☐ Dysphasia
 CVS: ☐ Palpitation ☐ Pedal edema ☐ Ortho ☐ Chest pain
 RESPIRATORY: ☒ SOB ☒ Cough ☒ Productive ☐ Wheezing
 ABD: ☐ Pain with ☐ Bleeding ☐ GERD ☐ Heartburn ☒ AN ☐ D ☐ C
 GU: ☐ Dysuria ☐ Frequency ☐ Nocturia ☐ Menses ☐ Discharge ☐ Pre-Menopausal ☐ Post-Menopausal
☐ ED ☐ Decreased stream ☐ Dribbling ☐ Incontinence ☐ Itching ☐ Odor
 SKIN: ☐ Rash ☐ Lesion ☐ Bruising ☐ Onychomycosis ☐ Pruritis
 NEURO: ☐ Parasthesia ☐ Neuropathy ☐ HA ☒ Dizzy ☐ Presyncope ☐ Syncope ☐ Falls ☐ Weakness
 MUSCULOSKELETAL: ☐ Back ☐ Lower Ext ☐ Upper Ext ☐ Myalgia ☐ swelling ☐ calf pain/swelling
 PSYCH: ☐ Depression ☐ Anxiety ☐ Insomnia ☐ S/H Ideation ☐ appetite changes ☐ Other
 ENDO: ☐ Polyuria ☐ Polydipsia ☐ Wt change ☐ H/C intolerance ☐ hair changes ☐ bruising
☒ Otherwise All 14 ROS Negative

PHYSICAL EXAM: ATU 40 y/o W/M

☒ CONST WDW in no acute distress ☒ ENT Ears and throat normal in appearance. Auditory canals and TMs are normal. Oropharynx exam normal. Hearing grossly intact. nasal mucosa, septum and turbinates WNL. Bilateral frontal and maxillary sinus non tender ☒ LUNGS: <u>basal wheezing throughout</u> Resp equal and non-labored. No crackles, rales, or wheezing, CTA bilaterally. ☐ ABDOMEN No masses or tenderness, BS active x 4 quad. No hernias. No hepatosplenomegaly. No guarding or rebounding. No suprapubic tenderness ☒ SKIN No rashes, lesions, ulcers. Warm and dry with normal turgor. ☒ PSYCH Aox3. Memory grossly intact. Mood and affect appropriate. ☐ BREASTS No asymmetry or discharge. Palpation of breast and axilla reveals no lumps or adenopathy. ☐ PELVIC External genitalia normal. No recto cystocele. Cervix normal in appearance. Bladder normal. Uterus normal size and position. Urethra and Adnexa no masses and WNL.	☐ EYES Inspection of conjunctivae and lids normal. PEARL ☐ NECK Neck supple. Exam reveals no masses, no paracervical, cupradavicular or submandibular lymphadenopathy. No thyromegaly. ☒ HEART Normal S1, S2, RRR w/o murmur, rubs or gallops. No JVD. No carotid aortic bruits pedal pulses WNL. No edema. ☐ MUSC Normal gait. Exam of the _____ reveals no tenderness. Without effusions. Full ROM. No pain, crepitus or contractures. No subluxation _____. Muscle strength and tone are normal. ☐ NEURO Cranial nerves _____ intact. DTR 2+ bilaterally. Superficial touch and pain sensation intact bilaterally. No monofilament deficits. ☐ RECTAL _____ ☐ Deferred Exam of hemorrhoids, perineum WNL. ☐ MALE GU Scrotal contents, penis normal appearance. No swelling or discharge. Prostate non-enlarged, symmetrical w/o nodularity or tenderness. ☐ COUNSELING AND/OR COORDINATION OF CONSISTED MORE THAN 50% OF VISIT Time Spent: _____

R 0218

Spirometry Report
Puritan-Bennett Renaissance II
S/N: G040701652
Version: 1.1.11

Session Date: 17NOV200
Session Time: 12:20F
Last Cal Check: 27MAR200

BEST 3 FVC/FVL REPORT

ID: 75444 Height: 68" Physician: Sensor Code: 33401
Name: Age: 40YRS Technician: Temperature: 72
Gender: MALE Weight: 175LBS Barometric Press: 732mm
Medication: Smoker: 30YRS, 15 Pack Yrs BTPS Correction: 1.10
Dosage: Ethnicity/Correction: CAUCASIAN 100.0% Normals: KNUDSON 8

Clinical Format: PREMED - 12:20PM * Indicates Best Value POSTMED - 12:31PM < Indicates Below LL
Best Criteria: VAL

MEASUREMENT	*Pred	Trial 3	Trial 1	Pred	LLN	Trial 3	*Pred	Trial 1	*Chg
FVC (L)	73	3.19 <	2.91 <	4.63	3.40	3.37* <	72	3.25 <	0
FEV1 (L)	43	1.60 <	1.80* <	3.82	2.95	1.42 <	37	1.52* <	- 15
FEV1%	59	50 <	62 <	83	72	42 <	51	47 <	- 14
FEF25-75 (L/S)	23	0.84	1.09	4.05		1.01*	25	0.89	7
PEF (L/S)	24	2.16	2.81	8.87		1.76*	19	2.05	- 18
FET (S)		8.28	5.11			7.00*		7.10	- 19

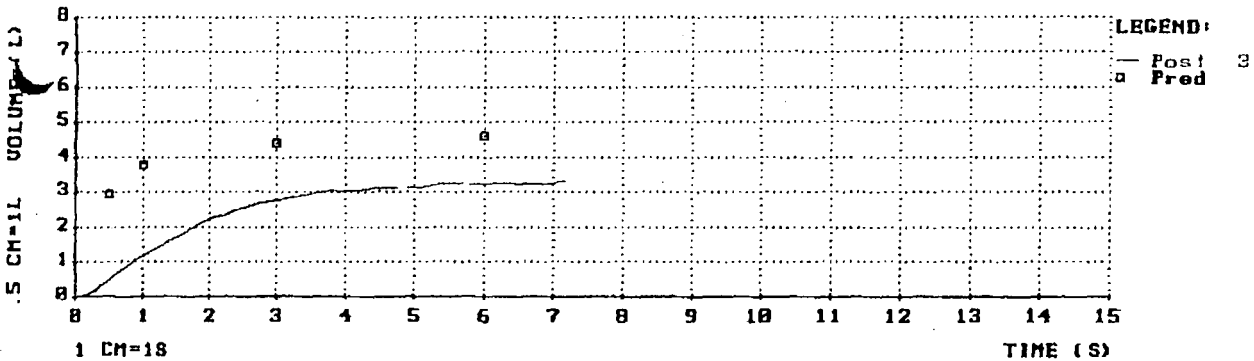
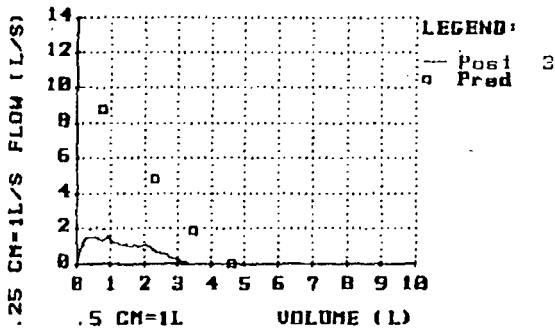
BEST FEV1% * < 15* <

Report Summary:

Pre Med: Tests 3 Acceptable 2 Reproducible 0 FVC VAR: 218ML FEV1 VAR: 124ML PEF VAR: 15ML/S
Post Med: Tests 3 Acceptable 2 Reproducible 2 FVC VAR: 108ML FEV1 VAR: 30ML PEF VAR: 289ML/S

ATS Interpretation:

Age: 99 YRS PREMED - Severe Obstruction POSTMED - No Sig. Improv. in FVC FEV1
COPD Risk 83% if stop smoking: 79%



1655
11/11/10

Primary Care Associates
726 Anderson St.
Belton, SC 29627

Patient: Cole, Robb D

Account #: 75444

Date of Service: 11-17 - 08

X-Ray Report --- PA /Lateral Chest

Two views of the chest demonstrate the soft tissue and bony structures to be normal in appearance. The lungs are well expanded and clear. The cardiac silhouette, mediastinum and pulmonary vasculature appear normal.

Impression: NEGATIVE

MAK MD

ASSESSMENT AND PLAN

① cough

chest xray

② wheezes

Nipponer rub 0.654

preposi pft

③ asthma bronchitis vs COPD

stop smoking

Medical Device Pack

Ambu 402 1/2 p. 8 L x 7 d

the yuamee 1/2 p. 9 L x 7 d

Aspirin 100 p. 9 L x 7 d #402 R

for 2015 season 100 p. 9 L x 7 d

Carbon 100 p. 9 L x 7 d

Xyponex H0 1/2 p. 9 L x 7 d Hndi RS

HEALTH MAINTENANCE DISCUSSED:

- ☐ CPX ☐ Mammogram ☐ PAP ☐ Foot Exam
☐ Smoking Cessation ☐ Colonoscopy
☐ PSA ☐ Eye Exam ☐ Other _____

☐ Lab results reviewed with patient.

☐ IF YOUR CONDITION CHANGES OR YOUR SYMPTOMS WORSEN, PLEASE GO TO THE EMERGENCY ROOM.


Kimberly B. Speer, APRN-BC

R 0221

ACCOUNT NUMBER 09071-00016		PATIENT NAME COLE,ROBBIN B		ADMISSION DATE/TIME 03/12/09 0526		UNG.#/MPI # 000312555	
GUARANTOR	GUARANTOR NAME AND ADDRESS COLE,ROBBIN B BELTON SC 29627			RELATIONSHIP SELF		GUARANTOR EMPLOYER NAME AND ADDRESS GOODMAN CONVEYOR	
	SOCIAL SECURITY NUMBER 3		PHONE		WORK PHONE		
RELATIVE	RELATIVE #1 NAME AND ADDRESS ROGERS,VIVIAN 216 GUTHRIE AVE BELTON SC 29627			RELATIVE #1 NAME AND ADDRESS			
	RELATIONSHIP PARENT		PHONE (864)338-4375		WORK PHONE		
INSURANCE	1	INSURANCE NAME		COMPANY #		GROUP NAME	
		INSURED NAME		POLICY NUMBER		RELATIONSHIP	
	2	INSURANCE NAME		COMPANY #		GROUP NAME	
		INSURED NAME		POLICY NUMBER		RELATIONSHIP	
	3	INSURANCE NAME		COMPANY #		GROUP NAME	
		INSURED NAME		POLICY NUMBER		RELATIONSHIP	

R 0223

STAFF ALERTS:

HEALTH CARE 1325 Spring Street, Greenwood, S.C. 29646

CONSULTANTS:

BY: _____ DATE: _____

Form: smhrec.dcl B45

R 0224

ACCOUNT NUMBER 09071-00016		PATIENT NAME COLE,ROBBIN B		ADMISSION DATE/TIME 03/12/09 0526		UNIT # / MPI # 000312555	
GUARANTOR	GUARANTOR NAME AND ADDRESS COLE,ROBBIN B [REDACTED] BELTON SC 29627			RELATIONSHIP SELF			
	SOCIAL SECURITY NUMBER [REDACTED]			PHONE [REDACTED]		WORK PHONE [REDACTED]	
RELATIVE	RELATIVE #1 NAME AND ADDRESS			RELATIVE #1 NAME AND ADDRESS			
	RELATIONSHIP		PHONE		WORK PHONE		RELATIONSHIP
INSURANCE	1	INSURANCE NAME		COMPANY #		GROUP NAME	
		INSURED NAME		POLICY NUMBER		RELATIONSHIP	
	2	INSURANCE NAME		COMPANY #		GROUP NAME	
		INSURED NAME		POLICY NUMBER		RELATIONSHIP	
	3	INSURANCE NAME		COMPANY #		GROUP NAME	
		INSURED NAME		POLICY NUMBER		RELATIONSHIP	

R 0225

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DATE: 3-10-04 0540 30 EMS Arrive 32

♦ Dyspn COPD, CHF & (elder) ♦

HISTORIAN: patient spouse paramedics
HX / EXAM LIMITED BY:

TRANSFER FROM: ☐ see transfer record

TREATMENT PTA: by patient paramedics EDP PCP
lasix nitroglycerin O₂ albuterol neb tx aspirin

HPI

chief complaint: shortness of breath (hx of asthma / COPD / CHF)

onset / duration: x 2 days min / hrs / days ago continues in ED gone now better intermittent worse

Initiating event: upper respiratory illness out of meds sports / exercise aspiration / choking allergy to: exposure smoke / mold other

context: w/ asthma only

worst episode by

severity: mild moderate severe (1/10) exacerbated by: exertion laying flat coughing

associated symptoms: fever / chills sweating chest pain / discomfort left / right / central pain / heaviness / tightness painful breathing constant / intermittent duration: radiation back / jaw / arm cough bloody / productive heart racing leg / calf pain ankle / leg swelling dizziness light-headedness anxiety tingling hands / face muscle spasms hands / feet

Similar symptoms previously

Recently seen / treated by doctor / hospitalized

Addressograph

09071-00016
COLE, ROBBIN B
HISCELLANEOUS, HISC
N 01/30/1968 00031255
SURGERY DATE

© 1996 - 2008 T-System, Inc.
Circle or check affirmatives, backslash (N) negatives
EMERGENCY PHYSICIAN RECORD
Emergency Care Center
SELE REGIONAL
HEALTHCARE

ROS

CONST recent illness EYES / ENT problems with vision sore throat sinus drainage GI / GU nausea / vomiting diarrhea abdominal pain black stools problems urinating LNMP preg post-menop MS / SKIN / LYMPH neck / back pain muscle aches rash swollen glands NEURO headache

• CONST / CVS / RESP / PSYCH / NEURO components also addressed in HPI

PAST HX

*PE Risk Factors lung disease asthma COPD pneumothorax pseudomonas bronchiectasis pneumonia bronchitis TB cardiac disease CHF CAD angina AMI hypertension DVT / PE risk factors: cast cancer recent surgery leg swelling bedridden paralysis prior DVT/PE old records ordered / summary: CVA / TIA deficit diabetes Type 1 Type 2 diet / oral / insulin hepatitis / HIV hyperlipidemia kidney failure / dialysis

Surgeries / Procedures none prior intubation cardiac bypass / stent cardiac cath angioplasty appendectomy cholecystectomy hysterectomy

Immunizations Influenza / pneumovax UTD / referred to PCP Medications none see nurses note aspirin coumadin clopidogrel NSAID BCP's home O₂ L nebulizer Allergies NKDA see nurses note

SOCIAL HX smoker drugs alcohol (recent / heavy / occasional) occupation welder FAMILY HX DVT / PE

☐ Nursing Assessment Reviewed ☒ Vitals reviewed

PHYSICAL EXAM

General Appearance mild / moderate / severe distress no acute distress alert anxious / lethargic EENT eyes nml inspection scleral icterus / pale conjunctivae ENT nml inspection EOM palsy / anisocoria pharynx nml purulent nasal drainage pharyngeal erythema NECK thyromegaly / lymphadenopathy nml inspection



LECTS600

09 - 08 / 1-sheet / Page 1 of 2

R 0226

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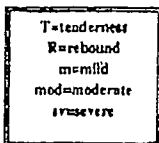
11

RESPIRATORY

☐ no resp. distress
☐ breath sounds nml
☐ no pleuritic chest pain
☐ speaks full sentences

CVS

☐ reg. rate & rhythm
☐ no JVD
☐ no murmur
☐ no gallop
☐ no friction rub
☐ pulses full / equal



ABDOMEN

☐ non-tender
☐ no organomegaly
☐ no distention
☐ no ascites

RECTAL

☐ non-tender
☐ heme neg stool

SKIN

☐ color nml, no rash
☐ warm, dry
☐ no skin lesions

EXTREMITIES

☐ non-tender
☐ nml ROM
☐ no pedal edema

NEURO / PSYCH

☐ oriented x3
☐ CN's nml as tested
☐ motor nml
☐ sensation nml
☐ mood / affect nml

LABS

CBC	Chemistries	CKI	UA
normal except	normal except	CKMB	normal except
WBC	Gluc	Troponin	
Hgb	BUN	D-Dimer	
Hct	Creat	BNP	
Platelets	Na	PT/PTT	ABG
segs	K	INR	RA / LO2
bands	Anion Gap	Cultures sent	pH
	Osmolality	blood x	pCO2
		sputum	PO2

Dyspnea - 32

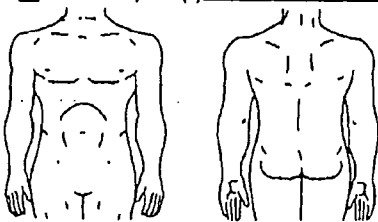
Addressograph

09071-00016
COLE, ROBBIN B
MISCELLANEOUS, HISC
H 01/30/1968 000312555
SURGERY DATE -

2. mod approx

see diagram

☐ respiratory distress / fatigue
☐ wheezes / rales / rhonchi / stridor
☐ prolonged expirations / dull on percussion
☐ accessory muscle use / splinting
☐ decreased air movement / retraction
☐ chest wall tenderness
☐ speaks in word sentences
☐ irregularly irregular rhythm
☐ extrasystoles (occasional / frequent)
☐ tachycardia / bradycardia
☐ JVD present
☐ murmur / gallop (S3 / S4)
☐ cresc / cresc-decresc / decresc
☐ decreased pulse(s)



☐ tenderness / guarding / rebound
☐ hepatomegaly / splenomegaly / mass
☐ bruit

☐ heme positive stool
☐ heme trace positive stool

☐ cyanosis / diaphoresis / pallor
☐ rash / embolic lesions
☐ decubitus

☐ pedal edema / entire leg swollen
☐ calf tenderness
☐ Homan's sign / cords

☐ disoriented to person / place / time
☐ facial droop
☐ weakness / sensory loss
☐ depressed mood / affect

EKG & X-RAYS

RHYTHM 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: _____ repeat EKG ☐ unchanged /
CXR ☐ Interp. by me ☐ Reviewed by me ☐ Disc'd w/ radiologist
☐ nm/VNAD ☐ no infiltrates ☐ nml heart size ☐ nml mediastinum
CT Scan chest / abdomen V/Q Scan ☐ Disc'd w/ radiologist
☐ nml / NAD
Peak Flow _____ mL pre tx / on arrival _____ mL post tx / at disch
Pulse Ox _____ % on RA / _____ L O2 Interp: nml / hypoxic Time: _____

PROGRESS

Time _____ unchanged _____ improved _____ re-examined
air movement: poor fair good

☐ antibiotics given

• CP/AMI - EKG / ASA / B-Blocker / Thrombolytics /
PCI / transfer
• CAP - SaO2 / VS / MSE / antibiotic(s) / pathogen /
BC / CXR or CT / transfer

Clinical Tool Box
TIMI ACS risk
PERC / Well's PE
CURB-65 / PORT

Discussed with Dr. Quintana / M. R. R. Time: 2:30
will see patient in: ED / Hospital / office
Counseled patient / family regarding: _____ Additional history from:
lab / rad results diagnosis need for follow-up family caretaker paramedics
Rx given: _____

CRIT CARE TIME (excluding separately billable procedures) _____ min

CLINICAL IMPRESSION

Dyspnea - acute
Upper Respiratory Infection
Anxiety / Hyperventilation
Asthma - acute exacerbation
status asthmaticus
Bronchitis - acute
Bronchospasm
COPD - acute exacerbation
Pneumonia
Myocardial Infarction - acute
Diabetic Ketoacidosis
Pneumothorax
Pulmonary Edema / CHF
Pulmonary Embolus
Respiratory Failure - acute

Discharge Instructions

Follow up with Dr. _____ follow up date _____
Rx given: _____

Return to work/school _____
Return to ECC ☐ Immediately if worse

DISPOSITION: ☐ discharged ☐ transferred
Time _____ ☐ admitted ☐ POA decubitus / UTI (foley)

CONDITION: ☐ unchanged ☐ improved ☐ stable

Care transferred to Dr. _____ Time: _____

x _____ NP / PA x _____ MD
Resident

x _____ MD
Attending

☐ Template Complete ☐ See Addendum (Dictated / Template # _____)

Quality Measure Initiative

09-08 / Page 2 of 2

R 0227

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Col, R

Full Use Only

PROGRESS NOTES

DATE	NOTES
3/12/09	PGY 3 W + P
	CC3 SOB 10% Bcltan (AST)
	API: 41, 10 M prompts to 6 mst 4/4
	progressively increasing SOB to exertion.
	Acad worse over past 2 days. Unseen
	what triggered.
	RGS: chest "tightness," flares, no goldies.
	ED: Solu-medrol, A+A nels, Vopros
	PMU 8 th "bradycardia"
	Surg: Rorino's
	Fam: N/C
	Soc: (4) to 6
	AU: NKDA
	Med's: see home med list
	Px Ex: (17/102) (126) (26) (83% RA) @ int. h
	Cn: WAD, A+R. talking in complex sentences
	WCEAT & NCAT mmm, of clear
	Vosp 8/whores (B) CV: RRR
	Ald 8 NABS, soft
	EAT: 4 c/c/e
	Lab's: 10.4 / 16.7 / 293 139 / 105 / 16
	4.0 / 28 / 0.98 (138)
	AST 34 d pro 7.9 Flu (-)
	ALT 30 alb 4.5
	all labs 76 thil. 1.00
	CR: unknown rhod

Addressograph
0443 11-00016
COLE, ROBBIN B
MISCELLANEOUS, MISC
H 01/30/1968 000312555
SURGERY DATE-

Progress Notes
Self Regional Healthcare



1PPN680

Form# 4014/4-04/Single/Page 1 of 1/Date Order

R 0228

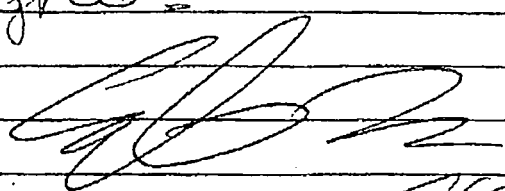
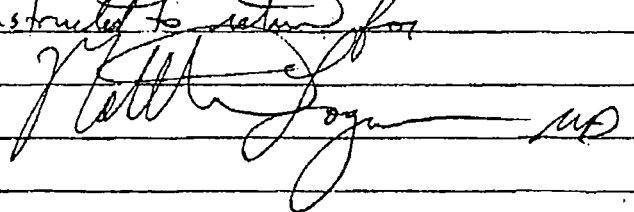
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Col, R

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PROGRESS NOTES

DATE	NOTES
3/12/09	PG 734 & P at ETC: shows d-oh, & ST As AIP: 41% m e chronic bronchitis vs COPD on ① SOB: with dx as COPD on 2 steroid burst, scheduled A & A wobs, doxycycline Smoking cessate. Will also check ABG, Peak Flow, & BNP to rule other serious etiologies of SOB. Upon re-evaluation p. dx pt satting 95% on RA & no signs of resp distress. Pt asking to be discharged & agrees to comply & dx & fls as directed. Have discussed plan to Drs Gault & Plurlo who agree.
	 46031
(01454)	Pt. now feeling much better; likely COPD exacerbation; Pt wants to go home O2 sat > 95% on RA. ok to discharge home. Pt. instructed to return for worsening.
	 MF

Addressograph 71-00016
COLE, ROBBIN B
MISCELLANEOUS, MISC
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SURGERY DATE

Progress Notes
Self Regional Healthcare



1PPN680

R 0229

Form# 4014/4-04/Single/Page 1 of 1/Date Order

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Future Use Only

Date: 3-8-04	Time	Additional Orders	Physician Orders	Staff Initials/Time
		Scheduled 125 & IV Day	☐ Old Records	
		4/4 wk then	☐ FSBS	
		45 in x-rays needed	☒ CBC ☐ Hemogram	JMOSK
			☐ Basic Metabolic Profile	
			☒ Comp Metabolic Profile	JMOSK
			☐ Liver Profile	
			☐ Amylase ☐ Lipase	
			☐ PT ☐ PTT	
			☐ BNP ☐ D-dimer	
			☐ CKI ☐ w/Troponin	
			☐ Cardiac Labs	
			☐ Trauma Labs	
			☒ Blood Culture x 1	JMOSK
			☐ Rapid Strep	
			☐ Drug Levels	
			☐ Psych Panel	
			☐ U/A void/cath	
			☐ Urine Culture	
			☐ UCG ☐ hCG	
			☐ Quantitative HCG	
			☐ Urine Drug Screen	
			☐ GC/Chlamydia	
			☐ Wet Prep	
			☒ CXR ☒ Port	JMOSK
			☐ C-Spine ☐ Port	
			☐ Pelvis ☐ Port	
			☐ Abd Series	
			☐ IVP	
			☐ CT	
			☐ U/S	
			☐ Xrays:	
			☐ ECG	
			☐ ABG	
			☐ Monitor ☐ Pulse Ox	
			☐ IV	
			☐ O2 at Lpm via	
			☐ Trauma Alert called at	
			☐	
			☐	

0940 Please add BNP to blood in lab STAT

0943 1) ABG, Peak Flow call to MD @ #8034

0943 RT X-rays

Discharge home

See Home Med Sched for Med

Flu. Dr. Monitor next week

Signature _____

Signature _____

Addressograph _____

09071-00016

COLE, ROBBIN B

MISCELLANEOUS, MISC

H 01/30/1968 000312555

SURGERY DATE-

Emergency Physician Orders
Self Regional Healthcare



1EPO708

R 0230

Form # N-859/ 1-09/Single/Pagel of 1

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FOR ECC ONLY  Triage classification ☐ V ☒ IV ☐ III ☐ II ☐ I		Date: <u>3/12/09</u> Time: <u>0530</u> Sex: <u>M</u> ☐ M ☐ F Name: <u>Robbin Cole</u> DOB: <u>11/30/68</u> Age: <u>41</u> Wt: <u>77.2</u> kg (Ac/Et) Ht: <u>5'8"</u> Head Circum. (≤ 13 mos) <u>22</u>		FOR ECC ONLY MD: <u>Martin (Bottom)</u> (None) Arrival: ☒ Amb ☐ W/C ☐ Carry ☐ Stretcher ☐ Police ☒ Private Auto ☐ Ambulance - Unit # ☐ County of Injury Accompanied by: <u>SO</u> Transferred from: <u>N/A</u> Prior Treatment: ☒ None ☐ EMS ☐ MD Office ☐ Express Care ECC (date)	
Broselow: Grey/ Pink/ Red/ Purple/ Yellow/ White/ Blue/ Orange/ Green B/P <u>111/72</u> (R) <u>6</u> P <u>126</u> R <u>26</u> T <u>96.0</u> (Oral) Rectal/Tympanic) Siv/Stand <u>typ</u> Pulse Ox <u>83</u> % on <u>RA</u> LMin O2 via CHIEF COMPLAINT Info from <u>pt</u> See narrative notes <u>clo SOB</u>		Work Related? Yes ☒ No GCS <u>15</u> ☐ N/A RTS ☐ N/A LMP <u>N/A</u> ECC & Peds ONLY IMMUNIZATIONS: ☐ N/A ☒ Unknown ☐ UTD ☐ Last 3 wks Y/N Last Tetanus: ☐ Unknown ☐ N/A		MEDS: ☐ Home Med List (N-647) ☐ No Meds ALLERGIES: ☐ NKA (Medication, food, latex, tape, dye, etc.)	
Onset/Time of Illness/Injury <u>tonight</u> Mechanism of Injury <u>N/A</u>		MEDICAL HISTORY: (Check if applicable) ☐ Denies Hx ☐ Not Available ☐ Lung Disease ☐ CVA ☐ Cancer ☐ GI ☐ GU ☐ GYN ☐ Diabetes-- Add Adult Hypoglycemia Protocol N-719 to chart. ☐ Hepatic/Renal ☐ Hypo/Hyper tension ☐ Heart Disease ☐ Psych ☐ TB (Treated Y/N) ☐ Seizures ☐ Sickle Cell Disease ☐ Alcohol ☒ ☐ Controlled Substances/Street Drugs? ☒ Smoked within last 12 months <u>yes</u> ☐ No ☐ If yes, Smoking Cessation form# N-933 given. ☐ Refused information ☐ Other tobacco Other <u>/Surgeries</u> ☒		Allergies <u>NKA</u> Symptoms/ Reactions	
INFECTION CONTROL PRECAUTIONS: ☐ Infection <u>not</u> suspected If Infection suspected complete IC section on form N-83B FOR ECC ONLY EMS TREATMENT ☐ N/A ☐ None Spinal Precautions: ☐ C-Collar ☐ Longboard ☐ Straps ☐ Tape ☐ Head Block ☐ Splinting ☐ Other Mast Suit: ☐ In Place ☐ Inflated ☐ Deflated ☐ Abdomen ☐ R Leg ☐ L Leg Airway: ☐ Oropharynx ☐ Nasopharynx E.T.T. ☐ Oral ☐ Nasal ☐ ET Size: Oxygen: <u>L/Min</u> ☐ NC ☐ Mask ☐ Ambu Fluid: GA SITE AMT Infused PTA INTACT 1. <u>Y/N</u> 2. <u>Y/N</u>		PAIN: ☐ Denies If pain present, use the most appropriate scale and enter the number that best rates the intensity <u>4</u> Pain scale used: (circle) Numeric (0-10) FACES FLACC NIPS Location <u>chest</u> Quality: ☐ Burning ☐ Dull ☐ Pressure ☐ Heavy ☐ Sharp ☐ Cramping Other <u>tight</u> Duration: Pain is: ☐ Continuous or ☐ Intermittent Aggravating & Alleviating Factors: What makes the pain better? ☒ What makes the pain worse? ☒		ABUSE: Do you suspect this patient has been abused? Yes ☒ No If yes, patient has the following unexplained Conditions: (CHECK ALL THAT APPLY) ☐ Bruising ☐ Welts ☐ Burns ☐ Puncture Wounds ☐ Lacerations ☐ Fractures ☐ Apparent lack of needed medical attention ☐ Overly protective male or refuses to see mate If admitted, consult Director/Nursing Supervisor for guidance.	
FOR ECC ONLY Visual Acuity: ☐ Glasses ☐ Contacts ☐ None Left 20/ Right 20/ Both 20/		Safety ☒ ID Band On ☒ Bed low & locked ☐ Chair ☒ Call Light in Reach		<u>3L O2 via NC / Resp. Therap</u> <u>PCXR / EKG</u>	
FOR ECC ONLY TREATMENT AREA Room <u>312</u> Time <u>0530</u> Report To <u>C. Hillen</u> ☐ Lobby Time ☒ Amb ☐ Stretcher ☐ W/C ☐ Carry Pt. request MD <u>ER</u> Notified: Posted: <u>0534</u> Initials: <u>TOW</u>		Completed By: <u>M. Hillen</u>			

09071-00016
COLE, ROBBIN B
MISCELLANEOUS, HISC
H 01/30/1968 00031255
SURGERY NOTE-

White: Chart Yellow: Pharmacy



Form # N-83AECC/ 2-09/NCR/Page 1 of 1

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Respiratory: ☐ N/A ☐ No distress noted EFFORT ☐ Non-labored ☒ SOB ☐ Retractions ☐ Stridor Breath Sounds R L Present ☐ ☐ Clear ☐ ☐ Wheezing/Rhonchi ☒ ☒ Diminished ☒ ☒ Crackles ☐ ☐ Chest Expansion: Symmetrical/Asymmetrical Cough ☐ N/A ☒ Nonproductive ☒ Productive	CARDIAC ☐ N/A CARDIAC RHYTHM Patient on Monitor ☒ Y/N If Yes, alarms ☐ On Chest Pain Y/N ☒ N ☐ Constant ☐ Tightness ☐ Intermittent ☐ Sharp ☐ Heaviness ☐ N/V ☐ Diaphoresis CAPILLARY REFILL ☐ Absent ☒ less than 2 sec ☐ greater than 2 sec PULSE Regular / Irregular Radial R ☒ L ☒ Pedal R ☒ L ☒	NEUROLOGY ☐ N/A ☐ Alert ☐ Playful ☐ Oriented x3, x2, x1 ☐ Unresponsive ☐ Consolable ☐ Confused ☐ Slurred Speech ☐ aphasic ☐ Appropriate for Age ☐ Verbal Stimuli ☐ Combative ☐ Painful Stimulation ☐ Headache ☐ Anxious ☐ Drowsy ☐ Dizziness Gait: Steady/Unsteady Weakness Hand Grips: Equal/Unequal ☐ Decreased Sensation *If marked: ☐ placed Fall Risk sticker on chart	EYES/ENT ☐ N/A Eyes ☐ Asymptomatic ☐ For. Body ☐ R ☐ L ☐ Burning ☐ R ☐ L ☐ Pain ☐ R ☐ L ☐ Redness ☐ R ☐ L ☐ Discharge ☐ R ☐ L ☐ Injury ☐ R ☐ L Date _____ Time _____ Mechanism: Ears ☐ Asymptomatic ☐ Drainage ☐ R ☐ L ☐ CSF ☐ R ☐ L ☐ Pain ☐ R ☐ L ☐ Injury ☐ R ☐ L Date _____ Time _____ Mechanism Nose ☐ Asymptomatic ☐ Epistaxis ☐ R ☐ L ☐ For. Body ☐ R ☐ L ☐ Congestion ☐ R ☐ L ☐ Drainage ☐ R ☐ L Oral ☐ Asymptomatic ☐ Sore Throat ☐ Dysphagia ☐ Drooling ☐ Broken Teeth	GI Abdomen ☐ N/A ☒ Soft ☐ Distended ☐ Rigid ☒ Non Tender ☐ Tender ☐ Bruised ☐ Guarding ☐ Pain ☐ N/V ☐ Diarrhea Bowel Sounds ☐ Present x ☒ Quads ☐ Absent ☐ Hypoactive ☐ Hyperactive Last BM _____ Color _____ GU ☐ N/A ☐ Flank Pain R L ☐ Incontinent ☐ Pain ☐ Hematuria ☐ Urgency ☐ Retention ☐ Burning ☐ Frequency ☐ Pressure Duration _____ Urine Color _____ ☐ Penile Discharge Color: _____ Psych ☐ N/A Eye contact: Yes/No Affect ☐ Normal ☐ Flat Behavior ☐ Cooperative ☐ Violent ☐ Destructive ☐ Restless ☐ Agitated Mental Status ☐ Oriented ☐ Confused ☐ Lethargic ☐ Unconscious ☐ See Seclusion Flowsheet N-2008 ☐ See Restraint Flowsheet N-150 Do you suspect this patient is suicidal? ☐ No ☐ Yes If yes, consult Director/Nursing Supervisor for guidance.
OB/GYN ☐ N/A ☐ No distress noted ☐ Pregnant: Y/N/Unknown ☐ LMP _____ ☐ FHT _____ Site _____ ☐ Gravida _____ ☐ Para _____ ☐ Ab _____ ☐ Vaginal D/C Color _____ Duration _____ ☐ Vaginal Bleeding _____ pad /hour _____ size pad Amount _____ Duration _____				
SKIN/CIRCULATION ☐ Moist ☐ Dry ☐ Warm ☐ Cool ☐ Hot ☐ Diaphoretic ☐ Pink (mucous membranes/conjunctiva) ☐ Jaundice (skin/sclera) ☐ Pale ☐ Flushed ☐ Cyanotic ☐ Mottled Edema ☐ Absent ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ ☐ Pitting ☐ Non-pitting Location: _____ Rash ☐ Absent ☐ Present Location: _____ Skin Status: ☐ Skin Intact ☐ Skin not intact, description _____ MD notified _____ ☐ Unable to assess related to _____ ☐ Not assessed - Patient states skin intact				
INFECTION CONTROL PRECAUTIONS: ☐ Infection not suspected ☐ Infection suspected & Precautions required until ruled out ☐ CONTACT: Chicken Pox, Small Pox, Scabies, Lice, SARS, Conjunctivitis, uncontained drainage or Diarrhea, C. difficile ☐ DROPLET: Flu, Meningitis, Pertussis ☐ AIRBORNE: TB, pandemic flu, SARS, Chicken Pox less than 6 yrs old, Contact & Droplet: Scarlet Fever, Grip A Strep, RSV, Bronchiolitis, Croup Precautions Initiated: Time: _____ Initials: _____				

Completed By: <u>Sally B. [Signature]</u> RN Date: <u>3/12/05</u> Time: <u>03:55</u>	
RN Date: _____ Time: _____	
Belongings (ONLY IF ADMITTED) Dentures/Partials Upper/Lower With Patient/ Family ☐ N/A Jewelry _____ With Patient/ Family ☐ N/A Clothing: _____ With Patient/ Family ☐ N/A Money/Valuables ☐ N/A _____ Belongings Completed By: _____ Date: _____ Time: _____	Hearing Aid Right/Left With Patient/ Family ☐ N/A Contact Lens Right/Left With Patient/ Family ☐ N/A Glasses With Patient/ Family ☐ N/A Misc: _____ Home Meds: ☐ N/A ☐ Sent Home ☐ In Pharmacy ☐ With Patient ☐ With Family (Name: _____) ☐ Locked up Env. # _____

Pupil Scale 1 2 3 4 5 6 7 8

Addressograph

COLE, ROBBIN B

MISCELLANEOUS, MISC

M 01/30/1968 000312555

SURGERY DATE-

Initial Systems Assessment
Self Regional Healthcare


1CNP4660

Form # N-83B/ 1-09/HTDuplex/Side 1 of 2

R 0233

Future Use Only

IV SITE / FLUIDS ☐ See Attached DC'D = Discontinued													
DATE	TIME	IV #	IV-# OF ATTEMPTS	GAUGE	SITE	FLUIDS/MED.	BAG #	AMT.	RATE	PUMP	TIME DC'D	AMT INFUSED	INITIALS
3/12/09	0535	1	1	18 ga.	RAC	1PT		mL	mL/h	Y/N		mL	SB
				ga.				mL	mL/h	Y/N		mL	
				ga.				mL	mL/h	Y/N		mL	
				ga.				mL	mL/h	Y/N		mL	
				ga.				mL	mL/h	Y/N		mL	

MEDICATIONS ☐ See Attached * If pain present, use the most appropriate scale and enter the number that best rates the intensity. If not appropriate to rate by scale, use S&S key. Pain S&S key: FB = Facial & Body Behaviors VS = Vital Signs VC = Verbal Cues ↑ = Increase ↓ = Decrease NC = No Change

DATE	TIME	MEDICATION	DOSE	ROUTE	SITE	RESPONSE	*PAIN RATING PRIOR	TIME/ *PAIN RATING AFTER	INITIALS
3-12-09	0600	duManuf. Lot #	0.5 mL	IM					
		Solomon (Chel)	25 mg	IV					SB

BLOOD PRODUCTS ☐ See Attached

DATE	TIME	BLOOD PRODUCTS	UNIT #	IV #	GAUGE	SITE	RATE	PUMP	TIME DC'D	AMT INFUSED	INITIALS
					ga.		mL/h	Y/N			
					ga.		mL/h	Y/N			

VITAL SIGNS ☐ See Attached

DATE	TIME	B/P	P	R	T	C. MONITOR RHY.	PULSE OX.	GCS	COMMENTS	INITIALS
							%on L/Min O ₂ via			
							%on L/Min O ₂ via			
							%on L/Min O ₂ via			

GCS q 1 hour on Head Injury Patients

ADMISSION/DISCHARGE ASSESSMENT: REVIEW ABOVE INFORMATION, ASSESS PATIENT, DOCUMENT CHANGES

TRANSFER ☐ N/A ☒ Transfer Protocol

Vital Signs ☐ N/A BP 114/70 P 70 R 18 T 36.0

Pain rating is 2/10 using numeric (0-10) FACES FLACC NIPS

☐ Condition unchanged from Initial Assessment ☐ Assessment Changes:

Via: ☐ Ambulatory ☐ Wheelchair ☐ Stretcher
☐ Ambulance ☐ Carry

Condition: ☒ Stable ☐ Unstable ☐ Unchanged
☐ LWT ☐ LBTC ☐ AMA ☐ Morgue

Admission Information: Room # _____

Admitting Physician: _____

Report To: _____

Intake: _____ Output: _____

O₂ Y/N _____ L/Min via _____

Monitor Y/N Rhythm _____

☐ See Patient Progress Notes (N-4005)
☐ See Supplemental ECC Care Notes/ Procedures (N-83S)
☐ See Trauma Flow Sheet (N-83TF)
☐ See Code Blue/99 sheet (N-787)

Blood Bank Label

Diet ☐ N/A

Last Meal: _____

☐ Regular ☐ Diabetic ☐ Cardiac ☐ Low Fat ☐ Other _____

Patient/Family verbalizes issues/concerns at time of discharge? ☒ No ☐ Yes, see notes

☐ Instructed Pt/Family meds may cause drowsiness.

☒ Pt/Family Verbalized understanding of Discharge instructions

Take home pack: _____ Lot # _____

Take home pack: _____ Lot # _____

Take home pack: _____ Lot # _____

Initials: KAC Date: 3/12/09 Time: 1115

Signature/Title: Scott B. [Signature] Initials: SB

[Signature] Initials: [Signature]

[Signature] Initials: [Signature]

Addressograph
 08071-00016
 COLE, ROBBIN B
 MISCELLANEOUS, MISC
 M 01/30/1968 000312555
 SURGERY DATE-

ECC Care Notes/ Procedures
 Self Regional Healthcare

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Form # N-83C/ 1-09/HTDuplex/Side 2 of 2

R 0234

DATE TIME	DEPARTMENT	PROBLEMS/NOTES
3/12/05 0530	EC	Pt Struggling to breathe & 2nd Scentonas Abdominal retractions SOB x 3 days & fever & non productive cough. Pt has been using inhaler multiple times per day b/c bronchitis 4 months ago. Pt has diminished cough & tight wheezing on inspiration & expiration bilaterally in Apex & bases - 12 x 15 tick in RAC #185 blood & 1 set blood cultures drawn labeled RT Rt bedside for A+A neb- Dr. Curry Present. Pt sitting straight up in bed. originally 88% RA, 95% currently & tx & 3L NC. ——— Sch Ripp, R
0545	EC	RT Lugan Zopen Neb, N Rany, Campbell pO2 96%, HR-112. ——— 207
0600	ECC	BP-136/97, HR-107, O2 96% & Zopen Neb running, Non-productive cough RR-22, BBS course, Distraction of abdomen muscles. RT at bedside ——— 203
0630	ECC	BP 145/88, HR-108, RR-23, 95% on 2.5L via NC. BBS course but improving, pt sitting up watching TV ——— 207

09071-00016

Addressograph
COLE, ROBBIN B
MISCELLANEOUS, HISC
H 01/30/1968 000312555
SURGERY DATE-

Patient Progress Notes
Self Regional Healthcare



1FS5120

Form # N-4005'9-03/HTDplex/Side 1 of 2/FS-DateOrd
R 0235

DATE	TIME	DEPARTMENT	PROBLEMS/NOTES
3/12/09	0700	ECU N56	assumed care of pt. @ this time. pt. sitting up in bed. I keep notes noted. But wheezing, pt. states he feels much better, but q/s still chest tightness VSS. BP 127/85. HR 90. O2 sat 96% on 2.5L O2 via N/C. — <i>me</i>
	0720		RT. @ bedside for TC — <i>me</i>
	0805		pt. still wheezing bed, states he feels better. Labs pending. — <i>me</i>
	0820		Dr. Curren has pt. Chart — <i>me</i>
	0825		Food tray ordered. — <i>me</i>
	0900		Slip for BNP to pharmacy. Dr. Oxendine @ bedside — <i>me</i>
1055		ECU	Dud IV intake, no redness or swelling noted — <i>me</i> pt. states feels a lot better. — <i>me</i>

Addressograph

09071-00016
COLE, ROBBIN B
MISCELLANEOUS, HISC
M 01/30/1968 000312555
SURGE DATE

Patient Progress Notes
Self Regional Healthcare

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Form # N-4005/9-03/HTDuxplex/Side 2 of 2/FS-DateOrd

R 0236

SELF REGIONAL HEALTHCARE
Greenwood, S.C.

DEPARTMENT OF RADIOLOGY

Patient Name: COLE,ROBBIN B

Check-in Date: 03/12/09 0541

Unit Number: A000312555

Location: ED

Account # 0907100016

BD: 01/30/68 Age: 41Y

Sex: M

Ordering Physician MISCELLANEOUS,MISC Admit Phys:MISCELLANEOUS,MISC

MISCELLANEOUS,MISC

MISCELLANEOUS,MISC

MIZ-

GREENWOOD. SC

29646

MIZ-

GREENWOOD

SC

29646

Chk-in # Order Exam

1060083 0001 68850 XR CHEST PORTABLE

Ord Diag: SOB

Findings: Heart size and mediastinal contour are within normal limits. Pulmonary vascularity is normal. The lungs are clear.

Impression: Unremarkable chest radiograph.

Read By- JOHN W MCALHANY JR M.D.

Released By- JOHN W MCALHANY JR M.D.

Transcriptionist- JOHN W MCALHANY JR M.D.

Released Date Time- 03/12/09 0726

FINAL

Page 1

R 0237

22

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Respiratory Therapy Initial Assessment

Date: 3/12/09 Time: 0540 SpO2/FIO2 83%/RA Home Therapy MDL

Therapy Ordered: Alb/AlcO

Has the patient ever smoked? ☒ Yes Pack/Years: Quit: Advice given: Yes

Cardiopulmonary history: Bronchitis

Initial peak flows or volumes:

Comments:

Signature:

Daily Assessments

Date: Time: SpO2/FIO2

Br.S anterior/posterior:

Changes in baseline (e.g. ABG, CXR, Peak flows, IS volumes):

Need to modify treatment, equipment or medication dosage:

Patient subjective response to therapy/dyspnea:

Proper technique/compliance?

Comments:

Signature:

Date: Time: SpO2/FIO2

Br.S anterior/posterior:

Changes in baseline (e.g. ABG, CXR, Peak flows, IS volumes):

Need to modify treatment, equipment or medication dosage:

Patient subjective response to therapy/dyspnea:

Proper technique/compliance?

Comments:

Signature:

Date: Time: SpO2/FIO2

Br.S anterior/posterior:

Changes in baseline (e.g. ABG, CXR, Peak flows, IS volumes):

Need to modify treatment, equipment or medication dosage:

Patient subjective response to therapy/dyspnea:

Proper technique/compliance?

Comments:

Signature:

Date: Time: SpO2/FIO2

Br.S anterior/posterior:

Changes in baseline (e.g. ABG, CXR, Peak flows, IS volumes):

Need to modify treatment, equipment or medication dosage:

Patient subjective response to therapy/dyspnea:

Proper technique/compliance?

Comments:

Signature:

Addressograph

04071-00016

COLE, ROBBIE S

MISCELLANEOUS, MISC

M 01/30/1968 000312555

SURGERY DATE-

Assessments/Treatments

Respiratory Therapy

Self-Regional Healthcare



R 0238

Future Use Only

Respiratory Treatments

Date: 3/12/09	Time: 0540	Tx: HUNE MP	Meds: 2.5mg Alb/0.5mg Atr
HR a/p: 104/102	RR a/p: 24/22	Br.S a/p: Exp Wheezing	Exp Wheezing
Pred. Vol/PF:	Pt. Vol/PF:	% Pred:	Other:
Cough: Strong	Sputum: NPC	Improvement: ✓	Complications: NAR
Trach Size:	Cuff Pres:	Comments:	

Signature: *Heidi Jorder*

Date: 3/12/09	Time: 0550	Tx: HUNE MP	Meds: 1.25mg Xop/2.5cc Nac
HR a/p: 100/102	RR a/p: 28-26	Br.S a/p: Exp Wheezing	Exp Wheezing
Pred. Vol/PF:	Pt. Vol/PF:	% Pred:	Other:
Cough: Strong	Sputum: NPC	Improvement: ✓	Complications: NAR
Trach Size:	Cuff Pres:	Comments: tol tx well -	

Signature: *Heidi Jorder*

Date: 3/12/09	Time: 0600	Tx: HUNE MP	Meds: 1.25mg Xop/2.5cc Nac
HR a/p: 100/102	RR a/p: 30-28	Br.S a/p: Exp Wheezing	Exp Wheezing
Pred. Vol/PF:	Pt. Vol/PF:	% Pred:	Other:
Cough: Strong	Sputum: NPC	Improvement: ✓	Complications: NAR
Trach Size:	Cuff Pres:	Comments: tol tx well -	

Signature: *Heidi Jorder*

Date: 3/12/09	Time: 0610	Tx: HUNE MP	Meds: 1.25mg Xop/2.5cc Nac
HR a/p: 104/104	RR a/p: 31-30	Br.S a/p: Exp Wheezing	Exp Wheezing
Pred. Vol/PF:	Pt. Vol/PF:	% Pred:	Other:
Cough: Strong	Sputum: NPC	Improvement: ✓	Complications: NAR
Trach Size:	Cuff Pres:	Comments: tol tx well -	

Signature: *Heidi Jorder*

Date: 3/12/09	Time: 0720	Tx: HUNE MP	Meds: 1.25mg Xop/2.5cc Nac
HR a/p: 94/94	RR a/p: 30/30	Br.S a/p: Exp Wheezing	Exp Wheezing
Pred. Vol/PF:	Pt. Vol/PF:	% Pred:	Other:
Cough: Strong	Sputum: NPC	Improvement: ✓	Complications: NAR
Trach Size:	Cuff Pres:	Comments: Pt. received HUNE via MASK - Pysp...	

