

VOLUME 2 OF 2

**STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS**

Appeal from Charleston County
Stephanie P. McDonald, Circuit Court Judge

Appellate Case No. 2014-002129

Indictment No. 2012-GS-10-6844-06845, 06846 S.C. SUPREME COURT

RECEIVED
APR 03 2013

STATE OF SOUTH CAROLINA,

Appellant,

v.

MARVIN BROWN,

Respondent.

RECORD ON APPEAL

ALAN WILSON
Attorney General

SUSAN B. HACKETT
Appellate Defender

JOHN W. McINTOSH
Chief Deputy Attorney General

South Carolina Commission on Indigent Defense
Division of Appellate Defense
Post Office Box 11589
Columbia, South Carolina 29211-1589
803-734-1343

DONALD J. ZELENKA
Senior Assistant Deputy Attorney General
S.C. Bar No. 5758

ATTORNEY FOR RESPONDENT

South Carolina Attorney General's Office
P.O. Box 11549
Columbia, South Carolina 29211
803-734-6305

SCARLETT A. WILSON
Solicitor, Ninth Judicial Circuit
101 Meeting Street, Suite 400
Charleston, S. C. 29401

ATTORNEYS FOR APPELLANT

INDEX

INDEX.....	i
MARCH 26, 2013 TRANSCRIPT.....	1
Testimony	
i. Jerome Fleming	8
ii. David Allen Brunson, Jr.	45
iii. Dendria Brunson.....	57
iv. Desmonte Goodwin.....	59
DECEMBER 10, 2013 TRANSCRIPT	102
MOTION TO SUPPRESS HEARSAY TESTIMONY OF VICTIM (MARCH 13, 2013)	117
MEMO IN SUPPORT OF MOTION TO SUPPRESS HEARSAY TESTIMONY (MARCH 25, 2013)	118
SOURCE CITATIONS IN RESPONSE TO DEFENSE MOTION TO SUPPRESS STATEMENT.....	131
ORDER GRANTING DEFENDANT’S MOTION TO EXCLUDE HEARSAY TESTIMONY OF DEFENDANT’S IDENTIFICATION (AUGUST 18, 2014).....	135
AUTOPSY REPORT.....	140
COURT’S EXHIBIT 1 – MEDICAL UNIVERSITY OF SOUTH CAROLINA RECORDS ...	153
COURT’S EXHIBIT 2 (B) – LINEUP AND ADMONITION FORM FOR LINEUP	672
COURT’S EXHIBIT 4 – AUTOPSY REPORT	675
COURT’S EXHIBIT 5 – COLOR LINEUP	688
INDICTMENTS	690

**THE FOLLOWING EXHIBITS ARE ON FILE WITH THIS COURT:
COURT’S EXHIBIT #2 (B) – LINEUP AND ADMONITION FORM FOR LINEUP
COURT’S EXHIBIT #3 (C) [AUDIO RECORDING]
COURT’S EXHIBIT #4 – AUTOPSY REPORT
COURT’S EXHIBIT #5 – COLOR LINEUP**



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #122,492

OPERATIVE NURSING RECORD

Page 1 of 4

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient: GOODWIN, DAVON

MRN: 002657049

Patient Name: GOODWIN, DAVON

MRN: 002657049

Date of Birth: [REDACTED]

Age: 19

Date of Surgery: 04/26/2011

PatCom: 495654253

Sex: M

Pt Type: Add On

Room: A_OR17

Surgeon: Leon, Stuart M.,

Case Level: 1A LEV

Pre-procedure vital signs: BP: / HR: Resp: O2 Sat: % Wt: kg Temp:

ASA: IV

Wound: I

ID Bands:

Consent: N

Religion: NR

Musculoskeletal Status:

Catheter Inserted: Y

Catheter Type: Foley Catheter

Blood Prod:

Prep: Chloraprep

Prep By: Leon, Stuart M.,

Anesthesia Type: GENERAL

Anes Start: 0300 / Anes End: 0525

Pt In Room: 0310 / Pt Out: 0506

Surgery Start: 0318 / Stop: 0455

Time Out Completed?: N/A

Time Out 2 Completed?:

Pre Op Diagnosis

Post Op Diagnosis

STAFF & PROCEDURE

SEQ	SURGEON	PROC#	PROCEDURE	SITE	POSITION
1	Leon, Stuart M.,	1	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure).		

Anesthesiologist

Skorke, Christopher A.

Circulator

Rapp, Kimberly
Baltimore, Barbara J.

Circulator Relief

Scrub

Jackson, Shirley M.

Scrub Relief



4/28/2011

3:22:56PM

Page 1 of 4

Source System: Pids

* Denotes Brand Name

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 1 of 11



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #122,492

OPERATIVE NURSING RECORD

Page 2 of 4

Patient: GOODWIN, DAVON

MRN: 002657049

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient Name: GOODWIN, DAVON

MRN: 002657049

Date of Birth: [REDACTED]

Age: 19

Date of Surgery: 04/26/2011

PatCom: 495654253

Sex: M

Pt Type: Add On

Room: A_OR17

Surgeon: Leon, Stuart M.,

Anesthesia Staff

McInerney, Lynn

Residents

Selander, Craig L.
Jewett, Brent M.

Other Staff

adaon
donald dickert

Role

Medical student III
Medical student III

Other

ALLERGIES

Unknown

POSITIONING

Positioning Device

Armboards Extended <90 Degrees Bilat

Other Device

Positioning By

McInerney, Lynn

Positioning Egg Crate

Head

Bilateral Arms

Bilateral heels

Positioning Pillow

Positioning Blanket

TUBES / DRAINS

Tube Type

Size

Location

IMPLANTS

Quantity

Manufacturer

Description

Laterality

Location

Lot Number

Serial Number

EXPLANTS

Quantity

Description

Lot Number

Serial Number

4/28/2011

3:22:56PM

Page 2 of 4

Source System: Picis

* Denotes Brand Name

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 2 of 11



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #122,492

OPERATIVE NURSING RECORD

Page 3 of 4

Patient: GOODWIN, DAVON

MRN: 002657049

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient Name: GOODWIN, DAVON

Date of Surgery: 04/26/2011

Pt Type: Add On

MRN: 002657049

PatCom: 495654253

Room: A_OR17

Date of Birth: [REDACTED]

Age: 19

Sex: M

Surgeon: Leon, Stuart M.,

SPECIMENS / CULTURES

Specimen (description): ()

DRESSINGS

Dressing Site

Dressing Type

Other Notes

EQUIPMENT INFORMATION

Qty	Equipment	Description
1	HD_LT_ISO	Headlight Isolux 1300xsb

SURGICAL COUNTS

Initial: Rapp, Kimberly
Jackson, Shirley M.

	Required?	Instruments	Sponges	Sharps	Misc	Staff
Cavity:	N/A					
Closing:	Y	Not Applicable	Correct	Correct	Correct	Rapp, Kimberly Jackson, Shirley M.
Skin:	N/A					
Shift:	N/A					
Other:	N/A					

Surgeon Notified?: Y

Surgeon Notified: Leon, Stuart M.,

4/28/2011 3:22:56PM

Page 3 of 4

Source System: Picts

* Denotes Brand Name

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 3 of 11



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #122,482

OPERATIVE NURSING RECORD

Page 4 of 4

Patient: GOODWIN, DAVON

MRN: 002657049

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient Name: GOODWIN, DAVON

MRN: 002657049

Date of Birth: [REDACTED]

Age: 19

Date of Surgery: 04/26/2011

PatCom: 495654253

Sex: M

Pt Type: Add On

Room: A_OR17

Surgeon: Leon, Stuart M.,

POST-OP ASSESSMENT

Temp:

Status:

Transferred To: 4th floor STICU South

Unit Notified?: Y @ 0450

Report to Other:

Transport Via: Bed

Report/Roll Call To:

@

4/28/2011

3:22:56PM

Page 4 of 4

Source System: Picis

* Denotes Brand Name

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 4 of 11



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #123,370

OPERATIVE NURSING RECORD

Page 1 of 3

Patient: GOODWIN, DAVON

MRN: 002657049

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient Name: GOODWIN, DAVON

MRN: 002657049

Date of Birth: [REDACTED] Age: 19

Date of Surgery: 05/04/2011

PatCom: 495654253

Sex: M

Pt Type: Emergency Inpatient

Room: A_NORA03

Surgeon: Epperson, Thomas I.

CASE INFORMATION

Case Level: 5 LEV

Pre-procedure vital signs: BP: / HR: Resp: O2 Sat: % Wt: kg Temp:

ASA: Wound: NA ID Bands: Consent: N Religion: NR

Musculoskeletal Status:

Catheter Inserted: Catheter Type:

Blood Prod:

Prep:

Prep By:

Anesthesia Type: GENERAL

Anes Start: 0829 / Anes End: 0832

Pt In Room: 0829 / Pt Out: 0832

Surgery Start: / Stop:

Time Out Completed?: N/A

Time Out 2 Completed?:

Time Out Completed By:

Pre Op Diagnosis

Post Op Diagnosis

STAFF & PROCEDURE

SEQ#	SURGEON	PROC#	PROCEDURE	SITE	POSITION
1	Epperson, Thomas I.	1 C_31500	Intubation, endotracheal, emergency procedure		

Anesthesiologist:

Epperson, Thomas I.

Circulator:

Circulator Relief

Scrub:

Scrub Relief

5/5/2011

9:20:37AM

Page 1 of 3

Source System: Pids
Edited: 5-1-11

* Denotes Brand Name

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 5 of 11



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #123,370

OPERATIVE NURSING RECORD

Page 2 of 3

Patient: GOODWIN, DAVON

MRN: 002657049

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient Name: GOODWIN, DAVON

MRN: 002657049

Date of Birth: [REDACTED] Age: 19

Date of Surgery: 05/04/2011

PatCom: 495654253

Sex: M

Pt Type: Emergency Inpatient

Room: A_NORA03

Surgeon: Epperson, Thomas L.

Anesthesia Staff

Residents

Bieganousky, Karen M.

Other Staff

Role

Other

ALLERGIES

Unknown

POSITIONING

Positioning Device

Other Device

Positioning By

TUBES / DRAINS

Tube Type

Size

Location

IMPLANTS

Quantity

Manufacturer

Description

Laterality

Location

Lot Number

Serial Number

EXPLANTS

Quantity

Description

Lot Number

Serial Number

SPECIMENS / CULTURES

Specimen (description): ()

5/5/2011

9:20:37AM

Page 2 of 3

Source System: Picls
Edited: 5-1-11

* Denotes Brand Name

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 6 of 11



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #123,370

OPERATIVE NURSING RECORD

Page 3 of 3

Patient: GOODWIN, DAVON

MRN: 002657049

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient Name: GOODWIN, DAVON

MRN: 002657049

Date of Birth: [REDACTED]

Age: 19

Date of Surgery: 05/04/2011

PatCom: 495654253

Sex: M

Pt Type: Emergency Inpatient

Room: A_NORA03

Surgeon: Epperson, Thomas I.

ADDRESSING

Dressing Site:

Dressing Type:

Other Notes:

SURGICAL COUNTS

Initial:

	Required?	Instruments	Sponges	Sharps	Misc	Staff
Cavity:	N/A					
Closing:	N/A					
Skin:	N/A					
Shift:	N/A					
Other:	N/A					

Surgeon Notified?:

Surgeon Notified:

POST-OP ASSESSMENT

Temp:

Status:

Transferred To:

Unit Notified?:

Report to Other:

@

Transport Via:

Report/Roll Call To:

@

5/5/2011

9:20:37AM

Page 3 of 3

Source System: Plois
EdRed: 5-1-11

* Denotes Brand Name

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 7 of 11



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #122,660

OPERATIVE NURSING RECORD

Page 1 of 4

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient: GOODWIN, DAVON

MRN: 002657049

Patient Name: GOODWIN, DAVON

MRN: 002657049

Date of Birth: [REDACTED]

Age: 19

Date of Surgery: 04/27/2011

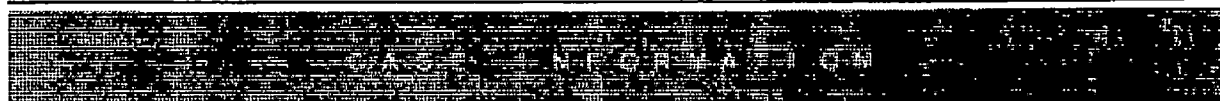
PatCom: 495654253

Sex: M

Pt Type: Scheduled Inpatient

Room: A_OR18

Surgeon: Norcross, E D.



Case Level: 3 LEV

Pre-procedure vital signs: BP: 104 / 54 HR: 110 Resp: 16 O2 Sat: 100% Wt: 115 kg Temp: 38.2

ASA: IV

Wound: III

ID Bands: Y

Consent: Y

Religion: NR

Musculoskeletal Status:

Catheter Inserted: N/A Catheter Type:

Blood Prod: Fresh Frozen Plasma

Red Blood Cells

Prep: Duraprep

Prep By: Lundy, Allison N.

Anesthesia Type: GENERAL

Anes Start: 0750 / Anes End: 1124

Pt In Room: 0751 / Pt Out: 1115

Surgery Start: 0812 / Stop: 1105

Time Out Completed?: Y

Time Out 2 Completed?:

Time Out Completed By:

Pre-Op Diagnosis

Post Op Diagnosis

Other Symptoms Involving Abdomen and Pelvis

Other Symptoms Involving Abdomen and Pelvis

STAFF & PROCEDURE

SEQ#	SURGEON	PROC#	PROCEDURE	SITE	POSITION
1	Norcross, E D.	1	C_49002 Reopening of recent laparotomy	Abdomen	Anterior

Anesthesiologist

Field, Larry C.

Circulator

Guilford, Shannon S.

Circulator Relief

Hutcheson, Teresita V.

Scrub

Flood, James

Scrub Relief



5/2/2011 10:13:40AM

Page 1 of 4

Source System: Picis
Edited: 5-1-11

* Denotes Brand Name

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 8 of 11



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #122,660

OPERATIVE NURSING RECORD

Page 2 of 4

Patient: GOODWIN, DAVON

MRN: 002657049

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient Name: GOODWIN, DAVON

Date of Surgery: 04/27/2011

Pt Type: Scheduled Inpatient

MRN: 002657049

PatCom: 495654253

Room: A_OR18

Date of Birth: [REDACTED]

Age: 19

Sex: M

Surgeon: Norcross, E D.

Anesthesia Staff

Clerny, George Bennett

Residents

Peery, William R.

Lundy, Allison N.

Other Staff

Jenny Feldman

Christy Cameron

Role

Medical student III

Medical student III

Other

ALLERGIES

Unknown

POSITIONING

Positioning Device

Donut under head

Other Device

Positioning By

Clerny, George Bennett

Positioning Egg Crate

Bilateral heels

Positioning Pillow

Positioning Blanket

TUBES / DRAINS

Tube Type

Size

Location

malecot catheter

32 fr

abdomen

red robnet

16 fr

abdomen

10 mm flat JP x 3

10

abdomen

t-tube

14 fr

abdomen

IMPLANTS

Quantity	Manufacturer	Description	Laterality	Location	Lot Number	Serial Number
----------	--------------	-------------	------------	----------	------------	---------------

EXPLANTS

Quantity	Description	Lot Number	Serial Number
----------	-------------	------------	---------------

5/2/2011 10:13:40AM

Page 2 of 4

Source System: Picis
Edited: 5-1-11

* Denotes Brand Name

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 9 of 11



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #122,660

OPERATIVE NURSING RECORD

Page 3 of 4

Patient: GOODWIN, DAVON

MRN: 002657049

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient Name: GOODWIN, DAVON

MRN: 002657049

Date of Birth: [REDACTED]

Age: 19

Date of Surgery: 04/27/2011

PatCom: 495654253

Sex: M

Pt Type: Scheduled Inpatient

Room: A_OR18

Surgeon: Norcross, E D.

SPECIMENS / CULTURES

Specimen (description): ()

DRESSINGS

Dressing Site	Dressing Type	Other Notes
Abdomen		

EQUIPMENT INFORMATION

Qty	Equipment	Description
1	HD_LT_ISO	Headlight Isolux 1300xsb

SURGICAL COUNTS

Initial: Gullford, Shannon S.
Flood, James

	Required?	Instruments	Sponges	Sharps	Misc	Staff
Cavity:	N/A					
Closing:	Y	Correct	Correct	Correct	Correct	Flood, James Gullford, Shannon S.
Skin:	Y	Not Applicable	Correct	Correct	Correct	Flood, James Gullford, Shannon S.
Shift:	N/A					
Other:	N/A					

Surgeon Notified?: Y

Surgeon Notified: Norcross, E D.

5/2/2011 10:13:40AM

Page 3 of 4

Source System: Picis
Edited: 5-1-11

* Denotes Brand Name

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 10 of 11



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #122,680

OPERATIVE NURSING RECORD Page 4 of 4

Patient: GOODWIN, DAVON

MRN: 002657049

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient Name: GOODWIN, DAVON

MRN: 002657049

Date of Birth: [REDACTED]

Age: 19

Date of Surgery: 04/27/2011

PatCom: 495654253

Sex: M

Pt Type: Scheduled Inpatient

Room: A_OR18

Surgeon: Norcross, E D.

POST-OPERATIVE ASSESSMENT

Temp: 37.2

Status: Intubated

Transferred To: 4th floor STICU South

Unit Notified?: Y @ 1106

Report to Other:

Transport Via: Bed

Report/Roll Call To:

@

5/2/2011 10:13:40AM

Page 4 of 4

Source System: Picis
Edited: 5-1-11

* Denotes Brand Name

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 11 of 11



512
P:495654253 DOB
GOODWIN
DAVON
Adm:04/26/11 M:2657049

OPCHECKLIST
Universal Protocol SURGICAL Safety Checklist
Page 1 of 2

Form Origination Date: 5/09
Version: 3

Version Date: 3/11

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

Pre-Procedure Verification Process SIGN IN (with nurse & anesthetist)	Procedure Verification TIME OUT (with nurse, anesthetist and surgeon)	Before Patient Leaves OR Room SIGN OUT (with nurse, anesthetist and surgeon)
Patient or Family has confirmed: ☒ Identity ☒ Site ☒ Procedure ☒ H&P on chart ☒ Consent on chart	All members of team verbally confirm: ☐ Patient ☐ Site ☐ Procedure ☐ Patient Position Additional Time Outs ☐ ☐ ☐ ☐ ☐ ☐ ☒ Confirm all team members have introduced themselves by name and role.	Nurse verbally confirms: ☐ Name of the procedure recorded ☐ Completion of instrument, sponge and needle counts. ☐ Yes ☐ No, X-ray obtained ☐ N/A
Is the site marked? ☐ Yes ☒ N/A By whom: _____	Anticipated Critical Events To Surgeon: ☐ Are there any critical / unexpected steps? ☐ No ☐ Yes ☐ How long will this take? ☐ What is the anticipated blood loss? ☒ Essential imaging displayed? ☐ N/A ☐ ICU bed required post-op? ☐ N/A To Anesthesia: ☐ Are there any patient-specific concerns? ☐ No ☐ Yes, _____ ☐ Increased risk of fire? ☐ No ☐ Yes, see back Normothermia protocol applicable? ☐ No ☒ Yes Perfusion: Specific cannulation considerations? Specific cooling requirements? Has antibiotic prophylaxis been given within the last 60 minutes? ☐ N/A ☒ Yes, name: <u>Cefoxitin</u> SIO Time: <u>12:55</u> Route: ☒ IV ☐ PO Dose: <u>1 gram</u> Antibiotic redosing plan discussed? ☐ No ☐ Yes	☐ Specimen labeling (read specimen labels aloud, including patient name) ☐ Were there any equipment problems to be addressed? ☐ Yes ☐ No ☐ N/A
Does the patient have a: Known allergy? ☒ No ☐ Yes Difficult airway / aspiration risk? ☒ No ☐ Yes, equipment / assistance available Risk of > 500 mL blood loss (7 mL/kg in children)? ☐ No ☐ Yes, adequate intravenous access and fluids planned ☐ No ☒ Yes, blood available Does patient have a: Need for Peri-operative Beta-blockers? ☒ No ☐ Yes (☐ took this AM)	To Nursing Team: ☒ Has sterility (including indicator results) been confirmed? ☒ Specialty equipment / Instruments / devices / implants available? ☒ Any specimens anticipated?	To Surgeon, Anesthetist and Nurse: ☐ What are the key concerns for recovery and management of this patient?
Signature: <u>[Signature]</u> Date: <u>4/21/11</u> Time: <u>0800</u>	Signature: <u>[Signature]</u> Date: <u>4/21/2011</u> Time: <u>0800</u>	Signature: _____ Date: _____ Time: _____

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 1 of 4



"OPCHECKLIST"
Universal Protocol SURGICAL Safety Checklist

Form Origination Date: 5/09
Version: 3

Page 2 of 2

Version Date: 3/11

Patient Name _____
MRN _____

PATIENT IDENTIFICATION LABEL

P495654253
Goodwin Davon
2657049

Is the increased risk of fire due to:

- Surgery in the airway
- Surgery of the head and neck without a endotracheal tube or LMA
- Surgery in the thorax with the potential for an air leak

Recommended Practices:

- Notify the surgeon of the presence of an oxidizer enriched atmosphere
- Use cuffed laser resistant tracheal tubes for surgery in the airway
- Consider a tracheal tube or LMA instead of MAC in oxygen-dependent patients for head and neck surgery
- Before an ignition source is activated in an oxidizer enriched atmosphere:
 - Announce the intent to use an ignition source
 - Reduce the FiO₂ to the minimum required to prevent hypoxia
 - Stop the use of nitrous oxide
- Surgeon should be encouraged to use:
 - Wet sponges
 - Alternatives to an ignition source such as a harmonic scalpel

all_OR_docu_universalprotocolssafetychecklistORs

OTE 700508 Rev. 3/11

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 2 of 4



"OPCHECKLIST"
MUSC PREOPERATIVE CHECKLIST

Form Origination Date: 1/00
Version: 4

Version Date: 9/09

Page 1 of 2

Patient Name _____
MRN _____

PATIENT IDENTIFICATION LABEL

Time In: 0703
BP 104/54 P 110 R 16 T 38 92 sat 100%
Age 44 WT 115 kg HT 6'2"
Allergies NEA

NPO Time 11N
Voided ☐ Catheter ☒ Diaper ☐ N/A ☐
Finger Stick Glucose 92 Time 0600
SCDs ☒ TEDs ☐ Incentive Spirometer Teaching ☐
Denture/Partial Plates Removed ☐ N/A ☒
Contact Lens Removed ☐ Glasses ☐ N/A ☒
Jewelry Removed ☐ N/A ☒
Body Piercing Jewelry Removed ☐ N/A ☒
Hairpiece, Pins, etc. Removed ☐ N/A ☒
ID Bands on x 2 ☒
Jehovah Witness Form ☐
Availability of Blood ☒ Number of Units 4 N/A ☒
Urine Preg Test ☐
Isolation ☐
Anesthesia Workup ☐
Addressograph Plate ☐
Lab report ☐
EKG ☐
X-rays ☐
Other _____

Required Elements	Yes	No	Initials
Patient identified using two identifiers	☒	☐	<u>gt</u>
H&P on chart <u>4/26/11</u>	☒	☐	<u>gt</u>
Informed Consent completed, signed, and on chart	☒	☐	<u>gt</u>
Procedure confirmed by patient/family	☒	☐	<u>gt</u>
Procedure confirmed by consent and procedure on O.R. schedule	☒	☐	<u>gt</u>
Procedure site marked by patient or attending physician	☒	☐	<u>gt</u>
Patient taught Pain Scale Pain Score <u>NA</u>	☒	☐	<u>gt</u>
Required Element If Applicable: Medical Consent for Sterilization placed on chart	☐	☐	☐

Date _____ Nurse releasing patient to O.R. Staff _____ Time Out _____
Date _____ Anesthesia Staff receiving patient to O.R. _____ Time _____

Time	IV Solution	Size #	Condition/Site	Rate	Amount
	<u>LL</u>			<u>150</u>	

Time	Medication	Dose	Route	Signature
	<u>propofol</u>	<u>gt</u>		
	<u>fentanyl</u>	<u>gt</u>		
	<u>insulin</u>	<u>gt</u>		

Family Waiting Location _____

Responsible party/Transportation _____
all_all_docu_preopchecklist

Phone _____

OTE 700218 Rev. 9/09



OPCHECKLIST
MUSC PREOPERATIVE CHECKLIST

Page 2 of 2

Form Origination Date: 1/00

Version: 4

Version Date: 9/09



P:495654253 DOB: [REDACTED] B M

GOODWIN

DAVON

Adm:04/26/11 M:2657049

Patient Name

MRN

PATIENT IDENTIFICATION LABEL

Date _____ Time _____

Nurse _____

Anesthesiologist _____

Procedure

O₂ - Mode

T - T Bar/Collar

N – Nassal Cannula

M - Face Mask

B - Blow by

[illegible][illegible]

IV & VASCULAR SITES

Time	IV Fluid	Volume On Admit

Progress notes:

Equipment used:

RN Signature:

all all docu preopchecklist

OTE 700218 Rev. 8/09

MUSC Medical Center

OPERATIVE NOTE

Patient Name: GOODWIN, DAVON

MRN: 002657049

Patcom: 495654253

Date of Surgery: 04/27/2011

Surgeon: Edward D. Norcross, MD

Assistant(s): William Ross Peery, MD
Allison Lundy, MD

PROCEDURES:

1. Reopening of recent laparotomy.
2. Irrigation and washout of abdomen.
3. Stamm gastrostomy.
4. Feeding jejunostomy.
5. Tube duodenostomy.
6. Drainage of pancreatic and duodenal injuries.
7. Abdominal closure.

PREOPERATIVE DIAGNOSIS: Gunshot wound to abdomen.

POSTOPERATIVE DIAGNOSIS: Gunshot wound to abdomen.

ANESTHESIA: General endotracheal.

COMPLICATIONS: None.

SPECIMENS: None.

ESTIMATED BLOOD LOSS: Minimal.

FINDINGS:

1. There were 5 laparotomy tapes removed from the previous operation.
2. All intraabdominal viscera, including small bowel, colon, liver, and gallbladder, were viable.
3. Suture line on the duodenum was intact, but there were large serosal tears, making a 2-layer closure impossible. This area was extensively drained.
4. There was a transpancreatic injury at the uncinate process.

INDICATIONS FOR PROCEDURE: The patient is a 19-year-old male, admitted 04/26/2011 following gunshot wound to the abdomen. The patient underwent emergency exploratory laparotomy where he had his inferior vena cava repaired as well as his 3rd and 4th portions of his duodenum, and his superior mesenteric vein and superior mesenteric artery were repaired. The patient was then transferred to the ICU in critical condition. His abdomen was left open at that time with a temporary VAC dressing placed.

The patient stabilized to the point where it was felt he is a good candidate to take back to the operating room for further exploration and possible abdominal closure.

DESCRIPTION OF PROCEDURE: The patient was taken to the operating room and placed in the supine position on the operating table. Following induction of general anesthesia, the patient's VAC dressing was removed and his abdomen was prepped and draped in usual sterile fashion.

We started our exploration by examining the IVC repair. The IVC

appeared intact. There was no active bleeding. The aorta beside it appeared to be without injury. Next, we ran the small bowel from the ligament of Treitz to the ileocecal valve, and continued by examining the colon. All bowel was viable. There did not appear to be any colonic injuries. The small bowel was viable, and proximally by the ligament of Treitz there as a large serosal tear extending up to the duodenum.

We then examined the duodenum in its entirety. The previous repair of the 3rd and 4th portions of the duodenum appeared intact. This was deserosalized extending to the proximal jejunum. This was not amenable to repair, so we elected to mildly drain the duodenum. We then inspected the pancreas. There was a pancreatic injury as well in the area of the uncinate process. There was no bleeding. The entire area was hemostatic. We elected to drain this as well.

At this time, we washed the abdomen out; copiously irrigated the abdomen with saline and suctioned the irrigation fluid out. Once again, the abdomen was inspected for hemostasis and the entire abdomen appeared hemostatic. At this time, we had Anesthesia place a nasogastric tube. We advanced the NG tube past the pylorus into the 3rd portion of the duodenum just above where the duodenal repair had started. We then placed a red rubber catheter through the proximal jejunum, ran it retrograde into the 4th portion of the duodenum at the distal end of the repair. The red rubber catheter was secured using a Witzel suture technique, using 3-0 silk sutures. It was then pexied to the abdominal wall with 3-0 silk sutures and externally secured with 3-0 nylon suture. This was placed to gravity drainage.

We then placed a feeding jejunostomy approximately 15 cm distal to our tube duodenostomy. A T-tube was placed into the jejunum through an enterotomy. Prior to placing the T-tube, the bottom had been cut open. Once the T-tube was placed, it was secured with a pursestring silk and pexied against the abdominal wall and brought out through a separate stab incision. It was then anchored externally with 3-0 nylon suture. Proximal and distal stay sutures were also placed through the jejunum and peritoneum to secure the jejunum to the abdominal wall and to prevent torsion of the jejunum.

At that time, we obtained a 24-French Malecot tube, made a gastrostomy, placed it into the stomach. This was secured with pursestring sutures x2, brought out through the abdominal wall through a separate stab incision and anchored with a 3-0 nylon suture. We also pexied the stomach to the abdominal wall with 3-0 silk sutures. After this was complete, we placed 10-flat JP drains x2, one through the left side of the abdomen placed into the lesser sac to drain the pancreas. This was secured with 3-0 nylon suture. A second 10-flat JP was brought out the a stab incision in the right abdominal wall and secured with a 3-0 nylon suture. This was placed underneath the duodenum to drain the duodenum should a leak occur.

At this time, we then closed the patient's abdomen. This was done using a combination of running #1-PDS suture with intermittent figure-of-eight #1-Vicryl internal retention sutures. After the abdominal wound was closed, the skin and subcutaneous tissues were irrigated, and the irrigation fluid was suctioned out. The skin was then closed with skin staples. Sterile dressings were applied and the procedure was terminated at this point. The patient tolerated the procedure well, was transferred back to the surgical trauma ICU in critical condition. All needle, sponge, and instrument counts were

correct x2 at the end of the procedure, per nursing staff. An intraoperative abdominal x-ray revealed no retained laparotomy sponges. Dr. Norcross was present for the entire procedure.

There were 5 laparotomy pads removed from the initial operation. There were two 10-flat JP drains placed. There was a J-tube placed as a tube duodenostomy. There was a T-tube placed for the feeding jejunostomy, and there was a Malecot drain placed as a Stamm gastrostomy.

Dictated by: William Ross Peery, MD

Edward D. Norcross, MD
Surgeon

743863 / 44076 /
JOB: 6040339
DD: 04/27/11 11:01 AM
DT: 04/27/11 04:24 PM

Additional CC: _____
Authenticated by EDWARD NORCROSS, MD On 04/30/2011 09:54:48 AM

MUSC Medical Center

OPERATIVE NOTE

Patient Name: GOODWIN, DAVON

MRN: 002657049

Patcom: 495654253

Date of Surgery: 04/26/2011

Surgeon: Stuart M. Leon, MD

Assistant(s): Craig Selander, MD

PREOPERATIVE DIAGNOSIS: Gunshot wound to abdomen.

POSTOPERATIVE DIAGNOSIS: Gunshot wound to abdomen.

PROCEDURES: Damage control laparotomy, repair of tangential wounds to the superior mesenteric artery and superior mesenteric vein. Temporary repair of through and through injury to duodenum at the junction between the 3rd and 4th portions of the duodenum. Repair of through and through injury to the inferior vena cava. Placement of lap pad packs and vacuum pack abdominal closure.

ANESTHESIA: General endotracheal anesthesia.

ESTIMATED BLOOD LOSS: 1500 cc.

FLUIDS: 8700 cc of crystalloid. 4 units of packed red blood cells.

URINE OUTPUT: 400 cc.

INDICATIONS FOR PROCEDURE: Mr. Goodwin is a 19-year-old African American gentleman who sustained a single gunshot wound to his left upper quadrant earlier this morning. The patient was brought to MUSC for trauma evaluation. He had episodes of hypotension en route and arrived with a Glasgow Coma Score of 14. The patient was either coughing up or spitting up bright red blood and was intubated in the trauma bay for airway protection. We have decided to take him emergently up to the operating room at this time since plain films of the patient's chest and abdomen had revealed that the bullet went from left-to-right in an anterior-to-posterior position.

OPERATIVE FINDINGS:

1. Expanding zone 1 retroperitoneal hematoma.
2. Gunshot wound to the left upper quadrant. This bullet passed through hepatic segment 3 and into the lesser sac. It then tangentially injured both the superior mesenteric vein and superior mesenteric artery before passing through the 3rd and 4th portions of the duodenum and through and through the inferior vena cava below the renal veins.

DESCRIPTION OF PROCEDURE: Mr. Goodwin was brought to the operating room. He was identified and placed supine on the operating table, and placed under general endotracheal anesthesia. An orogastric tube was placed to decompress the stomach and a Foley catheter was placed to decompress his bladder. Of note, the patient has no evidence of gross hematuria. The patient was prepped from his neck all the way down to his mid thighs from table to table in the usual trauma fashion and draped accordingly. A midline incision was made, extending from the xiphoid process and this incision was carried down to the symphysis pubis using sharp dissection. Dissection was carried down through subcutaneous tissues and anterior fascial layers using electrocautery. Electrocautery was used throughout the entire procedure in order to

try to maintain hemostasis. The peritoneum was identified and grasped and opened sharply. It was then opened proximally and distally throughout the entire length of the incision. Much to our surprise, there was noted to be no evidence of gross pneumoperitoneum, but the patient had a rather large an actively expanding zone 1 retroperitoneal hematoma. A Bookwalter retractor was placed in order to optimize our exposure, and we dissected a plane around the aorta just below the diaphragm, should we need to obtain proximal vascular control. The white line of Toldt on the right was mobilized and the whole right colon was medialized. The hepatic flexure was taken down using electrocautery, as well as via serially clamping, dividing, and ligating the more vascular attachments. We elected to complete a Cattell-Braasch maneuver by transecting the small bowel mesentery from the ileocecal junction up towards the ligament Treitz along its avascular plane and the entire small bowel was brought up into the left upper quadrant and packed out of the abdomen. The patient was noted to have bleeding from the retroperitoneum and this was easily controlled using sponge sticks. We were able to dissect out the infrarenal aorta and the infrarenal aorta was carefully inspected and was noted to be injury free. We then proceeded to dissect laterally and were able to dissect the inferior vena cava. The inferior vena cava was noted to have a through and through injury and again vascular control was obtained using sponge sticks. Satinsky clamps were used to further obtain vascular control around both the anterior and posterior inferior vena caval perforations after the inferior vena cava had been mobilized. A running 5-0 Prolene suture was used in running fashion in order to repair the posterior wall of the inferior vena cava and the suture was then run back upon itself and the knot was tied and secured. The Satinsky clamp around this posterior perforation was released and we were noted to have excellent hemostasis. In a similar fashion, the anterior gunshot wound of the inferior vena cava was closed again, using a running 5-0 Prolene suture in continuous fashion and again running the stitch back upon itself to tie the knot firmly and securely. Once the Satinsky had been removed, again we were noted to have excellent hemostasis, and we did not appreciably narrow the caliber of the infrarenal inferior vena cava. The right ureter had been identified during the course of our dissection and was noted to have been carefully preserved. We did get a view of the superior pole of the right kidney and this appeared to be well perfused without injury. Once we had vascular control and had repaired the inferior vena cava, we were noted to have bleeding coming from the root of the small bowel mesentery. We traced the bullet tract medially and the bullet was noted to have had a through and through perforation of the 3rd and 4th portions of the duodenum. This was controlled later. We continued to search for the source of the bleeding and elected to open up the lesser sac by transecting the gastrocolic ligament. The patient was noted to have a significant hematoma within this region and it is quite possible that the patient has a significant pancreatic injury at this location, however, this could not be identified due to significant heme staining. We were able to identify the source of the bleeding. The bullet was noted to have tangentially injured both the superior mesenteric artery, as well as the superior mesenteric vein. Each of these injuries was oversewn using 3-0 silk sutures with excellent result. Once we had hemostasis, we looked at the back wall of the stomach and did not see an obvious perforation. Again, there was significant hematoma and heme staining within the lesser sac and we could not completely visualize the pancreas at this time. The through and through injury to hepatic segment 3 was noted to be hemostatic and was not bleeding at the time of exploration. We were able to run the small bowel from the ligament

of Treitz all the way down towards the ileocecal valve and no further injury was encountered. The appendix, cecum, ascending, transverse, descending, and sigmoid colons were all visualized and appeared to be without evidence of injury. As the patient was cold, coagulopathic and acidotic, I elected to truncate the procedure and perform a damage control laparotomy. The injured segment of duodenum was quickly oversewn using a running 3-0 silk suture in running locking fashion in order to control GI contamination. The abdomen was thoroughly irrigated and again, we were noted to have surgical hemostasis. 4 or 5 lap packs were placed within the right pericolic gutter and along the base of the mesentery, where we had repaired both the SMA, SMV, as well as the inferior vena cava. The bowel was returned to its normal anatomic position. A bowel bag was placed over the viscera, and this in turn was covered with 2 blue towels. Two #19-French JPs were placed within the dependent portions of the wound and brought out superiorly and were secured to the patient's skin with a 2-0 nylon suture. All the surrounding skin was copiously sprayed with benzoin and a large drape was applied over top of the dressing. The JP drains were connected to continuous suction, and we were noted to have an excellent vacuum pack abdominal closure. Dr. Goodwin tolerated this procedure reasonably well. He remains intubated and in critical condition, and was returned to the surgical trauma intensive care unit. Our plan at this time is to take Mr. Goodwin back to the operating room within the next 48 hours for removal of packs and reexploration. He will need a definitive duodenal repair and possibly a pyloric exclusion. He will also need to have the posterior wall of the stomach and pancreatic bed thoroughly evaluated, repaired and drained. He will most likely also need placement of a gastrostomy tube, as well as a distal small bowel feeding tube in the perioperative period.

ATTESTATION STATEMENT: I, Stuart Leon, MD, was personally present, scrubbed, assisted, and supervised all aspects of this procedure from beginning to end.