Pt. is a smoker

Signature: *D. Temple*

Date:	Time:	Tx:	Meds:
HR a/p:	RR a/p:	Br.S a/p:	
Pred. Vol/PF:	Pt. Vol/PF:	% Pred:	Other:
Cough:	Sputum:	Improvement:	Complications:
Trach Size:	Cuff Pres:	Comments:	

Signature:

Medications: Alb: Albuterol; Atr: Atrovent; A/A: Albuterol/Atrovent; Xop: Xopenex; Epi: Epinephrine

Addressograph 09771-00016

COLE, ROBBIN B

HISCELLANEOUS, HISC

H 01/30/1968 000312555

SURGERY DATE

Assessments/Treatments

Respiratory Therapy

Self Regional Healthcare

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(RTAT)

Form# QSF-RT-TM-0001/08-06/Revision 0/Bifold/Page 2 of 4

R 0239

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CCR30

11:17 12MAR2009

10:00	117/ 84(94)	mmHg	PR= 91 (SP02)	S T A R T	INTERVAL q 15 min LAST BP= 11:00 03/12	N I B P	119 71	mmHg	(92)	NIBP ALM OFF
10:15	129/ 69(88)	mmHg	PR= 68 (ECG)							
10:30	120/ 94(107)	mmHg	PR= 95 (ECG)							
10:45	142/ 96(106)	mmHg	PR= 97 (ECG)							
11:00	119/ 71(92)	mmHg	PR= 70 (ECG)							

Gel⁹²

09071-00016
 COLE, ROBBIN B
 MISCELLANEOUS, MISC
 N 01/30/1968 000312553
 SURGERY DATE-

PRINTED BY: E16055

R 0240

25

CCR30
11:17 12MAR2009

07:30	116/	88(	96)	mmHg	PR=	80	(ECG)
07:45	114/	78(	91)	mmHg	PR=	90	(ECG)
08:00	113/	78(	93)	mmHg	PR=	76	(ECG)
08:15	118/	67(	78)	mmHg	PR=	67	(ECG)
08:30	107/	60(	81)	mmHg	PR=	71	(ECG)

S
T
A
R
T

INTERVAL
q 15 min
LAST BP=

N
I
B
P

119
71

(92)

E
C
G

NIBP
ALM
OFF

09071-00016

COLE, ROBBIN B

MISCELLANEOUS, MISC

M 01/30/1968 000312555

SURGERY DATE-

R 0241

PRINTED 11:17 12MAR2009

26

CCR30
11:17 12MAR2009

05:30	171/102(130)	mmHg	PR=122 (SP02)
05:45	146/108(123)	mmHg	PR=108 (ECG)
05:57	136/100(111)	mmHg	PR=110 (ECG)
06:00	136/ 97(112)	mmHg	PR=107 (ECG)
06:15	145/ 88(105)	mmHg	PR=113 (ECG)

S T A R T	INTERVAL
	q 15 min
	LAST BP=
	11:00
	03/12

N I B P

119 (92)
71 mmHg
NIBP
ALM
OFF

09071-00016
COLE, ROBBIN B
MISCELLANEOUS, MISC
H 01/30/1968 000312555
SURGERY DATE=

R 0242

SELF REGIONAL HEALTHCARE
BARBARA L BURCH, M.D., LABORATORY MEDICAL DIRECTOR
1325 SPRING STREET, GREENWOOD, SOUTH CAROLINA 29646

NAME : COLE, ROBBIN B AGE : 41Y SEX : M
MR# : 000312555 LOC: E30
HIST# : 0907100016 DR : MISCELLANEOUS, MISC DOB : 01/30/1968 CODE: 199

***** HEMOGRAM *****
TEST: WBC RBC HGB HCT MCV MCH MCHC RDW PLT MPV
UNITS: K/uL M/uL G/dL % FL PG G/dL % K/uL FL
REF. RANGE: 4-10.5 4.20-5.50 13.0-17.0 38.3-49.5 80-96 26.5-33 32.5-35.9 11.5-15.3 150-400 7.4-10.4

03/12/09
+ 0535 10.4 4.97 16.7 47.9 96.3 33.6 34.9 12.4 293 7.4
STAT STAT STAT STAT STAT STAT STAT STAT STAT STAT

***** AUTO DIFFERENTIAL *****
TEST: LYMPH MONO GRAN EOS BASO ABSOLUTE ABSOLUTE ABSOLUTE ABSOLUTE ABSOLUTE
UNITS: % % % % % LYMPH MONO GRAN EOS BASO
REF. RANGE: 16-46 1-13 42-75 0-8 0-2 X10^3 X10^3 X10^3 X10^3 X10^3

03/12/09
+ 0535 28.8 7.9 37.8 24.8 0.7 3.0 0.8 3.9 2.6 0.1
STAT STAT STAT STAT STAT STAT STAT STAT STAT STAT

***** MANUAL DIFFERENTIAL *****
TEST: PLATELET
UNITS: ESTIMATE
REF. RANGE:

03/12/09
+ 0535 ADEQUATE
STAT

***** CBC MORPHOLOGY *****
TEST: RBC PLATELET
COMMENT MORPHOLOGY
UNITS:
REF. RANGE: RBCN PLTN

03/12/09
+ 0535 1+ ANISOCYTOSIS PLT MORPHOLOGY NORMAL
SLIGHT MACROCYTES STAT STAT

ROBBIN B COLE
OF/OS NEW ACTIVITY ONLY

CONTINUED

MR# : 000312555
LOC: E30

03/13/2009

01:00
PAGE: 1

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R 0243

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SELF REGIONAL HEALTHCARE
BARBARA L BURCH, M.D., LABORATORY MEDICAL DIRECTOR
1325 SPRING STREET, GREENWOOD, SOUTH CAROLINA 29646

NAME : COLE, ROBBIN B AGE : 41Y SEX : M
MR# : 000312555 LOC: E30
HIST#: 0907100016 DR : MISCELLANEOUS, MISC DOB : 01/30/1968 CODE: 199

CHEMISTRY PANEL										
TEST:	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	TOTAL BILIRUBIN	GLUCOSE	BUN	CREATININE	SODIUM	POTASSIUM
UNITS:	MG/DL	G/DL	G/DL	G/DL	MG/DL	MG/DL	MG/DL	MG/DL	MMOL/L	MMOL/L
REF. RANGE:	8.5-10.5	6.0-8.0	3.5-5.0	1.5-4.0	0.3-1.2	70-110	8-26	0.61-1.24	135-145	3.6-5.0
03/12/09										
+ 0535	8.9	7.9	4.5	3.4	1.0	138 *	16	0.98	139	4.0
	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT

CHEMISTRY PANEL									
TEST:	CHLORIDE	CO2	ANION GAP	CALCULATED OSMOLALITY	EGFR NON AFR AMER	EGFR AFRICAN AMER	EGFR NOTES	ALKALINE PHOSPHATASE	AST
UNITS:	MMOL/L	MMOL/L			ML/MIN/1.73M^2	ML/MIN/1.73M^2		U/L	U/L
REF. RANGE:	98-111	21-31			>60	>60		33-105	7-40
03/12/09									
+ 0535	105	28	6.0	281	>60	>60	EGFR2	76	34
	STAT	STAT	STAT	STAT	STAT	STAT	EGFR3	STAT	STAT
							STAT		

CHEMISTRY PANEL	
TEST:	ALT
UNITS:	U/L
REF. RANGE:	17-63
03/12/09	
+ 0535	30
	STAT

FOOTNOTES --

EGFR2 Estimated GFRs are not intended for use in renal dosing of medication or radiocontrast dye. EGFRs have not been validated for use in patients under 18 or over 70 years of age, or in pregnant women.

EGFR3 EGFRs are not validated for use in patients with serious co morbid conditions, or in patients with extremes of body size or nutritional status. For additional information and for stratification of Kidney Disease, see the NKDEP website.

ROBBIN B COLE
OF/OS NEW ACTIVITY ONLY

CONTINUED

MR#: 000312555
LOC: E30

03/13/2009

01:00
PAGE: 2

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R 0244

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SELF REGIONAL HEALTHCARE
BARBARA L BURCH, M.D., LABORATORY MEDICAL DIRECTOR
1325 SPRING STREET, GREENWOOD, SOUTH CAROLINA 29646

R 0245
30

NAME : COLE, ROBBIN B AGE : 41Y SEX : M
MR# : 000312555 LOC : E30
HIST# : 0907100016 DR : MISCELLANEOUS, MISC DOB : 01/30/1968 CODE : 199

CHEMISTRY MISCELLANEOUS

TEST: BNP
UNITS: PG/ML
REF. RANGE: 0-100

03/12/09
+ 0535 22.0
IICC
STAT

WOUND CULTURES

03/12/2009 RAPID INFLUENZA A &
collected ACC. NO.: H36337 FINAL 03/12/2009
+ 0750 SPECIMEN DESCRIPTION: NASAL SWAB STAT
SPECIAL REQUESTS: NONE STAT

- INFLUENZA A / B::
1. INFLUENZA A VIRUS: NEGATIVE
2. INFLUENZA B VIRUS: NEGATIVE STAT

BLOOD CULTURES

03/12/2009 BLOOD CULTURE
collected ACC. NO.: H36299 PRELIMINARY
+ 0535 SPECIMEN DESCRIPTION: BLOOD STAT
SPECIAL REQUESTS: NONE STAT
CULTURE: 1. PEND

RESPIRATORY THERAPY

TEST:	ARTERIAL PH	ARTERIAL PCO2	ARTERIAL PO2	HCO3	BASE EXCESS	O2 SATURATION CALCULATED	FRAC. INSPIRED O2	DRAW DATE MMDDYYYY	DRAW TIME	ANALYZE DATE MMDDYYYY	ANALYZE TIME
UNITS:		mmHg	mmHg	MMOL/L		%					
REF. RANGE:	7.35-7.45	35-45	80-100	22-26		95-99					
03/12/09											
+ 1009	7.43	40	67 *	26	1.5	94 *	21.0	3122009	1014	3122009	1016

FOOTNOTES: --
IICC INTERPRETATION AND INTERVENTION REQUIRES CLINICAL CORRELATION

CONTINUED

ROBBIN B COLE
OP/OS NEW ACTIVITY ONLY

MR# : 000312555
LOC : E30

03/13/2009

01:00
PAGE: 3

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R 0246

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FOOTNOTES

(a) TEST PERFORMED BY RESPIRATORY THERAPY
(b) MEDICAL DIRECTOR O.M. COBB, M.D.

01:00
PAGE: 4

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SELF REGIONAL HEALTHCARE
BARBARA L BURCH, M.D., LABORATORY MEDICAL DIRECTOR
1325 SPRING STREET, GREENWOOD, SOUTH CAROLINA 29646

NAME : COLE, ROBBIN B AGE : 41Y SEX : M
MR# : 000312555 LOC: E30
HIST#: 0907100016 DR : MISCELLANEOUS, MTSC DOB : 01/30/1968 CODE: 199

***** BLOOD CULTURES *****

03/12/2009 BLOOD CULTURE
collected ACC. NO.: H36299 PRELIMINARY
+ 0535 SPECIMEN DESCRIPTION: BLOOD STAT
SPECIAL REQUESTS: NONE STAT

CULTURE: 1. NO GROWTH 1 DAY STAT

ROBBIN B COLE END OF REPORT MR#: 000312555 03/14/2009 01:00
OF/OS NEW ACTIVITY ONLY LOC: E30 PAGE: 1

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R 0247

SELF REGIONAL HEALTHCARE
BARBARA L BURCH, M.D., LABORATORY MEDICAL DIRECTOR
1325 SPRING STREET, GREENWOOD, SOUTH CAROLINA 29646

NAME : COLE, ROBBIN B AGE : 41Y SEX : M
MR# : 000312555 LOC: E30
HTST#: 0907100016 DR : MISCELLANEOUS, MTSC DOB : 01/30/1968 CODE: 199

***** BLOOD CULTURES *****

03/12/2009 BLOOD CULTURE
collected ACC. NO.: H36299 PRELIMINARY
+ 0535 SPECIMEN DESCRIPTION: BLOOD STAT
SPECIAL REQUESTS: NONE STAT
CULTURE: 1. NO GROWTH 2 DAYS STAT

ROBBIN B COLE
OF/OS NEW ACTIVITY ONLY

END OF REPORT

MR#: 000312555
LOC: E30

03/15/2009

01:00
PAGE: 1

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R 0248

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SELF REGIONAL HEALTHCARE
BARBARA L BURCH, M.D., LABORATORY MEDICAL DIRECTOR
1325 SPRING STREET, GREENWOOD, SOUTH CAROLINA 29646

NAME : COLE, ROBBIN B AGE : 41Y SEX : M
MR# : 000312555 LOC: E30
HIST#: 0907100016 DR : MISCELLANEOUS, MISC DOB : 01/30/1968 CODE: 199

***** BLOOD CULTURES *****

03/12/2009 BLOOD CULTURE
collected ACC. NO.: 036299 PRELIMINARY
+ 0535 SPECIMEN DESCRIPTION: BLOOD STAT
SPECIAL REQUESTS: NONE STAT
CULTURE: 1. NO GROWTH 3 DAYS STAT

ROBBIN E COLE
OF/OS NEW ACTIVITY ONLY

END OF REPORT

MR#: 000312555
LOC: E30

03/16/2009

01:00
PAGE: 1

PRINTED BY: E16055

R 0249

34

SELF REGIONAL HEALTHCARE
BARBARA L BURCH, M.D., LABORATORY MEDICAL DIRECTOR
1325 SPRING STREET, GREENWOOD, SOUTH CAROLINA 29646

NAME : COLE, ROBBIN B AGE : 41Y SEX : M
MR# : 000312555 LOC: E30
HIST#: 0907100016 DR : MISCELLANEOUS, MISC DOB : 01/30/1968 CODE: 199

***** BLOOD CULTURES *****

03/12/2009 BLOOD CULTURE
collected ACC. NO.: E36299 PRELIMINARY
+ 0535 SPECIMEN DESCRIPTION: BLOOD STAT
SPECIAL REQUESTS: NONE STAT

CULTURE: 1. NO GROWTH 4 DAYS STAT

ROBBIN B COLE
OP/OS NEW ACTIVITY ONLY

END OF REPORT

MR#: 000312555
LOC: E30

03/17/2009

01:00
PAGE: 1

PRINTED BY: E16055

R 0250

35

SELF REGIONAL HEALTHCARE
BARBARA L BURCH, M.D., LABORATORY MEDICAL DIRECTOR
1325 SPRING STREET, GREENWOOD, SOUTH CAROLINA 29646

NAME : COLE, ROBBIN B AGE : 41Y SEX : M
MR# : 000312555 LOC: E30
HIST#: 0907100016 DR : MISCELLANEOUS, MTSC DOB : 01/30/1968 CODE: 199

***** BLOOD CULTURES *****

03/12/2009 BLOOD CULTURE
collected ACC. NO.: H36299 FINAL 03/17/2009
+ 0535 SPECIMEN DESCRIPTION: BLOOD STAT
SPECIAL REQUESTS: NONE STAT

CULTURE: 1. NO GROWTH 5 DAYS STAT

ROBBIN B COLE
OF/OS NEW ACTIVITY ONLY

END OF REPORT

MR#: 000312555
LOC: E30

03/18/2009

01:00
PAGE: 1

PRINTED BY: E16055

R 0251

36

COLE : ROBBIN B
MPI#: 000312555 HX#: 0907100016
Age: 41 YEARS
Sex: MALE Race: CAUCASIAN
Loc: 30 DOB: 01/30/1968
Tech: CSH
Ordering MD:
Reading MD:

Date: 03/12/09 Time: 5:44:18
Dept: IP
SELF REGIONAL

Vent. Rate 105
-- Durations --
QRS: 78 ms
-- Intervals --
RR: 569 ms
PR: 160 ms
QT: 336 ms
QTc: 414 ms
QTd: 42 ms
-- Axes --
P: 85°
QRS: 50°
T: 44°

Sinus tachycardia

Normal ECG except for rate

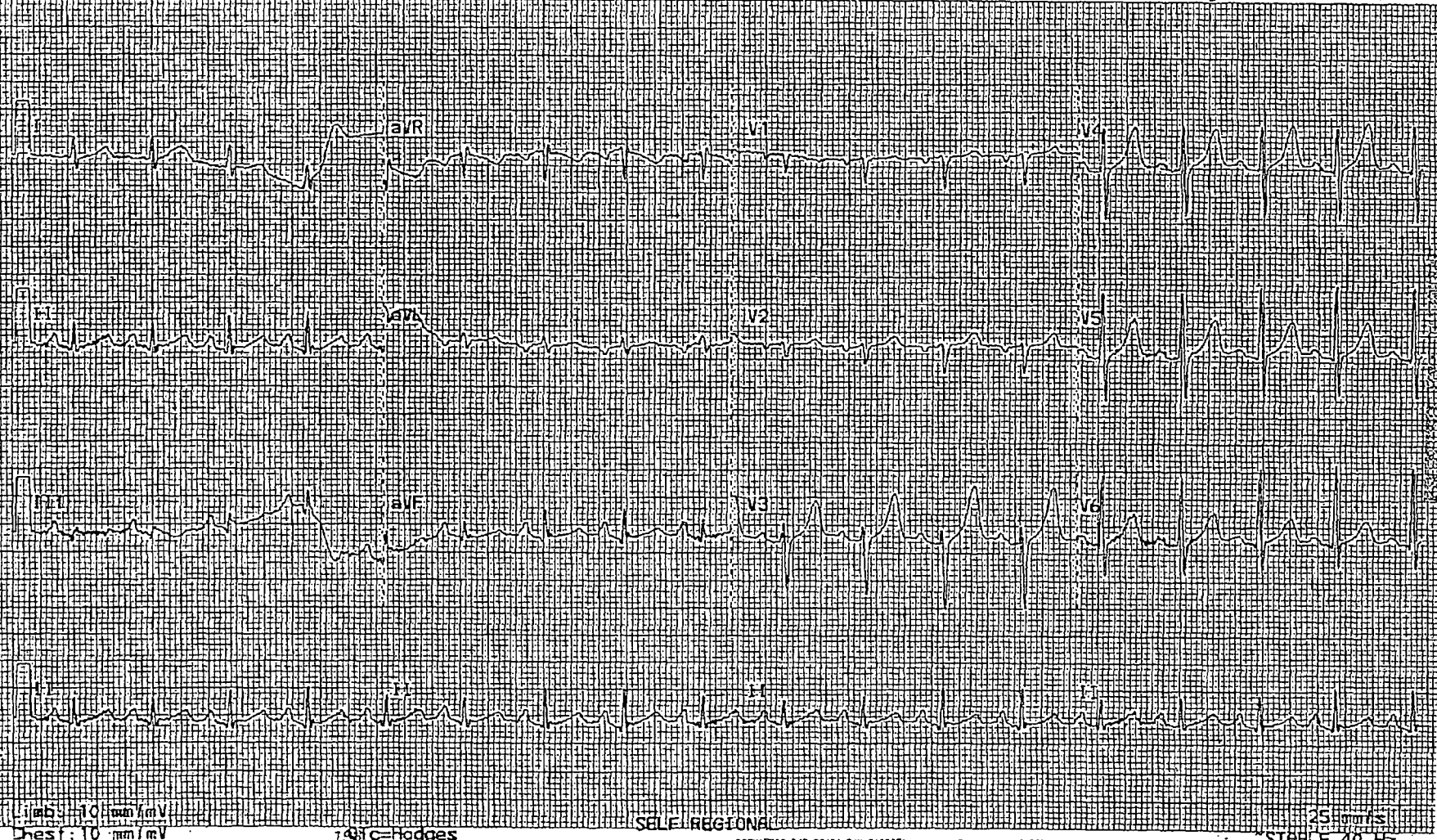
* Unconfirmed Analysis *

Shown to Dr Curry

R 0252

37

mmg



Limbs: 10 mm/mV
Chest: 10 mm/mV

12-lead ECG

SELF REGIONAL

PRINTED 2.7.9.25/26.3/2.3100051

Serial #: 0001002

25 mm/s
STABLE 40 Hz

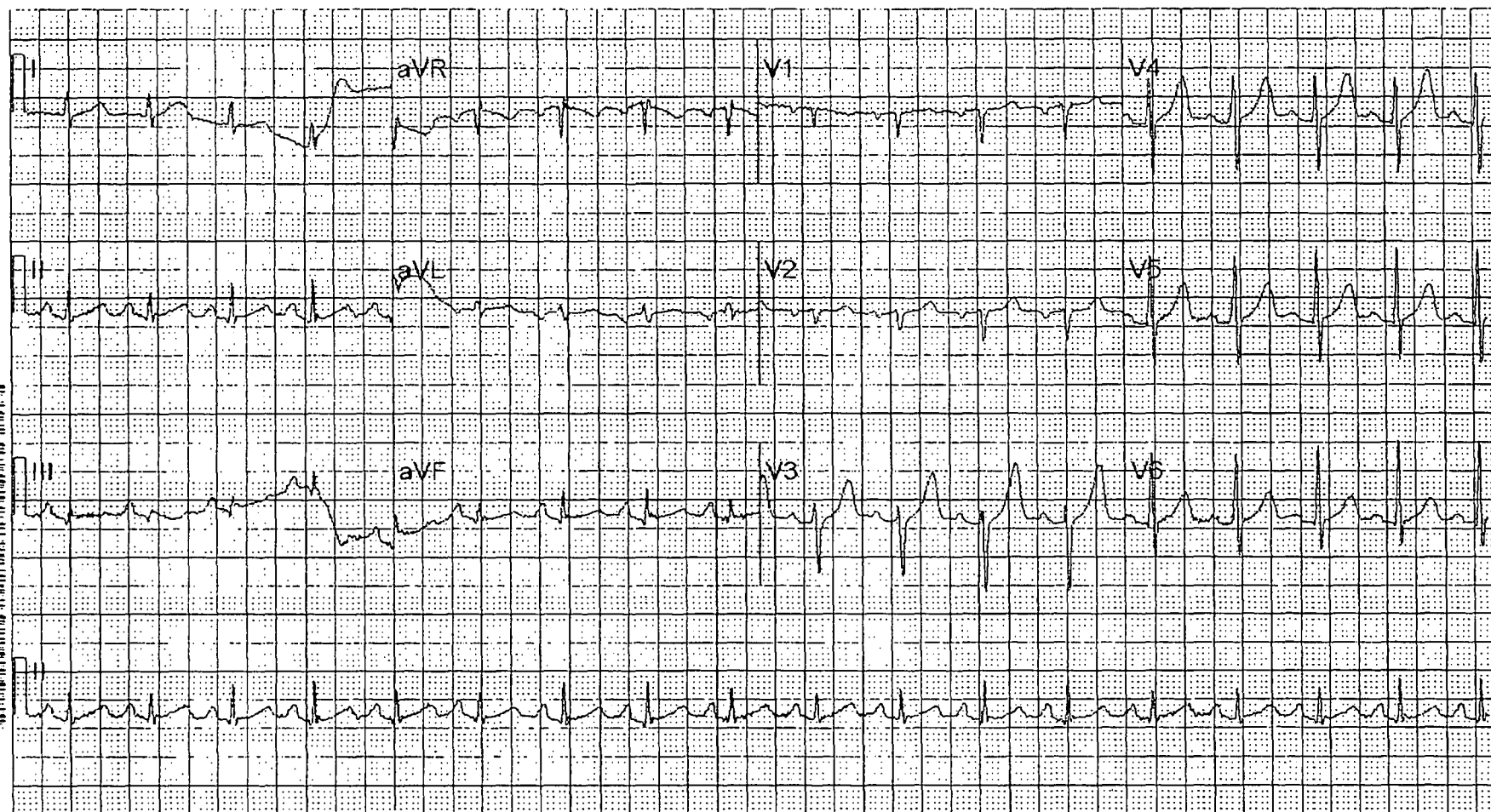
<<NAME/ID CONFLICT>>

COLE, ROBBIN B
MPI#: 000312555 HX#: 0907100016
Age: 41 years
Sex: Male Race: Caucasian
Loc: 30 DOB: 01/30/68
Tech: CSH
Ordering MD:
Reading MD: PCA
ERDC

Date: 03/12/09 Time: 05.44.18
Dept: IP
Self Regional Healthcare

Vent rate: 105 Sinus tachycardia
RR : 569
--Durations-- Normal ECG except for rate
P : 90
QRS: 78 NO PREVIOUS TRACING
--Intervals--
PR : 160
QT : 336
QTcH: 414
QTd: 42
--Axes--
P : 85
QRS: 50 Confirmed test: Dr. M. Croitoru
T : 44

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



R 0253

PRINTED BY: E16055

38

Full Release Only

Today's Date: 3/12/09
Name of Patient: Robbin Cole ECC#: 30
Date of Service: 3/12/09 Time of Discharge: 1115
Return to Work/School on: 3/14/09
Limitations:

DR Curry / KRC
(MD) / PA / FNP

PLEASE NOTE that the Emergency Care Center (ECC) cannot provide a work/school release for missed days until you are seen in the ECC. Nor can we excuse absences beyond the above date unless you are seen again in the Emergency Care Center. You should follow up this visit with your family physician or the physician to whom you were referred. He/she can then plan your follow up care.

The ECC Physicians **CANNOT** certify or fill out leave of absence, FMLA or short term disability forms. These forms must be filled out by your own physician or the physician to whom you were referred.

Addressograph

09071-00016

COLE, ROBBIN B

MISCELLANEOUS, NISC

M 01/30/1965 000312558

SURGERT RATE

Verification of Illness or Injury- ECC

Self Regional Healthcare

White: Chart Yellow: Patient

Pink: Patient's Employer

PRINTED BY: E16055



1ECVI620

Form # N-443/ 9-03/ NCR/ Page 1 of 1

R 0254



Patient Name Robbin Cole DATE 8/10/09

Pretest Meds _____

Level of Dyspnea 3 Fatigue 3 (per BORG Scale)

[illegible]

Post-Test Vital Signs: Heart Rate 70 SpO₂ 98% BP 150/95

Circle Additional Symptoms at End of Exercise : Angina Dizziness Hip Pain

6-minute walk Technician Baker Comments Very Good Effort

Total Distance Walked in 6 minutes: 645 meters $\times 3.28 =$ 2116 feet

6 Minute Walk Test Predicted Normals

Age 41
 Height inches 68
 Weight in lb 162
 Max HR 124
 Distance (m) 643
 Distance (ft) 2116

Height in cm 173
 Weight in kg 74

Heart Rate Predictions		
Max HR	Pred	% Pred
124	179	69

Predicted		
Male	Meters	Female
663		626

Male % Pred.		
Actual (meters)	Predicted	% Predicted
643	663	97
524		

Female % Pred.		
Actual (meters)	Predicted	% Predicted
643	626	103
487		

LLN
 nl (>LLN)
 mild (>60%)
 mod (40-60%)
 severe (<40%)



R 0256

Carolina Pulmonary and Sleep Medicine Associates
2000 East Greenville Street
Anderson, SC, 29621

Name: COLE, ROBBIN	ID: 69260	BSA: 1.87	Date: 08/10/2009
Tech: Baker, Regina	Height: 68.00	Age: 41	Room:
Doctor: HAND, STEPHEN	Weight: 162.00	Sex: Male	Race: Caucasian

Diagnosis:

Dyspnea: No Dyspnea

Cough: Productive

Wheeze: Frequent

Tbco Prod: Cigarette

Yrs Smk: 30.0

Pks/Day: 1.0

Yrs Quit:

Medications:

Pre Test Comments:

Post Test Comments:

	Pre-Bronch			Post-Bronch		
	<u>Actual</u>	<u>Pred</u>	<u>%Pred</u>	<u>Actual</u>	<u>%Pred</u>	<u>%Chng</u>
--- SPIROMETRY ---						
FVC (L)	*2.95	4.57	*64	*3.17	*69	7
FEV1 (L)	*1.51	3.77	*40	*1.99	*53	32
FEV1/FVC (%)	*51	82	*63	*63	*77	23
FEF 25% (L/sec)	*1.67	7.49	*22	*3.08	*41	84
FEF 50% (L/sec)	*0.81	5.01	*16	*1.51	*30	87
FEF 75% (L/sec)	*0.38	1.77	*21	*0.69	*39	84
FEF 25-75% (L/sec)	*0.69	3.99	*17	*1.34	*34	95
FEF Max (L/sec)	*3.00	8.01	*38	*4.42	*55	47
FIVC (L)	2.38			2.93		23
FIF 50% (L/sec)	4.63	5.21	89	*6.71	*129	45
FIF Max (L/sec)	5.10			6.98		37
--- LUNG VOLUMES ---						
SVC (L)	*3.57	4.57	*78			
IC (L)	3.04	3.30	92			
ERV (L)	*0.53	1.27	*41			
TGV (L)	*2.52	3.23	*78			
RV (Pleth) (L)	1.99	1.74	114			
TLC (Pleth) (L)	5.56	6.53	85			
RV/TLC (Pleth) (%)	*36	27	*133			
Trapped Gas (L)						
--- DIFFUSION ---						
DLCOunc (ml/min/mmHg)	27.44	29.64	93			
DLCOcor (ml/min/mmHg)		29.64				
DL/VA (ml/min/mmHg/L)	*6.26	4.54	*138			
VA (L)	*4.39	6.53	*67			
---- AIRWAYS RESISTANCE --						
Raw (cmH2O/L/s)	1.46	1.45	101			
Gaw (L/s/cmH2O)	*0.68	1.03	*66			
sRaw (cmH2O*s)	4.38	< 4.76				R 0257
sGaw (1/cmH2O*s)	0.23	0.20	114			

Carolina Pulmonary and Sleep Medicine Associates
2000 East Greenville Street
Anderson, SC, 29621

Name: COLE, ROBBIN	ID: 69260	BSA: 1.87	Date: 08/10/2009
Tech: Baker, Regina	Height: 68.00	Age: 41	Room:
Doctor: HAND, STEPHEN	Weight: 162.00	Sex: Male	Race: Caucasian

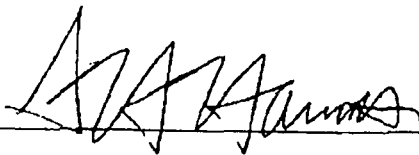
Pre-Bronch			Post-Bronch		
<u>Actual</u>	<u>Pred</u>	<u>%Pred</u>	<u>Actual</u>	<u>%Pred</u>	<u>%Chng</u>

The FVC, FEV1, FEV1/FVC ratio and FEF25-75% are reduced indicating airway obstruction. The FVC is reduced relative to the SVC indicating air trapping. The airway resistance is normal. Following administration of bronchodilators, there is a good response. The diffusing capacity is normal. However, the diffusing capacity was not corrected for the patient's hemoglobin.

Conclusions: Severe airway obstruction and a response to bronchodilators indicates asthma. The absence of overinflation suggests a restrictive process such as pleural or chest wall disease.

Pulmonary Function Diagnosis:
Severe Obstructive Airways Disease -Asthmatic Type
Restriction -Possible

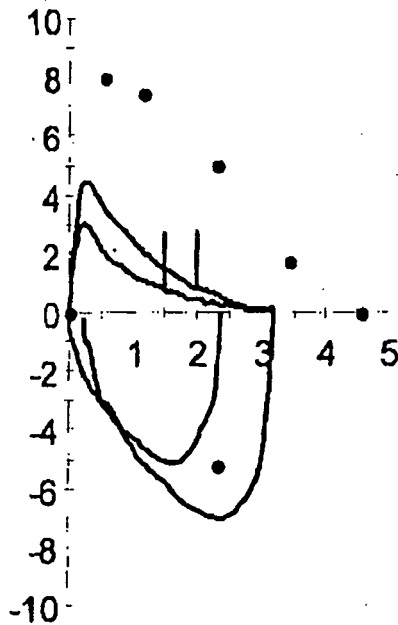
This preliminary report should not be used clinically unless reviewed and signed by a physician.



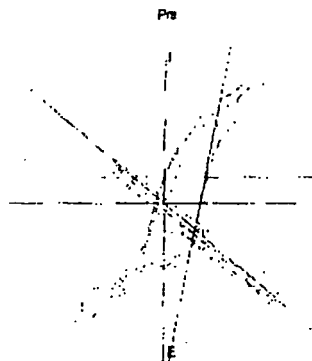
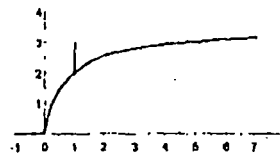
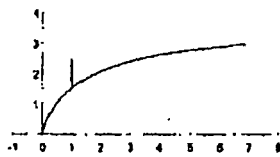
M.D.

Carolina Pulmonary and Sleep Medicine Associates
2000 East Greenville Street
Anderson, SC, 29621

Name: COLE, ROBBIN	ID: 69260	BSA: 1.87	Date: 08/10/2009
Tech: Baker, Regina	Height: 68.00	Age: 41	Room:
Doctor: HAND, STEPHEN	Weight: 162.00	Sex: Male	Race: Caucasian



• Pred — Pre — Post



R 0259

Result Name	Results	Units	Reference Range
☐ CHEST: PA: SING			

Radiologist: CHANDLER, VEENA

COLE

CHEST

INDICATIONS: Shortness of breath, chest tightness.

COMPARISON FILM: 3/14/08

CHEST:

A single AP chest film demonstrates the soft tissues and bony structures to normal in appearance. The lungs are well expanded and clear. The cardiac silhouette, mediastinum, and pulmonary vasculature appear normal.

IMPRESSION:

NEGATIVE AP CHEST.

Order/Accession Comment:

Child Placer Order Number: 25005028 PCM

Parent Placer Order Number: Refer to Order Detail

Filler Order Number: 3759156 RAD

Other Clinicians Who Have Viewed This Data in Portal



Select All Tests Check 5 on All Selected

R 0260

45

ANMED HEALTH
ANDERSON, S.C.
MEDICAL RECORD

199406

COLE, ROBBIN
BRIDGET BRENNAN, M.D.
6350640
03/29/2009
03/29/2009

EMERGENCY DEPARTMENT

DATE: 03/20/2009

CHIEF COMPLAINT: Increased shortness of breath and cough.

DATE OF BIRTH: 01/3081968

HISTORY OF PRESENT ILLNESS: The time of patient encounter was 1149 hours. This is a 41-year-old male presenting today with complaints of increasing cough, chest discomfort and shortness of breath. The patient states that he was diagnosed last week with COPD and placed on two different inhalers and some prednisone. His symptoms seem to have worsened since that time with increasing tightness in his chest, shortness of breath and some wheezing. The patient also has had a nonproductive cough. He denies any diaphoresis, fever or chills. He denies any hemoptysis. He has not had any abdominal pain. He denies any history of coronary artery disease. The patient does complain of some chest discomfort with cough. He denies any lower extremity swelling or pain. No history of DVT or PE.

REVIEW OF SYSTEMS: His review of systems is negative for any headache, nasal congestion, ear pain or sore throat. He denies any palpitations. He has not had any night sweats, weight loss, abdominal pain, nausea, vomiting, diarrhea, constipation, melena, hematochezia, dysuria, hematuria, urgency or frequency. He denies any history of coronary artery disease, MI or diabetes. His review of systems is otherwise negative.

PAST MEDICAL HISTORY: His past medical history is remarkable for bronchitis and COPD.

SOCIAL HISTORY: The patient does smoke one to two packs of cigarettes per day. He drinks on a fairly regular basis.

PRIMARY CARE PHYSICIAN: His primary care physician is Dr. Joe Martin.

MEDICATIONS: His medications include, Combivent and Proventil.

ALLERGIES: His allergies are none.

PHYSICAL EXAMINATION:

GENERAL: Physical examination reveals an alert Caucasian male.

VITAL SIGNS: His blood pressure is 128/67, heart rate is 132, respiratory rate is 32 and somewhat labored, temperature is 99.2 degrees, pulse oximetry 89% initially on room air and 98% on two liters by nasal cannula.

HEENT: His head and neck examination reveal pupils are mid range and briskly

Continued

Page 2

COLE, ROBBIN

EMERGENCY REPORT

BRIDGET BRENNAN, M.D.

reactive. Extraocular movements are intact. His nares are patent.
NECK: His neck is supple. He does not have any JVD, adenopathy or bruit.
CHEST: He is not using his accessory muscles for respiratory effort. The chest is nontender.
LUNGS: The lung fields are diminished with some end extremity wheezing throughout.
HEART: Cardiovascular emanation reveals a mild tachycardia without any murmur. He has 2+ pulses.
ABDOMEN: His abdomen is soft, nontender with normal bowel sounds.
EXTREMITIES: Warm and dry. No peripheral edema, palpable cords or calf tenderness.
NEUROLOGIC: Neurologically, the patient is awake, somewhat anxious but has a nonfocal examination.
IMPRESSION:
1. Worsening chest tightness, wheezing, shortness of breath, most likely secondary to acute bronchitis with bronchospasm.
2. Rule out pneumonia, congestive heart failure, pulmonary embolism and myocardial infarction.

EMERGENCY DEPARTMENT TREATMENT COURSE: The patient is placed in a room on a cardiac monitor, two liters O2 by nasal cannula and pulse oximetry. He was given a nebulizer treatment on his arrival. He had a 12-lead EKG done revealing a sinus tachycardia with some bi-atrial enlargement that is more prominent than it was back on March 14, 2008. The patient had blood cultures times two drawn and sent. A chest x-ray done portably reveals no evidence of acute pulmonary edema, infiltrate or effusion. Arterial blood gas done on eight liters by aerosol mask revealed a pH of 7.36, pCO2 of 48, pO2 of 128, a base excess of 0.8 and a bicarb of 27.1. His white count is 19.4 with a hemoglobin of 17.1, hematocrit 49.3 and a platelet count of 293,000. His base metabolic panel is normal with the exception of a mild elevation of the glucose at 115. Troponin is zero. The patient is reevaluated after his nebulizer treatment and he did have improvement in his breath sounds, decreased in his respiratory rate and decreased work of breathing. I believe his white count is most likely elevated due to his recent course of steroids. I do not see any evidence of a pneumonia on his chest x-ray. I do believe he is stable for discharge home. He was given a prescription for an albuterol nebulizer machine with medications to use in the and another course of steroids. He is also given a prescription for Tussionex to take as needed for cough. He was given a referral to see Dr. Steve Hand who is on-call for pulmonology. I have asked that he call the office today for further evaluation and workup of this apparent new diagnoses of bronchitis and bronchospasm. The patient is to push fluids and avoid smoking. He is to return if his symptoms worsen or new symptoms develop are concerning to him. He is agreeable with this plan. At this time he is discharged home.

DIAGNOSES:

1. Acute bronchitis with bronchospasm.

Continued

Page 3
EMERGENCY REPORT

COLE, ROBBIN
BRIDGET BRENNAN, M.D.

BRIDGET BRENNAN, M.D.

0967 .:365909811

Time Dictated: 02:33 PM
Time Transcribed: 06:41 PM

Authenticated by Bridget A. Brennan On 03/31/2009 08:58:42 AM

R 0263

48

PHYSICIAN DOCUMENTATION SHEET

Sun Mar 29 14:33:56 EDT 2009

AnMed Health
Emergency Department
800 N. Fant St.
Anderson, SC 29621
PHONE: (864) 512-1333
FAX: (864) -

MRN: (000)199406
Name: Cole, Robbin B
Age: 41
Complaint:

Account #: 6350640
Sex: M
DOB: 01/30/1968
Primary Diagnosis: Bronchitis-Acute W Bron-
chospasm
Discharge Time: 03/20/2009 16:31

Arrival Time: 03/20/2009 11:43
All Providers: ED physician Dr. Bridget BRENNAN

PMH:

Reviewed by: nurse
Historian: patient
Social History: smoker 1-2 pks/day-instructed to stop, alcohol use-daily
Travel History: no recent foreign travel
Medical History: COPD, bronchitis
Surgical History: none
Family History: non-contributory
Immunization status: tetanus 5-10 years

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

11:57 03/20/2009 by Ashlea SMITH, RN

Home Medications:

Medications			
Medication	Dosage	Frequency	Last Dose
Proventil Inhal	1 SPRAY	prn	
Combivent Inhal	2 sprays	every 6 hours	

12:00 03/20/2009 by RxReconcile User

Patient disposition:

Primary Diagnosis: asthma-Acute Exacerbation
Patient disposition: Disch - Home

15:40 03/20/2009 by Dr. Bridget BRENNAN, ED physician

Patient disposition:

Primary Diagnosis: bronchitis-Acute W Bronchospasm

R 0264

Patient disposition: Disch - Home
15:44 03/20/2009 by Dr. Bridget BRENNAN, ED physician

Prescriptions:

Prescription		
Medication	Dispense	Sig Line
Nebulizer & Compressor For Neb	one	use as directed
Albuterol Sulfate 1.25 mg/3 mL Neb Solution	one box	use in nebulizer q 4-6 hrs prn wheezing
Nebulizer Accessories Kit	one	use as directed
PrednisONE 10 mg Tab	14	2 tab po q d x 4 days, then 1 tab po qd x 4 days, then 1/2 tab po q 4 days
Tussionex Pennkinetic ER 8 mg-10 mg/5 mL Oral 12 hr Susp	8 ounces	1 tspn po q 12 hrs prn cough

15:43 03/20/2009 by Dr. Bridget BRENNAN, ED physician

Discharge:

Discharge Instructions:
acute bronchitis

Drug Instructions:
cortisone-like drugs

Append a Note to Discharge Instructions: No smoking. Medications as prescribed. Drink plenty of fluids. Follow up with Dr. Martin next week. You should also call Dr. Hand's office for further evaluation. Let them know when you call that you have been seen in the ER and were referred to them. Return immediately if your symptoms worsen in any way or new symptoms develop that concern you.
Discharge condition: improved

Referral/Appointment			
Refer Patient To:	Phone Number:	Follow-up in	Appointment Details:
MARTIN, Dr. Joe	864.338.8619		
HAND, Dr. Stephen	864.225.5667		

15:46 03/20/2009 by Dr. Bridget BRENNAN, ED physician

Return to Work/School:

Sheet is for: Cole, Robbin
Was in the ED from: 03/20/2009 11:43
Until: 03/20/2009 15:46
Return Disposition: May return to work without restrictions
Return Date: 03/23/2009

15:46 03/20/2009 by Dr. Bridget BRENNAN, ED physician

Provider:

R 0265

Physician Assessment: HPI and exam completed by ER physician
Chart Dictated Today: this chart was dictated
14:33 03/29/2009 by Dr. Bridget BRENNAN, ED physician

Chart electronically signed by Responsible Physician
14:33 03/29/2009 by Dr. Bridget BRENNAN, ED physician

PHYSICIAN DOCUMENTATION SHEET

Fri Mar 20 16:31:16 EDT 2009

AnMed Health
Emergency Department
800 N. Fant St.
Anderson, SC 29621
PHONE: (864) 512-1333
FAX: (864) -

MRN: 000199406

Name: Cole, Robbin B

Age: 41

Complaint:

Arrival Time: 03/20/2009 11:43

All Providers: ED physician Dr. Bridget BRENNAN

Account #: 6350640

Sex: M

DOB: 01/30/1968

Primary Diagnosis: Bronchitis-Acute W Bronchospasm

Discharge Time: 03/20/2009 16:31

PMH:

Reviewed by: nurse

Historian: patient

Social History: smoker 1-2 pks/day-instructed to stop, alcohol use-daily

Travel History: no recent foreign travel

Medical History: COPD, bronchitis

Surgical History: none

Family History: non-contributory

Immunization status: tetanus 5-10 years

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

11:57 03/20/2009 by Ashlea SMITH, RN

Home Medications:

Medications			
Medication	Dosage	Frequency	Last Dose
Proventil Inhl	1 SPRAY	prn	
Combivent Inhl	2 sprays	every 6 hours	

12:00 03/20/2009 by RxReconcile User

Patient disposition:

Primary Diagnosis: asthma-Acute Exacerbation

Patient disposition: Disch - Home

15:40 03/20/2009 by Dr. Bridget BRENNAN, ED physician

Patient disposition:

Primary Diagnosis: bronchitis-Acute W Bronchospasm

R 0267

Patient disposition: Disch - Home
15:44 03/20/2009 by Dr. Bridget BRENNAN, ED physician

Prescriptions:

Prescription		
Medication	Dispense	Sig Line
Nebulizer & Compressor For Neb	one	use as directed
Albuterol Sulfate 1.25 mg/3 mL Neb Solution	one box	use in nebulizer q 4-6 hrs prn wheezing
Nebulizer Accessories Kit	one	use as directed
PredniSONE 10 mg Tab	14	2 tab po q d x 4 days, then 1 tab po qd x 4 days, then 1/2 tab po q 4 days
Tussionex Penkinetic ER 8 mg-10 mg/5 mL Oral 12 hr Susp	8 ounces	1 tspn po q 12 hrs prn cough

15:43 03/20/2009 by Dr. Bridget BRENNAN, ED physician

Discharge:

Discharge Instructions:
acute bronchitis

Drug Instructions:
cortisone-like drugs

Append a Note to Discharge Instructions: No smoking. Medications as prescribed. Drink plenty of fluids. Follow up with Dr. Martin next week. You should also call Dr. Hand's office for further evaluation. Let them know when you call that you have been seen in the ER and were referred to them. Return immediately if your symptoms worsen in any way or new symptoms develop that concern you.
Discharge condition: improved

Referral/Appointment			
Refer Patient To:	Phone Number:	Follow-up in	Appointment Details:
MARTIN, Dr. Joe	864.338.8619		
HAND, Dr. Stephen	864.225.5667		

15:46 03/20/2009 by Dr. Bridget BRENNAN, ED physician

Return to Work/School:

Sheet is for: Cole, Robbin
Was in the ED from: 03/20/2009 11:43
Until: 03/20/2009 15:46
Return Disposition: May return to work without restrictions
Return Date: 03/23/2009

15:46 03/20/2009 by Dr. Bridget BRENNAN, ED physician

Authenticated by
Bridget A. Brennan
On 03/25/2009 03:39:31 PM

R 0268

ANMED HEALTH

Emergency Department Assessment Sheet

800 N. Fant St. Anderson, SC 29621 (864) 512-1333

MR # 000199406

Sex: Male

DOB: 01/30/1968

Name: Cole, Robbin B

Phone: [REDACTED]

Address: [REDACTED], BELTON, SC 29627

Unit Code: TCC

Account # 6350640

Age: 41

Complaint: Shot
Arrival Date/Time: 11:43 03/20/2009
Arrived by: Private Vehicle
Mobility: Ambulatory
Accompanied By: None

Acuity: 2 - Two
Insurance:
Amb: Helicopter
Referring Facility:
Emergency Physician: BRENNAN, Dr. Bridget
Resident: -Unassigned
Primary Care: MARTIN, Dr. Joe

Fin Class: 2

Complaint Code:
Treatment PTA:

Triage Nurse: LEB, RN, NANCY

Past Medical Hx: Bronchitis, COPD
Immunization History: Tetanus 5-10 years
Social History: Alcohol use-daily, Smoker 1-2 pk/day-instructed to stop
Weights:
LMP Date:

Prescribing Medications

Medication	Dosage	Freq	Medication	Dosage	Freq
Albuterol Sulfate (Provent...	1 SPRAY	PRN			
Ipratropium-Albuterol (Com...	2 spray	Every 6...			

Allergy

Allergy	Allergic Reaction
NKDA	

Vital Signs

Initial	Time	Temp	Blood Pressure	Pulse	Resp
NL	11:48	99.2	128/67 ..	132	32
AS	11:54		153/106 ..		
AS	11:56			134	33
AS	11:58		171/95 ..		
AS	11:59			116	28
AS	12:00		149/89 ..		
AS	12:00			116	25
AS	12:19			132	28
AS	12:32		226/115 ..		

Pain

Time	Scale
11:54	5/10

Pulse Ox.

Time	%
11:48	89
11:59	98
12:00	98
12:04	98
12:18	99
12:29	97
13:00	93
13:31	86
13:41	90

Pupils

Time	L (mm)	R (mm)

Glasgow Coma

Time	Score

Disposition Information

Primary Diagnosis: Bronchitis-Acute W Bronchospasm

Secondary Diagnosis:

Disposition: Disch - Home

Report Called By:

Prescriptions: Nebulizer & Compressor For Neb , Albuterol Sulfate 1.25 mg/3 mL Neb Solution , Nebulizer Accessories Kit , PrednisONE 10 mg Tab ,
Tussionex Pennkinetic ER 8 mg-10 mg/5 mL Oral 12 hr ..

Discharge Instructions:

Disability Statement:

Follow-up Care: HAND, Dr. Stephen

Discharge Time: 16:31 03/20/2009

Family Notification:

Report Given To:

Appt Date/Time:

Discharge Nurse: Ashlea SMITH, RN

R 0270

WANNMED HEALTH

Emergency Department Assessment Sheet

800 N. Fant St. Anderson, SC 29621 (864) 512-1333

MR # 00019406

Sex: Male

DOB: 01/30/1968

Name: Cole, Robbin B

Phone: [REDACTED]

Address: 676 W. [REDACTED] R, DEWITT, SC 29627

Unit Code: TCC

Account # 0350640

Age: 41

Orders

Orders

11:40 03/20/2009 - ER Physician Eval. -- Dr. Bridget BRENNAN, ED physician
Evaluate Patient - Dr. Bridget BRENNAN, ED physician at 03/20/2009 11:40
11:57 03/20/2009 - SoluMedrol 125 IVP -- Dr. Bridget BRENNAN, ED physician
In Progress - Ashlea SMITH, RN at 03/20/2009 12:01
Administer Medication - Ashlea SMITH, RN at 03/20/2009 12:00
Response to Medication - Ashlea SMITH, RN at 03/20/2009 12:20
11:57 03/20/2009 - ABG (Arterial Blood Gas) -- Dr. Bridget BRENNAN, ED physician
Obtain Specimen - Ashlea SMITH, RN at 03/20/2009 12:12
Specimen in Lab - Alison THOMASON, RN at 03/20/2009 12:23
Results Ready - Aleisha TROXELL at 03/20/2009 12:20
11:57 03/20/2009 - BLOOD CULTURE X2 -- Dr. Bridget BRENNAN, ED physician
Obtain Specimen - Ashlea SMITH, RN at 03/20/2009 12:12
Specimen in Lab - Alison THOMASON, RN at 03/20/2009 12:23
11:57 03/20/2009 - BMP-BASIC METABOLIC PANEL -- Dr. Bridget BRENNAN, ED physician
Obtain Specimen - Ashlea SMITH, RN at 03/20/2009 12:00
Specimen in Lab - Alison THOMASON, RN at 03/20/2009 12:23
Results Ready - Ashlea SMITH, RN at 03/20/2009 15:52
11:57 03/20/2009 - CARDIAC ENZYME SERIES -- Dr. Bridget BRENNAN, ED physician
Obtain Specimen - Ashlea SMITH, RN at 03/20/2009 12:00
Specimen in Lab - Alison THOMASON, RN at 03/20/2009 12:23
Results Ready - Ashlea SMITH, RN at 03/20/2009 15:52
11:57 03/20/2009 - CBC -- Dr. Bridget BRENNAN, ED physician
Obtain Specimen - Ashlea SMITH, RN at 03/20/2009 12:00
Specimen in Lab - Alison THOMASON, RN at 03/20/2009 12:23
Results Ready - Aleisha TROXELL at 03/20/2009 12:37
11:57 03/20/2009 - CHEST (PORT) SINGLE VIEW -- Dr. Bridget BRENNAN, ED physician
Prepare Patient for Xray - Ashlea SMITH, RN at 03/20/2009 12:01
Obtain Xray - Ashlea SMITH, RN at 03/20/2009 12:20
Results Ready - Alison THOMASON, RN at 03/20/2009 12:23
11:57 03/20/2009 - EKG -- Dr. Bridget BRENNAN, ED physician
EKG in progress - Mandy WRIGHT, RN at 03/20/2009 11:59
EKG completed - Mandy WRIGHT, RN at 03/20/2009 11:50
11:57 03/20/2009 - Neb - Ventolin/Abrovent -- Dr. Bridget BRENNAN, ED physician
Respiratory paged - Ashlea SMITH, RN at 03/20/2009 12:01
11:57 03/20/2009 - NS 1000mL-125hr -- Dr. Bridget BRENNAN, ED physician
NS 1000mL 125hr - Ashlea SMITH, RN at 03/20/2009 12:20
11:57 03/20/2009 - Cardiac Monitor -- Dr. Bridget BRENNAN, ED physician
Cardiac Monitor - Mandy WRIGHT, RN at 03/20/2009 11:59
11:57 03/20/2009 - Oxygen -- Dr. Bridget BRENNAN, ED physician
Oxygen - Mandy WRIGHT, RN at 03/20/2009 11:59
11:57 03/20/2009 - Pulse Ox Monitor -- Dr. Bridget BRENNAN, ED physician
Pulse Ox Monitor - Mandy WRIGHT, RN at 03/20/2009 12:00
12:33 03/20/2009 - Ativan 1mg IVP -- Dr. Bridget BRENNAN, ED physician
In Progress - Ashlea SMITH, RN at 03/20/2009 12:35
Administer Medication - Ashlea SMITH, RN at 03/20/2009 12:40
Response to Medication - Ashlea SMITH, RN at 03/20/2009 12:57

IVs

IVs

AC, Left

12:13 03/20/2009 - Catheter size:18 fr, Rate:Saline Lock, Tubing:Saline Lock - Ashlea SMITH, RN

Time started: 03/20/2009 12:13

IV Specifications: IV started using aseptic technique, NS Flush IV 3ml, Tegaderm dressing applied

Note: inserted by Allison, RN

12:20 03/20/2009 - Catheter size:18 fr, Amount Hung:1000 mL, Rate:125 mL/hour, Rate (mL/hr):125, Tubing:Primary - Ashlea SMITH, RN
Time started: 03/20/2009 12:20
16:23 03/20/2009 - Amount Hung:1000 mL, Rate:125 mL/hour, Rate (mL/hr):125 - Ashlea SMITH, RN
Amount/Inks: IV discontinued
Time completed/discontinued: 03/20/2009 16:23

Triage/Initial Assessment

11:48 03/20/2009 - Initial Triage Info - NANCY LEE, RN

Self-Harm: No

Home Safety: Yes

Chief Complaint: Short

Initial Triage Acuity: 2 - Two

Note: Pt states has copd and had to go to hospital last week for wheezing and shortness of breath. Increased shortness of breath this am.

11:48 03/20/2009 - Vital Signs - NANCY LEE, RN

Temp: 99.2

HR: 120/67

RR: 130

Resp: 32

11:48 03/20/2009 - Oximetry - NANCY LEE, RN

Pulse Oximetry %: 80

Oxygen Therapy: Room Air

Nursing Documentation

11:51 03/20/2009 - Reassessment - NANCY LEE, RN

Note: Pt taken to room 2 B report to Ashlea Smith RN pt placed on o2 at 2 L

11:52 03/20/2009 - Subjective/HPI - Ashlea SMITH, RN

Note: Pt states he was diagnosed with COPD Thursday and placed on two different inhalers and prednisone. Pt today had increased SOB, cough (clear phlegm), and pain in chest when coughing.

11:53 03/20/2009 - Primary Survey - Ashlea SMITH, RN

Airway: Intact

Breathing: Present

Circulation: Adequate

Currently in Pain: Yes

11:54 03/20/2009 - Pain - Ashlea SMITH, RN

Pain Severity Score: 6 - can not be ignored any length of time

Did pain affect daily activities: Yes

Pt given info on pain severity: Yes

Pt understands severity score: Yes

Currently in Pain: Yes

Note: pain in chest when coughing

11:53 03/20/2009 - Reassessment - Ashlea SMITH, RN

Note: Mandy, RN at bedside placing pt on monitor, Allison, RN at bedside to start IV

12:04 03/20/2009 - Reassessment - Mandy WRIGHT, RN

Note: pt receiving breathing treatment at this time-mwrm

12:06 03/20/2009 - Reassessment - Ashlea SMITH, RN

Note: RT at bedside

12:30 03/20/2009 - Reassessment - Ashlea SMITH, RN

Other Assessment: All belongings (valuables) with pt., Awake and alert, Bed in lowest position, Call light within pt's reach, Comfort measures offered to patient, Comfort measures offered to family, IV site without signs of infiltration, IV Fluids infusing without difficulty, Hydration in progress, Friend at bedside, Patient alert and oriented x3, Patient positioned for comfort

12:35 03/20/2009 - Respiratory - Ashlea SMITH, RN

Histories: patient

Symptoms: breathing fast, coughing - productive, short of breath, skin - diaphoretic

Quality: speaking phrases, sitting upright

Onset: last several hours

Exacerbated By: exertion, smoke

Activity at onset/Mechanism: minimal exertion

12:41 03/20/2009 - Reassessment - Ashlea SMITH, RN

Note: pt receiving breathing treatment by RT

12:41 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Resp: 30

R 0271

ANMED HEALTH

Emergency Department Assessment Sheet

800 N. Faint St. Anderson, SC 29621 (864) 512-1333

MR # 000194106

Sex: Male

DOB: 01/30/1968

Name: Cole, Robbin B

Phone: (864) 512-1333

Address: [REDACTED] DELTON, SC 29627

Unit Code: TCC

Account # 6350640

Age: 41

12:41 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Resp: 30. Labored

14:04 03/20/2009 - Reassessment - Ashlea SMITH, RN

(Other Assessment: All belongings (valuables) with pt., Awake and alert, Bed in lowest position, Comfort measures offered to family, Comfort measures offered to patient)

Note: pt resting quietly in bed.

14:22 03/20/2009 - Reassessment - Ashlea SMITH, RN

Note: pt taken off oxygen by Dr. Brennan.

14:53 03/20/2009 - Oximetry - Ashlea SMITH, RN

Pulse Oximetry %: 83

Oxygen Therapy: Room Air

15:22 03/20/2009 - Reassessment - Ashlea SMITH, RN

Note: patient ambulating independently to bathroom, denies SOB, states he still has an occasional cough that he is unable to get rid of, 68% on RA after walk ing.

15:23 03/20/2009 - Oximetry - Ashlea SMITH, RN

Pulse Oximetry %: 88

Oxygen Therapy: Room Air

16:30 03/20/2009 - Discharge Condition - Ashlea SMITH, RN

Activity: 2 - Ixn

Condition: Stable

Mobility at Discharge: Ambulatory

Patient Teaching: Alert and Oriented x 3, Patient is pain free, Vital Signs Stable, Written DC instructions reviewed family, Written DC instructions reviewed patient, Verbal understanding of plan of care, Work/School Excuse Given, Instructed to return to ED for problems, Instructed to return to ED for concerns, Rx instructions reviewed with Patient, Rx instructions reviewed with Family, Verbal understanding of Rx instructions, Thank You Card given, All belongings (valuables) with patient, All belongings (valuables) with family, Verbal understanding of DC instructions, Patient left the ED in no acute distress, Discharge questions answered, Followup plan of care reviewed - Family, Followup plan of care reviewed - PT, Patient left ED with family, Prescription reviewed and given, IV discontinued and dressing applied

Mode of Discharge: Private Vehicle

Monitor Vitals

11:54 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Systolic: 153

Diastolic: 100

Noninvasive BP Mean: 134

Noninvasive BP Rate: 133

11:56 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Pulse Rate: 134

Respirations: 33

11:58 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Systolic: 171

Diastolic: 95

Noninvasive BP Mean: 126

Noninvasive BP Rate: 122

11:59 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Pulse Rate: 118

Respirations: 28

12:00 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Systolic: 149

Diastolic: 80

Noninvasive BP Mean: 120

Noninvasive BP Rate: 120

12:00 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Pulse Rate: 110

Respirations: 25

12:04 03/20/2009 - Oximetry - Ashlea SMITH, RN

Pulse Oximetry %: 88

Pulse Ox Peripheral HR: 118

12:18 03/20/2009 - Oximetry - Ashlea SMITH, RN

Pulse Oximetry %: 85

Pulse Ox Peripheral HR: 130

12:19 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Pulse Rate: 132

Respirations: 28

12:29 03/20/2009 - Oximetry - Ashlea SMITH, RN

Pulse Oximetry %: 97

Pulse Ox Peripheral HR: 136

12:32 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Systolic: 226

Diastolic: 115

Noninvasive BP Mean: 158

Noninvasive BP Rate: 135

12:36 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Pulse Rate: 138

Respirations: 24

12:38 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Systolic: 145

Diastolic: 90

Noninvasive BP Mean: 124

Noninvasive BP Rate: 135

12:39 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Pulse Rate: 136

Respirations: 28

13:00 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Systolic: 150

Diastolic: 80

Noninvasive BP Mean: 108

Noninvasive BP Rate: 130

13:01 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Pulse Rate: 130

Respirations: 22

13:09 03/20/2009 - Oximetry - Ashlea SMITH, RN

Pulse Oximetry %: 83

Pulse Ox Peripheral HR: 128

13:30 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Pulse Rate: 118

Respirations: 18

13:30 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Systolic: 119

Diastolic: 84

Noninvasive BP Mean: 88

Noninvasive BP Rate: 118

13:31 03/20/2009 - Oximetry - Ashlea SMITH, RN

Pulse Oximetry %: 88

Pulse Ox Peripheral HR: 114

13:40 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Pulse Rate: 114

Respirations: 19

13:41 03/20/2009 - Oximetry - Ashlea SMITH, RN

Pulse Oximetry %: 90

Pulse Ox Peripheral HR: 120

14:00 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Pulse Rate: 110

14:00 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Systolic: 124

Diastolic: 88

Noninvasive BP Mean: 105

Noninvasive BP Rate: 109

14:11 03/20/2009 - Oximetry - Ashlea SMITH, RN

Pulse Oximetry %: 95

Pulse Ox Peripheral HR: 100

14:12 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Pulse Rate: 104

14:29 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Pulse Rate: 116

Respirations: 21

14:30 03/20/2009 - Vital Signs - Ashlea SMITH, RN

Systolic: 138

Diastolic: 85

Noninvasive BP Mean: 99

Noninvasive BP Rate: 114

14:41 03/20/2009 - Oximetry - Ashlea SMITH, RN

Pulse Oximetry %: 85

R 0272

ANMED HEALTH

Emergency Department Assessment Sheet

800 N. Fant St. Anderson, SC 29621 (864) 512-1333

MR # 00019406

Sex: Male

DOB: 01/30/1968

Name: Cole, Robbio B.

Phone: (864) 512-1333

Address: (b)(6), (b)(7)(C), BELTON, SC 29627

Unit Code: TCC

Account # 6350640

Age: 41

Pulse Ox Peripheral HR: 110
15:00 03/20/2009 - Vital Signs -- Ashlea SMITH, RN
Systolic: 155
Diastolic: 77
Noninvasive BP Mean: 108
Noninvasive BP Rate: 108
15:06 03/20/2009 - Vital Signs -- Ashlea SMITH, RN
Pulse Rate: 108
Respirations: 19
15:17 03/20/2009 - Vital Signs -- Ashlea SMITH, RN
Systolic: 137
Diastolic: 80
Noninvasive BP Mean: 106
Noninvasive BP Rate: 110
15:20 03/20/2009 - Vital Signs -- Ashlea SMITH, RN
Pulse Rate: 100
15:21 03/20/2009 - Oximetry -- Ashlea SMITH, RN
Pulse Oximetry %: 95
Pulse Ox Peripheral HR: 110
Assessment
11:44 03/20/2009 - Change Room -- Sonya SNIDER, RN
Change Room: Triage Waiting Room
11:44 03/20/2009 - Change Physician -- Sonya SNIDER, RN
ER Physician: Unassigned
Resident: Unassigned
Prim. Care Provider: MARTIN, Dr. Joe - FMP
Responsible Physician: Unassigned
Mid Level Physician: Unassigned
Medical Student: Unassigned
11:48 03/20/2009 - Change Room -- NANCY LEE, RN
Change Room: Trauma Room 2 Bed II
11:49 03/20/2009 - Change Physician -- Dr. Bridget BRENNAN, ED physician
ER Physician: BRENNAN, Dr. Bridget - Emergency Medicine
Resident: Unassigned
Prim. Care Provider: MARTIN, Dr. Joe - FMP
Responsible Physician: BRENNAN, Dr. Bridget - Emergency Medicine
Mid-Level Physician: Unassigned
Medical Student: Unassigned
11:50 03/20/2009 - Change Nurse -- Ashlea SMITH, RN
Primary Nurse: SMITH, RN, Ashlea
Secondary Nurse: Unassigned
Responsible Nurse: SMITH, RN, Ashlea
11:57 03/20/2009 - Allergy Information -- Ashlea SMITH, RN
Allergy: NK1A
11:57 03/20/2009 - Past Medical History -- Ashlea SMITH, RN
Medical History: COPD, Bronchitis
Family History: Non contributory
Surgical History: None
Social History: Smoker 1-2 pks/day-instructed to stop, Alcohol use-daily
Immunization History: Tetanus 5-10 years
Foreign Travel History: No recent foreign travel
Historian: Patient
Reviewed by: Nurse
11:57 03/20/2009 - Supporting Documentation -- Dr. Bridget BRENNAN, ED physician
Ordering Physician: BRENNAN, Dr. Bridget - Emergency Medicine
Orders: ABG (Arterial Blood Gas), BLOOD CULTURE X2, BMP-BASIC METABOLIC PANEL, CARDIAC ENZYME SERIES, CBC, CHEST (PORT) SINGLE VIEW, FKG, Neb - Ventolin/Albuterol, NS 1000ml - 125hr, Cardiac Monitor, Oxygen, Pulse Ox Monitor
Medication Orders: Solumedrol
11:59 03/20/2009 - Rhythm Strip Anlys/Intrp -- Mandy WRIGHT, RN
Interpreted by:
Rate (bpm): 117
Quality: Regular
11:59 03/20/2009 - Oximetry -- Mandy WRIGHT, RN
Pulse Oximetry %: 88
Oxygen Therapy: Other
12:00 03/20/2009 - Oximetry -- Mandy WRIGHT, RN

Pulse Oximetry %: 88
Oxygen Therapy: Other
12:00 03/20/2009 - Home Medications -- RXR5
Albuterol Sulfate (Proventil) 80 mcg/Actuation 1 SPHAY Inhal PHN
Ipratropium-Albuterol (Combivent) 10-100 mcg/Actuation 2 sprays Inhal Every 8 Hours
12:01 03/20/2009 - Group Orders -- Ashlea SMITH, RN
Grouped Orders:
12:01 03/20/2009 - Group Orders -- Ashlea SMITH, RN
Grouped Orders:
12:06 03/20/2009 - Medication Administered -- Ashlea SMITH, RN
Medication: Solumedrol
Dose: 125
Units: mg
Route: IVP
Syringe Type: Separate syringe
12:12 03/20/2009 - Group Orders -- Ashlea SMITH, RN
Grouped Orders:
12:13 03/20/2009 - IV Documentation -- Ashlea SMITH, RN
Site: AC, Left
12:13 03/20/2009 - IV Documentation -- Ashlea SMITH, RN
Site #: 1
Site: AC, Left
Time started: 03/20/2008 12:13
Catheter size: 18 fr
Tubing: Saline Lock
Rate: Saline Lock
IV Specifications: IV started using aseptic technique, NS Flush IV Unit, Topoderm dressing applied
Note: inserted by Alison, RN
12:20 03/20/2009 - IV Documentation -- Ashlea SMITH, RN
Site #: 1
Site: AC, Left
Time started: 03/20/2008 12:20
Catheter size: 18 fr
Amount Hung: 1000 mL
Tubing: Primary
Rate: 125 mL/hour
Rate (mL/hr): 125
12:20 03/20/2009 - Response to Medication -- Ashlea SMITH, RN
Medication: Solumedrol
Response to treatment: No Adverse Reaction
12:33 03/20/2009 - Supporting Documentation -- Dr. Bridget BRENNAN, ED physician
Ordering Physician: BRENNAN, Dr. Bridget - Emergency Medicine
Medication Orders: Alivan
12:37 03/20/2009 - Supporting Documentation -- Stephanie MADDEN
Ordering Physician: BRENNAN, Dr. Bridget - Emergency Medicine
Orders: CASHIER CONSULT
12:40 03/20/2009 - Medication Administered -- Ashlea SMITH, RN
Medication: Alivan
Dose: 1
Units: mg
Route: IVP
Syringe Type: Separate syringe
12:57 03/20/2009 - Response to Medication -- Ashlea SMITH, RN
Medication: Alivan
Response to treatment: No Adverse Reaction, Pt tol procedure without difficulty
15:40 03/20/2009 - Discharge Diagnosis -- Dr. Bridget BRENNAN, ED physician
Primary: Asthma-Acute Exacerbation
15:43 03/20/2009 - Custom Prescriptions -- Dr. Bridget BRENNAN, ED physician
Medication: Tussionex Perkinetic ER 8 mg-10 mg/5 mL Oral 12 hr ...
Sig 1: 1 tab po q 12 hr prn cough
Dispense: 8 capsules
Observation truncated: WARNING: Observation not complete. See PhysDoc.
15:43 03/20/2009 - Custom Prescriptions -- Dr. Bridget BRENNAN, ED physician
Medication: PrednisONE 10 mg Tab
Sig 1: 2 tab po q 4 x 4 days, then 1 tab po qd x 4 days
Sig 2: then 1/2 tab po q 1 days

R 0273

W ANMED HEALTH**Emergency Department
Assessment Sheet**

800 N. First St. Anderson, SC 29621 (864) 512-1333

MR # 000199406

Sex: Male

DOB: 01/30/1968

Name: Cole, Robbin B

Phone: (864) 512-1333

Address: [REDACTED] NELTON, SC 29627

Unit Code: TCC

Account # 6350640

Age: 41

Dispense: 14

15:43 03/20/2009 - Custom Prescriptions - Dr. Bridget BRENNAN, ED physician

Medication: Nebulizer Accessories Kit

Sig 1: use as directed

Dispense: one

15:43 03/20/2009 - Custom Prescriptions - Dr. Bridget BRENNAN, ED physician

Medication: Albuterol Sulfate 1.25 mg/3 mL Neb Solution

Sig 1: use in nebulizer q 4-6 hrs prn wheezing

Dispense: one box

15:48 03/20/2009 - Custom Prescriptions - Dr. Bridget BRENNAN, ED physician

Medication: Nebulizer & Compressor for Neb

Sig 1: use as directed

Dispense: one

15:44 03/20/2009 - Discharge Diagnosis - Dr. Bridget BRENNAN, ED physician

Primary: Bronchitis Acute w/ Bronchospasm

15:46 03/20/2009 - Return to work/school - Dr. Bridget BRENNAN, ED physician

In ED From: 03/20/2009 11:43

Until: 03/20/2009 15:48

Return Date: 03/23/2009

15:46 03/20/2009 - Ref/App - Dr. Bridget BRENNAN, ED physician

Appointment with: HANF, Dr. Stephen

Phone: 864.225.5667

15:46 03/20/2009 - Ref/App - Dr. Bridget BRENNAN, ED physician

Appointment with: MARTIN, Dr. Joe

Phone: 864.234.0818

16:23 03/20/2009 - IV Documentation -- Ashlea SMITH, RN

Site: AC, Left

Action taken: IV discontinued

Time completed/discontinued: 03/20/2009 16:23

Amount Hung: 1000 mL

Rate: 125 mL/hour

Rate (mL/hr): 125

16:41 03/20/2009 - Financial Counseling - Linda GODDARD

Status: Complete

Meds

12:06 03/20/2009 SoluMedrol 125mg IVP - Ashlea SMITH, RN

12:40 03/20/2009 Ativan 1mg IVP - Ashlea SMITH, RN

IVs

AC, Left

12:13 03/20/2009 - Catheter size: 18 fr, Rate: Saline Lock, Tubing: Saline Lock -
Ashlea SMITH, RN

Time started: 03/20/2009 12:13

IV Specifications: IV started using aseptic technique, NS Flush IV 3mL, topackum
dressing applied

Note: inserted by Allbritton, RN

12:20 03/20/2009 - Catheter size: 18 fr, Amount Hung: 1000 mL, Rate: 125 mL /
hour, Rate (mL/hr): 125, Tubing: Primary - Ashlea SMITH, RN

Time started: 03/20/2009 12:20

16:23 03/20/2009 - Amount Hung: 1000 mL, Rate: 125 mL/hour, Rate (mL/hr): 125
- Ashlea SMITH, RN

Action taken: IV discontinued

Time completed/discontinued: 03/20/2009 16:23

R 0274

AnMed Health
 Patient Reimbursement Report
 Cole, Robbin B

Patient Name Facility Code Modifiers	Med. Rec.# Account #	Charges
Cole, Robbin 226: Emergency dept visit - V (3780512) 25	000199406 6350640	1 - Call light within reach 125 - Cardiac monitoring 5 - Disch - Home 5 - Discharge Condition 5 - ED Registration 20 - Lab testing (all) 1 - Pain scale 2 - Pulse oximetry - single 45 - Reassessment complex (4+) 5 - Response to medication 12 - Vitals (3) Rhythm LCC, tracing (93041) IV Push initial (96374) IV Push each new drug (96375) (4) IV Hydration additional hour (96361)

-- End of Report - 1 Line Items Printed --

R 0275

XR CHEST (SINGLE)

ANDERSON AREA MEDICAL CENTER
800 NORTH FANT STREET
ANDERSON SC 29621

RADIOLOGY REPORT

Pat. Name: COLE, ROBBIN BRADLEY
Address: [REDACTED]
Unit/Room: ED/0000
DOB: 30-Jan-1968
Sex: M

MR#: 000199406
Ord. Phys.: BRIDGET AILEEN BRENNAN
Service Date/Time: 03/20/2009 12:27 PM
Order#: E-03759156
PROC: XR CHEST (SINGLE)
Attend. Prov.: BRIDGET AILEEN BRENNAN

COLE CHEST

INDICATIONS: Shortness of breath, chest tightness.

COMPARISON FILM: 3/14/08

CHEST:

A single AP chest film demonstrates the soft tissues and bony structures to be normal in appearance. The lungs are well expanded and clear. The cardiac silhouette, mediastinum, and pulmonary vasculature appear normal.

IMPRESSION:

NEGATIVE AP CHEST.

APPROVED BY: VEENA MATHUR CHANDLER, M.D.

Dictated Date/Time: 03/20/2009 12:21 PM
Transcr. By: TGUNTER
Transcr. Date/Time: 03/20/2009 1:00 PM

Dictated By: VEENA MATHUR CHANDLER, M.D.
Reviewed By:
Approved Date/Time: 03/20/2009 3:09 PM

Page 1

R 0276

Patient: COLE, ROBBIN BRADLEY
ANMED HEALTH MRN: 000-19-9406 ACCT #: 6350640
800 North Fant DOB: 1/30/1968 Age: 41 years Sex: Male
Street Patient Loc: ER Critical
Anderson SC 29621 Admit Provider: Brennan, Bridget A

CHEMISTRY

GENERAL BLOOD CHEMISTRY

Date 3/20/2009
Time 12:00:00
Day of Stay Fri

Procedure		Units	Ref Range
Glucose	115 H	mg/dL	70-110
BUN	16	mg/dL	5-23
Creatinine	1.1	mg/dL	0.5-1.3
Calcium	9.4	mg/dL	8.5-10.3
Sodium	136	mmol/L	135-146
Potassium	4.1	mmol/L	3.5-5.2
Chloride	101	mmol/L	98-107
CO2	26	mmol/L	21-32
Anion Gap	9	mmol/L	4-15
eGFR	>60		
eGFR (African American)	>60		

3/20/2009 12:00:00 Creatinine:
Reference Range changes effective 02/08/2008

3/20/2009 12:00:00 eGFR:

The NKDEP recommends that eGFR readings of greater than 60 mL/min not be reported due to potential inaccuracies.
eGFR should be correlated with the patient's clinical status.
Chronic kidney disease is defined as either kidney damage or GFR less than 60 mL/min/1.73 m² for at least three months.

Stages of Chronic Kidney Disease:

Stage	Description	eGFR (mL/min/1.73m ²)
1	Kidney damage with normal or increased GFR	greater than 90
2	Kidney damage with mild decreased GFR	60-89
3	Moderate decreased GFR	30-59
4	Severe decreased GFR	15-29
5	Kidney Failure	less than 15 (or dialysis)

NOTE: The MDRD formula as used above for eGFR is not recommended for drug dosage calculations.

Legend: L= Low H= High f= footnote C=Critical c= corrected
Report Creation Date/time: 3/20/2009 15:17

R 0277

Patient: COLE, ROBBIN BRADLEY
ANMED HEALTH MRN: 000-19-9406 ACCT #: 6350640
800 North Fant DOB: 1/30/1968 Age: 41 years Sex: Male
Street Patient Loc: ER Critical
Anderson SC 29621 Admit Provider: Brennan, Bridget A

CHEMISTRY

CARDIAC STUDIES

Date 3/20/2009
Time 12:00:00
Day of Stay Fri

Procedure	Units	Ref Range
Troponin	0.0	ng/mL 0.0-0.5

3/20/2009 12:00:00 Troponin:
INTERPRETIVE GUIDELINES:

Troponin value:

Comment:

<0.6	Usually considered to be negative, however any detectable troponin may be useful in risk stratification.
0.6 - 1.5	May indicate an ischemic episode such as Acute Coronary Syndrome. Clinical correlation is indicated.
>1.5	Indicates myocardial damage. After myocardial damage episode, troponin levels produce a rise and fall over 48 hours with a prolonged elevated level for several days. CK MB levels of >5 may be helpful in differentiating acute from recent damage episode on the admission sample.

CKMB will not be performed on admit sample if Troponin result is less than 0.6 ng/mL

POINT OF CARE BLOOD GASES

Date 3/20/2009
Time 12:19:00
Day of Stay Fri

Procedure	Units	Ref Range
PH ABG	7.36	units 7.35-7.45
PCO2 ABG	48	mm Hg 35-48
PO2 ABG	128	mm Hg >=81
HCO3 ABG	27.1	mmol/L 22.0-28.0

Legend: L= Low H= High f= footnote C=Critical c= corrected
Report Creation Date/time: 3/20/2009 15:17

R 0278

Patient: COLE, ROBBIN BRADLEY
ANMED HEALTH MRN: 000-19-9406 ACCT #: 6350640
800 North Fant DOB: 1/30/1968 Age: 41 years Sex: Male
Street Patient Loc: ER Critical
Anderson SC 29621 Admit Provider: Brennan, Bridget A

CHEMISTRY

POINT OF CARE BLOOD GASES

Date 3/20/2009
Time 12:19:00
Day of Stay Fri

Procedure		Units	Ref Range
TCO2 ABG	28.6	mmol/L	24.0-29.0
BE ABG	0.8	mmol/L	0.0-2.0
SO2 ABG	99	%	
Temp ABG	98.6	DegF	
HCT ABG	54 H	%	39-52
Mode ABG	AEROSOL M		
O2 Liters ABG	8.0	L/min	

3/20/2009 12:19:00 PH ABG:

Reference Range Changes for pH, pCO2, pO2, HCO3, CO2, BE effective 7/13/06.

3/20/2009 12:19:00 PO2 ABG:

AnMed Health Laboratory Services confirms linearity to 500 mm Hg. Results greater than 500 mm Hg may be reported (PO2 ABG and PO2 T ABG).

Legend: L= Low H= High f= footnote C=Critical c= corrected
Report Creation Date/time: 3/20/2009 15:17

R 0279

Patient: COLE, ROBBIN BRADLEY
ANMED HEALTH MRN: 000-19-9406 ACCT #: 6350640
800 North Fant DOB: 1/30/1968 Age: 41 years Sex: Male
Street Patient Loc: ER Critical
Anderson SC 29621 Admit Provider: Brennan, Bridget A

HEMATOLOGY

PERIPHERAL BLOOD COUNTS

Date 3/20/2009
Time 12:00:00
Day of Stay Fri

Procedure		Units	Ref Range
WBC	19.40 H	K/microL	3.50-10.80
RBC	5.22	M/microL	4.20-5.80
HGB	17.1 H	g/dL	13.0-17.0
HCT	49.3	%	38.5-52.0
MCV	94.4	fL	80.0-100.0
MCH	32.7	PG	25.9-34.9
MCHC	34.7	g/dL	32.0-36.0
RDW	12.2	%	11.0-15.0
PLT	293	K/microL	150-450
MPV	7.4	fL	7.4-10.4

Legend: L= Low H= High f= footnote C=Critical c= corrected
Report Creation Date/time: 3/20/2009 15:17

R 0280

Patient: COLE, ROBBIN BRADLEY
ANMED HEALTH MRN: 000-19-9406 ACCT #: 6350640
800 North Fant DOB: 1/30/1968 Age: 41 years Sex: Male
Street Patient Loc: ER Critical
Anderson SC 29621 Admit Provider: Brennan, Bridget A

MICROBIOLOGY

PROCEDURE: Blood Culture
SOURCE: Blood
COLLECTED: 03/20/2009 12:10
BODY SITE: Blood, Unknown Site
STARTED: 03/20/2009 12:40
ACCESSION: 09-079-1636

Preliminary Report
Verified: 03/20/2009 14:20
Blood Culture Received and Processed

PROCEDURE: Blood Culture
SOURCE: Blood
COLLECTED: 03/20/2009 12:00
BODY SITE: Blood, Unknown Site
STARTED: 03/20/2009 12:40
ACCESSION: 09-079-1635

Preliminary Report
Verified: 03/20/2009 14:20
Blood Culture Received and Processed

Legend: L= Low H= High f= footnote C=Critical c= corrected
Report Creation Date/time: 3/20/2009 15:17

R 0281

Patient: COLE, ROBBIN BRADLEY
ANMED HEALTH MRN: 000-19-9406 ACCT #: 6350640
800 North Fant DOB: 1/30/1968 Age: 41 years Sex: Male
Street Patient Loc: ER Critical
Anderson SC 29621 Admit Provider: Brennan, Bridget A

MICROBIOLOGY

PROCEDURE: Blood Culture
SOURCE: Blood
COLLECTED: 03/20/2009 12:10
BODY SITE: Blood, Unknown Site
STARTED: 03/20/2009 12:40
ACCESSION: 09-079-1636

Preliminary Report
Verified: 03/22/2009 08:32
Culture Negative to Date

PROCEDURE: Blood Culture
SOURCE: Blood
COLLECTED: 03/20/2009 12:00
BODY SITE: Blood, Unknown Site
STARTED: 03/20/2009 12:40
ACCESSION: 09-079-1635

Preliminary Report
Verified: 03/22/2009 08:32
Culture Negative to Date

Legend: L= Low H= High f= footnote C=Critical c= corrected
Report Creation Date/time: 3/22/2009 10:59

R 0282

Patient: COLE, ROBBIN BRADLEY
ANMED HEALTH MRN: 000-19-9406 ACCT #: 6350640
800 North Fant DOB: 1/30/1968 Age: 41 years Sex: Male
Street Patient Loc: ER Critical
Anderson SC 29621 Admit Provider: Brennan, Bridget A

MICROBIOLOGY

PROCEDURE: Blood Culture
SOURCE: Blood
COLLECTED: 03/20/2009 12:10
BODY SITE: Blood, Unknown Site
STARTED: 03/20/2009 12:40
ACCESSION: 09-079-1636

Final Report
Verified:03/26/2009 06:55
No Organisms Isolated

PROCEDURE: Blood Culture
SOURCE: Blood
COLLECTED: 03/20/2009 12:00
BODY SITE: Blood, Unknown Site
STARTED: 03/20/2009 12:40
ACCESSION: 09-079-1635

Final Report
Verified:03/26/2009 06:55
No Organisms Isolated

Legend: L= Low H= High f= footnote C=Critical c= corrected
Report Creation Date/time: 3/26/2009 06:58

R 0283

COLE, ROBBIN

ID:000199406

20-MAR-2009 11:56:27

AnMed Health-ED ROUTINE RETRIEVAL

30-JAN-1968 (41 yr)
Male Caucasian

Vent. rate 127 BPM
PR interval 138 ms
QRS duration 80 ms
QT/QTc 294/427 ms
P-R-T axes 83 52 60

*** Age and gender specific ECG analysis ***

Sinus tachycardia

Bistrial enlargement

Abnormal ECG

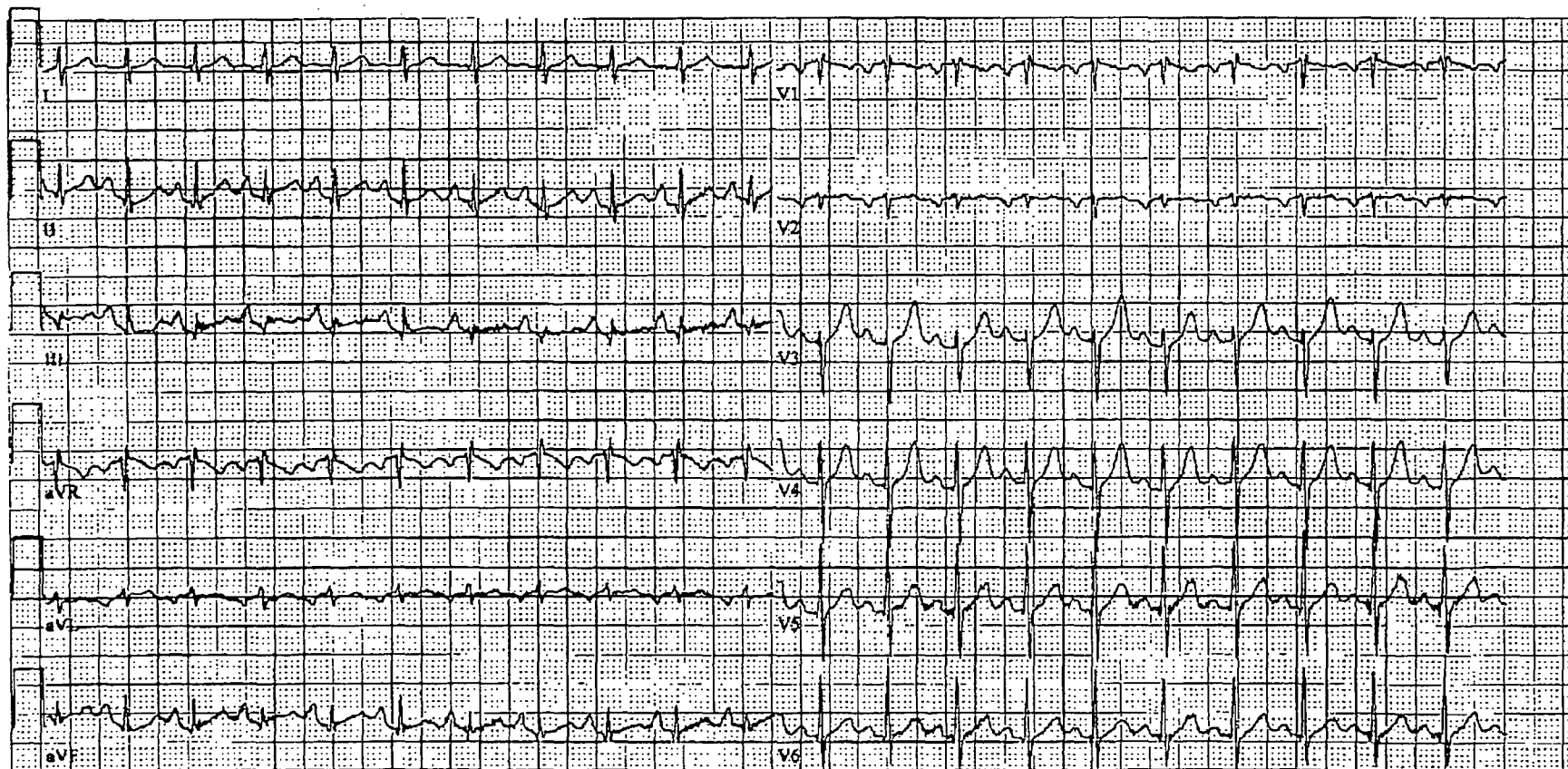
C/W ecg dated 14 mar 2008, bi atrial enlargement now evident. Sinus tachycardia has replaced NSR,

Confirmed by HENRY, M.D., RALPH S. (297) on 3/21/2009 2:47:48 PM

Technician:
Test ind:

Referred by: BRIDGET A. BRENNAN, M.D.

Confirmed By: RALPH S. HENRY, M.D.



25mm/s 10mm/mV 100Hz 7.02 12SL 231 CID: 1

EID:297 EDT: 14:47 21-MAR-2009 ORDER: 131391807 ACCOUNT: 6350640

Page 1 of 1

R 0284

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COLE, ROBBIN B
 Anesthesia
 Respiratory Charting
 FROM: 03/20/09 11:54 TO: 03/20/09 16:51
 FROM: ADM. 03/20/09 11:54
 A/E: 41V H X M M17148 NNAN, 1940X1A
 DOB: 01/30/1968 ID: 6350540 MR 199406
 FROM: 03/20/09 01:21
 UNPL OUI.

Page: 1

03/20/09 12:35
 Treatment Modality
 Treatment

\$ aerosol tx

AMS-
3

Action

given

xopenex/atrovent given in ed
with heliox.

AMS-
3

Side effects

none

AMS-
3

BS before

All lobes

expiratory
coarse
wheezes

AMS-
3

BS after

All lobes

expiratory
coarse
wheezes

AMS-
3

Special Procedure
 Heliox 1hr tx

\$ done

AMS-
3

03/20/09 12:20
 Treatment Modality
 Treatment

\$ aerosol tx

4% lidocaine given in ed.

AMS-
3

Action

given

AMS-
3

Side effects

tachycardic
agitated

AMS-
3

Interventions

tx stopped
MD notified
oxygen increased

AMS-
3

BS before

All lobes

distant
expiratory
coarse
wheezes

AMS-
3

BS after

All lobes

distant
expiratory
coarse
wheezes

AMS-
3

03/20/09 12:15
 ABG

Specimen

obtained
point of care
positive

AMS-
3

Collateral circ

positive

AMS-
3

Attempts

1 successful

AMS-
3

Site

R radial artery

AMS-
3

O2 Flowrate

8 lpm

AMS-
3

Mode

aerosol mask

AMS-
3

O2 Sat

97%

AMS-

(AMSD) AMANDA M BRINSON, III

COLE, ROBBIN B
 ROOM: **

CONTINUED
 MR: 199406 ID: 6350540 DOB: 01/30/1968 - Respiratory Charting

R 0285

Page: 1

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PERM

COLE, ROBBIN B
 AnMed II with
 Respiratory Charting
 FROM: 03/20/09 11:54 TO: 03/20/09 18:31
 ROOM: 30 ADM: 03/20/09 11:54
 AGE: 41Y SEX: M NID: 184 NNAN: 1941X1A
 DOB: 01/30/1968 ID: 8350640 MR: 199406
 RPT: 03/20/09 01:21
 UPI: 0011

Page: 2

Pressure held 5minutes

Complications none

Critical Val-ABG MD notified yes

MD name brennan

3
 AMS-
 3
 AMS-
 3
 AMS-
 3
 AMS-
 3

03/20/09 11:55
 Daily Assessment

Type initial

AMS-
 3

Resp Rate 29 brths/min

AMS-
 3

Resp Pattern regular
 even
 labored

AMS-
 3

Pulse 129 bpm

AMS-
 3

Breath sounds All lobes distant
 expiratory
 coarse
 wheezes

AMS-
 3

Cough strong
 nonproductive

AMS-
 3

Skin color flushed

AMS-
 3

LOC alert

AMS-
 3

Treatment Modality

Treatment 8 cont aerosol

7.5mg albuterol/0.5 mg atrovent
 given in ed

AMS-
 3

Action started
 given

AMS-
 3

Side effects none

AMS-
 3

BS before All lobes distant
 expiratory
 coarse
 wheezes

AMS-
 3

BS after All lobes expiratory
 coarse
 wheezes

AMS-
 3

(AMS) AMANDA M SIMPSON, RT

R 0286

COLE, ROBBIN B
 ROOM: **

MR: 199406 ID: 8350640 DOB: 01/30/1968 - Respiratory Charting

Page: 2

LAST PAGE

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PERM

Order/Notes 1 - COLE, ROBBIN B
 DEPT: ED ROOM: - MR: 198406
 Ordered by: MD BRENNAN, BRIDGET A
 Entered by: US TROXELL, ALEISHA H - 03/20/08 12:09
 Order mode: Written - Session Id: 11574295

COLE, ROBBIN B
 A/N/K/H/DOB:
 FROM: 03/19/00 12:00 TO: 03/20/00 12:00
 H/T/W: - A/T/W: 03/20/08 11:54
 AGE: 41Y SEX: M MD: BRENNAN, BRIDGET A
 DOB: 03/19/1968 17 0900410 MR 198406
 REQUESTED: 03/20/00 12:00 (VHT1)
 OPT OUT:

Charted	Allergy name	Type	Section	Severity	Comment
03/24 11:23	KXA (NITROG SULFONAM)	Drug Allergy			

EQUIP

Ord#	Action	Order Name	Freq	Priority	Duration	Start	Stop
1	Started	ALARIS PUMP rm 2b please	QACS	ROUTINE	1 Occr	03/20 12:04	03/20 12:04
SELECT NUMBER OF MODULES?: IV MODULE X 1							

LAB

Ord#	Action	Order Name	Freq	Priority	Duration	Start	Stop
10	Started	CBC WITHOUT DIFFERENTIAL	SCND	STAT	1 Time	03/20 12:09	03/20 12:09

LBMU

Ord#	Action	Order Name	Freq	Priority	Duration	Start	Stop
8	Started	BASIC METABOLIC PANEL	STAT	STAT	1 Time	03/20 12:08	03/20 12:08
9	Started	CARDIAC ENZYME SERIES	SCND	STAT	1 Occr	03/20 12:05	03/20 12:09

LAB

Ord#	Action	Order Name	Freq	Priority	Duration	Start	Stop
6	Started	CULTURE BLOOD BACT	STAT	STAT	1 Time	03/20 12:08	03/20 12:08
7	Started	CULTURE BLOOD BACT	STAT	STAT	1 Time	03/20 12:08	03/20 12:08

DIAC

Ord#	Action	Order Name	Freq	Priority	Duration	Start	Stop
4	Started	IN CHEST PORTABLE	QACS	STAT	1 Time	03/20 12:08	03/20 12:08
shob/rm 2b							

RESP

Ord#	Action	Order Name	Freq	Priority	Duration	Start	Stop
2	Started	RESPIRATORY [MISC] SPECIFY: neb-vent/atro	STAT	STAT	1 Occr	03/20 12:05	03/20 12:06
5	Started	BLOOD GAS COLLECTION Beep Your Respiratory Therapist for Collection...! Specify sample source: Arterial IS THE SAMPLE LABELED ___Y___N Patient Temperature: _____ ABG SITE: _____ FIO2: _____ Mode: _____ Time Drawn: _____	X	STAT	1 Time	03/20 12:08	03/20 12:08

ECG

Ord#	Action	Order Name	Freq	Priority	Duration	Start	Stop
3	Started	EKG ELECTROCARDIOGRAM STAT ECG'S--BEEP ECG TECH (WC / CA) STAT ECG'S--CALL LAB at 6519 WHO TO PERFORM?: Reader per Rotational Calendar	SCND	STAT	1 Time	03/20 12:08	03/20 12:08
shob, rm 2b							

R 0287

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COLE, ROBBIN B
 Armed Health
 Order Summary Report
 FROM: 03/20/09 11:54 TO: 03/20/09 16:31
 ROOM: ** ADM: 03/20/09 11:54
 AGE: 41Y SEX: M MR: BRENNAN, BRIDGET A
 DOB: 01/30/1968 ID: 6350640 MR: 110408
 RT OUT: 03/20/09 01:21
 OPT OUT:

Page: 1

Orders Summary Report

Order#	Status	Order Name	Frequency	Duration	Prt	Start Dt/Tm	End Dt/Tm
		Occurrence					
		Completed Dt/Tm	Status	Completed by			
0001	Comp	ALARIS PUMP	ONCE		R	03/20/09 12:04	03/20/09 12:04
		Ordered: BRENNAN, BRIDGET A	1. SELECT NUMBER OF MODULES?: IV MODULE X 1				
		Entered: TROXELL, ALEISHA H	Comment: rm 2b plae				
		Entered Time: 03/20/09 12:09					
		Last Mod: ,					
		Last Mod Time: 03/20/09 12:34					
		03/20/09 12:34	Complete				
0002	Comp	RESPIRATORY [MISC]	STAT	1 Occurs	S	03/20/09 12:06	03/20/09 12:06
		Ordered: BRENNAN, BRIDGET A	1. SPECIFY: neb-vent/atro				
		Entered: TROXELL, ALEISHA H					
		Entered Time: 03/20/09 12:09					
		Last Mod: SIMPSON, AMANDA M					
		Last Mod Time: 03/20/09 12:20					
		03/20/09 12:20	Complete	SIMPSON, AMANDA M, RT			
0003	Comp	EKG ELECTROCARDIOGRAM	STAT	1 1	S	03/20/09 12:08	03/20/09 12:08
		Ordered: BRENNAN, BRIDGET A	1. MEDICAL CENTER: STAT ECGS--BEEP ECG TECH				
		Entered: TROXELL, ALEISHA H	2. NORTH CAMPUS: STAT ECG's--CALL LAB at				
		Entered Time: 03/20/09 12:09	6519				
		Last Mod: CARLTON, KATHY	3. WHO TO PERFORM?: Reader per Rotational				
		Last Mod Time: 03/20/09 12:20	Calender				
			Comment: shob. rm 2b				
		03/20/09 12:20	Complete	CARLTON, KATHY			
0004	Cancel	IR CHEST PORTABLE	ONCE		S	03/20/09 12:08	03/20/09 12:08
		Ordered: BRENNAN, BRIDGET A	Comment: shob/rm 2b				
		Entered: TROXELL, ALEISHA H					
		Entered Time: 03/20/09 12:09					
		Last Mod: INTERFACE, INTERFAC					
		Last Mod Time: 03/20/09 12:09					
0005	Comp	BLOOD GAS COLLECTION	X1	1 1	S	03/20/09 12:08	03/20/09 12:08
		Ordered: BRENNAN, BRIDGET A	1. Beep Your Respiratory Therapist for				
		Entered: TROXELL, ALEISHA H	Collection...!				
		Entered Time: 03/20/09 12:09	2. Specify sample source: Arterial				
		Last Mod: SIMPSON, AMANDA M	4. IS THE SAMPLE LABELED Y N				
		Last Mod Time: 03/20/09 12:20	5. Patient Temperature: _____				
			6. ABG SITE: _____				
			7. FIO2 _____				
			8. Mode: _____				
			9. Time Drawn: _____				
		03/20/09 12:20	Complete	SIMPSON, AMANDA M, RT			