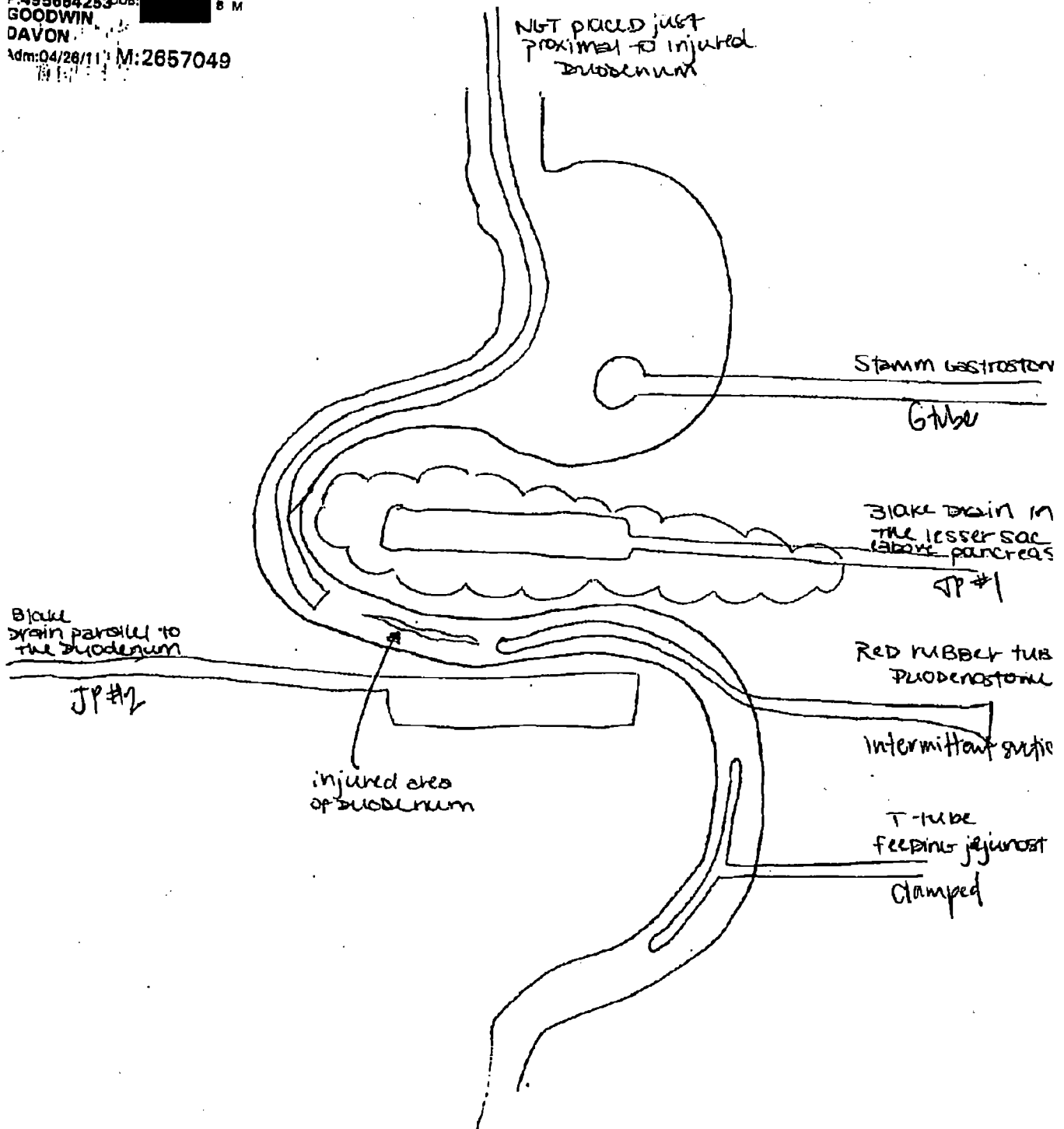
Dictated by: Stuart M. Leon, MD

Stuart M. Leon, MD
Surgeon

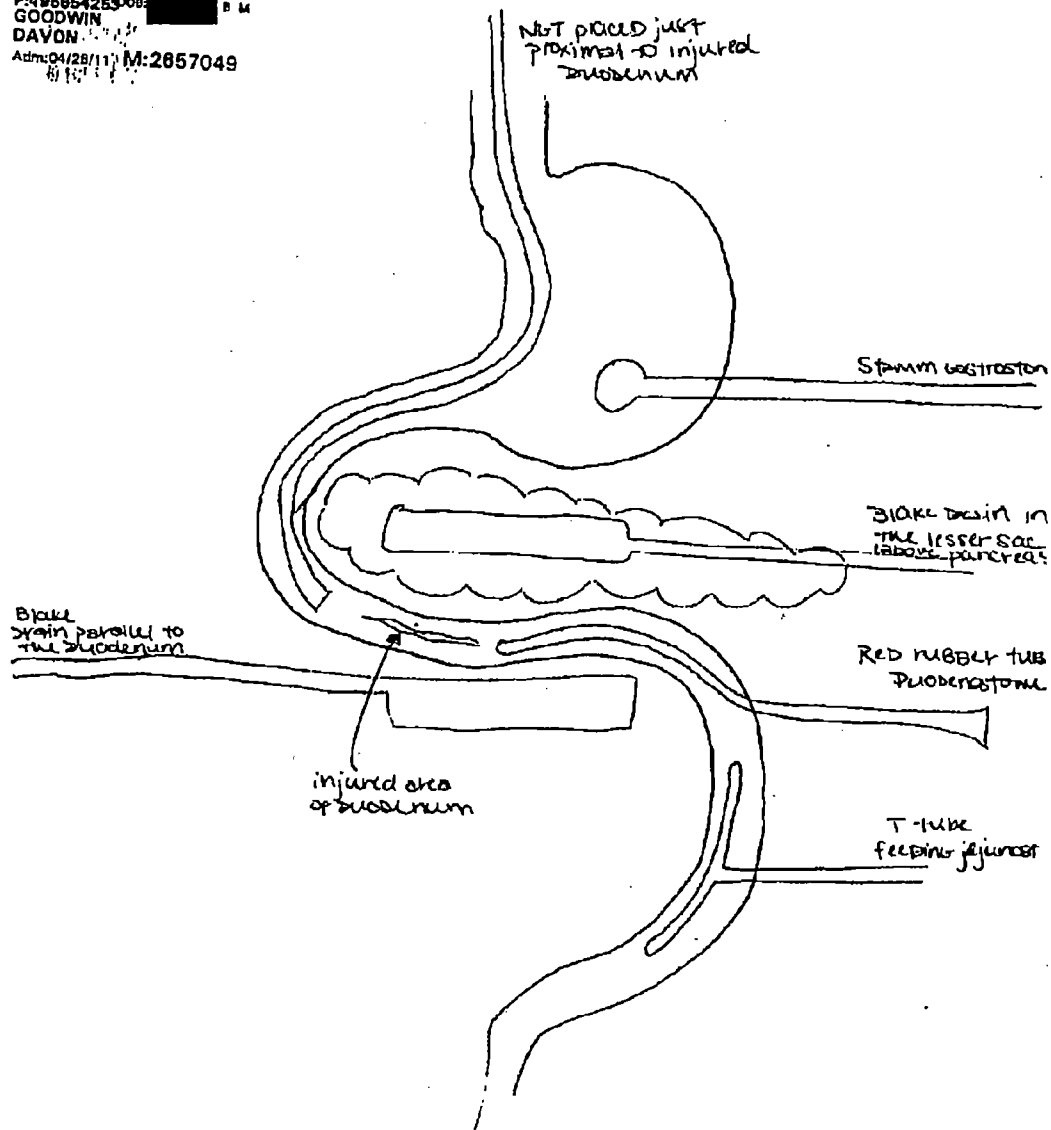
731066 / 44456 /
JOB: 6040068
DD: 04/26/11 05:15 AM
DT: 04/26/11 04:09 PM

Additional CC: _____
Authenticated by STUART LEON, MD On 04/27/2011 07:21:40 AM

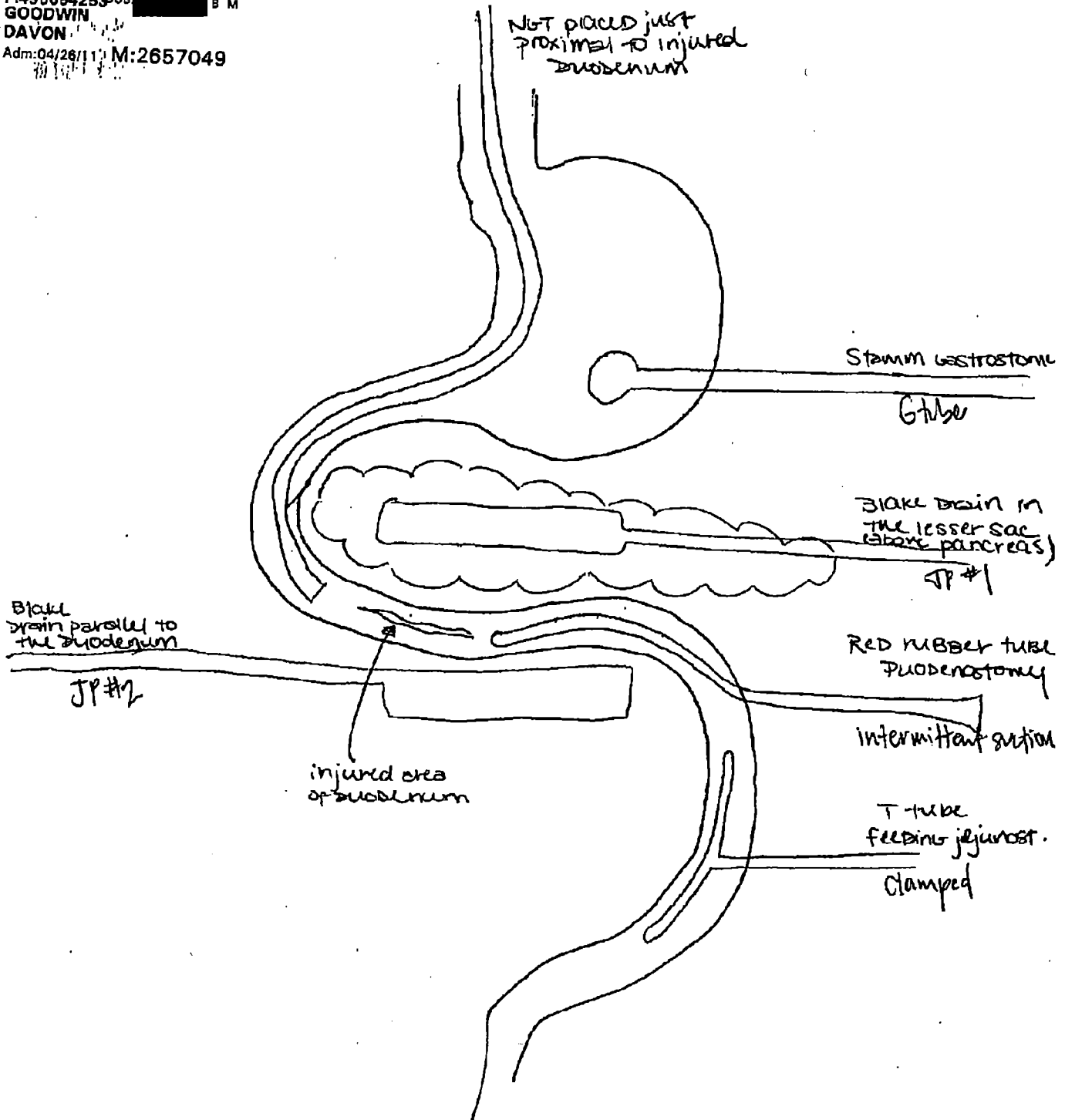
P:495654253 DOB: [REDACTED] 8 M
 GOODWIN
 DAVON
 Adm: 04/28/11 M:2657049




 P:495654253008
 GOODWIN
 DAVON
 Adm:04/28/11 M:2857049




 P:495654253DOB [redacted] B M
 GOODWIN
 DAVON
 Adm:04/28/11 M:2657049





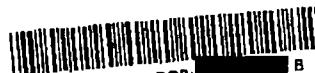
SPENDO

Arterial Line Procedure Note:
Critical Care Services

Page 1 of 1

Form Origination Date: 10/02
Version: 3

Version Date: 2/07



P:495654253 DOB: [REDACTED] B A
GOODWIN
DAYON
Adm:04/26/11 M:2657049

Patient Name _____
MRN _____

PATIENT IDENTIFICATION LABEL

Patient Safety: ☒ Correct patient ☒ Correct procedure
☒ Time Out observed ☒ Fall precautions

Using sterile technique, a 21 gauge catheter was introduced into the L pedal artery.
An Allen test ☐ was ☒ was not (check one) performed prior to insertion. 1% lidocaine local
anesthesia ☒ was ☐ was not (check one) used during insertion. Following the procedure, a
sterile dressing was applied and the catheter was attached to a pressure transducer for
monitoring purposes. The indication(s) for insertion was (were):

- ☒ Need for frequent blood draws (> 4 times/day)
☒ Hemodynamic instability requiring vasoactive agent support
☐ Hypertension requiring continuous intravenous vasodilator therapy
☐ Profound obesity preventing accurate assessment of blood pressure by non-invasive means
☐ Monitoring of cerebral perfusion pressure
☒ Other: Insulin drip

There ☐ were ☒ were no (check one) apparent complications of procedure.

Additional comments:

Good waveform and blood return noted.

Signature of Physician/Therapist performing procedure:

Michelle Hartley (RT) MD (circle one) Pager ID 17521 Date 04/27/11 Time 1235 AM/PM ^X

My signature below certifies that I ☐ was ☐ was not (check one) present and personally supervising the entire procedure. (Lack of signature does not imply lack of proper supervision. This relates only to attending physician presence for the entire procedure as defined under the CMS regulations for supervision by teaching physicians.)

I certify that this person ☐ is ☐ is not (check one) qualified to perform this procedure unsupervised.

Attending Physician Signature _____ Pager ID _____ Date _____ Time _____ AM/PM

ah_ccu_cicu_ddicu_sd_micu_nsicu_slicu_dccu_arterialprocnote

OTE 900358 Rev. 2/07



MUSC Health



SPENDO

Arterial Line Procedure Note:
Critical Care Services

Page 1 of 1

Form Origination Date: 10/02
Version: 3

Version Date: 2/07



P:495654253 DOB: [REDACTED] B M

GOODWIN

DAVON

Adm:04/28/11 M:2657049

PATIENT IDENTIFICATION LABEL

Patient Safety:

☒ Correct patient☒ Time Out observed☒ Correct procedure☐ Fall precautions

Using sterile technique, a 21 gauge catheter was introduced into the Radial artery. An Allen test ☒ was ☐ was not (check one) performed prior to insertion. 1% lidocaine local anesthesia ☒ was ☐ was not (check one) used during insertion. Following the procedure, a sterile dressing was applied and the catheter was attached to a pressure transducer for monitoring purposes. The indication(s) for insertion was (were):

☐ Need for frequent blood draws (> 4 times/day)☒ Hemodynamic instability requiring vasoactive agent support☐ Hypertension requiring continuous intravenous vasodilator therapy☐ Profound obesity preventing accurate assessment of blood pressure by non-invasive means☐ Monitoring of cerebral perfusion pressure☐ Other: _____There ☐ were ☒ were no (check one) apparent complications of procedure.

Additional comments:

Signature of Physician/Therapist performing procedure:

Chris Lawrence RT MD (circle one) Pager ID 12786 Date 4/26/11 Time 1545 AM/PM

My signature below certifies that I ☐ was ☐ was not (check one) present and personally supervising the entire procedure. (Lack of signature does not imply lack of proper supervision. This relates only to attending physician presence for the entire procedure as defined under the CMS regulations for supervision by teaching physicians.)

I certify that this person ☐ is ☐ is not (check one) qualified to perform this procedure unsupervised.

Attending Physician Signature _____ Pager ID _____ Date _____ Time _____ AM/PM

ah_ccu_cric_ddicu_ed_micu_nslcu_slicu_docu_arterialprocnote

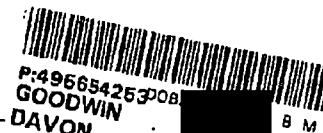
OTE 900358 Rev. 2/07



SPENDOP
Endotracheal Intubation
Procedure Note
 Page 1 of 1

Form Origination Date 3/09
 Version 1

Version Date 3/09



P:495654253008

GOODWIN

DAVON

Adm:04/26/11 M:2657049

Patient Name
 MRN

PATIENT IDENTIFICATION LABEL

Age 19 Wt approx 70 Sex ☒ M ☐ F Allergies none

INDICATION

MEDICAL HISTORY

- ☐ Respiratory Failure
☐ Poor Neuro Status
☒ Cardiac Arrest
☐ Procedure
☐ Shock
☐

CV: ☐ Hypertension ☐ Coronary Artery Disease ☐ CHF (EF: _____ %)

☐ Valvular Disease (_____) ☐

PULMONARY: ☐ OSA ☐ Pulmonary HTN ☐ COPD ☐ Asthma ☐

GI: ☐ GERD ☐ Active ☐

RENAL: ☐ ESRD ☐

OTHER:

BSU sb surgery / LOC 3 wheel chair

PHYSICAL EXAM

Alert

AIRWAY: Class
 (Circle One)

NEURO: _____

PULMONARY: _____

CV: _____

OTHER: _____



cords open/clear
BBS equal

Incisor Distance: _____

Thyromental Distance: _____

Neck Range of Motion: _____

LABS & STUDIES

ABG: labs sent on

K: _____

Cr: _____ but presently unavailable

PROCEDURE

☐ Preoxygenated ☐ Rapid Sequence Induction

Mask Ventilation (comment):

Medications:

0 cardiac arrest
pt unconscious

Blade: MIL 2 Attempts: 1

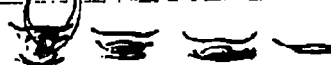
☐ Bougie ☐

ETT Type / Size (mm): 7.0 cutted

Secured (cm at teeth): 21 ☐ ET cm 28

Grade View: (1) 2 3 4

(Circle One)



Pre-Intubation Vitals: HR _____ BP _____

RR _____

SpO₂ _____

Temp _____

RR _____

Post-Intubation Vitals: HR _____ BP _____

RR _____

SpO₂ _____

Temp _____

RR _____

COMPLICATION: ☒ None ☐

TIMES: Paged: 0828 At Bedside: 0829 Airway Secured: 0832

Signature

P. Bojanovsk

Pager ID

12921

Date

5/4/11

Time

0834

I was present throughout procedure.

Attending Signature

TZ

Pager ID

14026

Date

Time



PHYSCLUSRSTR
PHYSICIAN RESTRAINT ORDER FORM

Page 1 of 1

Form Origination Date: 1/00

Version: 3

Version Date: 5/05



P:495654253 DOB: [REDACTED] B M

GOODWIN

DAVON

Adm:04/26/11 M:2657049

Patient Name [REDACTED]
MRN [REDACTED]

PATIENT IDENTIFICATION LABEL

Age of Patient

Date restraint initiated: MM/DD/YY	Time	Initiated by: last name of RN	MRN	Unit
04/27/11	[REDACTED]	Womack	[REDACTED]	[REDACTED]

Actions present: (check all that apply)

- ☒ Interfering with dressings, sutures, lines, or tube
☐ Falling out of bed
☐ Rolling onto operative site
☐ Unable to remember instructions
☐ Climbing over side rails
☐ Not able to follow directions or understand directions
☐ Other:

Devices that patient is interfering with (check all that apply)

- ☒ Endotracheal tube
☐ Chest tubes
☐ Feeding tubes
☒ IV-peripheral
☐ Drains
☐ IV-central lines
☒ Urinary catheters
☐ Tracheostomy
☐ Pacing wires
☐ Nasogastric tubes
☐ Oxygen / delivery device
☐ Ostomy
☐ Other:

Least restrictive measures attempted / Interventions:

- ☒ Addressed nutrition, pain, hydration, toileting, positioning, or call bell
☐ Talked with patient to clarify needs
☐ Addressed medical causes
☐ Placed personal belongings within reach
☐ Provided diversions
☐ Reduced environmental stimuli
☐ Provided reality orientation
☐ Provided torso support device
☐ Ensured adequate lighting
☐ Engaged side rails
☒ No other alternatives available due to patient's condition
☐ Changed to another environment or room
☐ Provided fall prevention device:
☐ Provided 1:1 monitoring
☐ Provided sitters
☐ Encouraged family / friends to stay with patient

Type of restraint: (check all that apply)

- ☐ Mittens
☒ Wrist
☐ Ankle
☐ Vest
☐ Elbow
☐ Nylon locking
☐ Nylon non-locking
☒ Foam / Velcro
☐ Chair with locking devices
☐ Waist belt
☐ Enclosed bed system
☐ Other:

Placement of restraint: (check all that apply)

- ☐ One hand
☐ Two hands
☐ One wrist
☒ Two wrists
☐ One arm
☐ Two arms
☐ One ankle
☐ Two ankles
☐ One leg
☐ Two legs
☐ Waist
☐ Chest

Criteria for termination of restraint (expected outcome)

- ☐ No longer interfering with lines / tubes / dressing
☐ Able to consistently follow directions

Informed of the reason for use of restraint and criteria for release: ☐ Patient ☐ Family member(s) ☐ Other:☐ If no, explain:

Date of verbal order	Time of verbal order	Verbal order obtained from Dr.
04/27/11	[REDACTED]	[REDACTED]

Signature of RN obtaining verbal order: _____

Physician Signature: [Signature]

Date: 04/27/11

Time: 20:00

Pager ID: 15832

Attending physician notified and consulted:

Date:	Time:
04/27/11	[REDACTED]

1. Restraints WILL NOT be ordered PRN
 2. Maximum length of time for an order is 24 hours

3. Face to face evaluations must occur every 24 hours at minimum
 4. All verbal orders must be signed within 24 hours

all_orders_restraintorder

1133494487

OTE 700095 Rev. 5/05



PATIENT REQUEST FOR CONFIDENTIALITY OF LOCATION INFORMATION

This release of information form is intended to provide MUSC personnel, primarily switchboard and information desk staff, with your wishes on how you would prefer staff to respond to your visitors or callers.

If you sign this form, then Medical Center staff will not acknowledge that you are a patient at the Medical University Hospital or the Institute of Psychiatry to any caller or visitor nor will staff provide any information on how you can be reached in person or by phone. You or your family members may still provide this information to whomever you wish at your own discretion.

I TV-PP, hereby request that the
(print name)

staff of the Medical University Hospital and the Institute of Psychiatry not acknowledge my presence as a patient at the Medical Center or at the Institute of Psychiatry to any visitors or callers.

(Patient or Guardian)

(Date)

I _____, hereby request that the
(Patient or Guardian)
confidential status be removed from my record.
(Date)

I have explained this document to the patient or guardian and have received verbal acknowledgement from the patient or guardian that he or she fully understands the information contained in this document.

(Staff Member as Witness)

(Date)

White Copy - Hospital Patient Admissions
Yellow Copy - Nursing Station

OTC NO. 801094 6/99



PATIENT REQUEST FOR CONFIDENTIALITY OF LOCATION INFORMATION

This release of information form is intended to provide MUSC personnel, primarily switchboard and information desk staff, with your wishes on how you would prefer staff to respond to your visitors or callers.

If you sign this form, then Medical Center staff will not acknowledge that you are a patient at the Medical University Hospital or the Institute of Psychiatry to any caller or visitor nor will staff provide any information on how you can be reached in person or by phone. You or your family members may still provide this information to whomever you wish at your own discretion.

I TV-PP, hereby request that the
(print name)

staff of the Medical University Hospital and the Institute of Psychiatry not acknowledge my presence as a patient at the Medical Center or at the Institute of Psychiatry to any visitors or callers.

[Signature]
(Patient or Guardian)

4/26
(Date)

I _____, hereby request that the
(Patient or Guardian)
confidential status be removed from my record. _____
(Date)

I have explained this document to the patient or guardian and have received verbal acknowledgement from the patient or guardian that he or she fully understands the information contained in this document.

[Signature]
(Staff Member as Witness)

4/26
(Date)

White Copy - Hospital Patient Admissions
Yellow Copy - Nursing Station

OTC NO. 801094 6/99

MUSC MICROBIOLOGY LABORATORY
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

NEGATIVE

FINAL REPORT:

No Methicillin resistant Staphylococcus aureus isolated.

Specimen Source: NASAL

Body Site:

MUSC MICROBIOLOGY LABORATORY
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

NEGATIVE

FINAL REPORT:

No Vancomycin resistant Enterococcus isolated.

Specimen Source: PERIANAL
Body Site:

Record body site and line information on specimen label.

MUSC MICROBIOLOGY LABORATORY
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

NEGATIVE

FINAL REPORT:

No Bacteria or Yeast isolated at 124 Hours

Specimen Source: BLOOD, VENIPUNCTURE
Body Site:

MUSC MICROBIOLOGY LABORATORY
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

NEGATIVE

FINAL REPORT:
No Microorganisms isolated

Specimen Source: FOLEY CATHETER
Body Site:

Record body site and line information on specimen label.

MUSC MICROBIOLOGY LABORATORY
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

NEGATIVE

FINAL REPORT:

No Bacteria or Yeast isolated at 124 Hours

Specimen Source: BLOOD, CATHETER/LINE

Body Site:

MUSC MICROBIOLOGY LABORATORY
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

NEGATIVE

FINAL REPORT:
No Methicillin resistant *Staphylococcus aureus* isolated.

Specimen Source: NASAL
Body Site:

MUSC MICROBIOLOGY LABORATORY
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

NEGATIVE

FINAL REPORT:

No Vancomycin resistant Enterococcus isolated.

Specimen Source: PERIANAL

Body Site:

MUSC MICROBIOLOGY LABORATORY
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

NEGATIVE

PRELIMINARY REPORT:
Culture in progress

Specimen Source: PERIANAL
Body Site:

Record body site and line information on specimen label.

MUSC MICROBIOLOGY LABORATORY
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

NEGATIVE

PRELIMINARY REPORT:

No Bacteria or Yeast isolated at 100 Hours

Specimen Source: BLOOD, VENIPUNCTURE
Body Site:

Record body site and line information on specimen label.

MUSC MICROBIOLOGY LABORATORY
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

NEGATIVE

PRELIMINARY REPORT:
No Bacteria or Yeast isolated at 100 Hours

Specimen Source: BLOOD, CATHETER/LINE
Body Site:

MUSC MICROBIOLOGY LABORATORY
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

NEGATIVE

PRELIMINARY REPORT:
Final results pending

Specimen Source: PERIANAL
Body Site:

GOODWIN, DAVON
MUSC
Interdisciplinary Pt/Family/Ed
FROM: 04/28/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/28/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:06
OPT OUT:

Page: 1

FLWSHEET	04/26	04/27	04/28
Pt/Fam Teaching	17:26	23:42	16:48
Department	Nursing	Nursing	Nursing
Persons Taught	patient parents	parents	patient sibling(s)
Learning Needs	activity/rehab airway care coping/w bc med equipment medications pain management nutrition patient safety plan of care tests/procedures wound care	med equipment pain management patient safety plan of care treatments	coping/w illness dx/signs/symp patient safety plan of care postop care
ReadinessToLearn	emotional	emotional	cognition emotional
Teaching Method	verbal inst	verbal inst	verbal inst
Comprehension	cont reinforce state understand	cont reinforce state understand	cont reinforce state understand
CARE PROVIDERS	LAA	JLP	BCAR

ADAMS, LESLIE A(LAA)RN
PETERSON, JENNIFER L(JLP)RN

CARPENTER, BROOKE(BCAR)RN
WOMACK, TASSI M(TMW1)RN

NIREWICZ, SARAH A(SACT)RN

CONTINUED

GOODWIN, DAVON MR: 002657049 ID: 495654253 DOB: - Interdisciplinary Pt/Family/Ed
ROOM: *1070-A*

PERM

GOODWIN, DAVON
MUSC
Interdisciplinary Pt/Family/Ed
FROM: 04/28/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 00:06
OPT OUT:

Page: 2

FLWSHEET	04/28	04/29	04/30		
Pt/Fam Teaching	20:44	20:00	07:57	13:55	20:00
Department	Nursing	Nursing	Nursing	Physical Therapy &	Nursing
Persons Taught	patient	patient	patient other taught		patient
Learning Needs	postop care	disch planning pain management patient safety plan of care	coping/w tx disch planning pain management patient safety plan of care		disch planning pain management patient safety plan of care
ReadinessToLearn	cognition	lacks motivation unreceptive	lacks motivation unreceptive		no barriers
Teaching Method	verbal inst	verbal inst	verbal inst		verbal inst
Comprehension	cont reinforce state understand	cont reinforce state understand	cont reinforce state understand		cont reinforce state understand

04/30/11 13:55 Department(SLC): Eval complete; educated on mobility, safety, getting OOB

Anticoag Teach	20:44	20:00	07:57	13:55	20:00
Department			Nursing		Nursing
Persons Taught			patient		patient
Enoxaparin			action demo admin DVT preventTreat indicationForUse injection sites schedule trade name		DVT preventTreat
ReadinessToLearn			lacks motivation		no barriers
Teaching Method			demo verbal inst.		demo verbal inst

Diabetic Teaching	20:44	20:00	07:57	13:55	20:00
Department					Nursing
Persons Taught					patient
Insulin Oral Agents Nutrition Plan BG Monitoring					not applicable not applicable meal plan blood collection
Disease Process					other types &
ReadinessToLearn					no barriers
Teaching Method					verbal inst
Comprehension					cont reinforce state understand

04/30/11 20:00 Disease Process(JAC1): stress induced DM, insulin drip

CARE PROVIDERS	SSPU	JAC1	JLNO	SLC	JAC1
----------------	------	------	------	-----	------

CLAYTON, SHELLEY L(SLC)PT
SPURR, SARAH(SSPU)RN

COTTLE, JEAN A(JAC1)RN

NORMAN, JILL L(JLNO)RN

CONTINUED

GOODWIN, DAVON MR: 002657049 ID: 495654253 DOB: - Interdisciplinary Pt/Family/Ed
ROOM: *1070-A*

PERM

GOODWIN, DAVON
MUSC
Interdisciplinary Pt/Family/Ed
FROM: 04/28/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/28/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 00:00
OPT OUT:

Page: 3

FLWSHEET	05/01	05/02	05/03
PI/Fam Teaching	08:22	18:40	15:54
Department	Nursing	Nursing	Nursing
Persons Taught	patient parents	patient parents	patient other taught
Learning Needs	activity/rehab coping/w illness medications pain management nutrition patient safety plan of care	pain management patient safety plan of care	activity/rehab dx/signs/symp medications pain management patient safety plan of care treatments
ReadinessToLearn	lacks motivation	no barriers	lacks motivation
Teaching Method	verbal inst	verbal inst	verbal inst
Comprehension	cont reinforce state understand	cont reinforce state understand	cont reinforce state understand
Anticoag Teach	08:22	19:40	15:54
Department	Nursing	Nursing	Nursing
Persons Taught	patient parents	patient parents	patient sibling(s)
Enoxaparin	action indicationForUse injection sites trade name	injection sites schedule	dose of med indicationForUse injection sites
ReadinessToLearn	no barriers	no barriers	no barriers
Teaching Method	demo verbal inst	demo verbal inst	demo verbal inst
Comprehension			cont reinforce
Diabetic Teaching	08:22	19:40	15:54
Department		Nursing	
Persons Taught		patient	
Insulin BG Monitoring		blood collection	
Disease Process		other types &	
ReadinessToLearn		no barriers	
CARE PROVIDERS	SPS1	JAC1	MP04

COTTLE, JEAN A(JAC1)RN
SHEFTON, SENACA P(SPS1)RN

PASCARELLA, MELISSA(MP04)RN
SLUSARSKI, COREY(COS0)RN

ROBERTS, DUSTIL(DLRO)RN

CONTINUED

GOODWIN, DAVON MR: 002657049 ID: 495654253 DOB: - Interdisciplinary Pt/Family/Ed
ROOM: *1070-A*

Page: 3

PERM

GOODWIN, DAVON
 MUSC
 Interdisciplinary Pt/Family/Ed
 FROM: 04/28/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/28/11 00:18
 AGE: 19Y SEX: M : LEON, STUART M
 DOB: [REDACTED] ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 00:00
 OPT OUT:

Page: 4

FLowsheet	05/01	05/02	05/03
Diabetic Teaching Cont.	08:22	18:40	09:39
Teaching Method		verbal inst	verbal inst
Comprehension		cont reinforce state understand	cont reinforce
05/01/11 19:40 Disease Process(JAC1): stress induced, affects of healing with controlled blood sugars			
05/03/11 09:39 Disease Process(COS0): stress induced			
CARE PROVIDERS	JAC1		COS0
COTTLE, JEAN A(JAC1)RN SLUSARSKI, COREY(COS0)RN			

CONTINUED

GOODWIN, DAVON MR: 002657049 ID: 495654253 DOB: [REDACTED] - Interdisciplinary Pt/Family/Ed
 ROOM: *1070-A* Page: 4

PERM

GOODWIN, DAVON
MUSC
Interdisciplinary Pt/Family/Ed
FROM: 04/28/11 02:55 TO: 05/04/11 18:07
ROOM: *1070-A* ADM: 04/28/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 00:06
OPT OUT:

Page: 5

FLWSHEET	05/03	05/04
Pt/Fam Teaching	20:05	14:14
Department	Nursing	Pastoral Care
Persons Taught	patient parents sibling(s)	parents grandparent sibling(s)
Learning Needs	health promotion medications pain management patient safety plan of care wound care	&
ReadinessToLearn	emotional lacks motivation	emotional
Teaching Method	verbal inst	verbal inst
Comprehension	cont reinforce	cont reinforce
05/04/11 14:14 Learning Needs(LYBR): grief		
Anticoag Teach	20:05	14:14
Department	Nursing	
Persons Taught	patient parents sibling(s)	
Enoxaparin	aotion demo admin indicationForUse injection sites	
ReadinessToLearn	emotional lacks motivation	
Teaching Method	demo verbal inst	
Comprehension	cont reinforce	
Diabetic Teaching	20:05	14:14
Department	Nursing	
Persons Taught	patient	
Insulin BG Monitoring	not applicable schedule	
ReadinessToLearn	emotional lacks motivation	
Teaching Method	verbal inst	
Comprehension	cont reinforce	
CARE PROVIDERS	TMM2	LYBR

CONKLIN, CAROL L(LYBR)CHAPLAIN MARTUCCI, TIFFANY(TMM2)RN

LAST PAGE

GOODWIN, DAVON MR: 002657049 ID: 495654253 DOB: - Interdisciplinary Pt/Family/Ed
ROOM: *1070-A* Page: 5

PERM

Medical University of S.C.
25 Courtenay St. Ch on SC 29425

Name: _____ Age: 19 Sex: M R
MRN: _____ Acct #: _____
Temp: _____ Pulse: 95 BP: 120/72 RR: _____ Pulse Ox: _____ Wt: _____
Provider: M. J. [unclear] Prov #: _____ Time Seen: _____
Chief Complaint: Gsw

36 PM
1 of 2
P495654253 DO _____ U
TRAUMA
VICTIM PP
EAdm:12/31/11 M2657049

HPI: _____ Transfer: _____

MODE OF ARRIVAL: ☐ POV ☒ Ambulance ☐ Immobilized ☐ PREHOSPITAL ORDERS: _____

SOURCE: ☒ Patient ☐ Family Member ☐ Friend ☐ _____ ☒ Nurse's Notes Reviewed

TIMING: ☐ Began ☐ Occurred ☒ PTA _____ hrs ago _____ days ago ☐ this morning ☐ this afternoon ☐ this evening ☐ during the night
☐ last night ☐ yesterday ☐ Gradual / ☒ Sudden Onset Gsw

LOCATION OF INJURY: ☐ None ☐ Head ☐ Face ☐ Mouth ☐ Neck ☐ Chest ☐ Back ☒ Abdomen ☐ Pelvis LUG

Right: ☐ Shoulder ☐ Humerus ☐ Elbow ☐ Forearm ☐ Wrist ☐ Hand ☐ Hip ☐ Thigh ☐ Knee ☐ Lower Leg ☐ Ankle ☐ Foot
Left: ☐ Shoulder ☐ Humerus ☐ Elbow ☐ Forearm ☐ Wrist ☐ Hand ☐ Hip ☐ Thigh ☐ Knee ☐ Lower Leg ☐ Ankle ☐ Foot

CONTEXT: ☐ None Recent: ☒ Alcohol Use / ☐ Illicit Drug Use

TYPE OF ACCIDENT: ☐ MVC ☐ MCA ☐ Peds vs. Auto ☐ Assault ☒ Other Gsw

☐ MVC: ☐ Unrestrained ☐ Restrained: (☐ Airbag / ☐ Shoulder Strap / ☐ Lap Belt) ☐ Driver / ☐ Passenger
☐ Single Vehicle / ☐ Multi Vehicle ☐ Head-On ☐ Side Impact: (☐ Driver Side / ☐ Passenger Side) ☐ Rear Impact / ☐ Roll-Over
☐ Ambulatory At The Scene / ☐ Non-Ambulatory / ☐ Ejected

☐ ASSAULT: Alleged Assailant's Name: ☒ Unknown Gsw
Method of Assault: ☐ Punched ☐ Kicked ☐ Struck with Object

PRE-HOSPITAL: GCS: 15 At Scene: _____ During Transport: 15

INTERVENTION PRIOR TO ED: ☐ None ☐ IV ☐ Splint ☐ Intubation ☐ Immobilization with: ☐ C-Collar / ☒ Backboard

SEVERITY ☐ Mild ☐ Moderate ☒ Severe ☐ Pain Free 1 2 3 4 5 6 7 8 9 10 ☐ Unable to quantify

DURATION OF SYMPTOMS: _____ Mins _____ Hrs _____ Days _____ Wks ☐ Intermittent / ☐ Continuous in Nature ☐ Currently Present / ☐ Absent

MODIFYING FACTORS: A = Aggravated by R = Relieved by N = No change with (A R) Nothing (A R N) C-Collar (A R N) Icepack
(A R N) Lifting (A R N) Activity (A R N) Weight-bearing (A R N) Backboard (A R N) Immobilization
(A R N) Movement (A R N) Splint (A R N) Medication(s): _____

ASSOCIATED SIGNS & SYMPTOMS: (+) = Report (-) = Denies ☐ None (+) LOC (+) SOB (+) Bleeding (+) HA
(+) Abdominal Pain (+) Back Pain (+) Neck Pain (+) Laceration (+) Chest Pain

☐ Unable to obtain additional information from patient. Reason: _____ PCP#: _____

ROS: ☒ All Other Systems Reviewed And Negative. (unless written otherwise)

CONST: Wt. Loss _____ Night Sweats _____	GI: _____	PSYCH: _____
EYES: _____	GU: _____	ENDO: _____
ENT: _____	MS: _____	HEMA/LYMPH: _____
CV: _____	SKIN: _____	ALL/IMMUN: _____
RESPI: <u>Gsw</u>	NEURO: _____	OTHER: _____

PAST MEDICAL/FAMILY/SOCIAL HISTORY:

PMH ALLERGIES: ☒ NKDA ☐ PCN ☐ Sulfa ☐ Codeine ☐ Iodine / IVP Dye

MEDICATIONS: ☒ See Nurse's Note

PAST/CURRENT ILLNESSES: ☐ None

SURGERIES/PROCEDURES: ☐ None ☐ Append

IMMUNIZATIONS: ☒ TIT ☐ Tetanus >5yrs ☐ Tetanus >10yrs

PH ☒ Negative

SH ☐ Negative

OCCUPATION: acc LIVING SITUATION: m

HABITS: Alcohol ☒ N H/O Tobacco Y N H/O Drugs Y N H/O ☐ Counseling Given

PHYSICAL EXAM: AP 15/16

CONSTITUTION: ☒ TALL SIGNS: ☐ Normal ☒ Abnormal ☐ Orthostatic

APPEARANCE: ☐ Well ☒ Ill ☐ Poor Hygiene / Grooming

✓ Airway: ☒ Normal ☐ Intubated ☐ Obstructed Vomiting blood → intubated

✓ Breathing: ☒ Normal ☐ Bagged ☐ Agonal ☒

✓ Circulation: ☒ Carotid Pulse Present ☐ Pulseless

PSYCHIATRIC: ☐ Normal ☒ Anxious Gsw - Alad

SKIN: ☐ Normal

EYES: ☒ Normal ☐ Raccoon's Eye _____ mm _____ mm

H/F/ENT: ☒ Normal ☐ Hemotympany ☐ Midface Instability ☐ Malocclusion

NAVIGATOR PC

© COPYRIGHT 1999-2007 THE PRINCETON GROUP, INC.

ED RECORD
MULTI-TRAUMA - MALE



EDVISIT

Medical University of SC
25 Courtenay St. Charleston SC 29425
Name:

00:36 PM
Page 2 of 2
P495654253 DOB: [REDACTED]
TRAUMA
VICTIM PP
EAdm: 12/31/11 M2657049

THORAX/RESP: ☒ Normal ☐ Unequal Breaths
CV: ☒ Normal ☐ Tachycardic ☐ Diminished Pulses ☐ Hypotensive
ABDOMEN/GI: ☐ Normal ☒ Tender Guaiac (+ +)
GU: ☐ Normal
MS (includes neck and back): ☒ Normal ☐ Neck Tenderness ☐ Back Tenderness
RUE: _____ LUE: _____
RLE: _____ LLE: _____

HEMA/LYMPH: ☒ Normal
NEURO: ☐ Normal ☐ Lethargic ☐ Obtunded ☐ Disoriented ☐ Focal Deficit GCS: 15/15/15

MEDICAL DECISION MAKING: ☐ Discharge With Home ☒ Old Clinic Requested FINDINGS:

DDX: Skull Fx Hemothorax Flail Chest / Multiple Rib Fxs General Aches Pneumothorax Solid Organ Injury Diaphragmatic Rupture Scapular Fx
Chest Contusion Esophageal Rupture Cervical Strain Traumatic Aortic Dissection Subdural Hematoma Spine Injury Hemorrhagic Shock

LAB PERFORMED: ☐ Labs Essentially Normal Unless Noted Below

☐ CBC: WBC Hg Hct Plt PT / PTT: _____ / _____ ☐ T&S ☐ T&C
☐ CHEMISTRIES: Na K Cl HCO3 BUN Cr Glu
☐ URINALYSIS: pH SG Protein Glu WBCs RBCs Bacteria
☐ ETOH: _____ ☐ URINE DRUG SCREEN

EKG INTERPRETATION: ☐ NSR ☐ No ST Abnormality
☐ Compared To EKG On _____ / _____ / _____; ☐ No Significant Change

RHYTHM STRIP: _____ PULSE/OX INTERPRETATION: ☐ Normal ☐ Hypoxic

IMAGING: ☐ C SPINES ☐ Normal
☐ CXR: ☐ Normal ☐ PTX ☐ Rib Fx ☐ Widened Mediastinum
☐ ABD SERIES: ☐ Normal
☐ PELVIS X-RAY: ☐ Normal
☐ CT of Head: ☐ Normal
☐ CT of ABD / Pelvis: ☐ Normal ☐ Preliminary / ☐ Read By Radiologist

ADDITIONAL PROCEDURES (Done by Physician): ☐ NGT Insertion ☐ Foley Insertion ☐ ABG ☐ See Procedure Note ☐ See Addendum
☐ Blood Transfusion ☐ Venous Cutdown ☐ Splint ☐ Application / ☐ Inspection ☐ ABG ☐ Vaso-Active Drips
☐ IV Hydration / ☐ IV Infusion / ☐ Injection directly supervised by me.

RE-EVALUATION: Time: _____ ☐ Improved ☐ Worsened ☐ No Change

☒ CRITICAL CARE: I as ED Attending have spent 60 minutes in the direct care of this critically ill patient, excluding procedure time. ☐ Comfort measures only
Consultation: Dr. [Signature] @ _____ Returned @ _____; Dr. [Signature] @ _____ Returned @ _____
To See @ _____ ☐ ED ☐ Hospital ☐ Office Rec. [Signature]

ADMITTING TEAM:

ATTENDING PHYSICIAN NOTE:

HISTORY: Pt involved 2°

EXAM: Airway patent

MEDICAL DECISION MAKING:

FINAL IMPRESSION: Gunshot wound - Abdomen

DISPOSITION: ☐ Discharge (☐ Improved / ☐ Stable) ☒ Admit Trauma ☐ Transfer ☐ AMA ☐ LWT ☐ LDT ☐ DOA ☐ ED Death

Prescriptions: Follow-up: ☐ PMD

☒ I performed / ☐ I was present for the H & P on the patient. I have discussed treatment / management options with the ☐ PA / ☐ NP / ☒ Resident / ☐ Student.

☒ I agree with the documented findings and the plan of care. Comments:

PA / ARNP: _____ DATE/TIME: _____

MD'S SIGNATURE: [Signature] DATE/TIME: 1/1/12 3:4

NAVIGATOR PC
© COPYRIGHT 1999-2007 THE POWERON GROUP, INC.