R 0288

COLE, ROBBIN B
 Animal Health
 Order Summary Report
 FROM: 03/20/09 11:54 TO: 03/20/09 16:11
 ROOM: ** ADM: 03/20/09 11:54
 AGE: 41Y SEX: M MI: BRENNAN, BRIDGET A
 DOB: 01/30/1968 ID: 6350640 MR: 100406
 REF: 01/17/09 09:22:28 01:21
 OPT OUT:

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Order#	Status	Order Name	Frequency	Duration	Prtv	Start Dt/Tm	End Dt/Tm
		Occurrence					
		Completed Dt/Tm	Status	Completed by			
0006	Started	CULTURE BLOOD BACT Ordered: BRENNAN, BRIDGET A Entered: TROXELL, ALEISHA H Entered Time: 03/20/09 12:09 Last Mod: INTERFACE, INTERFAC Last Mod Time: 03/20/09 14:20	STAT	1 1	S	03/20/09 12:08	03/20/09 12:08
0007	Started	CULTURE BLOOD BACT Ordered: BRENNAN, BRIDGET A Entered: TROXELL, ALEISHA H Entered Time: 03/20/09 12:09 Last Mod: INTERFACE, INTERFAC Last Mod Time: 03/20/09 14:20	STAT	1 1	S	03/20/09 12:08	03/20/09 12:08
0008	Comp	BASIC METABOLIC PANEL Ordered: BRENNAN, BRIDGET A Entered: TROXELL, ALEISHA H Entered Time: 03/20/09 12:09 Last Mod: INTERFACE, INTERFAC Last Mod Time: 03/20/09 12:56	STAT	1 1	S	03/20/09 12:08	03/20/09 12:08
		03/20/09 12:00	Complete	INTERFACE, INTERFACE			
0009	Comp	CARDIAC ENZYME SERIES Ordered: BRENNAN, BRIDGET A Entered: TROXELL, ALEISHA H Entered Time: 03/20/09 12:09 Last Mod: INTERFACE, INTERFAC Last Mod Time: 03/20/09 12:56	STAT	1 Occurs	S	03/20/09 12:09	03/20/09 12:09
		03/20/09 12:00	Complete	INTERFACE, INTERFACE			
0010	Comp	CBC WITHOUT DIFFERENTIAL Ordered: BRENNAN, BRIDGET A Entered: TROXELL, ALEISHA H Entered Time: 03/20/09 12:09 Last Mod: INTERFACE, INTERFAC Last Mod Time: 03/20/09 12:35	STAT	1 1	S	03/20/09 12:09	03/20/09 12:09
		03/20/09 12:00	Complete	INTERFACE, INTERFACE			
0011	Comp	POC GASES PANEL Ordered: BRENNAN, BRIDGET A Entered: STAFFID, SYSTEM Entered Time: 03/20/09 12:23 Last Mod: STAFFID, SYSTEM Last Mod Time: 03/20/09 12:23	ONCE		R	03/20/09 12:23	03/20/09 12:23
		03/20/09 12:19	Complete				
0012	Comp	IR CHEST (SINGLE) Ordered: BRENNAN, BRIDGET A Entered: INTERFACE, INTERFACE Entered Time: 03/20/09 12:09 Last Mod: INTERFACE, INTERFAC Last Mod Time: 03/20/09 12:09	ONCE		S	03/20/09 12:27	03/20/09 12:27
		03/20/09 12:20	Complete	INTERFACE, INTERFACE			

R 0289

COLE, ROBBIN B
 ROOM: **

MR: 199406 ID: 6350640

CONTINUED

DOB: 01/30/1968 - Order Summary Report

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 PERM

COLE, ROBBIN B
 Ar/Med Hist II
 Order Summary Report
 FROM: 03/20/09 11:54 TO: 03/20/09 10:31
 ROOM: ** ADM: 03/20/09 11:54
 AGE: 41Y SEX: M IND: BRENNAN, BRIDGET A
 DOB: 01/30/1968 ID: 6350640 MR: 101406
 FROM: 03/20/09 01:21
 OPT OUT:

Page: 3

Order#	Status	Order Name	Frequency	Duration	Pty	Start Dt/Tm	End Dt/Tm
		Occurrence					
		Completed Dt/Tm	Status	Completed by			
0013	Comp	COLLECT/HOLD RED TUBE Ordered: BRENNAN, BRIDGET A Entered: INTERFACE, INTERFACE Entered Time: 03/20/09 12:27 Last Mod: INTERFACE, INTERFAC Last Mod Time: 03/21/09 23:07 03/20/09 12:00	ONCE		R	03/20/09 12:27	03/20/09 12:27
			Complete	INTERFACE, INTERFACE			
0014	Comp	COLLECT/HOLD BLUE TUBE Ordered: BRENNAN, BRIDGET A Entered: INTERFACE, INTERFACE Entered Time: 03/20/09 12:27 Last Mod: INTERFACE, INTERFAC Last Mod Time: 03/21/09 23:16 03/20/09 12:00	ONCE		R	03/20/09 12:27	03/20/09 12:27
			Complete	INTERFACE, INTERFACE			
0015	Started	CARDIAC PROFILE 3 HR Ordered: BRENNAN, BRIDGET A Entered: INTERFACE, INTERFACE Entered Time: 03/20/09 12:57	ONCE		T	03/20/09 14:36	03/20/09 14:36

R 0290

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COLE, ROBBIN B
 ROOM: **

MR: 199406 ID: 6350640 DOB: 01/30/1968 - Order Summary Report

Page: 3



LAST PAGE

AnMed Health

800 N. Fant St.
Anderson, SC 29621
(864) 512-1333

Nebulizer & Compressor For Neb, Albuterol Sulfate 1.25 mg/3 mL Neb Solution, Nebulizer Accessories Kit, PredniSONE 10 mg Tab, Tussionex Pennkinetic ER 8 mg-10 mg/5 mL Oral 12 hr Susp

Discharge Instructions Received: ACUTE BRONCHITIS

Drug Instructions Received: CORTISONE-LIKE DRUGS

Referral/Appointment:

Refer Patient To: MARTIN, Dr. Joe

Phone Number: 864.338.8619

Address: 726 Anderson St. PO Box 867 Belton, SC 29627

Refer Patient To: HAND, Dr. Stephen

Phone Number: 864.225.5667

Address: 2000 East Greenville St. Suite 1100 Anderson, SC 29621

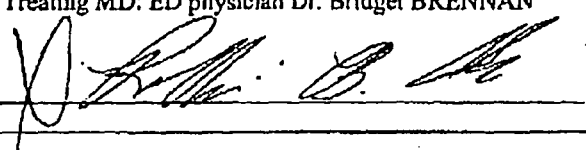
I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

No smoking. Medications as prescribed. Drink plenty of fluids. Follow up with Dr. Martin next week. You should also call Dr. Hand's office for further evaluation. Let them know when you call that you have been seen in the ER and were referred to them. Return immediately if your symptoms worsen in any way or new symptoms develop that concern you.

Date/Time: 03/20/2009 11:43

Treating MD: ED physician Dr. Bridget BRENNAN

Physician's Assistant:

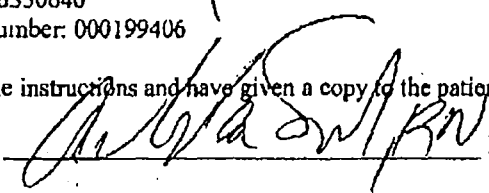
Signature Patient/Responsible Party: 

Relationship to patient:

Account Number: 6350640

Medical Record Number: 000199406

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

Nurse's Signature: 

Date: 3/20/09

R 0291



ACCT: 6452724
DR - 89867 HANNA, RICHARD
BR: 6452724
COLE, ROBBIN BRADLEY
DOB - 01 30 88
AGE - 41Y NC
DOB - 07 07 89
MR 890199486

ACCT: 6452724
DR - 89867 HANNA, RICHARD

TIME SEEN: 1025 ROOM: 3 EMS Arrived
HISTORIAN: patient spouse paramedics
AGE M / F RACE
HX / EXAM LIMITED BY:

HPI

chief complaint: shortness of breath (hx of asthma / COPD / CHF)

started: 2 days continues in ED
gone now better
intermittent
worse

severity: mild moderate severe

exacerbated by:
exertion laying flat
coughing

associated symptoms:

PULMONARY

cough
sputum yellow
non-productive
blood-tinged sputum
frank hemoptysis

CVS

chest discomfort
• left / right central
upper / lower
• pain / discomfort / tightness
sharp / burning / pressure
worse with deep breaths
• constant / intermittent
duration

fever

• subjective / to °F

sweating

OTHER

light-headed / dizzy
anxiety

tingling / numb
hands / feet / face
heart racing

Similar symptoms previously

Recently seen / treated by doctor

per monitor

© 1996 - 2004 T-System, Inc. Circle or check affirmatives, backlash (N) negatives.

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AnMed Health

ED PHYSICIAN / URGENT CARE RECORD

Dyspnea (COPD, CHF, and Other) (5)

ROS

ENT

throat
sinus drainage

CONST / GI

nausea
vomiting
abdominal pain
black / bloody stools
diarrhea
chills

NEURO / EYES

headache
fainting
visual disturbance

GU / ENDOCRINE

pain with urination
excessive urination

SKIN / LYMPH / MS

skin rash / swelling
joint pain
muscle aches

All systems neg. except as marked

PAST HX

negative

*PE Risk Factors

asthma
emphysema
heart disease
*CHF CAD angina MI
kidney failure / dialysis

*high blood pressure
diabetes insulin / oral / diet
high cholesterol

*CVA

pneumonia
pneumothorax
bronchitis
acute chronic

*PE / DVT

*risk factors for PE / DVT

other problems

Surgeries / Procedures

none non-contributory

prior intubation

cardiac bypass

cardiac cath

angioplasty

cholecystectomy

appendectomy

hysterectomy

pacemaker

Medications none see nurses note

ASA NSAID acetaminophen

*BCP's home O2 @ L

home nebulizer

Allergies NKDA

see nurses note

SOCIAL HX

*smoke
alcohol recent heavy / occasional

FAMILY HX CAD

drugs

daily glass wine

this am

ACCT: 6452724
DR - 99887 HANNA, RICHARD

COLE, ROBBIN BRADLEY

DOB - 01 30 69
AGE - 41Y MC
NNA - 07 07 00

MR 100449K

☒ Nursing Assessment Reviewed ☐ Vitals Reviewed
VS BP HR RR Temp

PHYSICAL EXAM

General Appearance

☒ no acute distress ☐ mild / moderate / severe distress
☒ alert ☐ anxious / lethargic

EENT

☐ eyes nml inspection ☐ scleral icterus / pale conjunctivae
☐ ENT nml inspection ☐ purulent nasal drainage
☐ pharynx nml ☐ pharyngeal erythema

NECK

☐ nml inspection ☐ thyromegaly
☐ lymphadenopathy (R/L) ☐ see diagram

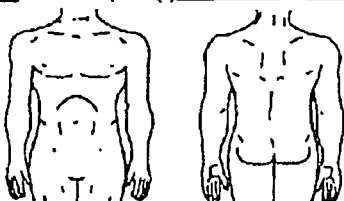
RESPIRATORY

☒ no resp. distress ☐ respiratory distress
☒ breath sounds nml ☐ fatigue

CVS

☒ regular rate, rhythm ☐ prolonged expirations
☒ no JVD ☐ accessory muscle use
☒ no murmur ☐ retractions
☒ no gallop ☐ splinting
☒ no friction rub ☐ dull on percussion
☐ decreased air movement
☐ stridor
☐ crackles / wheezes / rales
☐ chest wall tenderness
☐ irregularly irregular rhythm
☐ extrasystoles (occasional / frequent)
☐ tachycardia / bradycardia
☐ JVD present
☐ murmur grade /6 sys/dias
☐ crest / cresc-decresc / decresc
☐ gallop (S3 / S4)
☐ decreased pulse(s)

T-tenderness
R-rebound
m-mild
mod-moderate
rv-severe
Example: Tsv
indicates severe
tenderness



ABDOMEN

☒ non-tender ☐ tenderness
☒ no organomegaly ☐ guarding / rebound
☐ hepatomegaly / splenomegaly / mass

RECTAL

☐ non-tender ☐ hema positive stool
☐ hema neg stool ☐ hema trace positive stool

SKIN

☒ color nml, no rash ☐ cyanosis / diaphoresis / pallor
☒ warm, dry ☐ skin rash

EXTREMITIES

☐ non-tender ☐ pedal edema
☐ normal ROM ☐ calf tenderness
☐ no pedal edema

NEURO / PSYCH

☒ oriented x3 ☐ disoriented to person / place / time
☐ mood / affect nml ☐ depressed affect
☐ CN's nml as tested ☐ facial droop / EOM palsy / anisocoria
☐ no motor / sensory deficit ☐ weakness / sensory loss

LABS, EKG, & X-RAYS:

CBC	Chemistries	CK	UA
normal except	normal except	normal except	normal except
WBC	Na	CKMB	WBC
Hgb	K	Troponin	RBC's
Hct	CO2	PT	bacteria
Platelets	Cl	INR	dip
segs	Glu	PTT	
bands	BUN		
lymphs	Creat		
monos	Ca		
eos	Theoph		

ABGs time: RA Peak Flow time:
pH pCO2 O2 L/Min
pO2 % % predicted

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:

☒ CXR ☐ Interp. by me ☐ Reviewed by me ☐ Disc'd w/ radiologist
nml / NAD no infiltrates nml heart size nml mediastinum

not / changed from:

Pulse Ox 93-94% on RA L / % at (time)

Treatment

antibiotics given time:

pneumonia given time:

Antibiotics started

PROGRESS:

Time 11:30 unchanged improved re-examined

air movement: poor fair good

Discharge instructions to be attached
Rx given *Discharge instructions to be attached*
See patient in office / ED / hospital

Counseled patient / family regarding CRIT CARE- 30-74 min
lab results / diagnosis need for follow-up 75-104 min
Admit orders written Additional history from:
Prior records ordered family caretaker paramedics

CLINICAL IMPRESSION:

Dyspnea - acute	Myocardial Infarction
Asthma - acute exacerbation	Acute Respiratory Failure
Status Asthmaticus - acute	CHF Pulmonary Edema
COPD - acute exacerbation	Pulmonary Embolus
Bronchospasm	Pneumothorax
Bronchitis - acute asthmatic	Pneumonia - acute
Hyperventilation	Diabetic Ketoacidosis

DISPOSITION: ☒ home ☐ admitted ☐ transferred

Time 11:30

CONDITION: ☐ unchanged ☐ improved ☒ stable

Authenticated by

APPROPRIATE SIGNATURE

On 07/19/2009 02:49:45 PM

SUPERVISING PHYSICIAN SIGNATURE

**ANMED HEALTH
UNIVERSAL MEDICATION FORM**



Fold this form and keep it in your wallet

Date form Started: 7/7/2009 11:35 AM

Name: Cole, Robbin B		Address: [REDACTED]	
Phone Number: [REDACTED]			
Birth Date: 1/30/1968	MRN: 199406	WARE SHOALS, 29692	
Emergency Contact/Phone Number: VIVIAN COLE,			
IMMUNIZATION RECORD (Patient/Caregiver to record the date/year of last dose taken, if known)			
TETANUS		FLU VACCINE(S)	
PNEUMONIA VACCINE		HEPATITIS VACCINE	
Allergic To/Describe Reaction: NKA			

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: Prescription and over-the-counter medications

(examples: aspirin, antacids) and herbals (examples: ginseng, ginko). Include medications taken as needed (example: nitroglycerin).

These are the only medicines you will take at home. Do not take any other medicines unless you talk with your doctor.

Date	Name of Medication/Strength	DIRECTIONS Use patient friendly directions. (Do not use medical abbreviations.)	Date Stopped	Rec . By	Date/Time next dose due
7/7/2009	*RX* [Vibramycin] (100 mg)	100 mg 1 capsule by mouth 2 times a day Dispense 20 (twenty)		GWM	
7/7/2009	*RX* Albuterol[Albuterol] (90 mcg/Actuation)	90 mcg/Actuation 2 puff inhaled Every 4 hours as needed For wheezing, cough. Dispense 1MDI		GWM	
11/7/2009	*RX* Codeine-Guaifenesin[Guaifenesin Ac Expectorant] (10-100 mg/5 mL)	10-100 mg/5 mL 5 ml by mouth Every 4 hours as needed		GWM	
7/7/2009	*RX* Methylprednisolone[Medrol (Pak)] (4 mg)	4 mg by mouth Taper over 6 days as per package instructions Dispense 1 pack (twentyone tabs)		GWM	

**FOLLOW UP WITH YOUR HEALTHCARE PROVIDER AS DIRECTED. THESE MEDICATIONS HAVE BEEN REVIEWED
AND WILL BE MAINTAINED BY THE PRESCRIBING PHYSICIAN.**

Physician's Signature **Authenticated by Gary Wayne Morse**

Reconciled By: Gary Wayne Morse



R 0294

0452724

79

Page

50
12



ANMED HEALTH
PATIENT RECORD

Minor Care
On the North Campus

ACCT: 6452724
DR - 85867 WENNA, RICHARD
COLE, ROBBIN BRADLEY
DOB - 01 30 59
AGE - 41 Y NC
DOS - 07 07 09
MR: 088199486

Date: 7-7-09 Registration Time: 0958

Last Visit: est

☐ Job Related ☐ Workmen's Compensation ☐ Auto Related

Contacted: ☐ Police ☐ DEHEC Other: _____

ORDERS

LAB

☐ RSV
☐ BMP
☐ CBC
☐ DNA/Wet Prep
☐ Urinalysis
☐ UCG
☐ BHCG
☐ Rapid Strep
☐ Flu

1041 cb X-RAY
CXR PA & LAT
☐ Extremity

☐ Spine
☐ Cervical
☐ Thoracic
☐ Lumbar

☐ AP & LAT ☐ Complete

☐ Other

Albuterol 2.5mg Neb
02 @ 2d NC
per nursing protocol

OTHER

☐ EKG
☐ FSBS
☐ Assist with Pelvic
☐ Assist with Laceration Repair
☐ Assist with Splint

Type

☐ Transfer Protocol

☐ Direct Admit

DESPOSITION

☒ Discharge 1137 nc ☐ LWT ☐ Direct Admit
Authentic AMA by James O. Stumpf
On 07/07/09 02:23:34 PM
☐ Move to ED via ☐ EMS

Physician's Signature: Dany Mon

XR CHEST (2 VIEWS)

ANDERSON AREA MEDICAL CENTER
800 NORTH FANT STREET
ANDERSON SC 29621

RADIOLOGY REPORT

Pat. Name: COLE, ROBBIN BRADLEY
Address: [REDACTED]
WARE SHOALS, SC 29692
Unit/Room: 02/0000
DOB: 30-Jan-1968
Sex: M

MR#: 000199406
Ord. Phys.: GARY WAYNE MORSE
Service Date/Time: 07/07/2009 10:59 AM
Order#: E-03815725
PROC: XR CHEST (2 VIEWS)
Attend. Prov.: RICHARD TINSLEY HANNA

COLE CHEST

CLINICAL HISTORY: Chest pain.

CHEST, PA AND LATERAL:

Two views of the chest demonstrate the soft tissues and bony structures to be normal in appearance. The lungs are well expanded and clear. The cardiac silhouette, mediastinum, and pulmonary vasculature appear normal.

IMPRESSION:

NEGATIVE CHEST.

APPROVED BY: BRUCE MALLORY BURNS, M.D.

Dictated Date/Time: 07/07/2009 11:15 AM
Transcr. By: PWALTERS
Transcr. Date/Time: 07/07/2009 11:23 AM

Dictated By: BRUCE MALLORY BURNS, M.D.
Reviewed By:
Approved Date/Time: 07/07/2009 12:19 PM
Page 1

R 0296

COLE, ROBBIN B
 Admin Hndls:
 Order Summary Report
 FROM: 07/07/09 08:57 TO: 07/07/09 11:37
 ROOM: ** ADM: 07/07/09 08:57
 AGE: 41Y SEX: M NID: HANNA, RICHARD I
 DOB: 01/30/1968 ID: 6452724 MR 100408
 PRINTED: 07/07/09 11:38
 OPT OUT:

Page: 1

Orders Summary Report

Order#	Status	Order Name	Frequency	Duration	Prtty	Start Dt/Tm	End Dt/Tm
		Occurrence					
		Completed Dt/Tm	Status	Completed by			
0001	Comp	IN CHEST (2 VIEWS) Ordered: MORSE, GARY Entered: SLAUGHTER, CRYSTAL Entered Time: 07/07/09 10:44 Last Mod: INTERFACE, INTERFAC Last Mod Time: 07/07/09 11:23 07/07/09 10:48	STAT	1 Occurs	S	07/07/09 10:44	07/07/09 10:44
		Comment: monc xm 3					
				Complete	INTERFACE, INTERFACE		
0002	Cancel	ECG URGENT CARE Ordered: HANNA, RICHARD T Entered: SLAUGHTER, CRYSTAL Entered Time: 07/07/09 11:06 Last Mod: SLAUGHTER, CRYSTAL Last Mod Time: 07/07/09 11:09	STAT	1 Occurs	S	07/07/09 11:06	07/07/09 11:06
		1. WHO TO READ?: doctor on call					

R 0297

COLE, ROBBIN B
 ROOM: **

MR: 199408 ID: 6452724 DOB: 01/30/1968 - Order Summary Report

Page: 1



COLE, ROBBIN B
 AnMed Health
 Respiratory Charting
 FROM: 07/07/09 08:07 TO: 07/07/09 11:37
 FROM: ADM. 07/07/09 09:57
 ADM: 41V 38 X M MIF MANNA, H121A4811
 DOB: 01/30/1968 ID: 6452724 MR 199406
 RTRQRTT 07/07/09 11:38
 UNIT OUT.

Page: 1

07/07/09 10:50

Multidisop comm

Communicatn with

physician

Topic

pts progress

AMS-

1

AMS-

1

07/07/09 10:40

Daily Assessment

Type

initial

AMS-

1

Resp Rate

18 brths/min

AMS-

1

Resp Pattern

regular

AMS-

1

Pulse

96 bpm

AMS-

1

Breath sounds

All lobes

scattered

AMS-

coarse

1

whozees

Cough

strong

AMS-

moist

1

nonproductive

Treatmnt Mdality

Treatment

§ aerosol tx

2.5 mg albuterol/ 0.5mg

AMS-

atrovent

1

Action

given

AMS-

1

BS before

All lobes

scattered

AMS-

inspiratory

1

expiratory

coarse

whozees

BS after

All lobes

scattered

AMS-

inspiratory

1

expiratory

whozees

FIO2

28%

AMS-

1

(AMS) ALICIA M SMITH, RT

R 0298

83

COLE, ROBBIN B
 ROOM: **

LAST PAGE
 MR: 199406 ID: 6452724 DOB: 01/30/1968 - Respiratory Charting

Page: 1

PEHM

COLE, ROBBIN B
 Arundel Health
 Respiratory Charting
 FROM: 07/30/09 08:29 TO: 07/30/09 09:55
 ROOM: 411 ADM: 07/30/09 00:20
 AGE: 41Y 5' 8" M MIYIANNNA, HIC11A411
 DOB: 01/30/1968 ID: 6475159 MR 199406
 REQUESTED 07/31/09 10:04
 OUT OUT.

Page: 1

07/30/09 09:12
 Daily Assessment
 Resp Rate

16 brths/min

JH5-

Pulse

108 bpm

0

JH5-

Breath sounds All lobes

expiratory
wheezes

0

JH5-

Cough

strong
moist
nonproductive

0

JH5-

0

Treatmnt Mdality

Treatment

\$ aerosol tx

1.25mg xopenex and 0.5mg
atrovent

JH5-

0

Action

started
given

JH5-

0

Side effects

none

JH5-

0

BS before All lobes

expiratory
wheezes

JH5-

0

BS after All lobes

expiratory
wheezes

JH5-

0

Oxygen Therapy

FI02

21%

JH5-

0

SP02

90%

before rx and 95% after tx.

JH5-

0

Ther Education

Person(s) taught

patient

JH5-

0

Procedure taught

spacer

JH5-

0

Type-instruction

verbalized
demonstrate
used props

JH5-

0

Level undrstndng

verb undrstndng
demo prop tech

JH5-

0

(BINGO).BINGO.HI

R 0299

84

COLE, ROBBIN B
 ROOM: 411

LAST PAGE
 MR: 199406 ID: 6475159 DOB: 01/30/1968 - Respiratory Charting

Page: 1

PERM

FLWSHEET	07/07
Multidisc comm	10:50
Communicatn with	Phys
Topic	&
07/07/09 10:50 Topic(AMS1): pts progress	
CARE PROVIDERS	AMS1

SMITH, ALICIA M(AMS1)RT
Phys physician

COLE, ROBBIN B
ArMed Health
Multidisciplinary Communication
FROM: 07/07/09 09:57 TO: 07/07/09 11:37
ROOM: ** ADM: 07/07/09 09:57
AGE: 41Y SEX: M MD: HANNA, RICHARD I
DOB: 01/30/1968 ID: 8452724 MR: 199406
RECEIVED: 07/08/09 13:38
OPT OUT:

Page: 1

R 0300

cl 11

85

COLE, ROBBIN B
ROOM: **

LAST PAGE
MR: 199406 ID: 6452724 DOB: 01/30/1968 - Multidisciplinary Communication
Page: 1

PERM

NO DATA FOR THIS REPORT

COLE, ROBBIN B
Ankle Health
Order Summary Report
FROM: 07/30/08 08:20 TO: 07/30/08 08:25
ROOM: ** ADM: 07/30/08 08:20
AGE: 41Y SEX: M MI: HANNA, RICHARD I
DOB: 01/30/1968 ID: 6475159 MR 100448
RFQ: 07/30/08 08:20
OPT OUT:

Page: 1

Orders Summary Report

Order#	Status	Order Name	Frequency	Duration	Prtv	Start Dt/Tm	End Dt/Tm
		Occurrence					
		Completed Dt/Tm	Status	Completed by			

No Orders

R 0301

86

COLE, ROBBIN B
ROOM: **

MR: 199406 ID: 6475159 DOB: 01/30/1968 - Order Summary Report

Page: 1

LAST PAGE

PERM



WANNED HEALTH
DISCHARGE INSTRUCTIONS
 Minor Care
 On the North Campus

ACCT: 6452724
 OR - 89867 HANNA, RICHARD
 COLE, ROBBIN BRADLEY
 DOB - 01 30 88
 AGE - 41Y MC
 DOB - 07 07 89

ACCT: 6452724
 OR - 89867 HANNA, RICHARD
 COLE, ROBBIN BRADLEY
 DOB - 01 30 88
 AGE - 41Y MC
 DOB - 07 07 89
 MR: 888199406

Thank you for using our Urgent Care Center. You are urged to follow the instructions on this sheet. Please take this sheet with you when you follow up with another physician.

Diagnosis: CPRV exstertation

Follow up:

Return for suture removal on:	between hours of	and
You have been referred to Dr. <u>Harold</u>	Phone #: <u>225-5667</u>	
Appointment date:	Time: <u>they will call - appt.</u>	

Instructions:

Rest, 7 fluids: motrin 17

You may have been given a drug or prescription that causes drowsiness. While taking this drug do not drive, operate equipment or perform activity requiring your full alertness. Do not use alcoholic beverages while taking this drug.

If you had an x-ray: Your first reading is done by the UC Provider. Your x-ray is always read by the Radiologist within the next 24 hours and will give a complete report. If there are any changes that affect your care, the UC Center will make every effort to contact you and/or the physician or clinic you have been referred to.

> I understand and have received a copy of the above instructions. I authorize copies of my chart and test results to be sent, faxed or given to my physician at his/her request.

> If you are being moved to the Emergency Department you will be re-registered & must sign forms for treatment. At arrival you may be triaged as patients are seen based on their level of need. Your wait time will depend on the severity of patients in the department.

[Signature]
 Signature of patient / responsible party

[Signature]
 Relationship to patient

Weller & Allen &c
 Discharge RN and/or Discharge Physician

1137
 Discharge Time

Work / School excuse from Urgent Care
 Specific Instructions: R 0302
 You are medically excused from 7/7/09 through 7/9/09
 You may perform light duty from _____ through _____
 Attending Provider: [Signature] Time: 1137

PHYSICIAN DOCUMENTATION SHEET

Thu Jul 30 09:56:00 EDT 2009

Minor Care North Campus

Minor Care

2000 E. Greenville Street

Anderson, SC 29621

PHONE: (864) 512-6614

MRN: 000199406

Name: Cole, Robbin B

Age: 41

Complaint: Shortness of breath

Arrival Time: 07/30/2009 08:22

All Providers: Dr. Richard HANNA, M.D.

Account #: 6475159

Sex: M

DOR: 01/30/1968

Primary Diagnosis: Asthma

Discharge Time: 07/30/2009 09:55

HPI:

The patient is a 41-year-old male who presents with a chief complaint of shortness of breath. The history was provided by the patient. Arrival is by private vehicle. The symptoms started three days ago. The onset was gradual. The course has been increasing. The patient was treated prior to arrival with albuterol Nebulization. *He also used an old Xopenex inhaler without improvement.* The response to treatment was partial relief. The shortness of breath was precipitated by unknown. Current severity of pain: severe. Maximum severity of pain: feels well. The patient characterizes the intensity of symptoms as being moderate to severe. The symptoms have been associated with chest tightness, cough, exertional dyspnea, productive cough, tachypnea and wheezing, while the symptoms have not been associated with chills and fever or leg swelling. The symptoms are aggravated by coughing, exertion and lying flat. The symptoms have no relieving factors. The Related History is asthma. The patient has had the following prior evaluations: none. Risk factors for severe asthma include none.

09:36 07/30/2009 by Dr. Richard HANNA, M.D.

ROS:

Constitutional: Negative for fever, chills, fatigue and sweats.

ENMT: Negative for nasal congestion, sinus pain and sore throat.

Cardiovascular: Negative for chest pain, palpitations and tightness.

Respiratory: Negative for cough and shortness of breath.

Gastrointestinal: Negative for nausea, vomiting, diarrhea and abdominal pain.

Genitourinary: Negative for dysuria, Urgency, flank pain, Frequency and hematuria.

Musculoskeletal: Negative for joint pain, joint swelling, arthralgias and back pain.

Skin: Negative for rash and itching.

Neuro: Negative for headache, dizziness and neck stiffness.

Psychiatric: Negative for anxiety and depression.

Metabolic: Negative for excessive thirst, polydipsia and polyphagia.

Hematologic: Negative for anemia, bleeding tendency and bruises easily.

Allergic: Positive for Immunization UTD. Negative for rash and rhinorrhea.

09:30 07/30/2009 by Dr. Richard HANNA, M.D.

PMH:

Reviewed by: physician

Historian: patient

R 0303

Social History: smoker, alcohol use-daily
Travel History: no recent foreign travel
Medical History: COPD, bronchitis
Surgical History: none
Family History: non-contributory
Immunization status: tetanus 5-10 years

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

09:30 07/30/2009 by Dr. Richard HANNA, M.D.

Home Medications:

Medications			
Medication	Dosage	Frequency	Last Dose
Albuterol Inhl	2 puff	q4HPRN	

08:54 07/30/2009 by RxReconcile User

Physical examination:

PE Limited by: patient's condition unstable, unreliable historian
Constitutional: nursing assessment reviewed, vitals reviewed, moderate distress, Uncomfortable appearing, elderly, frail, ill appearing, lethargic, listless
O/E - head - general examn.: head atraumatic, normalcephalic
Neck: no Bruit, ROM-Full, supple
Eyes: conjunctivae and lid normal, PERRL
ENMT: ear, nose and throat exam normal, pharynx normal
Chest: non-tender, movement normal, movement symmetrical
Respiratory: Decreased air movement, decreased breath sounds, expiratory wheezing, inspiratory wheezing, tachypneic, wheezing, rhonchi *NOTE - He had some improvement with albuterol inhalation therapy in the department.*

Cardiovascular: regular rate and rhythm, no Murmurs
Gastrointestinal: nontender, no masses palpated
Neuro: a&Ox3, motor intact in all extremities
Psychiatric: alert and oriented person, place, and time, no abnormalities of mood or affect
Musculoskeletal: no Musculoskeletal pain, Back full ROM, Back nontender
Skin normal: skin turgor normal
Extremity Exam: no abnormalities
Lymph: no palpable or tender nodes

09:38 07/30/2009 by Dr. Richard HANNA, M.D.

Medical Decision Making:

Diagnostic Evaluation: history AND physical examination
ED Course Treatments: nebulizer therapy
Amount and complexity of data: The EM Physician performed a face to face evaluation in this patient

09:31 07/30/2009 by Dr. Richard HANNA, M.D.

Provider:

Physician Assessment: HPI and exam completed by ER physician
09:31 07/30/2009 by Dr. Richard HANNA, M.D.

Proc/Tx:

Additional Treatments (hospital metrics): Smoking Cessation Advise and Counseling given (if smoker or former smoker in last 12 months)
09:39 07/30/2009 by Dr. Richard HANNA, M.D.

Patient disposition:

ED Final Diagnosis: asthma
Additional diagnoses: tobacco abuse
Patient disposition: Disch - Home
09:39 07/30/2009 by Dr. Richard HANNA, M.D.

Medication disposition:

Medications					
Medication	Dosage	Frequency	Last Dose	Medication disposition	PCP contact
Albuterol Inhal	2 puff	q4H ^{PRN}		continue	

09:39 07/30/2009 by Dr. Richard HANNA, M.D.

Prescriptions:

Prescription		
Medication	Dispense	Sig Line
MEDrol (Pak) 4 mg Tabs in a Dose Pack	21 tablets	6 tabs day 1, 5 tabs day 2, 4 tabs day 3, 3 tabs day4, 2 tabs day 5, 1 tab day 6
Albuterol Sulfate HFA 90 mcg/Actuation Aerosol Inhaler	3 original containers	2 inhalations q6h prn wheezing
AZITHromycin 250 mg Tab	6	2 day 1, the 1 daily until out
Flovent HFA 220 mcg/Actuation Aerosol Inhaler	1 original container	2 inhalations bid
Hycofan 5 mg-1.5 mg/5 mL Syrup	120 ml	5 ml q4h prn cough

09:46 07/30/2009 by Dr. Richard HANNA, M.D.

Discharge:

Discharge Instructions:

asthma, asthma prevention, smoking hazards

Drug Instructions:

cortisone-like drugs, macrolide antibiotics

R 0305

Referral/Appointment			
Refer Patient To:	Phone Number:	Follow-up in	Appointment Details:
MARTIN, Dr. Joe	864.338.8619		

09:47 07/30/2009 by Dr. Richard HANNA, M.D.

Return to Work/School:

Sheet is for: Cole, Robbin

Was in the ED from: 07/30/2009 08:22

Until: 07/30/2009 09:47

Return Disposition: May return to work without restrictions

Return Date: 08/02/2009

09:48 07/30/2009 by Dr. Richard HANNA, M.D.

Return to Work/School:

Sheet is for: Cole, Robbin

Was in the ED from: 07/30/2009 08:22

Until: 07/30/2009 09:47

Return Disposition: May return to work without restrictions

Return Date: 08/02/2009

09:48 07/30/2009 by Dr. Richard HANNA, M.D.

Chart electronically signed by Responsible Physician

09:48 07/30/2009 by Dr. Richard HANNA, M.D.

Chart electronically signed by Responsible Physician

09:48 07/30/2009 by Dr. Richard HANNA, M.D.

WANNMED HEALTH Emergency Department Assessment Sheet 2000 E. Greenville Street Anderson, SC 29621 (864) 512-6614	MR # 000199406 Sex: Male DOB: 01/30/1968 Name: Cole, Robbin B Phone: [REDACTED] Address: [REDACTED], WAREHOUSES, SC 29692 Unit Code: MCN Account # 6475159 Age: 41

Complaint: Short of breath Arrival Date/Time: 08:22 07/30/2009 Arrived by: Private Vehicle Mobility: Ambulatory Accompanied By: None	Acuity: 3 - Three Fin Class: 2 Insurance: Amb/Helicopter: Referring Facility: Emergency Physician: HANNA, M.D., Dr. Richard Resident: -Unassigned, Primary Care: MARTIN, Dr. Joe

Complaint Code: Treatment PTA:	Triage Nurse: ALLEN, RN, Nella

Past Medical Hx: Bronchitis, COPD Immunization History: Tetanus 5-10 years Social History: Alcohol use-daily, Smoker Weight: LMP Date:

Prescribing Medications						Allergy	
Medication	Dosage	Freq	Medication	Dosage	Freq	Allergy	Allergic Reaction
Albuterol	2 puff	Q4HPRN				NKA	

Vital Signs						Pain		Pulse Ox.		Pupils			Glasgow Coma	
Initia	Time	Temp	Blood Pressure	Pulse	Resp	Time	Scale	Time	%	Time	L(mm)	R(mm)	Time	Score
NA	08:51	97.2 O	139/84, Sitting, Right Arm	105	24	08:54	3/10	08:53	94					
NA	09:54		142/98, "	104				09:54	93					

Disposition Information Admitting Physician: ED Final Diagnosis: Asthma ED Secondary Diagnosis: Disposition: Disch - Home Report Called By: Prescriptions: MEDrol (Pak) 4 mg Tabs in a Dose Pack , Albuterol Sulfate 220 mcg/Actuation Aerosol Inhaler , Hycodan 5 mg-1.5 mg/5 mL Syrup Discharge Instructions: Disability Statement : Follow-up Care: MARTIN, Dr. Joe Discharge Time: 09:55 07/30/2009		Family Notification: Report Given To: Appt Date/Time: Discharge Nurse: Nella ALLEN, RN

WANNMED HEALTH**Emergency Department
Assessment Sheet**

2000 E. Greenville Street Anderson, SC 29621 (864) 512-6614

MR # 000194406

Sex: Male

DOB: 01/30/1968

Name: Cole, Robbin B

Phone: (864) 512-6614

Address: 2000 E. Greenville Street, Anderson, SC 29621

Unit Code: MCN

Account # 6475159

Age: 41

Orders

08:57 07/30/2009 - ER Physician Eval. - Nella ALLEN, RN
Evaluate Patient - Dr. Richard HANNA, M.D. at 07/30/2009 08:29
09:14 07/30/2009 - Initiate Protocol - GLNS
Protocol Initiate - Nella ALLEN, RN at 07/30/2009 09:21

IV Documentation

(none)

Medications Administered

(none)

Triage/Initial Assessment

08:51 07/30/2009 - Vital Signs - Nella ALLEN, RN
Temp: 87.2 Oral
BP: 138/84, Sitting, Right Arm, Regular cuff
HR: 105, Regular
Resp: 24, Wheezes
08:51 07/30/2009 - Initial Triage Info - Nella ALLEN, RN
SelfHarm: No
HomeSafety: Yes
Chief Complaint: Short of breath
Initial Triage Acuity: 3 - Three
08:53 07/30/2009 - Oximetry - Nella ALLEN, RN
Pulse Oximetry %: 94
Oxygen Therapy: Room Air
08:54 07/30/2009 - Subjective/HPI - Nella ALLEN, RN
Note: hx of copd, exacerbated on Monday and gotten worse since. Exp wheezes, sub.
09:54 07/30/2009 - Vital Signs - Nella ALLEN, RN
BP: 142/88
HR: 108
09:54 07/30/2009 - Oximetry - Nella ALLEN, RN
Pulse Oximetry %: 93
Oxygen Therapy: Room Air
09:54 07/30/2009 - Pain - Nella ALLEN, RN
Pain Severity Score: 3 - Annoying enough to be distracting
Did pain affect daily activities: Yes
Pt given info on pain severity: Yes
Pt understands severity scale: Yes
Currently in Pain: Yes

Nursing Documentation

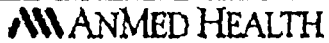
09:55 07/30/2009 - Reassessment - Nella ALLEN, RN
Pain Severity Score: 2 - minor annoyance
09:55 07/30/2009 - Discharge Condition - Nella ALLEN, RN
Acuity: 3 - Three
Mobility at Discharge: Ambulatory
Patient Teaching: Vital Signs Stable, Written DC instructions reviewed-patient, Rx instructions reviewed with Patient, Verbal understanding of Rx instructions, All belongings (valuables) with patient, Verbal understanding of D/C instructions, Drowsy drug instruction given to patient, Followup plan of care reviewed - PT
Mode of Discharge: Private Vehicle

Assessment

08:28 07/30/2009 - Change Room - Jerri GAMBRELL
Change Room: Minor Care North Waiting Room
08:28 07/30/2009 - Change Physician - Jerri GAMBRELL
ER Physician: Unassigned,
Resident: Unassigned.

Prim. Care Provider: MARTIN, Dr. Joe - FMP
Responsible Physician: Unassigned,
Mid-Level Physician: Unassigned
Medical Student: Unassigned
08:38 07/30/2009 - Supporting Documentation - Erica RIGSBY
Ordering Physician: Unassigned,
Orders: CASHIER CONSULT
08:45 07/30/2009 - Change Room - Nella ALLEN, RN
Change Room: Minor Care North Room 4
08:45 07/30/2009 - Change Nurse - Nella ALLEN, RN
Primary Nurse: ALLIN, RN, Nella
Secondary Nurse: Unassigned
Responsible Nurse: ALLIN, RN, Nella
08:54 07/30/2009 - Home Medications - RXRS
Albuterol [Albuterol] 90 mcg/Actuation 2 puff Inhalation Q4HPRN
08:57 07/30/2009 - Allergy Information - Nella ALLEN, RN
Allergy: NKDA
08:57 07/30/2009 - Past Medical History - Nella ALLEN, RN
Medical history: COPD, Bronchitis
Family history: Non contributory
Surgical history: None
Social history: Alcohol use-daily, Smoker
Immunization History: Tetanus 5-10 years
Foreign Travel History: No recent foreign travel
Histories: Pulmon
Reviewed by: Nurse
09:29 07/30/2009 - Change Physician - Dr. Richard HANNA, M.D.
ER Physician: HANNA, M.D., Dr. Richard - Emergency Medicine
Resident: Unassigned,
Prim. Care Provider: MARTIN, Dr. Joe - FMP
Responsible Physician: HANNA, M.D., Dr. Richard - Emergency Medicine
Mid-Level Physician: Unassigned
Medical Student: Unassigned
09:30 07/30/2009 - Allergy Information - Dr. Richard HANNA, M.D.
Allergy: NKDA
09:30 07/30/2009 - Past Medical History - Dr. Richard HANNA, M.D.
Medical history: COPD, Bronchitis
Family history: Non contributory
Surgical history: None
Social history: Smoker, Alcohol use daily
Immunization History: Tetanus 5-10 years
Foreign Travel History: No recent foreign travel
Histories: Pulmon
Reviewed by: Physician
09:39 07/30/2009 - Discharge Diagnosis - Dr. Richard HANNA, M.D.
Primary ED: Asthma
Additional Diagnoses: Tobacco abuse
09:39 07/30/2009 - Home Medications - Dr. Richard HANNA, M.D.
Albuterol 2 puff Inhalation Q4HPRN
Disposition: Continue
09:47 07/30/2009 - Custom Prescriptions - Dr. Richard HANNA, M.D.
Medication: MTDrol (Pak) 4 mg Tabs in a Dose Pak
Sig 1: 6 tabs day 1, 5 tabs day 2, 4 tabs day 3, 3 tabs
Sig 2: day 4, 2 tabs day 5, 1 tab day 6
Dispense: 21 tablets
09:47 07/30/2009 - Custom Prescriptions - Dr. Richard HANNA, M.D.
Medication: Albuterol Sulfate HFA 90 mcg/Actuation Aerosol Inhaler
Sig 1: 2 inhalations q6h prn wheezing
Dispense: 3 original containers
09:47 07/30/2009 - Custom Prescriptions - Dr. Richard HANNA, M.D.
Medication: A/H Hymoxan 250 mg Tab
Sig 1: 2 day 1, the 1 daily until out
Dispense: 8
09:47 07/30/2009 - Custom Prescriptions - Dr. Richard HANNA, M.D.
Medication: Flovent HFA 220 mcg/Actuation Aerosol Inhaler
Sig 1: 2 inhalations bid
Dispense: 1 original container
09:47 07/30/2009 - Custom Prescriptions - Dr. Richard HANNA, M.D.
Medication: Hycodan 5 mg-1.5 mg/5 ml Syrup

R 0308



Emergency Department
Assessment Sheet

2000 E. Greenville Street Anderson, SC 29621 (864) 512-6614

MR # 000199406

Sex: Male

DOB: 01/30/1968

Name: Cole, Robbin B

Phone: (864) 512-6614

Address: [REDACTED] WAREHOUSES, SC 29692

Unit Code: MCN

Account # 6475159

Age: 41

Sig: 1:5 ml qth prn coliph

Dispense: 120 ml

09:47 07/30/2009 - Ret/App - Dr. Richard HANNA, M.D.

Appointment with: MARTIN, Dr. Joe

Phone: (864) 330-0618

09:48 07/30/2009 - Return to work/school - Dr. Richard HANNA, M.D.

In ED From: 07/30/2009 08:22

Until: 07/30/2009 00:47

Return Date: 08/02/2009

09:48 07/30/2009 - Return to work/school - Dr. Richard HANNA, M.D.

In ED From: 07/30/2009 08:22

Until: 07/30/2009 00:47

Return Date: 08/02/2009

AnMed Health - Minor Care Medical Center - Minor Care North Campus

Patient Reimbursement Report

Cole, Robbin B

Patient Name Facility Code Modifiers	Med. Rec.# Account #	Charges
Cole, Robbin 36: Minor Care Level II - Estab- lished patient (3820011)	000199406 6475159	5 - Disch - Home 5 - Discharge Condition 5 - ED Registration 1 - Pain scale 2 - Pulse oximetry - single 10 - Reassessment simple (1) 8 - Vitals (2)

- End of Report - 1 Line Items Printed -

R 0310

PHYSICIAN DOCUMENTATION SHEET

Tue Jan 05 17:45:50 PST 2010

Minor Care North Campus

Minor Care

2000 E. Greenville Street

Anderson, SC 29621

PHONE: (864) 512-6614

MRN: 000199406

Name: Cole, Robbin B

Age: 41

Complaint: Rib injury

Arrival Time: 01/05/2010 13:15

All Providers: Dr. Amanda FLYNN, D.O.

Account #: 6624220

Sex: M

DOB: 01/30/1968

Primary Diagnosis: Rib injury

Discharge Time: 01/05/2010 15:51

HPI:

The patient is a 41-year-old male who presents with a chief complaint of rib injury. The Room number is 1. The history was provided by the patient and spouse. Arrival is by private vehicle. The symptoms started one week ago. The onset was acute. *STATES THAT 1 WEEK AGO FELL ANTERIORLY ON A TAILGATE. COMPLAINS OF PAIN AND A POPPING SENSATION TO LEFT ANTERIOR RIBS. CAN'T TELL IF THERE IS BRUISING DUE TO A TATTOO IN THAT LOCATION. PAIN IS MILDLY INCREASED WITH COUGHING/MOVEMENT, BUT HAS BEEN FUNCTIONING WITHOUT PROBLEMS. HAS NOT TAKEN ANY MEDICATION FOR PAIN. ALSO IS OUT OF HIS QVAR AND REQUESTS A REFILL -- SEES DR. HAND FOR COPD -- JUST COMPLETED A COURSE OF PREDNISONE LAST WEEK.*

17:45 01/05/2010 by Dr. Amanda FLYNN, D.O.

ROS:

Constitutional: otherwise Negative; Negative for fever and chills.

Eyes: all Negative

ENT: all Negative

Cardiovascular: all Negative; Negative for chest pain.

Respiratory: otherwise Negative; Positive for wheezing. Negative for cough and shortness of breath.

Gastrointestinal: all Negative; Negative for nausea and vomiting.

Genitourinary: all Negative

Musculoskeletal: otherwise Negative; Positive for rib pain.

Skin: all Negative

Neuro: all Negative

Hematologic: all Negative

Allergic: all Negative

17:43 01/05/2010 by Dr. Amanda FLYNN, D.O.

PMH:

Reviewed by: nurse

Historian: patient

Social History: smoker, smoker 1-2 pks/day-Instructed to stop, alcohol use-daily, drug use-none

NOTE - lives with girlfriend.

R 0311

Travel History: no recent foreign travel
 Medical History: COPD, bronchitis
 Surgical History: none
 Immunization status: influenza vaccine not received this season, pneumovax - never

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

17:41 01/05/2010 by Dr. Amanda FLYNN, D.O.

Home Medications:

Medications			
Medication	Dosage	Frequency	Last Dose
Qvar Inhl	2 puffs	ever couple of hours	
Flovent HFA Inhl	4 puffs	pm	

NOTE - Other medications - WARNING: no interaction checking - Medication: Albuterol Nebulizer
 unknown, Dosage: 1 treatment, Frequency: pm;

14:05 01/05/2010 by RxReconcile User

Physical examination:

Constitutional: nursing assessment reviewed, vitals reviewed, no acute distress, Uncomfortable appearing
Respiratory: wheezing, normal respiratory effort/excursion
Cardiovascular: regular rate and rhythm, no Murmurs
Back: NOTE - *LEFT RIBS ANTERIORLY WITH TENDERNESS. NO AXILLARY OR POSTERIOR TENDERNESS WITH CORRELATING RIBS. NO SPLINTING.*

Psychiatric: alert and oriented person, place, and time, no abnormalities of mood or affect
Skin normal: no rash

17:43 01/05/2010 by Dr. Amanda FLYNN, D.O.

Reviewed result:

Result Type: PRELIM_RESULT
 Orderno: 20593827
 Step Type: XRAY
 Procedure Name: XR RIBS UNILAT W/CHEST

Procedure: XR RIBS UNILAT W/CHEST
 Collection Date: 01/05/2010 15:10

COLE RIBS UNILATERAL LEFT WITH CHEST

CLINICAL HISTORY: Axillary pain..

CURRPT: A single AP chest film demonstrates the soft tissues and bony structures to be normal in appearance. The lungs are well expanded and clear. The cardiac silhouette, mediastinum, and pulmonary vasculature appear normal.

IMPRESSION:

NEGATIVE AP CHEST.

LEFT RIBS: Examination demonstrates no displaced fracture, lytic or blastic lesion.

R 0312

IMPRESSION:

1. **NEGATIVE RIBS.**

15:31 01/05/2010 by Dr. Amanda FLYNN, D.O.

Provider:

Physician Assessment: IPI and exam completed by ER physician

15:39 01/05/2010 by Dr. Amanda FLYNN, D.O.

Return to Work/School:

Sheet is for: Cole, Robbin

Was in the ED from: 01/05/2010 13:15

Until: 01/05/2010 15:39

Return Disposition: May return to work without restrictions

Return Date: 01/07/2010

15:39 01/05/2010 by Dr. Amanda FLYNN, D.O.

Patient disposition:

ED Final Diagnosis: rib injury

Patient disposition: Disch - Home

15:39 01/05/2010 by Dr. Amanda FLYNN, D.O.

Medication disposition:

Medications					
Medication	Dosage	Frequency	Last Dose	Medication disposition	PCP contact
Ovar Inhl	2 puffs	ever couple of hours		continue	
Flovent HFA Inhl	4 puffs	prn		continue	

15:39 01/05/2010 by Dr. Amanda FLYNN, D.O.

Prescriptions:

Prescription		
Medication	Dispense	Sig Line
Xopenex HFA 45 mcg/Actuation Aerosol Inhaler	1 MONTH	2 PUFFS Q6 HOURS FOR WHEEZING/SOB. USE WITH SPACER
Ibuprofen 800 mg Tab	30	1 TAB PO Q8 HOURS PRN PAIN/INFLAMMATION. TAKE WITH FOOD.

15:40 01/05/2010 by Dr. Amanda FLYNN, D.O.

Discharge:

Discharge Instructions:

chest wall pain, rib fractures

Drug Instructions:

anti-inflammatory pain medicine

Append a Note to Discharge Instructions: ENCOURAGE DEEP BREATHING AND COUGHING. COOL PACKS TO RIBS. KEEP APPT WITH PULMONOLGY FOR FOLLOW UP.

Discharge condition: stable

Referral/Appointment			
Refer Patient To:	Phone Number:	Follow-up in	Appointment Details:
ILAND, Dr. Stephen	864.225.5667		

15:41 01/05/2010 by Dr. Amanda FLYNN, D.O.

Radiology Interpretation			
Test	ED Interpretation	Radiology Interpretation	Additional Information
		CXR /RIBS NEGATIVE.	

17:41 01/05/2010 by Dr. Amanda FLYNN, D.O.

Chart electronically signed by ER Physician

17:45 01/05/2010 by Dr. Amanda FLYNN, D.O.

WANMED HEALTH Emergency Department Assessment Sheet 2000 E. Greenville Street Anderson, SC 29621 (864) 512-6614	MR # 000199406 Sex: Male DOB: 01/30/1968 Name: Colt, Robbin B Phone: [REDACTED] Address: [REDACTED] BRITTON, SC 29627 Unit Code: MCN Account # 6624220 Age: 41

Complaint: Rib inj/ x 1 week Arrival Date/Time: 13:15 01/05/2010 Arrived by: Private Vehicle Mobility: Ambulatory Accompanied By: None	Acuity: 3 - Three Fin Class: 2 Insurance: Amb/Helicopter: Referring Facility: Emergency Physician: FLYNN, D.O., Dr Amanda Resident: -Unassigned, Primary Care: -UNASSIGNED PCP,

Complaint Code: Trauma/Ortho/Lacerations Treatment PTA:	Triage Nurse: MCCLAIN-RN, Cathey

Past Medical Hx: Bronchitis, COPD Immunization History: Influenza vaccine not received this y., Pneumovax - never Social History: Alcohol use-daily, Drug use-none, Smoker, Smoker 1-2 pkts/day-instructed to stop Weights: LMP Date:

Prescribing Medications

Medication	Dosage	Freq	Medication	Dosage	Freq
Qvar	2 puffs	every 12 hrs			
Flovent HFA	4 puffs	pm			

Allergy

Allergy	Allergic Reaction
NKA	

Vital Signs

Initia	Time	Temp	Blood Pressure	Pulse	Resp
CM	14:11	97.5 O	153/112 Automatic, Sitting, Left Arm	83	24

Pain

Time	Scale

Pulse Ox.

Time	%
14:11	95

Pupils

Time	L (mm)	R (mm)

Glasgow Coma

Time	Score

Disposition Information Admitting Physician: ED Final Diagnosis: Rib Injury ED Secondary Diagnosis: Disposition: Disch - Home Report Called By: Prescriptions: Xopenex HFA 45 mcg/Actuation Aerosol Inhaler , Ibuprofen 800 mg Tab Discharge Instructions: Disability Statement Follow-up Care: HAND, Dr. Stephen Discharge Time: 15:51 01/05/2010		Family Notification: Report Given To: Appt Date/Time: Discharge Nurse: Cathey MCCLAIN-RN

R 0315

WANNMED HEALTH

Emergency Department Assessment Sheet

2000 E. Greenville Street Anderson, SC 29621 (864) 512-6614

MR # 000199406

Sex: Male

DOB: 01/30/1968

Name: Cole, Robbin B

Phone: [REDACTED]

Address: [REDACTED] BRITTON, SC 29627

Unit Code: MCH

Account # 6624220

Age: 41

Orders

14:08 01/05/2010 - ER Physician Eval. -- Cathey MCCLAIN-RN
Evaluate Patient - Dr. Amanda FLYNN, D.O. at 01/05/2010 15:01
14:23 01/05/2010 - Initiate Protocol -- Guidelines
Protocol Initiate - Cathey MCCLAIN-RN at 01/05/2010 14:32
15:01 01/05/2010 - XR RIBS UNILAT W/CHEST LEFT -- Dr. Amanda FLYNN, D.O.
Prepare Patient for Xray - Dr. Amanda FLYNN, D.O. at 01/05/2010 15:08
Obtain Xray - Dr. Amanda FLYNN, D.O. at 01/05/2010 15:08

IV Documentation

(none)

Medications Administered

(none)

Triage/Initial Assessment

14:08 01/05/2010 - Initial Triage Info -- Cathey MCCLAIN-RN
Duration: 7, days
Self-Harm: No
Quick Assessment: AIRWAY intact, BREATH SOUNDS wheezing, BREATH SOUNDS decreased, BREATHING cough productive, BREATHING short of breath, NCURO alert & oriented x3, SKIN warm & dry, SKIN coloration WNL
Home Safety: Yes
Chief Complaint: Hit inj x 1 week
Complaint Code: Trauma/Ortho/Lacerations
Initial Triage Acuity: 3 - Three
Trauma Yes / No: Yes
Note: fell and landed on tailgate of truck. Struck left rib area. States he is having pain. Cough, wheezes, SOB noted--states that this is normal for him due to COPD.
14:08 01/05/2010 - Pain -- Cathey MCCLAIN-RN
Did pain affect daily activities: Yes
Pt given info on pain severity: Yes
Pt understands severity scale: Yes
Currently in Pain: Yes
Note: full chest pain B/T with touch, B/T when full smoke.
14:11 01/05/2010 - Vital Signs -- Cathey MCCLAIN-RN
Temp: 97.5 Oral
BP: 153/112, Automatic, Sitting, Left Arm, Regular cuff
HR: 83, Regular
Resp: 24, Wheezes
14:11 01/05/2010 - Oximetry -- Cathey MCCLAIN-RN
Pulse Oximetry %: 85
Oxygen Therapy: Room Air
15:48 01/05/2010 - Pain -- Cathey MCCLAIN-RN
Did pain affect daily activities: Yes
Pt given info on pain severity: Yes
Pt understands severity scale: Yes
Currently in Pain: Yes
Note: 8/10 with touch/ 6/10 still at time of d/c.

Nursing Documentation

15:51 01/05/2010 - Discharge Condition -- Cathey MCCLAIN-RN
Acuity: 3 - Three
Condition: Stable
Mobility at Discharge: Ambulatory
Patient Teaching: Written DC instructions reviewed patient, Work/School Excuse Given, Instructed to return to ED for concerns, Rx instructions reviewed with Patient, Verbal understanding of Rx instructions, All belongings (valuables) with patient, Verbal understanding of D/C instructions, Patient left the ED in no acute distress, Discharge questions answered, Followup plan of care reviewed

- PT, Prescription reviewed and given, Patient left ED with family / friend
Mode of Discharge: Private Vehicle

Assessment

13:15 01/05/2010 - Change Room -- Teresa JONES
Change Room: Minor Care North Waiting Room Occ
13:15 01/05/2010 - Change Physician -- Teresa JONES
ER Physician: Unassigned, -
Resident: Unassigned,
Prim. Care Provider: UNASSIGNED PCP, -
Responsible Physician: Unassigned,
Mid-Level Physician: Unassigned
Medical Student: Unassigned
13:20 01/05/2010 - Supporting Documentation -- Jerri GAMBRELL
Ordering Physician: Unassigned, -
Orders: CASHIER CONSULT
14:00 01/05/2010 - Change Room -- Cathey MCCLAIN-RN
Change Room: Minor Care North Room 1
14:00 01/05/2010 - Change Nurse -- Cathey MCCLAIN-RN
Primary Nurse: MCCLAIN-RN, Cathey
Secondary Nurse: Unassigned
Responsible Nurse: MCCLAIN-RN, Cathey
14:08 01/05/2010 - Home Medications -- RXRS
Albuterol Nebulizer unknown 1 treatment prn
Racemic Albuterol Dipropionate (Over) (40 mcg/Actuation) 2 puffs Inhaler couple of hours
Fluticasone (Flovent Hb) unknown 4 puffs Inhal prn
14:09 01/05/2010 - Allergy Information -- Cathey MCCLAIN-RN
Allergy: NKDA
14:09 01/05/2010 - Past Medical History -- Cathey MCCLAIN-RN
Medical history: COPD, Bronchitis
Surgical history: None
Social history: Smoker, Smoker 1-2 pks/day-instructed to stop, Alcohol use-daily, Drug use-none
Immunization History: Influenza vaccine not received this year, Pneumovax - never
Foreign Travel History: No recent foreign travel
Observation truncated: WARNING: Observation not complete. See PhysDoc.
Historian: Patient
Reviewed by: Nurse
Note: Social History-lives with girlfriend.
14:32 01/05/2010 - Print Protocol Performed -- Cathey MCCLAIN-RN
Protocol Type: No Protocol Listed
15:01 01/05/2010 - Change Physician -- Dr. Amanda FLYNN, D.O.
ER Physician: FLYNN, D.O., Dr. Amanda - Emergency Medicine
Resident: Unassigned, -
Prim. Care Provider: UNASSIGNED PCP,
Responsible Physician: FLYNN, D.O., Dr. Amanda - Emergency Medicine
Mid-Level Physician: Unassigned
Medical Student: Unassigned
15:01 01/05/2010 - Supporting Documentation -- Dr. Amanda FLYNN, D.O.
Ordering Physician: FLYNN, D.O., Dr. Amanda - Emergency Medicine
Orders: XR RIBS UNILAT W/CHEST LEFT
15:08 01/05/2010 - Group Orders -- Dr. Amanda FLYNN, D.O.
Grouped Orders:
15:39 01/05/2010 - Return to work/school -- Dr. Amanda FLYNN, D.O.
In ED from: 01/05/2010 13:15
Unit: 01/05/2010 15:30
Return Date: 01/07/2010
15:39 01/05/2010 - Discharge Diagnosis -- Dr. Amanda FLYNN, D.O.
Primary ICD: Rib injury
15:39 01/05/2010 - Home Medications -- Dr. Amanda FLYNN, D.O.
Over 2 puffs Inhalation ever couple of hours
Dispositional: Continue
Flovent HFA 4 puffs Inhalation prn
Disposition: Continue
15:40 01/05/2010 - Custom Prescriptions -- Dr. Amanda FLYNN, D.O.
Medication: Xopenex HFA 45 mcg/Actuation Aerosol Inhaler
Sig 1: 2 PUFFS Q4 HOURS FOR WHEEZING/SOB. USE WITH

R 0316

ANMED HEALTH**Emergency Department
Assessment Sheet**

2000 E. Greenville Street Anderson, SC 29621 (864) 512-6614

MR # 000199406

Sex: Male

DOB: 01/30/1968

Name: Cole, Robbin B

Phone: [REDACTED]

Address: [REDACTED], BRITTON, SC 29627

Unit Code: MCN

Account # 6624220

Age: 41

Sig 2: SPACER
Dispense: 1 MONTH
15:40 01/05/2010 - Custom Prescriptions - Dr. Amanda FLYNN, D.O.
Medication: Ibuprofen 800 mg tab
Sig 1: 1 TAB PO QID HOURS PRN PAIN/INFLAMMATION. TAKE
Sig 2: WITH FOOD
Dispense: 30
15:41 01/05/2010 - Ref/App - Dr. Amanda FLYNN, D.O.
Appointment with: HAND, Dr. Stephen
Phone: 864.225.5887

Imaging Report

Reviewed: 15:31 01/05/2010 by Dr. Amanda FLYNN, D.O.

15:24 01/05/2010 - Preliminary Order Results

Procedure: XRT RIBS UNIL AT W/CHEST
Collection Date: 01/05/2010 15:10

COL R RIBS UNIL ATTRA LEFT WITH CHEST

CLINICAL HISTORY: Axillary pain.

CHEST: A single AP chest film demonstrates the soft tissues and bony structures to be normal in appearance. The lungs are well expanded and clear. The cardiac silhouette, mediastinum, and pulmonary vasculature appear normal.

IMPRESSION:

NEGATIVE AP CHEST.

LEFT RIBS: Examination demonstrates no displaced fracture.

lytic or blastic lesion.

IMPRESSION:

1. NEGATIVE RIBS.

R 0317

AnMed Health - Minor Care Medical Center - Minor Care North Campus

Patient Reimbursement Report

Cole, Robbin B

Patient Name Facility Code Modifiers	Med. Rec.# Account #	Charges
Cole, Robbin 32: Minor Care Level II - Estab- lished patient (3820011) 25	000199406 6624220	5 - Disch - Home 5 - Discharge Condition 5 - ED Registration 1 - Pain scale 2 - Pulse oximetry - single 4 - Vitals 10 - Xray

- End of Report - 1 Line Items Printed -

XR RIBS UNILAT W/CHEST

ANDERSON AREA MEDICAL CENTER
800 NORTH FANT STREET
ANDERSON SC 29621

RADIOLOGY REPORT

Pat. Name: COLE, ROBBIN BRADLEY
Address: [REDACTED]
BELTON, SC 29627
Unit/Room: 02/0000
DOB: 30-Jan-1968
Sex: M

MR#: 000199406
Ord. Phys.: AMANDA PAIGE FLYNN
Service Date/Time: 01/05/2010 3:13 PM
Order#: E-03906365
PROC: XR RIBS UNILAT W/CHEST
Attend. Prov.: LEIGH ANN HARMON

COLE RIBS UNILATERAL LEFT WITH CHEST

CLINICAL HISTORY: Axillary pain.

CHEST: A single AP chest film demonstrates the soft tissues and bony structures to be normal in appearance. The lungs are well expanded and clear. The cardiac silhouette, mediastinum, and pulmonary vasculature appear normal.

IMPRESSION:

NEGATIVE AP CHEST.

LEFT RIBS: Examination demonstrates no displaced fracture, lytic or blastic lesion.

IMPRESSION:

1. NEGATIVE RIBS.

APPROVED BY: MONICA HOIER GRIER, M.D.

Dictated Date/Time: 01/05/2010 3:18 PM
Transcr. By: PWALTERS
Transcr. Date/Time: 01/05/2010 3:28 PM

Dictated By: MONICA HOIER GRIER, M.D.
Reviewed By:
Approved Date/Time: 01/05/2010 3:58 PM

Page 1

R 0319

COLE, ROBBIN B
 ArMed Health
 Order Summary Report
 FROM: 01/05/10 13:13 TO: 01/05/10 15:51
 ROOM: ** ADM: 01/05/10 13:13
 AGE: 41Y SEX: M NPI: HAYMON, LEIGH A
 DOB: 01/30/1968 ID: 6624220 MR 199406
 ACQUIRED: 01/05/10 15:53
 OPT OUT:

Page: 1

Orders Summary Report

Order#	Status	Order Name	Frequency	Duration	Prty	Start Dt/Tm	End Dt/Tm
Occurrence							
Completed Dt/Tm			Status	Completed by			
0001	Comp	XR RIBS UNILAT W/CHEST Ordered: FLYNN, AMANDA P Entered: ELROD, LAURA K Entered Time: 01/05/10 15:05 Last Mod: INFUSION, SELECT H Last Mod Time: 01/05/10 15:05 01/05/10 15:10	STAT	1 Occurs	S	01/05/10 15:05	01/05/10 15:05
			1. Right / Left: LEFT				
			Comment: rm 1				
			Complete	INFUSION, SELECT H			

R 0320

105

COLE, ROBBIN B
 ROOM: **

LAST PAGE
 MR: 199406 ID: 6624220 DOB: 01/30/1968 - Order Summary Report
 Page: 1

PERM

Minor Care North Campus

2000 E. Greenville Street

Anderson, SC 29621

(864) 512-6614

Xopenex HFA 45 mcg/Actuation Aerosol Inhaler, Ibuprofen 800 mg Tab

Discharge Instructions Received: RIB FRACTURES, CHEST WALL PAIN

Drug Instructions Received: ANTI-INFLAMMATORY PAIN MEDICINE

Referral/Appointment:

Refer Patient To: HAND, Dr. Stephen

Phone Number: 864.225.5667

Address: 2000 East Greenville St. Suite 1100 Anderson, SC 29621

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

ENCOURAGE DEEP BREATHING AND COUGHING. COOL PACKS TO RIBS. KEEP APPT WITH PULMONOLGY FOR FOLLOW UP.

Date/Time: 01/05/2010 13:15

Treating MD: Dr. Amanda FLYNN, D.O.

Physician's Assistant:

Signature Patient/Responsible Party: [Signature]

Relationship to patient: [Signature]

Account Number: 6624220

Medical Record Number: 000199406

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

Nurse's Signature: Cathy P. McLean

Date: 1-5-10



ACCT: 6624220
DR - 89201 HARTON, LEISH A
COLE, ROBBIN BRADLEY
DOB - 01 30 88
AGE - 41Y MC
DCS - 01 05 10

ACCT: 6624220
DR - 89201 HARTON, LEISH A

COLE, ROBBIN BRADLEY



MR: 000199406

R 0321

CT CHEST W

ANDERSON AREA MEDICAL CENTER
800 NORTH FANT STREET
ANDERSON SC 29621

RADIOLOGY REPORT

Pat. Name: COLE, ROBBIN BRADLEY
Address: ~~REDACTED~~
WARE SHOALS, SC 29692
Unit/Room: 04/0000
DOB: 30-Jan-1968
Sex: M

MR#: 000199406
Ord. Phys.: STEPHEN HARRIS HAND
Service Date/Time: 08/19/2009 3:28 PM
Order#: E-03837127
PROC: CT CHEST W
Attend. Prov.: STEPHEN HARRIS HAND

COLE

CT CHEST WITH CONTRAST

CLINICAL HISTORY: Shortness of breath, history of asbestosis exposure.

TECHNIQUE: Following the intravenous injection of 100 ml of Optiray 320, multiple helical images were obtained at 5 mm from the level of the thoracic inlet through the adrenal glands. Additional sagittal and coronal 2D reconstructions were performed after axial helical acquisition.

FINDINGS: CT examination demonstrates a prevascular lymph node which measures 6.3 mm. There is a precarinal lymph node which measures 9.5 mm. There is no hilar adenopathy.

There is no pleural or pericardial effusion.

Parenchymal lung windows demonstrate a faint nodular density identified within the right midlung measuring 1.8 mm.

No pleural-based mass or pleural-based calcification is identified.

Examination demonstrates the liver and spleen to be of normal size and density. The gallbladder and adrenal glands and visualized portions of the kidneys are within normal limits.

There is no evidence for pancreatic abnormality.

IMPRESSION:

1. A VAGUE 1.8 MM NODULAR DENSITY IN THE RIGHT MIDDLE LOBE.
2. SUBCENTIMETER LYMPH NODES ARE IDENTIFIED IN THE MEDIASTINUM.

APPROVED BY: MONICA HOIER GRIER, M.D.

Dictated Date/Time: 08/19/2009 3:23 PM
Transcr. By: PWALTERS
Transcr. Date/Time: 08/19/2009 3:53 PM

Dictated By: MONICA HOIER GRIER, M.D.
Reviewed By:
Approved Date/Time: 08/19/2009 4:11 PM

Page 1

R 0322



ANMED HEALTH
CONTRAST MEDIA CHECKLIST
Radiology

Name	ACCT: 6494269 DR - 00324 HAND, STEPHEN M
Date	BC: 6494269
MR#	DOB - 01 30 58 AGE - 41Y MC DOS - 00 10 00
Birthdate	MR: 000199406

Patient's Complaint: SOB, n/o asbestose exposure
Weight: _____

Patient History

Have you ever had a previous exam requiring oral or intravenous contrast media? _____

Previous studies/reports _____

Do you have or have you had any of the following? If yes, please explain

Allergies	Yes _____ No ☒	_____
Respiratory Difficulties	Yes ☒ No _____	_____
Asthma	Yes ☒ No _____	_____
Heart Disease	Yes _____ No ☒	_____
Kidney Disease	Yes _____ No ☒	_____
Sickle Cell Anemia	Yes _____ No ☒	_____
Polycythemia	Yes _____ No ☒	_____
Multiple Myeloma	Yes _____ No ☒	_____
Severe Dehydration	Yes _____ No ☒	_____
Are you a Diabetic?	Yes _____ No ☒	_____

If Yes, Please list any medications: _____ * Protocol on Reverse Side

Previous Surgeries: NO

Have you ever been diagnosed or treated for any form of cancer? NO

If Yes, please list: _____

Have you ever taken chemotherapy or radiation therapy? _____

For Female Patients:

Is there any chance you could be pregnant? NO

What was the first day of your last menstrual period? _____

Do you have polycystic ovarian disease? If so, what medication are you on? _____

If the patient is on medication containing Metformin, please use the protocol on the reverse side.

Technologist Use Only

Creatinine Level: _____ (Note: Lead "0, no Trailing "0") Date Drawn: _____

Oral Contrast Type: _____ Amount Given: _____ mL's Lot#: _____

IV Contrast Type: Opt-320 Amount Given: 100 mL's Lot#: _____

Injection Site: RT: ulnar Injection Time: _____

Radiologist: [Signature] Technologist: GA 008a

Power Injector: _____ Hand Bolus: _____

List Complications/Reactions: _____

Actions Taken: _____

Patient Signature: [Signature]

310-

ANMED HEALTH
CREATININE PROTOCOL
Radiology

Creatinine Protocol for CT/IVP and Invasive Patients

The following patients must have a serum creatinine performed to indicate renal function, prior to the injection of iodinated contrast media.

- Patients 65 years of age or older
- Patients with a history of renal disease
- Diabetic Patients
- Patients on medication containing Metformin

Creatinine Levels/Contrast Guidelines for CT/IVP/ Invasive Procedures:

- On creatinine levels up to 1.3 administer 100mL
- If creatinine is 1.4 and patient is diabetic, administer 50mL
- If creatinine is 1.4 and not a diabetic, administer 100mL
- If creatinine is greater than or equal to 1.5, call physician
- If patient has had a single kidney transplant and creatinine is 1.3 or below, administer 75mL
- If patient has single kidney (congenital or nephrectomy) and creatinine is 1.3 or over, call physician
- In children, number of mL's should equal weight in pounds, up to a max of 100mL
- Asthma patients who are mild to moderate, administer 100mL
- Asthma patients who are considered severe with multiple inhalers - call physician

*Patients on Medication containing Metformin.

Patients who are on any medication containing Metformin must have a screening serum creatinine level before parenteral iodinated contrast can be administered. If renal function is normal, the medication will be stopped at the time of contrast administration. After 48 hours, if the repeat serum creatinine level is normal, the medication can be restarted. These guidelines are to prevent contrast induced renal insufficiency and interaction with Metformin, which causes lactic acidosis.

Laboratory Phone Number for Results of Creatinine: Ext. 1812

Creatinine Protocol for MRI Patients

The following patients must have a serum creatinine performed to indicate renal function prior to any MRI procedure.

- >65 years of age
- history of renal disease
- diabetic
- sickle cell anemia
- polycythemia
- multiple myeloma
- severe dehydration

Creatinine Levels/Contrast Guidelines for MRI Procedures

- Patients with a GFR < 60mL/min (MDRL) will **not** receive contrast, unless deemed necessary by a physician
- The dose of Gadolinium will not exceed 20mL, unless deemed necessary by a physician

R 0324

2384 (12/07)

Page 2 of 2

COLE, ROBBIN B
 Armed Health
 Order Summary Report
 FROM: 08/19/09 11:58 TO: 08/19/09 15:08
 ROOM: ** ADM: 08/19/09 14:58
 AGE: 41Y SEX: M MD: HAND, STEPHEN H
 DOB: 01/30/1968 ID: 6494269 MR 189408
 RTN: 08/19/09 01:00
 OPT OUT:

Page: 1

Orders Summary Report

Order#	Status	Order Name	Frequency	Duration	Prt	Start Dt/Tm	End Dt/Tm
0001	Comp	CT CHEST W	ONCE	WALK		08/19/09 15:08	08/19/09 15:08
		Ordered: HAND, STEPHEN H	1. PATIENT MUST BE NPO After MN FOR THIS EXAM/PROCEDURE				
		Entered: INFUSION, SELECT H	2. NURSE TO MONITOR NPO STATUS				
		Entered Time: 08/19/09 15:08	3. IF PATIENT IS OVER 65, HAS RENAL PROBLEMS, OR IS A DIABETIC; CT MUST HAVE A CREATINE LEVEL ON THE CHART BEFORE EXAM IS PERFORMED.				
		Last Mod: INFUSION, SELECT H					
		Last Mod Time: 08/19/09 15:08					

08/19/09 15:16

Complete INFUSION, SELECT H

R 0325

110

COLE, ROBBIN B
 ROOM: **

LAST PAGE
 MR: 189408 ID: 6494269 DOB: 01/30/1968 - Order Summary Report

Page: 1

PERM

ANMED  HEALTH

OUTPATIENT PHYSICIAN'S ORDER

APPT. DATE 8/19/09 Today TIME: 08-19-09
 TODAY'S DATE 08-19-09
 PRECERT NO. (if required by insurance company): _____

☐ STAT ☐ CALL REPORT ☐ FAX ☐ ROUTINE

PATIENT NAME: Robbin Cole

PATIENT COMPLAINT: SOB, h/o asbestose exposure
 (Do not list probable, history of, questionable, rule out, status post or possible as part of the medical complaint.)

OUTPATIENT PROCEDURE(S): ☐ ANDERSON AREA MEDICAL CENTER ☒ ANMED HEALTH CAMPUS

CT of chest with Contrast Area 4

Dr. S. Hand (804) 225-5607 M.D. PHONE: _____

STREET _____



ACCT: 6494269
 DR - 00324 HAND, STEPHEN H

Anderson Area Medical Center...

OSC Fax for Orders

Rehab (P.T., O.T., Speech)

AnMed FirstCall

To schedule appointment 261-2255

To pre-register for scheduled procedure 261-1492

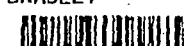
COLE, ROBBIN

DOB - 01 28 88

AGE - 41Y MC

DOB - 08 19 89

BRADLEY



MR: 000199406

261-1000

716-6847

Wellness)

One station and one ambulance at outpatient facilities.

prshing@omh.org/8/19/09

PATIENT: You must bring this order with you at time of service

FORM #143

R 0326

CT CHEST W/O

ANDERSON AREA MEDICAL CENTER
800 NORTH FANT STREET
ANDERSON SC 29621

RADIOLOGY REPORT

Pat. Name: COLE, ROBBIN BRADLEY
Address: [REDACTED]
BELTON, SC 29627
Unit/Room: 04/0000
DOB: 30-Jan-1968
Sex: M

MR#: 000199406
Ord. Phys.: STEPHEN HARRIS HAND
Service Date/Time: 02/19/2010 12:09 PM
Order#: E-03926158
PROC: CT CHEST W/O
Attend. Prov.: STEPHEN HARRIS HAND

COLE CT CHEST WITHOUT CONTRAST

INDICATION: Nodular density right middle lobe. History of asbestos exposure.

COMPARISON FILM: 08/19/09.

TECHNIQUE: Multiple helical images were obtained at 5 mm from the level of the thoracic inlet through the adrenal glands without injection of intravenous contrast. Additional sagittal and coronal 2D reconstructions were performed after axial helical acquisition.

FINDINGS: Within the mediastinum the thyroid lobes appear homogeneous. Lymph nodes are identified in the mediastinum with a prevascular node (image #12) measuring 0.8 x 0.9cm. A right paratracheal node measures 0.7 x 1.0cm (image #15, old image #18) and an anterior mediastinal node is stable measuring 1.3 x 0.5cm. The heart is not enlarged and there is no pericardial effusion. The lungs demonstrate a nodular density in the right middle lobe (image #30, old image #30) too small to characterize.

ABDOMEN: The superior aspect of the liver, gallbladder, adrenal glands and kidneys appear normal.

IMPRESSION:

CLEAR LUNGS. STABLE NODULAR DENSITY RIGHT MIDDLE LOBE SINCE 08/19/09.

Recommendations for follow-up and management of nodules detected incidentally at non-screening CT (does not apply to patients with known malignancy):

Nodule Size (mm)	Low Risk Patient (minimal or absent history of smoking or other risk factors)	High Risk Patient (history of smoking or other risk factors)

4 or less	No follow-up needed	Follow-up CT at 12 months; if no change, stop

*** report continues next page ***

Dictated Date/Time: 02/19/2010 12:18 PM
Transcr. By: RNIXON
Transcr. Date/Time: 02/19/2010 12:21 PM

Dictated By: VEENA MATHUR, M.D.
Reviewed By:
Approved Date/Time: 02/19/2010 4:25 PM
Page 1

R 0327



ANMED HEALTH
CONTRAST MEDIA CHECKLIST
Radiology

3926158

Name	Robbin Cole
Date	2-19-10
MR#	199406 Acct 66666746
Birthdate	1-30-68 Dr. Hand

Patient's Complaint: dyspnea cough non productive x4wks
Weight: _____

Patient History

Have you ever had a previous exam requiring oral or intravenous contrast media? _____

Previous studies/reports _____

Do you have or have you had any of the following? If yes, please explain

Allergies	Yes _____ No <u>✓</u>	<u>Asbestosis exposure</u> <u>COPD</u>
Respiratory Difficulties	Yes <u>✓</u> No _____	
Asthma	Yes _____ No _____	
Heart Disease	Yes _____ No <u>✓</u>	
Kidney Disease	Yes _____ No <u>✓</u>	
Sickle Cell Anemia	Yes _____ No <u>✓</u>	
Polycythemia	Yes _____ No <u>✓</u>	
Multiple Myeloma	Yes _____ No <u>✓</u>	
Severe Dehydration	Yes _____ No <u>✓</u>	
Are you a Diabetic?	Yes _____ No <u>✓</u>	

If Yes, Please list any medications: _____ * Protocol on Reverse Side

Previous Surgeries: Φ

Have you ever been diagnosed or treated for any form of cancer? Φ

If Yes, please list: _____

Have you ever taken chemotherapy or radiation therapy? _____

For Female Patients:

Is there any chance you could be pregnant? _____

What was the first day of your last menstrual period? _____

Do you have polycystic ovarian disease? If so, what medication are you on? _____

If the patient is on medication containing Metformin, please use the protocol on the reverse side.

Technologist Use Only

Creatinine Level: _____ (Note: Lead "0, no Trailing "0") Date Drawn: _____

Oral Contrast Type: _____ Amount Given: _____ mL's Lot#: _____

IV Contrast Type: _____ Amount Given: _____ mL's Lot#: _____

Injection Site: IV per

Radiologist: _____

Power Injector: _____

List Complications/Reactions: _____

Actions Taken: _____

Patient Signature: [Signature]

ANMED HEALTH
CREATININE PROTOCOL
Radiology

Creatinine Protocol for CT/IVP and Invasive Patients

The following patients must have a serum creatinine performed to indicate renal function, prior to the Injection of Iodinated contrast media.

- Patients 65 years of age or older
- Patients with a history of renal disease
- Diabetic Patients
- Patients on medication containing Metformin

Creatinine Levels/Contrast Guidelines for CT/IVP/ Invasive Procedures:

- On creatinine levels up to 1.3 administer 100mL
- If creatinine is 1.4 and patient is diabetic, administer 50mL
- If creatinine is 1.4 and not a diabetic, administer 100mL
- If creatinine is greater than or equal to 1.5, call physician
- If patient has had a single kidney transplant and creatinine is 1.3 or below, administer 75mL
- If patient has single kidney (congenital or nephrectomy) and creatinine is 1.3 or over, call physician
- In children, number of mL's should equal weight in pounds, up to a max of 100mL
- Asthma patients who are mild to moderate, administer 100mL
- Asthma patients who are considered severe with multiple inhalers - call physician

*Patients on Medication containing Metformin.

Patients who are on any medication containing Metformin must have a screening serum creatinine level before parenteral iodinated contrast can be administered. If renal function is normal, the medication will be stopped at the time of contrast administration. After 48 hours, if the repeat serum creatinine level is normal, the medication can be restarted. These guidelines are to prevent contrast induced renal insufficiency and interaction with Metformin, which causes lactic acidosis.

Laboratory Phone Number for Results of Creatinine: Ext. 1812

Creatinine Protocol for MRI Patients

The following patients must have a serum creatinine performed to indicate renal function prior to any MRI procedure.

- >65 years of age
- history of renal disease
- diabetic
- sickle cell anemia
- polycythemia
- multiple myeloma
- severe dehydration

Creatinine Levels/Contrast Guidelines for MRI Procedures

- Patients with a GFR<60mL/min (MDRL) will **not** receive contrast, unless deemed necessary by a physician
- The dose of Gadolinium will not exceed 20mL, unless deemed necessary by a physician

R 0329

2384 (12/07)

Page 2 of 2

11/1

COLE, ROBBIN B
 Archived History
 Order Summary Report
 FROM: 02/19/10 11:26 TO: 02/19/10 12:07
 ROOM: ** ADM: 02/19/10 11:26
 AGE: 42Y SEX: M NLU: HAND, STEPHEN H
 DOB: 01/30/1968 ID: 6666746 MR: 1001408
 RPT: 02/19/10 00:54
 OPT OUT:

Page: 1

Orders Summary Report

Order#	Status	Order Name	Frequency	Duration	Prt	Start Dt/Tm	End Dt/Tm
		Occurrence					
		Completed Dt/Tm	Status	Completed by			
0001	Cancel	CT CHEST W	ONCE	R		02/19/10 11:39	02/19/10 11:39
		Ordered: HAND, STEPHEN H	1. PATIENT MUST BE NPO After MN FOR THIS				
		Entered: INFUSION, SELECT H	EXAM/PROCEDURE				
		Entered Time: 02/19/10 11:39	2. NURSE TO MONITOR NPO STATUS				
		Last Mod: INFUSION, SELECT H	3. IF PATIENT IS OVER 65, HAS RENAL				
		Last Mod Time: 02/19/10 12:07	PROBLEMS, OR IS A DIABETIC; CT MUST HAVE A				
			CREATINE LEVEL ON THE CHART BEFORE EXAM IS				
			PERFORMED.				
0002	Comp	CT CHEST WO	ONCE	R		02/19/10 12:07	02/19/10 12:07
		Ordered: HAND, STEPHEN H	1. LIGHT MEAL ON DAY OF EXAM				
		Entered: INFUSION, SELECT H					
		Entered Time: 02/19/10 12:07					
		Last Mod: INFUSION, SELECT H					
		Last Mod Time: 02/19/10 11:39					
		02/19/10 11:45	Complete	INFUSION, SELECT H			

R 0330

COLE, ROBBIN B
 ROOM: **

LAST PAGE
 MR: 199406 ID: 6666746 DOB: 01/30/1968 - Order Summary Report
 Page: 1

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PERM

ACCT:6666746

RADIOLOGY REPORT (Continued)

Pat. Name: COLE, ROBBIN BRADLEY
DOB: 30-Jan-1968

MR#: 000199406
Order#: E-03926158

- 4 - 6 Follow-up CT at 12 months Initial follow-up at 6-12 months
 if no change, stop then 18-24 if no change
- 6 - 8 Initial follow-up CT at 6-12 months; Initial f/u at 3-6 months
 then at 18-24 months if no change at 9-12 and 24 months if no change
- 8 Follow-up CT at 3, 9, and 24 months; Same as low risk patient
 dynamic contrast enhanced CT, PET
 or, biopsy

Macmahon et. al., Radiology, November 2005.

APPROVED BY: VEENA MATHUR, M.D.

Dictated Date/Time: 02/19/2010 12:18 PM
Transcr. By: RNIXON
Transcr. Date/Time: 02/19/2010 12:21 PM

Dictated By: VEENA MATHUR, M.D.
Reviewed By:
Approved Date/Time: 02/19/2010 4:25 PM
Page 2

R 0331

116

ANMED  HEALTH

OUTPATIENT PHYSICIAN'S ORDER

APPT. DATE 2-22-10 TIME: 7:45 AM

TODAY'S DATE 2-5-10
PRECERT NO. (if required
by insurance company): _____

☐ STAT ☐ CALL REPORT ☐ FAX ☐ ROUTINE

PATIENT NAME: Robbin Cole
PATIENT COMPLAINT: Nodular Density Right Middle Lobe
(Do not list probable, history of, questionable, rule out, status post or possible as part of the medical complaint.)

OUTPATIENT PROCEDURE(S):

☐ ANDERSON AREA MEDICAL CENTER

☒ ANMED HEALTH CAMPUS

Svc Area 4

CT Chest No Contrast

Stephen Hand (Slap) M.D. PHONE: 225-5667 FAX: _____

STREET _____



ACCT: 6666746

STATE/ZIP _____

DR - 00324 HAND, STEPHEN H

Anderson Area Medical

OSC Fax for Orders ..

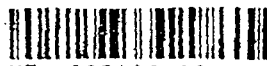
Rehab (P.T., O.T., Sp

COLE, ROBBIN BRADLEY

DOB - 01 30 68

AGE - 42Y MC

DOS - 02 19 10



MR: 000199406

..... 261-1000

..... 716-6647

n. Rehab, Well(ness)

AnMed-FirstCall

To schedule appointment..... 261-2255

To pre-register for scheduled procedure..... 261-1492

PATIENT: You must bring this order with you at time of service

R 0332

117

COLE, ROBBIN
DOB: 01/30/1968

08/19/09

CPSM#69260

606.913 CON

PULMONARY CONSULTATION

REFERRED BY: Gary Morse, P.A.

PRIMARY CARE PHYSICIAN: Joe A. Martin, M.D. and the patient reportedly is currently seeking a new primary care physician.

HISTORY OF PRESENT ILLNESS: The patient is a 41-year-old Caucasian male diagnosed with COPD/asthma over the last six months. He has been having repeated ER visits for shortness of breath and wheezing. He has been treated with Xopenex, Combivent, and Flovent reportedly without improvement. He feels his respiratory problems are related to exposures at work. He works for Goodman Conveyor and wears respirator mask that he reports, but he does not think the mask is properly maintained by the company. He gets exposed to AW of 68 and Unibonc at work. He is to bring in the MSDS sheet on his next visit. He complains of a cough after exposure that is productive of clear sputum as well as shortness of breath and wheezing. This will often become severe, but improves with prednisone and albuterol. He states he does not require the use of metered-dose inhalers if he is not working. He is, however, smoking a pack of cigarettes per day and realizes that he needs to stop smoking. He denies any yellow or green sputum production or hemoptysis. He has a history of asbestos exposure in the past while he was in the navy.

CURRENT MEDICATIONS: Include ProAir 2 puffs q.4h. p.r.n. shortness of breath., albuterol aerosol 2.5 mg q 4h. p.r.n., folic acid 1 mg not daily, multivitamins daily, and ibuprofen p.r.n.

ALLERGIES: He is allergic to Lanacane which caused him to have elevation in his blood pressure and he reportedly stopped breathing.

PAST MEDICAL HISTORY: Significant for COPD/asthma, diagnosed in the emergency room six months ago. He has had episodes of recurrent bronchitis and problems with anxiety. Other medical illness is negative as per checklist.

FAMILY HISTORY: Significant for a son who is healthy. Brother and sister are healthy. Parents are healthy. He works for Goodman-Hewitt Conveyor as a maintenance technician for the past two years. He has worked for Hydro Aluminum for five and a half years and Plasti Omn for two years. He was in the Navy for two years and reports asbestos exposure.

He is single. He is here with his girlfriend. He smokes approximately a pack of cigarettes a day and has been so for 25 years. Denies drug use. He drinks three or four glasses of wine daily as well as occasional beer. He has had a dog that stays at doors.

R 0333

Page 2

REVIEW OF SYSTEMS: Constitutional: Significant for intermittent cold, sweats, and occasional fever. Endocrine: Negative for weight loss or weight gain. Eyes: Negative for visual disturbances. ENT: Significant for nasal congestion and clear rhinorrhea. He has not had any purulent nasal congestion. He does have snoring and nocturnal choking. Cardiac: He has significant occasional swelling of his ankles, two-pillow orthopnea, and PND. Pulmonary: Significant for shortness of breath, intermittent wheezing, cough, and clear sputum production. Does have nocturnal symptoms. GI: Significant for occasional nausea and vomiting after prolonged episodes of coughing. GU: Significant for kidney stones two and a half years ago. Neurologic: Significant for occasional generalized weakness. Occasional tremors in his arms and legs. Psychiatry: Significant for history of anxiety.

PHYSICAL EXAMINATION: Weight: 165 pounds. Blood pressure: 117/92. Heart rate: 74. Respiratory rate: 12. Temperature: 97.7. O2 sat 97% on room air. Height: 5 feet 8 inches. Neck circumference: 17 inches. HEENT: Normocephalic, atraumatic. Pupils equal, round, and reactive to light. Nasal and oral mucosa are unremarkable. Neck: Supple. Thyroid is smooth and without enlargement. There is no lymphadenopathy. Cardiovascular: Shows regular rate and rhythm without murmur, gallop, or rub. There is no JVD. PMI is not largely displaced. There are no carotid bruits. Chest: Shows diffuse soft inspiratory and expiratory wheezes. There are no rales. There is no dullness to percussion. Respirations are mildly labored. Abdomen: Shows active bowel sounds. Soft, nontender without mass or organomegaly. Extremities: Without cyanosis, clubbing, or edema. There is no deep calf tenderness and Homan's signs are negative. Skin: Warm and dry. Multiple tattoos are noted. Neurologic: Shows him to alert, responsive, and oriented and follows commands appropriately.

LABORATORY DATA: A 6-minute walk test showed a minimum O2 sat of 94% on room air. A 6-minute walk distance was 643 meters or 97% of predicted. PFT showed an FEV1 to FVC ratio of 51%, FEV1 1.51 or 40% of predicted, FVC of 2.95 or 64% of predicted, and FEF₂₅₋₇₅ 0.69 or 17% of predicted. FEV1 raised by 32% and FEF₂₅₋₇₅ by 95% with bronchodilator. RV is 1.99 or 114% of predicted, TLC 5.56 or 85% of predicted, and DLCO 27.44 or 93% of predicted. Findings are consistent with severe airflow obstruction responsive to bronchodilator with normal diffusion. Chest x-ray done on 07/07/09 was negative with no mass, infiltrate, or effusion, also read by Dr. Burns and reviewed by me.

Page 3

IMPRESSION/PLAN:

- 1) Asthma with possible coexisting COPD. Patient is currently wheezing. We will begin the prednisone 40 mg daily until he returns next week and we will repeat spirometry at that time. We will continue his albuterol and we will add QVAR 80 mcg two puffs b.i.d.
- 2) Exposure to toxins at work including Unibond and AW68. He is to bring in the MSDS sheets on these materials.
- 3) Ongoing tobacco abuse of 25-pack-year history. I have advised the patient that it is absolutely imperative that he stops smoking at this time. I counseled him about the importance of smoking cessation for approximately 2 months and warned him regarding problems associated with ongoing tobacco abuse including worsening lung function, MI, CVA, cancer, and other problems. I have given a prescription for Chantix with a one-month starter pack and two-month continuation pack.
- 4) Alcohol abuse. Patient drinks daily as above. I have advised him that this may also pose problems with his respiratory system and asked that he minimize his alcohol intake.
- 5) History of anxiety.
- 6) History of asbestos exposure due with symptomatology. We will obtain a CT of the chest to make sure there is no evidence of pulmonary asbestosis.

I will see him back in one week for followup with a PFT1.

ADDENDUM: I have advised the patient that if he does not want to see Dr. Joe Martin he needs to establish himself with a new primary care physician, as I will not be able to serve as his primary care physician.



Stephen M. Hand, M.D.

SHH/DTloper26

cc: Gary Wayne Morse, P.A.

COLE, ROBBIN
DOB: 01/30/1988

08/26/09

CPSM#69260

606.947

FUP

FOLLOW-UP REPORT

HISTORY OF PRESENT ILLNESS: The patient returns today for follow-up of his COPD/asthma diagnosed six months ago. He has had recurrent episodes of bronchospasm, at least one of which was related to exposure to Reactobond 9/29, and possibly also to exposure to AW68 hydraulic fluid. He reports that since his last visit one week ago he has markedly improved in terms of shortness of breath. He is not having coughing, wheezing, or sputum production. He is smoking; he is down to 3 cigarettes a day. He is using his Chantix and is trying to quit smoking. He has not been recently exposed to Reactobond recently.

CURRENT MEDICATIONS: As per medication list and he reports compliance with medications.

ALLERGIES: He has had an adverse reaction to lidocaine.

PHYSICAL EXAMINATION: Weight: 168 pounds. Blood pressure: 134/93. Heart Rate: 86. Respiratory Rate: 16. Temperature: 98.0. O2 sat 96% on room air. Neck: There is no cervical or axillary lymphadenopathy. Cardiovascular: Regular rate and rhythm without murmur, gallop, or rub. There is no JVD. Chest: Clear to percussion and auscultation.

LABORATORY DATA: PFTs showed marked improvement from his last visit. FEV1 had risen from 1.51 to 2.75 which is now 71% of predicted. FEV1 to FVC ratio is now 75%, FVC is 3.69 or 75% of predicted, and FEF₂₅₋₇₅ 2.19 or 59% of predicted. Findings are now consistent with mild airflow obstruction. CT of the chest showed some small subcentimeter lymph nodes in the mediastinum. There is a vague 1.8-mm nodular density in the right middle lobe, which may require follow-up in approximately 6 months. There were no pleural plaques seen.