ED RECORD
MULTI-TRAUMA - MALE

NAVISIT

Medical University of SC
25 Courtenay St. Charleston SC 29425

Printed 11/02/2011 19:05:45 PM
page 1 of 1

Name: _____ Age: _____ Sex: M F
MRN: _____ Acct #: _____
Temp: _____ Pulse: _____ BP: _____ RR: _____ Pulse Ox: _____ Wt: _____
Provider: _____ Prov #: _____ Time Seen: _____

Chief Complaint: _____

CONSENT:

☐ Written Consent on Chart ☐ Verbal Consent Obtained ☒ Consent Unobtainable Due To Patient Condition

PRE-OXYGENATION:

☒ 100% NRB ☐ None

MEDICATIONS:

IV PRE-MEDICATION	Dose	Repeat Dose	Notes / Times
Atropine	_____ mg	_____ mg	_____
Lidocaine	_____ mg	_____ mg	_____
Esmolol	_____ mg	_____ mg	_____
DISPARATING MEDICATIONS			
Pancuronium	_____ mg	_____ mg	_____
Vecuronium	_____ mg	_____ mg	_____
I.V. SEDATION			
Etonidate	25 mg	_____ mg	_____
Fentanyl	_____ mcg	_____ mcg	_____
Ketamine	_____ mg	_____ mg	_____
Lorazepam	_____ mg	_____ mg	_____
Midazolam	_____ mg	_____ mg	_____
Propofol	_____ mg	_____ mg	_____
I.V. PARALYTICS			
Pancuronium	_____ mg	_____ mg	_____
Rocuronium	_____ mg	_____ mg	_____
Succinylcholine	25 mg	_____ mg	_____
Vecuronium	_____ mg	_____ mg	_____
OTHER MEDICATIONS			
_____	_____ mg	_____ mg	_____
_____	_____ mg	_____ mg	_____

INTUBATION

A 7.5 mm ET Tube was inserted: ☒ Orally ☐ Nasally

☐ A laryngeal mask airway (LMA) was inserted

☒ First Attempt ☐ Second or Third Attempt ☐ >Third Attempt Other: _____

If unsuccessful, elaborate: _____

Sellick Maneuver was done throughout paralysis: ☒ Y ☐ N

There was symmetric chest rise and BBS post-intubation: ☒ Y ☐ N

CO2 indicator used for confirmation: ☒ Y ☐ N Results ☐ (+) CO2 Return Other: _____

Pulse Oximetry post-intubation was: 96%

The ET Tube was taped at 25 cm at the lips

☐ Tracheal aspirate sent for gram stain, culture & sensitivity

Post-intubation CXR confirmed good tube location: ☐ Y ☐ N

This patient tolerated the procedure: ☒ Well ☐ Adequately ☐ Poorly

COMPLICATIONS:

☒ None ☐ Dental Trauma ☐ Aspiration ☐ Esophageal Placement

PA / ARNP: _____ DATE/TIME: _____

MD'S SIGNATURE: _____ DATE/TIME: 4/24/11 3:04

☒ I certify that I was present at the bedside, immediately available, and supervised the entire procedure (required for Medicare patients).

☐ I certify that I was present for the entire procedure (required for all other patients).

ATTENDING'S SIGNATURE: _____ DATE/TIME: 4/24/11 3:04

NAVIGATOR PC

© COPYRIGHT 1999-2007 THE POSITION GROUP, INC.

ED RECORD
INTUBATION





PROGRCRD
Adult Nutrition Progress Note
 Page 1 of 1

Form Origination Date: 9/04
 Version: 4

Version Date: 10/09



P:495654253 DOB: B M
 GOODWIN

Patient Name **DAVON**
 MRN Adm:04/26/11 M:2657049

PATIENT IDENTIFICATION LABEL

Nutrition Care Process - Registered Dietitian Section

Problem: Altered GI Function	NC 1.4	Intervention #2 Initiate parenteral nutrition	☒
Etiology: s/p GSW to Abd s/p repair of D3-D4, SMA, SMV		Goal(s) Start TPN if no return of bowel fxn within 7 days	☒
Signs / Symptoms: Open Abdomen, Intubated, sedated		Monitor/Evaluating:	
Intervention #1 Initiate parenteral nutrition	ND 2.1	1. Lab Values	BD 1.11, 1.2, 1.5
Goal(s) Start TPN if no return of bowel fxn within 7 days		2. Energy Intake	FH 1.4
		3.	

History / Nutrition Assessment:

Ht: 73 in Wt: 94.5 kg IBW: 83.6 kg BMI: 27.4 kg/m² UBW: kg % UBW: Dosing BW: kg
 19 yr old male admitted c GSW to LUQ. s/p damage control laparotomy c repair of SMV, SMA, D3/D4, and IVC. Pt c open abdomen c packing. Plans for pt to return to OR tomorrow. No PMH noted.

Diet Order / Nutrition Support: NPO

Estimated Requirements: 2365-2840-3310 total kcal / day (25-30-35 kcal / kg / day)
140-190 gm protein / day (1.5-2 gm protein / kg / day)
 mL water / day (mL / kg / day)

Pertinent Laboratory Data: 7.9 Hgb 2.3 Hb Phos 42
141 / 110 / 11 T.Bili: 1.6
4.6 / 27 / 1 AST 40 / ALT 21

Pertinent Medications / Vitamins / Herbs / Supplements:

Fentanyl, Insulin gtt, Pepcid, Zosyn, Propofol @ 36 cc/hr (providing 950 kcals from lipids)

IVFs: LR @ 300 cc/hr

Intervention / Plan:

1. Current injuries could make providing nutrition challenging. Will await results of further surgery.
2. If enteral nutrition cannot be initiated within the next 5-7 days, please consider starting parenteral nutrition.
3. Will monitor labs, I&Os, and nutrition support status.

☐ Enteral Nutrition: Access:

Formula: Goal Rate: Flush:

Provides: Energy: kcal / day kcal / kg / day gm CHO / day

Protein: gm / day gm protein / kg / day mL free water

☐ Parenteral Nutrition: Access:

Provides: Energy: kcal / day kcal / kg / day gm lipid / day gm CHO / day

Protein: gm / day gm protein / kg / day Rate: mL / hr

Signature Emily Chapman RD, LD, CNSD Pager ID 12255 Date 4/26/11 Time 3:50 AM/PM

Co-Signature (if applicable) Pager ID Date Time AM/PM
 sh_all_nut_adultnutprog OTE 900198 Rev. 10/09



MUSC Health

Trauma/Acute Care Surgery Progress Note

Page 1 of 1

Form Origination Date: 1/10

Version: 2

Version Date: 5/10

Date 4/26/11

PRGRECRD

Patient Name
MRN

P:495654253

TRAUMA

VICTIM PP

Adm:04/26/11 M:2657049

PATIENT IDENTIFICATION LABEL

Interval History ☐ Pt unable to provide history due to		19 y/o male 3/p GSW to abdomen ± SMA, SMV, and IVC injuries 3/p repair and diaphragmatic injury 5/p repair; open abdomen	
Vital: Tmax 36.0 °C/F Tc 36.5 °C/F SaO ₂ 100 % on PRVC		Intake / Output Total In _____ mL Total Out _____ mL	
R II P 91 BP 119/54		IV Fluids / PN _____ mL Urine _____ mL	
EYES ☒ PERLL ☐ No other abnormalities		PO / Tube feeds _____ mL Drains _____ mL	
Other findings:		Other:	
☒ ET tube in place		Foley in place ☒ Yes ☐ No	
NEURO ☐ A&O x _____ ☐ No focal findings ☐ GCS = _____		Foley need reviewed ☒ Yes ☐ No	
Other findings:		Other findings:	
☒ Clear bilat. Chest Tubes Left ☐ suction ☐ water seal Output _____ mL		☒ RRR	
Right ☐ suction ☐ water seal Output _____ mL		Other findings:	
Vent: ☐ Not applicable Mode PRVC Settings TV 500 R 18 PEEP 5 40%		☐ Benign ☐ +BS BM ☐ Yes ☐ No Flatus ☐ Yes ☐ No	
Other findings: 7.26/41/500/-7/18 (05:30 am)		Nutrition NPO Route _____	
MS ☒ No abnormalities		Other findings: open abdomen ± wound vac	
Other findings:		SKIN Wounds ☐ Intact / healthy ☐ Other _____	
PSYCH ☐ Appropriate ☒ Unable to assess		Decubitus ulcer? ☐ No ☐ Yes Stage _____ Location _____	
Other findings:		Other findings:	
IC Active Infections _____		Lines _____ day	
Abx Drug Day # of #		_____ day	
_____ of _____		_____ day	
_____ of _____		Invasive line need reviewed? ☐ Yes ☐ No	
Other Management		Labs	
DVT Prophylaxis ☐ Enoxaparin ☐ SC Heparin ☐ SCDs ☐ Foot Pumps		140/113/11 7.2 20.3 10.7 83	
Contraindication _____ ☐ Not Indicated		4.1/20/1.1 2.0 4.0 30.6	
H ₂ Blocker _____ ☐ Not Indicated		26.0/65.2 19.1/34.3 13.8 7.6 62	
Sedation propofol gtt		2.27 1.44	
Analgesia fentanyl gtt		Other Meds	
Xray Findings		insulin gtt	
Other Findings		4.1/110/10 7.8 1.6/40/42 4.0	
4.0/24/1.2 11.5 21 12.3			
A/P Problem / Injuries		Status	
acute blood loss anemia		☐ new ☒ unchanged ☐ worsening ☐ improved	
coagulopathy		☐ new ☒ unchanged ☐ worsening ☐ improved	
SMA, SMV, IVC injuries		☐ new ☒ unchanged ☐ worsening ☐ improved	
diaphragmatic injury		☐ new ☒ unchanged ☐ worsening ☐ improved	
open abdomen		☐ new ☒ unchanged ☐ worsening ☐ improved	
Hypotension		☐ new ☒ unchanged ☐ worsening ☐ improved	
Plan		transfused 4 PRBCs	
transfused 4 PRBCs		s/p repair	
s/p repair		vac in place	
vac in place			
Signature <u>at R. clay</u>		MD (Resident/Fellow) ☒ MD (Attending) ☐ PA ☐ NP ☐ Pager 15632 Date 4/26/11 Time 8:14 AM PM	
ATTENDING: I have reviewed and discussed with the housestaff / physician extenders the clinical course and findings above, as well as laboratory reports ☐ Xray reports ☐ Xray films			
results of additional medical testing and monitored output as noted above. I personally examined the patient and discussed care plans on rounds with the housestaff / physician extenders.			
My additional comments are:			
Name: <u>DR. PROCTOR / RECTOR gtt.</u>			
Hemodynamic Status: <u>VIB C 13:00, follow PH.</u>			
Temp: <u>38.1, WBC 16000/uc (12).</u>			
Respiratory Status: <u>VAC C 13:00</u>			
Patient is critically ill / injured. I spent <u>15</u> minutes providing critical care to this patient.			
Overall risk of complications / mortality ☐ Minimal ☐ Low ☐ Moderate ☒ High			
☒ In addition, I provided family / patient counseling. ☐ This counseling involved greater than 50% of the visit. Total counseling time was _____ minutes.			
Attending Signature <u>at R. clay</u>		Page 1402 Date 04/26/2011 Time 10:40 AM PM	

eh_trauma_docu_traumaprognole

OTE 700518 Rev. 5/10



'PRGRECRD'

INTERDISCIPLINARY PROGRESS NOTES

Form Origination Date: 1/00
Version: 4

Version Date: 2/10



P:495654253 DOB: [REDACTED] B M

GOODWIN

DAVON

Adm:04/26/11 M:2657049

PATIENT IDENTIFICATION LABEL

Prohibited abbreviations:

These abbreviations are prohibited in ANY FORM (i.e., upper or lower case, with or without periods):

µg or ug	U or u	IU	
qd / QD	qod / QOD	MS / MSO ₄	MgSO ₄

Drug names will not be abbreviated (e.g., AZT, HCTZ, NEO)

Do not write a whole number with a trailing zero:

USE: 5 mg NOT: 5.0 mg

Write a decimal point with a leading zero:

USE: 0.5 mg NOT: .5 mg

Date	Time	
27/11	4:10 pm	Social Work Note: Pt is 19 yo admitted s/p GSW; pt. is intubated & danged. Family has been present. Pt. listed as self pay, Social Worker to refer for MIAF.
		Nesha Graham, MEd page #12290

all_all_docu_prgrecrd1

OTE 700222 Rev. 2/10



MUSC Health
Trauma/Acute Care Surgery Progress Note

PRGRECRD

Page 1 of 1

Form Origination Date: 1/10

Version: 2

Version Date: 5/10

Date 4/28 1940. GSW to Abdomen

Patient Name
MRN

P:495654253 DOB: 8/11
GOODWIN
DAVON

Adm:04/28/11 M:2657049

PATIENT IDENTIFICATION LABEL

Interval History ☐ Pt unable to provide history due to <u>OR yesterday. Transferred to PRBC</u>	
Vitals Tmax <u>38.2</u> °C/F To <u>37.0</u> °C/F SaO ₂ <u>100</u> % on <u>R 10-25, P 44-107 BP 94/58 - 144/70</u> EYES ☒ PERRL ☐ No other abnormalities Other findings:	ENT ☐ Trach in place and w/o problems ☐ No other abnormalities Other findings:
INFURD ☐ A&O x ☐ No focal findings ☒ GCS = <u>9T E3 V1 MS</u> Other findings:	GU ☐ RRR Other findings:
RESP ☒ Clear bilat. Chest Tubes Left ☐ suction ☐ water seal Output <u> </u> mL Right ☐ suction ☐ water seal Output <u> </u> mL Vent: ☐ Not applicable Mode <u>PELV</u> Settings <u>40% 5 18 500</u> Other findings:	GI ☐ Benign ☐ +BS BM ☐ Yes ☐ No Flatus ☐ Yes ☐ No Nutrition <u>NPO</u> Route <u> </u> Other findings: <u>Drains</u>
MS ☐ No abnormalities Other findings:	PSYCH ☐ Appropriate ☒ Unable to assess Other findings:
ID Active Infections <u> </u>	SKIN Wounds ☐ Intact / healthy ☐ Other <u> </u> Decubitus ulcer? ☐ No ☐ Yes Stage <u> </u> Location <u> </u> Other findings:
Other Management DVT Prophylaxis ☐ Enoxaparin ☐ SC Heparin ☐ SCDs ☐ Foot Pumps Contraindication <u> </u> ☐ Not indicated H ₂ Blocker <u>Pepcid</u> ☐ Not indicated Sedation <u>Propofol @ 35</u> Analgesia <u>Fentanyl @ 125</u>	Lines <u> </u> day <u> </u> <u> </u> day <u> </u> <u> </u> day <u> </u> Invasive line need reviewed? ☐ Yes ☐ No
Xray Findings	Other Meds <u>Insulin glt (61)</u>
Other Findings	
NP Problem/Injuries <u>Acute blood loss Anemia</u> <u>Hypertension</u> <u>Respiratory Failure</u>	Status ☐ new ☐ unchanged ☐ worsening ☐ improved ☐ new ☐ unchanged ☐ worsening ☐ improved ☐ new ☐ unchanged ☐ worsening ☐ improved ☐ new ☐ unchanged ☐ worsening ☐ improved ☐ new ☐ unchanged ☐ worsening ☐ improved ☐ new ☐ unchanged ☐ worsening ☐ improved
Plan <u>Acute blood loss Anemia</u> <u>Transfuse to PRBC</u> <u>hypertension</u> <u>Antihypertensive</u> <u>Respiratory Failure</u> <u>Intubate</u> <u>PELV</u> <u>40% 5 18 500</u>	Plan <u>Acute blood loss Anemia</u> <u>Transfuse to PRBC</u> <u>hypertension</u> <u>Antihypertensive</u> <u>Respiratory Failure</u> <u>Intubate</u> <u>PELV</u> <u>40% 5 18 500</u>
Signature <u> </u> ☒ MD (Resident/Fellow) ☐ MD (Attending) ☐ PA ☐ NP Page <u>152116</u> Date <u>4/28/11</u> Time <u> </u> AM PM	
ATTENDING: I have reviewed and discussed with the housestaff / physician extenders the clinical course and findings above, as well as ☐ laboratory reports ☐ Xray reports ☐ Xray films. ☐ Results of additional medical testing and monitored output as noted above. I personally examined the patient and discussed care plans on rounds with the housestaff / physician extenders. My additional comments are: <u>respiratory failure - wear vent, may extubate</u> <u>malnutrition - Start TF tomorrow</u> <u>Acute blood loss Anemia - Transfuse to PRBC</u> <u>hypertension - Antihypertensive</u> <u>Intubate</u> <u>PELV</u> <u>40% 5 18 500</u> Patient is critically ill / injured. I spent <u>40</u> minutes providing critical care to this patient. Overall risk of complications / mortality ☐ Minimal ☐ Low ☐ Moderate ☐ High ☐ In addition, I provided family / patient counseling. ☐ This counseling involved greater than 50% of the visit. Total counseling time was <u> </u> minutes. I personally discussed the case with <u>Dr. Rickert</u> <u> </u> <u>1400</u> <u>4/28/11</u> <u>10:08</u> AM PM Attending Signature <u> </u> Page <u> </u> Date <u> </u> Time <u> </u>	

ah_trauma_docu_traumaprognosis

OTE 700518 Rev. 5/10



MUSC Health

Trauma/Acute Care Surgery Progress Note

Page 1 of 1

Form Origination Date: 1/10

Version: 2

Version Date: 5/10

Date 4/29 1940. GSW Abdomen

PRGRECRD

P:495654253 DOB B M

GOODWIN

DAVON

Adm:04/26/11 M:2657049

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

Interval History ☐ Pt unable to provide history due to <u>Excluded</u>	
Vital Tmax <u>38</u> °C/F To <u>38</u> °C/F SaO ₂ <u>100</u> on <u>2L</u> R <u>12/30</u> P <u>97/120</u> BP <u>131/54</u> - <u>164/79</u> EYES ☒ PERLL ☐ No other abnormalities Other findings:	Intake/Output Total In <u>3002</u> mL Total Out <u>3325</u> mL GU IV Fluids / PN <u>2625</u> mL Urine <u>2225</u> mL PO / Tube feeds _____ mL Drains <u>600</u> mL Other: <u>SD NG</u> Foley in place ☒ Yes ☐ No Foley need reviewed ☐ Yes ☐ No Other findings: <u>45 SP#1</u> <u>550 SP#2</u>
NEURO <u>ASO</u> ☐ No focal findings ☒ GCS = <u>15</u> Other findings:	CV ☐ RRR Other findings: <u>Tachycardia</u>
RESPIR ☒ Clear bil. Chest Tubes Left ☐ suction ☐ water seal Output _____ mL Right ☐ suction ☐ water seal Output _____ mL Vent: ☐ Not applicable Mode _____ Settings _____ Other findings:	GI ☐ Benign ☐ +BS BM ☐ Yes ☐ No Flatus ☐ Yes ☐ No Nutrition Route _____ Other findings: <u>Soft, approx 1/2, NO</u> <u>incision closed</u>
MS ☐ No abnormalities Other findings:	PSYCH ☒ Appropriate ☐ Unable to assess Other findings:
ID Active Infections _____ Abx Drug _____ Day # of # _____ _____ of _____ _____ of _____	SKIN Wounds ☐ Intact / healthy ☐ Other _____ Decubitus ulcer? ☐ No ☐ Yes Stage _____ Location _____ Other findings:
Other Management DVT Prophylaxis ☒ Enoxaparin ☐ SC Heparin ☐ SCDs ☐ Foot Pumps Contraindication ☐ Not indicated H ₂ Blocker <u>Prilosec</u> ☐ Not indicated Sedation _____ Analgesia <u>Oxycodone</u>	Lines _____ day _____ day _____ day _____ Invasive line need reviewed? ☐ Yes ☐ No Labs <u>(5)</u> <u>12/105/7</u> <u>3.6/25/11</u> <u>81</u> <u>16/90</u>
Xray Findings _____ Other Findings _____	Other Meds <u>Inulin 54</u> <u>EEP</u>
Problem / Injuries Status Plan <u>Acute blood loss Anemia</u> ☒ new ☐ unchanged ☐ worsening ☐ improved <u>Monitor Hb → T, 2, PRBC</u> <u>Hypochloremia</u> ☒ new ☐ unchanged ☐ worsening ☐ improved <u>Inulin 54</u> <u>Mild dehydration</u> ☒ new ☐ unchanged ☐ worsening ☐ improved <u>Tube feeds today</u> <u>Injury to small bowel</u> ☒ new ☐ unchanged ☐ worsening ☐ improved _____ <u>Small intestine</u> ☒ new ☐ unchanged ☐ worsening ☐ improved _____	
Signature <u>SV</u> ☒ MD (Resident/Fellow) ☐ MD (Attending) ☐ PA ☐ NP Page <u>15746</u> Date <u>4/29/11</u> Time _____ AM PM ATTENDING: I have reviewed and discussed with the housestaff / physician extenders the clinical course and findings above, as well as ☐ laboratory reports ☐ Xray reports ☐ Xray films results of additional medical testing and monitored output as noted above. I personally examined the patient and discussed care plans on rounds with the housestaff / physician extenders. Additional comments are: <u>Respiratory - wear O₂. Pulm toilet.</u> <u>CV - Transfuse 2U PRBC Follow up and H/H.</u> <u>GI - Begin tube feeds. Follow JP output.</u> <u>Renal - Coughed 1x</u> Patient is critically ill / injured. I spent _____ minutes providing critical care to this patient. Overall risk of complications / mortality ☐ Minimal ☐ Low ☒ Moderate ☐ High I personally discussed the case with <u>Dr. Richey</u> ☐ In addition, I provided family / patient counseling. ☐ This counseling involved greater than 50% of the visit. Total counseling time was _____ minutes. <u>I.D. discuss</u> <u>en MRN</u> <u>14339</u> <u>4/29/11</u> <u>11:50</u> (AM) PM Attending Signature _____ Date _____ Time _____ ah trauma / acu traumaprognosis <u>Endocrine - Continue insulin std.</u> <u>UAB → chole. Begin PT:</u>	



Medical University Hospital Authority Charting Report

NAME: GOODWIN, DAVON
ROOM: 10W0:1070
BED: A

Account ID: 495654253
Date of Birth: [REDACTED]
Med. Record # : 002657049

Date/Time: 4/30/11 3:43 pm

Room/Bed: 10W0:1070/A

Start Time: 0:00 **End Time:** 0:00

Session Duration: 0

Acute Ortho

Completed Orders

PTCONSULT

Description

CONSULT: PT Evaluation and Treatment

Num. Performed

1.00

Medical University Hospital Authority Physical Therapy Charting Report

Date of Service: 4/30/2011

Patient: DAVON GOODWIN

MRN: 002657049

PAT: 495654253

DOB: [REDACTED]

AGE: 19 years

Attending Provider: LEON, STUART

Referring Provider: REFERRAL, SELF

Location of Treatment: Bedside

Date Therapy Plan Established (29): 4/30/2011

Date Patient First Became Aware of Symptoms (11): 04/26/2011

Date Service Initiated by Billing Provider (35): 4/30/2011

Funding: CHAMBERLIN EDMONDS ASSOC

Primary Diagnosis: GSW to LUQ

Treatment Diagnosis: Difficulty Walking (719.7)

History of Present Illness: 19 yo presents via EMA after GSW to LUQ with SMA, SMV, IVC injuries. s/p duodenal and abdominal repair.

Past Medical History: No PMH

Past Surgical History: NS

Social History

- Prior level of function: independent
- Occupation/Work status: currently unemployed
- Living situation: lives with parents

Allergies: see chart

Precautions: drain, IV, Foley catheter, JP drain, TED hose, sequential compression device

Activity Status: OOB with Assistance

SUBJECTIVE

Pain (Average pain over the last 24 hours): 8/10 /10 (0=no pain to 10=E.R.)

Patient's Goals: not do PT

OBJECTIVE

Mental Status: Patient is alert and oriented to name, place and date.

Barriers to learning: no limitations to learning

Initial Observations: supine upon arrival, asleep. Required encouragement to participate

04/30/2011 3:46 pm

QPM_ChartingRTF_byapat

Source: MediLinks © 2011 MediServe Information Systems

Page 1 of 3



Medical University Hospital Authority

Charting Report

NAME: GOODWIN, DAVON
ROOM: 10W0:1070
BED: A

Account ID: 495654253
Date of Birth: [REDACTED]
Med. Record # : 002657049

Special Conditions: TED Hose IV Drain Foley Catheter

ROM: Upper Extremities: WFL

Lower Extremities: WNL

Strength: Upper Extremities: WNL

Lower Extremities: Uninvolved extremity WFL except: (involved extremity NT secondary to pain)

Endurance: Fair - Tolerates 5 to 15 minutes of an uninterrupted exercise bout.

Sensation: Intact to light touch. Location: BLE

Weight Bearing Status: As tolerated BLE

Level of Function at Start of Care (Functional Limitations) :

- Bed mobility:

-Rolling: Left: Moderate Assistance

-Scooting: Moderate Assist

-Supine to Sit: Moderate Assist

-Sit to Supine: Maximum Assist

- Transfers

-Sit to Stand: Patient is moderate assist.

-Bed to Chair: Not tested.

- Ambulation: Not Tested Unable to tolerate amb 2/2 pain/weakness

- Stairs: Patient is total assist on stairs with two rails and no assistive device.

Treatment:Total Treatment Time: 40 minutes. Total Treatment Time Timed Codes: 25. Evaluation, Transfer Training Anti-embolism exercises. : Anti embolism therex x 10 BLE, bed mobility training, sat EOB x 5 min, sit to stand x 2, standing up with min A x 5 min

Patient/Family Education:Patient Family was instructed in P.T. Role Exercises, importance of getting OOB, safe transfersq

Patient's/Family's Response to Education:Needs Reinforcement. pt had no questions

Equipment Owned:none

Equipment Needed: None

Other:

ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):

Pt is s/p GSW with pain and limited mobility. Will benefit from skilled PT for transfer and gait training, strengthening. Anticipate no equipment needs.

Patient's Response to Treatment: fatigued

Impairments (problem list): decreased endurance, pain, limited mobility

Prognosis: based on patients medical history, response to education, home exercise performance, and response to treatment: good

PLAN:

Short Term Goals to be met by: 5/14/2011

* Patient will demonstrate home exercise program Independent for ROM/Strengthening to allow for ADL's.

* Patient will increase ROM of affected extremity to WFL degrees

* Patient will have appropriate equipment for safe ambulation prior to discharge.

* Patient will ambulate safely and mod I over level surfaces with appropriate assistive device for household



Medical University Hospital Authority Charting Report

NAME: GOODWIN, DAVON
ROOM: 10W0:1070
BED: A

Account ID: 495654253
Date of Birth: [REDACTED]
Med. Record # : 002657049

distances of 100 feet.

- * Patient will negotiate 2 steps with Modified Independence.
- * Patient will transfer supine to sit with Modified Independence
- * Patient will transfer sit to stand with Modified Independence

Outcome (Long Term as discussed with patient and/or family) to be met within 2 months.

- * Patient will be able to ambulate over all surfaces with the least restrictive assistive device for community distances of greater than 1500 feet.
- * Patient will be able to return to work/school full time.
- * Patient will be independent with all self care including driving.
- * Patient will return to leisure activities as prior to surgery.

Plan:

Continue PT 4-5 times per week.

Treatment Specifics: transfer training gait training therapeutic exercise to achieve maximum independence and safety.

*FUNCTIONAL ACTIVITY SCALE

Total Assist: patient expends < 25% of effort

Maximum Assist: patient expends >25% and <50% of effort.

Moderate Assist: patient expends >50% but <75% of effort.

Minimal Assist: patient expends >75% of effort.

Supervision: patient requires only verbal cues or coaxing.

Modified Independence: patient requires assistive device, extra time, or there is a safety risk.

Independent: patient is completely independent.

Signed by: Shelley Clayton - Physical Therapist 4/30/2011 3:45PM

MUSC Health
Trauma/Acute Care Surgery Progress Note

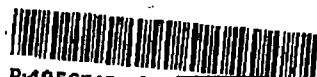
Form Origination Date: 1/10
Version: 2

Version Date: 5/10

Date 4/30/11



'PRGRECRD'
Page 1 of 1



P:495654253008
GOODWIN

Patient Name: **DAVON**
MRN

Adm: 04/26/11 M: 2657049

Interval History ☐ Pt unable to provide history due to		19 y/o GSW to abd ex lap, IVL and mesenteric artery repair.																			
Vitals Tmax 101.4 °C/F To 100.4 °C/F SaO ₂ 97% on <u>2L</u> R 18 P 111 BP 188/80		Intake/Output Total In 3104.4 mL Total Out 6436 mL IV Fluids/PN 2200 mL Urine 4070 mL PO Tube feeds 900 mL Drains 0 mL Other: 0 mL																			
EYES ☐ PERIL ☐ No other abnormalities Other findings:		ENT ☐ Trach in place and w/o problems ☐ No other abnormalities Other findings:																			
Foley in place ☒ Yes ☐ No Other findings:		Foley need reviewed ☐ Yes ☐ No SP#1: 25 SP#2: 340																			
NEURO ☐ A&O x ☐ No focal findings Other findings:		CV ☐ RRR Other findings: <u>tachycardia</u>																			
RESPIR ☒ Clear bilat. Chest Tubes Left ☐ suction ☐ water seal Output _____ mL Right ☐ suction ☐ water seal Output _____ mL		GI ☒ Benign ☐ BS BM ☐ Yes ☐ No Flatus ☐ Yes ☐ No Nausea _____ Route _____ Other findings: <u>Staple line intact</u>																			
VENT ☐ Not applicable Mode _____ Settings _____ Other findings:		SKIN Wounds ☐ Intact / healthy ☐ Other _____ Decubitus ulcer? ☐ No ☐ Yes Stage _____ Location _____ Other findings:																			
MS ☒ No abnormalities Other findings:		PSYCH ☒ Appropriate ☐ Unable to assess Other findings:																			
LAB Active infections _____ Drug _____ Day # of # _____ of _____ of _____		Lines <u>PEN IV</u> _____ day _____ _____ day _____ _____ day _____ Invasive line need reviewed? ☐ Yes ☐ No																			
Other Management DVT Prophylaxis ☒ Enoxaparin ☐ SC Heparin ☐ SCDs ☐ Foot Pumps Centralization ☐ Not indicated H ₂ Blocker <u>Pantoprazole</u> ☐ Not indicated Sedation _____ Analgesia <u>Duramorph</u>		LABS <u>POB: 100-120 (124)</u> <u>UA: nitrite + leukocytes, small incriminating trace blood, protein 10</u>																			
Xray Findings <u>Pdx chest 1 view:</u>		Other Meas _____																			
Other Findings _____																					
<table border="1"> <thead> <tr> <th>Problem/Injuries</th> <th>Status</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>19 y/o ex lap E IVL and mesenteric artery repair</td> <td>☐ new ☐ unchanged ☐ worsening ☐ improved</td> <td><u>Cont Insulin qtt until < 100 - per 24</u></td> </tr> <tr> <td></td> <td>☐ new ☐ unchanged ☐ worsening ☐ improved</td> <td><u>7c Foley</u></td> </tr> <tr> <td></td> <td>☐ new ☐ unchanged ☐ worsening ☐ improved</td> <td></td> </tr> <tr> <td></td> <td>☐ new ☐ unchanged ☐ worsening ☐ improved</td> <td></td> </tr> <tr> <td></td> <td>☐ new ☐ unchanged ☐ worsening ☐ improved</td> <td></td> </tr> </tbody> </table>				Problem/Injuries	Status	Plan	19 y/o ex lap E IVL and mesenteric artery repair	☐ new ☐ unchanged ☐ worsening ☐ improved	<u>Cont Insulin qtt until < 100 - per 24</u>		☐ new ☐ unchanged ☐ worsening ☐ improved	<u>7c Foley</u>		☐ new ☐ unchanged ☐ worsening ☐ improved			☐ new ☐ unchanged ☐ worsening ☐ improved			☐ new ☐ unchanged ☐ worsening ☐ improved	
Problem/Injuries	Status	Plan																			
19 y/o ex lap E IVL and mesenteric artery repair	☐ new ☐ unchanged ☐ worsening ☐ improved	<u>Cont Insulin qtt until < 100 - per 24</u>																			
	☐ new ☐ unchanged ☐ worsening ☐ improved	<u>7c Foley</u>																			
	☐ new ☐ unchanged ☐ worsening ☐ improved																				
	☐ new ☐ unchanged ☐ worsening ☐ improved																				
	☐ new ☐ unchanged ☐ worsening ☐ improved																				
Signature <u>[Signature]</u> ☒ MD (Resident/Fellow) ☐ MD (Attending) ☐ PA ☐ NP Page <u>(58)</u> Date <u>4/28/11</u> Time <u>7:30</u> PM ATTENDING: I have reviewed and discussed with the housestaff / physician extenders the clinical course and findings above, as well as ☐ laboratory reports ☐ Xray reports ☐ Xray films ☐ results of additional medical testing and monitored output as noted above. I personally examined the patient and discussed care plans on rounds with the housestaff / physician extenders. My additional comments are: <u>SIP ex lap. + flaps + BM</u> <u>Cont insulin drip for hyperglycemia</u> <u>D/C Foley</u> <u>Start C/D</u> Patient is critically ill / injured. I spent _____ minutes providing critical care to this patient. Overall risk of complications / mortality ☐ Minimal ☐ Low ☐ Moderate ☐ High ☒ I personally discussed the case with _____ minutes. ☐ In addition, I provided family / patient counseling. ☐ This counseling involved greater than 50% of the visit. Total counseling time was _____ minutes. Attending Signature <u>[Signature]</u> Page <u>14030</u> Date <u>4/30/11</u> Time <u>0711</u> AM/PM																					

sh_trauma_docu_traumaprognote

OTE 700516 Rev. 5/10



PRGRECRD

INTERDISCIPLINARY PROGRESS NOTES

Form Origination Date: 1/00
Version: 4

Version Date: 2/10



P:495654253 DOB: [REDACTED] B M

GOODWIN

DAVON

Adm:04/26/11 M:2657049

PATIENT IDENTIFICATION LABEL

Prohibited abbreviations:

These abbreviations are prohibited in ANY FORM (i.e., upper or lower case, with or without periods):

µg or ug	U or u	IU	
qd / QD	qod / QOD	MS / MSO ₄	MgSO ₄

Drug names will not be abbreviated (e.g., AZT, HCTZ, NEO)

Do not write a whole number with a trailing zero:

USE: 5 mg NOT: 5.0 mg

Write a decimal point with a leading zero:

USE: 0.5 mg NOT: .5 mg

Date	Time	
4/30/77	10 ³⁴	PS - Consent received. Chart reviewed. Exam & full report to follow. Jimmy Campbell
		11977

all_all_docu_prgrecrd1

OTE 700222 Rev. 2/10

MUSC Health
Trauma/Acute Care Surgery Progress Note

Form Origination Date: 1/10
Version: 2

Page 1 of 1

Version Date: 5/10

Date 5/1/11

P:495654253 DOB: B M
GOODWIN
DAVON

Adm:04/26/11 M:2657049

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

Interval History ☐ Pt unable to provide history due to <u> </u>		Initials/Output: Total In <u>2055</u> mL Total Out <u>4267</u> mL GU <u> </u> mL Urine <u>1300</u> mL PO/Tube feeds <u>120/310</u> mL Drains <u> </u> mL Other: <u>Wash/hold: 150</u> Other: <u>JP 1:15 JP 2:18</u>	
Vitals: Tmax <u>99°</u> °C/F Tc <u>99°</u> °C/F SaO ₂ <u>100%</u> on <u>2L NC</u> R <u>20</u> P <u>105</u> BP <u>162/82</u>		Foley in place ☐ Yes ☒ No Other findings: <u> </u>	
EYES ☒ PERRL ☐ No other abnormalities Other findings: <u> </u>		ENT ☐ Trach in place and w/o problems ☐ No other abnormalities Other findings: <u> </u>	
NEURO ☒ A&O x <u>3</u> ☐ No focal findings <u> </u> GCS = <u>15</u> Other findings: <u> </u>		CV ☐ RRR Other findings: <u>Tachycardic</u>	
RESP ☒ Clear bilat. Chest Tubes Left ☐ suction ☐ water seal Output <u> </u> mL Right ☐ suction ☐ water seal Output <u> </u> mL Vent: ☐ Not applicable Mode <u> </u> Settings <u> </u> Other findings: <u> </u>		GI ☐ Benign ☐ +BS BM ☒ Yes ☐ No Flatus ☒ Yes ☐ No Nutrition <u> </u> Route <u> </u> Other findings: <u>Appropriately +p, soft</u>	
MS ☒ No abnormalities Other findings: <u>MAE</u>		SKIN Wounds ☐ Intact/healthy ☐ Other <u> </u> Decubitus ulcer? ☐ No ☐ Yes Stage <u> </u> Location <u> </u> Other findings: <u>staples in place</u>	
ID Active infections <u> </u>		Lines <u> </u> day <u> </u> <u> </u> day <u> </u> <u> </u> day <u> </u>	
Other Management DVT Prophylaxis ☒ Enoxaparin ☐ SC Heparin ☐ SCDs ☐ Foot Pumps Contraindication <u> </u> ☐ Not Indicated H ₂ Blocker <u>Pantoprazole</u> ☐ Not Indicated Sedation <u> </u> Analgesia <u> </u>		Invasive line need reviewed? ☐ Yes ☒ No Labs <u>Rt: 63-169</u> <u>4/30 32 38 130</u> <u> </u>	
Vray Findings <u>CxR - central pulmonary vascular congestion - Kerley B lines in lung bases</u> <u>2-3 cm pleural effusion - right > left</u> Other Findings: <u> </u>		Other Meds <u> </u>	
AP Problem/Interventions <u>Stable and maintain</u> <u>abstain repair</u>		Status ☐ new ☐ unchanged ☐ worsening ☐ improved <u> </u> ☐ new ☐ unchanged ☐ worsening ☐ improved <u> </u> ☐ new ☐ unchanged ☐ worsening ☐ improved <u> </u> ☐ new ☐ unchanged ☐ worsening ☐ improved <u> </u> ☐ new ☐ unchanged ☐ worsening ☐ improved <u> </u>	
Signature <u> </u> ☒ MD (Resident/Fellow) ☐ MD (Attending) ☐ PA ☐ NP Pager <u>1594</u> Date <u>5/1/11</u> Time <u>0700</u> AM/PM		Plan <u>Cont clear</u> <u>Cont insulin gtt</u> <u>Hold RR</u> <u>IVP</u> <u>DDO 1/15 use</u>	
At TENDING I have reviewed and discussed with the housestaff / physician extenders the clinical course and findings above, as well as ☒ laboratory reports ☐ Xray reports ☐ Xray films ☐ results of additional medical testing and monitored output as noted above. I personally examined the patient and discussed care plans on rounds with the housestaff / physician extenders. My additional comments are: <u>My 100% 2/1 GFW.</u> <u>Nausea & PO - cat VF</u> <u>Decay - PHT</u> <u>Aspirin can - In each,</u> <u>PO la cod</u>			
Patient is critically ill / injured. I spent <u> </u> minutes providing critical care to this patient.		I personally discussed the case with <u> </u> minutes.	
Overall risk of complications / mortality ☐ Minimal ☐ Low ☒ Moderate ☐ High		In addition, I provided family / patient counseling. ☐ This counseling involved greater than 50% of the visit. Total counseling time was <u> </u> minutes.	
Attending Signature <u> </u>		Pager <u> </u> Date <u>5/1/11</u> Time <u> </u> AM/PM	

ah_trauma_docu_traumaprognote

OTE 700516 Rev. 5/10



MUSC Health
Trauma/Acute Care Surgery Progress Note

PRGRECRD

Form Origination Date: 1/10
Version: 2

Page 1 of 1

Version Date: 5/10

Date 5/2/11

Patient Name
MRN

P:495654253 DOB [REDACTED] B M
GOODWIN

DAVON

Adm:04/26/11 M:2657049

PATIENT IDENTIFICATION LABEL

Interval History ☐ Pt unable to provide history due to 14 y/o GSW to abd 5/0 Exp-Lap = IVC and mesenteric artery repair.																						
Vitals Tmax 100.1 °C/F Tc 100.1 °C/F SaO ₂ 99 % on ABT R 22 P 112 BP 161/95	Intake/Output Total In 3525 mL Total Out 3840 mL GU Urine 1700 mL Drains JP1: 25 mL JP2: 15 mL PO Tube feeds 250 mL Other: Stool x 3 GTUAC: 157																					
EYES ☒ PERRL ☐ No other abnormalities Other findings:	ENT ☐ Trach in place and w/o problems ☒ No other abnormalities Other findings:																					
NEURO ☒ A&O x 2 ☐ No focal findings Other findings:	CV ☐ RRR Other findings: Tachycardic																					
RESP ☒ Clear bilat. Chest Tubes Left ☐ suction ☐ water seal Output _____ mL Right ☐ suction ☐ water seal Output _____ mL Vent ☐ Not applicable Mode _____ Settings _____ Other findings:	GI ☐ Benign ☐ +BS BM ☒ Yes ☐ No Flatus ☐ Yes ☐ No Nutrition _____ Other findings: APGAR																					
MS ☒ No abnormalities Other findings: NAE	PSYCH ☒ Appropriate ☐ Unable to assess Other findings:																					
SKIN ☒ Wounds ☐ Intact/healthy ☐ Other Decubitus ulcer? ☐ No ☐ Yes Stage _____ Location _____ Other findings: Staples in fact																						
Active infections	Lines _____ day _____ day _____ day Invasive line need reviewed? ☐ Yes ☐ No																					
Other Management DVT Prophylaxis ☒ Enoxaparin ☐ SC Heparin ☐ SCDs ☐ Foot Pumps Contraindication _____ ☐ Not indicated H ₂ Blocker Famotidine _____ ☐ Not indicated Sedation _____ Analgesia Dilaudid	Lab 4/30 3.23 130 5/1 Preactbumin C.2																					
Xray Findings	Other Meds 591, Metoprolol, Zofran, Drymetazoline (nasal)																					
Other Findings																						
<table border="0"> <tr> <th>Problem/Injuries</th> <th>Status</th> <th>Plan</th> </tr> <tr> <td>Exp-Lap = IVC, SMA, IMA repair</td> <td>☒ new ☐ unchanged ☐ worsening ☐ improved</td> <td>ADAF</td> </tr> <tr> <td>Reconstruction</td> <td>☒ new ☐ unchanged ☐ worsening ☐ improved</td> <td>ADAF</td> </tr> <tr> <td></td> <td>☒ new ☐ unchanged ☐ worsening ☐ improved</td> <td>ADAF</td> </tr> <tr> <td></td> <td>☒ new ☐ unchanged ☐ worsening ☐ improved</td> <td>ADAF</td> </tr> <tr> <td></td> <td>☒ new ☐ unchanged ☐ worsening ☐ improved</td> <td>ADAF</td> </tr> <tr> <td></td> <td>☒ new ☐ unchanged ☐ worsening ☐ improved</td> <td>ADAF</td> </tr> </table>		Problem/Injuries	Status	Plan	Exp-Lap = IVC, SMA, IMA repair	☒ new ☐ unchanged ☐ worsening ☐ improved	ADAF	Reconstruction	☒ new ☐ unchanged ☐ worsening ☐ improved	ADAF		☒ new ☐ unchanged ☐ worsening ☐ improved	ADAF		☒ new ☐ unchanged ☐ worsening ☐ improved	ADAF		☒ new ☐ unchanged ☐ worsening ☐ improved	ADAF		☒ new ☐ unchanged ☐ worsening ☐ improved	ADAF
Problem/Injuries	Status	Plan																				
Exp-Lap = IVC, SMA, IMA repair	☒ new ☐ unchanged ☐ worsening ☐ improved	ADAF																				
Reconstruction	☒ new ☐ unchanged ☐ worsening ☐ improved	ADAF																				
	☒ new ☐ unchanged ☐ worsening ☐ improved	ADAF																				
	☒ new ☐ unchanged ☐ worsening ☐ improved	ADAF																				
	☒ new ☐ unchanged ☐ worsening ☐ improved	ADAF																				
	☒ new ☐ unchanged ☐ worsening ☐ improved	ADAF																				
Signature _____ PTMD (Resident/Fellow) ☐ MD (Attending) ☐ PA ☐ NP Page 570 Date 5/2/11 Time 2:20 AM PM ATTENDING I have reviewed and discussed with the housestaff / physician extenders the clinical course and findings above, as well as ☐ laboratory reports ☐ Xray reports ☐ Xray films ☐ results of additional medical testing and monitored output as noted above. I personally examined the patient and discussed care plans on rounds with the housestaff / physician extenders. My additional comments are: Nausea / Eructus last PM and this AM = po intake (covered & managed) - Will cont. NPO. Cont. 3-4 tube feeds. All drains to be run until for removal. Cont. to famotidine Ambulation - Patient is critically ill / injured. I spent _____ minutes providing critical care to this patient. Overall risk of complications / mortality ☐ Minimal ☐ Low ☐ Moderate ☐ High ☐ I personally discussed the case with _____ minutes. ☒ In addition, I provided family / patient counseling. This counseling involved greater than 50% of the visit. Total counseling time was _____ minutes. _____ Attending Signature _____ Page 1460 Date 05/02/11 Time 10:45 AM PM																						

ah_trauma_docu_traumaprognote

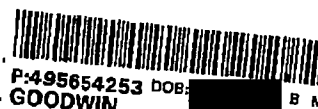
OTE 700518 Rev. 5/10



Physical Therapy Progress Note
Page 1 of 1

Form Origination Date: 5/09
Version: 3

Version Date: 4/10



P:495654253 DOB: [REDACTED] B M
GOODWIN
DAVON
Adm:04/26/11 M:2657049

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

Total treatment time: 40 minutes Total timed codes: 40 minutes
Family members present: ☐ Spouse ☒ Sibling ☒ Mother ☐ Father ☐ Child ☐ Other _____
Subjective: (patient goal) "I'm OK"
Pain level: 1/10 Special needs: ☐ Lumbar drain clamped ☐ TLSO intact ☐ Cervical Collar ☒ Other 2 JP drain Foley catheter
Objective: 3/10 seen bedside m/w.