IMPRESSION/PLAN:

- 1) Asthma with probable coexisting COPD, markedly improved after one week of prednisone at 40 mg daily. We will taper his prednisone off, going to 20 mg daily for 3 days, then 10 mg daily for 6 days, then stop. Patient did not start his QVAR and is now to start QVAR 80 two puffs b.i.d. Will continue albuterol two puffs q.4h. p.r.n. shortness of breath in the form of ProAir and albuterol aerosol 2.5 mg q.4h. p.r.n.
- 2) Exposure to toxins at work as detailed above. The pharmacy from hospital is obtaining EMS data sheet on these material.
- 3) Ongoing tobacco abuse. Patient is cutting back with the help of Chantix and I have encouraged him to stop smoking completely.
- 4) History of asbestos exposure with no evidence of pleural plaquing on CT scan.
- 5) 1.8-mm nodular density in the right middle lobe. Consider followup CT in approximately 6 months.

R 0336

COLE, ROBBIN

08/26/09

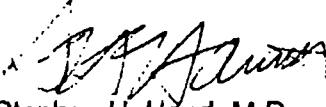
CPSM#69260

608.947

FUP

Page 2

I will see him back in three to four weeks for follow-up. I have encouraged him to utilize proper protective gear at work and asked him to talk to the safety supervisor at his plant about this matter. I advised him we will be happy to send records to the plant if necessary.



Stephen H. Hand, M.D.
SHH/DTloper26

cc: Joe A. Martin, M.D.

R 0337

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Patient Information

Name R COLE
 ID 69260
 Age 41
 Height 5 ft 8 in
 Weight 168 lbs. BMI 25.8
 Gender MALE
 Ethnic CAUCASIAN
 Smoker YES
 Asthma POSSIBLE

Test Information

Test Date/Time 08/26/09 03:11pm
 Post Time ---
 Test Mode DIAGNOSTIC
 Interpretation NLHEP
 Predicted Ref NHANES III
 Value Select BEST VALUE
 Tech ID
 Automated QC ON
 BTPS (IN/EX) ---/ 1.02

Test Results

Your FEV1 is 71% Predicted. Your Lung Age is 76

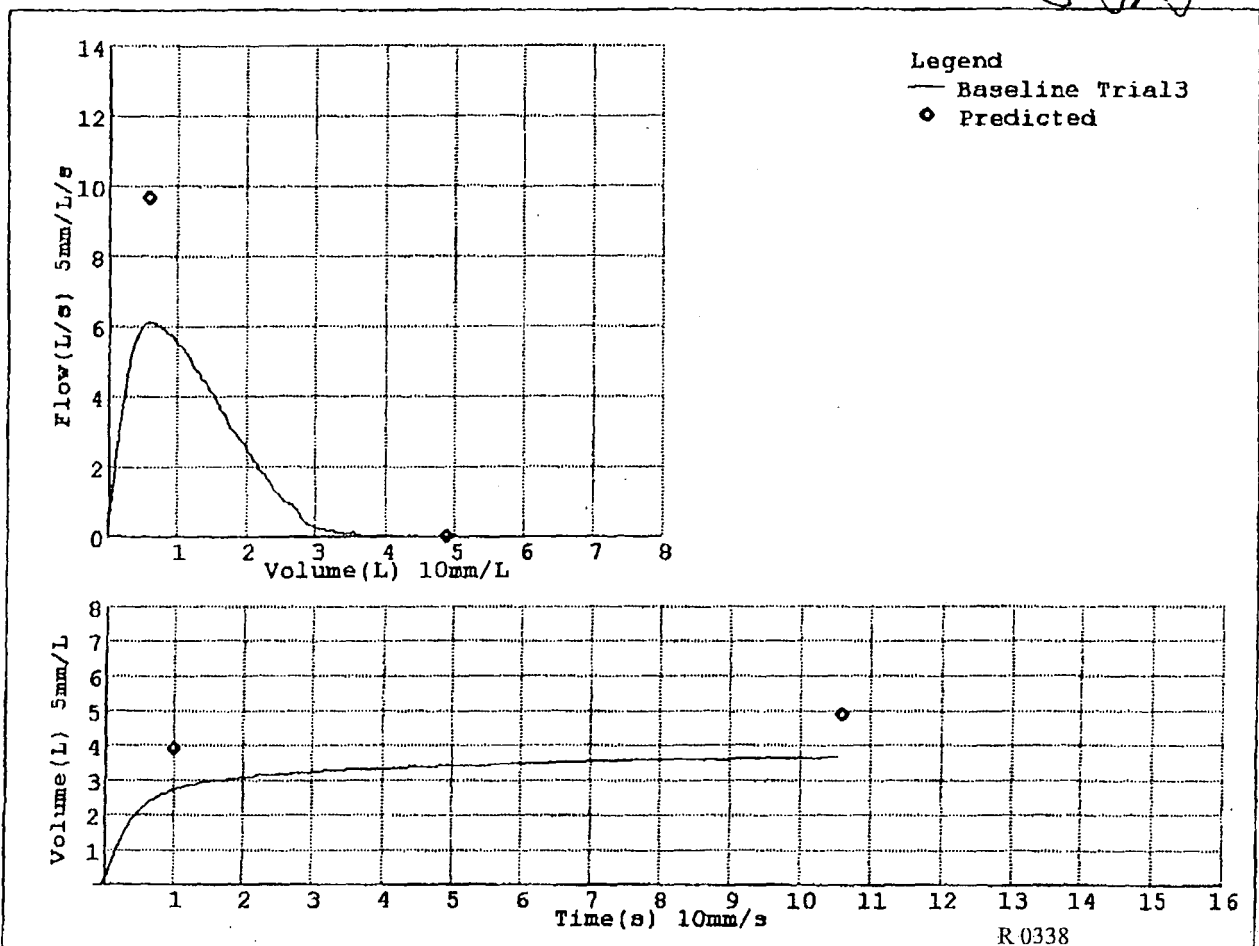
Parameter	Best	Trial3	Trial1	Trial2	Pred	%Pred
FVC(L)	3.69*	3.67*	3.69*	3.62*	4.90	75
FEV1(L)	2.75*	2.75*	2.71*	2.66*	3.90	71
FEV1/FVC	0.75	0.75	0.73	0.74	0.80	94
PEF(L/min)	367*	367*	362*	398*	578	63
FEF25-75(L/s)	2.19*	2.19*	2.03*	1.94*	3.71	59
FET(s)	10.60	10.60	9.90	9.90	---	--

* Indicates Below LHM or Significant Post Change

Baseline FEV1 Var=0.05L 1.6%; FVC Var=0.02L 0.5%; Session Quality A
 Interpretation Low vital Capacity possibly due to restriction of lung volumes

MILD AIRFLOW OBSTRUCTION

[Signature]



R 0338

CAROLINA PULMONARY AND SLEEP MEDICINE CONSULTANTS

PATIENT NAME Bobbi Cole ACCOUNT # 69260

ALLERGIES (LIST ADVERSE EFFECT) LORICANE > steps basally ↑ BP.

*Discontinued medications should be highlighted

DATE OF VISIT:	<u>8/10/09</u>			
PULMONARY MEDICATIONS:	DOSAGE:			<u>3/1/10</u>
~~Albuterol~~	~~2 puffs q4h~~	~~✓~~	~~✓~~	~~✓~~
~~Albuterol~~	~~2 puffs q4h~~	~~✓~~	~~✓~~	~~✓~~
<u>QVAR</u>	<u>2 puffs q4h</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>CRAXITX</u>	<u>500mg</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
DIURETICS:				
OTHER MEDICATIONS:				
<u>Toric Acid</u>	<u>150</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>Mult Vit</u>	<u>150</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>Ibuprofen</u>	<u>400mg</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>Bradykinase</u>	<u>100mg</u>	<u>✓</u>	<u>✓</u>	<u>dic</u>



CAROLINA PULMONARY
& SLEEP MEDICINE CONSULTANTS P.A.

Carolina Pulmonary & Sleep Medicine Consultants, P.A.

2000 E. Greenville Street, Suite 1100
Anderson, SC 29621
Phone: (864) 225-5667
Fax: (864) 716-6746
Contact Person: Jackie Arflin
Contact Phone: 864 225-5667

Robbin B Cole

ID: 69260

DOB: 01/30/1968 (42 years)

Date of Encounter: 03/01/2010 12:10 PM

History of Present Illness

Patient Words:

Review Ct scan of chest

Asthma (Reason for Visit)

The patient is a 42 year old male, patient presents today for a follow up visit for asthma. The onset of the asthma has been gradual and has been occurring in a persistent pattern for 1 year. The course has been gradually worsening. The asthma is described as moderate to severe.

Follow up, Diagnostic Procedure Results Diagnostic tests include CT scan (rml NODULE STABLE since 8/19/09).

History

Allergy

Lidocaine *DERMATOLOGICALS*

Past Medical

Asthma (493.90) - with coexisting COPD
Tobacco Use Disorder (305.1)
Abnormal CXR or CT (793.1) - 1.8mm nodular density in the middle lobe

Medications

ProAir HFA (108 (90 Base)MCG/ACT Aerosol Soln 2 puffs Inhalation every four hours) Active.
Qvar (80MCG/ACT Aerosol Soln 2 puffs Inhalation two times daily) Active.
Folic Acid (1MG Tablet 1 Oral daily) Active.
Multivitamins (1 Oral daily) Active.
Ibuprofen (200MG Capsule Oral as needed) Active.

Weight: 167 lb

Social

Exposure to toxins
Asbestos Exposure
Most recent primary occupation - Goodman-Hewitt Conveyer-maintenance tech for the past two years. Has worked at Hydro Aluminum for five and a half years and Plasti Omn for two years. Formerly in the Navy for two years and reports Asbestos exposure.

Family

Family Members In General Healthy

Temp.: 97.9 °F Pulse: 107 (Regular) Resp.: 20 (Unlabored) P. OX: 93% (Room air)
BP: 141/103 Manual

Review of Systems

General: Not Present- Fatigue, Fever, Night Sweats, Weight Gain > 10lbs. and Weight Loss > 10lbs..

Skin: Not Present- Change in Wart/Mole, Itching, New Lesions and Rash.

HEENT: Not Present- Headache, Visual Disturbances, Hearing Loss, Frequent Colds, Bleeding Gums and Hoarseness.

Neck: Not Present- Swollen Glands.

Respiratory: Not Present- Cough, Difficulty Breathing and Hemoptysis.

Breast: Not Present- Breast Mass, Breast Pain and Nipple Discharge.

Cardiovascular: Not Present- Chest Pain, Fainting / Blacking Out, Elevated Blood Pressure, Orthopnea, Shortness of Breath and Swelling of Extremities.

Gastrointestinal: Not Present- Abdominal Pain, Constipation, Diarrhea, Difficulty Swallowing and Rectal Bleeding.

Musculoskeletal: Not Present- Calf Pain, Joint Pain and Muscle Cramps.

Neurological: Not Present- Dizziness and Weakness.

Psychiatric: Not Present- Anxiety and Depression.

Endocrine: Not Present- Cold Intolerance, Excessive Thirst and Excessive Urination.

Hematology: Not Present- Anemia, Enlarged Lymph Nodes and Prolonged Bleeding.

R 0340

Physical Exam

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Cooperative. Not in acute distress. **Voice** - Normal.

Integumentary

General Characteristics: Temperature - normal warmth is noted. **Texture** - normal skin texture.

Head and Neck

Head - normocephalic, atraumatic with no lesions or palpable masses.

Neck

Global Assessment - supple.

Trachea - midline.

Thyroid

Gland Characteristics - normal size and consistency.

ENMT

Mouth and Throat

Nasopharynx - Note: wnl

Oral Cavity/Oropharynx: Oropharynx - Note: wnl

Chest and Lung Exam

Chest and lung exam reveals - normal excursion with symmetric chest walls and quiet, even and easy respiratory effort with no use of accessory muscles.

Inspection: Shape - Normal and Symmetric. **Movements** - Symmetrical.

Auscultation:

Adventitious sounds: Expiratory & inspiratory wheeze - Both Lung Fields.

Cardiovascular

Cardiovascular examination reveals - normal heart sounds, regular rate and rhythm with no murmurs.

Inspection: Carotid artery - Bilateral - Inspection Normal. **Jugular vein - Bilateral** - Inspection Normal.

Palpation/Percussion: Examination by palpation and percussion reveals - No Thrills.

Auscultation: Carotid arteries - No Carotid bruit.

Assessment & Plan

Asthma (493.90)

with coexisting COPD, poorly controlled. Replace QVAR.

Plans:

ProAir HFA 108 (90 Base)MCG/ACT. Active.

Symbicort 160-4.5MCG/ACT, 2 (two) Puff(s) two times daily, #1, 30 days starting 03/01/2010, Ref. x12. Active.

FOLLOW UP IN 3 WEEKS

TOBACCO USE Disorder (305.1)

Rx for 8 week taper of habitrol patches.

Plans:

DISEASE, LUNG, OTHER NEC (518.89)

Stable. Repeat CT in 12/10 and follow until 8/11.

Plans:

Stephen H Hand MD

Stephen H Hand MD

R 0341

CAROLINA PULMONARY
& SLEEP MEDICINE CONSULTANTS PA

October 11, 2010

Lynn Shook, P.C.
Attorney at law
906 Augusta Street
Greenville, Sc 29605

RE: Robbin Bradley Cole
SS#: [REDACTED]
DOB: 1/30/68

Dear Ms. Shook:

Thank you for your letter regarding Robbin Cole and for the material safety data sheets on hydraulic oil AW68 and Reactobond. As you know from my previous records, the patient does have moderate to severe COPD combined with asthma. In a patient such as this, exposure to respiratory irritants clearly can be problematic. Part of the patient's problem has been that he continues to smoke, though he is actively trying to stop smoking. He has also been exposed to the above-mentioned industrial chemicals according to his history. Both of these chemicals have been described as causing irritation to the respiratory mucosa and have the potential to exacerbate respiratory disease.

In my opinion, these exposures did contribute to worsening of the patient's respiratory condition.

Sincerely,


Stephen H. Hand, M. D.

SHH/ja

R 0342

RE: Robin B. Cole

SSN: [REDACTED]

Mr. Robin Cole is a patient of mine who I have treated for moderate to severe COPD and asthma. I have treated him with medications which include bronchodilators and Prednisone. He has episodes of wheezing and difficulty breathing. He has also had episodes of recurrent bronchitis. He has been a smoker for several years.

Mr. Cole's respiratory symptoms began after he began working at Goodman Conveyor Co. in August 2008. He described experiencing severe respiratory difficulties on or about September 8, 2008, when he was working underneath a machine and a liquid poured onto his face and chest area.

His respiratory difficulties continued to worsen when he was exposed to chemicals while performing his job in maintenance at the plant. He was required to repair leaks on machinery he stated. Two of these chemicals I understand were hydraulic oil AW68 and Reactobond which are respiratory irritates and have been known to exacerbate respiratory disease. His lung tests have revealed findings consistent with severe airflow obstruction responsive to bronchodilator with diffusion.

He was diagnosed with COPD and asthma about February 2009 in the emergency room. He has not worked since March 2010 but his symptoms have continued.

The following are my opinions based on testing, examinations and review of the medical history to a reasonable degree of medical certainty:

☒ Yes ☐ No It is my opinion that Mr. Cole's exposure to the above referenced and other chemicals while performing his job have caused and or exacerbated his COPD and asthma.

It is further my opinion that Mr. Cole has sustained a 73 % impairment to the right lung and 73 % impairment to the left lung as a result of this exposure.

It is also my opinion that Mr. Cole will require LONG TERM medications in order to control his respiratory disease.

☒ Yes ☐ No It is further my opinion that Mr. Cole is unable to perform any gainful employment because of the job related causation and/or exacerbation of COPD and asthma.

It is my opinion that Mr. Cole may work under the following restrictions:

FEEV is
27% and
DIFFICULT
SAY HOW
MUCH OF
HIS
IMPAIRMENT
IS DUE TO
WORK
EXPOSURE

SYMPTOMS, PLEURAL, GUARD

MAR-04-2011 FRI 05:40 PM

LYNN SHOOK, P. C.

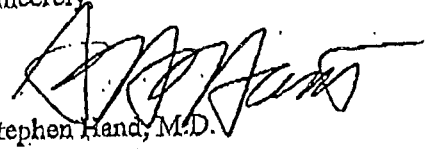
FAX No. 864 467 0044

P. 003

It is also my opinion to a reasonable degree of medical certainty that Mr. Cole
will ~~not~~ will not need future/additional medical care for his respiratory
condition.

It is further my opinion that future medical care consisting of
~~TANALOG + CHANTIX~~
will be required to lessen his period of disability.

Sincerely,


Stephen Hand, M.D.

Dated

3/11/11

R 0344

00005107

MATERIAL SAFETY DATA SHEET

Page 1

HENKEL CANADA CORPORATION - HENKEL TECHNOLOGIES
165 REXDALE BOULEVARD
ETOBICOKE, ON; M9W 1P7
CANADA

PRODUCT: REACTOBOND 909 REPL

CODE: 596194



Section 01: PRODUCT AND COMPANY NAME:

MANUFACTURER..... HENKEL CANADA CORPORATION - HENKEL TECHNOLOGIES
165 REXDALE BOULEVARD
ETOBICOKE
ONTARIO
M9W 1P7
PRODUCT CODE..... 596194
PRODUCT NAME..... REACTOBOND 909 REPL
PRODUCT USES..... LUBRICANT.

Section 02: HAZARDOUS INGREDIENTS

Hazardous Ingredients	%	Exposure Limit	C.A.S.#	LD/50, Route, Species	LC/50 Route, Species
FATTY ACID C18 UNSATURATED	10-30	NOT AVAILABLE	112-80-1	Oral LD50 Rat: 74 g/kg	NOT AVAILABLE
FATTY ACID C18 2X UNSATURATED	1-5	NOT AVAILABLE	60-33-3	NOT AVAILABLE	NOT AVAILABLE

Section 03: TOXICOLOGICAL PROPERTIES OF NEAT PRODUCT

ROUTE OF ENTRY (DILUTE SOLNS ARE
LESS HAZARDOUS THAN NEAT
PRODUCTS)

SKIN CONTACT.....

CONTACT CAN CAUSE SEVERE BURNS. MAY CAUSE SEVERE IRRITATION.
CONTAINS A COMPONENT THAT MAY CAUSE ALLERGIC SKIN REACTIONS.

SKIN ABSORPTION.....

NONE EXPECTED.

EYE CONTACT.....

CORROSIVE. MAY CAUSE SEVERE IRRITATION. MAY CAUSE PERMANENT DAMAGE
IF NOT TREATED PROMPTLY.

INHALATION, ACUTE.....

CAN CAUSE BURNS TO RESPIRATORY SYSTEM. EXCESSIVE INHALATION MAY
CAUSE HEADACHE, DIZZINESS, NAUSEA, AND INCOORDINATION.

INHALATION, CHRONIC.....

INGESTION.....

HIGHLY IRRITATING OR CORROSIVE TO UPPER RESPIRATORY TRACT.
CORROSIVE DAMAGE TO THE GASTRO-INTESTINAL TRACT. CAN CAUSE
GASTRO-INTESTINAL IRRITATION, NAUSEA, VOMITING AND DIARRHEA.

EFFECTS OF ACUTE EXPOSURE.....

REFER TO ROUTE OF ENTRY.

EFFECTS OF CHRONIC EXPOSURE.....

PROLONGED OR REPEATED OVEREXPOSURE CAN CAUSE DAMAGE TO EYES,
SKIN, AND MUCOUS MEMBRANES.

Section 04: FIRST AID MEASURES

NOTE:

EMERGENCY FIRST AID PROCEDURE

EYE CONTACT.....

IMMEDIATELY FLUSH EYES IN A DIRECTED STREAM OF WATER FOR AT LEAST 15
MINUTES WHILE FORCIBLY HOLDING EYELIDS APART TO ENSURE COMPLETE
IRRIGATION OF ALL EYE AND LID TISSUE. THIS IS VERY IMPORTANT ! GET
MEDICAL ATTENTION !.

EMERGENCY FIRST AID PROCEDURE

SKIN CONTACT.....

FLUSH AFFECTED AREA THOROUGHLY WITH WATER. IF IRRITATION DEVELOPS,
CONTACT A PHYSICIAN. REMOVE CONTAMINATED CLOTHING.

EMERGENCY FIRST AID PROCEDURE

INGESTION.....

DRINK LARGE VOLUMES OF WATER OR MILK. NEVER GIVE ANYTHING BY MOUTH
TO AN UNCONSCIOUS PATIENT. DO NOT INDUCE VOMITING. CONTACT A
PHYSICIAN IMMEDIATELY.

EMERGENCY FIRST AID PROCEDURE

INHALATION.....

GIVE FRESH AIR! ARTIFICIAL RESPIRATION, CALL PHYSICIAN IF NECESSARY.

R 0345

130

00005107

MATERIAL SAFETY DATA SHEET

Page 2

PRODUCT: REACTOBOND 909 REPL

CODE: 596194

Section 05: FIRE FIGHTING MEASURES

FLAMMABILITY..... SEE FLASH POINT.
 FLASH POINT (C), METHOD..... 93 DEG C (PMCC).
 AUTO IGNITION TEMPERATURE..... NOT TESTED.
 UPPER FLAMMABLE LIMIT % BY VOL..... NOT TESTED.
 LOWER FLAMMABLE LIMIT % BY VOL..... NOT TESTED.
 EXTINGUISHING MEDIA..... AS REQUIRED TO EXTINGUISH SURROUNDING FIRE.
 SPECIAL PROCEDURES..... PRODUCT IS COMBUSTIBLE AT HIGH TEMPERATURES. FIREFIGHTERS SHOULD WEAR THE USUAL PROTECTIVE GEAR; SELF-CONTAINED BREATHING APPARATUS, NIOSH APPROVED.

T.D.G. FLAM. CLASS..... NONE.
 EXPLOSION DATA..... NOT AVAILABLE.
 SENSIT. TO STATIC DISCH..... NOT TESTED.
 SENSITIVITY TO IMPACT..... NOT TESTED.
 RATE OF BURNING..... NOT TESTED.
 EXPLOSIVE POWER..... NOT TESTED.
 HAZARDOUS COMBUSTION PRODUCTS.. IRRITATING AND TOXIC GASES OR FUMES MAY BE RELEASED DURING A FIRE. OXIDES OF NITROGEN. CARBON MONOXIDE.

Section 06: ACCIDENTAL RELEASE MEASURES

LEAK/SPILL..... STOP LEAK IF SAFE TO DO SO. WEAR IMPERVIOUS PROTECTIVE CLOTHING. DIKE AREA TO PREVENT SPREADING. MOP UP OR SOAK UP WITH ABSORBANT CLAY FOR DISPOSAL. PICK UP SOLIDS AND PLACE IN A TIGHTLY SEALED CONTAINER. DISPOSE OF WASTE ACCORDING TO FEDERAL, PROVINCIAL, AND MUNICIPAL REGULATIONS.

Section 07: HANDLING AND STORAGE

HANDLING PROCEDURES AND EQUIPMENT..... AVOID EYE AND SKIN CONTACT. AVOID CONTACT WITH CLOTHING. WASH THOROUGHLY AFTER HANDLING. DO NOT TAKE INTERNALLY. KEEP AWAY FROM HEAT, SPARKS AND FLAMES. AVOID GENERATING MISTS.
 STORAGE NEEDS..... STORE IN A COOL DRY AREA IN A CLOSED CONTAINER.
 SHELF LIFE: MONTHS

Section 08: PREVENTIVE MEASURES: EXPOSURE

GLOVES..... WEAR IMPERMEABLE GLOVES.
 EYES..... WEAR CHEMICAL GOGGLES. WEAR FACE SHIELD.
 FOOTWEAR..... WEAR IMPERMEABLE BOOTS.
 CLOTHING..... WEAR IMPERVIOUS PROTECTIVE CLOTHING.
 OTHER..... PROVIDE EYE WASH AND EMERGENCY SHOWER FACILITIES.
 RESPIRATOR TYPE..... WEAR NIOSH APPROVED ACID MIST MASK.
 ENGINEERING CONTROLS..... PROVIDE LOCAL EXHAUST. PROVIDE GENERAL AREA EXHAUST.

Section 09: PHYSICAL & CHEMICAL PROPERTIES

PHYSICAL STATE..... LIQUID.
 APPEARANCE..... DARK BROWN.
 ODOUR..... BLAND.
 SPECIFIC GRAVITY (WATER=1)..... 0.85-0.95.
 SOLUBILITY IN WATER (% WW)..... NEGLIGIBLE.
 pH..... <2.
 VAPOUR DENSITY (AIR=1)..... NOT AVAILABLE.
 VAPOUR PRESSURE (mmHg)..... NOT AVAILABLE.
 EVAPORATION RATE..... NOT AVAILABLE.
 BOILING POINT..... NOT DETERMINED.
 % VOLATILE..... NOT AVAILABLE.
 FREEZING POINT..... NOT TESTED.
 ODOUR THRESHOLD..... NOT TESTED.
 COEFFICIENT OF WATER/OIL DISTRIBUTION..... NOT ESTABLISHED.

Section 10: STABILITY AND REACTIVITY

CHEMICAL STABILITY..... STABLE UNDER NORMAL CONDITIONS.
 NO, WHICH CONDITIONS?..... AVOID HEAT, SPARKS, OR OPEN FLAME.
 COMPATABILITY W OTHER SUBS: NO, WHICH ONES?..... KEEP SEPARATE FROM ALKALIES.
 REACTIVITY CONDITIONS? (DEPEND ON CONCENTRATION)..... NOT DANGEROUSLY REACTIVE.
 HAZARDOUS DECOMPOSITION PRODUCTS..... OXIDES OF NITROGEN. CARBON DIOXIDE AND/OR CARBON MONOXIDE. LOW MOLECULAR WEIGHT HYDROCARBONS.

R 0346

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MATERIAL SAFETY DATA SHEET

Page :

PRODUCT: REACTOBOND 909 REPL

CODE: 596194

Section 11: OTHER TOXICITIES OF NEAT PRODUCT

EXPOSURE LIMIT OF MATERIAL..... NOT ESTABLISHED. OBSERVE GENERAL SAFETY RULES I.E. AVOID ALL BODY CONTACT, AVOID BREATHING VAPOR, FUME, DUST, MIST OR SPRAY.

IRRITANCY OF MATERIAL..... SEVERE.

LD50 OF MATERIAL, SPECIES & ROUTE..... SEE SECTION 2 - HAZARDOUS INGREDIENTS.

LC50 OF MATERIAL, SPECIES & ROUTE..... SEE SECTION 2 - HAZARDOUS INGREDIENTS.

SENSITIZING CAPABILITY OF MATERIAL..... SEE ROUTE OF ENTRY: SKIN CONTACT.

CARCINOGENICITY OF MATERIAL..... NO COMPONENT OR THIS CHEMICAL IS LISTED IN THE NTP ANNUAL REPORT ON CARCINOGENS OR IARC MONOGRAPHS AS BEING CARCINOGENIC.

REPRODUCTIVE EFFECTS..... NONE CURRENTLY KNOWN FOR PRODUCT.

TERATOGENICITY..... NONE CURRENTLY KNOWN FOR PRODUCT.

MUTAGENICITY..... NONE CURRENTLY KNOWN FOR PRODUCT.

MEDICAL CONDITIONS GENERALLY AGGRAVATED BY EXPOSURE..... RESPIRATORY DISEASES INCLUDING ASTHMA AND EMPHYSEMA. PRE-EXISTING SKIN DISORDERS.

Section 12: ECOLOGICAL CONSIDERATIONS

ECOTOXICITY - AQUATIC TOXICITY..... *PHOSPHORIC ACID (7664-38-2) LC50 (96HR) MOSQUITO FISH 138 MG/L—. *NO INFORMATION AVAILABLE FOR PRODUCT.

Section 13: WASTE DISPOSAL

WASTE DISPOSAL..... TREAT AND DISPOSE ACCORDING TO MUNICIPAL, PROVINCIAL AND FEDERAL REGULATIONS.

Section 14: TRANSPORT INFORMATION

T.D.G..... NOT REGULATED.

SPECIAL SHIPPING INSTRUCTIONS..... NONE.

NOTE..... CLASSIFICATION IS VALID FOR ROAD/RAIL SHIPMENTS ONLY.

Section 15: REGULATORY INFORMATION

WHMIS CLASSIFICATION..... D2B. CORROSIVE (E).

Section 16: PREPARATION & OTHER INFORMATION

NFPA RATING HEALTH..... 3 : SERIOUS HAZARD.

NFPA RATING FLAMMABILITY..... 1 : SLIGHT HAZARD.

NFPA RATING REACTIVITY..... 0 : MINIMAL HAZARD.

NFPA RATING SPECIFIC HAZARD..... NONE.

TELEPHONE #:..... 1-(416)-743-8817.

DISCLAIMER :..... FOR A ALTHOUGH THE INFORMATION PRESENTED HEREIN IS TO THE BEST OF OUR KNOWLEDGE TRUE AND ACCURATE, NO WARRANTY OR GUARANTEE, EXPRESSED OR IMPLIED, IS MADE REGARDING THE INFORMATION OF THE PERFORMANCE OF ANY PRODUCT. WE ASSUME NO LIABILITY FOR INCIDENTAL, CONSEQUENTIAL OR DIRECT DAMAGES OF ANY KIND, NO MATTER WHAT THE CAUSE, INCLUDING NEGLIGENCE. NOTHING CONTAINED HEREIN SHALL BE CONSTRUED AS A RECOMMENDATION TO USE A PRODUCT IN INFRINGEMENT OF ANY EXISTING PATENT, AND WE ASSUME NO RESPONSIBILITY OR LIABILITY FOR OPERATIONS WHICH DO INFRINGE ANY SUCH PATENT. THE ABOVE INCLUDES CONFIDENTIAL AND PROPRIETARY INFORMATION OF HENKEL SURFACE TECHNOLOGIES AND IS FURNISHED TO YOU FOR YOUR USE ON PRODUCTS OR PROCESSES SUPPLIED BY US TO YOU.

PREPARED BY..... WHMIS DEPARTMENT

PREPARATION DATE..... Nov16/05

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MATERIAL SAFETY DATA SHEET

HYDRAULIC OIL AW68

I. PRODUCT AND MANUFACTURER INFORMATION	
Product name	HYDRAULIC OIL AW68
Chemical name	PETROLEUM OIL
Synonyms	LUBRICATING OIL
CAS number	NE
Manufacturer	Ashburn Chemical Technologies 2911 Rusk Houston, TX 77003
Emergency phone number	713-425-3000
Date of last revision	3/6/07

II. HAZARDOUS INGREDIENTS					
HAZARDOUS COMPONENT	CAS NUMBER	% Optional	OSHA PEL	ACGIH TLV	CHEMICAL AND/OR COMMON NAME(S)
Severely hydrotreated heavy naphthenic distillate	64742-52-5			5 mg/m3	
Zinc C1-C14 alkydithiophosphate	68649-42-3				

III. PHYSICAL AND CHEMICAL CHARACTERISTICS	
Boiling point @ 760 mm Hg	400 C
Vapor pressure at 20 °C	ND
Vapor density (air = 1)	ND
Solubility in water	INSOLUBLE
Appearance and odor	PALE YELLOW TO AMBER LIQUID
Specific gravity (H ₂ O = 1.0)	0.89
Melting point	ND
Evaporation rate (butyl acetate = 1)	<1

IV. FIRE AND EXPLOSION HAZARD DATA	
Combustible/Not combustible	OSHA/NFPA Class IIIB combustible liquid, slightly combustible.
Flammable/Not flammable	Not Flammable
Pyrophoric/Not pyrophoric	Not pyrophoric
Explosive/Not explosive	Not explosive
Flash point (test method)	414 F (Pensky-Martens (ASTM D-83))
Flammable limits (in Air % by volume)	LEL AP 1% UEL AP 7%
Extinguishing media	Water spray, foam or carbon dioxide, dry chemical.
Special fire-fighting procedures or equipment	Treat as hot oil. Fire Fighters should wear NIOSH approved self-contained breathing apparatus.
Unusual fire and explosion hazards	Intense heat can cause drums to rupture. Cool fire-exposed containers with water.

V. REACTIVITY DATA	
Material is stable/unstable	Stable
Conditions to avoid	Keep away from extreme heat and open flame.
Incompatibility (materials to avoid)	Strong oxidizers
Hazardous decomposition or by-products	Carbon dioxide, carbon monoxide, smoke, fumes, unburned hydrocarbons and trace oxides of sulfur, phosphorous, zinc



Hazardous polymerization will/will not occur	and or nitrogen. Will not occur.

VI. HEALTH HAZARD DATA

Threshold limit value	
Primary route(s) of entry	Skin
Known Hazards Under 29 CFR 1910.1200	
Mutagenic (genetic defects)	None
Reproductive	None
Systemic	None
Teratogenic (birth defects)	None
Carcinogen listed in:	
NTP (National Toxicology Program)	NO
IARC Monographs	NO
OSHA	NO
Signs and symptoms of exposure	
Inhalation	In elevated temperatures or in enclosed spaces, product mist or vapors may irritate the mucous membranes of the nose, throat, bronchi, and lungs.
Skin contact	This product may cause mild skin irritation from prolonged skin contact. Injection into the skin, muscle or blood stream requires immediate medical attention.
Eye contact	This product can cause transient eye irritation with short term contact with liquid sprays or mists.
Ingestion	If ingested, no significant adverse health effects are anticipated. Ingestion can cause mild irritation to the digestive tract or cause a laxative effect. If aspirated into the lungs, the material can cause severe lung damage or death.
Emergency first aid procedures	
Inhalation	Move victim to fresh air. If victim is not breathing, begin artificial respiration. If breathing is difficult, 100% humidified oxygen should be administered by a qualified individual. Seek immediate medical attention.
Skin contact	Remove contaminated shoes and clothing. Wipe off excess material. Wash exposed skin with soap and water. Seek medical attention if tissue appears damaged or if irritation persists. Thoroughly clean clothing before re-use. Discard contaminated leather goods. Injection into the skin, muscle or blood stream requires immediate medical attention.
Eye contact	Check for and remove contact lenses. Flush eyes with cool clean low pressure water while occasionally lifting and lowering the eyelids. Seek medical attention if excessive tearing, redness, or pain persists.
Ingestion	Do not induce vomiting unless directed by a physician. Do not give anything to drink unless directed by a physician. Never give anything by mouth to person that is unconscious. Seek medical attention immediately.
Medical conditions generally aggravated by exposure	Personnel with pre-existing skin disorders should avoid repeated or prolonged contact with this product.
Notes to physician	In the event of injection into underlying tissue, immediate treatment should include extensive incision and saline irrigation. Inadequate treatment can result in ischemia and gangrene. Early symptoms may be minimal.

VII. PRECAUTIONS FOR SAFE HANDLING AND USE

Steps to take if released or spilled	Treat as an oil spill. Dike area. Clean up with absorbent material. Do not flush into drain or sewers. Place in a DOT approved container for disposal.
Waste disposal method	According to federal, state and local regulations.
Precautions for handling and storing	



Other precautions		
Hazard ratings	HMIS	NFPA
Health	1	1
Flammability	1	1
Reactivity	0	0
Personal protection	B	

VIII. CONTROL MEASURES

Protective gloves (type and material)	Use gloves that are chemical resistant such as neoprene or nitrile rubber.
Eye protection	Use safety glasses with side shields or goggles or face shield if splashing or spraying is anticipated.
Other protective clothing or equipment	Impervious protective clothing, e.g. Tyvek.
Respiratory protection (specify type)	None normally required. If TLV is exceeded, use NIOSH approved respirator.
Ventilation and conditions	General room ventilation should be satisfactory. Local exhaust ventilation may be necessary if misting is generated.
Local	
Mechanical	
Other	
Special	
Work/hygienic practices	Laundry contaminated clothing before reuse. Avoid prolonged breathing of mist and vapors. Use as directed. Normal precautions common to good manufacturing should be followed in handling and storing. Store away from food. Wash hands before eating, drinking, or smoking.

IX. ADDITIONAL REGULATORY INFORMATION

SARA hazard category (Section 311 and 312 of the Superfund Amendment and Reauthorization Act of 1986 (SARA Title III))	Delayed (Chronic) Health Hazard
Toxic chemical(s) subject to the supplier notification requirements of section 313 of the Superfund Amendment and Reauthorization Act of 1986 (SARA) and the requirements of 40 CFR part 372	NONE
Ingredient(s) regulated under the Clean Air Act Section 112 hazardous air pollutants and subject to all reporting requirements of CERCLA (Superfund)	NONE

NA – not applicable NR – not reported ND – not determined NE – not established UN – unknown

The information presented in this MSDS has been compiled from sources deemed reliable. This MSDS is presented in good faith and believed to be accurate as of the effective date shown above. No warranty, expressed or implied, is given. Regulatory requirements are subject to change and may differ from one location to another. It is the responsibility of the buyer to insure compliance with federal, state, provincial and local laws and regulations.

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CITGO CP Hydraulic Fluid

Material Safety Data Sheet

CITGO Petroleum Corporation
P.O. Box 3758
Tulsa, OK 74102-3758

MSDS No. 633933001

Revision Date 04/04/2003

IMPORTANT: Read this MSDS before handling or disposing of this product and pass this information on to employees, customers and users of this product.

Emergency Overview

Physical State Liquid.
Color Blue-green. Odor Mild petroleum odor

WARNING:

Oil injected into the skin from high-pressure leaks in hydraulic systems can cause severe injury.

Most damage occurs during the first few hours.

Seek medical attention immediately.

Surgical removal of oil may be necessary.

Spills may create a slipping hazard.

Hazard Rankings

	HMIS	NFPA
Health Hazard	0	0
Fire Hazard	1	1
Reactivity	0	0

* = Chronic Health Hazard

Protective Equipment

Minimum Recommended
See Section 8 for Details



SECTION 1: IDENTIFICATION

Trade Name	CITGO CP Hydraulic Fluid	Technical Contact	(800) 248-4684
Product Number	633933001	Medical Emergency	(918) 495-4700
CAS Number	Mixture.	CHEMTREC Emergency (United States Only)	(800) 424-9300
Product Family	Hydraulic oil		
Synonyms	Hydraulic oil; CITGO Material Code No.: 633933001		

SECTION 2: COMPOSITION

Component Name(s)	CAS Registry No.	Concentration (%)
1) Distillates, petroleum, solvent-refined light paraffinic	64741-89-5	50 - 70
2) Distillates, petroleum, solvent-refined heavy paraffinic	64741-88-4	5 - 20
3) Distillates, petroleum, hydrotreated light naphthenic	64742-53-6	0 - 30
4) Distillates, petroleum, hydrotreated heavy naphthenic	64742-52-5	0 - 30
5) Distillates, petroleum, hydrotreated heavy paraffinic	64742-54-7	0 - 5
6) Proprietary Ingredients	Proprietary Mixture	0 - 2
7) Zinc and zinc compounds	68649-42-3	0 - 1

SECTION 3: HAZARDS IDENTIFICATION

Also see Emergency Overview and Hazard Ratings on the top of Page 1 of this MSDS.

Major Route(s) of Entry Skin contact.

Signs and Symptoms of Acute Exposure

Inhalation At elevated temperatures or in enclosed spaces, product mist or vapors may irritate the mucous membranes of the nose, the throat, bronchi, and lungs.

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Eye Contact	This product can cause transient mild eye irritation with short-term contact with liquid sprays or mists.
Skin Contact	This material can cause mild skin irritation from prolonged or repeated skin contact. Injection under the skin can cause inflammation and swelling. Injection of pressurized hydrocarbons can cause severe, permanent tissue damage. Initial symptoms may be minor. Injection of petroleum hydrocarbons requires immediate medical attention.
Ingestion	If swallowed, large volumes of material can cause generalized depression, headache, drowsiness, nausea, vomiting and diarrhea. Smaller doses can cause a laxative effect. If aspirated into the lungs, liquid can cause lung damage.
Chronic Health Effects Summary	Contains a petroleum-based mineral oil. Prolonged or repeated skin contact can cause mild irritation and inflammation characterized by drying, cracking, (dermatitis) or oil acne. Repeated or prolonged inhalation of petroleum-based mineral oil mists at concentrations above applicable workplace exposure levels can cause respiratory irritation or other pulmonary effects.
Conditions Aggravated by Exposure	Medical conditions aggravated by exposure to this material may include pre-existing skin disorders.
Target Organs	This material may cause damage to the following organs: skin.
Carcinogenic Potential	This product does not contain any components at concentrations above 0.1% which are considered carcinogenic by OSHA, IARC or NTP.

OSHA Hazard Classification is indicated by an "X" in the box adjacent to the hazard title. If no "X" is present, the product does not exhibit the hazard as defined in the OSHA Hazard Communication Standard (29 CFR 1910.1200).							
OSHA Health Hazard Classification				OSHA Physical Hazard Classification			
Irritant	☐	Toxic	☐	Combustible	☐	Explosive	☐
Sensitizer	☐	Highly Toxic	☐	Flammable	☐	Oxidizer	☐
Corrosive	☐	Carcinogenic	☐	Compressed Gas	☐	Organic Peroxide	☐
						Pyrophoric	☐
						Water-reactive	☐
						Unstable	☐

SECTION 4: FIRST AID MEASURES

Take proper precautions to ensure your own health and safety before attempting rescue or providing first aid. For more specific information, refer to Exposure Controls and Personal Protection in Section 8 of this MSDS.

Inhalation	Move victim to fresh air. If victim is not breathing, immediately begin rescue breathing. If breathing is difficult, 100 percent humidified oxygen should be administered by a qualified individual. Seek medical attention immediately. Keep the affected individual warm and at rest.
Eye Contact	Check for and remove contact lenses. Flush eyes with cool, clean, low-pressure water while occasionally lifting and lowering eyelids. Seek medical attention if excessive tearing, redness, or pain persists.
Skin Contact	If burned by hot material, cool skin by quenching with large amounts of cool water. For contact with product at ambient temperatures, remove contaminated shoes and clothing. Wipe off excess material. Wash exposed skin with mild soap and water. Seek medical attention if tissue appears damaged or if pain or irritation persists. Thoroughly clean contaminated clothing before reuse. Discard contaminated leather goods. If material is injected under the skin, seek medical attention immediately.
Ingestion	Do not induce vomiting unless directed to by a physician. Do not give anything to drink unless directed to by a physician. Never give anything by mouth to a person who is not fully conscious. Seek medical attention immediately.
Notes to Physician	In the event of injection in underlying tissue, immediate treatment should include extensive incision, debridement and saline irrigation. Inadequate treatment can result in ischemia and gangrene. Early symptoms may be minimal.

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SECTION 5: FIRE FIGHTING MEASURES

NFPA Flammability Classification	NFPA Class-III B combustible material.		
Flash Point Method	CLOSED CUP: 167°C (333°F). (Pensky-Martens [ASTM D-93]) OPEN CUP: 186°C (367°F) (Cleveland.).		
Lower Flammable Limit	No data.	Upper Flammable Limit	No data.
Autoignition Temperature	Not available.		
Hazardous Combustion Products	Carbon dioxide, carbon monoxide, smoke, fumes, unburned hydrocarbons and trace oxides of sulfur, phosphorus, zinc and/or nitrogen.		
Special Properties	This material can burn but will not readily ignite. This material will release vapors when heated above the flash point temperature that can ignite when exposed to a source of ignition. In enclosed spaces, heated vapor can ignite with explosive force. Mists or sprays may burn at temperatures below the flash point.		
Extinguishing Media	Use dry chemical, foam, Carbon Dioxide or water fog.		
Protection of Fire Fighters	Firefighters must use full bunker gear including NIOSH-approved positive pressure self-contained breathing apparatus to protect against potential hazardous combustion or decomposition products and oxygen deficiencies.		

SECTION 6: ACCIDENTAL RELEASE MEASURES

Take proper precautions to ensure your own health and safety before attempting spill control or clean-up. For more specific information, refer to the Emergency Overview on Page 1, Exposure Controls and Personal Protection in Section 8 and Disposal Considerations in Section 13 of this MSDS.

Do not touch damaged containers or spilled material unless wearing appropriate protective equipment. Slipping hazard; do not walk through spilled material. Stop leak if you can do so without risk. For small spills, absorb or cover with dry earth, sand, or other inert non-combustible absorbent material and place into waste containers for later disposal. Contain large spills to maximize product recovery or disposal. Prevent entry into waterways or sewers. In urban area, cleanup spill as soon as possible. In natural environments, seek cleanup advice from specialists to minimize physical habitat damage. This material will float on water. Absorbent pads and similar materials can be used. Comply with all laws and regulation

SECTION 7: HANDLING AND STORAGE

Handling	Avoid contamination and extreme temperatures to minimize product degradation. Empty containers may contain product residues that can ignite with explosive force. Do not pressurize, cut, weld, braze, solder, drill, grind or expose containers to flames, sparks, heat or other potential ignition sources. Consult appropriate federal, state and local authorities before reusing, reconditioning, reclaiming, recycling or disposing of empty containers and/or waste residues of this product.
Storage	Keep container closed. Do not store with strong oxidizing agents. Do not store at elevated temperatures. Avoid storing product in direct sunlight for extended periods of time. Consult appropriate federal, state and local authorities before reusing, reconditioning, reclaiming, recycling or disposing of empty containers or waste residues of this product.

SECTION 8: EXPOSURE CONTROLS AND PERSONAL PROTECTION

Engineering Controls	Provide exhaust ventilation or other engineering controls to keep the airborne concentrations of mists and/or vapors below the recommended exposure limits (see below). An eye wash station and safety shower should be located near the work-station.

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Personal Protective Equipment

Personal protective equipment should be selected based upon the conditions under which this material is used. A hazard assessment of the work area for PPE requirements should be conducted by a qualified professional pursuant to OSHA regulations. The following pictograms represent the minimum requirements for personal protective equipment. For certain operations, additional PPE may be required.



Eye Protection

Safety glasses equipped with side shields are recommended as minimum protection in industrial settings. Wear goggles and/or face shield if splashing or spraying is anticipated. Wear goggles and face shield if material is heated above 125°F (51°C). Have suitable eye wash water available.

Hand Protection

Use gloves constructed of chemical resistant materials such as neoprene or heavy nitrile rubber if frequent or prolonged contact is expected. Use heat-protective gloves when handling product at elevated temperatures.

Body Protection

Use clean and impervious protective clothing (e.g., neoprene or Tyvek®) if splashing or spraying conditions are present. Protective clothing may include long-sleeve outer garment, apron, or lab coat. If significant contact occurs, remove oil-contaminated clothing as soon as possible and promptly shower. Launder contaminated before reuse or discard. Wear heat protective boots and protective clothing when handling material at elevated temperatures.

Respiratory Protection

Vaporization is not expected at ambient temperatures. Therefore, the need for respiratory protection is not anticipated under normal use conditions and with adequate ventilation. If elevated airborne concentrations above applicable workplace exposure levels are anticipated, a NIOSH-approved organic vapor respirator equipped with a dust/mist prefilter should be used. Protection factors vary depending upon the type of respirator used. Respirators should be used in accordance with OSHA requirements (29 CFR 1910.134).

General Comments

Use good personal hygiene practices. Wash hands and other exposed skin areas with plenty of mild soap and water before eating, drinking, smoking, use of toilet facilities, or leaving work. DO NOT use gasoline, kerosene, solvents or harsh abrasives as skin cleaners. Since specific exposure standards/control limits have not been established for this product, the "Oil Mist, Mineral" exposure limits shown below are suggested as minimum control guidelines.

Occupational Exposure Guidelines

Substance

1) Oil Mist, Mineral

Applicable Workplace Exposure Levels

ACGIH (United States).

TWA: 5 mg/m³

STEL: 10 mg/m³

OSHA (United States).

TWA: 5 mg/m³

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES (TYPICAL)

Physical State	Liquid.	Color	Blue-green.	Odor	Mild petroleum odor
Specific Gravity	0.87 (Water = 1)	pH	Not Applicable.	Vapor Density	>1 (Air = 1)
Boiling Range	Not available			Melting/Freezing Point	Not available.
Vapor Pressure	<0.001 kPa (<0.01 mmHg) (at 20°C)			Viscosity (cSt @ 40°C)	26
Solubility in Water	Insoluble in cold water.			Volatile Characteristics	Negligible volatility
Additional Properties	Gravity, °API (ASTM D287) = 30.8 @ 60° F Density = 7.26 Lbs/gal. Viscosity (ASTM D2161) = 132 SUS @ 100° F				

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SECTION 10: STABILITY AND REACTIVITY

Chemical Stability	Stable.	Hazardous Polymerization	Not expected to occur.
Conditions to Avoid	Keep away from extreme heat, sparks, open flame, and strongly oxidizing conditions.		
Materials Incompatibility	Strong oxidizers.		
Hazardous Decomposition Products	No additional hazardous decomposition products were identified other than the combustion products identified in Section 5 of this MSDS.		

SECTION 11: TOXICOLOGICAL INFORMATION

For other health-related information, refer to the Emergency Overview on Page 1 and the Hazards Identification in Section 3 of this MSDS.

Toxicity Data

Distillates, petroleum, solvent-refined light paraffinic:

ORAL (LD50): Acute: >5000 mg/kg [Rat].

DERMAL (LD50): Acute: >2000 mg/kg [Rabbit].

Distillates, petroleum, solvent-refined heavy paraffinic:

ORAL (LD50): Acute: >5000 mg/kg [Rat].