Therapeutic Exercise: NT

Functional Mobility:

Key - TA: Total Assistance < 25% Max: Maximum Assistance > 25% but < 50% Mod: Moderate Assistance > 50% but < 75%
Min: Minimum Assistance > 75% S: Supervision standby, cueing, or coaxing subject I: Complete Independence
MI: Modified Independence requires assistive device, extra time or there is a safety risk

	TA	Max	Mod	Min	S	MI	I	Comments
Supine to sit	☐	☐	☐	☒	☐	☐	☐	<u>2 H29 2 trapeze</u>
Sit to stand	☐	☐	☐	☐	☒	☐	☐	<u>2 FW</u>
Sit to supine	☐	☐	☐	☐	☐	☐	☐	
Bed to chair	☐	☐	☐	☐	☐	☐	☐	
Rolling	☐	☐	☐	☐	☐	☐	☐	
Ambulation	☐	☐	☐	☐	☒	☐	☐	Distance: <u>120'</u> <u>2 FW</u>
Stairs	☐	☐	☐	☐	☐	☐	☐	<u>NT</u>

Gait: 2 FW, step through pattern, flexed pattern, posture as upright
left in w/c call bell & RN aware

Education: ☐ Needs reinforcement ☒ Patient / caregiver expressed understanding ☐ Patient / caregiver demonstrated understanding

Assessment: 2 E improved activity tolerance & functional mobility.
Continues to require FW 2° pain.

Working towards the following goals: see eval

D/C Recommendations: ☒ Home ☐ Home Health PT ☐ Acute Rehab ☐ Subacute ☐ SNF ☐ LTAC ☐ Outpatient PT ☐ 24 Hour

Equipment for D/C: ☐ Front wheeled walker ☐ Standard walker ☐ Adjustable straight cane ☐ Quad cane

☐ Axillary Crutches, ☐ Lightweight wheelchair with ☐ Elevating leg rests ☐ Bedside commode ☐ Other _____

Plan: Frequency Daily X per week to Functional mobility

Signature Melanie Hays PT DPT Pager ID 12469 Date 5/2/11 Time 3:00 AM/PM PM
all_pt_docu_ptprogressnote OTE 700476 Rev. 4/10



MUSC Health

Trauma/Acute Care Surgery Progress Note

Page 1 of 1

Form Origination Date: 1/10

Version: 2

Version Date: 5/10

Date 5/3/11



PRGRECRD



P:495654253 DOB [redacted] B M

GOODWIN

DAVON

Patient Name
MRN

Adm: 04/26/11 M: 2657049

PATIENT IDENTIFICATION LABEL

Interval History ☐ Pt unable to provide history due to			
19 y/o male sp new to abd & chest, IV and mesenteric artery repair, gastrostomy, feeding tube, cholecystectomy			
Vitals: Tmax 98.1 °C/F Tc 98.1 °C/F SaO2 99 % on RA		Intake/Output: Total In 3630 mL Total Out 5076 mL	
R 18 P 47 BP 162/88		GU: Urine 3400 mL Drains 1: 0 2: 25 3: 0 4: 0 5: 0 6: 0 7: 0 8: 0 9: 0 10: 0 11: 0 12: 0	
EYES: ☒ PERRL ☐ No other abnormalities		Foley in place: ☐ Yes ☒ No	
Other findings:		Foley need reviewed: ☐ Yes ☒ No	
ENT: ☐ Trach in place and w/o problems		Other findings:	
Other findings:		Other findings:	
NEURO: ABO x 3 ☐ No focal findings		CV: ☒ RRR	
Other findings:		Other findings:	
RES: ☒ Clear bilat. Chest Tubes Left ☐ suction ☐ water seal Output _____ mL		GI: ☒ Benign ☐ -BS BM ☐ Yes ☐ No Flatus ☐ Yes ☐ No	
Right ☐ suction ☐ water seal Output _____ mL		Nutrition: _____	
Vent: ☒ Not applicable Mode _____ Settings _____		Other findings:	
Other findings:		Other findings:	
MS: ☒ No abnormalities		SKIN: Wounds ☒ Intact/healthy ☐ Other _____	
Other findings:		Decubitus ulcer? ☒ No ☐ Yes Stage _____ Location _____	
Other findings:		Other findings:	
IP: Active infections		Lines: _____ day	
Abx Drug Day # of #		_____ day	
_____ of _____		_____ day	
_____ of _____		_____ day	
Other Management:		Invasive line need reviewed? ☐ Yes ☒ No	
DVT Prophylaxis: ☒ Enoxaparin ☐ SC Heparin ☐ SCs ☐ Foot Pumps		Lab: 107-141	
Contraception: _____		136 11031 6/12 Am: 7 E: 8.1	
Hb Blocker: _____		4.2 27 10.7	
Sedation: _____		Other Meds: 351 (2-10)	
Analgesia: _____		Zofran, Metoprolol	
Other findings:		Proxymetazoline, Protein supplement	
AP Problem/Injuries			
S/P IV and mesenteric artery repair			
Status			
new ☐ unchanged ☐ worsening ☐ improved ☐			
new ☐ unchanged ☐ worsening ☐ improved ☐			
new ☐ unchanged ☐ worsening ☐ improved ☐			
new ☐ unchanged ☐ worsening ☐ improved ☐			
new ☐ unchanged ☐ worsening ☐ improved ☐			
new ☐ unchanged ☐ worsening ☐ improved ☐			
Plan			
continue TP/feeds			
Asat			
OOD			
check amylase, lipase			
Signature: _____			
MD (Resident/Fellow) ☒ MD (Attending) ☐ PA ☐ NP ☐ Pager: 572 Date: 5/3/11 Time: 0600 AM/PM			
ATTENDING: I have reviewed and discussed with the housestaff / physician extenders the clinical course and findings above, as well as laboratory reports, X-ray reports, X-ray films, results of additional medical testing and monitored output as noted above. I personally examined the patient and discussed care plans on rounds with the housestaff / physician extenders. My additional comments are:			
S/P Extap, drain placement			
malnutrition - Cont distal Tuse feeds			
Cont PO pain control, D/C IV pain meds			
Cont all drains			
Patient is critically ill / injured. I spent _____ minutes providing critical care to this patient.			
Overall risk of complications / mortality: ☐ Minimal ☐ Low ☐ Moderate ☐ High			
I personally discussed the case with _____ minutes.			
In addition, I provided family / patient counseling. This counseling involved greater than 50% of the visit. Total counseling time was _____ minutes.			
Attending Signature: _____			
Page: 14030 Date: 5/3/11 Time: 1218 PM			

ch_trauma_docu_traumaprognote

OTE 700518 Rev. 5/10



PRORECD

INTERDISCIPLINARY PROGRESS NOTES

Form Origination Date: 1/00
Version: 4

Version Date: 2/10



P:495854253 DOB: [REDACTED] B M

GOODWIN

DAVON

Adm:04/26/11 M:2657049

PATIENT IDENTIFICATION LABEL

Prohibited abbreviations:

These abbreviations are prohibited in ANY FORM
(i.e., upper or lower case, with or without periods):

ug or ug	U or u	IU	
qd / QD	qod / QOD	MS / MSO,	MgSO ₄

Drug names will not be abbreviated (e.g., AZT, HCTZ, NEO)

Do not write a whole number with a trailing zero:

USE: 5 mg NOT: 5.0 mg

Write a decimal point with a leading zero:

USE: 0.5 mg NOT: .5 mg

Date	Time	
5/3/11	1040	Nutrition
		pt continues on enteral feeding via Jtube.
		currently @ goal - provide @ 95 mcL @ prenat Qday
		providing 2340 calories, 158 gm protein.
		pt taking small sips of Clear currently, @ nausea
		since emesis event yesterday. @ BM today.
		to team to slowly advance diet. @ intermittent abd pain
		labs: 5/2: prealbumin 0.2
		Meds: Zofran, Metoprolol, SS1 #2
		Plan:
		1. continue current TE regimen.
		2. Full tolerance to po upgrades - pt ~~not~~ very catabolic
		& must improve, will adjust feeding regimen based on PO.
		3. continue trend prealbumin - may benefit from IVUN to
		ensure adequate protein administration
		Kristy J. RD LD CNSC
		#12461
5/3/11	1306	PT: PT attempted FU session. PT refusing 2° pain
		& fatigue. PT rep. not sleeping last night. With IV
		available in AM of 5/4.
		Mary Ne PT
		12469

all_all_docu_pgrrecd1

OTE 700222 Rev. 2/10



MUSC Health

Trauma/Acute Care Surgery Progress Note

PROGRCRD

Page 1 of 1

Form Origination Date: 1/10

Version: 2

Version Date: 5/10

Date 5/11/11

P:495654253 DOB

B M

GOODWIN

DAVON

Adm:04/26/11

M:2657049

Patient Name

MRN

PATIENT IDENTIFICATION LABEL

Interval History ☐ Pt unable to provide history due to		19 y/o male s/p 6/8/04 to aortic aneurysm repair, IV and mechanical airway repair, laparotomy, feeding, duodenostomy.	
Vitals T max 99.1°C F To 96.3°C F SaO ₂ 100% on R 22 P 105 BP 50/165		Intake / Output Total In 21640 mL Total Out 6750 mL IV Fluids / PN 1600 mL Urine 37 mL PO Tube feeds 720 mL Drains JP 15 mL JP2 = 35 Other: 180 mL Other stool x7 Foley in place ☐ Yes ☐ No FF-1140 Foley need reviewed ☐ Yes ☐ No Other findings: Wound drain 250	
EYES ☐ PERL ☐ No other abnormalities ☐ Trach in place and w/o problems Other findings: ☐ No other abnormalities		CV ☐ RRR ☐ Tachycardia	
NEURO ☐ A&O x 2 ☐ No focal findings ☐ GCS = 15		GI ☐ Benign ☐ +BS BM ☐ Yes ☐ No Flatus ☐ Yes ☐ No Nutrition ☐ Route ☐ Other findings: Small c/12 Gt 6/5 / JP drain	
RESP ☐ Clear bilat. Chest Tubes Left ☐ suction ☐ water seal Output _____ mL Right ☐ suction ☐ water seal Output _____ mL		SKIN Wounds ☐ Intact / healthy ☐ Other Decubitus ulcer? ☐ No ☐ Yes Stage _____ Location _____	
Vent ☐ Not applicable Mode _____ Settings _____		Other findings: _____	
MS ☐ No abnormalities		PSYCH ☐ Appropriate ☐ Unable to assess	
Other findings: _____		Other findings: _____	
Active infections _____		Invasive line need reviewed? ☐ Yes ☐ No	
Other Management DVT Prophylaxis ☒ Enoxaparin ☐ SC Heparin ☐ SCDs ☐ Foot Pumps Contraindication ☐ Not indicated H ₂ Blocker ☒ Pepsid ☐ Not indicated Sedation _____ Analgesia ☒ Oxycodone		Lab Amylase 378 BUN: 99-180 (180) Blood as x2 Other Meds 881 (2-10) metoprolol, protein supplement	
Xray Findings ☒ p		Other Findings _____	
Problem / Injuries s/p IV and mechanical airway repair		Status ☐ new ☐ unchanged ☐ worsening ☐ improved ☐ new ☐ unchanged ☐ worsening ☐ improved ☐ new ☐ unchanged ☐ worsening ☐ improved ☐ new ☐ unchanged ☐ worsening ☐ improved ☐ new ☐ unchanged ☐ worsening ☐ improved ☐ new ☐ unchanged ☐ worsening ☐ improved	
Signature ☒ MD (Resident/Fellow) ☐ MD (Attending) ☐ PA ☐ NP		Plan OAB TP at 6am CHEX VACUUM 2/2 mechanical airway	
Page 154 Date 5/11/11 Time 06:00 AM PM		ATTENDING I have reviewed and discussed with the housestaff / physician extenders the clinical course and findings above, as well as ☐ laboratory reports ☐ Xray reports ☐ Xray films ☐ results of additional medical testing and monitored output as noted above. I personally examined the patient and discussed care plans on rounds with the housestaff / physician extenders. My additional comments are:	
Patient is critically ill / injured. I spent _____ minutes providing critical care to this patient.		Overall risk of complications / mortality ☐ Minimal ☐ Low ☐ Moderate ☐ High ☐ I personally discussed the case with _____ minutes.	
☐ In addition, I provided family / patient counseling. ☐ This counseling involved greater than 50% of the visit. Total counseling time was _____ minutes.		Attending Signature _____ Pager _____ Date _____ Time _____ AM PM	

ah_trauma_docu_traumaprognote

OTE 700518 Rev. 5/10

04/26/2011 3:22 PM FROM: Fax Charleston County TO: +1(843) 792-9131 PAGE: 002 OF 007

FINAL

Patient Care Report



Charleston County EMS

4045 BRIDGEVIEW DRIVE
Suite B-308
N CHARLESTON, SC 29405
(843) 202-8700 Ext.

Run Number: 0308665

Date of Service: 04/26/2011

Patient Name: DAVON GOODWIN

CREW INFO	RESPONSE INFO	DISPOSITION	TIMES
Vehicle: 1504 Crew #1: Sankitis, Joe Crew #2: Cuarento, Michelle Doc'd By: Sankitis, Joe Assisted By: 4 0 0	Med/Trn Unit: Trauma Call Type: ALS Response Priority: Emergent Nature Of Call: Shooting/Stabbing Start Mileage: 1.0 Resp. Delay: Crowd Safety <None> Trans. Delay: None <None> <None> Call Taken by: Resp. With: Fire Law Enforcement Location: 54 South St CHARLESTON, SC 29403 Pt. Found: L Lateral Recumbent	Outcome: Patient Transported Dept. Reason: Other Transport Priority: Emergent Transport Change: Emergent At Scene Mileage: 1.0 At Dest. Mileage: 1.2 Candidates at Dest.: Worst Level of Care: ALS Barriers to Care: None None None Pt. Transported: Supine - Stretcher Destination: MUSC 1 West 171 ASHLEY AVE CHARLESTON, SC 29401 Rece Doctor: Transporting Agency: Charleston County EMS	Recvd: 02:18 04-26-11 Dispatch: 02:22 04-26-11 En route: 02:23 04-26-11 Assess: 02:28 04-26-11 Attend: 02:29 04-26-11 Transport: 02:35 04-26-11 At dest: 02:44 04-26-11 In service: At base: 03:23 04-26-11

PATIENT INFORMATION

Name: DAVON GOODWIN	Phone: [REDACTED]	DL Info:
SSN: [REDACTED]	DOB: [REDACTED] (19 yrs)	Weight: 150 lbs (68.18 kgs)
Sex: Male	Home Addr.: [REDACTED]	Mailing Addr.:
Race: African American		

INSURANCE

Employer Insurance Info:		
Company: Self Pay	Group #:	Code:
no insurance information entered		

HISTORY

<u>Allergies</u> NKDA	 P:495654253 DOB: [REDACTED] TRAUMA VICTIM PP Adm:04/26/11 M:2657049
<u>Cause of Injury</u> Firearm assault (EP05.0)	
<u>Chief Complaint</u> Stab/Gunshot Wound Note: SINGLE GSW TO LEFT UPPER ABD	
<u>Medications</u> None Currently -	
<u>Past Medical History</u> None	

FINAL

Patient Care Report



Charleston County EMS

4048 BRIDGE VIEW DRIVE
SUITE B-308
N CHARLESTON, SC 29405
(843) 292-6700 Ext.

Run Number: 0308665

Date of Service: 04/26/2011

Patient Name: DAVON GOODWIN

ASSESSMENTS

04/26/2011 02:20:00 By: Sanders, Joe

Body Area	Assessment	Body Area	Assessment
Airway	Patent Patent:	Breathing	Normal Respirations Normal Respirations:
Circulation	Pulses - Radial - Normal (2+) Pulses - Radial - Normal (2+):	Chest	Assessed with No Abnormalities Assessed with No Abnormalities: BSS=CLEAR
Abdomen - Left Lower	Assessed with No Abnormalities, Soft Assessed with No Abnormalities: Soft:	Abdomen - Left Upper	Bleeding Controlled, Gunshot, Pain, Soft Bleeding Controlled: Gunshot: Pain: Soft:
Abdomen - Right Lower	Assessed with No Abnormalities, Soft Assessed with No Abnormalities: Soft:	Abdomen - Right Upper	Assessed with No Abnormalities, Soft Assessed with No Abnormalities: Soft:
Back - Sacral	Assessed with No Abnormalities Assessed with No Abnormalities:	Back - Thoracic	Assessed with No Abnormalities Assessed with No Abnormalities:
Extremities/Skin	Gunshot, Pain Gunshot: Pain:	Mental Status	Alert and Oriented Alert and Oriented:
Spine	Assessed with No Abnormalities Assessed with No Abnormalities:		



P:495654253 DOB: [REDACTED] U
TRAUMA
VICTIM PP
Adm:04/26/11 M:2657049

FINAL

Patient Care Report



Charleston County EMS

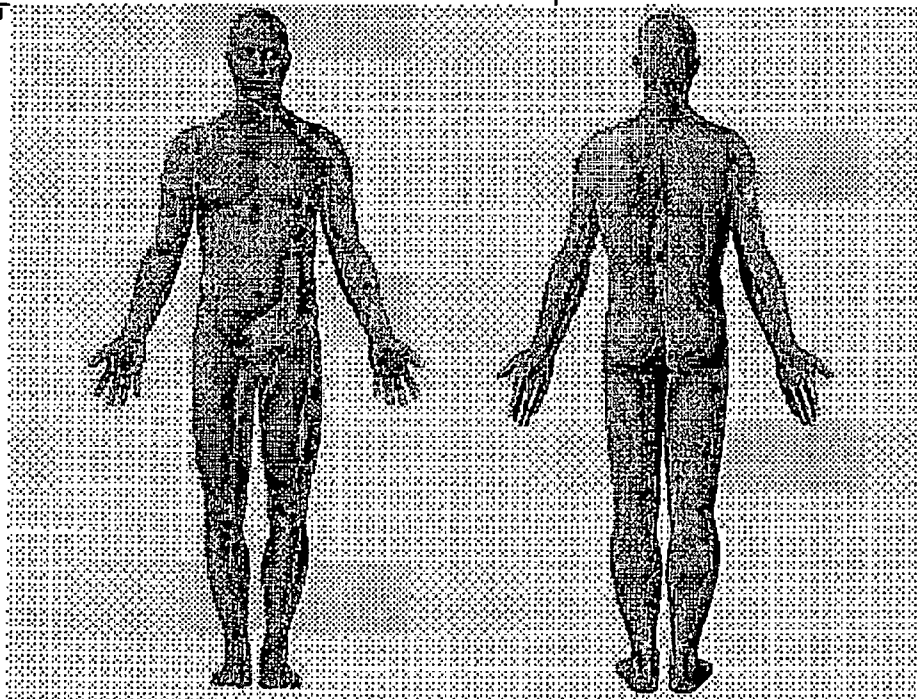
4045 BRIDGE VIEW DRIVE
Suite B-308
N CHARLESTON, SC 29405
(843) 202-4700 Ext.

Run Number: 0308665

Date of Service: 04/26/2011

Patient Name: DAVON GOODWIN

ANNOTATION



Copyright © 2004 Medex Medical Art, Inc. All rights reserved. www.medexinc.com

IMPRESSIONS

Primary Impression: Other Trauma (Internal/Head/Chest/Abd Inj)

Secondary Impressions: Pain (NOS)

TRAUMA

Trauma Description

Shooting

Type of Weapon - Handgun



P:495654253 DOB: [REDACTED] U

TRAUMA

VICTIM PP

Adm:04/26/11 M:2657049

Page 3 of 6

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 3 of 6

MUSC417 OF 519

FINAL**Patient Care Report****Charleston County EMS**

4045 BRIDGE VIEW DRIVE
Suite B-309
N CHARLESTON, SC 29405
(843) 202-6700 Ext.

Run Number: 0308665

Date of Service: 04/26/2011

Patient Name: DAVON GOODWIN

VITAL SIGNS

Time	BP	Pulse	Respiratory	SPO2	ETCO2	Glucose	ECG
02:37	92/50 Automated Cuff	82, Strong, Regular	18 Normal, Regular	88%, Source: Supplemental			
Skin Temp=Normal Skin Color=Normal Skin Moisture=Moist Lung Sounds Left=Normal BS Lung Sounds Right=Normal BS Pupil Reacts: Left=Reactive, Right=Reactive Level of Consciousness: Alert; Pain Scale=10; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement: Left=Spontaneous, Right=Spontaneous ECG=Normal Sinus Rhythm							
Completed By: Sankitts, Joe							
02:43	100/80 Manual Cuff	80, Strong, Regular	18 Normal, Regular	100%, Source: Supplemental			
Skin Temp=Normal Skin Color=Normal Skin Moisture=Moist Lung Sounds Left=Normal BS Lung Sounds Right=Normal BS Pupil Reacts: Left=Reactive, Right=Reactive Level of Consciousness: Alert; Pain Scale=10; ECG=Normal Sinus Rhythm							
Completed By: Sankitts, Joe							
02:50	0	Strong, Regular	18 Normal, Regular				
Skin Temp=Normal Skin Color=Normal Skin Moisture=Moist Lung Sounds Left=Normal BS Lung Sounds Right=Normal BS Pupil Reacts: Left=Reactive, Right=Reactive Level of Consciousness: Alert; Pain Scale=10; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement: Left=Spontaneous, Right=Spontaneous							
Completed By: Sankitts, Joe							

P:495654253 DOB: [REDACTED] U
TRAUMA
VICTIM PP
Adm:04/26/11 M:2657049
E4 + V5 + M5 = 14

TRAUMA SCORES

No trauma scores entered

Comments:

TREATMENT SUMMARY

Time	PTA	Treatment	Who performed	Comments
02:30		Spinal Immobilization Complication	Quaranta, Michelle Complication Narrative	
Size=N/A		# of Attempts=1	Successful=Yes	
Response=Unchanged		Authorizing Physician=Standing Orders	Method=LSB	
KED Used=No		How Found=Lateral	Cervical Collar=Adult Adj. Collar	
Indication=Altered LOC / Trauma		Body Secured=8 ft straps	Head Secured=Foam Blocks	
CNS Intact Previous=Yes		CNS Intact Post=Yes		
02:31		Oxygen Complication	Quaranta, Michelle Complication Narrative	
Indication=Medic Discretion		Response=Unchanged	Authorizing Physician=Standing Orders	
Route=Adult NRB		Dosage Units=Oxygen LPM	Dosage=15	
Successful=Yes				

Page 4 of 6

04/26/2011 3:22 PM FROM: Fax Charleston County TO: +1(843) 792-9131 PAGE: 006 OF 007

FINAL

Patient Care Report



Charleston County EMS

4045 BRIDGE VIEW DRIVE
Suite B-308
N CHARLESTON, SC 29405
(843) 202-6700 Ext.

Run Number: 0308665

Date of Service: 04/26/2011

Patient Name: DAVON GOODWIN

TREATMENT SUMMARY CONTINUED

Time	PTA	Treatment	Who performed	Comments
02:31		Bleeding / Bandaging <u>Complication</u>	Sankitts, Joe <u>Complication Narrative</u>	
		Size=N/A	# of Attempts=1	Successful=Yes
		Response=Improved	Authorizing Physician=Standing Orders	Bandage type=Vaseline Gauze
		Bandage Indication=Bleeding Control	Bleeding Controlled=Direct Pressure	
02:34		Cardiac Monitor <u>Complication</u>	Sankitts, Joe <u>Complication Narrative</u>	
		Successful=Yes	Response=Unchanged	Authorizing Physician=Standing Orders
		# of Attempts=1		
02:36		IV <u>Complication</u>	Sankitts, Joe <u>Complication Narrative</u>	
		Size=18 G	# of Attempts=1	Successful=Yes
		Response=Improved	Authorizing Physician=Standing Orders	IV Site=L Arm
		Solution=0.9% NaCl	Rate=WO	Volume Infused=200 CC
		Tubing=Macro Drip		

NARRATIVE

MEDIC 8 RESPONDED TO ABOVE LOCATION FOR A GSW. STAGING ORDERED BY EMS DISPATCH (UNTIL CPD CLEARED SCENE). ARRIVED TO FIND 18YOBW LYING ON HIS LEFT SIDE. BLOOD STAINING ON HIS LEFT SIDE CLOTHES & PANTS. SMALL AREA OF BLOOD ON CONCRETE NEAR PT'S LEFT SIDE. TRAUMA ALERT GIVEN TO MUSC (VIA EMS DISPATCH). CPD ASSISTED M8 CREW MEMBER IN GATHERING EQUIPMENT (STRETCHER, SPINAL EQUIPMENT). PT'S BACK SHIRT CUT EXPOSING HIS POSTERIOR TORSO. SWEEP REVEALED A TRAUMATIC INTACT SKIN. NEG DEFORMITY TO HIS SPINE REGION. PT GRIMACING AND GUARDING LEFT SIDE. CROWD ON SCENE HAD TO BE DISPERSED BY CPD. PT C/O "SINGLE GSW TO HIS LEFT ABD. HE VOICED "I HEARD ONE SHOT, & FELT PAIN IN MY STOMACH." PT LOG ROLLED ON TO LBB. SMALL DIAMETER SINGLE GSW TO HIS LEFT UPPER ABD. IT APPEARED TO BE JUST MEDIAL TO HIS LEFT (FLANK) RIB REGION. ASSESSMENT OF LUNG FIELDS REVEALED: RBS= CLEAR. PT DENIED HAVING ANY TROUBLE BREATHING. OCCL DRESSING APPLIED TO GSW. OXYGEN WAS APPLIED VIA NRB (15 LPM). RR WAS 18, NON LABORED. SKIN WAS MOIST TO THE TOUCH. ASSESSED REGULAR RADIAL PULSE. PT PLACED IN BACK OF AMBULANCE VIA STRETCHER. ABD WAS SOFT IN ALL REGIONS. VITALS WERE RECORDED. ECG MONITOR WAS APPLIED (SR IN LEAD II). PT TRANSPORTED TO MUSC. IV WITH 1000 CC NS ESTABLISHED ("WO"). PT HAD TOO MUCH EXTREMITY MOVEMENT TO ALLOW SAFE ESTABLISHMENT OF SECOND IV ATTEMPT. GCS=14. PT ORIENT TO P/P/T. MED CONTROL ESTABLISHED WITH MUSC. NO FURTHER C/O. PT GIVEN OVER TO RECV NURSE NOTED BELOW (ALONG WITH AWAITING TRAUMA TEAM). -JLS

HIPAA

Delivery Date: Delivery Method: Delivered To Relationship: Delivered To:

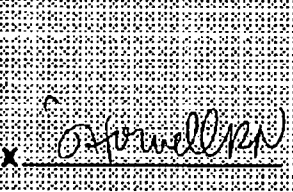
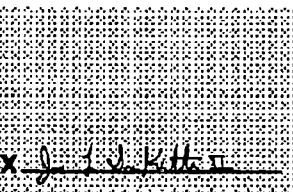
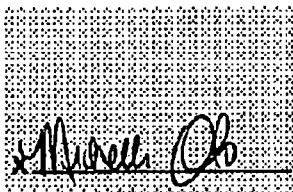
Ack. Date: Ack. Method: Ack. By Relationship: Ack. By:

no signatures entered



P:495654253 DOB: [REDACTED] U
TRAUMA
VICTIM PP
Adm:04/26/11 M:2657049

Page 5 of 6

FINAL		Patient Care Report	
	Charleston County EMS 4045 BRIDGE VIEW DRIVE Suite B-309 N CHARLESTON, SC 29405 (843) 202-6700 Ext.	Run Number: 0308885 Date of Service: 04/26/2011 Patient Name: DAVON GOODWIN	
SIGNATURES			
<u>Time</u>	<u>Type</u>	<u>Who signed</u>	<u>Why patient did not sign</u>
04/26/2011 03:22	Receiving Nurse or Physician Signature	Nurse - RN, SARAH	<Not applicable>
		I hereby accept responsibility of DAVON GOODWIN from crew members Sankitts, Joe, Quaranto, Michelle.	
CREW INFORMATION			
Start Date/Time: 04/25/2011 18:00			
<u>Crew #</u>	<u>Name</u>	<u>Crew #</u>	<u>Name</u>
SC00884	Sankitts, Joe	SC01427	Quaranto, Michelle
1		7	
<u>Licenses:</u>	SC008841		SC014277
			


 P:495654253 DOB: [REDACTED] U
TRAUMA
VICTIM PP
 Adm:04/26/11 M:2657049

Page 6 of 6



RADIOREQST
TRAUMA SURVEY RADIOLOGY REQUEST FORM
 Phone: 843-792-9729
 Fax: 843-792-9364
 Page 1 of 1

Form Origination Date: 2/08
 Version: 2

Version Date: 9/09



P495654253 DOB: [REDACTED] U
 TRAUMA
 VICTIM PP
 EAdm:12/31/11 M2657049

PATIENT IDENTIFICATION LABEL

Request Type:

- ☐ New Study
☐ Reinterpretation of outside films

☐ Use "Pan scan single pass technique" (CT Anglo neck/CT Chest/CT Abdomen/CT Pelvis)
 (Requires attending trauma surgeon signature prior to scan)

HEAD:
 Indication(s)

- ☐ Head / Brain CT Scan
☐ Coma
☐ Penetrating Injury
☐ Syncope and collapse
☐ Acute head pain due to trauma
☐ Other: _____
- ☐ Head / Brain MRI
☐ Transient alteration of awareness
☐ Altered mental status
☐ No written report of outside films available
☐ Need for urgent expert reinterpretation of outside studies
- ☐ CT Anglo of Cerebral Vessels

FACE:
 Indication(s)

- ☐ Facial CT Scan
☐ Cerebrospinal fluid otorrhea/rhinorrhea
☐ Penetrating injury
☐ Acute facial pain due to trauma
☐ Other: _____
- ☐ Facial Series
☐ Injury of face
☐ No written report of outside films available
☐ Need for urgent expert reinterpretation of outside studies

NECK:

Indication(s)

- ☐ Cervical Spine CT Scan
☐ Cervical Spine Series
☐ Acute neck pain due to trauma
☐ Paralysis
☐ Penetrating Injury
☐ Other: _____
- ☐ Soft Tissue Neck CT Scan
☐ C Spine Soft Tissue Series
☐ Injury of neck
☐ No written report of outside films available
☐ Need for urgent expert reinterpretation of outside studies
- ☐ CT Anglo of Cervical Vessels

CHEST:

Indication(s)

- ☐ CXR ☐ AP ☐ Lat ☐ PA
☐ Acute chest pain due to trauma
☐ Injury of chest wall
☐ Pain in thoracic spine
☐ Penetrating Injury
☐ Hemothorax / Pneumothorax
☐ Other: _____
- ☐ Chest CT
☐ Mediastinal hematoma (abnormal mediastinum)
☐ Respiratory insufficiency
☐ Paralysis
☐ No written report of outside films available
☐ Need for urgent expert reinterpretation of outside studies

ABD/PELVIS:

Indication(s)

- ☐ Pelvis ☐ AP ☐ I/O ☐ Judet ☐ Lat
☐ Abdomen / Pelvis CT
☐ Acute abdominal pain due to trauma
☐ Paralysis
☐ Pain in lumbar spine
☐ Penetrating injury
☐ Hemorrhagic shock
☐ Pelvis fracture
☐ Other: _____
- ☐ Abd ☐ AP ☐ Lat ☐ Uppt ☐ Decub ☐ L ☐ R
☐ Abdomen CT Only ☐ Pelvis CT Only ☐ CT Cystogram
☐ Acute pelvic pain due to trauma
☐ Pain in joint involving pelvic region / thigh
☐ Hematuria
☐ Intra-abdominal hemorrhage
☐ No written report of outside films available
☐ Need for urgent expert reinterpretation of outside studies

OTHER:

Indication: _____

- ☐ Contrast Allergy
☐ Premedication Ordered
☐ Creatinine _____

- ☐ Respiratory Isolation needed
☐ Contact Isolation needed
☐ Possible Pregnancy

ACCESSION # _____

TECHNOLOGIST _____

COMPLETION DATE / TIME _____

Requesting Provider: _____

Attending Physician: _____

(if different from requestor) Last Name, First Name

ah_cricare_1w_request_traumaraquest

Pager ID _____ Phone _____ Date _____ Time _____

Pager ID _____ Phone _____ Date _____ Time _____

OTE 700319 Rev. 9/09

CXR 6319897

ABD 6319896

GSW
\
\

Technologist: CASSANDRA FERRELL
Radiologist 1: NANCY CURRY
Radiologist 2: ASHLEY SIMONAK
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: NANCY CURRY
Date Authenticated: 04/27/2011 11:07

EXAMINATION: ABDOMEN 04/27/11 10:12:00

ACCESSION NUMBER: 6321332

INDICATION: Missing lap, gunshot wound

COMPARISON: Abdomen radiograph 4/26/11

FINDINGS: Single AP supine view of the abdomen was obtained for a missing lap pad in the OR with exclusion of the hemidiaphragms and lower pelvis. Three drains with direct connecting tubing overlie the upper abdomen and left lower abdomen. Nasogastric tube tip overlies the distal stomach. Metallic intact bullet overlies the right abdomen. Fluid distended dense bowel in the central open abdomen. Partial visualization of a rectal temperature probe overlying the lower pelvis. Bones are intact. Radiopaque folding seen in the peripheral right flank is likely a cloth fold outside the patient on the skin.

IMPRESSION:

No radiographic visualization of a radiopaque lap pad.

Dilated fluid filled small bowel in the central open abdomen. Repeat radiographs until resolution.

Key findings discussed with circulating nurse who relayed it to Dr. Lundy in the OR on 04/27/11 10:48:50 by Dr. A. Simonak.

VOICE DICTATED BY: Dr. ASHLEY SIMONAK
I have reviewed the images and agree with the findings in this report.

GSW to LUQ

\

Technologist: CATHY SHILL

Radiologist 1: JAMES RAVENEL

Radiologist 2: ANDREW CONRAD

Radiologist 3:

Transcribed by: Tech IntTalk

Date Dictated:

Proxy Signer:

Authenticating Radiologist: JAMES RAVENEL

Date Authenticated: 04/26/2011 09:10

EXAMINATION: SINGLE VIEW OF THE CHEST 04/26/11 06:23:00

ACCESSION NUMBER: 6319903

INDICATION: GSW to LUQevaluate for pneumothorax GSW to LUQ

COMPARISON: None

FINDINGS: Single frontal radiograph of the chest reveals the cardiac silhouette to be normal in size and configuration. The lungs show no evidence of focal air space disease, pleural effusion, or pneumothorax. Visualized upper abdomen is unremarkable. Endotracheal tube and nasogastric are in satisfactory position.

IMPRESSION:

No evidence of acute cardiopulmonary

VOICE DICTATED BY: Dr. Andrew Conrad

I have reviewed the images and agree with the findings in this report.

trauma gsw

\

Technologist: GEORGE MCCUBBINS
Radiologist 1: STEPHEN SCHABEL
Radiologist 2: NICHOLAS MAYES
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: STEPHEN SCHABEL
Date Authenticated: 04/26/2011 07:33

EXAMINATION: ABDOMEN, TWO VIEWS 04/26/11 03:09:00

ACCESSION NUMBER: 6319896

INDICATION: trauma gsw

COMPARISON: None

FINDINGS: AP supine and cross table lateral views of the abdomen were obtained. Interim marker overlying the left upper quadrant anteriorly with a bullet located in the right lower quadrant posteriorly. Valgus pattern is unremarkable. Lateral radiograph is suboptimal due to patient motion and positioning, pneumoperitoneum is not entirely excluded. Lucencies extending along the periphery of the upper abdomen on the frontal radiograph likely due to artifacts.

IMPRESSION:

1. Ballistic injury to the abdomen with bullet overlying the right lower quadrant posteriorly. Suboptimal lateral radiograph and pneumoperitoneum is not excluded.

Patient was taken directly to the OR after chest and abdominal radiographs for exploratory laparotomy.

VOICE DICTATED BY: Dr. NICHOLAS MAYES
I have reviewed the images and agree with the findings in this report.

GSW to abdomen. now HD3 with fever to 101.5F.

\

Technologist: ZACHARY LAMBLE
Radiologist 1: ANIL RAO
Radiologist 2: ASHLEY SIMONAK
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: ANIL RAO
Date Authenticated: 04/30/2011 11:02

EXAMINATION: CHEST 04/30/11 05:41:00

ACCESSION NUMBER: 6324260

INDICATION: Fever, gunshot wound to abdomen, now HD3 with fever to 101.5F.

COMPARISON: Chest x-ray 4/27/11

FINDINGS: Single semiupright portable frontal view of the chest. Patient is rotated to the right. Interval removal of endotracheal and enteric tube. The cardiomediastinal silhouette is unchanged compared to prior exams, when accounting for technique. Lungs demonstrate low lung volumes with central pulmonary vascular congestion and haziness of the left lower lobe. Small left pleural effusion. No pneumothorax. No acute bony changes.

IMPRESSION:

Central pulmonary vascular congestion. Hazy opacity in the left lower lobe which could be due to atelectasis. Small left pleural effusion. May consider a PA and lateral view when patient is able.

Interval removal of endotracheal and enteric tube.

VOICE DICTATED BY: Dr. ASHLEY SIMONAK
I have reviewed the images and agree with the findings in this report.

GSW LUQ

\
\

Technologist: CATHY SHILL
Radiologist 1: PHILIP COSTELLO
Radiologist 2: MAX BERRY
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: PHILIP COSTELLO
Date Authenticated: 04/27/2011 09:00

EXAMINATION: Chest 04/27/11

ACCESSION: 6319966

INDICATION: GSW LUQ

COMPARISON: Radiograph 4/26/11

TECHNIQUE: Single frontal radiograph

FINDINGS: Support tubes and catheters are unchanged. Cardiac silhouette, mediastinum and hila are unchanged. No focal airspace disease, pleural effusions or pneumothorax. Osseous structures are unchanged.

IMPRESSION:

No acute cardiopulmonary disease.

DICTATED: Max Berry, MD, PhD
I have reviewed the images and agree with the findings in this report.

trauma gsw
\
\

Technologist: GEORGE MCCUBBINS
Radiologist 1: JAMES RAVENEL
Radiologist 2: NICHOLAS MAYES
Radiologist 3: ANDREW CONRAD

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: JAMES RAVENEL
Date Authenticated: 04/26/2011 09:10

EXAMINATION: CHEST 04/26/11 03:09:00

ACCESSION NUMBER: 6319897

INDICATION: pain trauma gsw

COMPARISON: 4/26/11 03:01

FINDINGS: Single frontal view of the chest demonstrates unchanged appearance of an endotracheal tube 5 cm with interval placement of an nasogastric tube with the distal tip coiled over the gastric fundus and removal of a left-sided central venous catheter. Cardiomedial silhouette is unchanged. Lungs demonstrate unchanged appearance of the left costophrenic angle and no further evidence of pneumothorax. No evidence of focal airspace disease or pleural effusion. No acute bony abnormality.

IMPRESSION:

No evidence of acute cardiopulmonary disease.

Stable positioning of support lines and tubes as above.

VOICE DICTATED BY: Andrew B. Conrad M.D.
I have reviewed the images and agree with the findings in this report.