DERMAL (LD50): Acute: >2000 mg/kg [Rabbit].

Distillates, petroleum, hydrotreated light naphthenic:

ORAL (LD50): Acute: >5000 mg/kg [Rat].

DERMAL (LD50): Acute: >2000 mg/kg [Rabbit].

Distillates, petroleum, hydrotreated heavy naphthenic:

ORAL (LD50): Acute: >5000 mg/kg [Rat].

DERMAL (LD50): Acute: >2000 mg/kg [Rabbit].

Distillates, petroleum, hydrotreated heavy paraffinic:

ORAL (LD50): Acute: >5000 mg/kg [Rat].

DERMAL (LD50): Acute: >2000 mg/kg [Rabbit].

Distillates, petroleum, solvent-refined light paraffinic:

Mineral oil mists derived from highly refined oils are reported to have low acute and sub-acute toxicities in animals. Effects from single and short-term repeated exposures to high concentrations of mineral oil mists well above applicable workplace exposure levels include lung inflammatory reaction, lipid granuloma formation and lipid pneumonia. In acute and sub-acute studies involving exposures to lower concentrations of mineral oil mists at or near current work place exposure levels produced no significant toxicological effects. In long term studies (up to two years) no carcinogenic effects have been reported in any animal species tested.

Distillates, petroleum, solvent-refined heavy paraffinic:

Mineral oil mists derived from highly refined oils are reported to have low acute and sub-acute toxicities in animals. Effects from single and short-term repeated exposures to high concentrations of mineral oil mists well above applicable workplace exposure levels include lung inflammatory reaction, lipid granuloma formation and lipid pneumonia. In acute and sub-acute studies involving exposures to lower concentrations of mineral oil mists at or near current work place exposure levels produced no significant toxicological effects. In long term studies (up to two years) no carcinogenic effects have been reported in any animal species tested. Analyses conducted by method IP 346 indicate that the polycyclic aromatic concentration of this mineral oil is below 3.0 weight percent.

Distillates, petroleum, hydrotreated light naphthenic:

INHALATION (LC50) Acute: 9.6 mg/L (Female Rat).

INHALATION (LC50) Acute: 10.5 mg/L (Male Rat).

ORAL (LD50) Acute: > 5,000 mg/kg (Rat screen level).

DERMAL (LD50) Acute: > 2,000 mg/kg (Rabbit screen level).

DRAIZE EYE Acute: Non-irritating (Rabbit).

DRAIZE DERMAL Acute: Mild skin irritant (Rabbit).

BUEHLER DERMAL Acute: Non-sensitizing (Guinea Pig).

28-Day DERMAL Sub-Chronic: Mild to moderate skin irritant (Rabbit & Rat).

A life-time dermal application of severely hydrotreated light naphthenic oils produced skin masses on mice which correlated with the skin irritation response levels of the test animals. Additional studies attribute these masses to a weak promotional activity. These studies indicate that light naphthenic oils

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are not mutagenic, tumor initiators nor complete chemical carcinogens. These materials have not been determined to be carcinogenic by IARC, NTP or OSHA.

Distillates, petroleum, hydrotreated heavy naphthenic:

Mineral oil mists derived from highly refined oils are reported to have low acute and sub-acute toxicities in animals. Effects from single and short-term repeated exposures to high concentrations of mineral oil mists well above applicable workplace exposure levels include lung inflammatory reaction, lipoid granuloma formation and lipoid pneumonia. In acute and sub-acute studies involving exposures to lower concentrations of mineral oil mists at or near current work place exposure levels produced no significant toxicological effects.

Distillates, petroleum, hydrotreated heavy paraffinic:

Mineral oil mists derived from highly refined oils are reported to have low acute and sub-acute toxicities in animals. Effects from single and short-term repeated exposures to high concentrations of mineral oil mists well above applicable workplace exposure levels include lung inflammatory reaction, lipoid granuloma formation and lipoid pneumonia. In acute and sub-acute studies involving exposures to lower concentrations of mineral oil mists at or near current work place exposure levels produced no significant toxicological effects. In long term studies (up to two years) no carcinogenic effects have been reported in any animal species tested.

Hydraulic oil:

Repeated or prolonged skin contact with certain hydraulic oils can cause mild skin irritation characterized by drying, cracking (dermatitis) or oil acne. Injection under the skin, in muscle or into the blood stream can cause irritation, inflammation, swelling, fever, and systemic effects, including mild central nervous system depression. Injection of pressurized hydrocarbons can cause severe, permanent tissue damage.

SECTION 12: ECOLOGICAL INFORMATION

Ecotoxicity

Analysis for ecological effects has not been conducted on this product. However, if spilled, this product and any contaminated soil or water may be harmful to human, animal, and aquatic life. Also, the coating action associated with petroleum and petroleum products can be harmful or fatal to aquatic life and waterfowl.

Environmental Fate

An environmental fate analysis has not been conducted on this specific product. Plants and animals may experience harmful or fatal effects when coated with petroleum-based products. Petroleum-based (mineral) lube oils will normally float on water. In stagnant or slow-flowing waterways, an oil layer can cover a large surface area. As a result, this oil layer might limit or eliminate natural atmospheric oxygen transport into the water. With time, if not removed, oxygen depletion in the waterway can result in a loss of marine life or create an anaerobic environment. This material contains phosphorus which is a controlled element for disposal in effluent waters in most sections of North America. Phosphorus is known to enhance the formation of algae. Severe algae growth can reduce oxygen content in the water possibly below levels necessary to support marine life.

SECTION 13: DISPOSAL CONSIDERATIONS

Hazard characteristic and regulatory waste stream classification can change with product use. Accordingly, it is the responsibility of the user to determine the proper storage, transportation, treatment and/or disposal methodologies for spent materials and residues at the time of disposition.

Conditions of use may cause this material to become a "hazardous waste", as defined by federal or state regulations. It is the responsibility of the user to determine if the material is a "hazardous waste" at the time of disposal. Transportation, treatment, storage, and disposal of waste material must be conducted in accordance with RCRA regulations (see 40 CFR 260 through 40 CFR 271). State and/or local regulations may be more restrictive. Contact the RCRA/Superfund Hotline at (800) 424-9346 or your regional US EPA office for guidance concerning case specific disposal issues. Empty drums and pails retain residue. DO NOT pressurize, cut, weld, braze, solder, drill, grind, or expose this product's empty container to heat, flame, or other ignition sources. DO NOT attempt to clean it. Empty drums and pails should be drained completely, properly bunged or sealed, and promptly sent to a reconditioner.

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SECTION 14: TRANSPORT INFORMATION

The shipping description below may not represent requirements for all modes of transportation, shipping methods or locations outside of the United States.

US DOT Status	Not regulated by the U.S. Department of Transportation as a hazardous material.		
Proper Shipping Name	Not regulated.		
Hazard Class	Not regulated.	Packing Group(s)	Not applicable.
		UN/NA ID	Not regulated.
Reportable Quantity	A Reportable Quantity (RQ) has not been established for this material.		
Placards		Emergency Response Guide No.	Not applicable.
		HAZMAT STCC No.	2911415
		MARPOL III Status	Not a DOT "Marine Pollutant" per 49 CFR 171.8.

SECTION 15: REGULATORY INFORMATION

TSCA Inventory	This product and/or its components are listed on the Toxic Substances Control Act (TSCA) inventory.
SARA 302/304	The Superfund Amendments and Reauthorization Act of 1986 (SARA) Title III requires facilities subject to Subparts 302 and 304 to submit emergency planning and notification information based on Threshold Planning Quantities (TPQs) and Reportable Quantities (RQs) for "Extremely Hazardous Substances" listed in 40 CFR 302.4 and 40 CFR 355. No components were identified.
SARA 311/312	The Superfund Amendments and Reauthorization Act of 1986 (SARA) Title III requires facilities subject to this subpart to submit aggregate information on chemicals by "Hazard Category" as defined in 40 CFR 370.2. This material would be classified under the following hazard categories: No SARA 311/312 hazard categories identified.
SARA 313	This product contains the following components in concentrations above de minimis levels that are listed as toxic chemicals in 40 CFR Part 372 pursuant to the requirements of Section 313 of SARA: No components were identified.
CERCLA	The Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) requires notification of the National Response Center concerning release of quantities of "hazardous substances" equal to or greater than the reportable quantities (RQ's) listed in 40 CFR 302.4. As defined by CERCLA, the term "hazardous substance" does not include petroleum, including crude oil or any fraction thereof which is not otherwise specifically designated in 40 CFR 302.4. Chemical substances present in this product or refinery stream that may be subject to this statute are: Zinc and Zinc Compounds, Concentration: 0 - 1%
CWA	This material is classified as an oil under Section 311 of the Clean Water Act (CWA) and the Oil Pollution Act of 1990 (OPA). Discharges or spills which produce a visible sheen on waters of the United States, their adjoining shorelines, or into conduits leading to surface waters must be reported to the EPA's National Response Center at (800) 424-8802.
California Proposition 65	This material may contain the following components which are known to the State of California to cause cancer, birth defects or other reproductive harm, and may be subject to the requirements of California Proposition 65 (CA Health & Safety Code Section 25249.5): Toluene: 0.061% Propylene oxide: 0.0001% Ethyl Acrylate: 0.0002%
New Jersey Right-to-Know Label	Petroleum Oil (Hydraulic Oil)
Additional Regulatory Remarks	No additional regulatory remarks.

R 0357

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CITGO CP Hydraulic Fluid

SECTION 16: OTHER INFORMATION

Refer to the top of Page 1 for the HMIS and NFPA Hazard Ratings for this product.

REVISION INFORMATION

Version Number 2.0
Revision Date 04/04/2003
Print Date Printed on 04/04/2003.

ABBREVIATIONS

AP: Approximately	EQ: Equal	>: Greater Than	<: Less Than	NA: Not Applicable	ND: No Data	NE: Not Established
ACGIH: American Conference of Governmental Industrial Hygienists				AIHA: American Industrial Hygiene Association		
IARC: International Agency for Research on Cancer				NTP: National Toxicology Program		
NIOSH: National Institute of Occupational Safety and Health				OSHA: Occupational Safety and Health Administration		
NPCA: National Paint and Coating Manufacturers Association				HMIS: Hazardous Materials Information System		
NFPA: National Fire Protection Association				EPA: US Environmental Protection Agency		

DISCLAIMER OF LIABILITY

THE INFORMATION IN THIS MSDS WAS OBTAINED FROM SOURCES WHICH WE BELIEVE ARE RELIABLE. HOWEVER, THE INFORMATION IS PROVIDED WITHOUT ANY WARRANTY, EXPRESSED OR IMPLIED REGARDING ITS CORRECTNESS. SOME INFORMATION PRESENTED AND CONCLUSIONS DRAWN HEREIN ARE FROM SOURCES OTHER THAN DIRECT TEST DATA ON THE SUBSTANCE ITSELF. THIS MSDS WAS PREPARED AND IS TO BE USED ONLY FOR THIS PRODUCT. IF THE PRODUCT IS USED AS A COMPONENT IN ANOTHER PRODUCT, THIS MSDS INFORMATION MAY NOT BE APPLICABLE. USERS SHOULD MAKE THEIR OWN INVESTIGATIONS TO DETERMINE THE SUITABILITY OF THE INFORMATION OR PRODUCTS FOR THEIR PARTICULAR PURPOSE.

THE CONDITIONS OR METHODS OF HANDLING, STORAGE, USE, AND DISPOSAL OF THE PRODUCT ARE BEYOND OUR CONTROL AND MAY BE BEYOND OUR KNOWLEDGE. FOR THIS AND OTHER REASONS, WE DO NOT ASSUME RESPONSIBILITY AND EXPRESSLY DISCLAIM LIABILITY FOR LOSS, DAMAGE OR EXPENSE ARISING OUT OF OR IN ANY WAY CONNECTED WITH HANDLING, STORAGE, USE OR DISPOSAL OF THE PRODUCT.

***** END OF MSDS *****

APPLICATION FOR EMPLOYMENT

TO APPLICANT: *Federal and State Laws require that all applications be considered without regard to race, religion, color, sex, age or national origin.*

PERSONAL

(Please Print)

Date _____

Name COLF ROBBIN BRADLEY Social Security No. [REDACTED]
Last First Middle

Address: [REDACTED] No. [REDACTED] City Bethel State SC Zip 29627

Telephone No. Referred by: ☒ Our Advt. ☐ Emp. Agency ☐ Friend or Relative ☐ No One

Position(s) applied for Mazout Tech ☒ Full Time ☐ Part Time

If part time specify days/hours _____ Rate of pay expected \$ 15.00 per HR

Have you worked for us before? _____. If YES, when? _____ Position _____

Indicate special qualifications or skills WELDER / HYDRAULICS / PNEUMATICS / FABRICATION

EDUCATION	Name and Location of School	Course of Study	No. of Years Completed	Date Graduated	Degree
ELEMENTARY					
HIGH SCHOOL			10		
COLLEGE					
OTHER					

IMPORTANT: Do not answer questions in this area unless block next to question has been checked by employer. A check indicates the information is necessary for bona fide job qualification, national security or other legally permissible reasons.

Birthdate

☒ Are you over 18? 1-30-68. (If NO, hire is subject to minimum legal age verification. ☐ Are you a U.S. Citizen? Y-E-S

☐ Sex: ☒ Male ☐ Female ☐ Height: 5 ft. 8 in. ☐ Weight 170 lbs.

☐ Marital Status: ☒ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

☐ Date of Marriage ☐ No. of Dependents (Include yourself) 2

☐ How long have you lived at your present address? 28 yrs. ☐ How long have you lived at previous address? 12 yrs.

☐ Have you ever been bonded? NO If YES, list employers _____

☒ Have you been convicted of a crime within past ten years (excluding misdemeanors and traffic offenses)? No. If YES, list convictions _____

☐ Have you any physical handicaps preventing you from doing certain types of work? NO. If YES, describe handicaps and work limitations _____

☒ Have you received Workmen's Compensation or Disability Income payments? ☐ If Yes, describe

R 0359

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PRIOR EMPLOYMENT (Name, address, telephone)	Period		Position	Rate of Pay		Reason for Leaving
	From	To		Start	Final	
<u>Hydro Aluminium</u> ☐			<u>MAINT.</u>	<u>8.00</u>	<u>16.15</u>	
<u>SU-DAN Co Todd Paret</u> ☐			<u>DAE PREP</u>			<u>OTHER JOB</u>
<u>US NAVY 338-4030</u> ☐			<u>HULL TECH</u>			
☐						

Check box next to employer's name indicating those you *do not* wish us to contact.

MILITARY SERVICE	Were you in U.S. Armed Forces? <u>YES</u>	Branch <u>NAVY</u>
Length of service: From <u>1987</u> to <u>1991</u> Rank at Discharge <u>E-3</u>		
List duties <u>HULL TECH WELDER / FAN / VALVE REPAIR</u>		
Have you had any specialized training? <u>YES</u> If YES, describe <u>STRUCTURAL REPAIR</u>		

PERSONAL REFERENCES	Name and Address (Not former employers or relatives)	Telephone
<u>DARLENE BROCK</u>		
<u>JAMES KAY</u>	<u>[REDACTED] BELTON</u>	<u>[REDACTED]</u>
<u>VIVIAN ROGERS</u>	<u>[REDACTED] BELTON</u>	<u>[REDACTED]</u>

The information provided by me in this Application for Employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal. You are hereby authorized to conduct any investigation of my personal history and/or credit and financial records employing investigative or credit agencies or bureaus of your choice subject to the provisions of the Fair Credit Reporting Act. I understand that, within a reasonable period, I may make a written request for detailed information concerning such investigation.

Date _____ Signature of Applicant [Signature]

DO NOT WRITE BELOW THIS LINE

SUMMARY OF INTERVIEW:		Date _____
Acceptable for Employment: ☐ Yes ☐ No	Position: _____	
Starting Rate \$ _____ per _____	Available to start: _____	
Interviewed by _____	Approved by _____	R 0360
Signature	Signature	

Goodman Conveyor

PRE-EMPLOYMENT PHYSICAL (051565)

Name Robbin Bradley Cole Age 40 M S D W Sex M

Family History: () T.B. () Diabetes () Epilepsy () Mental Disorder () Heart

Personal

History: () T.B. () Menstrual () Heart Disease or Hypertension
() Diabetes () Musculoskeletal () G.U. Disease
() Nerves () G.I. Disease () Convulsions
() V.D. () Rheumatic Fever (X) Allergies (asthma)
() Scars or Birthmarks

Other _____

Operations none

Military Service _____

Any Service or Job Connected Disability _____

Ht. 5'8" Wt. 162 B/P 150/94 Pulse 82 Vision: O.D. 20/30 O.D. 20/30 Corrected: O.S. _____ Color pass

Abnormalities of following organs or systems?

	YES	NO
E.E.N.T.		☒
Neck		☒
Chest		☒
Lungs		☒
Heart		☒
Abdomen		☒
Hernia		☒
Back		☒
Skin		☒
Extremities		☒
Reflexes		☒
Glands	☒	☒
Genitals		☒
Anus		☒
Pelvic		☒

Urine: Sp. Gr. 1.025 Alb. 30 mg/dl Sug. 100 mg Micro _____

Chest X-Ray _____ VDRL _____

Immunizations: Tetanus _____ Polio _____

Influenza _____ Smallpox _____

Finger Stick Blood Sugar = 138 mg/dl

Comments on abnormal findings or positive history:

----Drug Screen ----

---- Refer to Anderson Radiology for back x-rays (2) lower views

Tonsils swollen (B)

Recommend Blood Pressure Monitoring may be 2° to anxiety.

(X) Recommended For Employment

() Not Recommended For Employment

R 0361

Reason _____

8-4-08

Date

Examining Physician

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Company:

Hazard Communication / Hazardous Materials / Haz-Woper Awareness Level
Training - MSDS Quiz

Date: 8/8/08

Name: Robbin Cole

1. What is the name of the chemical on the MSDS sheet you are looking at?
(Identification section)
Quick Dry High Solids Enamel / Be/How Blue
2. What does MSDS stand for?
MATERIAL SAFETY DATA SHEET
3. What is the appearance and odor of this chemical? (Physical Data Section)
Smells Like Paint
4. Is this chemical classified as stable or unstable? (Reactivity Data)
STABLE
5. Labels should remain on there containers at all times? True or False
6. The transportation section of the MSDS labels this chemical as a?
NOT AVAILABLE
7. What type of eye protection is required with this MSDS?
SAFETY GLASSES WITH SIDE SHIELDS
8. What is the flash point of this chemical?
50 F PMCC
9. What is OSHA's Toxicity and/or ceiling levels of exposure for this chemical, in ppm? (Toxicity section)
5000
10. What would you do if an employee were to ingest (drink) this chemical?
DO NOT INDUCE VOMITING / CALL FOR EMS
11. What PPE would you use to clean up a spill?
GLOVES / EYE PROTECTION

EMPLOYEE CHANGE OF STATUS

BELTNEW FORM 12156

DATE PREPARED 2/3/09	THE FOLLOWING IS RECOMMENDED ☐ Department Change ☐ Job Title Change ☒ Pay Rate Change ☐ Grade Change ☐ Payroll Change ☐ Termination	EFFECTIVE DATE (Inc Sal Vac Time Due If) 2/16/09																								
Employee Name Cole, Robbin Bradley	Latest Increase Date 1/5/09 General	Employee Number Dept - Clock Present ----- 21 2575 Proposed -----																								
PRESENT STATUS ☐ Direct Payroll ☒ Shift - 1 16.82 ☒ Indirect Payroll ☐ Shift - 2 Pay Rate ☐ Salary Payroll ☐ Shift - 3 <u>Maint. Man/All Purpose</u> 09 Job Title Grade	PROPOSED STATUS ☐ Direct Payroll ☒ Shift 17.12 ☒ Indirect Payroll ☐ Shift Pay Rate ☐ Salary Payroll ☐ Shift Same Job Title Grade																									
Date Employee Notified of Termination By Immediate Supervisor _____ Date Immediate Supervisor Notified of Termination By Employee _____ Date Employee Last Worked _____																										
Employee To Be Paid As Follows <table style="width:100%;"> <tr> <th></th> <th>Available Date</th> <th>Available Time</th> <th>To Be Mailed Date</th> </tr> <tr> <td>(1) Hourly Vacation Pay Due (Yes) (No)</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>(2) Pay Period Ending Date ()</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>(3) Pay Period Ending Date ()</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>				Available Date	Available Time	To Be Mailed Date	(1) Hourly Vacation Pay Due (Yes) (No)	_____	_____	_____	(2) Pay Period Ending Date ()	_____	_____	_____	(3) Pay Period Ending Date ()	_____	_____	_____								
	Available Date	Available Time	To Be Mailed Date																							
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(3) Pay Period Ending Date ()	_____	_____	_____																							
Reason For Termination ☐ Quit With Notice ☐ Quit Without Notice ☐ Laid Off ☐ Discharged ☐ Voluntary Military ☐ Obligatory Military ☐ Deceased ☐ Retired ☐ Probationary ☐ Other																										
This Employee (Is) (Is Not) Recommended For Rehire.																										
Employee Rating Only If Employed At Least Thirty (30) Days Hire Date <u>8/11/08</u> Efficiency Rating _____																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>RATING</th> <th>GOOD</th> <th>FAIR</th> <th>POOR</th> </tr> <tr> <td>Work</td> <td style="text-align: center;">✓</td> <td></td> <td></td> </tr> <tr> <td>Attendance</td> <td style="text-align: center;">✓</td> <td></td> <td></td> </tr> <tr> <td>Conduct</td> <td style="text-align: center;">✓</td> <td></td> <td></td> </tr> <tr> <td>Attitude</td> <td style="text-align: center;">✓</td> <td></td> <td></td> </tr> <tr> <td>Safety</td> <td style="text-align: center;">✓</td> <td></td> <td></td> </tr> </table>			RATING	GOOD	FAIR	POOR	Work	✓			Attendance	✓			Conduct	✓			Attitude	✓			Safety	✓		
RATING	GOOD	FAIR	POOR																							
Work	✓																									
Attendance	✓																									
Conduct	✓																									
Attitude	✓																									
Safety	✓																									
Reason For This Recommendation <u>Merit Increase - Normal Progression</u>																										
Initiated By Present Supervisor _____ Completed By Proposed Supervisor _____ Noted By Staff Supervisor _____																										
Form Completion Checked by _____ Final Approval By _____ Processed By Cost Department _____ R 0363 Processed By Personnel Department _____ 148																										



DEPARTMENT OF VETERANS AFFAIRS

Regional Office
6437 Garners Ferry Road
Columbia SC 29209

MAR 02 2011

ROBBIN B. COLE
[REDACTED]
BELTON SC 29627

In Reply Refer To: 319/214/lm
CSS [REDACTED]
COLE, Robbin Bradley

Dear Mr. Cole:

We made a decision on your original claim for service-connected compensation received on July 29, 2010.

This letter tells you what we decided. It includes a copy of our rating decision that gives the evidence used and reasons for our decision. We have also included information about what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

What We Decided

We determined that the following condition was not related to your military service, so service connection couldn't be granted:

Medical Description
Chronic obstructive pulmonary disease

We have enclosed a copy of your Rating Decision for your review. It provides a detailed explanation of our decision, the evidence considered, and the reasons for our decision. Your Rating Decision and this letter constitute our decision based on your claim received on July 29, 2010. It represents all claims we understood to be specifically made, implied, or inferred in that claim.

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision*. The enclosed VA Form 4107, "Your Rights to Appeal Our Decision," explains your right to appeal.

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CSS [REDACTED]
Cole, Robbin Bradley

If You Have Questions or Need Assistance

If you have any questions, you may contact us by telephone, e-mail, or letter.

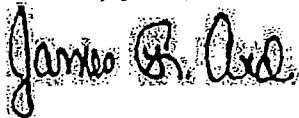
If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

In all cases, be sure to refer to your VA file number 248 31 9573.

If you are looking for general information about benefits and eligibility, you should visit our website at <https://www.va.gov>, or search the Frequently Asked Questions (FAQs) at <https://iris.va.gov>.

We sent a copy of this letter to your representative, American Legion, whom you can also contact if you have questions or need assistance.

Sincerely yours,



James R. Ard
Veterans Service Center Manager

Information is available - <https://iris.va.gov>

Enclosure(s): Rating Decision dated March 1, 2011
VA Form 4107

cc: AL(2)

061/RC9573/lm



DEPARTMENT OF VETERANS AFFAIRS
VARO Columbia, SC
6437 Garners Ferry RD
Columbia, SC 29209

ROBBIN B. COLE

VA File Number

[REDACTED] 3

Represented by:
AMERICAN LEGION

Rating Decision
March 1, 2011

INTRODUCTION

The records reflect that you are a veteran of the Peacetime. You served in the Navy from September 23, 1987 to April 4, 1989. You filed an original disability claim that was received on July 29, 2010. Based on a review of the evidence listed below, we have made the following decision on your claim.

DECISION

Service connection for chronic obstructive pulmonary disease is denied.

EVIDENCE

- VA Form 21-526, Application for Compensation and/or Pension received July 29, 2010
- Veteran's Claims Assistance Act Letter dated August 5, 2010 and December 2, 2010
- VA Form 21-0820, Report of General Contact, Veteran indicated "no further evidence to submit", dated August 9, 2010

R 0366

- Private medical records, AN MED, from July, 2009 through February, 2010
- Due process letter dated August 30, 2010
- Administrative decision regarding veteran's character of discharge, veteran's service is honorable for VA purposes, completed November, 2010
- Service treatment records, for the period of active duty from September, 1987 through April, 1989
- Facts and Circumstances regarding character of discharge for the period of service from September 1987 to April 1989
- Personnel records related to in-service asbestos exposure for the period of active duty from September 1987 to April 1989

REASONS FOR DECISION

Service connection for chronic obstructive pulmonary disease as a result of asbestos exposure.

Service connection for chronic obstructive pulmonary disease is denied.

In December 2010 we sent you a letter and informed you what the evidence must show to establish entitlement to the benefit you are seeking. As of this date we have not received a response to our letter. Because we have not received the evidence we asked for, we are making our decision based on the evidence of record.

A review of your service treatment record fails to establish you were diagnosed with, or assessed as having chronic obstructive pulmonary disease while you were in service. Your service records are negative for any treatment for or complaints of any respiratory condition such as chronic obstructive pulmonary disease.

Private medical records from An Med show you have a current diagnosis of asthma with coexistent chronic obstructive pulmonary disease. The records show complaints of shortness of breath. Radiological testing showed a 1.8mm nodular density in the right middle lobe of the lungs. There was no indication of any pleural or pericardial effusion. While there is objective medical evidence showing you have a current disability, the evidence provided did not show there is a relation between your current diagnosis and your active military service.

To establish service connection for a disability, there must be a current disability that began or was caused by some event or experience in service and medical evidence which relates the current condition to the event or experience in service. Because there is no evidence of treatment for or a diagnosis of chronic obstructive pulmonary disease in service and no documentation that your current diagnosis of chronic obstructive pulmonary disease has been related to your military service, service connection directly related to your military service is denied.

ROBBIN B. COLE

Page 3

In your application for benefits you claimed your current condition to be the result of your asbestos exposure while in service. There are several factors needed to establish a disability as related to asbestos exposure in service. Service connection may be granted on this basis for a disability related to asbestos exposure during military service if evidence demonstrates you were actually exposed in service and a disease usually associated with such exposure resulted.

We ordered your personnel records to help us determine the likelihood you were exposed to asbestos while serving in the US Navy. A review of these records has indicated you served as a fireman in service. This particular military occupational specialty has been determined to have a high probability of asbestos exposure. Your service treatment records verify you were enrolled into an asbestos medical surveillance program to monitor your health due to the likelihood of your exposure.

In an effort to assist you with supporting your claim for an asbestos related impairment, we sent you a letter asking you to provide us with information concerning your claimed in service asbestos exposure. We also asked to provide us with other information concerning your post-service employment and other factors related to asbestos exposure. As of this date we have not received a response to our letter, therefore our decision based on the evidence of record.

While the medical evidence shows you have chronic obstructive pulmonary disease, this condition is not associated with asbestos exposure. Conditions usually associated with this type of exposure are interstitial pulmonary fibrosis, asbestosis, tumors, pleural effusions and fibrosis, pleural plaques, mesotheliomas of pleura and peritoneum, and cancers of the lung, bronchus, gastrointestinal tract, larynx, pharynx, and the urogenital system (except the prostate). As the medical evidence does not show you have any of these or any other asbestos related condition, we must deny chronic obstructive pulmonary disease on the basis of asbestos exposure.

REFERENCES:

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our web site, www.va.gov.



Department of Veterans Affairs

YOUR RIGHTS TO APPEAL OUR DECISION

After careful and compassionate consideration, a decision has been reached on your claim. If we were not able to grant some or all of the VA benefits you asked for, this form will explain what you can do if you disagree with our decision. If you do not agree with our decision, you may:

- appeal to the Board of Veterans' Appeals (the Board) by telling us you disagree with our decision
- give us evidence we do not already have that may lead us to change our decision

This form will tell you how to appeal to the Board and how to send us more evidence. You can do either one or both of these things.

NOTE: Please direct all new evidence to the address at the top of our letter. Do not send evidence directly to the Board until you receive written notice from the Board that they received your appeal.

WHAT IS AN APPEAL TO THE BOARD OF VETERANS' APPEALS?

An appeal is your formal request that the Board review the evidence in your VA file and review the law that applies to your appeal. The Board can either agree with our decision or change it. The Board can also send your file back to us for more processing before the Board makes its decision.

HOW CAN I APPEAL THE DECISION?

How do I start my appeal? To begin your appeal, write us a letter telling us you disagree with our decision. This letter is called your "Notice of Disagreement." If we denied more than one claim for a benefit (for example, if you claimed compensation for three disabilities and we denied two of them), please tell us in your letter which claims you are appealing. *Send your Notice of Disagreement to the address at the top of our letter.*

What happens after VA receives my Notice of Disagreement? We will either grant your claim or send you a Statement of the Case. A Statement of the Case describes the facts, laws, regulations, and reasons that we used to make our decision. We will also send you a VA Form 9, "Appeal to Board of Veterans' Appeals," with the Statement of the Case. You must complete this VA Form 9 and return it to us if you want to continue your appeal.

How long do I have to start my appeal? You have one year to appeal our decision. *Your* letter saying that you disagree with our decision must be postmarked (or received by us) within one year from the date of *our* letter denying you the benefit. In most cases, you cannot appeal a decision after this one-year period has ended.

What happens if I do not start my appeal on time? If you do not start your appeal on time, our decision will become final. Once our decision is final, you cannot get the VA benefit we denied unless you either:

- show that we were clearly wrong to deny the benefit *or*
- send us new evidence that relates to the reason we denied your claim

Can I get a hearing with the Board? Yes. If you decide to appeal, the Board will give you a hearing if you want one. The VA Form 9 we will send you with the Statement of the Case has complete information about the kinds of hearings the Board offers and convenient check boxes for requesting a Board hearing. The Board does not require you to have a hearing. It is your choice.

Where can I find out more about appealing to the Board?

- You can find a "plain language" booklet called "How Do I Appeal," on the Internet at: <http://www.va.gov/vbs/bva/pamphlet.htm>. The booklet also may be requested by writing to: Mail Processing Section (014), Board of Veterans' Appeals, 810 Vermont Avenue, NW, Washington, DC 20420.
- You can find the formal rules for appealing to the Board in the Board's Rules of Practice at title 38, Code of Federal Regulations, Part 20. You can find the complete Code of Federal Regulations on the Internet at: <http://www.gpoaccess.gov/cfr/index.html>. A printed copy of the Code of Federal Regulations may be available at your local law library.

Can I get someone to help me with my appeal to the Board? Yes. You can have a veterans' service organization representative, an attorney-at-law, or an "agent" help you with your appeal. But you are not required to have someone represent you. It is your choice.

- Representatives who work for accredited veterans' service organizations know how to prepare and present claims and will represent you. You can find a listing of these organizations on the Internet at: <http://www.va.gov/vso>.
- A private attorney or an "agent" can also represent you. If applicable, your local bar association may be able to refer you to an attorney with experience in veterans' law. VA only recognizes attorneys who are licensed to practice in the United States or in one of its territories or possessions. An agent is a person who is not a lawyer, but who VA recognizes as being knowledgeable about veterans' law. Contact us if you would like to know if there is a VA accredited agent in your area.

Do I have to pay someone to help me with my appeal to the Board? It depends on who helps you. The following explains the differences.

- Veterans' service organizations will represent you for free.
- Attorneys or agents can charge you for helping you under some circumstances. Paying their fees for helping you with your appeal to the Board is your responsibility. If you do hire an attorney or agent to represent you, one of you must send a copy of any fee agreement to the following address within 30 days from the date the agreement is executed: Office of the General Counsel (022D), 810 Vermont Avenue, NW, Washington, DC 20420. See 38 C.F.R. 14.636(g). If the fee agreement provides for the direct payment of fees out of past-due benefits, a copy of the agreement must also be filed with us at the address at the top of our letter. See 38 C.F.R. 14.636(h)(4).

CAN I GIVE VA ADDITIONAL EVIDENCE?

Yes. You can send us more evidence to support a claim whether or not you appeal to the Board. **If you want to appeal, though, do not forget the one-year time limit!**

If you have more evidence to support a claim, it is in your best interest to give us that evidence as soon as you can. We will consider your evidence and let you know whether it changes our decision. Please keep in mind that we can only consider new evidence that: (1) we have not already seen and (2) relates to your claim. You may give us this evidence either in writing or at a personal hearing.

In writing. To support your claim, you may send documents and written statements to us at the address on the top of our letter. Tell us in a letter how these documents and statements should change our earlier decision.

At a personal hearing. You may request a local hearing with us at any time. This hearing is separate from any Board hearing you might ask for later if you appeal. We do not require you to have one. It is your choice. At this hearing, you may speak, bring witnesses to speak on your behalf, and hand us written evidence. If you want a hearing, send us a letter asking for a hearing. Use the address at the top of our letter. We will then:

- arrange a time and place for the hearing
- provide a room for the hearing
- assign someone to hear your evidence
- make a written record of the hearing

WHAT HAPPENS AFTER I GIVE VA EVIDENCE?

We will review the record of the hearing and other new evidence, together with the evidence we already have. We will then decide if we can grant your claim. If we cannot grant your claim and you appeal, we will send the new evidence and the record of any local hearing to the Board.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0825491

ROBBIN COLE,

Employee,

Claimant,

vs.

JOY GLOBAL, INC.,

Employer,

AND

ACE USA/ESIS,

Carrier,

Defendants.

NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS
TO BE INTRODUCED AS
DIRECT EVIDENCE ON BEHALF
OF DEFENDANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND LYNN
SHOOK, ESQUIRE, ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South
Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws
(Cum. Supp. 1988) submit the following medical records and other documents as evidence:

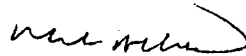
APA#	DOCTOR	PRACTICE	DATES	PAGES
10	Joe A. Martin, M.D.	Primary Care Associates	06/26/07 to 11/18/08	156-157
11		Greenville Pharmaceutical Research	03/19/10	158-164
12	Stephen Hand, M.D.	Carolina Pulmonary and Sleep Medicine Consultants, PA	03/29/10 to 12/28/10	165-173
13		AnMed Health Center	10/24/06 to 12/30/10	174-188

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise

oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Keavin Ramey, Joe Beasley, George Keech and Sandra Ricketts may testify on behalf of Defendant Employer.



MARK A. ALLISON
MCANGUS GOUDELOCK & COURIE, L.L.C.
Post Office Box 2980
Two Liberty Square, 75 Beattie Place, Suite 300
Greenville, South Carolina 29602
(864) 239-4000
Attorneys for the Employer/Carrier

Greenville, South Carolina
March 28, 2011

APA #10
Joe Martin, M.D.
Primary Care Associates
6/26/07-11/18/08

PRIMARY CARE ASSOCIATES P.C.

Notes Progress Notes

Patient Name:

Robbin Cole

DOB:

1/30/68

Chart #:

75444

DATE

NOTES

6-26-07 OV: Wt 172 BP 140/100 P 92 R 16 T 97.0

h2. fat pmc

① Lul in Lul 1/2 R. ② Lul ③ 1/2 770

— Tolan sup #2

6-26-07 uric acid

DELIVERED JUN 27 2007

6/28/07 pmc whys from bats on 6/26/07

9/8/08 Pt to see Dr. Wed in Asthma Consult

8:05A no help. Pt want to know whether to continue?

I see pt. it is hard to comment on status since

they have not been here since 6/07 and I

have never seen. If need no help D/c. If in

any distress needs some appt.

9/8/08 pt aware can D/c if need no help if in

any distress needs flx sooner

9/10/08 NO SHOW FOR APPT W/BETH

9/10/08 Noted.

9-17-08 ckr PA-LT

10-6-08 pt called was seen couple weeks ago. was given 2 pack +

inhaler now started with same symptoms again what can be

taken pham. 456 7411 pt # 2455842

R 0374

10-6-08 Singulair 100 #30 T11 X6 called pt. & called Park

CERTIFICATE TO RETURN TO WORK

Primary Care Associates, P.C.
2000 East Greenville Street
Suite 1600
Anderson, South Carolina 29621

November 18, 2008

Account #: 75444

TO WHOM IT MAY CONCERN:

Robbin Cole has been under my care from 11/17/08 to 11/19/08 and is able to return to work on 11/20/08, with the following restrictions: .

If you have any questions, please do not hesitate to call our office at 226-9193.

Sincerely,

Joe A. Martin, MD

R 0375

7.
APA #11
Greenville
Pharmaceutical
Research
3/19/10

GENERAL MEDICAL HISTORY FORM

Patient Name Robbin B. Cole Initials RBC Date 19 Mar 2010 Page 1 of 7

CONDITIONS: Check YES or NO column as applicable.

Condition	Yes	No	Description/Comment	Start Date	Ongoing	Stop Date
EYES						
Glaucoma		✓			☐	
Vision Deficit (myopia, presbyopia)		✓			☐	
Cataracts: ☐ R ☐ L ☐ Bilateral		✓			☐	
Chronic Infections		✓			☐	
Retinopathy (diabetic, other...)		✓			☐	
Macular Edema		✓			☐	
Other:		✓			☐	
Other:		✓			☐	
EARS						
Infections		✓			☐	
Hearing Deficit (HOH, deaf, etc...) ☐ R ☐ L ☐ Bilateral		✓			☐	
Other:		✓			☐	
Other:		✓			☐	
NOSE & THROAT						
Sinus Infections		✓			☐	
Allergic Rhinitis		✓			☐	
Nose Bleeds		✓			☐	
Nasal/Sinus congestion	✓		Seasonal allergies	1978	☐	
Chronic Throat Infections		✓			☐	
Other:	✓		Seasonal allergies	1978	☒	
Other:		✓			☐	
CARDIOVASCULAR						
Hypertension		✓			☐	
Hyperlipidemia/Hypercholesterolemia		✓			☐	
Heart Murmur		✓			☐	
Myocardial Infarction (MI)		✓			☐	
Peripheral Vascular Disease (PVD)		✓			☐	
Angina / Chest Pain		✓			☐	
Arteriosclerosis (specify if known - carotid, coronary, etc)		✓			☐	
Congestive Heart Failure		✓			☐	
Cardiac Arrhythmia		✓			☐	
Congenital Heart Disease		✓			☐	
Valvular Heart Disease		✓			☐	

R 0377

 **COPY**

Participant Name Robbin v. Cole Initials RDC Date 19 MAR 2009 Page 2 of 7

Condition	Yes	No	Description/Comment	Start Date	Ongoing	Stop Date
CARDIOVASCULAR (cont'd)						
Abdominal Aortic Aneurism		✓			☐	
Deep Vein Thrombosis		✓			☐	
Pulmonary Embolism		✓			☐	
Pacemaker		✓			☐	
Other:		✓			☐	
Other:		✓			☐	
LUNG / RESPIRATORY						
Asthma	✓			1988	☐	UNK
Chronic Bronchitis	✓			2009	☒	
Pneumonia		✓			☐	
Chronic Cough	✓			2009	☒	
COPD / Emphysema	✓			2009	☒	
Dyspnea (shortness of breath)	✓			2009	☒	
Sleep Apnea		✓			☐	
Tuberculosis		✓			☐	
Other:					☐	
Other:					☐	
Other:					☐	
ENDOCRINE						
Diabetes Type I (Insulin dependent)		✓			☐	
Diabetes Type II		✓			☐	
Hyperthyroidism		✓			☐	
Hypothyroidism		✓			☐	
Golter		✓			☐	
Obesity		✓			☐	
Other:		✓			☐	
Other:		✓			☐	
GASTROINTESTINAL						
Liver Disease		✓			☐	
Hepatitis		✓			☐	
Gall Bladder Disease		✓			☐	
Pancreatitis		✓			☐	
Cholecystitis		✓			☐	
Cholelithiasis (stone)		✓			☐	
Heartburn ☐ GERD ☐ Other →		✓			☐	
Ulcer: specify type →		✓			☐	
Hernia		✓			☐	

R 0378

COPY

Participant Name Robbin L. Cole Initials RLC Date 19 Mar 2010 Page 3 of 7

Condition	Yes	No	Description/Comment	Start Date	Ongoing	Stop Date
GASTROINTESTINAL (cont'd)						
Constipation: specify details →		✓			☐	
Diarrhea: specify details →		✓			☐	
Irritable Bowel Syndrome		✓			☐	
Inflammatory Bowel Disease		✓			☐	
Blood In Stool		✓			☐	
Hemorrhoids		✓			☐	
Diverticulosis		✓			☐	
Diverticulitis		✓			☐	
Nausea		✓			☐	
Vomiting: specify details, i.e.: duration, etc... →		✓			☐	
Appendicitis		✓			☐	
Bleeding		✓			☐	
Other:		✓			☐	
GENITOURINARY						
Kidney Disorder		✓			☐	
Kidney Infection		✓			☐	
Nephrolithiasis (Kidney stones)		✓			☐	
Incontinence		✓			☐	
Chronic Urinary Tract Infections		✓			☐	
Benign Prostatic Hyperplasia		✓			☐	
Impotence / Erectile Dysfunction		✓			☐	
Sexually Transmitted Disease		✓			☐	
Other:		✓			☐	
Other:		✓			☐	
GYNECOLOGICAL						
Chronic Vaginal Infections					☐	
Abnormal Pap Smear					☐	
Abnormal Mammogram					☐	
Fibrocystic Breast Disease (cysts)					☐	
Hot Flashes					☐	
Irregular Menstrual Cycle					☐	
Endometriosis					☐	
Other:					☐	
NEUROLOGICAL						
Seizure Disorder/Convulsions		✓			☐	
Epilepsy		✓			☐	

Male Subject
19 Mar 2010
93



Participant Name Robbin E. Cole Initials RBC Date 19 Mar 2010 Page 4 of 7

Condition	Yes	No	Description/Comment	Start Date	Ongoing	Stop Date
NEUROLOGICAL (cont'd)						
Headaches (Indicate type)		☒			☐	
Dizziness / Lightheadedness		☒			☐	
Numbness / Tingling (Location) <u>R hand wrist</u>	☒			<u>2006</u>	☒	
Peripheral Nerve Disorder (specify type: diabetic, other...)		☒			☐	
Multiple Sclerosis		☒			☐	
Paralysis		☒			☐	
Insomnia		☒			☐	
Stroke		☒			☐	
Cerebral Vascular Accident (stroke)		☒			☐	
Transient Ischemic Attack (TIA)		☒			☐	
Cerebral Hemorrhage		☒			☐	
Other:		☒			☐	
Other:		☒			☐	
Other:		☒			☐	
MUSCULOSKELETAL						
Osteoarthritis		☒			☐	
Rheumatoid Arthritis		☒			☐	
Osteoporosis		☒			☐	
Osteopenia		☒			☐	
Fractures/Broken Bones	☒		<u>(R Tib/fib, (Bilateral patellar fx 1995)</u>	<u>2004</u>	☐	<u>2004</u>
Leg Cramps			<u>bil. calves</u>	<u>2010</u>	☒	
Fibromyalgia		☒			☐	
Recurrent Joint Pain	☒		<u>bilat. Knees @ wrist</u>	<u>2004</u>	☒	
Recurrent Back Pain	☒		<u>Lumbar</u>	<u>2008</u>	☒	
Degenerative Disc Disease		☒			☐	
Gout	☒		<u>@ Foot</u>	<u>2008</u>	☐	<u>2008</u>
Other:	☒		<u>Carpal tunnel @ wrist</u>	<u>1988</u>	☒	
Other:		☒			☐	
SKIN / INTEGUMENTARY						
Acne (current)		☒			☐	
Rosacea		☒			☐	
Atopic Dermatitis / Eczema		☒			☐	
Cold Sores, Herpes Simplex		☒			☐	
Psoriasis		☒			☐	
Recurrent Rashes		☒			☐	
Other:		☒			☐	

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R 0380

Participant Name

Robbin B. Cole

Initials

RBC

Date

9 Mar 2010

Page 5 of 7

Condition	Yes	No	Description/Comment	Start Date	Ongoing	Stop Date
EMOTIONAL/PSYCHOLOGICAL						
Drug/Alcohol Abuse	✓				☐	2000
Depression	✓			2000	☐	2003
Anxiety / Panic attacks	✓			2000	☐	2003
Anorexia / Bulimia		✓			☐	
Psychotic Episodes		✓			☐	
Bi-Polar Disorder	✓			2002	☒	
Schizophrenia		✓			☐	
Cognitive / Psychiatric Disorder					☐	
☐ Dementia					☐	
☐ Alzheimer's		✓			☐	
☐ Other (specify)					☐	
Other:		✓			☐	
Other:		✓			☐	
Other:		✓			☐	
Other:		✓			☐	
IMMUNE SYSTEM						
Human Immunodeficiency Virus (HIV)		✓			☐	
Immune Deficiency Disorder		✓			☐	
Lupus		✓			☐	
Chronic Fatigue		✓			☐	
Other:		✓			☐	
BLOOD DISORDER						
Anemia (specify type -- Iron deficiency, pernicious, sickle cell, etc ...)		✓			☐	
Clotting / Bleeding problems		✓			☐	
Thrombocytopenia		✓			☐	
Other:		✓			☐	
CANCER						
Type:		✓			☐	
Type:		✓			☐	
Type:		✓			☐	

ALLERGIES: List all including environment, food, dyes & medications:

☐ None

Allergy	Reaction	Date
Lidocaine	↑ BP, worsened breathing	/ / 2009
		/ /
		/ /
		/ /
		/ /

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R 0381

Participant Name Robbin B. Cole Initials RBC Date 19 Mar 2010 Page 6 of 7

SURGERIES/HOSPITALIZATIONS (✓ 'S' if surgery, or 'H' if hospitalization): List all including childbirth ☐
 None no Surgeries / no recent hospitalizations

S	H		Date	Reason
	✓	Urgent Care / AnMed - Anderson	1 / 10 / 09	COPD Exacerbation
		Outpatient - Greenwood Regional	1 / 1 / 09	COPD Exacerbation
			1 / 1 / 09	
			1 / 1 / 09	
			1 / 1 / 09	
			1 / 1 / 09	
			1 / 1 / 09	
			1 / 1 / 09	

SOCIAL HISTORY (If ex-user, please complete prior use)

Tobacco	☐ Never Used ☐ Ex-user ☒ Currently use	Start Date <u>1980</u> Stop Date <u> </u>	20. 420 00 # cig. Pks/day <u>15</u> cigs/day ☐ NA # cigars/day ☐ NA # pipefuls/day ☐ NA # pinches/day ☐ NA
Alcohol	☐ Never Used ☐ Ex-user ☒ Currently use	Start Date <u>1983</u> Stop Date <u> </u>	Beer: # cans/week <u> </u> Wine: # <u>1-2</u> glasses/week <u>Seldom</u> Liquor: # ounces/week <u> </u>
Recreational Drug Use	☐ Never Used ☒ Ex-user ☒ Currently use	Start Date <u>85</u> Stop Date <u>unk/unk/06</u>	List substance(s) inc. frequency and amounts: <u> </u>

BLOOD DONATION / RECEIVED

1) Have you donated blood within the last year? ☒ No ☐ Yes - most recent date: / /

2) Have you received blood or blood products within the last year? ☒ No ☐ Yes - explain

PRIOR INVESTIGATIONAL STUDY

Have you ever taken an investigational medication or participated in a clinical trial? ☒ No ☐ Yes

If yes, what was last dose of study medication: / / and date of study completion: / /

R 0382

COPY

Patient Name Roblan B Cole Initials RBC Date 19 Mar 2010 Page 7 of 7

FOR WOMEN ONLY: Please complete either Section A or Section B.

Date of last menstrual period: / /

Section A - ☐ Able to have children (childbearing potential).

1) Are you currently breastfeeding? ☐ No ☐ Yes

2) Do you plan to become pregnant during this study or within 30 days of study completion?