Therapies Performed:

undefined

Signed by: Shelley Clayton, Physical Therapist

Therapies Performed:
PTEVAL

Medical University Hospital Authority
Physical Therapy Charting Report

Date of Service: 4/30/2011
Patient: DAVON GOODWIN
MRN: 002657049
PAT: 495654253
DOB: 6/12/1991
AGE: 19 years

Attending Provider: LEON, STUART
Referring Provider: REFERRAL, SELF
Location of Treatment: Bedside
Date Therapy Plan Established (29): 4/30/2011
Date Patient First Became Aware of Symptoms (11): 04/26/2011
Date Service Initiated by Billing Provider (35): 4/30/2011
Funding: CHAMBERLIN EDMONDS ASSOC
Primary Diagnosis: GSW to LUQ
Treatment Diagnosis: Difficulty Walking (719.7)

History of Present Illness: 19 yo presents via EMA after GSW to LUQ with SMA, SMV, IVC injuries. s/p duodenal and abdominal repair.
Past Medical History: No PMH
Past Surgical History: NS
Social History
- Prior level of function: independent
- Occupation/Work status: currently unemployed
- Living situation: lives with parents
Allergies: see chart
Precautions: drain, IV, Foley catheter, JP drain, TED hose, sequential compression device
Activity Status: OOB with Assistance

SUBJECTIVE

Pain (Average pain over the last 24 hours): 8/10 /10 (0=no pain to 10=E.R.)
Patient's Goals: not do PT

OBJECTIVE

Mental Status: Patient is alert and oriented to name, place and date.
Barriers to learning: no limitations to learning
Initial Observations: supine upon arrival, asleep. Required encouragement to participate
Special Conditions: TED Hose IV Drain Foley Catheter
ROM: Upper Extremities: WFL
Lower Extremities: WNL
Strength: Upper Extremities: WNL
Lower Extremities: Uninvolved extremity WFL except: (involved extremity NT secondary to pain)
Endurance: Fair - Tolerates 5 to 15 minutes of an uninterrupted exercise bout.
Sensation: Intact to light touch. Location: BLE
Weight Bearing Status: As tolerated BLE
Level of Function at Start of Care (Functional Limitations):
- Bed mobility:
- Rolling: Left: Moderate Assistance
- Scooting: Moderate Assist
- Supine to Sit: Moderate Assist

- Sit to Supine: Maximum Assist
- Transfers
 - Sit to Stand: Patient is moderate assist.
 - Bed to Chair: Not tested.
- Ambulation: Not Tested Unable to tolerate amb 2/2 pain/weakness
- Stairs: Patient is total assist on stairs with two rails and no assistive device.

Treatment: Total Treatment Time: 40 minutes. Total Treatment Time Timed
 Codes: 25. Evaluation, Transfer Training Anti-embolism exercises. : Anti
 embolism therex x 10 BLE, bed mobility training, sat EOB x 5 min, sit to stand
 x 2, standing up with min A x 5 min
 Patient/Family Education: Patient Family was instructed in P.T. Role Exercises,
 importance of getting OOB, safe transfersq
 Patient's/Family's Response to Education: Needs Reinforcement. pt had no
 questions

Equipment Owned: none
 Equipment Needed: None
 Other:

ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):
 Pt is s/p GSW with pain and limited mobility. Will benefit from skilled PT for
 transfer and gait training, strengthening. Anticipate no equipment needs.
 Patient's Response to Treatment: fatigued
 Impairments (problem list): decreased endurance, pain, limited mobility
 Prognosis: based on patients medical history, response to education, home
 exercise performance, and response to treatment: good

PLAN:

- Short Term Goals to be met by: 5/14/2011
- * Patient will demonstrate home exercise program Independent for
 ROM/Strengthening to allow for ADL's.
 - * Patient will increase ROM of affected extremity to WFL degrees .
 - * Patient will have appropriate equipment for safe ambulation prior to
 discharge.
 - * Patient will ambulate safely and mod I over level surfaces with appropriate
 assistive device for household distances of 100 feet.
 - * Patient will negotiate 2 steps with Modified Independence.
 - * Patient will transfer supine to sit with Modified Independence
 - * Patient will transfer sit to stand with Modified Independence

Outcome (Long Term as discussed with patient and/or family) to be met within
 2 months.

- * Patient will be able to ambulate over all surfaces with the least restrictive
 assistive device for community distances of greater than 1500 feet.
- * Patient will be able to return to work/school full time.
- * Patient will be independent with all self care including driving.
- * Patient will return to leisure activities as prior to surgery.

Plan:

Continue PT 4-5 times per week.
 Treatment Specifics: transfer training gait training therapeutic exercise to
 achieve maximum independence and safety.

*FUNCTIONAL ACTIVITY SCALE

Total Assist: patient expends < 25% of effort
 Maximum Assist: patient expends >25% and <50% of effort.

Moderate Assist: patient expends >50% but <75% of effort.

Minimal Assist: patient expends >75% of effort.

Supervision: patient requires only verbal cues or coaxing.

Modified Independence: patient requires assistive device, extra time, or there is a safety risk.

Independent: patient is completely independent.

Signed by: Shelley Clayton, Physical Therapist

Therapies Performed:
PTNOTE

undefined

Signed by: Mbong Henry, PT

Therapies Performed:
Intubation (Assist),
Trauma

Therapist in attendance for trauma. Assisted physician with intubation. Patient intubated with a 7.5 mm high volume / low pressure cuffed endotracheal tube, cuff inflated to minimal leak technique, secured at 23 cm at the teeth in the center of the mouth. Proper ETT placement confirmed by auscultation of BLBS, CXR pending. Easy Cap Zone (C) Yellow (15-38 mmHg - 2.5% CO2 noted, ETT in trachea with good perfusion. No complications noted.

Signed by: Shawn Valenta, RRT, RCP

Therapies Performed:
Therapist In Attendance,
Manual Ventilation (15 min),
Intubation (Assist),
Patient Transport w/ CO2 Detector
Trauma
Trauma

Therapist in attendance for trauma. Assisted physician with intubation. Patient intubated with a 7.5 mm high volume / low pressure cuffed endotracheal tube, cuff inflated to minimal leak technique, secured at 23 cm at the teeth in the center of the mouth. Proper ETT placement confirmed by auscultation of BLBS and CXR. Easy Cap Zone (C) Yellow (15-38 mmHg - 2.5% CO2 noted, ETT in trachea with good perfusion. No complications noted. Therapist in attendance for trauma. Patient manually ventilated with 100% oxygen. Patient transported to nursing unit. A carbon dioxide detector was utilized during transport. 30 minutes spent at patient bedside. GSW to the left upper quadrant. Pt vomiting blood. pt intubated for airway protection.

Signed by: Elizabeth Betz, RRT, RCP

Therapies Performed:

Ventilator (Setup),

Ventilator / Day,

Patient receiving mechanical ventilation via Servo i. See ventilator flowsheet for complete documentation of ventilator settings. Initial ventilator and manual resuscitator setup completed. Manual resuscitator and mask on at bedside at 10 L/min at 1.0 FiO₂.

Signed by: Miranda Whetstone, RRT, RCP

Therapies Performed:
Ventilator / Day,

Patient receiving mechanical ventilation via Servo i. See ventilator flowsheet for complete documentation of ventilator settings. Manual resuscitator and mask on at bedside at 10 L/min at 1.0 FiO2. SpO2: 99 %.

Signed by: Mindy Repphun Harvey, RRT, RCP

Therapies Performed:
Arterial Line Insertion,

Arterial line insertion performed in L radial artery on second attempt after modified Allens Test positive for collateral circulation. Site cleaned with chloroprep prior to use of 0.2 - 1.0 cc 1% Lidocaine subcutaneously. Waveform sharp, with dicrotic notch correlating with blood pressure cuff. Line secured with tape and sutures and dressing applied by RT. No complications noted. Vital Signs (Pre/Post Therapy) HR: 100 / 101 , RR: 18 / 20 , SpO2 (%): 100 / 100

Signed by: Christine Larimore, RRT, RCP

Therapies Performed:
Ventilator / Day,

Patient receiving mechanical ventilation via Servo i. See ventilator flowsheet for complete documentation of ventilator settings. Manual resuscitator and mask on at bedside at 10 L/min at 1.0 FiO2.

Signed by: Miranda Whetstone, RRT, RCP

Therapies Performed:

Manual Ventilation (15 min),
Patient Transport w/ CO2 Detector
Cuff Pressure Check

Manual ventilation provided during transport via endotracheal tube with an adult resuscitator at 1.0 FiO2 for 15 minutes. A carbon dioxide detector was utilized during transport. To OR.

Signed by: Michelle Hartley, RRT, RCP

Therapies Performed:

Arterial Line Insertion Attempted,
Arterial Line Insertion,
Cuff Pressure Check

Arterial line insertion attempted in R radial artery x 2 without success (physician informed) No complications noted. Arterial line insertion performed in L dorsalis pedis artery on first attempt after doppler verification of collateral circulation. Site cleaned with chloroprep prior to use of 0.2 - 1.0 cc 1% Lidocaine subcutaneously. Waveform sharp, with dicrotic notch correlating with blood pressure cuff. Line secured with tape and sutures and dressing applied by RT. No complications noted.

Signed by: Michelle Hartley, RRT, RCP

Therapies Performed:
Ventilator / Day,
Ventilator (Conventional)
Manual Resuscitator
Cuff Pressure Check

Patient receiving mechanical ventilation via Servo i. See ventilator flowsheet for complete documentation of ventilator settings. Manual resuscitator and mask on at bedside at 15 L/min at 1.0 FiO2.

Signed by: Michelle Hartley, RRT, RCP

Therapies Performed:
Ventilator / Day,
Ventilator (Conventional)
Manual Resuscitator
Cuff Pressure Check

Patient receiving mechanical ventilation via Servo i. See ventilator flowsheet for complete documentation of ventilator settings. Manual resuscitator and mask on at bedside at 10 L/min at 1.0 FiO2. SpO2: 98 %.

Signed by: Holly Lane, CRT, RCP

Therapies Performed:

Ventilator / Day,
O2 Therapy / Day,
Extubation,
Suction (Supraglottic)
Ventilator (Conventional)
Manual Resuscitator
Cuff Pressure Check
Cuff Pressure Check,

Patient receiving mechanical ventilation via Servo i. See ventilator flowsheet for complete documentation of ventilator settings. Manual resuscitator and mask on at bedside at 10 L/min at 1.0 FiO2. Patient preoxygenated, suctioned, and extubated to room air. Breath sounds clear and equal before and after therapy. Vital Signs (Pre/Post Therapy) HR: 110 / 111 , RR: 18 / 16 , SpO2 (%): 99 / 98 .

Signed by: Sheryl Weathers, RRT, RCP

Therapies Performed:
Patient Assessment,

Ventilator check and wean.

Signed by: Julie A. Wood, RRT, RCP

Therapies Performed:
O2 Therapy / Day,

Oxygen therapy given via nasal cannula at 2 L/min with ambient humidification.

Signed by: Brian Cady, CRT, RCP

Therapies Performed:

O2 Therapy / Day,

Oxygen Therapy,

Oxygen therapy given via nasal cannula at 3 L/min with ambient humidification.

Signed by: Samantha Marschke,

Therapies Performed:
O2 Therapy / Day,
Oxygen Therapy,

Oxygen therapy given via nasal cannula at 2 L/min with ambient humidification.
SpO2 (%): 100 .

Signed by: Jill Paske,

Therapies Performed:
O2 Therapy / Day,
Oxygen Therapy,

Oxygen therapy given via nasal cannula at 2 L/min with ambient humidification.

Signed by: Samantha Marschke,

Therapies Performed:
O2 Therapy / Day,

Oxygen therapy available at bedside via nasal cannula at 0 L/min (Standby) with ambient humidification.

Signed by: Colette Marihart, CRT, RCP

Therapies Performed:

O2 Therapy / Day,
Oxygen Therapy,

Oxygen therapy available at bedside via nasal cannula at 0 L/min (Standby) with ambient humidification.

Signed by: Beverlyn Shuler, CRT, RCP

Therapies Performed:
O2 Therapy / Day,

Oxygen therapy given via nasal cannula at 0 L/min (Standby) with ambient humidification.

Signed by: Brian Cady, CRT, RCP

Therapies Performed:

O2 Therapy / Day,

Oxygen Therapy,

Oxygen therapy available at bedside via nasal cannula at 0 L/min (Standby) with ambient humidification.

Signed by: Beverly Shuler, CRT, RCP

Therapies Performed:
O2 Therapy / Day,

Oxygen therapy given via nasal cannula at 0 L/min (Standby) with ambient humidification.

Signed by: George Lunganiou, RRT, RCP

Therapies Performed:
Therapist In Attendance,
Mayday,
Manual Ventilation (15 min),

Therapist in attendance for "Mayday". Patient manually ventilated with 100% oxygen. 30 minutes spent at patient bedside.

Signed by: Charlotte Siau, RRT, RCP

Therapies Performed:
Therapist In Attendance,
Mayday,
Manual Ventilation (15 min),
Intubation (Assist),
Oxygen Therapy,

Therapist in attendance for "Mayday". Assisted physician with intubation. 7.0mm endotracheal tube and secured at 23 centimeters at the lip. Patient manually ventilated with 100% oxygen. 30 minutes spent at patient bedside. Bilateral breath sounds present with positive color change on EZ cap Co2 detector.

Signed by: Christine Larimore, RRT, RCP



"VENTDOC"

Adult Ventilator Flow Sheet

Page 1 of 2

Form Origination Date: 1/03
Version: 6

Version Date: 3/08



P:495654263 DOB: [REDACTED] B M

GOODWIN

DAVON

Adm:04/26/11 M:2657049

PATIENT IDENTIFICATION LABEL

Primary Diagnosis: GSK to abdomen
ETT size / placement: #7.5 @ 24cmDate: 4-27-11 ARDS ☐ Yes ☐ No
Ventilator: Service

Time	0735	1120	1650	2000	2325	0430				
Mode	T	PRVC	PRVC	PRVC	PRVC	PRVC				
Tidal Volume / PIP set		500	500	560	500	500				
Exhaled Tidal Volume	0	510	473	482	485	505				
Spontaneous Tidal Volume										
Minute Volume		9.2	8.5	8.7	8.2	8.8				
RR set / Spont RR	0	18/18	18/18	18/18	18/18	18/18				
Peak pressure / Mean AWP	R	25/10	25/10	24/10	33/12	24/10				
PEEP / Auto PEEP		5/1	5/1	5/1	5/1	5/1				
Pressure support										
FiO ₂ Set / Analyzed		40/40	40/40	40/40	40/41	40/40				
Flow										
Inspiratory time		0.90	0.90	0.90	0.91	0.91				
I:E Ratio		1:2.7	1:2.7	1:2.7	1:2.5	1:2.7				
Sensitivity		FT	FT	FT	FT	FT				
Pressure Limit Hi / Low		50/-	50/-	50/-	50/-	50/-				
Minute Volume Hi / Low		20/5	20/5	20/5	20/5	20/5				
Compliance / Plateau	19	30/14	30/14	40/18	7/22					
Circuit Temperature / RH		Humid	Humid	Humid	Humid	Humid				
HR		117	97	98	94	107				
BP		131/95	116/71	128/73	130/66	123/65				
SpO ₂ / EtCO ₂		100/1	100/1	100/1	100	100				
Suction: Quantity		5m	5m	5	5m	5m				
Consistency		thin	thin	thin	thick	thick				
Color		clear	clear	white	white	cloudy				
Alarms Functional / Audible		100	100	100/70	1100	1100				
pH										
PaCO ₂										
PaO ₂										
HCO ₃										
SaO ₂										
Initials	MM	MM	MM	MM	MM	MM				

ah_all_docu_adultventdoc

OTE 700055 Rev. 3/08



VENTDOC

Adult Ventilator Flow Sheet

Page 2 of 2

Form Origination Date: 1/03
Version: 6

Version Date: 3/08



P:495654253 DOB: [REDACTED] B M

GOODWIN

DAVON

Adm:D4/26/11 . M:2657049

PATIENT IDENTIFICATION LABEL

Weaning Criteria Met: ☐ Yes ☒ No **Weaning Exclusion:** ☐ Paralytic ☐ Vasopressors
☐ PEEP ≥ 8 cm H₂O ☐ RSBI > 105 ☐ NIF < -20 cmH₂O
Work of Breathing: ☒ Normal ☐ Moderate ☐ Severe
Chest Excursion: ☒ Normal ☐ Symmetrical ☐ Asymmetrical
Respiratory Pattern: ☒ Normal ☐ Increased Rate ☐ Irregular ☐ Prolonged Exhalation
Mental Status: ☐ Alert ☐ Oriented ☐ Active to Stimuli ☐ Agitated ☐ Unresponsive ☐ Lethargic ☒ Sedated ☐ Paralyzed
ET Tube Security: Date / Time retaped FIXATED **Cuff Pressure cm H₂O:** 7A 10 10 20
In-line Suction: Change date / time ASAT **Resuscitator / Mask:** At bedside, set at 12 L/min O₂
Ventilator / Compressor: Plugged into emergency outlet ☒ Yes ☐ No **Supraglottic Suction q8 hrs:** 7A 1120 Initials: MB
Orders Checked and Verified: ☒ Yes ☐ No Date: 4/27 Time: 1120 Initials: MB
Shift Care Plan: _____

Weaning Criteria Met: ☐ Yes ☐ No **Weaning Exclusion:** ☐ Paralytics ☐ Vasopressors
☐ PEEP $\geq$ 8 cm H₂O ☐ RSBI $>$ 105 ☐ NIF $<$ -20 cmH₂O
Work of Breathing: ☒ Normal ☐ Moderate ☐ Severe
Chest Excursion: ☒ Normal ☐ Symmetrical ☐ Asymmetrical
Respiratory Pattern: ☒ Normal ☐ Increased Rate ☐ Irregular ☐ Prolonged Exhalation
Mental Status: ☐ Alert ☐ Oriented ☒ Active to Stimuli ☐ Agitated ☐ Unresponsive ☐ Lethargic ☐ Sedated ☐ Paralyzed
ET Tube Security: Date / Time retaped Same / **Cuff Pressure cm H₂O:** 7P 24 24 24
In-line Suction: Change date / time A Fri / **Resuscitator / Mask:** At bedside, set at 10 L/min O₂
Ventilator / Compressor: Plugged into emergency outlet ☒ Yes ☐ No **Supraglottic Suction q6 hrs:** 7P: ✓
Orders Checked and Verified: ☒ Yes ☐ No Date: 4/27 Time: 2005 Initials: rn
Shift Care Plan: cust meets Support

Weaning Parameters:

Time	RR	Minute Volume	Tidal Volume	RSBI	NIF
------	----	---------------	--------------	------	-----

[illegible]

ah all docu adultventdoc

OTE 700055 Rev. 3/08



VENTDOC

Adult Ventilator Flow Sheet

Page 1 of 2

Form Origination Date: 1/03
Version: 6

Version Date: 3/08


 P:495654253 DOB: [REDACTED] U
 TRAUMA
 VICTIM PP
 Adm:04/26/11 M:2657049

PATIENT IDENTIFICATION LABEL

 Primary Diagnosis: GSW
 ETT size / placement: 25 E 24

 Date: 4/28/11 ARDS ☐ Yes ☐ No
 Ventilator: Servo i # 33

Time	0810	1010	1055						
Mode	PSV	PSV	E						
Tidal Volume / PIP set	X	1	X						
Exhaled Tidal Volume	X	1	X						
Spontaneous Tidal Volume	435	432	T						
Minute Volume	7.4	10.3	U						
RR set / Spont RR	-/17	-/22	B						
Peak pressure / Mean AWP	X	-	B						
PEEP / Auto PEEP	5	5	A						
Pressure support	15	(410)	T						
FIO ₂ Set / Analyzed	41.4	.40	E						
Flow	X	1	D						
Inspiratory time	X	1	D						
I:E Ratio	X	1							
Sensitivity	FT	FT							
Pressure Limit Hi / Low	X	-							
Minute Volume Hi / Low	20/4	20/4							
Compliance / Plateau	X	-							
Circuit Temperature / RH	HME	HME							
HR	106	114							
BP	144/91								
SpO ₂ / EtCO ₂	100%	100%							
Suction: Quantity									
Consistency									
Color									
Alarms Functional / Audible	100%	100							
pH									
PaCO ₂									
PaO ₂									
HCO ₃									
SaO ₂									
Initials	SW	2	SW						

sh_all_docu_adultventdoc

OTE 700055 Rev. 3/08



"VENTDOC"

Adult Ventilator Flow Sheet

Page 2 of 2

Form Origination Date: 1/03
Version: 6

Version Date: 3/08



P:495654253 DOB: [REDACTED]
TRAUMA
VICTIM PP
Adm:04/26/11 M:2657049

PATIENT IDENTIFICATION LABEL

Weaning Criteria Met: ☒ Yes ☐ No **Weaning Exclusion:** ☐ Paralytics ☐ Vasopressors
☐ PEEP $\geq$ 8 cm H₂O ☐ RSBI $>$ 105 ☐ NIF $<$ -20 cm H₂O
Work of Breathing: ☒ Normal ☐ Moderate ☐ Severe
Chest Excursion: ☒ Normal ☐ Symmetrical ☐ Asymmetrical
Respiratory Pattern: ☒ Normal ☐ Increased Rate ☐ Irregular ☐ Prolonged Exhalation
Mental Status: ☐ Alert ☐ Oriented ☒ Active to Stimuli ☐ Agitated ☐ Unresponsive ☐ Lethargic ☒ Sedated ☐ Paralyzed
ET Tube Security: Date / Time retaped _____ / _____ **Cuff Pressure cm H₂O:** 7A 22
In-line Suction: Change date / time _____ / _____ **Resuscitator / Mask:** At bedside, set at 14 L/min O₂
Ventilator / Compressor: Plugged into emergency outlet ☒ Yes ☐ No **Supraglottic Suction q6 hrs:** 7A ✓
Orders Checked and Verified: ☒ Yes ☐ No **Date:** 4/28 **Time:** 0810 **Initials:** SW
Shift Care Plan: _____

Weaning Criteria Met: ☐ Yes ☐ No **Weaning Exclusion:** ☐ Paralytics ☐ Vasopressors
☐ PEEP $\geq$ 8 cm H₂O ☐ RSBI $>$ 105 ☐ NIF $<$ -20 cmH₂O

Work of Breathing: ☐ Normal ☐ Moderate ☐ Severe

Chest Excursion: ☐ Normal ☐ Symmetrical ☐ Asymmetrical

Respiratory Pattern: ☐ Normal ☐ Increased Rate ☐ Irregular ☐ Prolonged Exhalation

Mental Status: ☐ Alert ☐ Oriented ☐ Active to Stimuli ☐ Agitated ☐ Unresponsive ☐ Lethargic ☐ Sedated ☐ Paralyzed

ET Tube Security: Date / Time retaped _____ / _____ **Cuff Pressure cm H₂O:** 7P: _____

In-line Suction: Change date / time _____ / _____ **Resuscitator / Mask:** At bedside, set at _____ L/min O₂

Ventilator / Compressor: Plugged into emergency outlet ☐ Yes ☐ No **Supraglottic Suction q8 hrs:** 7P: _____

Orders Checked and Verified: ☐ Yes ☐ No **Date:** _____ **Time:** _____ **Initials:** _____

Shift Care Plan: _____

Weaning Parameters:

Time RR Minute Volume Tidal Volume RSBI NIF

[illegible]

ah all docu adultventdoc

OTE 700055 Rev. 3/08



•VENTDOC•

Adult Ventilator Flow Sheet

Page 1 of 2

Form Origination Date: 1/03
Version: 6

Version Date: 3/08



P:495854253 DOB: [REDACTED] U

TRAUMA

VICTIM PP

Adm:04/26/11 M:2657049

PATIENT IDENTIFICATION LABEL

Primary Diagnosis:

Date:

ARDS ☐ Yes ☐ No

CTT size / placement:

Ventilator:

Time	0610
Mode	PWV
Tidal Volume / PIP set	500
Exhaled Tidal Volume	486
Spontaneous Tidal Volume	-
Minute Volume	8.8
RR set / Spont RR	18/-
Peak pressure / Mean AWP	23/10
PEEP / Auto PEEP	7.5
Pressure support	-
FiO ₂ Set / Analyzed	26/40
Flow	-
Inspiratory time	0.90
I:E Ratio	1:2.7
Sensitivity	FT
Pressure Limit Hi / Low	50/-
Minute Volume Hi / Low	20/5
Compliance / Plateau	-
Circuit Temperature / RH	HME
HR	91
BP	94/48
SpO ₂ / EtCO ₂	100%
Suction: Quantity	
Consistency	
Color	
Alarms Functional / Audible	V100%
pH	
PaCO ₂	
PaO ₂	
HCO ₃	
SaO ₂	
Initials	MW

ah_all_docu_adultventdoc

QTE 700055 Rev. 3/08



“VENTDOC”

Adult Ventilator Flow Sheet

Page 2 of 2

Form Origination Date: 1/03
Version: 6

Version Date: 3/08



P:495654253 DOB: [REDACTED]
TRAUMA
VICTIM PP
Adm:04/26/11 M:2657049

PATIENT IDENTIFICATION LABEL

Weaning Criteria Met: ☐ Yes ☐ No **Weaning Exclusion:** ☐ Paralytics ☐ Vasopressors
☐ PEEP $\geq$ 8 cm H₂O ☐ RSBI $>$ 105 ☐ NIF $<$ -20 cm H₂O

Work of Breathing: ☐ Normal ☐ Moderate ☐ Severe

Chest Excursion: ☐ Normal ☐ Symmetrical ☐ Asymmetrical

Respiratory Pattern: ☐ Normal ☐ Increased Rate ☐ Irregular ☐ Prolonged Exhalation

Mental Status: ☐ Alert ☐ Oriented ☐ Active to Stimuli ☐ Agitated ☐ Unresponsive ☐ Lethargic ☐ Sedated ☐ Paralyzed

ET Tube Security: Date / Time retaped _____ / _____ **Cuff Pressure cm H₂O:** 7A _____

In-line Suction: Change date / time _____ / _____ **Resuscitator / Mask:** At bedside, set at _____ L/min O₂

Ventilator / Compressor: Plugged into emergency outlet ☐ Yes ☐ No **Supraglottic Suction q8 hrs:** 7A: _____

Orders Checked and Verified: ☐ Yes ☐ No **Date:** _____ **Time:** _____ **Initials:** _____

Shift Care Plan: _____

Weaning Criteria Met: ☐ Yes ☐ No **Weaning Exclusion:** ☐ Paralytics ☐ Vasopressors
☐ PEEP $\geq$ 8 cm H₂O ☐ RSBI $>$ 105 ☐ NIF $<$ -20 cmH₂O
Work of Breathing: ☐ Normal ☐ Moderate ☐ Severe
Chest Excursion: ☐ Normal ☐ Symmetrical ☐ Asymmetrical
Respiratory Pattern: ☐ Normal ☐ Increased Rate ☐ Irregular ☐ Prolonged Exhalation
Mental Status: ☐ Alert ☐ Oriented ☐ Active to Stimuli ☐ Agitated ☐ Unresponsive ☐ Lethargic ☐ Sedated ☐ Paralyzed
ET Tube Security: Date / Time retaped _____ / _____ **Cuff Pressure cm H₂O:** 7P _____ 22
In-line Suction: Change date / time _____ / _____ **Resuscitator / Mask:** At bedside, set at 10 L/min O₂
Ventilator / Compressor: Plugged into emergency outlet ☒ Yes ☐ No **Supraglottic Suction q6 hrs:** 7P _____
Orders Checked and Verified: ☒ Yes ☐ No Date: 4-26-11 Time: 0515 Initials: MP
Shift Care Plan: Continue to monitor per MD orders

Weaning Parameters:

Time	RR	Minute Volume	Tidal Volume	RSBI	NIF
------	----	---------------	--------------	------	-----

[illegible]

ah all docu adultventdoc

OTE 700055 Rev. 3/08



VENTDOC

Adult Ventilator Flow Sheet

Page 1 of 2

Form Origination Date: 1/03
Version: 6

Version Date: 3/08



P:495654253 DOB: [REDACTED] U

TRAUMA

VICTIM PP

Adm:04/26/11 M:2657049

PATIENT IDENTIFICATION LABEL

 Primary Diagnosis: 66w to Abd
 ETT size / placement: # 7.5 @ 24

 Date: 4-26-11 ARDS ☐ Yes ☐ No
 Ventilator: 6200Z

Time	0801	1250	1650	2009	2355	0417				
Mode	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC				
Tidal Volume / PIP set	500	500	500	500	500	500				
Exhaled Tidal Volume	487	481	484	492	483	480				
Spontaneous Tidal Volume	—	—	—	—	—	—				
Minute Volume	9.6	8.6	8.4	8.9	8.4	8.7				
RR set / Spont RR	18/-	18/-	18/-	18/-	18/14	18/-				
Peak pressure / Mean AWP	24/20	23/15	23/15	23/10	23/10	23/10				
PEEP / Auto PEEP	5	5	5	15	15	15				
Pressure support	—	—	—	—	—	—				
FiO2 Set / Analyzed	40/40	40/40	40/40	40/40	40/40	40/40				
Flow	—	—	—	—	—	—				
Inspiratory time	.90	.90	.90	0.90	0.90	0.90				
I:E Ratio	1:2.7	1:2.7	1:2.7	1:2.7	1:2.7	1:2.7				
Sensitivity	PT	PT	PT	PT	PT	PT				
Pressure Limit Hi / Low	22/5	22/5	22/50	50	50	50				
Minute Volume Hi / Low	20/50	10/50	20/50	20/5	20/5	20/5				
Compliance / Plateau	—	—	—	—	—	—				
Circuit Temperature / RH	HME	H	H	HME	HME	HME				
HR	93	110	116	95	102	108				
BP	103/74	132/71	—	103/74	122/58	118/49				
SpO2 / EtCO2	100	101	100	99.1	99.7	100.1				
Suction: Quantity	W	W	W	mod	Med					
Consistency	W	W	W	mod	thin					
Color	W/Y	W/Y	W/Y	mod	W/Y					
Alarms Functional / Audible	✓/100	✓/100	✓/100	✓/100	✓/100	✓/100				
pH										
PaCO2										
PaO2										
HCO3										
SaO2										
Initials	W	N	N	W	R	W				

ah_all_docu_adultventdoc

OTE 700055 Rev. 3/08



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

Page 2 of 2

Version Date: 3/08



Adm:04/26/11 M:2657049

PATIENT IDENTIFICATION LABEL

[illegible]

NOTE 700033 Rev. 3/08

GOODWIN, DAVON
MUSC
Chaplain Services
FROM: 04/26/11 02:56 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: [REDACTED] ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 00:06
OPT OUT:

Page: 1

FLWSHEET	04/26	05/04
Chaplain Svcs	06:56	14:11
Type of Visit	crisis support &	death initial visit mayday
Referred by	follow-up	staff
Assessment of	family	family
Spiritual Assess	family's crisis mod-sev anxiety	expressing anger family's crisis grief spiritual questn
Chaplain Intervntn	crisis support emotional supprt prayers	crisis support emotional supprt grief support prayers sacrament care
Chaplain Function	guiding sustaining	reconciling sustaining
Response	functional hopeful improved	other (specify) &
Plan of Care	pt/fam will page	no f/up needed

04/26/11 06:56 Type of Visit(GMH): Extensive involvement with family of GSW victim.

05/04/11 14:11 Response(LYBR): grief

CARE PROVIDERS	GMH	LYBR
----------------	-----	------

CONKLIN, CAROL L(LYBR)CHAPLAIN

HUGGINS, GERIG M(GMH)CHAPLAIN

LAST PAGE

GOODWIN, DAVON MR: 002657049 ID: 495654253 DOB [REDACTED] - Chaplain Services
ROOM: *1070-A*

Page: 1

PERM

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 1 of 1

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 10Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

ALLERGY				
Charted	Allergy name	Type	Reaction	Severity comment
04/26 04:55 NKA		Drug Allergy		
DIAGNOSIS				
(Unknown)				

BB

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
228	Complete	Packed Red Cells: Date of Need: 04/29/2011 : 2 units ;Not on By-Pass ;Transfusion ** Pretransfusion Hgb <= 8 gm/dl or Hct <= 24% ; , , , Ordered by: RES WITT, SCOTT H Entered by: RES WITT, SCOTT H - 04/29/11 04:48 Modified by: CC SYSTEM, ID - 04/29/11 04:57 Acknowledge: RN SPURR, SARAH - 04/29/11 06:32 Mode: Direct Date of Transfusion: Date of Need: 04/29/2011 How many Units/CCs: 2 units Patient on By-Pass Pump?: Not on By-Pass Reason for RBC Order: Transfusion ** Pretransfusion Hgb <= 8 gm/dl or Hct <= 24% Select all that apply: , , ,	ONCE	STAT	1 Time	04/29 04:48	04/29 04:48
188	Complete	Packed Red Cells: Date of Need: 4/28/11 : 1 units ;Not on By-Pass ;Transfusion ** Pretransfusion Hgb <= 8 gm/dl or Hct <= 24% ; , , , Ordered by: RES WITT, SCOTT H Entered by: RES WITT, SCOTT H - 04/28/11 04:15 Modified by: CC SYSTEM, ID - 04/28/11 04:35 Acknowledge: RN WOHACK, TASSI M - 04/28/11 04:21 Mode: Direct Date of Transfusion: Date of Need: 4/28/11 How many Units/CCs: 1 units Patient on By-Pass Pump?: Not on By-Pass Reason for RBC Order: Transfusion ** Pretransfusion Hgb <= 8 gm/dl or Hct <= 24% Select all that apply: , , ,	ONCE	ROUTINE	1 Time	04/28 04:15	04/28 04:15
82	Complete	Fresh Frozen Plasma: Date of Need: 04/26/11 : 4 units : Correct coagulopathy w/ INR > 1.5 Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/26/11 06:36 Modified by: RN MCGLYNN, STEPHANIE - 04/26/11 06:54 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:46 Mode: Direct [Fresh Frozen Plasma Date of Need: 04/26/11] ... Date of Transfusion: Date of Need: 04/26/11 How Many: 4 units Reason for Order: Correct coagulopathy w/ INR > 1.5	ONCE	STAT	1 Time	04/26 06:36	04/26 06:36
8	Complete	Type and Crossmatch Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/26/11 03:13 Modified by: CC SYSTEM, ID - 04/30/11 00:05 Mode: Written	ONCE	ROUTINE	1 Occr	04/26 03:13	04/26 03:13

CON

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
247	Complete	CONSULT: PT Evaluation and Treatment: Ordered by: RES RICKBY, ASHLEY K Entered by: RES RICKBY, ASHLEY K - 04/29/11 14:17 Modified by: RN NIREWICZ, SARAH A - 04/29/11 16:19 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 15:27 Mode: Direct	ONCE	ROUTINE	1 Time	04/29 14:17	04/29 14:17

CONTINUED

Page 1

PERM

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

DIAG

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

- 59 Complete **DIAG: Chest 1 View** ONCE ASAP 1 Time 04/26 05:18 04/26 05:18
 Ordered by: SELANDER, CRAIG L
 Entered by: SELANDER, CRAIG L - 04/26/11 05:18
 Modified by: SHILL, CATHY - 04/26/11 06:24
 Acknowledge: RN MCGLINN, STEPHANIE - 04/26/11 06:46
 Mode: Direct
 Is the patient pregnant?: No
 Is isolation required?: No
 Should this test be portable?: Yes
 Clinical history: GSW to LUQ
 Indication for Test: evaluate for pneumothorax
- 48 Complete **DIAG: Chest Portable 1 View** ONCE ROUTINE 1 Time 04/27 06:00 04/27 06:00
 Ordered by: JEWETT, BRENT M
 Entered by: JEWETT, BRENT M - 04/26/11 04:45
 Modified by: SMITH, RALPH - 04/27/11 06:13
 Acknowledge: RN MCGLINN, STEPHANIE - 04/26/11 06:46
 Mode: Direct
 Is the patient pregnant?: No
 Is isolation required?: No
 Should this test be portable?: Yes
 Clinical history: GSW LUQ
 Indication for Test: assess effusions
- 2 Complete **DIAG: Chest Portable 1 View** ONCE ROUTINE 1 Occr 04/26 03:25 04/26 03:25
 Ordered by: MCCUBBINS, GEORGE
 Entered by: MCCUBBINS, GEORGE - 04/26/11 03:25
 Modified by: MCCUBBINS, GEORGE - 04/26/11 03:09
 Mode: Written
- 1 Complete **DIAG: Abdomen 2 Views** ONCE ROUTINE 1 Occr 04/26 02:55 04/26 02:55
 Ordered by: MCCUBBINS, GEORGE
 Entered by: MCCUBBINS, GEORGE - 04/26/11 02:55
 Modified by: MCCUBBINS, GEORGE - 04/26/11 03:09
 Mode: Written

DTY

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

- 326 D/C'ed **Clear Liquid Diet** MEAL ROUTINE 05/01 09:59 05/04 14:05
 Ordered by: RES GADDY, PARKER M
 Entered by: RES GADDY, PARKER M - 05/01/11 09:59
 Modified by: , - 05/04/11 16:06
 Acknowledge: RN SHEFTON, SENACA P - 05/01/11 10:22
 Mode: Direct
- 325 D/C'ed **Regular Diet** MEAL ROUTINE 05/01 09:58 05/01 09:59
 Ordered by: RES GADDY, PARKER M
 Entered by: RES GADDY, PARKER M - 05/01/11 09:59
 Modified by: RES GADDY, PARKER M - 05/01/11 09:59
 Acknowledge: RN SHEFTON, SENACA P - 05/01/11 10:22
 Acknowledge: RN SHEFTON, SENACA P - 05/01/11 10:22
 Mode: Direct
- 281 D/C'ed **Diabetic Clear Liquid Diet** MEAL ROUTINE 04/30 07:14 05/01 09:58
 Ordered by: RES GADDY, PARKER M
 Entered by: RES RICKET, JOSHUA S - 04/30/11 07:14
 Modified by: RES GADDY, PARKER M - 05/01/11 09:58
 Acknowledge: RN NORMAN, JILL L - 04/30/11 07:37
 Signature: RES GADDY, PARKER M - 05/01/11 09:59
 Acknowledge: RN SHEFTON, SENACA P - 05/01/11 10:22
 Mode: Direct
- 241 D/C'ed **Promote Enteral Liqd: 2280 ML:** ON CALL ROUTINE 04/29 11:58 05/04 14:05
 JT
 Ordered by: RES LUNDY, ALLISON N
 Entered by: RD CHAPMAN, EMILY A - 04/29/11 11:58
 Modified by: , - 05/04/11 16:06
 Signature: RES RICKET, ASHLEY K - 04/29/11 14:17
 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 12:31
 Mode: verbal

CONTINUED

Page 2

PERM

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 2 of 42

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

Goal rate= 95 mL/hr * 20 mL/hr x 8 hours, advance 15 mL/hr Q6H until goal reached.

Enter Dose: 2280 ML

Select Route: JT

28 D/C'd NPO Diet MEAL ROUTINE 04/26 04:43 04/30 07:13
Ordered by: RES RICKEY, JOSHUA S
Entered by: JEWETT, BRENT M - 04/26/11 04:45
Modified by: RES RICKEY, JOSHUA S - 04/30/11 07:13
Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:46
v3 Signature: RES RICKEY, JOSHUA S - 04/30/11 07:14
v3 Acknowledge: RN NORMAN, JILL L - 04/30/11 07:37
Node: Direct

GLAB

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

360 Complete Creatine Kinase ONCE STAT 1 Occur 05/04 08:29 05/04 08:29
Ordered by: CC SYSTEM, ID
Entered by: CC SYSTEM, ID - 05/04/11 09:22
Modified by: CC SYSTEM, ID - 05/04/11 09:44
Node: Written

359 Complete Mass Ckmb ONCE STAT 1 Occur 05/04 08:29 05/04 08:29
Ordered by: CC SYSTEM, ID
Entered by: CC SYSTEM, ID - 05/04/11 09:22
Modified by: CC SYSTEM, ID - 05/04/11 09:58
Node: Written

358 Complete PTT ONCE STAT 1 Occur 05/04 08:29 05/04 08:29
Ordered by: CC SYSTEM, ID
Entered by: CC SYSTEM, ID - 05/04/11 08:46
Modified by: CC SYSTEM, ID - 05/04/11 09:12
Node: Written

357 Complete Troponin-I ONCE STAT 1 Occur 05/04 08:29 05/04 08:29
Ordered by: CC SYSTEM, ID
Entered by: CC SYSTEM, ID - 05/04/11 08:46
Modified by: CC SYSTEM, ID - 05/04/11 09:22
Node: Written

356 Complete CBC ONCE ROUTINE 1 Occur 05/04 08:46 05/04 08:46
Ordered by: CC SYSTEM, ID
Entered by: CC SYSTEM, ID - 05/04/11 08:46
Modified by: CC SYSTEM, ID - 05/04/11 09:11
Node: Written

355 Complete Metabolic Panel, Comprehensive - ONCE STAT 1 Occur 05/04 08:29 05/04 08:29
CMP
Ordered by: CC SYSTEM, ID
Entered by: CC SYSTEM, ID - 05/04/11 08:46
Modified by: CC SYSTEM, ID - 05/04/11 09:21
Node: Written

354 Complete Glucose PCX, Whole Blood (POCT) ONCE ROUTINE 1 Occur 05/04 07:29 05/04 07:29
Ordered by: CC SYSTEM, ID
Entered by: CC SYSTEM, ID - 05/04/11 07:31
Modified by: CC SYSTEM, ID - 05/04/11 07:31
Node: Written

353 Complete Glucose PCX, Whole Blood (POCT) ONCE ROUTINE 1 Occur 05/04 03:47 05/04 03:47
Ordered by: CC SYSTEM, ID
Entered by: CC SYSTEM, ID - 05/04/11 03:50
Modified by: CC SYSTEM, ID - 05/04/11 03:50
Node: Written

352 Complete Glucose PCX, Whole Blood (POCT) ONCE ROUTINE 1 Occur 05/03 23:36 05/03 23:36
Ordered by: CC SYSTEM, ID
Entered by: CC SYSTEM, ID - 05/03/11 23:39
Modified by: CC SYSTEM, ID - 05/03/11 23:39
Node: Written

351 Complete Glucose PCX, Whole Blood (POCT) ONCE ROUTINE 1 Occur 05/03 20:15 05/03 20:15
Ordered by: CC SYSTEM, ID
Entered by: CC SYSTEM, ID - 05/03/11 20:18
Modified by: CC SYSTEM, ID - 05/03/11 20:18
Node: Written

CONTINUED

Page 3



orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/28/11 03:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
350	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	05/03 15:50	05/03 15:50
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/03/11 15:52 Modified by: CC SYSTEM, ID - 05/03/11 15:52 Mode: Written							
346	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	05/03 12:09	05/03 12:09
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/03/11 12:14 Modified by: CC SYSTEM, ID - 05/03/11 12:14 Mode: Written							
345	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	05/03 07:48	05/03 07:48
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/03/11 12:01 Modified by: CC SYSTEM, ID - 05/03/11 12:01 Mode: Written							
344	Complete	Amylase, Fluid, Enter Fluid	ONCE	ROUTINE	1 Time	05/03 09:49	05/03 09:49
Source: Abdominal Fluid Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 05/03/11 09:49 Modified by: CC SYSTEM, ID - 05/03/11 11:20 Acknowledge: RN SLOSAREKI, COREY - 05/03/11 10:18 Mode: Direct please send JP drains for amylase Enter Fluid Source: Abdominal Fluid							
342	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	05/03 03:04	05/03 03:04
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/03/11 03:09 Modified by: CC SYSTEM, ID - 05/03/11 03:09 Mode: Written							
341	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	05/02 23:00	05/02 23:00
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/02/11 23:02 Modified by: CC SYSTEM, ID - 05/02/11 23:02 Mode: Written							
340	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	05/02 20:02	05/02 20:02
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/02/11 20:11 Modified by: CC SYSTEM, ID - 05/02/11 20:11 Mode: Written							
339	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	05/02 15:59	05/02 15:59
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/02/11 16:01 Modified by: CC SYSTEM, ID - 05/02/11 16:01 Mode: Written							
338	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	05/02 12:05	05/02 12:05
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/02/11 12:07 Modified by: CC SYSTEM, ID - 05/02/11 12:07 Mode: Written							
336	Complete	Phosphorus, Serum	ONCE	STAT	1 Time	05/02 09:26	05/02 09:26
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 05/02/11 09:26 Modified by: CC SYSTEM, ID - 05/02/11 11:24 Acknowledge: RN PASCARELLA, MELISSA - 05/02/11 11:41 Mode: Direct							
335	Complete	Magnesium, Serum	ONCE	STAT	1 Time	05/02 09:26	05/02 09:26
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 05/02/11 09:26 Modified by: CC SYSTEM, ID - 05/02/11 11:24 Acknowledge: RN PASCARELLA, MELISSA - 05/02/11 11:41 Mode: Direct							

CONTINUED

Page 4



orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/28/11 03:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
334	Complete	Metabolic Panel, Basic - BMP Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 05/02/11 09:26 Modified by: CC SYSTEM, ID - 05/02/11 11:24 Acknowledged: RN PASCARELLA, MELISSA - 05/02/11 11:41 Mode: Direct	ONCE	STAT	1 Time	05/02 09:26	05/02 09:26
333	Complete	Glucose PCX, Whole Blood (POCT) Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/02/11 08:00 Modified by: CC SYSTEM, ID - 05/02/11 08:00 Mode: Written	ONCE	ROUTINE	1 Occr	05/02 07:58	05/02 07:58
332	Complete	Glucose PCX, Whole Blood (POCT) Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/02/11 04:21 Modified by: CC SYSTEM, ID - 05/02/11 04:21 Mode: Written	ONCE	ROUTINE	1 Occr	05/02 04:18	05/02 04:18
331	Complete	Glucose PCX, Whole Blood (POCT) Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/01/11 23:48 Modified by: CC SYSTEM, ID - 05/01/11 23:48 Mode: Written	ONCE	ROUTINE	1 Occr	05/01 23:28	05/01 23:28
330	Complete	Glucose PCX, Whole Blood (POCT) Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/01/11 19:35 Modified by: CC SYSTEM, ID - 05/01/11 19:35 Mode: Written	ONCE	ROUTINE	1 Occr	05/01 19:33	05/01 19:33
329	Complete	Glucose PCX, Whole Blood (POCT) Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/01/11 15:39 Modified by: CC SYSTEM, ID - 05/01/11 15:39 Mode: Written	ONCE	ROUTINE	1 Occr	05/01 15:37	05/01 15:37
328	Complete	Glucose PCX, Whole Blood (POCT) Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/01/11 15:39 Modified by: CC SYSTEM, ID - 05/01/11 15:39 Mode: Written	ONCE	ROUTINE	1 Occr	05/01 06:56	05/01 06:56
327	Complete	Glucose PCX, Whole Blood (POCT) Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/01/11 11:38 Modified by: CC SYSTEM, ID - 05/01/11 11:38 Mode: Written	ONCE	ROUTINE	1 Occr	05/01 11:36	05/01 11:36
314	Complete	Glucose PCX, Whole Blood (POCT) Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/01/11 09:28 Modified by: CC SYSTEM, ID - 05/01/11 09:28 Mode: Written	ONCE	ROUTINE	1 Occr	05/01 09:06	05/01 09:06
313	Complete	Glucose PCX, Whole Blood (POCT) Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/01/11 08:11 Modified by: CC SYSTEM, ID - 05/01/11 08:11 Mode: Written	ONCE	ROUTINE	1 Occr	05/01 08:03	05/01 08:03
312	Complete	Glucose PCX, Whole Blood (POCT) Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/01/11 06:14 Modified by: CC SYSTEM, ID - 05/01/11 06:14 Mode: Written	ONCE	ROUTINE	1 Occr	05/01 06:12	05/01 06:12
311	Complete	Glucose PCX, Whole Blood (POCT) Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 05/01/11 06:14 Modified by: CC SYSTEM, ID - 05/01/11 06:14 Mode: Written	ONCE	ROUTINE	1 Occr	05/01 05:10	05/01 05:10

CONTINUED

Page 5



orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
310		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	05/01 04:02	05/01 04:02
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 05/01/11 06:14					
		Modified by: CC SYSTEM, ID - 05/01/11 06:14					
		Mode: Written					
309		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	05/01 03:09	05/01 03:09
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 05/01/11 03:33					
		Modified by: CC SYSTEM, ID - 05/01/11 03:33					
		Mode: Written					
308		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	05/01 02:06	05/01 02:06
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 05/01/11 03:10					
		Modified by: CC SYSTEM, ID - 05/01/11 03:10					
		Mode: Written					
307		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	05/01 00:57	05/01 00:57
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 05/01/11 01:01					
		Modified by: CC SYSTEM, ID - 05/01/11 01:02					
		Mode: Written					
306		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	05/01 00:04	05/01 00:04
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 05/01/11 01:01					
		Modified by: CC SYSTEM, ID - 05/01/11 01:02					
		Mode: Written					
305		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 23:08	04/30 23:08
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 23:11					
		Modified by: CC SYSTEM, ID - 04/30/11 23:11					
		Mode: Written					
304		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 21:51	04/30 21:51
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 23:11					
		Modified by: CC SYSTEM, ID - 04/30/11 23:11					
		Mode: Written					
303		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 21:12	04/30 21:12
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 23:11					
		Modified by: CC SYSTEM, ID - 04/30/11 23:11					
		Mode: Written					
302		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 20:04	04/30 20:04
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 23:11					
		Modified by: CC SYSTEM, ID - 04/30/11 23:11					
		Mode: Written					
301		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 19:01	04/30 19:01
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 19:03					
		Modified by: CC SYSTEM, ID - 04/30/11 19:03					
		Mode: Written					
300		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 18:18	04/30 18:18
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 18:32					
		Modified by: CC SYSTEM, ID - 04/30/11 18:32					
		Mode: Written					
299		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 17:08	04/30 17:08
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 17:11					
		Modified by: CC SYSTEM, ID - 04/30/11 17:11					
		Mode: Written					

CONTINUED

Page 6

PERM

orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
296	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 16:20	04/30 16:20
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/30/11 16:38 Modified by: CC SYSTEM, ID - 04/30/11 16:38 Mode: Written							
295	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 15:24	04/30 15:24
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/30/11 16:38 Modified by: CC SYSTEM, ID - 04/30/11 16:38 Mode: Written							
291	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 14:10	04/30 14:10
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/30/11 14:42 Modified by: CC SYSTEM, ID - 04/30/11 14:42 Mode: Written							
290	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 13:23	04/30 13:23
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/30/11 13:28 Modified by: CC SYSTEM, ID - 04/30/11 13:28 Mode: Written							
289	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 12:08	04/30 12:08
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/30/11 12:34 Modified by: CC SYSTEM, ID - 04/30/11 12:34 Mode: Written							
288	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 11:35	04/30 11:35
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/30/11 11:40 Modified by: CC SYSTEM, ID - 04/30/11 11:40 Mode: Written							
286	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 10:22	04/30 10:22
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/30/11 10:42 Modified by: CC SYSTEM, ID - 04/30/11 10:42 Mode: Written							
285	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 09:04	04/30 09:04
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/30/11 10:19 Modified by: CC SYSTEM, ID - 04/30/11 10:19 Mode: Written							
284	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 10:05	04/30 10:05
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/30/11 10:19 Modified by: CC SYSTEM, ID - 04/30/11 10:19 Mode: Written							
283	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 08:08	04/30 08:08
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/30/11 08:14 Modified by: CC SYSTEM, ID - 04/30/11 08:14 Mode: Written							
280	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 06:01	04/30 06:01
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/30/11 06:55 Modified by: CC SYSTEM, ID - 04/30/11 06:55 Mode: Written							
279	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 06:53	04/30 06:53
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/30/11 06:55 Modified by: CC SYSTEM, ID - 04/30/11 06:55 Mode: Written							

CONTINUED

Page 7



GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
278		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 04:56	04/30 04:56
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 05:00					
		Modified by: CC SYSTEM, ID - 04/30/11 05:00					
		Mode: Written					
277		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 04:06	04/30 04:06
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 05:00					
		Modified by: CC SYSTEM, ID - 04/30/11 05:00					
		Mode: Written					
276		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 02:52	04/30 02:52
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 02:56					
		Modified by: CC SYSTEM, ID - 04/30/11 02:56					
		Mode: Written					
275		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 02:08	04/30 02:08
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 02:56					
		Modified by: CC SYSTEM, ID - 04/30/11 02:56					
		Mode: Written					
274		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 00:54	04/30 00:54
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 00:56					
		Modified by: CC SYSTEM, ID - 04/30/11 00:56					
		Mode: Written					
273		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/30 00:07	04/30 00:07
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 00:56					
		Modified by: CC SYSTEM, ID - 04/30/11 00:56					
		Mode: Written					
272		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/29 23:03	04/29 23:03
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 00:56					
		Modified by: CC SYSTEM, ID - 04/30/11 00:56					
		Mode: Written					
271		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/29 22:03	04/29 22:03
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 00:56					
		Modified by: CC SYSTEM, ID - 04/30/11 00:56					
		Mode: Written					
270		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/29 20:57	04/29 20:57
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/30/11 00:56					
		Modified by: CC SYSTEM, ID - 04/30/11 00:56					
		Mode: Written					
268		Complete Urinalysis	ONCE	ROUTINE	1 Time	04/30 00:25	04/30 00:25
		Ordered by: RES STEVENS, SHAWN N					
		Entered by: RES STEVENS, SHAWN N - 04/30/11 00:27					
		Modified by: CC SYSTEM, ID - 04/30/11 00:55					
		Acknowledge: RN COTILE, JEAN A - 04/30/11 00:57					
		Mode: Direct					
263		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/29 19:54	04/29 19:54
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/29/11 23:41					
		Modified by: CC SYSTEM, ID - 04/29/11 23:41					
		Mode: Written					
260		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/29 19:07	04/29 19:07
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/29/11 19:43					
		Modified by: CC SYSTEM, ID - 04/29/11 19:43					
		Mode: Written					

CONTINUED

Page 8



orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
259	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/29 18:23	04/29 18:23
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/29/11 19:43 Modified by: CC SYSTEM, ID - 04/29/11 19:43 Mode: Written							
254	Complete	CBC	IN A.M.	ROUTINE	1 Time	04/30 04:00	04/30 04:00
Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/29/11 17:30 Modified by: CC SYSTEM, ID - 04/30/11 08:32 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:30 Mode: Direct							
253	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/29 17:10	04/29 17:10
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/29/11 17:11 Modified by: CC SYSTEM, ID - 04/29/11 17:11 Mode: Written							
252	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/29 16:02	04/29 16:02
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/29/11 16:06 Modified by: CC SYSTEM, ID - 04/29/11 16:06 Mode: Written							
251	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/29 15:11	04/29 15:11
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/29/11 16:06 Modified by: CC SYSTEM, ID - 04/29/11 16:06 Mode: Written							
250	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/29 14:04	04/29 14:04
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/29/11 16:06 Modified by: CC SYSTEM, ID - 04/29/11 16:06 Mode: Written							
249	Complete	CBC	ONCE	TIMED	1 Time	04/29 17:00	04/29 17:00
Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/29/11 14:17 Modified by: CC SYSTEM, ID - 04/29/11 16:52 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 15:27 Mode: Direct							
246	Complete	Prealbumin	ONCE	TIMED	1 Time	05/01 04:00	05/01 04:00
Ordered by: RES RICKY, ASHLEY K Entered by: RD CHAPMAN, EMILY A - 04/29/11 13:11 Modified by: CC SYSTEM, ID - 05/01/11 09:12 Signature: RES RICKY, ASHLEY K - 04/29/11 14:17 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 15:27 Mode: Verbal							
245	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/29 13:01	04/29 13:01
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/29/11 13:07 Modified by: CC SYSTEM, ID - 04/29/11 13:07 Mode: Written							
244	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/29 12:11	04/29 12:11
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/29/11 13:07 Modified by: CC SYSTEM, ID - 04/29/11 13:07 Mode: Written							
238	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/29 11:15	04/29 11:15
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/29/11 11:18 Modified by: CC SYSTEM, ID - 04/29/11 11:18 Mode: Written							
237	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/29 09:59	04/29 09:59
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/29/11 11:18 Modified by: CC SYSTEM, ID - 04/29/11 11:18 Mode: Written							

CONTINUED

Page 9

PERM

orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/28/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/28/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/28/11 02:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
236	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/29 09:01	04/29 09:01
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/29/11 09:10					
		Modified by: CC SYSTEM, ID - 04/29/11 09:10					
		Mode: Written					
235	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/29 08:07	04/29 08:07
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/29/11 08:09					
		Modified by: CC SYSTEM, ID - 04/29/11 08:09					
		Mode: Written					
234	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/29 07:00	04/29 07:00
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/29/11 08:09					
		Modified by: CC SYSTEM, ID - 04/29/11 08:09					
		Mode: Written					
233	Complete	CBC	ONCE	TIMED	1 Time	04/29 12:00	04/29 12:00
		Ordered by: RES RICKEY, ASHLEY K					
		Entered by: RES RICKEY, ASHLEY K - 04/29/11 06:22					
		Modified by: CC SYSTEM, ID - 04/29/11 11:41					
		Acknowledge: RN SPURR, SARAH - 04/29/11 06:32					
		Mode: Direct					
232	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/29 05:58	04/29 05:58
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/29/11 06:03					
		Modified by: CC SYSTEM, ID - 04/29/11 06:03					
		Mode: Written					
231	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/29 05:03	04/29 05:03
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/29/11 05:04					
		Modified by: CC SYSTEM, ID - 04/29/11 05:04					
		Mode: Written					
225	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/29 04:11	04/29 04:11
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/29/11 04:14					
		Modified by: CC SYSTEM, ID - 04/29/11 04:14					
		Mode: Written					
224	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/29 03:01	04/29 03:01
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/29/11 03:08					
		Modified by: CC SYSTEM, ID - 04/29/11 03:08					
		Mode: Written					
223	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/29 02:03	04/29 02:03
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/29/11 02:05					
		Modified by: CC SYSTEM, ID - 04/29/11 02:05					
		Mode: Written					
222	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/29 01:16	04/29 01:16
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/29/11 01:17					
		Modified by: CC SYSTEM, ID - 04/29/11 01:17					
		Mode: Written					
221	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/28 23:57	04/28 23:57
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 23:59					
		Modified by: CC SYSTEM, ID - 04/28/11 23:59					
		Mode: Written					
220	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/28 23:06	04/28 23:06
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 23:07					
		Modified by: CC SYSTEM, ID - 04/28/11 23:07					
		Mode: Written					

CONTINUED

Page 10 

orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 435654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
219		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 22:03	04/28 22:03
		Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/28/11 22:04 Modified by: CC SYSTEM, ID - 04/28/11 22:04 Mode: Written					
218		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 20:58	04/28 20:58
		Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/28/11 22:04 Modified by: CC SYSTEM, ID - 04/28/11 22:04 Mode: Written					
217		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 20:01	04/28 20:01
		Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/28/11 20:02 Modified by: CC SYSTEM, ID - 04/28/11 20:02 Mode: Written					
216		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 18:59	04/28 18:59
		Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/28/11 19:00 Modified by: CC SYSTEM, ID - 04/28/11 19:00 Mode: Written					
215		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 18:02	04/28 18:02
		Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/28/11 18:03 Modified by: CC SYSTEM, ID - 04/28/11 18:03 Mode: Written					
214		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 17:04	04/28 17:04
		Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/28/11 17:05 Modified by: CC SYSTEM, ID - 04/28/11 17:05 Mode: Written					
213		Complete Metabolic Panel, Basic - BMP	IN A.M.	ROUTINE	1 Time	04/29 04:00	04/29 04:00
		Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/28/11 16:47 Modified by: CC SYSTEM, ID - 04/29/11 04:43 Acknowledge: RN NIREWICZ, SARAH A - 04/28/11 16:51 Mode: Direct					
212		Complete CBC	IN A.M.	ROUTINE	1 Time	04/29 04:00	04/29 04:00
		Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/28/11 16:47 Modified by: CC SYSTEM, ID - 04/29/11 04:41 Acknowledge: RN NIREWICZ, SARAH A - 04/28/11 16:51 Mode: Direct					
211		Complete Phosphorus, Serum	IN A.M.	ROUTINE	1 Time	04/29 04:00	04/29 04:00
		Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/28/11 16:47 Modified by: CC SYSTEM, ID - 04/29/11 04:43 Acknowledge: RN NIREWICZ, SARAH A - 04/28/11 16:51 Mode: Direct					
210		Complete Magnesium, Serum	IN A.M.	ROUTINE	1 Time	04/29 04:00	04/29 04:00
		Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/28/11 16:47 Modified by: CC SYSTEM, ID - 04/29/11 04:43 Acknowledge: RN NIREWICZ, SARAH A - 04/28/11 16:51 Mode: Direct					
209		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 15:58	04/28 15:58
		Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/28/11 16:00 Modified by: CC SYSTEM, ID - 04/28/11 16:00 Mode: Written					
208		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 15:08	04/28 15:08
		Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/28/11 16:00 Modified by: CC SYSTEM, ID - 04/28/11 16:00 Mode: Written					

CONTINUED

Page 11



order/HistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 19Y SEX: M : LEON, STUART M
 DOB: ID: 485654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
205		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 14:00	04/28 14:00
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 14:01					
		Modified by: CC SYSTEM, ID - 04/28/11 14:01					
		Mode: Written					
204		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 13:07	04/28 13:07
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 13:10					
		Modified by: CC SYSTEM, ID - 04/28/11 13:10					
		Mode: Written					
203		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 12:02	04/28 12:02
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 12:22					
		Modified by: CC SYSTEM, ID - 04/28/11 12:22					
		Mode: Written					
202		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 11:05	04/28 11:05
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 11:06					
		Modified by: CC SYSTEM, ID - 04/28/11 11:06					
		Mode: Written					
198		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 10:04	04/28 10:04
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 10:05					
		Modified by: CC SYSTEM, ID - 04/28/11 10:05					
		Mode: Written					
197		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 09:13	04/28 09:13
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 09:14					
		Modified by: CC SYSTEM, ID - 04/28/11 09:14					
		Mode: Written					
196		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 07:57	04/28 07:57
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 08:01					
		Modified by: CC SYSTEM, ID - 04/28/11 08:01					
		Mode: Written					
195		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 07:07	04/28 07:07
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 08:01					
		Modified by: CC SYSTEM, ID - 04/28/11 08:01					
		Mode: Written					
194		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 06:10	04/28 06:10
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 06:00					
		Modified by: CC SYSTEM, ID - 04/28/11 06:00					
		Mode: Written					
190		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 04:51	04/28 04:51
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 04:52					
		Modified by: CC SYSTEM, ID - 04/28/11 04:52					
		Mode: Written					
185		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 03:57	04/28 03:57
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 03:58					
		Modified by: CC SYSTEM, ID - 04/28/11 03:58					
		Mode: Written					
184		Complete Cat+ Measured (OR Lab) (Ion Ca)	ONCE	STAT	1 Occr	04/28 03:00	04/28 03:00
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 03:11					
		Modified by: CC SYSTEM, ID - 04/28/11 03:12					
		Mode: Written					

CONTINUED

Page 12

Patient: GOODWIN, DAVON A

MRN: 725008

Encounter: 495654253

Page 12 of 42

orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 485654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
183	Complete	Arterial Blood Gas, Short Panel (OR Lab) (ABGS)	ONCE	STAT	1 Occr	04/28 03:00	04/28 03:00
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 03:11					
		Modified by: CC SYSTEM, ID - 04/28/11 03:12					
		Mode: Written					
182	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 03:06	04/28 03:06
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 03:09					
		Modified by: CC SYSTEM, ID - 04/28/11 03:09					
		Mode: Written					
181	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 02:06	04/28 02:06
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 02:22					
		Modified by: CC SYSTEM, ID - 04/28/11 02:22					
		Mode: Written					
180	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/28 01:05	04/28 01:05
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 01:06					
		Modified by: CC SYSTEM, ID - 04/28/11 01:06					
		Mode: Written					
179	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 23:57	04/27 23:57
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 01:06					
		Modified by: CC SYSTEM, ID - 04/28/11 01:06					
		Mode: Written					
178	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 23:02	04/27 23:02
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 01:06					
		Modified by: CC SYSTEM, ID - 04/28/11 01:06					
		Mode: Written					
177	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 21:57	04/27 21:57
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/28/11 01:05					
		Modified by: CC SYSTEM, ID - 04/28/11 01:05					
		Mode: Written					
176	Complete	Ca++ Measured (OR Lab) (Ion Ca)	ONCE	STAT	1 Occr	04/27 22:15	04/27 22:15
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/27/11 22:21					
		Modified by: CC SYSTEM, ID - 04/27/11 22:23					
		Mode: Written					
175	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 21:02	04/27 21:02
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/27/11 21:05					
		Modified by: CC SYSTEM, ID - 04/27/11 21:05					
		Mode: Written					
174	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 19:44	04/27 19:44
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/27/11 19:51					
		Modified by: CC SYSTEM, ID - 04/27/11 19:51					
		Mode: Written					
173	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 18:54	04/27 18:54
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/27/11 18:55					
		Modified by: CC SYSTEM, ID - 04/27/11 18:55					
		Mode: Written					
172	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 18:15	04/27 18:15
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/27/11 18:16					
		Modified by: CC SYSTEM, ID - 04/27/11 18:16					
		Mode: Written					

CONTINUED

Page 13 PRM

orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/28/11 03:18
 AGE: 19Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
171	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 16:59	04/27 16:59
	Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 18:16 Modified by: CC SYSTEM, ID - 04/27/11 18:16 Mode: Written						
170	Complete	Ca++ Measured (OR Lab) (Ion Ca)	ONCE	STAT	1 Occr	04/27 18:00	04/27 18:00
	Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 18:05 Modified by: CC SYSTEM, ID - 04/27/11 18:09 Mode: Written						
169	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 15:53	04/27 15:53
	Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 15:55 Modified by: CC SYSTEM, ID - 04/27/11 15:55 Mode: Written						
168	Complete	Ca++ Measured (OR Lab) (Ion Ca)	ONCE	STAT	1 Occr	04/27 15:00	04/27 15:00
	Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 15:14 Modified by: CC SYSTEM, ID - 04/27/11 15:16 Mode: Written						
149	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 14:57	04/27 14:57
	Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 14:58 Modified by: CC SYSTEM, ID - 04/27/11 14:58 Mode: Written						
147	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 14:00	04/27 14:00
	Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 14:02 Modified by: CC SYSTEM, ID - 04/27/11 14:02 Mode: Written						
146	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 12:49	04/27 12:49
	Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 12:50 Modified by: CC SYSTEM, ID - 04/27/11 12:50 Mode: Written						
145	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 02:16	04/27 02:16
	Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 12:16 Modified by: CC SYSTEM, ID - 04/27/11 12:16 Mode: Written						
144	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 01:17	04/27 01:17
	Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 12:16 Modified by: CC SYSTEM, ID - 04/27/11 12:16 Mode: Written						
143	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 11:37	04/27 11:37
	Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 11:42 Modified by: CC SYSTEM, ID - 04/27/11 11:42 Mode: Written						
141	Complete	Phosphorus, Serum	ONCE	TIMED	1 Time	04/28 04:00	04/28 04:00
	Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/27/11 11:30 Modified by: CC SYSTEM, ID - 04/28/11 03:30 Acknowledged: RN CARPENTER, BROOKE - 04/27/11 12:13 Mode: Direct						
140	Complete	Magnesium, Serum	ONCE	TIMED	1 Time	04/28 04:00	04/28 04:00
	Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/27/11 11:30 Modified by: CC SYSTEM, ID - 04/28/11 03:30 Acknowledged: RN CARPENTER, BROOKE - 04/27/11 12:13 Mode: Direct						

CONTINUED

Page 14



orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
139	Complete	Metabolic Panel, Basic - BMP	ONCE	TIMED	1 Time	04/28 04:00	04/28 04:00
Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/27/11 11:30 Modified by: CC SYSTEM, ID - 04/28/11 03:30 Acknowledge: RN CARPENTER, BROOKE - 04/27/11 12:13 Mode: Direct							
138	Complete	CBC	ONCE	TIMED	1 Time	04/28 04:00	04/28 04:00
Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/27/11 11:30 Modified by: CC SYSTEM, ID - 04/28/11 03:12 Acknowledge: RN CARPENTER, BROOKE - 04/27/11 12:13 Mode: Direct							
137	Complete	Phosphorus, Serum	ONCE	TIMED	1 Time	04/27 14:00	04/27 14:00
Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/27/11 11:30 Modified by: RN CARPENTER, BROOKE - 04/27/11 14:15 Acknowledge: RN CARPENTER, BROOKE - 04/27/11 12:13 Mode: Direct							
136	Complete	Magnesium, Serum	ONCE	TIMED	1 Time	04/27 14:00	04/27 14:00
Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/27/11 11:30 Modified by: RN CARPENTER, BROOKE - 04/27/11 14:15 Acknowledge: RN CARPENTER, BROOKE - 04/27/11 12:13 Mode: Direct							
135	Complete	Metabolic Panel, Basic - BMP	ONCE	TIMED	1 Time	04/27 14:00	04/27 14:00
Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/27/11 11:30 Modified by: RN CARPENTER, BROOKE - 04/27/11 14:49 Acknowledge: RN CARPENTER, BROOKE - 04/27/11 12:13 Mode: Direct							
134	Complete	CBC	ONCE	TIMED	1 Time	04/27 14:00	04/27 14:00
Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/27/11 11:30 Modified by: CC SYSTEM, ID - 04/27/11 13:56 Acknowledge: RN CARPENTER, BROOKE - 04/27/11 12:13 Mode: Direct							
129	complete	Arterial Blood Gas, Short Panel (OR Lab) (ABGS)	ONCE	STAT	1 Occur	04/27 09:30	04/27 09:30
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 09:35 Modified by: CC SYSTEM, ID - 04/27/11 09:36 Mode: Written							
128	Complete	Arterial Blood Gas, Short Panel (OR Lab) (ABGS)	ONCE	STAT	1 Occur	04/27 08:30	04/27 08:30
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 08:40 Modified by: CC SYSTEM, ID - 04/27/11 08:41 Mode: Written							
127	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/27 06:16	04/27 06:16
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 06:19 Modified by: CC SYSTEM, ID - 04/27/11 06:19 Mode: Written							
126	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/27 04:11	04/27 04:11
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 05:26 Modified by: CC SYSTEM, ID - 04/27/11 05:26 Mode: Written							
125	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/27 03:26	04/27 03:26
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/27/11 05:26 Modified by: CC SYSTEM, ID - 04/27/11 05:26 Mode: Written							

CONTINUED

Page 15

PERM

orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/28/11 03:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
124		Complete Lactate Dehydrogenase, Serum	ONCE	ROUTINE	1 Occr	04/27 02:35	04/27 02:35
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/27/11 02:41					
		Modified by: CC SYSTEM, ID - 04/27/11 03:04					
		Mode: Written					
123		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/27 00:05	04/27 00:05
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/27/11 00:08					
		Modified by: CC SYSTEM, ID - 04/27/11 00:09					
		Mode: Written					
122		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/26 23:15	04/26 23:15
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/27/11 00:08					
		Modified by: CC SYSTEM, ID - 04/27/11 00:09					
		Mode: Written					
121		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/26 22:06	04/26 22:06
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 22:08					
		Modified by: CC SYSTEM, ID - 04/26/11 22:08					
		Mode: Written					
120		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/26 21:02	04/26 21:02
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 21:07					
		Modified by: CC SYSTEM, ID - 04/26/11 21:07					
		Mode: Written					
119		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/26 19:53	04/26 19:53
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 19:55					
		Modified by: CC SYSTEM, ID - 04/26/11 19:55					
		Mode: Written					
118		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/26 18:44	04/26 18:44
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 19:00					
		Modified by: CC SYSTEM, ID - 04/26/11 19:00					
		Mode: Written					
117		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/26 17:56	04/26 17:56
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 19:00					
		Modified by: CC SYSTEM, ID - 04/26/11 19:00					
		Mode: Written					
116		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/26 16:08	04/26 16:08
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 17:17					
		Modified by: CC SYSTEM, ID - 04/26/11 17:17					
		Mode: Written					
115		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/26 14:52	04/26 14:52
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 16:22					
		Modified by: CC SYSTEM, ID - 04/26/11 16:22					
		Mode: Written					
114		Complete Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/26 14:15	04/26 14:15
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 16:22					
		Modified by: CC SYSTEM, ID - 04/26/11 16:22					
		Mode: Written					
111		complete Lactate - Blood Gas, Whole Blood	ONCE	STAT	1 Occr	04/26 14:50	04/26 14:50
		(OR Lab) (Lac WB)					
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 14:53					
		Modified by: CC SYSTEM, ID - 04/26/11 14:55					
		Mode: Written					

CONTINUED

Page 16

PERM

orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 10Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
110	Complete	Arterial Blood Gas, Short Panel (OR Lab) (ABGS)	ONCE	STAT	1 Occur	04/26 14:50	04/26 14:50
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 14:52					
		Modified by: CC SYSTEM, ID - 04/26/11 14:55					
		Node: Written					
108	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/26 13:12	04/26 13:12
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 13:21					
		Modified by: CC SYSTEM, ID - 04/26/11 13:21					
		Node: Written					
105	Complete	Lactate Dehydrogenase, Serum	Q 4 HOURS	TIMED	1 Day	04/26 16:00	04/27 15:59
		Ordered by: RES LUNDY, ALLISON M					
		Entered by: RES RICKET, ASHLEY K - 04/26/11 12:35					
		Modified by: RN CARPENTER, BROOKE - 04/27/11 12:31					
		Acknowledge: RN ADAMS, LESLIE A - 04/26/11 13:20					
v3		Signature: RES LUNDY, ALLISON M - 04/27/11 11:30					
v3		Acknowledge: RN CARPENTER, BROOKE - 04/27/11 12:13					
		Node: Direct					
104	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/26 11:58	04/26 11:58
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 12:35					
		Modified by: CC SYSTEM, ID - 04/26/11 12:35					
		Node: Written					
103	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/26 11:01	04/26 11:01
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 12:35					
		Modified by: CC SYSTEM, ID - 04/26/11 12:35					
		Node: Written					
102	Complete	Prothrombin Time (PT) / INR	ONCE	ROUTINE	1 Occur	04/26 12:20	04/26 12:20
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 12:27					
		Modified by: CC SYSTEM, ID - 04/26/11 12:39					
		Node: Written					
101	Complete	Lactate - Blood Gas, Whole Blood (OR Lab) (Lac WB)	ONCE	STAT	1 Occur	04/26 12:20	04/26 12:20
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 12:24					
		Modified by: CC SYSTEM, ID - 04/26/11 12:25					
		Node: Written					
100	Complete	Arterial Blood Gas, Short Panel (OR Lab) (ABGS)	ONCE	STAT	1 Occur	04/26 12:20	04/26 12:20
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 12:24					
		Modified by: CC SYSTEM, ID - 04/26/11 12:25					
		Node: Written					
99	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/26 10:26	04/26 10:26
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 11:03					
		Modified by: CC SYSTEM, ID - 04/26/11 11:03					
		Node: Written					
98	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/26 10:01	04/26 10:01
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 11:03					
		Modified by: CC SYSTEM, ID - 04/26/11 11:03					
		Node: Written					
97	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occur	04/26 09:02	04/26 09:02
		Ordered by: CC SYSTEM, ID					
		Entered by: CC SYSTEM, ID - 04/26/11 11:03					
		Modified by: CC SYSTEM, ID - 04/26/11 11:03					
		Node: Written					

CONTINUED

Page 17

orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 19Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
96	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/26 07:24	04/26 07:24
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/26/11 07:39 Modified by: CC SYSTEM, ID - 04/26/11 07:39 Node: Written							
95	Canceled	Prothrombin Time (PT) / INR	ONCE	STAT	1 Time	04/26 07:26	04/26 12:27
Reason for action: Cancel Reason: COMBINED ORDERS Ordered by: RES PEERY, WILLIAM R Entered by: RES PEERY, WILLIAM R - 04/26/11 07:27 Modified by: RN ADAMS, LESLIE A - 04/26/11 12:27 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 07:36 Node: Direct							
94	Complete	PTT	ONCE	ROUTINE	1 Time	04/26 07:26	04/26 07:26
Ordered by: RES PEERY, WILLIAM R Entered by: RES PEERY, WILLIAM R - 04/26/11 07:27 Modified by: RN ADAMS, LESLIE A - 04/26/11 12:41 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 07:37 Node: Direct							
93	Canceled	Prothrombin Time (PT) / INR	ONCE	ROUTINE	1 Time	04/26 07:26	04/30 00:06
Reason for action: Cancel Reason: SYSTEM DUPLICATE Ordered by: RES PEERY, WILLIAM R Entered by: RES PEERY, WILLIAM R - 04/26/11 07:27 Modified by: RN ADAMS, LESLIE A - 04/30/11 00:06 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 07:37 Node: Direct							
92	Complete	Metabolic Panel, Basic - BMP	ONCE	STAT	1 Time	04/26 07:26	04/26 07:26
Ordered by: RES PEERY, WILLIAM R Entered by: RES PEERY, WILLIAM R - 04/26/11 07:27 Modified by: RN ADAMS, LESLIE A - 04/26/11 12:56 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 07:36 Node: Direct							
91	Complete	CBC	ONCE	STAT	1 Time	04/26 07:25	04/26 07:25
Ordered by: RES PEERY, WILLIAM R Entered by: RES PEERY, WILLIAM R - 04/26/11 07:27 Modified by: RN ADAMS, LESLIE A - 04/26/11 09:07 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 07:36 Node: Direct							
90	Canceled	PTT	ONCE	ROUTINE	1 Time	04/26 07:26	04/30 00:06
Reason for action: Cancel Reason: SYSTEM DUPLICATE Ordered by: RES PEERY, WILLIAM R Entered by: RES PEERY, WILLIAM R - 04/26/11 07:27 Modified by: RN ADAMS, LESLIE A - 04/30/11 00:06 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 07:37 Node: Direct							
89	Complete	Glucose PCX, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/26 06:29	04/26 06:29
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/26/11 07:26 Modified by: CC SYSTEM, ID - 04/26/11 07:26 Node: Written							
88	Complete	PTT	ONCE	TIMED	1 Time	04/26 13:00	04/26 13:00
Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/26/11 06:55 Modified by: RN ADAMS, LESLIE A - 04/26/11 15:07 Acknowledge: RN ADAMS, LESLIE A - 04/26/11 11:08 Node: Direct							
87	Complete	Prothrombin Time (PT) / INR	ONCE	TIMED	1 Time	04/26 13:00	04/26 13:00
Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/26/11 06:55 Modified by: RN ADAMS, LESLIE A - 04/26/11 15:07 Acknowledge: RN ADAMS, LESLIE A - 04/26/11 11:08 Node: Direct							

CONTINUED

Page 18

PERM

orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 485654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
86	Complete	CBC	ONCE	TIMED	1 Time	04/26 13:00	04/26 13:00
Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/26/11 06:55 Modified by: RN ADAMS, LESLIE A - 04/26/11 13:17 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 07:36 Mode: Direct							
83	Complete	Metabolic Panel, Basic - BMP	ONCE	TIMED	1 Time	04/26 13:00	04/26 13:00
Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/26/11 06:55 Modified by: RN ADAMS, LESLIE A - 04/26/11 15:21 Acknowledge: RN ADAMS, LESLIE A - 04/26/11 11:09 Mode: Direct							
66	Complete	Glucose PCK, Whole Blood (POCT)	ONCE	ROUTINE	1 Occr	04/26 05:30	04/26 05:30
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/26/11 05:32 Modified by: CC SYSTEM, ID - 04/26/11 05:32 Mode: Written							
64	Complete	CBC	ONCE	ROUTINE	1 Time	04/26 05:17	04/26 05:17
Ordered by: SELANDER, CRAIG L Entered by: SELANDER, CRAIG L - 04/26/11 05:18 Modified by: RN MCGLYNN, STEPHANIE - 04/26/11 06:51 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:46 Mode: Direct							
63	Complete	Metabolic Panel, Comprehensive - CMP	ONCE	ROUTINE	1 Time	04/26 05:17	04/26 05:17
Ordered by: SELANDER, CRAIG L Entered by: SELANDER, CRAIG L - 04/26/11 05:18 Modified by: RN ADAMS, LESLIE A - 04/26/11 09:10 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:46 Mode: Direct							
62	Complete	PTT	ONCE	ROUTINE	1 Time	04/26 05:17	04/26 05:17
Ordered by: SELANDER, CRAIG L Entered by: SELANDER, CRAIG L - 04/26/11 05:18 Modified by: RN ADAMS, LESLIE A - 04/26/11 09:10 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:46 Mode: Direct							
61	Complete	Prothrombin Time (PT) / INR	ONCE	ROUTINE	1 Time	04/26 05:17	04/26 05:17
Ordered by: SELANDER, CRAIG L Entered by: SELANDER, CRAIG L - 04/26/11 05:18 Modified by: RN ADAMS, LESLIE A - 04/26/11 09:27 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:46 Mode: Direct							
56	Complete	Arterial Blood Gas, Short Panel (OR Lab) (ABGE)	ONCE	STAT	1 Occr	04/26 04:48	04/26 04:48
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/26/11 04:48 Modified by: CC SYSTEM, ID - 04/26/11 04:50 Mode: Written							
47	Complete	PTT	IN A.M.	ROUTINE	1 Day	04/27 04:00	04/28 03:59
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RN PETERSON, JENNIFER L - 04/27/11 03:13 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:46 Mode: Direct							
46	Complete	Prothrombin Time (PT) / INR	IN A.M.	ROUTINE	1 Day	04/27 04:00	04/28 03:59
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RN PETERSON, JENNIFER L - 04/27/11 03:10 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:46 Mode: Direct							
45	Complete	Phosphorus, Serum	IN A.M.	ROUTINE	1 Day	04/27 04:00	04/28 03:59
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RN PETERSON, JENNIFER L - 04/27/11 03:04 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:46 Mode: Direct							

CONTINUED

Page 19

orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 485854253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
44	Complete	Magnesium, Serum	IN A.M.	ROUTINE	1 Day	04/27 04:00	04/28 03:59
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RN PETERSON, JENNIFER L - 04/27/11 03:04 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:46 Mode: Direct							
43	Complete	Metabolic Panel, Basic - BMP	IN A.M.	ROUTINE	1 Day	04/27 04:00	04/28 03:59
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RN PETERSON, JENNIFER L - 04/27/11 03:04 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:46 Mode: Direct							
42	Complete	CBC	IN A.M.	ROUTINE	1 Day	04/27 04:00	04/28 03:59
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RN PETERSON, JENNIFER L - 04/27/11 02:30 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:46 Mode: Direct							
11	Complete	Arterial Blood Gas, Short Panel (OR Lab) (ABGS)	ONCE	STAT	1 Occr	04/26 04:21	04/26 04:21
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/26/11 04:22 Modified by: CC SYSTEM, ID - 04/26/11 04:23 Mode: Written							
10	Complete	Arterial Blood Gas, Short Panel (OR Lab) (ABGS)	ONCE	STAT	1 Occr	04/26 03:50	04/26 03:50
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/26/11 03:53 Modified by: CC SYSTEM, ID - 04/26/11 03:58 Mode: Written							
9	Complete	Arterial Blood Gas, Short Panel (OR Lab) (ABGS)	ONCE	STAT	1 Occr	04/26 03:36	04/26 03:36
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/26/11 03:38 Modified by: CC SYSTEM, ID - 04/26/11 03:39 Mode: Written							
7	Complete	Alcohol, Ethyl	ONCE	STAT	1 Occr	04/26 02:59	04/26 02:59
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/26/11 03:04 Modified by: CC SYSTEM, ID - 04/26/11 03:26 Mode: Written							
6	Complete	CBC	ONCE	ROUTINE	1 Occr	04/26 03:04	04/26 03:04
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/26/11 03:04 Modified by: CC SYSTEM, ID - 04/26/11 03:07 Mode: Written							
5	Complete	Metabolic Panel, Basic - BMP	ONCE	STAT	1 Occr	04/26 02:59	04/26 02:59
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/26/11 03:04 Modified by: CC SYSTEM, ID - 04/26/11 03:26 Mode: Written							
4	Complete	PTT	ONCE	STAT	1 Occr	04/26 02:59	04/26 02:59
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/26/11 03:04 Modified by: CC SYSTEM, ID - 04/26/11 03:19 Mode: Written							
3	Complete	Prothrombin Time (PT) / INR	ONCE	STAT	1 Occr	04/26 02:59	04/26 02:59
Ordered by: CC SYSTEM, ID Entered by: CC SYSTEM, ID - 04/26/11 03:04 Modified by: CC SYSTEM, ID - 04/26/11 03:19 Mode: Written							

CONTINUED

Page 20

PRM

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 485654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

HEO

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

262	D/C'd	PATIENT SPECIFIC DATA: height: 72.99cm/28.7in;	CONTIN	ROUTINE		04/29 20:15	05/04 14:05
-----	-------	--	--------	---------	--	-------------	-------------

Ordered by: RES STEVENS, SHAWN M
Entered by: RN COTTLE, JEAN A - 04/29/11 20:26
Modified by: , - 05/04/11 16:06
Signature: RES STEVENS, SHAWN M - 04/29/11 23:45
Mode: Verbal

Patient's height (cms or ins): 72.992165
Instructions: height: 72.99cm/28.7in;

132	D/C'd	CONDITION:, Condition: CRITICAL	CONTIN	ROUTINE		04/27 11:24	05/04 14:05
-----	-------	---------------------------------	--------	---------	--	-------------	-------------

Ordered by: RES LUNDY, ALLISON N
Entered by: RES LUNDY, ALLISON N - 04/27/11 11:30
Modified by: , - 05/04/11 16:06
Mode: Direct

Condition: CRITICAL

73	D/C'd	PATIENT SPECIFIC DATA: weight: 94.500kg/208.3lb;	CONTIN	ROUTINE		04/26 05:15	05/04 14:05
----	-------	--	--------	---------	--	-------------	-------------

Ordered by: RES WITT, SCOTT H
Entered by: RES WITT, SCOTT H - 04/26/11 05:32
Modified by: , - 05/04/11 16:06
Mode: Direct

Patient's weight (kgs or lbs): 94.500000
Instructions: weight: 94.500kg/208.3lb;

17	D/C'd	DIAGNOSIS:, Diagnosis: GSW LUQ	CONTIN	ROUTINE		04/26 04:43	05/04 14:05
----	-------	--------------------------------	--------	---------	--	-------------	-------------

**Secondary Diagnosis/Procedure: ex-lap
Ordered by: JEWETT, BRENT M
Entered by: JEWETT, BRENT M - 04/26/11 04:45
Modified by: , - 05/04/11 16:06
Mode: Direct

Diagnosis: GSW LUQ **Secondary Diagnosis/Procedure: ex-lap

14	D/C'd	CONDITION:, Condition: Serious	CONTIN	ROUTINE		04/26 04:43	04/27 11:24
----	-------	--------------------------------	--------	---------	--	-------------	-------------

Ordered by: RES LUNDY, ALLISON N
Entered by: JEWETT, BRENT M - 04/26/11 04:45
Modified by: RES LUNDY, ALLISON N - 04/27/11 11:24
Signature: RES LUNDY, ALLISON N - 04/27/11 11:30
Mode: Direct

Condition: Serious

MD

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

256	Complete	Transfer Attestation: I have reviewed all orders: made changes and discontinued orders not needed for change in level of care or service. : ICU to Floor	ONCE	ROUTINE	1 Time	04/29 17:27	04/29 17:27
-----	----------	--	------	---------	--------	-------------	-------------

Ordered by: RES RICKEY, ASHLEY K
Entered by: RES RICKEY, ASHLEY K - 04/29/11 17:30
Modified by: RN COTTLE, JEAN A - 04/29/11 21:47
Mode: Direct

Enter to Confirm: I have reviewed all orders: made changes and discontinued orders not needed for change in level of care or service.
Transfer Details: ICU to Floor

49	Complete	MD Documentation: << Contraindicated secondary to abdominal arterial bleed >>	ONCE	ROUTINE	1 Time	04/26 04:44	04/26 04:44
----	----------	---	------	---------	--------	-------------	-------------

Ordered by: JEWETT, BRENT M
Entered by: JEWETT, BRENT M - 04/26/11 04:45
Modified by: , - 04/26/11 05:28
Mode: Direct

Details: << Contraindicated secondary to abdominal arterial bleed >>

CONTINUED

Page 21 **PERM**

orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 10Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

MICR

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

349	Complete	Infection Control Only VRE Surveillance, Specimen Source:: PERIANAL	ONCE	ROUTINE	1 Occur	05/03 13:24	05/03 13:24
-----	----------	---	------	---------	---------	-------------	-------------

Ordered by: CC SYSTEM, ID
 Entered by: CC SYSTEM, ID - 05/03/11 13:24
 Modified by: RN SLODARSKI, COREY - 05/03/11 13:45
 Mode: Written

Specimen Source: PERIANAL

348	Complete	Infection Control Only MRSA Surveillance Culture, Specimen Source:: NASAL	ONCE	ROUTINE	1 Occur	05/03 13:24	05/03 13:24
-----	----------	---	------	---------	---------	-------------	-------------

Ordered by: CC SYSTEM, ID
 Entered by: CC SYSTEM, ID - 05/03/11 13:24
 Modified by: RN SLODARSKI, COREY - 05/03/11 13:45
 Mode: Written

Specimen Source: NASAL

269	New	Blood Bacterial Culture, Source:: Blood, Venipuncture	ONCE	ROUTINE	1 Time	04/30 00:26	04/30 00:26
-----	-----	--	------	---------	--------	-------------	-------------

Ordered by: RES STEVENS, SHAWN M
 Entered by: RES STEVENS, SHAWN M - 04/30/11 00:27
 Modified by: CC SYSTEM, ID - 04/30/11 01:08
 Acknowledge: RN COTTE, JEAN A - 04/30/11 00:58
 Mode: Direct

Record body site and line information on specimen label.