☐ No ☐ Yes

3) Check primary birth control method used:

☐ Oral Contraceptive Pill	☐ Condoms and foam/gel	☐ Vaginal Condom
☐ Contraceptive Injection	☐ Diaphragm and foam/gel	☐ IUD
☐ Contraceptive Implant (Norplant)	☐ Condoms only	☐ None
☐ Partner had vasectomy	☐ Abstinence	☐ Other, type:
☐ Rhythm	☐ Withdrawal	

Section B - ☐ Non-childbearing by means of (check one and specify date):

☐ Hysterectomy <u> </u> / <u> </u> / <u> </u>
☐ Tubal Ligation (tubes tied) <u> </u> / <u> </u> / <u> </u>
☐ Oophorectomy ☐ Bilateral <u> </u> / <u> </u> / <u> </u> ☒ Unilateral <u> </u> / <u> </u> / <u> </u> ☐ R ☐ L
☐ Natural Post-Menopause: Date of last natural menstrual period <u> </u> / <u> </u> / <u> </u>
☐ Other: <u> </u>

☒ Participant Signature [Signature]

Date 3/18/10

Reviewed by (Site Staff) [Signature]

Date

Provider Signature [Signature]

Date 6/20/10

Subject chest x-rayed. Discrepancies noted.
Asthma/COPD - throughout the chart. Review of
Spontaneous symptoms are more consistent currently
E. COPD (Reversibility component). All symptoms noted
Post 20-26 year smoking hx. [Signature]

APA #12
Stephen Hand, M.D.
Carolina Pulmonary and
Sleep Medicine Consultants
3/29/10-12/28/10

Carolina Pulmonary and Sleep Medicine Consultants of Anderson
2000 East Greenville Street, Suite 1100
Anderson, SC 29621-1714

March 29, 2010

Robbin B Cole

~~1111 Greenville Avenue~~
Belton, SC 29627

Dear Robbin B Cole,

You had an appointment scheduled on 03/29/2010 with
Stephen H Hand. If you were not aware of this
appointment and wish to reschedule, please call our office
at (864) 225-5667 and speak with the appointment desk.

Sincerely,

Appointment Secretary

Dr. William W. Walker, Dr. Stephen H. Hand, Dr Gowdhami Mohan
Dr. Charles A. Thompson and Kristen Hall, FNP

R 0385

Carolina Pulmonary & Sleep Medicine Consultants, P.A.



CAROLINA PULMONARY
& SLEEP MEDICINE CONSULTANTS, P.A.

2000 E. Greenville Street, Suite 1100
Anderson, SC 29621
Phone: (864) 225-5667
Fax: (864) 716-6746
Contact Person: Jackie Arflin
Contact Phone: 864 225-5667

Robbin B Cole

ID: 69260

DOB: 01/30/1968 (42 years)

Date of Encounter: 09/27/2010 03:33 PM

History of Present Illness

Recheck of Asthma (Reason for Visit)

The patient is a 42 year old male who presents for a recheck of asthma. The asthma has been occurring in a persistent pattern for years. The course has been worsening. The asthma is described as moderate to severe.

Recheck of needs rx for meds.

Treatment Compliance Patient has been noncompliant (out of meds for 6 months) with treatment plans.

Review of Systems

General: Not Present- Fever.

Respiratory: Present- Sputum Production (moderate, white).

Cardiovascular: Not Present- Chest Pain.

Patient History Summary

Allergy

- Lidocaine *DERMATOLOGICALS*

Family

- Family Members In General Healthy

Past Medical

- Tobacco Use Disorder (305.1)
- Abnormal CXR or CT (793.1): 1.8mm nodular density in the middle lobe
- Asthma (493.90): with coexisting COPD, poorly controlled. Replace OVAR.

Social

- Exposure to toxins
- Asbestos Exposure
- Most recent primary occupation: Goodman-Hewitt Conveyor-maintenance tech for the past two years. Has worked at Hydro Aluminum for five and a half years and Plasti Omn for two years. Formerly in the Navy for two years and reports Asbestos exposure.

R 0386

Robbin B Cole

ID: 69260

Regular Medications

- **Symbicort** 160-4.5MCG/ACT Aerosol
- **Qvar** 80MCG/ACT Aerosol Soln
- **Multivitamins**
- **Folic Acid** 1MG Tablet
- **ProAir HFA** 108 (90 Base)MCG/ACT Aerosol Soln
- **ProAir HFA** 108 (90 Base)MCG/ACT Aerosol Soln

•
Weight: 178 lb, 3.2 oz

Temp.: 98.8 °F **Pulse:** 86 (Regular) **Resp.:** 16 (Unlabored) **P. OX:** 95% (Room air)
BP: 135/86 Manual

R 0387

Physical Exam

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Cooperative. Not in acute distress. **Voice** - Normal.

Integumentary

General Characteristics: Temperature - normal warmth is noted. **Texture** - normal skin texture.

Head and Neck

Head - normocephalic, atraumatic with no lesions or palpable masses.

Neck

Global Assessment - supple.

Trachea - midline.

Thyroid

Gland Characteristics - normal size and consistency.

ENMT

Mouth and Throat

Nasopharynx - Note: wnl

Oral Cavity/Oropharynx: Oropharynx - Note: wnl

Chest and Lung Exam

Chest and lung exam reveals - normal excursion with symmetric chest walls and quiet, even and easy respiratory effort with no use of accessory muscles.

Inspection: Shape - Normal and Symmetric. **Movements** - Symmetrical.

Auscultation:

Adventitious sounds: Expiratory & Inspiratory wheeze - Both Lung Fields.

Cardiovascular

Cardiovascular examination reveals - normal heart sounds, regular rate and rhythm with no murmurs.

Inspection: Carotid artery - Bilateral - Inspection Normal. **Jugular vein - Bilateral** - Inspection Normal.

Palpation/Percussion: Examination by palpation and percussion reveals - No Thrills.

Auscultation: Carotid arteries - No Carotid bruit.

Assessment & Plan

Asthma (493.90)

with coexisting COPD, poorly controlled. Start prednisone at 40mg with 10 day taper and resume MDIs.

Plans:

BREATHING CAPACITY TEST (94010) Routine

CHEST X-RAY, TWO VIEWS (71021) Routine

Ventolin HFA 108 (90 Base) MCG/ACT, 2 (two) Puff(s) every four hours, as needed, #1, 30 days starting 09/27/2010, Ref. x12. Active.

Qvar 80MCG/ACT, 2 puffs Aerosol Soln two times daily, #1, 30 days starting 09/27/2010, Ref. x12. Active.

FOLLOW UP IN 1 MONTH

DISEASE, LUNG, OTHER NEC (518.89)

Stable. Repeat CT in 12/10 and follow until 8/11.

Plans:

TOBACCO USE Disorder (305.1)

Rx for 8 week taper of habitrol patches.

Plans:



Stephen H Hand MD

cc: Dr. Joe Martin

R 0388

Robbin B Cole

ID: 69260

Carolina Pulmonary and Sleep Medicine Consultants of Anderson
2000 East Greenville Street, Suite 1100
Anderson, SC 29621-1714

November 1, 2010

Robbin B Cole
[REDACTED]

Belton, SC 29627

Dear Robbin B Cole,

You had an appointment scheduled on 11/01/2010 with
Stephen H Hand. If you were not aware of this
appointment and wish to reschedule, please call our office
at (864) 225-5667 and speak with the appointment desk.

Sincerely,

Appointment Secretary

Dr. William W. Walker, Dr. Stephen H. Hand, Dr Gowdhami Mohan
Dr. Charles A. Thompson and Kristen Hall, FNP

R 0389

Carolina Pulmonary & Sleep Medicine Consultants, P.A.



CAROLINA PULMONARY
& SLEEP MEDICINE CONSULTANTS, P.A.

2000 E. Greenville Street, Suite 1100
Anderson, SC 29621
Phone: (864) 225-5667
Fax: (864) 716-6746
Contact Person: Jackie Arflin
Contact Phone: 864 225-5667

Robbin B Cole

ID: 69260

DOB: 01/30/1968 (42 years)

Date of Encounter: 12/28/2010 02:30 PM

History of Present Illness

Recheck of Asthma (Reason for Visit)

The patient is a 42 year old male who presents for a recheck of asthma. The onset of the asthma has been gradual and has been occurring in an increasing pattern. The course has been gradually worsening. The asthma is described as severe.

Review of Systems

General: Not Present- Fever.

HEENT: Present- Headache, Coryza and Nasal Congestion.

Respiratory: Present- Cough, Sputum Production (scant), Wheezing and Short of Breath with Exertion. Not Present- Hemoptysis.

Cardiovascular: Not Present- Chest Pain.

Patient History Summary

Allergy

- Lidocaine *DERMATOLOGICALS*

Family

- Family Members In General Healthy

Past Medical

- Tobacco Use Disorder (305.1)
- Abnormal CXR or CT (793.1): 1.8mm nodular density in the middle lobe
- Asthma (493.90): with coexisting COPD, poorly controlled. Start prednisone at 40mg with 10 day taper and resume MDIs.

Social

- Exposure to toxins
- Asbestos Exposure
- Most recent primary occupation: Goodman-Hewitt Conveyor-maintenance tech for the past two years. Has worked at Hydro Aluminum for five and a half years and Plasti Omn for two years. Formerly in the Navy for two years and reports Asbestos exposure.

R 0390

Robbin B Cole

ID: 69260

Regular Medications

- **ProAir HFA** 108 (90 Base)MCG/ACT Aerosol Soln
Note:out of medication
- **Symbicort** 160-4.5MCG/ACT Aerosol
Note:out of medication
- **Qvar** 80MCG/ACT Aerosol Soln
Note:out of medication
- **Multivitamins**
- **Folic Acid** 1MG Tablet
- **ProAir HFA** 108 (90 Base)MCG/ACT Aerosol Soln

Weight: 175 lb

Temp.: 98 °F **Pulse:** 113 (Regular) **Resp.:** 16 (Unlabored) **P. OX:** 90% (Room air)
BP: 141/94 Manual

R 0391

Physical Exam

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Cooperative. Not in acute distress. **Voice** - Normal.

Integumentary

General Characteristics: Temperature - normal warmth is noted. **Texture** - normal skin texture.

Head and Neck

Head - normocephalic, atraumatic with no lesions or palpable masses.

Neck

Global Assessment - supple.

Trachea - midline.

ENMT

Mouth and Throat

Nasopharynx - Note: wnl

Oral Cavity/Oropharynx: Oropharynx - Note: wnl

Chest and Lung Exam

Chest and lung exam reveals - normal excursion with symmetric chest walls and quiet, even and easy respiratory effort with no use of accessory muscles.

Inspection: Shape - Normal and Symmetric. **Movements** - Symmetrical.

Auscultation:

Breath sounds: Decreased - Both Lung Fields.

Adventitious sounds: Expiratory wheeze - Both Lung Fields.

Cardiovascular

Cardiovascular examination reveals - normal heart sounds, regular rate and rhythm with no murmurs.

Inspection: Carotid artery - Bilateral - Inspection Normal. **Jugular vein - Bilateral** - Inspection Normal.

Auscultation: Carotid arteries - No Carotid bruit.

Peripheral Vascular

Lower Extremity:

Palpation: Edema - Bilateral - No edema.

Assessment & Plan

Asthma (493.90)

with coexisting COPD, poorly controlled. Ran out of QVAR. Will try symbicort. Continue albuterol prn. .

Plans:

Abnormal CXR or CT (793.1)

1.8mm nodular density in the middle lobe.. Follow until 8/11.

Plans:

CT CHEST (NO CONTRAST) (71250) Routine

Tobacco Use Disorder (305.1)

Plans:

TOBACCO USE TXMNT, PHARMACOL (4001F) Routine

History of Asbestos Exposure (V15.84)

Possible exposure in the military. Check Ct chest.

Plans:

CHRONIC COUGH (786.2)

associated with headache and nasal congestion. Limited CT SINUSES.

Plans:

FOLLOW UP IN 1 MONTH



Stephen H Hand MD

cc: Dr. Joe Martin

R 0392

Robbin B Cole

ID: 69260

Patient Information

Name R COLE
 ID 69260
 Age 42
 Height 5 ft 8 in
 Weight 178 lbs. BMI 27.3
 Gender MALE
 Ethnic CAUCASIAN
 Smoker YES
 Asthma YFS

Test Information

Test Date/Time 12/28/10 02:31pm
 Post Time
 Test Mode DIAGNOSTIC
 Interpretation NLHEP
 Predicted Ref NHANES III
 Value Select BEST VALUE
 Tech ID
 Automated QC ON
 BTPS (IN/FX) --- / 1.02

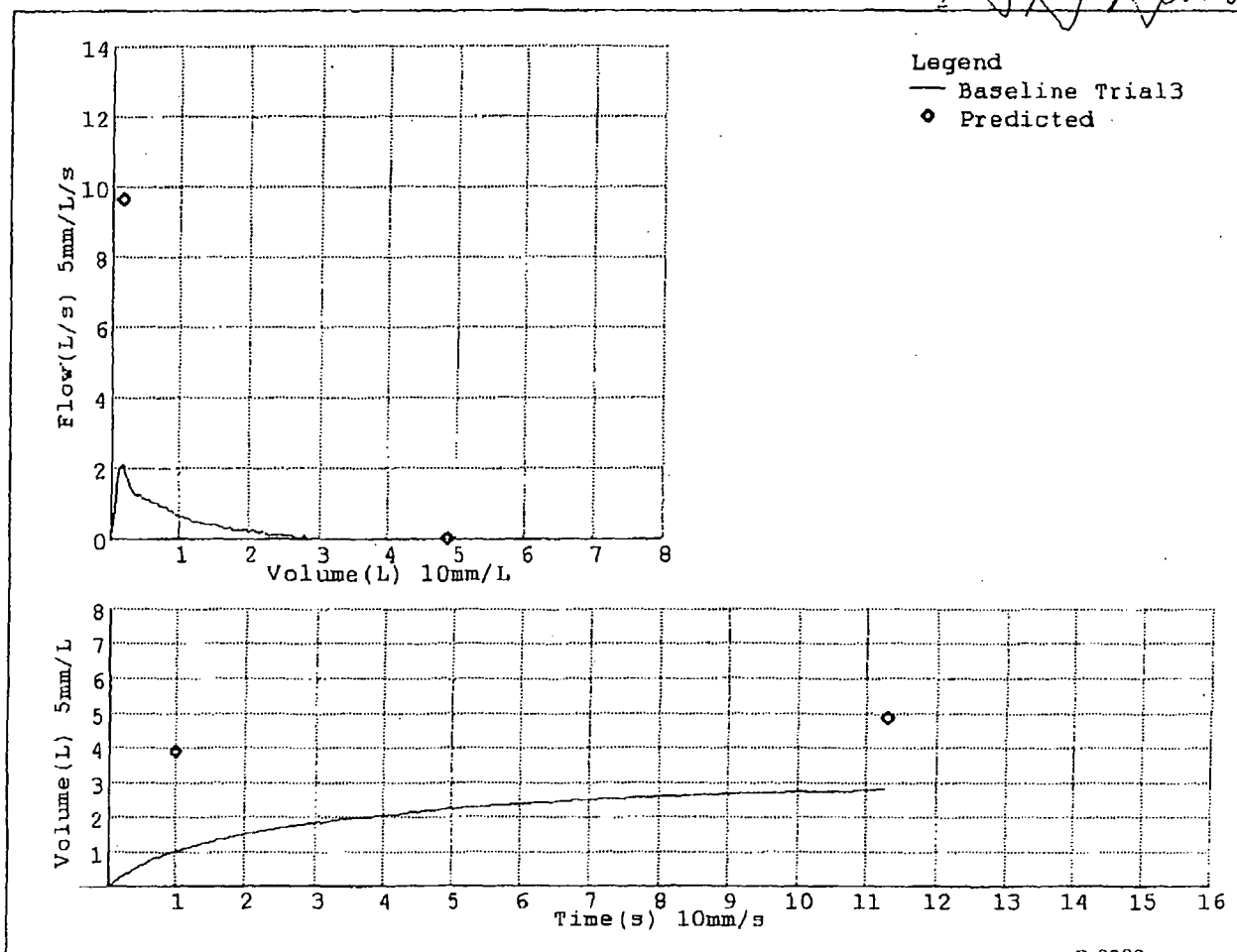
Test Results

Your FEV1 is 27% Predicted. Your Lung Age is 113

Parameter	Best	Trial3	Trial2	Trial1	Pred	%Pred
FVC(L)	2.80*	2.80*	2.61*	2.35*	4.87	57
FEV1(L)	1.04*	1.04*	0.93*	0.88*	3.87	27
FEV1/FVC	0.37*	0.37*	0.36*	0.38*	0.79	47
PEF(L/min)	124*	124*	128*	92*	577	21
FEF25-75(L/s)	0.39*	0.39*	0.33*	0.36*	3.66	11
TET(s)	11.32	11.32	12.37	9.20	---	--

* Indicates Below LLN or Significant Post Change

Baseline FEV1 Var=0.10L 10.1%; FVC Var=0.20L 7.0%; Session Quality B
 Interpretation Severe Obstruction and Low vital Capacity possibly due to restriction



R 0393

APA #13
AnMed Health Center
10/24/06-12/30/10



COLE, ROBBIN BRADLEY
10/24/06 DOB 1/30/68 038Y M
M/R # 00199406 ACCT: 5536205



TIME SEEN: 1154 ROOM: 5 EMS Arrived
HISTORIAN: patient spouse paramedics
AGE M / F RACE
HX / EXAM LIMITED BY:

HPI

chief complaint: (cough) sore throat sinus pain
fever chills "flu"

started:

current / associated symptoms:

RESPIRATORY

cough
• sputum
blood streaks of blood
trouble breathing
• mild moderate severe
• wheezing orthopnea exertional
chest tightness / soreness

NOSE / THROAT

sore throat / hoarseness
• rhinorrhea / congestion
sinus pain / drainage

CONST

fever
• subjective / to °F
chills
muscle aches

worsened by:

Similar symptoms previously

Recently seen / treated by doctor

Recent chemotherapy

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30

AnMed Health

ED PHYSICIAN / URGENT CARE RECORD

Upper Respiratory Sx / Fever (S)

ROS

CONST / EENT

chills
eye problems
redness itching discharge
earache
GI
nausea
vomiting
diarrhea
abdominal cramps

GU

pain on urination
urinary urgency

NEURO

blackouts

IMMUNOLOGICAL

allergies / hayfever

SKIN / LYMPH / MS

skin rash / swelling
joint pain
tick bite

☐ All systems neg, except as marked

PAST HX

negative

*=PE Risk Factors

asthma
emphysema

diabetes insulin / oral / diet
*high blood pressure
heart disease
*CHF CAD angina MI

cancer

+HIV / AIDS

pneumonia

chronic bronchitis

*DYT / pulmonary embolus

*other risk factors for PE

other problems

Medications none see nurses note
ASA ibuprofen acetaminophen
*BCP

Allergies NKDA
see nurses note

SOCIAL HX

smoker 1000
alcohol (recent / heavy / occasional)

second-hand exposure

FAMILY HX

COLE, ROBBIN BRADLEY
10/24/06 DOB 1/30/68 038Y ...
M/R # 00199406 ACCT: 5536205



Vitals Reviewed
V/S BP HR RR Temp

PHYSICAL EXAM

General Appearance

☒ no acute distress ☐ mild / moderate / severe distress
☒ alert ☐ anxious / lethargic
☐ IV

EENT

☒ eyes nml inspection ☐ pain on percussion over sinuses
☒ nml ENT inspection ☐ frontal / maxillary / ethmoid
☒ lids & conjunct nml ☐ scleral icterus / pale conjunctivae
☒ PERL ☐ conjunctival erythema / exudate
☒ ears nml

☐ nose nml ☐ TM erythema / dullness (R/L)
☐ pharynx nml ☐ loss of TM landmarks (R/L)
☐ ☐ TM obscured by cerumen / exudate (R/L)
☐ rhinorrhea / mucosal edema (R) ☐ purulent nasal drainage
☐ mouth ulcerations ☐ pharyngeal erythema (P)
☐ tonsillar exudate (P) ☐ peritonsillar mass (P)
☐ muffled / hoarse voice (P) ☐ trismus (P)

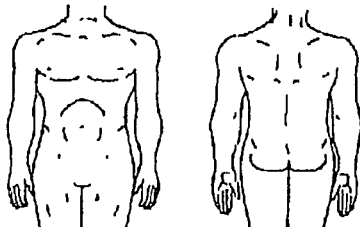
NECK

☒ nml inspection ☐ thyromegaly
☒ supple ☐ lymphadenopathy (R/L)
☐ stiff neck / meningismus

RESPIRATORY

☒ no resp. distress ☐ respiratory distress
☒ breath sounds nml ☐ splinting
☐ prolonged expirations ☐ accessory muscle use
☐ retractions ☐ decreased air movement
☐ stridor ☐ wheezing / rhonchi / rales (R)

T=tenderness
B=breastbound
m=mild
mod=moderate
sev=severe
Example: Tsv
indicates severe
tenderness.



ABDOMEN

☐ non-tender ☐ tenderness
☐ no organomegaly ☐ hepatomegaly / splenomegaly / mass
☐ ☐ abnml bowel sounds

CVS

☒ reg. rate, rhythm ☐ irregularly irregular rhythm
☒ heart sounds nml ☐ extrasystoles (occasional / frequent)
☐ tachycardia / bradycardia ☐ JVD present
☐ murmur grade ___ / 6 syst / diast
☐ gallop (S3 / S4)
☐ decreased pulse(s)

SKIN

☒ color nml, no rash ☐ cyanosis / diaphoresis / pallor
☒ warm, dry ☐ skin rash

EXTREMITIES

☐ non-tender ☐ pedal edema
☐ nml ROM ☐ calf tenderness
☐ no pedal edema

NEURO / PSYCH

☒ oriented x3 ☐ disoriented to person / place / time
☒ mood / affect nml ☐ depressed affect
☒ CN's nml as tested ☐ facial droop / EOM palsy / anisocoria
☒ no motor / sensory deficit ☐ weakness / sensory loss

LABS & X-RAYS:

CBC	Chemistries	ABGs	UA
normal except	normal except	time:	normal except
WBC	Na	time: 1 O2 RA	WBC
Hgb	K	pH	RBC's
Hct	CO2	pCO2	bacteria
Platelets	Cl	pO2	dip:
segs	Glu	PULSE OX	Rapid Strep
bands	BUN	time:	pos / neg
lymphs	Creat	% sat	
monos	Ca		
eos			

CXR ☐ interp. by me ☐ Reviewed by me ☐ Discd w/ radiologist
☐ nml / NAD ☐ no infiltrates ☐ nml heart size ☐ nml mediastinum

not / changed from:

Pulse Ox % on RA / L / % at (time)

Treatment

antibiotics given time:
pneumovax given time:

PROGRESS:

Time unchanged improved re-examined
air movement good fair poor

Rx given
Discussed with Dr. Time:
will see patient in: office / ED / hospital

Discussed with Dr. CRIT CARE- 30-74 min
will see patient in: office / ED / hospital 75-104 min min
Counseled patient / family regarding Prior records ordered
lab results diagnosis need for follow-up Additional history from:
Rx given Admit orders written family caretaker paramedics

CLINICAL IMPRESSION:

Pyrexia / Febrile illness - acute Pneumonia - acute
Neutropenia Bronchitis acute asthmatic
Dyspnea - acute Bronchospasm
Otitis Media - acute suppurative R/L Sinusitis - acute
Otitis Externa - acute - R/L Tonsillitis - acute exudative
Viral Syndrome - acute Laryngitis - acute
Rhinitis, allergic - acute Pharyngitis - acute exudative
Hayfever Influenza

Disposition: ☒ home ☐ admitted ☐ transferred ☐ stable
Time
CONDITION: ☐ unchanged ☐ improved ☒ stable

ATTENDING PHYSICIAN SIGNATURE

SUPERVISING PHYSICIAN SIGNATURE



COLE, ROBBIN BRADLEY
10/24/06 DOB 1/30/68 038Y M
M/R # 00199406 ACCT: 5536205



TRIAGE TIME 1105 emergent urgent non-urgent

NAME: _____

D.O.B. _____ AGE: _____ (M) / F

HISTORIAN: ☒ patient ☐ paramedics ☐ family

PCP: none

IMMUNIZATIONS: current / not current / referral

CHIEF COMPLAINT

started _____ hrs / days ago

Cough, congestion
x 3 weeks

eye discharge / redness _____ sore throat / diff. swallowing _____
irritation eye throat _____ cough / sputum _____
chemical to eye _____ foreign body R / L _____
ear ache / drainage _____ nose throat eye ear _____
epistaxis _____ fever / chills _____
nasal congestion / drainage _____ chemical exposure _____

PAIN LEVEL current: 5 / 10 maximum: _____ / 10

VITALS time: 1109

BP 157/91 P 62 RR 18 temp 96.6 0 R Ax

Height _____ Weight _____ kg

O₂ Sat% 98 RA / O₂

visual acuity: Right 20/ _____ Left 20/ _____ Both 20/ _____

RN Signature Ronda S Bloom RN

2249 (02 / 04)

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04

AnMed Health

URGENT CARE NURSING RECORD

Eye, Ear, Nose and Throat Complaints

ALLERGIES NKDA / PCN / ASA / sulfa / latex

MEDS none see med list

PAST HX negative

heart disease / HTN / diabetes: insulin

past surgeries none

smoker / drugs alcohol / 1 pt / day / few beers

*TB exposure / symptoms

*has been physically hurt or threatened by someone close

LNMP G P Ab pregnant / postmenopausal

TIME TO ROOM: 1121

INITIAL ASSESSMENT TIME: 1109 ROOM: 5

GENERAL APPEARANCE

☒ no acute distress mild / moderate / severe distress

☒ alert anxious / decreased LOC

☒ oriented x3 disoriented to person / place / time

☒ skin warm & dry cool / diaphoretic

cheerful

FUNCTIONAL / NUTRITIONAL ASSESSMENT

☒ appears well nourished obese / malnourished / emaciated

☒ independent ADL assisted / total care

RESPIRATORY

☒ no resp distress mild / moderate / severe distress

☒ nml breath sounds decreased breath sounds

☒ retractions / nasal flaring

☒ see diagram

☒ scleral icterus / pale / red conjunctivae

☒ edema (R / L)

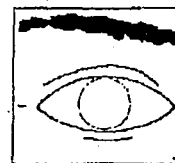
☒ erythema (R / L)

☒ stye (R / L)

☒ abrasion (R / L)

☒ abnormal pupillary size
R- _____ mm L- _____ mm

A=abrasion
D=dye uptake (fluorescein)
FB=foreign body
SCH=subconjunctival hem.



EARS

☒ nml ear inspection

pain w/ movement of auricle (R / L)
erythema / swelling

NOSE

☒ nml inspection

☒ no active bleeding

dried blood / fresh clots (R / L)
active bleeding (R / L)

NECK / THROAT

☒ non-tender

☒ nml pharynx

tenderness

pharyngeal erythema

tonsillar swelling / exudate

ADDITIONAL FINDINGS

made as comfortable
as possible

Nurse Signature Ronda S Bloom RN

* protocol available

R 0397

Page 1 of 2

ACTIONS	INIT
TIME	
set up eye tray / nose tray	
O ₂ _____ L wa	
pulse oximeter	
cardiac monitor	
Accu-Chek	
_____ bed low position _____ side rails up x1 x2	
_____ call light in reach _____ head of bed elevated	
_____ ready for Dr eval. / notified doctor	
restraints see documentation	

[illegible]

TIME	Medication	Dose	Rta	Site	INIT
	Response:				
	Response:				
	Response:				
	Response:				

TIME	PROCEDURES	INIT
	Irrigation by: eye with / without Morgan lens ear sol amt results: Foreign body removed by: simple / complex Nasal packing lab drawn / sent results back awaiting physician review	
11:30	to X-ray w monitor / nurse / O ₂ / tech	BT

[illegible]

Time	Description	Level	INIT
		/10	
		/10	
		/10	

[illegible]

INTAKE	OUTPUT
IV:	Urine:
PO:	Emesis:
Other:	Blood-Approx:
Total:	Total:

patient family security safe see patient belongings list

discharged home police nursing home ME funeral home
verbal / written instructions / Rx given to: patient
verbalized understanding
learning barriers addressed
accompanied by / driver:
pain level at discharge 2 / 10

admitted / transferred to _____
report to _____ time _____
transfer documentation completed _____
notified family / police / ME _____
left AMA / LWBS signed AMA sheet refused _____
physician notified of: _____

unchanged Improved stable other
Depart Time 1215 Mode work W/C stretcher ambulance

Discharge Nurse Signature [Signature]

SIGNATURE		INITIAL
Beth Turner		BT

XR CHEST (2 VIEWS)

ANMED HEALTH
800 NORTH FANT STREET
ANDERSON SC 29621

RADIOLOGY REPORT

Pat. Name: COLE, ROBBIN BRADLEY
Address: [REDACTED]
BELTON, SC 29627
Unit/Room: 02/0000
DOB: 30-Jan-1968
Sex: M

MR#: 000199406
Ord. Phys.: SUSAN MOREHOUSE, PA MOORE, P
Service Date/Time: 10/24/2006 11:35 AM
Order#: E-03309614
PROC: XR CHEST (2 VIEWS)
Attend. Prov.: SUSAN MOREHOUSE, PA MOORE
PA

COLE TWO VIEW CHEST

CLINICAL HISTORY: Cough and congestion.

PA and lateral views of the chest demonstrate the heart and mediastinum to be of normal size and configuration. The lungs are clear. Bones and soft tissues are unremarkable.

IMPRESSION: NEGATIVE CHEST.

APPROVED BY: MONICA HOIER GRIER, M.D.

Dictated Date/Time: 10/24/2006 11:33 AM
Transcr. By: PWALTERS
Transcr. Date/Time: 10/24/2006 12:18 PM

Dictated By: MONICA HOIER GRIER, M.D.
Reviewed By:
Approved Date/Time: 10/24/2006 12:20 PM
Page 1



ANMED HEALTH
DISCHARGE INSTRUCTIONS
 Urgent Care

COLE, ROBBIN BRADLEY
 10/24/06 DOB 1/30/68 038Y M
 M/R # 00199406 ACCT: 5536205



ADDRESSOGRAPH

PATIENT NAME _____ ACCOUNT # _____
 MR # _____ DATE _____ PHYSICIAN _____

Thank you for using our Urgent Care Center. You are URGED to carefully follow the instructions provided on this sheet. Please take this sheet with you when you follow up with another physician.

Diagnosis Rhinothitis

Prescriptions and/or Take Home Medications:

- Alb L 1000 4 x 2
- Doxycycline 100mg daily
- Aspirin 100mg
- _____

Follow-up:

- ☐ Return here for suture/staple removal on _____ between hours of _____ and _____
- ☐ See your regular doctor in _____ if you are not better or sooner if you are worried about your condition. Report to the Emergency Room Department if condition worsens.
- ☐ You have been referred to: DR _____ Phone # _____ Follow up in _____ days.
- Appointment Date and Time _____
- ☐ Other instructions: _____

NO MORE PAIN need to stop smoking
10/23/06 10/23/06
SWB Rest. Friends

☐ School Excuse: You are medically excused from school from _____ through _____

Restrictions and Duration: _____

☒ Work Excuse 1: You may not work from 10-23-06 through 10-23-06

☐ Work Excuse 2: You may perform light duty from _____ through _____

Specific Restrictions: _____

Re-Evaluation Plan: _____

These instructions have been written and fully explained to me by the attending physician.

Attending Physician [Signature] Time 1200

☐ DRUGS CAUSING DROWSINESS:

- ☐ YOU HAVE BEEN GIVEN A MEDICATION THAT MAY CAUSE DROWSINESS
- ☐ YOU HAVE BEEN GIVEN A PRESCRIPTION FOR A DRUG THAT MAY CAUSE DROWSINESS

WHILE UNDER THE INFLUENCE OF THIS DRUG:

- Do not drive, operate equipment or perform activity requiring your full alertness.
- Do not use alcoholic beverages.

☐ ACUTE INJURY INSTRUCTIONS:

- Apply ice every 2 hours while awake for 2 days
- Apply moist heat every few hours thereafter.

☐ X-RAY INSTRUCTIONS:

Your first x-ray reading is done by our Urgent Care Physician. Complete detail is not always known. The radiologist, an x-ray specialist, will go over your films within the next 24 hours and give a more complete report to Urgent Care.

If there are any changes that effect the care or treatment you are receiving, the Urgent Care facility will make every effort to contact you and/or the physician or clinic you have been referred to.

I understand and have received a copy of the above instructions. I authorize copies of my chart and test results to be sent, faxed, or given to my physician or referred physician at his/her verbal request.

SIGNATURE OF PATIENT/RESPONSIBLE PARTY

DISCHARGE RN AND/OR DISCHARGE PHYSICIAN

RELATIONSHIP TO PATIENT

DISCHARGE TIME

SEPARATE INSTRUCTIONS SHEET GIVEN TO PATIENT:

☐ YES ☐ NO

R 0400

PAGE 1 OF 1

1895 (12/99)

ANMED HEALTH

Radiology Consult Report

Appt 8/19/09
ESH

PT NAME: **ROBBIN BRADLEY COLE**
DOB: **01/30/1968**
SEX: **M** LOCATION: **AHC AREA 4 GEN RADIO/CT / 0000 /**
ORDERING: **STEPHEN HARRIS HAND**
DOS: **08/19/2009 03:28 PM**
EXAM ID#: **3837127**

MRN: **000199406**
STATUS: **OP**
Acct #: **6494269**
PHONE: **(864)225-5667**
EXAM CODE: **81 - 4280400**

COLE

CT CHEST WITH CONTRAST

CLINICAL HISTORY: Shortness of breath, history of asbestosis exposure.

TECHNIQUE: Following the intravenous injection of 100 ml of Optiray 320, multiple helical images were obtained at 5 mm from the level of the thoracic inlet through the adrenal glands. Additional sagittal and coronal 2D reconstructions were performed after axial helical acquisition.

FINDINGS: CT examination demonstrates a prevascular lymph node which measures 6.3 mm. There is a precarinal lymph node which measures 9.5 mm. There is no hilar adenopathy.

There is no pleural or pericardial effusion.

Parenchymal lung windows demonstrate a faint nodular density identified within the right midlung measuring 1.8 mm.

No pleural-based mass or pleural-based calcification is identified.

Examination demonstrates the liver and spleen to be of normal size and density. The gallbladder and adrenal glands and visualized portions of the kidneys are within normal limits.

There is no evidence for pancreatic abnormality.

IMPRESSION:

1. A VAGUE 1.8 MM NODULAR DENSITY IN THE RIGHT MIDDLE LOBE.
2. SUBCENTIMETER LYMPH NODES ARE IDENTIFIED IN THE MEDIASTINUM.

*NO PLEURAL
PROCESSES*

DICTATED: **MONICA HOIER GRIER, M.D.** Aug 19, 2009 15:23
TRANSCRIBED: **PAULINE WALTERS** Aug 19, 2009 15:53
ELECTRONICALLY VERIFIED: **MONICA HOIER GRIER, M.D.** Aug 19, 2009 16:11
TECHNOLOGIST: **ALEXIS DUNCAN**

ASH

R 0401

CT CHEST W

ANDERSON AREA MEDICAL CENT
800 NORTH FANT STREET
ANDERSON SC 29621

RADIOLOGY REPORT

Pat. Name: COLE, ROBBIN BRADLEY
Address: [REDACTED]
WARE SHOALS, SC 29692
Unit/Room: 04/0000
DOB: 30-Jan-1968
Sex: M

MR#: 000199406
Ord. Phys.: STEPHEN HARRIS HAND
Service Date/Time: 08/19/2009 3:28 PM
Order#: E-03837127
PROC: CT CHEST W
Attend. Prov.: STEPHEN HARRIS HAND

COLE

CT CHEST WITH CONTRAST

CLINICAL HISTORY: Shortness of breath, history of asbestosis exposure.

TECHNIQUE: Following the intravenous injection of 100 ml of Optiray 320, multiple helical images were obtained at 5 mm from the level of the thoracic inlet through the adrenal glands. Additional sagittal and coronal 2D reconstructions were performed after axial helical acquisition.

FINDINGS: CT examination demonstrates a prevascular lymph node which measures 6.3 mm. There is a precarinal lymph node which measures 9.5 mm. There is no hilar adenopathy.

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Examination demonstrates the liver and spleen to be of normal size and density. The gallbladder and adrenal glands and visualized portions of the kidneys are within normal limits.

There is no evidence for pancreatic abnormality.

IMPRESSION:

1. A VAGUE 1.8 MM NODULAR DENSITY IN THE RIGHT MIDDLE LOBE.
2. SUBCENTIMETER LYMPH NODES ARE IDENTIFIED IN THE MEDIASTINUM.

APPROVED BY: MONICA HOIER GRIER, M.D.

Dictated Date/Time: 08/19/2009 3:23 PM
Transcr. By: PWALTERS
Transcr. Date/Time: 08/19/2009 3:53 PM

Dictated By: MONICA HOIER GRIER, M.D.
Reviewed By:
Approved Date/Time: 08/19/2009 4:11 PM

Page 1

R 0402



Regina Baker :: August 10, 2009

[my portal](#)[suspend](#)[help](#)[logout](#)

Site Controls: <Select>

Census	Patient Search	Summary	Results	Meds	ECG	PACS	Face Sheet	Support	Home
MDN	CSG								

Patient: **COLE, ROBBIN BRADLEY; 199406; 90175** Encounter: **7/30/09; 7/30/**[? edit](#) Patient Demographics

Pat Name	Admission Date	Sex	Age	Location	Allergies	Rel
COLE, ROBBIN BRADLEY	07/30/2009 08:20	M	41 Y	DIS 07/30/2009 09:55	NKA	

[? edit](#) CM Results Viewer[Select All Tests](#) [Check 5 on All Selected](#)

Check 5 on Selected Components for CHEST: AP/LAT:

☐ TEST: CHEST: AP/LAT:

Result Name	Results	Units	Reference Range
CHEST: AP/LAT:			

Radiologist: BURNS, BRUCE

COLE CHEST

CLINICAL HISTORY: Chest pain.

CHEST, PA AND LATERAL:

Two views of the chest demonstrate the soft tissues and bony structures to normal in appearance. The lungs are well expanded and clear. The cardiac silhouette, mediastinum, and pulmonary vasculature appear normal.

IMPRESSION:

NEGATIVE CHEST.

Order/Accession Comment:

Child Placer Order Number: 133697408 PCM

Parent Placer Order Number: Refer to Order Detail

Filler Order Number: 3815725 RAD

Other Clinicians Who Have Viewed This Data In Portal

Check 5 on Selected Components for CHEST: PA: SING

☐ TEST: CHEST: PA: SING

R 0403

Result Name	Results	Units	Reference Range
☐ CHEST: PA: SING			

Radiologist: CHANDLER, VEENA

COLE

CHEST

INDICATIONS: Shortness of breath, chest tightness.

COMPARISON FILM: 3/14/08

CHEST:

A single AP chest film demonstrates the soft tissues and bony structures to normal in appearance. The lungs are well expanded and clear. The cardiac silhouette, mediastinum, and pulmonary vasculature appear normal.

IMPRESSION:

NEGATIVE AP CHEST.

Order/Accession Comment:

Child Placer Order Number: 25005028 PCM

Parent Placer Order Number: Refer to Order Detail

Filler Order Number: 3759156 RAD

Other Clinicians Who Have Viewed This Data in Portal



Select All Tests Check 5 on All Selected

R 0404

ANMED HEALTH

Radiology Consult Report

69260
CV 3/1/10

PT NAME: **ROBBIN BRADLEY COLE**

DOB: **01/30/1968**

SEX: **M** LOCATION: **AHC AREA 4 GEN RADIO/CT / 0000 /**

ORDERING: **STEPHEN HARRIS HAND**

DOS: **02/19/2010 12:09 PM**

EXAM ID#: **3926158**

MRN: **000199406**

STATUS: **OP**

Acct #: **6666746**

PHONE: **(864)225-5667**

EXAM CODE: **81 - 4260401**

COLE CT CHEST WITHOUT CONTRAST

INDICATION: Nodular density right middle lobe. History of asbestos exposure.

COMPARISON FILM: 08/19/09.

TECHNIQUE: Multiple helical images were obtained at 5 mm from the level of the thoracic inlet through the adrenal glands without injection of intravenous contrast. Additional sagittal and coronal 2D reconstructions were performed after axial helical acquisition.

FINDINGS: Within the mediastinum the thyroid lobes appear homogeneous. Lymph nodes are identified in the mediastinum with a prevascular node (image #12) measuring 0.8 x 0.9cm. A right paratracheal node measures 0.7 x 1.0cm (image #15, old image #18) and an anterior mediastinal node is stable measuring 1.3 x 0.5cm. The heart is not enlarged and there is no pericardial effusion. The lungs demonstrate a nodular density in the right middle lobe (image #30, old image #30) too small to characterize.

ABDOMEN: The superior aspect of the liver, gallbladder, adrenal glands and kidneys appear normal.

IMPRESSION:

CLEAR LUNGS. STABLE NODULAR DENSITY RIGHT MIDDLE LOBE SINCE 08/19/09.

Recommendations for follow-up and management of nodules detected incidentally at non-screening CT (does not apply to patients with known malignancy):

Nodule Size (mm)	Low Risk Patient (minimal or absent history of smoking or other risk factors)	High Risk Patient (history of smoking or other risk)
4 or less	No follow-up needed	Follow-up CT at 12 months; if no change, stop
4 - 6	Follow-up CT at 12 months if no change, stop	Initial follow-up at 6-12 months; then 18-24 if no change

R 0405

ExamID: E-03926158 Approved

COLE, ROBBIN BRADLEY

ANMED HEALTH

Radiology Consult Report

PT NAME: **ROBBIN BRADLEY COLE**

DOB: **01/30/1968**

SEX: **M** LOCATION: **AHC AREA 4 GEN RADIO/CT / 0000 /**

MRN: **000199406**

STATUS: **OP**

Acct #: **6666746**

ORDERING: **STEPHEN HARRIS HAND**

DOS: **02/19/2010 12:09 PM**

EXAM ID#: **3926158**

PHONE: **(864)225-5667**

EXAM CODE: **81 - 4260401**

6-8 Initial follow-up CT at 6-12 months;
then at 18-24 months if no change

Initial f/u at 3-6 months; then
at 9-12 and 24 mo if no chng

8 Follow-up CT at 3, 9, and 24 months;
dynamic contrast enhanced CT, PET
or, biopsy

Same as low risk patient

Macmahon et. al., Radiology, November 2005.

DICTATED: **VEENA MATHUR, M.D.** Feb 19, 2010 12:18

TRANSCRIBED: **RENE NIXON** Feb 19, 2010 12:21

ELECTRONICALLY VERIFIED: **VEENA MATHUR, M.D.** Feb 19, 2010 16:25

TECHNOLOGIST: **VICKI STRONG**

***** ID OF REPORT 3926158 *****

R 0406

CT CHEST W/O

ANDERSON AREA MEDICAL CENT
800 NORTH FANT STREET
ANDERSON SC 29621

RADIOLOGY REPORT

Pat. Name: COLE, ROBBIN BRADLEY
Address: [REDACTED]
BELTON, SC 29627
Unit/Room: 04/0000
DOB: 30-Jan-1968
Sex: M

MR#: 000199406
Ord. Phys.: STEPHEN HARRIS HAND
Service Date/Time: 02/19/2010 12:09 PM
Order#: E-03926158
PROC: CT CHEST W/O
Attend. Prov.: STEPHEN HARRIS HAND

COLE CT CHEST WITHOUT CONTRAST

INDICATION: Nodular density right middle lobe. History of asbestos exposure.

COMPARISON FILM: 08/19/09.

TECHNIQUE: Multiple helical images were obtained at 5 mm from the level of the thoracic inlet through the adrenal glands without injection of intravenous contrast. Additional sagittal and coronal 2D reconstructions were performed after axial helical acquisition.

FINDINGS: Within the mediastinum the thyroid lobes appear homogeneous. Lymph nodes are identified in the mediastinum with a prevascular node (image #12) measuring 0.8 x 0.9cm. A right paratracheal node measures 0.7 x 1.0cm (image #15, old image #18) and an anterior mediastinal node is stable measuring 1.3 x 0.5cm. The heart is not enlarged and there is no pericardial effusion. The lungs demonstrate a nodular density in the right middle lobe (image #30, old image #30) too small to characterize.

ABDOMEN: The superior aspect of the liver, gallbladder, adrenal glands and kidneys appear normal.

IMPRESSION:

CLEAR LUNGS. STABLE NODULAR DENSITY RIGHT MIDDLE LOBE SINCE 08/19/09.

Recommendations for follow-up and management of nodules detected incidentally at non-screening CT (does not apply to patients with known malignancy):

Nodule Size (mm)	Low Risk Patient (minimal or absent history of smoking or other risk factors)	High Risk Patient (history of smoking or other risk factors)

4 or less	No follow-up needed	Follow-up CT at 12 months; if no change, stop

*** report continues next page ***

Dictated Date/Time: 02/19/2010 12:18 PM
Transcr. By: RNIXON
Transcr. Date/Time: 02/19/2010 12:21 PM

Dictated By: VEENA MATHUR, M.D.
Reviewed By:
Approved Date/Time: 02/19/2010 4:25 PM
Page 1

R 0407

ACCT:6666746

RADIOLOGY REPORT (Continued)

Pat. Name: COLE, ROBBIN BRADLEY
DOB: 30-Jan-1968

MR#: 000199406
Order#: E-03926158

- 4 - 6 Follow-up CT at 12 months Initial follow-up at 6-12 months
 if no change, stop then 18-24 if no change
- 6 - 8 Initial follow-up CT at 6-12 months; Initial f/u at 3-6 month
 then at 18-24 months if no change at 9-12 and 24 mo if no chng
- 8 Follow-up CT at 3, 9, and 24 months; Same as low risk patient
 dynamic contrast enhanced CT, PET
 or, biopsy

Macmahon et. al., Radiology, November 2005.

APPROVED BY: VEENA MATHUR, M.D.

Dictated Date/Time: 02/19/2010 12:18 PM
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Dictated By: VEENA MATHUR, M.D.
Reviewed By:
Approved Date/Time: 02/19/2010 4:25 PM
Page 2

R 0408

ANMED HEALTH

Radiology Consult Report

PT NAME: **ROBBIN BRADLEY COLE**
DOB: **01/30/1968**
SEX: **M** LOCATION: **AHC AREA 4 GEN RADIO/CT / 0000 /**
ORDERING: **STEPHEN HARRIS HAND**
DOS: **12/30/2010 11:00 AM**
EXAM ID#: **4088758**

MRN: **000199406**
STATUS: **OP**
Acct #: **6956339**
PHONE: **(864)225-5667**
EXAM CODE: **81 - 4265401**

Handwritten notes:
6926
Local
7/21/2011

Handwritten notes:
LSP 12/28

COLE CT CHEST WITHOUT CONTRAST

HISTORY: Asbestosis, cough, congestion, headache and comparison for follow up of pulmonary nodules. Comparison is made to 02/19/10.

TECHNIQUE: Multiple helical images were obtained at 5 mm from the level of the thoracic inlet through the adrenal glands without injection of intravenous contrast. Additional sagittal and coronal 2D reconstructions were performed after axial helical acquisition.

FINDINGS: The pretracheal lymph node previously identified in the upper mediastinum that measured previously 7.9 x 8.5mm currently measures 7 x 5mm and is decidedly smaller on the current study. The deeper pretracheal lymph node previously measuring 10.1 x 6.5mm currently measures 5.8 x 4.1mm and the AP window lymph node previously measuring 5.1 x 13.1mm currently measures 2.6 x 11.2mm. The lungs themselves demonstrate a very very vague patchy infiltrate of a small portion of the anterior left upper lobe which probably would be completely invisible on a chest x-ray. Otherwise, the right and the left lungs are completely clear, the pleural spaces are normal and the cardiac silhouette is normal. The pericardium is normal. The GE junction is normal. The cardiac silhouette is normal.

Handwritten notes:
Nodes smaller
1/4

Dictated: **THOMAS UPSHAW TUTEN, M.D.** Dec 30, 2010 12:02
Transcribed: **RENE NIXON** Dec 30, 2010 13:06
Electronically Verified: **THOMAS UPSHAW TUTEN, M.D.** Dec 31, 2010 09:29
Technologist: **SHARON VICKERY**

R 0409

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC File No. 0825491

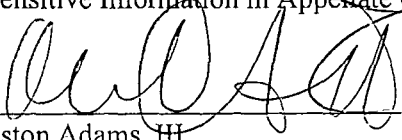
Robbin Bradley Cole, Employee Respondent,
v.

Goodman Conveyor Company,
d/b/a Joy Mining Machinery, Employer, and
Indemnity Insurance Company of N.A., Carrier.....Appellants.

PROOF OF COMPLIANCE

The undersigned hereby certifies that the Record on Appeal filed in this matter contains all the material proposed to be included by the parties to this matter and does not include any other material. The undersigned further certifies that the Record on Appeal filed in this matter complies with the South Carolina Supreme Court's August 13, 2007 Order re: Interim Guidance Regarding Personal Data Identifiers and Other Sensitive Information in Appellate Court Filings.

July 17 2012



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Indemnity Insurance Company of N.A.*