Source: Blood, Venipuncture

267	New	Blood Bacterial Culture, Source:: Blood, Catheter/line	ONCE	ROUTINE	1 Time	04/30 00:26	04/30 00:26
-----	-----	---	------	---------	--------	-------------	-------------

Ordered by: RES STEVENS, SHAWN M
 Entered by: RES STEVENS, SHAWN M - 04/30/11 00:27
 Modified by: CC SYSTEM, ID - 04/30/11 01:07
 Acknowledge: RN COTTE, JEAN A - 04/30/11 00:58
 Mode: Direct

Record body site and line information on specimen label.

Source: Blood, Catheter/line

266	Complete	Urine Bacterial Culture, Specimen Source:: Urine, Foley : Not Selected	ONCE	ROUTINE	1 Time	04/30 00:26	04/30 00:26
-----	----------	--	------	---------	--------	-------------	-------------

Ordered by: RES STEVENS, SHAWN M
 Entered by: RES STEVENS, SHAWN M - 04/30/11 00:27
 Modified by: CC SYSTEM, ID - 05/01/11 09:54
 Acknowledge: RN COTTE, JEAN A - 04/30/11 00:57
 Mode: Direct

Specimen Source: Urine, Foley

Body Sites for Urine Specimens: Not Selected

113	Complete	Infection Control Only VRE Surveillance, Specimen Source:: PERIANAL	ONCE	ROUTINE	1 Occur	04/26 11:11	04/26 11:11
-----	----------	---	------	---------	---------	-------------	-------------

Ordered by: CC SYSTEM, ID
 Entered by: CC SYSTEM, ID - 04/26/11 15:07
 Modified by: RN ADAMS, LESLIE A - 04/26/11 18:57
 Mode: Written

Specimen Source: PERIANAL

112	Complete	Infection Control Only MRSA Surveillance Culture, Specimen Source:: NASAL	ONCE	ROUTINE	1 Occur	04/26 11:11	04/26 11:11
-----	----------	---	------	---------	---------	-------------	-------------

Ordered by: CC SYSTEM, ID
 Entered by: CC SYSTEM, ID - 04/26/11 15:07
 Modified by: RN ADAMS, LESLIE A - 04/26/11 18:57
 Mode: Written

Specimen Source: NASAL

CONTINUED

Page 22

PERM

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 19Y SEX: M : LEON, STUART M
DOB: ID: 495454253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

NSG

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

315	Complete	Nurse Instruction: Please restart tube feeds at goal. thanks.	ONCE	ROUTINE	1 Time	05/01 09:59	05/01 09:59
-----	----------	---	------	---------	--------	-------------	-------------

Ordered by: RES GADDY, PARKER M
Entered by: RES GADDY, PARKER M - 05/01/11 09:59
Modified by: RN SHEFTON, SENACA P - 05/01/11 11:15
Acknowledge: RN SHEFTON, SENACA P - 05/01/11 10:22
Mode: Direct

Enter Details and Frequency (how often): Please restart tube feeds at goal. thanks.

292	Complete	Nurse Instruction: hold tube feeds	ONCE	ROUTINE	1 Time	04/30 15:41	04/30 15:41
-----	----------	------------------------------------	------	---------	--------	-------------	-------------

Ordered by: RES SMITH, MICHAEL A
Entered by: RES SMITH, MICHAEL A - 04/30/11 15:41
Modified by: RN COTTE, JEAN A - 04/30/11 19:30
Acknowledge: RN NORMAN, JILL L - 04/30/11 16:37
Mode: Direct

Enter Details and Frequency (how often): hold tube feeds

282	Complete	Foley Catheter: Discontinue:	ONCE	ROUTINE	1 Time	04/30 07:13	04/30 07:13
-----	----------	------------------------------	------	---------	--------	-------------	-------------

Ordered by: RES RICKY, JOSHUA S
Entered by: RES RICKY, JOSHUA S - 04/30/11 07:14
Modified by: RN COTTE, JEAN A - 04/30/11 19:30
Acknowledge: RN NORMAN, JILL L - 04/30/11 09:59
Mode: Direct

257	Complete	NSG: Transfer to Floor Instructions: to 6 west or 10 west	ONCE	ROUTINE	1 Time	04/29 17:27	04/29 17:27
-----	----------	---	------	---------	--------	-------------	-------------

Ordered by: RES RICKY, ASHLEY K
Entered by: RES RICKY, ASHLEY K - 04/29/11 17:30
Modified by: RN COTTE, JEAN A - 04/29/11 21:47
Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 16:30
Mode: Direct

Details: to 6 west or 10 west

242	Complete	Continuous Enteral Nutrition Feeds: : : ; : ; ;	AS DIRECTED	ROUTINE	1 Time	04/29 11:58	04/29 16:00
-----	----------	---	-------------	---------	--------	-------------	-------------

Ordered by: RES LUNDY, ALLISON N
Entered by: RD CHAPMAN, EMILY A - 04/29/11 11:58
Modified by: RN NIREWICZ, SARAH A - 04/29/11 16:19
Signature: RES RICKY, ASHLEY K - 04/29/11 14:17
Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 12:31
Mode: Verbal

230	Complete	BLOOD: RBC Instructions: << 2 of 2 units PRBC Crossmatched/Reserved >>	ONCE	ROUTINE	1 Time	04/29 04:48	04/29 04:48
-----	----------	--	------	---------	--------	-------------	-------------

Ordered by: RES WITT, SCOTT H
Entered by: RES WITT, SCOTT H - 04/29/11 04:48
Modified by: RN SPURR, SARAH - 04/29/11 06:42
Acknowledge: RN SPURR, SARAH - 04/29/11 06:41
Mode: Direct

Details: << 2 of 2 units PRBC Crossmatched/Reserved >>

229	Complete	BLOOD: RBC Instructions: << 1 of 2 units PRBC Crossmatched/Reserved >>	ONCE	ROUTINE	1 Time	04/29 04:48	04/29 04:48
-----	----------	--	------	---------	--------	-------------	-------------

Ordered by: RES WITT, SCOTT H
Entered by: RES WITT, SCOTT H - 04/29/11 04:48
Modified by: RN SPURR, SARAH - 04/29/11 06:42
Acknowledge: RN SPURR, SARAH - 04/29/11 06:41
Mode: Direct

Details: << 1 of 2 units PRBC Crossmatched/Reserved >>

CONTINUED

Page 23

PERM

orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/05/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
227	complete	BLOOD: RBC Instructions: << Transfuse 2 units RBCs per blood transfusion policy >> Ordered by: RES WITT, SCOTT H Entered by: RES WITT, SCOTT H - 04/29/11 04:48 Modified by: RN SPURR, SARAH - 04/29/11 06:42 Acknowledge: RN SPURR, SARAH - 04/29/11 06:41 Mode: Direct Details: << Transfuse 2 units RBCs per blood transfusion policy >>	ONCE	STAT	1 Time	04/29 04:48	04/29 04:48
226	complete	BLOOD: RBC Instructions: << RBC Date of Need: 04/29/11 >> Ordered by: RES WITT, SCOTT H Entered by: RES WITT, SCOTT H - 04/29/11 04:48 Modified by: RN SPURR, SARAH - 04/29/11 06:42 Acknowledge: RN SPURR, SARAH - 04/29/11 06:41 Mode: Direct Details: << RBC Date of Need: 04/29/11 >>	ONCE	ROUTINE	1 Time	04/29 04:48	04/29 04:48
193	complete	Nurse Instruction: please wean propofol in anticipation of extubation Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/28/11 06:47 Modified by: RN NIREWICZ, SARAH A - 04/28/11 07:17 Acknowledge: RN NIREWICZ, SARAH A - 04/28/11 07:18 Mode: Direct Enter Details and Frequency (how often): please wean propofol in anticipation of extubation	ONCE	ROUTINE	1 Time	04/28 06:46	04/28 06:46
189	complete	BLOOD: RBC Instructions: << 1 unit PRBC Crossmatched/Reserved >> Ordered by: RES WITT, SCOTT H Entered by: RES WITT, SCOTT H - 04/28/11 04:15 Modified by: RN WOMACK, TASSI M - 04/28/11 05:13 Acknowledge: RN WOMACK, TASSI M - 04/28/11 04:21 Mode: Direct Details: << 1 of 1 units PRBC Crossmatched/Reserved >>	ONCE	ROUTINE	1 Time	04/28 04:15	04/28 04:15
187	complete	BLOOD: RBC Instructions: << Transfuse 1 unit RBCs per blood transfusion policy >> Ordered by: RES WITT, SCOTT H Entered by: RES WITT, SCOTT H - 04/28/11 04:15 Modified by: RN WOMACK, TASSI M - 04/28/11 05:13 Acknowledge: RN WOMACK, TASSI M - 04/28/11 04:21 Mode: Direct Details: << Transfuse 1 unit RBCs per blood transfusion policy >>	ONCE	ROUTINE	1 Time	04/28 04:15	04/28 04:15
186	complete	BLOOD: RBC Instructions: << RBC Date of Need: 4/28/11 >> Ordered by: RES WITT, SCOTT H Entered by: RES WITT, SCOTT H - 04/28/11 04:15 Modified by: RN WOMACK, TASSI M - 04/28/11 05:13 Acknowledge: RN WOMACK, TASSI M - 04/28/11 04:21 Mode: Direct Details: << RBC Date of Need: 4/28/11 >>	ONCE	ROUTINE	1 Time	04/28 04:15	04/28 04:15
107	complete	MSG COLLECT: Blood Gas - CRITICAL CARE Use Only Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/26/11 12:35 Modified by: RN ADAMS, LESLIE A - 04/26/11 18:56 Acknowledge: RN ADAMS, LESLIE A - 04/26/11 13:13 Mode: Direct arterial Details: Nurse to coordinate with RT and Lab when applicable. Complete Red laboratory request card and label container with form fast label. Deliver form and specimens to the fourth floor OR Lab. Select Short or Long Panel: Short Panel	Q4H	TIMED	1 Occur	04/26 16:00	04/26 16:00

CONTINUED

Page 24

PERM

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 19Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
81	Complete	BLOOD: FFP Instructions: << 1 of ONCE 4 units Fresh Frozen Plasma Reserved >> Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/26/11 06:36 Modified by: RN MCGLYNN, STEPHANIE - 04/26/11 06:49 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 Mode: Direct Details: << 1 of 4 units Fresh Frozen Plasma Reserved >>		ROUTINE	1 Time	04/26 06:36	04/26 06:36
80	Complete	BLOOD: FFP Instructions: << 2 of ONCE 4 units Fresh Frozen Plasma Reserved >> Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/26/11 06:36 Modified by: RN MCGLYNN, STEPHANIE - 04/26/11 06:49 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 Mode: Direct Details: << 2 of 4 units Fresh Frozen Plasma Reserved >>		ROUTINE	1 Time	04/26 06:36	04/26 06:36
79	Complete	BLOOD: FFP Instructions: << 3 of ONCE 4 units Fresh Frozen Plasma Reserved >> Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/26/11 06:36 Modified by: RN ADAMS, LESLIE A - 04/26/11 09:10 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 Mode: Direct Details: << 3 of 4 units Fresh Frozen Plasma Reserved >>		ROUTINE	1 Time	04/26 06:36	04/26 06:36
78	Complete	BLOOD: FFP Instructions: << 4 of ONCE 4 units Fresh Frozen Plasma Reserved >> Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/26/11 06:36 Modified by: RN ADAMS, LESLIE A - 04/26/11 09:10 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 Mode: Direct Details: << 4 of 4 units Fresh Frozen Plasma Reserved >>		ROUTINE	1 Time	04/26 06:36	04/26 06:36
77	Complete	BLOOD: FFP Instructions: << ONCE Fresh Frozen Plasma Date of Need: 04/26/11 >> Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/26/11 06:36 Modified by: RN ADAMS, LESLIE A - 04/26/11 09:10 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 Mode: Direct Details: << Fresh Frozen Plasma Date of Need: 04/26/11 >>		ROUTINE	1 Time	04/26 06:36	04/26 06:36
76	Complete	BLOOD: FFP Instructions: << ONCE Infuse 4 units of Fresh Frozen Plasma per transfusion policy >> Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/26/11 06:36 Modified by: RN ADAMS, LESLIE A - 04/26/11 09:10 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 Mode: Direct Details: << Infuse 4 units of Fresh Frozen Plasma per transfusion policy >>		STAT	1 Time	04/26 06:36	04/26 06:36
52	Complete	ICU Sedation Management: << ONCE Daily lactate, triglycerides and creatinine kinase while on propofol >> Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RN MCGLYNN, STEPHANIE - 04/26/11 06:49 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 Mode: Direct Details: << Daily lactate, triglycerides and creatinine kinase while on propofol >>		ROUTINE	1 Time	04/26 04:44	04/26 04:44

CONTINUED

Page 25 PRM

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 19Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
23	Complete	IMMUNIZATION:: For pt. with open wounds, confirm administration of tetanus vaccine given prior to ICU admission. If not given, contact physician to complete Adult Immunization Order Form	ONCE	ROUTINE	1 Time	04/26 04:43	04/26 04:43
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RN MCGLINN, STEPHANIE - 04/26/11 06:49 Acknowledge: RN MCGLINN, STEPHANIE - 04/26/11 06:47 Mode: Direct Details: For pt. with open wounds, confirm administration of tetanus vaccine given prior to ICU admission. If not given, contact physician to complete Adult Immunization Order Form							
22	Complete	CORE MEASURES:: Complete the Adult Pneumococcal Screening in Clindoc if indicated, administer Pneumococcal Vaccine. Send RxComm to pharmacy to receive dose or to discontinue if patient does not meet criteria or refuses dose.	ONCE	ROUTINE	1 Time	04/26 04:43	04/26 04:43
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RN MCGLINN, STEPHANIE - 04/26/11 06:49 Acknowledge: RN MCGLINN, STEPHANIE - 04/26/11 06:47 Mode: Direct Details: Complete the Adult Pneumococcal Screening in Clindoc if indicated, administer Pneumococcal Vaccine. Send RxComm to pharmacy to receive dose or to discontinue if patient does not meet criteria or refuses dose.							
21	Complete	CORE MEASURES:: Complete the Adult Influenza Screening in clindoc if indicated, administer Influenza Vaccine. Send RxComm to pharmacy to receive dose or to discontinue if patient does not meet criteria or refuses dose.	ONCE	ROUTINE	1 Time	04/26 04:43	04/26 04:43
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RN MCGLINN, STEPHANIE - 04/26/11 06:49 Acknowledge: RN MCGLINN, STEPHANIE - 04/26/11 06:47 Mode: Direct Details: Complete the Adult Influenza Screening in clindoc if indicated, administer Influenza Vaccine. Send RxComm to pharmacy to receive dose or to discontinue if patient does not meet criteria or refuses dose.							
18	Complete	CORE MEASURES:: pt. education << Recent smoker >> have patient watch the Get Well network video	<<ONCE	ROUTINE	1 Time	04/26 04:43	04/26 04:43
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RN MCGLINN, STEPHANIE - 04/26/11 06:49 Acknowledge: RN MCGLINN, STEPHANIE - 04/26/11 06:47 Mode: Direct Details: pt. education << Recent smoker >> have patient watch the Get Well network video							
343	D/C'ed	Nurse Instruction: please apply heat or cold packs around JP drains for pain control	AS DIRECTED	ROUTINE		05/03 09:48	05/04 14:05
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 05/03/11 09:49 Modified by: , - 05/04/11 16:06 Acknowledge: RN SLUSARSKI, COREY - 05/03/11 10:35 Mode: Direct Enter Details and Frequency (how often): please apply heat or cold packs around							

CONTINUED

Page 26

PERM

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 485654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
JP drains for pain control							
323	D/C'ed	MONITOR: Finger Stick by Glucose Q4H Meter: Ordered by: RES GADDY, PARKER M Entered by: RES GADDY, PARKER M - 05/01/11 09:59 Modified by: , - 05/04/11 16:06 Acknowledge: RN SHEFTON, SENACA P - 05/01/11 10:22 Mode: Direct		ROUTINE		05/01 09:57 05/04 14:05	
322	D/C'ed	MED INSTRUCTION: << SC Insulin PRN (see Details) >>, Target Range: Ordered by: RES GADDY, PARKER M Entered by: RES GADDY, PARKER M - 05/01/11 09:59 Modified by: , - 05/04/11 16:06 Acknowledge: RN SHEFTON, SENACA P - 05/01/11 10:23 Mode: Direct 1.: Document all FSBG and insulin doses 2.: Call MD for orders related to FSBG if insulin is held for any reason, patient status changes to unable to eat, NPO for any reason, and/or PN or EN is interrupted 3.: Call MD for FSBG > 300mg/dl or two serial FSBG's < 60mg/dl 4.: Call MD for sudden AMS Details: -----		ROUTINE	1 Occr	05/01 09:57 05/04 14:05	
321	D/C'ed	Target Glucose, Range -: 90-140 PRN mg/dL Ordered by: RES GADDY, PARKER M Entered by: RES GADDY, PARKER M - 05/01/11 09:59 Modified by: , - 05/04/11 16:06 Acknowledge: RN SHEFTON, SENACA P - 05/01/11 10:23 Mode: Direct Range -: 90-140 mg/dL		ROUTINE		05/01 09:57 Indefinite	
316	D/C'ed	Nurse Instruction: please give po meds via Jtube. thanks. Ordered by: RES GADDY, PARKER M Entered by: RES GADDY, PARKER M - 05/01/11 09:59 Modified by: , - 05/04/11 16:06 Acknowledge: RN SHEFTON, SENACA P - 05/01/11 10:23 Mode: Direct Enter Details and Frequency (how often): please give po meds via Jtube. thanks.	CONTINUOUS	ROUTINE		05/01 09:56 05/04 14:05	
258	D/C'ed	VITAL SIGNS: q4h Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/29/11 17:30 Modified by: , - 05/04/11 16:06 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:30 Mode: Direct Details (Frequency, etc.): q4h	CONTINUOUS	ROUTINE		04/29 17:28 05/04 14:05	
255	D/C'ed	RESP: Incentive Spirometry Instruct and Follow Up: 10 times per hour while awake Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/29/11 17:30 Modified by: , - 05/04/11 16:06 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:30 Mode: Direct Details: 10 times per hour while awake	CONTINUOUS	ROUTINE		04/29 17:30 05/04 14:05	
248	D/C'ed	ACTIVITY: Out of Bed Ad Lib: PRN Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/29/11 14:17 Modified by: , - 05/04/11 16:06 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 15:27 Mode: Direct		ROUTINE		04/29 14:17 Indefinite	

CONTINUED

Page 27

PERM

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
243	D/C'ed	ENTERAL NUTRITION:: Standing Orders (see details)	AS DIRECTED	ROUTINE		04/29 11:58 05/04 14:05	
		Ordered by: RES LUNDY, ALLISON N Entered by: RD CHAPMAN, EMILY A - 04/29/11 11:58 Modified by: , - 05/04/11 16:06 Signature: RES RICKEY, ASHLEY K - 04/29/11 14:17 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 12:31 Mode: Verbal Details: Standing Orders (see details) Details: Head of bed raised > 30 degrees unless otherwise clinically contraindicated Details: Notify Physician if vomiting and/or abdominal distention occurs Details: Flush feeding tube before and after each medication administration with 30 mL tap water unless otherwise specified. Details: Check tube placement Details: ...53=...					
239	D/C'ed	NUTRITION: Feeding / Water:: << Q4H Flush tube with 30 mL tap water Q4H >> :		ROUTINE		04/29 11:58 05/04 14:05	
		Ordered by: RES LUNDY, ALLISON N Entered by: RD CHAPMAN, EMILY A - 04/29/11 11:58 Modified by: , - 05/04/11 16:06 Signature: RES RICKEY, ASHLEY K - 04/29/11 14:17 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 12:31 Mode: Verbal Details: << Flush tube with 30 mL tap water Q4H >>					
199	D/C'ed	O2 Therapy:	CONTINUOUS	ROUTINE		04/28 10:52 05/04 14:05	
		Ordered by: RES PEERY, WILLIAM R Entered by: RES PEERY, WILLIAM R - 04/28/11 10:52 Modified by: , - 05/04/11 16:06 Acknowledge: RN NIREWICZ, SARAH A - 04/28/11 11:26 Mode: Direct					
158	D/C'ed	PROTOCOL: Phosphorus Electrolyte PRN Standard Replacement		ROUTINE		04/27 15:05 Indefinite	
v2		Ordered by: RES RICKEY, ASHLEY K Entered by: RES RICKEY, ASHLEY K - 04/27/11 15:05 Modified by: RES RICKEY, ASHLEY K - 04/29/11 17:28 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:31 Acknowledge: RN CARPENTER, BROOKE - 04/27/11 15:12 Mode: Direct *If serum creatinine is ≥ 1.5 mg/dL OR urine output is < 30 mL/hr, call physician for replacement orders. *Do NOT use this protocol for continuous renal replacement therapy (CRRT) or dialysis patients. Phosphorus > 2.3 mg/dL: No Replacement Phosphorus 1-2.3 mg/dL: PO: K-Phos Neutral 2 tabs PO (16 mmol) QID X 24 hrs ONLY. IV: Sodium phosphate 15 mmol IV over 2 hrs. *Recheck PO4 1 hr after infusion complete *If PO4 < 2.4 , may redose once per protocol *If second repeat PO4 < 2.4 , call physician Phosphorus < 1.0 mg/dL: IV: Sodium phosphate 30 mmol IV over 4 hrs. *Recheck PO4 1 hr after infusion complete *If PO4 < 2.4 , may redose once per protocol *If second repeat PO4 < 2.4 , call physician					
155	D/C'ed	PROTOCOL: Potassium Electrolyte PRN Standard Replacement		ROUTINE		04/27 15:05 Indefinite	
v2		Ordered by: RES RICKEY, ASHLEY K Entered by: RES RICKEY, ASHLEY K - 04/27/11 15:05 Modified by: RES RICKEY, ASHLEY K - 04/29/11 17:28 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:31 Acknowledge: RN CARPENTER, BROOKE - 04/27/11 15:12 Mode: Direct *If serum creatinine is ≥ 1.5 mg/dL OR urine output is < 30 mL/hr, call physician for replacement orders. *Do NOT use this protocol for continuous renal replacement therapy (CRRT) or dialysis patients. Potassium > 3.5 mEq/L: No Replacement Potassium 3-3.5 mEq/L: PO: Potassium chloride oral liquid 40 mEq PO q2hrs X 2					

CONTINUED

Page 28 

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MISC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
		doses ONLY. Potassium 3-3.5 mEq/L: IV: Potassium chloride 40 mEq IV. *Give over 2 hrs via central venous access *Give over 4 hrs via peripheral venous access *Recheck K 1 hr after infusion complete *if K <3.6, may redose once per protocol *If second repeat K <3.6, call physician Potassium <3.0 mEq/L: IV: Potassium chloride 60 mEq IV. *Give over 3 hrs via central venous access *Give over 5 hrs via peripheral venous access *Recheck K 1 hr after infusion complete *if K <3.6, may redose once per protocol *If second repeat K <3.6, call physician					
153	D/C'ed	PROTOCOL: Magnesium Electrolyte PRN Standard Replacement Ordered by: RES RICKEY, ASHLEY K Entered by: RES RICKEY, ASHLEY K - 04/27/11 15:05 Modified by: RES RICKEY, ASHLEY K - 04/29/11 17:28 v2 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:30 Acknowledge: RN CARPENTER, BROOKE - 04/27/11 15:12 Mode: Direct *Do NOT replace Mag for pts with heart block (1st, 2nd or 3rd deg) or Myasthenia Gravis *If serum creatinine is >= 1.5 mg/dL OR urine output is < 30 mL/hr, call physician for replacement orders. *Do NOT use this protocol for CRRT or dialysis pts. If Magnesium >1.5 mg/dL: No Replacement If Magnesium 1.0-1.5 mg/dL: PO: Magnesium oxide 800mg PO QID X 24 hrs ONLY. IV: Magnesium sulfate 2 gm IV over 2 hrs. * Recheck Mg 1 hr after infusion complete * If Mg <1.6, may redose once per protocol *If second repeat Mg <1.6, call physician If Magnesium <1.0 mg/dL: IV: Magnesium sulfate 4 gm IV over 4 hrs. * Recheck Mg 1 hr after infusion complete * If Mg <1.6, may redose once per protocol *If second repeat Mg <1.6, call physician	ROUTINE		04/27 15:05 Indefinite		
151	D/C'ed	PROTOCOL: Calcium Electrolyte PRN Standard Replacement Ordered by: RES RICKEY, ASHLEY K Entered by: RES RICKEY, ASHLEY K - 04/27/11 15:05 Modified by: RES RICKEY, ASHLEY K - 04/29/11 17:28 v2 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:30 Acknowledge: RN CARPENTER, BROOKE - 04/27/11 15:12 Mode: Direct *If serum creatinine is >= 1.5 mg/dL OR urine output is < 30 mL/hr, call physician for replacement orders. *Do NOT use this protocol for continuous renal replacement therapy (CRRT) or dialysis patients. Ion calcium >1.14 mmol/L: No Replacement Ion calcium 1.00-1.14 mmol/L: PO: Calcium carbonate 1250mg PO q8h X 24 hrs. IV: Calcium gluconate 1gm IV over 1 hr. *Recheck ionized calcium 1 hr after infusion complete *if ionized calcium <1.15 may redose once per protocol *If second repeat ionized calcium <1.15 call physician Ion calcium <1.00 mmol/L: IV: Calcium gluconate 2 gm IV over 2 hrs. *Recheck ionized calcium 1 hr after infusion complete *if ionized calcium <1.15, may redose once per protocol *If second repeat ionized calcium <1.15 call physician	ROUTINE		04/27 15:05 Indefinite		
142	D/C'ed	TUBES/DRAINS: Jackson Pratt: to bulb suction, please empty and record q4h Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/27/11 11:30 Modified by: , - 05/04/11 16:06 Acknowledge: RN CARPENTER, BROOKE - 04/27/11 12:14 Mode: Direct Details: to bulb suction, please empty and record q4h	CONTINUOUS	ROUTINE		04/27 11:28 05/04 14:05	
131	D/C'ed	TX: Dressing: Please apply drain sponge and dry gauze to abdomen as needed or once daily minimum. Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/27/11 11:30 Modified by: , - 05/04/11 16:06 Acknowledge: RN CARPENTER, BROOKE - 04/27/11 12:14	CONTINUOUS	ROUTINE		04/27 16:00 05/04 14:05	

CONTINUED

Page 29 PERM

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

Mode: Direct

Details: Please apply drain sponge and dry gauze to abdomen as needed or once daily minimum.

130 D/C'ed TUBES/DRAINS: G/J Tube CONTINUOUS ROUTINE 04/27 11:29 05/04 14:05
Management: G tube to gravity
(yellow tube). Tube duodenostomy
(red tube) to intermittent wall
suction. Clamp J tube (14F small
tube).

Ordered by: RES LUNDY, ALLISON N
Entered by: RES LUNDY, ALLISON N - 04/27/11 11:30
Modified by: - 05/04/11 16:06
Acknowledge: RN CARPENTER, BROOKE - 04/27/11 12:14
Node: Direct

Details: G tube to gravity (yellow tube). Tube duodenostomy (red tube) to intermittent wall suction. Clamp J tube (14F small tube).

85 D/C'ed IV: Fluid Replacement: << cc per Q4H ROUTINE 04/26 06:53 04/27 11:25
cc replacement of wound vac
output - Q4H >>

Ordered by: RES LUNDY, ALLISON N
Entered by: RES RICKY, ASHLEY K - 04/26/11 06:55
Modified by: RES LUNDY, ALLISON N - 04/27/11 11:25
Acknowledge: RN ADAMS, LESLIE A - 04/26/11 09:07
v3 Signature: RES LUNDY, ALLISON N - 04/27/11 11:30
v3 Acknowledge: RN CARPENTER, BROOKE - 04/27/11 12:08
Node: Direct

Details: << cc per cc replacement of wound vac output - Q4H >>

72 D/C'ed Insulin Infusion Monitoring: (PRN ROUTINE 1 Time 04/26 05:32 05/01 09:58
See Details)

Ordered by: RES GADDY, PARKER M
Entered by: RES WITT, SCOTT H - 04/26/11 05:32
Modified by: RES GADDY, PARKER M - 05/01/11 09:58
Acknowledge: RN MCGILLYN, STEPHANIE - 04/26/11 06:47
v2 Signature: RES GADDY, PARKER M - 05/01/11 09:58
v2 Acknowledge: RN SHEPTON, SENACA P - 05/01/11 10:23
Node: Direct

See Details below

Details: (See Details)

4.: Hang insulin, flush line, and then waste additional 20 mL of insulin solution for initial bag and all IV tubing changes.

....: (Primary IV fluid and insulin solution to be run through separate pump channels, insulin solution to be attached to tubing access closest to patient.)
5.: Start insulin infusion on pump at rate determined by the IV Insulin Infusion Calculator:

<https://www.musc.edu/medcenter/nursing/insulin-drip-calculator/index.htm>

6.: Use the MUSC Web-based IV Insulin Infusion Calculator to change the rate as ordered:

<https://www.musc.edu/medcenter/nursing/insulin-drip-calculator/index.htm>

....: Note: The insulin dose must be recalculated every time FSBG is checked with the latest result, even if the multiplier does not change.

....: Note: If patient is eating PO, Resident / Fellow will write for subcutaneous insulin to cover carbohydrate intake.

8.: Treat for hypoglycemia if FSBG is less than 70 mg / dL as directed by the IV Insulin Infusion Calculator (Same as 'Hypoglycemia Prevention and Treatment Standing Order')

9.: Obtain Serum Glucose if FSBG is less than 40 mg / dL or if FSBG is greater than 350 mg / dL

71 D/C'ed Target Glucose, Range -: 80-110 PRN ROUTINE 04/26 05:32 Indefinite
mg /dL ** Starting Multiplier
0.03

Ordered by: RES GADDY, PARKER M
Entered by: RES WITT, SCOTT H - 04/26/11 05:32
Modified by: RES GADDY, PARKER M - 05/01/11 09:58

CONTINUED

Page 30 **PERM**

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
v2		Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:48					
v2		Signature: RES GADDY, PARKER M - 05/01/11 09:59					
v2		Acknowledge: RN SHEFTON, SENACA P - 05/01/11 10:23					
		Mode: Direct					
		Range --: 80-110 mg /dL ** Starting Multiplier 0.03					
70	D/C'ed	MONITOR: Finger Stick by GlucoseAS DIRECTED Meter: now and Q1H		ROUTINE		04/26 05:32	05/01 09:58
		Ordered by: RES GADDY, PARKER M					
		Entered by: RES WITT, SCOTT H - 04/26/11 05:32					
		Modified by: RES GADDY, PARKER M - 05/01/11 09:59					
		Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47					
v3		Signature: RES GADDY, PARKER M - 05/01/11 09:59					
v3		Acknowledge: RN SHEFTON, SENACA P - 05/01/11 10:23					
		Mode: Direct					
		Details (how often, etc.): now and Q1H					
67	D/C'ed	NOTIFICATION PARAMETERS: Insulin PRN Infusion: (see details) :		ROUTINE		04/26 05:32	Indefinite
		Ordered by: RES WITT, SCOTT H					
		Entered by: RES WITT, SCOTT H - 04/26/11 05:32					
		Modified by: - 05/04/11 16:06					
		Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47					
		Mode: Direct					
		Details: (see details)					
		***: Notify Service Resident / Fellow if:					
		***: Four occurrences of FSBG greater than 200 after the first 4 hours of running the insulin solution					
		***: Patient requires greater than 25 units / hour of insulin					
		***: Two serial FSBG less than 70 mg / dL, or one FSBG > 350 mg /dL					
		***: Patient is scheduled for surgery					
		***: Other physicians order insulin (SC, IV, or in PN) or turn off insulin infusion for any reason					
55	D/C'ed	TUBES/DRAINS: Foley Catheter:	CONTINUOUS	ROUTINE		04/26 04:44	04/30 07:13
		Ordered by: RES RICKY, JOSHUA S					
		Entered by: JEWETT, BRENT M - 04/26/11 04:45					
		Modified by: RES RICKY, JOSHUA S - 04/30/11 07:12					
		Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47					
v3		Signature: RES RICKY, JOSHUA S - 04/30/11 07:14					
v3		Acknowledge: RN NORMAN, JILL L - 04/30/11 09:59					
		Mode: Direct					
54	D/C'ed	Awakening Trial: STICU<See Details>: restart sedation at 50% of previous rate and titrate as ordered.	CONTINUOUS	ROUTINE		04/26 04:44	04/29 17:30
		Ordered by: RES RICKY, ASHLEY K					
		Entered by: JEWETT, BRENT M - 04/26/11 04:45					
		Modified by: RES RICKY, ASHLEY K - 04/29/11 17:28					
v3		Signature: RES RICKY, ASHLEY K - 04/29/11 17:30					
v3		Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:30					
		Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47					
		Mode: Direct					
		Details: Awakening trial Q shift except for the following patients: pts with VDR, BiVent or BFOV ventilation; with open abdomen; receiving paralytic agents, pts with difficult to control ICPs.					
		Details: PROCEDURE: Turn sedation off. If patient does not achieve expected level of responsiveness within 1 hour, notify physician immediately. If patient achieves expected level of responsiveness within 1 hour,					
		Details: Notify Physician Immediately					
		Details: If Patient Achieves Expected Level Of Responsiveness Within 1 Hour					
		Details: RESTART SEDATION AT 50% OF PREVIOUS RATE AND TITRATE AS ORDERED					
		Details: NO AWAKENING TRIALS Q SHIFT FOR:					
		Details: Patients With VDR, BiVent, Or HFOV Ventilation					
		Details: Patients With Open Abdomen; Patients Receiving Paralytic Agents;					
		Details: Patients With Difficult To Control ICPs					
		Details: restart sedation at 50% of previous rate and titrate as ordered.					

CONTINUED

Page 31

PERM

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
40	D/C'ed	PROTOCOL: Initiate STICU Glucose Management guidelines: Ordered by: RES RICKEY, ASHLEY K Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RES RICKEY, ASHLEY K - 04/29/11 17:28 Signature: RES RICKEY, ASHLEY K - 04/29/11 17:30 v3 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:30 v3 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 Mode: Direct	CONTINUOUS	ROUTINE		04/26 04:43	04/29 17:30
39	D/C'ed	Initiate Clinical Protocol:: << Initiate ICU electrolyte protocol >> Ordered by: RES RICKEY, ASHLEY K Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RES RICKEY, ASHLEY K - 04/29/11 17:28 v3 Signature: RES RICKEY, ASHLEY K - 04/29/11 17:30 v3 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:30 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 Mode: Direct Enter Protocol: << Initiate ICU electrolyte protocol >>	CONTINUOUS	ROUTINE		04/26 04:43	04/29 17:30
36	D/C'ed	Adult Ventilator Management:: (see details) Ordered by: RES RICKEY, ASHLEY K Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RES RICKEY, ASHLEY K - 04/29/11 17:28 v3 Signature: RES RICKEY, ASHLEY K - 04/29/11 17:30 v3 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:30 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 Mode: Direct obtain chlorhexidine gluconate 0.12% from central supply ...: (see details) Details: - Mouthcare Q2H and PRN - Brush teeth BID - Lacrilube to both eyes BID and Q1H PRN dry eyes - Supraglottic suctioning if hi-lo evac endotracheal tube in place - Scrub ETT and oral surfaces w/ chlorhexidine gluconate 0.12% 15mL Q12H until extubation	AS DIRECTED	ROUTINE		04/26 04:43	04/29 17:30
35	D/C'ed	NOTIFY: Critical Care Resident for 2 bgl >110 mg/dL OR 1 bgl >140 mg/dL Ordered by: RES RICKEY, ASHLEY K Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RES RICKEY, ASHLEY K - 04/29/11 17:28 v2 Signature: RES RICKEY, ASHLEY K - 04/29/11 17:30 v2 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:30 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 Mode: Direct Details: Critical Care Resident for 2 bgl >110 mg/dL OR 1 bgl >140 mg/dL	PRN	ROUTINE		04/26 04:43	Indefinite
34	D/C'ed	MONITOR: Finger Stick by Glucose 04H Meter: Ordered by: RES RICKEY, ASHLEY K Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RES RICKEY, ASHLEY K - 04/28/11 15:27 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 v3 Signature: RES RICKEY, ASHLEY K - 04/28/11 15:28 v3 Acknowledge: RN NIREWICZ, SARAH A - 04/28/11 16:51 Mode: Direct	04H	ROUTINE		04/26 04:43	04/28 15:27
33	D/C'ed	APPLY: Sequential Compression Devices:: Bilateral : Knee High Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: , - 05/04/11 16:06 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 Mode: Direct Select: Bilateral Select Type: Knee High	CONTINUOUS	ROUTINE		04/26 04:43	05/04 14:05

CONTINUED

Page 32

PERM

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MISC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
32	D/C'ed	MONITOR:: << - ECG - Pulse ox - Art line >> Ordered by: RES RICEY, ASHLEY K Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RES RICEY, ASHLEY K - 04/29/11 17:28 Signature: RES RICEY, ASHLEY K - 04/29/11 17:30 v3 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:30 v3 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 Mode: Direct Nurse Instructions: Monitor Details: << - ECG - Pulse ox - Art line >>	CONTINUOUS	ROUTINE		04/26 08:00	04/29 17:30
31	D/C'ed	Notify Physician:: (see details PRN) Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: , - 05/04/11 16:06 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:48 Mode: Direct Details: (see details) SBP: < 90 or > 180 mm Hg DBP: < 45 or > 110 mm Hg HR: < 50 or > 110 BPM Temp: < 95 or > 100.4 F RR: < 8 or > 25 breaths/min If SaO2: < 92% If Telemetry alarms: < 50 or > 100 BPM If Urine Output: < 30 mL/hr If Pain Score: > 6 If ICP: > 20 mmHG, sustained for 5 min If Nausea / Vomiting: New Onset		ROUTINE		04/26 04:43	Indefinite
30	D/C'ed	DRAINS:: << open abdominal vac - AS DIRECTED both drains to low continuous suction >> Ordered by: RES LUNDY, ALLISON N Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RES LUNDY, ALLISON N - 04/27/11 11:24 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 v3 Signature: RES LUNDY, ALLISON N - 04/27/11 11:30 v3 Acknowledge: RN CARPENTER, BROOKE - 04/27/11 12:14 Mode: Direct Details: << open abdominal vac - both drains to low continuous suction >>		ROUTINE		04/26 04:43	04/27 11:25
29	D/C'ed	TUBES/DRAINS: Nasogastric Tube Placement / Management: << To continous low suction; >> Ordered by: RES RICEY, ASHLEY K Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RES RICEY, ASHLEY K - 04/29/11 17:28 v3 Signature: RES RICEY, ASHLEY K - 04/29/11 17:30 v3 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:31 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:48 Mode: Direct Details: << To continous low suction; >>	CONTINUOUS	ROUTINE		04/26 08:00	04/29 17:30
27	D/C'ed	ACTIVITY: Bedrest: Ordered by: RES RICEY, ASHLEY K Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RES RICEY, ASHLEY K - 04/29/11 14:17 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 v3 Signature: RES RICEY, ASHLEY K - 04/29/11 14:17 v3 Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 15:27 Mode: Direct	CONTINUOUS	ROUTINE		04/26 04:43	04/29 14:17
26	D/C'ed	I&O: Intake and Output: Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: , - 05/04/11 16:06 Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47 Mode: Direct << Strict >> Q1H	CONTINUOUS	ROUTINE		04/26 04:43	05/04 14:05

CONTINUED

Page 33

PERM

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/28/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
25	D/C'd	ASSESS: Neuro Checks: << Q1H >>	CONTINUOUS	ROUTINE		04/26 04:43	04/27 11:25
		Ordered by: RES LUNDY, ALLISON N					
		Entered by: JEWETT, BRENT M - 04/26/11 04:45					
		Modified by: RES LUNDY, ALLISON N - 04/27/11 11:24					
		Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47					
v3		Signature: RES LUNDY, ALLISON N - 04/27/11 11:30					
v3		Acknowledge: RN CARPENTER, BROOKE - 04/27/11 12:14					
		Mode: Direct					
		Details: << Q1H >>					
24	D/C'd	VITAL SIGNS: Q1H	CONTINUOUS	ROUTINE		04/26 04:43	04/29 17:30
		Ordered by: RES RICEY, ASHLEY K					
		Entered by: JEWETT, BRENT M - 04/26/11 04:45					
		Modified by: RES RICEY, ASHLEY K - 04/29/11 17:28					
v3		Signature: RES RICEY, ASHLEY K - 04/29/11 17:30					
v3		Acknowledge: RN NIREWICZ, SARAH A - 04/29/11 18:31					
		Acknowledge: RN MCGLYNN, STEPHANIE - 04/26/11 06:47					
		Mode: Direct					
		Details (Frequency, etc.): Q1H					

PEDS

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
265	Complete	PEDS Chest 1 View: GSW to abdomen. now HD3 with fever to 101.5F. : Fever	ONCE	ASAP	1 Time	04/30 00:27	04/30 00:27
		Ordered by: RES STEVENS, SHAWN M					
		Entered by: RES STEVENS, SHAWN M - 04/30/11 00:27					
		Modified by: LAMBLE, ZACHARY - 04/30/11 05:42					
		Acknowledge: RN COTTE, JEAN A - 04/30/11 01:16					
		Mode: Direct					
		Is the patient pregnant?: No					
		Is isolation required?: No					
		Portable exam: Yes					
		Please select type of sedation required: No Sedation Required					
		Clinical history: GSW to abdomen. now HD3 with fever to 101.5F.					
		Indication for Test: Fever					

REG

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
16	Complete	Referring Physicians: MUSC - -	ONCE	ROUTINE	1 Time	04/26 04:43	04/26 04:43
		Ordered by: JEWETT, BRENT M					
		Entered by: JEWETT, BRENT M - 04/26/11 04:45					
		Modified by: RN MCGLYNN, STEPHANIE - 04/26/11 06:49					
		Mode: Direct					
		Referring Physicians: MUSC - -					
15	Complete	Attending: Leen	ONCE	ROUTINE	1 Time	04/26 04:43	04/26 04:43
		Ordered by: JEWETT, BRENT M					
		Entered by: JEWETT, BRENT M - 04/26/11 04:45					
		Modified by: RN MCGLYNN, STEPHANIE - 04/26/11 06:49					
		Mode: Direct					
		Attending Name And Pager ID: Leen					
12	Complete	SERVICE: Trauma Surgery	ONCE	ROUTINE	1 Time	04/26 04:43	04/26 04:43
		Ordered by: JEWETT, BRENT M					
		Entered by: JEWETT, BRENT M - 04/26/11 04:45					
		Modified by: RN MCGLYNN, STEPHANIE - 04/26/11 06:49					
		Mode: Direct					
		Service Line or Team: Trauma Surgery					
13	D/C'd	Admission Status: Inpatient	CONTINUOUS	ROUTINE		04/26 04:43	05/04 14:05
		Ordered by: JEWETT, BRENT M					
		Entered by: JEWETT, BRENT M - 04/26/11 04:45					
		Modified by: , - 05/04/11 16:06					
		Mode: Direct					
		Admission Status: Inpatient					

CONTINUED

Page 34

PERM

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 485054253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

RESP

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
------	--------	------------	------	----------	----------	-------	------

201 New RT Extubation: RT ONCE STAT 1 Time 04/28 10:52 04/28 10:52
Ordered by: RES PEERY, WILLIAM R
Entered by: RES PEERY, WILLIAM R - 04/28/11 10:52
Modified by: RES PEERY, WILLIAM R - 04/28/11 10:52
Acknowledge: RCP CADY, BRIAN R - 04/30/11 06:55
Mode: Direct

148 Complete RT Arterial Line Insertion: RT ONCE ROUTINE 1 Time 04/27 14:22 04/27 14:22
Radial
Ordered by: RES LUNDY, ALLISON N
Entered by: RCP HARTLEY, MICHELLE T - 04/27/11 14:22
Modified by: RCP HARTLEY, MICHELLE T - 04/27/11 14:22
Signature: RES RICKY, ASHLEY K - 04/27/11 15:05
Mode: Verbal
Select One Below: Radial

109 Complete RT Arterial Line Insertion: RT ONCE ROUTINE 1 Time 04/26 14:05 04/26 14:05
Radial
Ordered by: RES RICKY, ASHLEY K
Entered by: RES RICKY, ASHLEY K - 04/26/11 14:05
Modified by: RCP REPPHUN-HARVEY, MELINDA E - 04/26/11 16:08
Acknowledge: RCP REPPHUN-HARVEY, MELINDA E - 04/26/11 16:03
Mode: Direct
Select One Below: Radial

200 D/C'ed RT O2 Therapy: RT PRN ROUTINE 04/28 10:52 Indefinite
Ordered by: RES PEERY, WILLIAM R
Entered by: RES PEERY, WILLIAM R - 04/28/11 10:52
Modified by: - 05/04/11 16:06
Acknowledge: RCP CADY, BRIAN R - 04/30/11 06:55
Mode: Direct

192 D/C'ed RT Ventilator Weaning Parameters RT DAILY START NOW 04/28 06:47 Indefinite
Ordered by: RES RICKY, ASHLEY K
Entered by: RES LUNDY, ALLISON N - 04/28/11 06:47
Modified by: RES RICKY, ASHLEY K - 04/29/11 17:29
Acknowledge: RCP SIAU, CHARLOTTE B - 04/28/11 09:07
Signature: RES RICKY, ASHLEY K - 04/29/11 17:30
v2 Mode: Direct

191 D/C'ed Utilize Rapid Weaning Protocol: RT QDAY ROUTINE 04/28 06:46 Indefinite
Ordered by: RES RICKY, ASHLEY K
Entered by: RES LUNDY, ALLISON N - 04/28/11 06:47
Modified by: RES RICKY, ASHLEY K - 04/29/11 17:29
Acknowledge: RCP SIAU, CHARLOTTE B - 04/28/11 09:07
Signature: RES RICKY, ASHLEY K - 04/29/11 17:30
v2 Mode: Direct

details: Refer to algorithm

60 D/C'ed RT Ventilator(Volume), Mode:: RT Q SHIFT ROUTINE 04/26 05:17 04/29 17:30
PRVC (Pressure Regulated Volume Control), Volume:: 500 mL,
Rate:: 18 /min, PEEP:: 5 cm H2O,
Pressure Support::, FIO2:: 40 %

Ordered by: RES RICKY, ASHLEY K
Entered by: SELANDER, CRAIG L - 04/26/11 05:18
Modified by: RES RICKY, ASHLEY K - 04/29/11 17:29
Signature: RES RICKY, ASHLEY K - 04/29/11 17:30
v3 Acknowledge: RCP REPPHUN-HARVEY, MELINDA E - 04/26/11 09:11
Mode: Direct
Mode: PRVC (Pressure Regulated Volume Control)
Volume: 500 mL
Rate: 18 /min
PEEP: 5 cm H2O
FIO2: 40 %

CONTINUED

Page 35 **PERM**

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MISC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
RX							
Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
337	New	DEXTROSE 5%/NACL 0.45% + KCL 20 MEQ/L: 50 ML/HR: IV	50 ML/HR	1ST NOW	48 Hours	05/02 10:30	05/04 10:29
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 05/02/11 09:26 Modified by: JEWETT, BRENT M - 05/02/11 09:29 Mode: Direct **PREMIX-DO NOT ADD ANYTHING TO BAG** CONTINUOUS INFUSIONS WITH ELECTRO- LYTE ADDITIVES MUST BE RENEWED EVERY 48 HOURS. ... UNTIL DISCONTINUED Dose: 1000 ML Rate: 50 ML/HR Route: IV Dose Type: MAINTENANCE							
298	New	OXYMETAZOLINE 0.05% NASL SPRY [Q12HB AFRIN]: 2 SPRAY: NASL		1ST NOW	3 Days	04/30 17:04	05/02 21:01
Ordered by: RES SMITH, MICHAEL A Entered by: RES SMITH, MICHAEL A - 04/30/11 17:04 Modified by: RES SMITH, MICHAEL A - 04/30/11 17:06 Mode: Direct congestion Dose: 2 SPRAY Route: NASL							
133	New	PEDIATRIC DEXTROSE 5%/NACL 0.45% 125 ML/HR + KCL 20 MEQ/L: 125 ML/HR: IV	125 ML/HR	1ST NOW	48 Hours	04/27 13:00	04/29 12:59
Ordered by: RES LUNDY, ALLISON N Entered by: RES LUNDY, ALLISON N - 04/27/11 11:30 Modified by: RES LUNDY, ALLISON N - 04/27/11 11:32 Mode: Direct **PREMIX-DO NOT ADD ANYTHING TO BAG** CONTINUOUS INFUSIONS WITH ELECTRO- LYTE ADDITIVES MUST BE RENEWED EVERY 48 HOURS. IV ACCESS = PERIPHERAL; UNTIL DISCONTINUED Dose: 1000 ML Rate: 125 ML/HR Route: IV Dose Type: MAINTENANCE							
65	New	PIPERACILLIN - TAZOBACTAM INJ [Q6HA ZOSYN]: 3.375 GM: IV		NEXT SCH	23 Hours	04/26 08:00	04/27 02:01
Ordered by: SELANDER, CRAIG L Entered by: SELANDER, CRAIG L - 04/26/11 05:18 Modified by: SELANDER, CRAIG L - 04/26/11 05:23 Mode: Direct **PREMIX-DO NOT ADD ANYTHING TO BAG** **REFRIGERATE** Dose: 3.375 GM Route: IV							
19	Canceled	INFLUENZA TRI-SPLIT VACCINE INJ: ON CALL 0.5 ML: IM		NEXT SCH		04/26 04:55	04/26 04:55
Reason for action: Discontinued/Replaced Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: JEWETT, BRENT M - 04/26/11 04:55 Mode: Direct Dose: 0.5 ML Route: IM Dose Type: MAINTENANCE							
347	D/c'ed	OXYCODONE [ROXICODONE]: 5-15 MG: JT	Q3H PRN	NEXT SCH	26 Hours	05/03 12:24	05/04 14:05
Ordered by: JEWETT, BRENT M Entered by: JEWETT, BRENT M - 05/03/11 12:25 Modified by: JEWETT, BRENT M - 05/04/11 14:06 Mode: Direct PLEASE DISPENSE ELIXIR FORM, ADMINISTER IN JT *FOR:PAIN Dose: 5-15 MG Route: JT							

CONTINUED

Page 36

PERM

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 02:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 485654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
324	D/C'ed	INSULIN ASPART [NOVOLOG]: 2-10 Q4HB UNIT: SC Ordered by: RES GADDY, PARKER M Entered by: RES GADDY, PARKER M - 05/01/11 09:59 Modified by: RES GADDY, PARKER M - 05/04/11 14:06 Mode: Direct >>NURSING: HIGH ALERT!!<< MEDIUM DOSE(TDDI 40-80 UNITS INSULIN/DAY)FSBG:141-170 MG/DL=2 UNITS FSBG:171-220 MG/DL=4 UNITS FSBG:221-270 MG/DL=6 UNITS FSBG:271-320 MG/DL=8 UNITS FSBG>320 MG/DL=10 UNITS Dose: 2-10 UNIT Route: SC Dose Type: MAINTENANCE	NEXT SCH	3 Days	05/01 12:00 05/04 14:05		
320	D/C'ed	DEXTROSE 10% IN WATER FOR HYPOGLYCEMIA PROTOCOL: IV Ordered by: RES GADDY, PARKER M Entered by: RES GADDY, PARKER M - 05/01/11 09:59 Modified by: RES GADDY, PARKER M - 05/04/11 14:06 Mode: Direct IF PATIENT HAS 2 SEVERE HYPOGLYCEMIC EVENTS (LESS THAN 50 MG/DL) BEGIN INFUSION AT 50 ML/HR X2 HOURS (REQUEST INFUSION FROM PHARMACY). PHARMACY: COPY AND PASTE IN WORK LABEL THE FOLLOWING: PHARMACISTS: ENTER FLUID AS F5 IV PROFILE IF REQUESTED! Dose: 500 MG Route: IV	ON CALL	NEXT SCH	3 Days	05/01 09:57 05/04 14:05	
319	D/C'ed	GLUCOSE TAB [BD GLUCOSE]: 15 GM: PO Ordered by: RES GADDY, PARKER M Entered by: RES GADDY, PARKER M - 05/01/11 09:59 Modified by: RES GADDY, PARKER M - 05/04/11 14:06 Mode: Direct INITIATE ADULT HYPOGLYCEMIA PROTOCOL FOR BLOOD GLUCOSE LESS THAN 70 MG/DL. RE-CHECK BLOOD GLUCOSE IN 30 MINUTES AND REPEAT TREATMENT UNTIL BLOOD GLUCOSE IS GREATER THAN 70 MG/DL. Dose: 15 GM Route: PO	ON CALL	NEXT SCH	3 Days	05/01 09:57 05/04 14:05	
318	D/C'ed	GLUCAGON INJ [GLUCAGON]: 1 MG: ON CALL IM Ordered by: RES GADDY, PARKER M Entered by: RES GADDY, PARKER M - 05/01/11 09:59 Modified by: RES GADDY, PARKER M - 05/04/11 14:06 Mode: Direct (1MG=DOSE FOR PATIENTS >20KG) INITIATE ADULT HYPOGLYCEMIA PROTOCOL FOR BLOOD GLUCOSE LESS THAN 70 MG/DL. RE-CHECK BLOOD GLUCOSE IN 30 MINUTES AND REPEAT TREATMENT UNTIL BLOOD GLUCOSE IS GREATER THAN 70 MG/DL. Dose: 1 MG Route: IM	ON CALL	NEXT SCH	3 Days	05/01 09:57 05/04 14:05	
317	D/C'ed	DEXTROSE 50% IN WATER INJ: 25 GM: IV Ordered by: RES GADDY, PARKER M Entered by: RES GADDY, PARKER M - 05/01/11 09:59 Modified by: RES GADDY, PARKER M - 05/04/11 14:06 Mode: Direct 15 ML (7.5 GRAMS) FOR BLOOD GLUCOSE 60 - 69 MG/DL. 20 ML (10 GRAMS) FOR BLOOD GLUCOSE 50 - 59 MG/DL. 25 ML (12.5 GRAMS) FOR BLOOD GLUCOSE 30 - 49 MG/DL. 30 ML (15 GRAMS) FOR BLOOD GLUCOSE LESS THAN 30 MG/DL. Dose: 25 GM Route: IV	ON CALL	NEXT SCH	3 Days	05/01 09:57 05/04 14:05	
294	D/C'ed	METOPROLOL INJ [LOPRESSOR]: 5 Q4H PRN MG: IV Ordered by: RES SMITH, MICHAEL A Entered by: RES SMITH, MICHAEL A - 04/30/11 15:45 Modified by: RES SMITH, MICHAEL A - 05/04/11 14:06 Mode: Direct For SBP >170 Dose: 5 MG Route: IV		NEXT SCH	4 Days	04/30 15:45 05/04 14:05	

CONTINUED

Page 37

PERM

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
293	D/C'ed	PEDIATRIC DEXTROSE 5%/NAACL 0.45% 100 ML/HR + KCL 20 MEQ/L: 100 ML/HR: IV Ordered by: JEWETT, BRENT M Entered by: RES SMITH, MICHAEL A - 04/30/11 15:42 Modified by: JEWETT, BRENT M - 05/02/11 09:26 Signature: JEWETT, BRENT M - 05/02/11 09:26 Mode: Direct v3 **PREMIX-DO NOT ADD ANYTHING TO BAG** CONTINUOUS INFUSIONS WITH ELECTRO- LYTE ADDITIVES MUST BE RENEWED EVERY 48 HOURS. IV ACCESS = PERIPHERAL; UNTIL DISCONTINUED Dose: 1000 ML Rate: 100 ML/HR Route: IV Dose Type: MAINTENANCE	STAT	48 Hours	04/30 15:42	05/02 09:26	
287	D/C'ed	HYDRONORPHONE INJ [DILAUDID]: 0.2-0.4 MG: IV Ordered by: JEWETT, BRENT M Entered by: RES SMITH, MICHAEL A - 04/30/11 11:09 Modified by: JEWETT, BRENT M - 05/03/11 12:26 Signature: JEWETT, BRENT M - 05/03/11 12:25 Mode: Direct v3 ALERT! THIS IS *NOT* MORPHINE! *FOR: BREAKTHROUGH PAIN Dose: 0.2-0.4 MG Route: IV	Q2H PRN	NEXT SCH	3 Days	04/30 11:07	05/03 12:25
264	D/C'ed	ONDANSETRON INJ [ZOPRAN]: 4 MG: IV Ordered by: RES STEVENS, SHAWN M Entered by: RES STEVENS, SHAWN M - 04/29/11 23:45 Modified by: RES STEVENS, SHAWN M - 05/04/11 14:06 Mode: Direct v3 *FOR: NAUSEA AND VOMITING Dose: 4 MG Route: IV	Q6H PRN	18T NOW	5 Days	04/29 23:45	05/04 14:05
261	D/C'ed	PEDIATRIC DEXTROSE 5%/NAACL 0.45% 125 ML/HR + KCL 20 MEQ/L: 125 ML/HR: IV Ordered by: RES RICEY, JOSHUA S Entered by: RN COTTE, JEAN A - 04/29/11 20:26 Modified by: RES RICEY, JOSHUA S - 04/30/11 07:14 Signature: RES RICEY, JOSHUA S - 04/30/11 07:14 Signature: RES STEVENS, SHAWN M - 04/29/11 23:45 Mode: Direct v3 **PREMIX-DO NOT ADD ANYTHING TO BAG** CONTINUOUS INFUSIONS WITH ELECTRO- LYTE ADDITIVES MUST BE RENEWED EVERY 48 HOURS. IV ACCESS = PERIPHERAL; UNTIL DISCONTINUED Dose: 1000 ML Rate: 125 ML/HR Route: IV Dose Type: MAINTENANCE	125 ML/HR	NEXT SCH	48 Hours	04/29 21:00	04/30 07:14
240	D/C'ed	PROTEIN SUPPLEMENT LIQ [PRO-STAT 64]: 30 ML: JT Ordered by: RES LUNDY, ALLISON N Entered by: RD CHAPMAN, EMILY A - 04/29/11 11:58 Modified by: RD CHAPMAN, EMILY A - 05/04/11 14:06 Signature: RES RICEY, ASHLEY K - 04/29/11 14:17 Mode: Verbal v3 **OBTAIN FROM DIETARY** TO ADMINISTER VIA ENTERAL TUBE: FLUSH TUBE WITH 30ML WATER. ADMINISTER 30ML DOSE WITH ORAL SYRINGE. FLUSH TUBE AFTER ADMINISTRATION WITH 30ML WATER **DO NOT MIX WITH OTHER MEDS OR FORMULAS** Dose: 30 ML Route: JT Dose Type: MAINTENANCE	DAILY	NEXT SCH	4 Days	04/30 08:30	05/04 14:05

CONTINUED

Page 38

PERM

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MISC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
207	D/C'ed	ENOXAPARIN INJ [LOVENOX]: MG: 5C Ordered by: RES RICKEY, ASHLEY K Entered by: RES RICKEY, ASHLEY K - 04/28/11 15:28 Modified by: RES RICKEY, ASHLEY K - 05/04/11 14:06 Mode: Direct Dose (ROUND TO THE NEAREST 10MG): 30 MG Route: 5C	Q12HB	ROUTINE	5 Days	04/29 09:00	05/04 14:05
206	D/C'ed	OXYCODONE [ROXICODONE]: MG: JT Ordered by: JEWETT, BRENT M Entered by: RES RICKEY, ASHLEY K - 04/28/11 15:22 Modified by: JEWETT, BRENT M - 05/03/11 12:26 Signature: JEWETT, BRENT M - 05/03/11 12:25 Mode: Direct PLEASE DISPENSE ELIXIR FORM *FOR MODERATE PAIN Dose: 5-10 MG Route: JT	Q4H PRN	NEXT SCH	5 Days	04/28 15:22	05/03 12:25
166	D/C'ed	CALCIUM GLUCONATE BOLUS INJ [MG ON CALL DOSING] DEXTROSE 5% IN WATER INJ (50ML) / CALCIUM GLUCONATE BOLUS INJ [MG DOSING] (1000MG) Ordered by: RES RICKEY, ASHLEY K Entered by: RES RICKEY, ASHLEY K - 04/27/11 15:05 Modified by: RES RICKEY, ASHLEY K - 04/29/11 17:31 Mode: Direct IF USED IN AN IV BOLUS THEN IS A **NURSING HIGH ALERT** FOLLOW ICU STANDARD CALCIUM REPLACEMENT PROTOCOL Dose: 1000 MG Route: IV Dose Type: MAINTENANCE	ON CALL	NEXT SCH	50 Hours	04/27 15:05	04/29 17:30
164	D/C'ed	SODIUM PHOSPHATE BOLUS INJ DEXTROSE 5% IN WATER INJ (250ML) / SODIUM PHOSPHATE BOLUS INJ (30MMOL) Reason for action: Physician Discontinue Ordered by: RES RICKEY, ASHLEY K Entered by: RES RICKEY, ASHLEY K - 04/27/11 15:05 Modified by: PHARM MCKINZIE, BRIAN - 04/29/11 15:20 Mode: Verbal >>NURSING: HIGH ALERT!!<< (FOR EACH 15MMOL PHOSPHORUS PROVIDES 20MEQ SODIUM) FOLLOW ICU STANDARD PHOSPHORUS REPLACEMENT PROTOCOL Dose: 30 MMOL Route: IV	ON CALL	NEXT SCH	48 Hours	04/27 15:05	04/29 15:20
162	D/C'ed	SODIUM PHOSPHATE BOLUS INJ DEXTROSE 5% IN WATER INJ (250ML) / SODIUM PHOSPHATE BOLUS INJ (15MMOL) Reason for action: Physician Discontinue Ordered by: RES RICKEY, ASHLEY K Entered by: RES RICKEY, ASHLEY K - 04/27/11 15:05 Modified by: PHARM MCKINZIE, BRIAN - 04/29/11 15:20 Mode: Verbal >>NURSING: HIGH ALERT!!<< (FOR EACH 15MMOL PHOSPHORUS PROVIDES 20MEQ SODIUM) FOLLOW ICU STANDARD PHOSPHORUS REPLACEMENT PROTOCOL Dose: 15 MMOL Route: IV	ON CALL	NEXT SCH	48 Hours	04/27 15:05	04/29 15:20
160	D/C'ed	CALCIUM GLUCONATE BOLUS INJ [MG ON CALL DOSING] DEXTROSE 5% IN WATER INJ (50ML) / CALCIUM GLUCONATE BOLUS INJ [MG DOSING] (2000MG) Ordered by: RES RICKEY, ASHLEY K Entered by: RES RICKEY, ASHLEY K - 04/27/11 15:05 Modified by: RES RICKEY, ASHLEY K - 04/29/11 17:31	ON CALL	NEXT SCH	50 Hours	04/27 15:05	04/29 17:30

CONTINUED

Page 39



orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 18Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
Mode: Direct IF USED IN AN IV BOLUS THEN IS A **NURSING HIGH ALERT** FOLLOW ICU STANDARD CALCIUM REPLACEMENT PROTOCOL Dose: 2000 MG Route: IV Dose Type: MAINTENANCE							
154	D/C'ed	POTASSIUM CHLORIDE BOLUS INJ: 20 ON CALL	NEXT SCH	50 Hours		04/27 15:05	04/29 17:30
MEQ: IV Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/27/11 15:05 Modified by: RES RICKY, ASHLEY K - 04/29/11 17:31 Mode: Direct **PREMIX-DO NOT ADD ANYTHING TO BAG** >>NURSING: HIGH ALERT!!<< FOLLOW ICU STANDARD POTASSIUM REPLACEMENT PROTOCOL AND HOSPITAL POTASSIUM POLICY FOR RATE OF INFUSION Dose: 20 MEQ Route: IV Dose Type: MAINTENANCE							
152	D/C'ed	MAGNESIUM SULFATE BOLUS INJ: 1 ON CALL	NEXT SCH	50 Hours		04/27 15:05	04/29 17:30
GM: IV Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/27/11 15:05 Modified by: RES RICKY, ASHLEY K - 04/29/11 17:31 Mode: Direct >>NURSING: HIGH ALERT!!<< **PREMIX-DO NOT ADD ANYTHING TO BAG** - FOLLOW ICU STANDARD MAGNESIUM REPLACEMENT PROTOCOL Dose: 1 GM Route: IV							
106	D/C'ed	FAMOTIDINE INJ [PEPCID]: 20 Q12HB	NEXT SCH	8 Days		04/26 21:00	05/04 14:05
MG: IV Ordered by: RES RICKY, ASHLEY K Entered by: RES RICKY, ASHLEY K - 04/26/11 12:35 Modified by: RES RICKY, ASHLEY K - 05/04/11 14:06 Mode: Direct DOSAGE FORM ALERT - FOR INJECTION FOR IV PUSH-DILUTE WITH 5 TO 10 ML SODIUM CHLORIDE 0.9% PRIOR TO ADMINISTRATION Dose: 20 MG Route: IV							
84	D/C'ed	LACTATED RINGERS IV: 1000 ML: 0 0 ML/HR	NEXT SCH	29 Hours		04/26 07:00	04/27 11:30
ML/HR: IV Ordered by: RES LUNDY, ALLISON N Entered by: RES RICKY, ASHLEY K - 04/26/11 06:55 Modified by: RES LUNDY, ALLISON N - 04/27/11 11:30 Signature: RES LUNDY, ALLISON N - 04/27/11 11:30 Mode: Direct ...CC PER CC REPLACEMENT OF WOUND VAC OUTPUT - Q4H UNTIL DISCONTINUED Dose: 1000 ML Rate: 0 ML/HR ROUTE: IV							
74	D/C'ed	INSULIN REGULAR HUMAN DRIP [0 UNIT/HR	STAT	5 Days		04/26 05:32	05/01 09:59
NOVOLIN R] INSULIN REGULAR HUMAN DRIP [NOVOLIN R] (0UNIT/HR) / INSULIN REGULAR HUMAN DRIP [NOVOLIN R] (100UNIT) (+) Ordered by: RES GADDY, PARKER M Entered by: RES WITT, SCOTT H - 04/26/11 05:32 Modified by: RES GADDY, PARKER M - 05/01/11 09:59 Signature: RES GADDY, PARKER M - 05/01/11 09:59 Mode: Direct >>NURSING: HIGH ALERT!!<< TARGET GLUCOSE RANGE 80-110 MG /DL ** STARTING MULTIPLIER 0.03 Rate: 0 UNIT/HR Dose: 100 UNIT Route: IV							

CONTINUED

Page 40 **PERM**

orderHistDC - GOODWIN, DAVON
DEPT: ROOM: *1070-A* MR: 002657049
FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
MUSC
FROM: 04/26/11 02:55 TO: 05/04/11 16:07
ROOM: *1070-A* ADM: 04/26/11 03:18
AGE: 19Y SEX: M : LEON, STUART M
DOB: ID: 495654253 MR: 002657049
REQUESTED: 05/05/11 03:07
OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
68	D/C'ed	DEXTROSE 50% IN WATER INJ: 25 GM: IV Ordered by: RES WITT, SCOTT H Entered by: RES WITT, SCOTT H - 04/26/11 05:32 Modified by: RES WITT, SCOTT H - 05/04/11 14:06 Mode: Direct FOR HYPOGLYCEMIA IF FSBG IS LESS THAN 70 MG/DL: 15 ML (7.5 GRAMS) FOR BLOOD GLUCOSE 60 - 59 MG/DL. 20 ML (10 GRAMS) FOR BLOOD GLUCOSE 50 - 59 MG/DL. 25 ML (12.5 GRAMS) FOR BLOOD GLUCOSE 30 - 49 MG/DL. 30 ML (15 GRAMS) FOR BLOOD GLUCOSE LESS TH Dose: 25 GM Route: IV	ON CALL	NEXT SCH	8 Days	04/26 05:32	05/04 14:05
58	D/C'ed	LACTATED RINGERS IV: 1000 ML: 150 ML/HR: IV Ordered by: RES LUNDY, ALLISON N Entered by: SELANDER, CRAIG L - 04/26/11 05:18 Modified by: RES LUNDY, ALLISON N - 04/27/11 11:30 Signature: RES LUNDY, ALLISON N - 04/27/11 11:30 Mode: Direct ... Until discontinued Dose: 1000 ML Rate: 150 ML/HR ROUTE: IV	150 ML/HR	NEXT SCH	30 Hours	04/26 06:00	04/27 11:30
57	D/C'ed	INFLUENZA TRI-SPLIT VACCINE INJ: ON CALL 45 MCG: IM Reason for action: Physician Discontinue Ordered by: RES STEVENS, SHAWN M Entered by: STAFFID, MILLERDD - 04/26/11 04:55 Modified by: RN COTTE, JEAN A - 04/30/11 02:26 Mode: Written FOR INTRAMUSCULAR USE ONLY **REFRIGERATE** DOCUMENT IN MEDS CHART STICKY NOTE UPON ADMINISTRATION: LOT#, EXPIRATION AND MANUFACTURER. Dose: 45 MCG Route: IM	ON CALL	ROUTINE	4 Days	04/26 04:43	04/30 02:26
53	D/C'ed	FENTANYL DRIP [SUBLINAZE]: 25 MCG/HR: IV Ordered by: RES RICEY, ASHLEY K Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RES RICEY, ASHLEY K - 04/29/11 17:31 Signature: RES RICEY, ASHLEY K - 04/29/11 17:30 Mode: Direct >>NURSING: HIGH ALERT!!<< ***CLIPBOARD MEDICATION*** *FINAL CONCENTRATION = 50 MICROGRAMS/ML* DO NOT EXCEED MAXIMUM DOSAGE MICROGRAMS/HR TOTAL INFUSION + BOLUSES. Dose: 2.5 MG/50 ML Rate: 25 MCG/HR Route: IV	25 MCG/HR	NEXT SCH	4 Days	04/26 05:00	04/29 17:30
51	D/C'ed	PROPOFOL INJ [DIPRIVAN]: 10 MCG/KG/MIN: IV Ordered by: RES RICEY, ASHLEY K Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RES RICEY, ASHLEY K - 04/28/11 15:23 Signature: RES RICEY, ASHLEY K - 04/28/11 15:22 Mode: Direct >>NURSING: HIGH ALERT!!<< *FINAL CONCENTRATION = 10 MG/ML* **PREMIX-DO NOT ADD ANYTHING TO BAG** TUBING AND ANY UNUSED PORTION OF PROPOFOL MUST BE DISCARDED AFTER 12 HOURS DOCUMENT TUBING CHANGE DATE: TIME: INITIALS: TITRATE Q 5 Dose: 1000 MG/100 ML Rate: 10 MCG/KG/MIN Route: IV	10 MCG/KG/MIN	NEXT SCH	58 Hours	04/26 05:00	04/28 15:22
50	D/C'ed	FAMOTIDINE [PEPICID]: 20 MG: PO Q12HB Ordered by: RES RICEY, ASHLEY K Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RES RICEY, ASHLEY K - 04/26/11 12:36 Signature: RES RICEY, ASHLEY K - 04/26/11 12:35 Mode: Direct		NEXT SCH	4 Hours	04/26 09:00	04/26 12:35

CONTINUED

Page 41

PERM

orderHistDC - GOODWIN, DAVON
 DEPT: ROOM: *1070-A* MR: 002657049
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07

GOODWIN, DAVON
 MUSC
 FROM: 04/26/11 02:55 TO: 05/04/11 16:07
 ROOM: *1070-A* ADM: 04/26/11 03:18
 AGE: 18Y SEX: M : LEON, STUART M
 DOB: ID: 495654253 MR: 002657049
 REQUESTED: 05/03/11 03:07
 OPT OUT:

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
		Dose: 20 MG Route: PO					
41	D/c'ed	SODIUM CHLORIDE 0.9 % INJ: 100 ML/HR: IV	100 ML/HR	NEXT SCH	18 Mins	04/26 05:00	04/26 05:18
		Ordered by: SELANDER, CRAIG L Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: SELANDER, CRAIG L - 04/26/11 05:18 Signature: SELANDER, CRAIG L - 04/26/11 05:18 Node: Direct					
v3		Dose: 1000 ML Rate: 100 ML/HR ROUTE: IV					
38	D/c'ed	OPHTHALMIC LUBRICANT OINT [LACRILUBE]: 1 RIBBON: EYE_BOTH	Q1H PRN	NEXT SCH	4 Days	04/26 04:43	04/29 17:30
		Ordered by: RES RICKEY, ASHLEY K Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RES RICKEY, ASHLEY K - 04/29/11 17:31 Signature: RES RICKEY, ASHLEY K - 04/29/11 17:30 Node: Direct					
v3		^For dry eyes Dose: 1 RIBBON Route: EYE_BOTH					
37	D/c'ed	OPHTHALMIC LUBRICANT OINT [LACRILUBE]: 1 RIBBON: EYE_BOTH	BID	NEXT SCH	3 Days	04/26 08:30	04/29 17:30
		Ordered by: RES RICKEY, ASHLEY K Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RES RICKEY, ASHLEY K - 04/29/11 17:31 Signature: RES RICKEY, ASHLEY K - 04/29/11 17:30 Node: Direct					
v3		Dose: 1 RIBBON Route: EYE_BOTH					
20	D/c'ed	PNEUMOCOCCAL VACCINE INJ [PNEUMOVAX 23]: 0.5 ML: IM	ON CALL	NEXT SCH	4 Days	04/26 04:43	04/30 02:26
		Reason for action: Physician Discontinue Ordered by: RES STEVENS, SHAWN M Entered by: JEWETT, BRENT M - 04/26/11 04:45 Modified by: RN COTTE, JEAN A - 04/30/11 02:26 Node: Written					
		DOCUMENT IN MEDS CHART STICKY NOTE UPON ADMINISTRATION: LOT#, EXPIRATION AND MANUFACTURER.					
		Dose: 0.5 ML Route: IM Dose Type: MAINTENANCE					

No unsigned orders found.

LAST PAGE

Page 42 PERM

MEDICAL UNIV HOSP AUTHORITY
PHONE INQUIRIES PO BOX 931854
CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 08/19/11
TYPE: DEMAND

PATCOM #: 495654253 UNIT #: 000725008-811-001
PATIENT: GOODWIN, A DAVON

F/C: IX P/T: I ADM DATE: 04/26/11
DIS DATE: 05/04/11

INS CODE	COMPANY NAME	ESTIMATE
ME23	MIAP - PENDING	
SE61	ESTATES HPA USE ONLY	

DAVON GOODWIN

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
99150054			04/29/11	1	1003.00
0110 **	ROOM-BOARD/PVT	TOTAL		1	1003.0
99549131			04/26/11	1	2499.00
99549131			04/27/11	1	2499.00
99549131			04/28/11	1	2499.00
0200 **	INTENSIVE CARE	TOTAL		3	7497.0
99150559			04/30/11	1	1902.00
99150559			05/01/11	1	1902.00
99150559			05/02/11	1	1902.00
99150559			05/03/11	1	1902.00
0206 **	ICU/INTERMEDIATE	TOTAL		4	7608.0
43015643	INJ/EPINEPHRINE (10ML		04/26/11	4	92.00
43019918	INJ/ETOMIDATE		04/26/11	1	49.00
43024181	INJ/MIDAZOLAM DILUTIO		04/26/11	2	7.00
43024942	INJ/SODIUM BICARBONAT		04/26/11	2	54.00
43025089	INJ/CALCIUM CHLORIDE/		04/26/11	2	38.00
43030121	OIN/OPHTHALMIC LUBRIC		04/26/11	3	57.00
43034156	INJ/VASOPRESSIN/20I		04/26/11	2	62.00
43042308	INJ/ROCURONIUM/10MG		04/26/11	10	39.00
43042654	INJ/PROPOFOL/10MG		04/26/11	5	185.00
43045830	INJ/MIDAZOLAM/1MG		04/26/11	5	9.00
43056704	INJ/SODIUM CHLORIDE 0		04/26/11	7	49.00
43067321	INJ/FAMOTIDINE 10MG/M		04/26/11	2	22.00

PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
 CALL: (843) 792-2311 PO BOX 931854
 ATLANTA, GA 31193

DATE: 08/19/11
 TYPE: DEMAND

PATCOM #: 495654253 UNIT #: 000725008-811-001

PATIENT: GOODWIN, A DAVON

F/C: IX P/T: I

ADM DATE: 04/26/11
 DIS DATE: 05/04/11

INS CODE
 ME23
 SE61

COMPANY NAME
 MIAP - PENDING
 ESTATES HPA USE ONLY

ESTIMATE

DAVON GOODWIN

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
43020783	INJ/FENTANYL CITRATE/	J3010	04/26/11	2	11.00
43042654	INJ/PROPOFOL/10MG		04/27/11	5	185.00
43067321	INJ/FAMOTIDINE 10MG/M		04/27/11	2	22.00
43072016	INJ/PHENYLEPHRINE 80M		04/27/11	1	23.00
43072578	INJ/HYDROMORPHONE 2MG		04/27/11	1	10.00
43073758	INJ/VECURONIUM 10MG I		04/27/11	3	92.01
43020783	INJ/FENTANYL CITRATE/	J3010	04/27/11	4	17.00
43042654	INJ/PROPOFOL/10MG		04/28/11	2	74.00
43067321	INJ/FAMOTIDINE 10MG/M		04/28/11	1	11.00
43044445	INJ/ONDANSETRON HCL		04/29/11	4	7.00
43067321	INJ/FAMOTIDINE 10MG/M		04/29/11	3	33.00
43018050	INJ/METOPROLOL TARTRA		04/30/11	1	11.00
43044445	INJ/ONDANSETRON HCL		04/30/11	8	14.00
43067321	INJ/FAMOTIDINE 10MG/M		04/30/11	2	22.00
43072578	INJ/HYDROMORPHONE 2MG		04/30/11	2	20.00
43018050	INJ/METOPROLOL TARTRA		05/01/11	1	11.00
43044445	INJ/ONDANSETRON HCL		05/01/11	12	21.00
43067321	INJ/FAMOTIDINE 10MG/M		05/01/11	2	22.00
43072578	INJ/HYDROMORPHONE 2MG		05/01/11	4	40.00
43018050	INJ/METOPROLOL TARTRA		05/02/11	2	22.00
43044445	INJ/ONDANSETRON HCL		05/02/11	4	7.00
43072578	INJ/HYDROMORPHONE 2MG		05/02/11	6	60.00
43018050	INJ/METOPROLOL TARTRA		05/03/11	3	33.00
43067321	INJ/FAMOTIDINE 10MG/M		05/03/11	1	11.00
43072578	INJ/HYDROMORPHONE 2MG		05/03/11	5	50.00
43067321	INJ/FAMOTIDINE 10MG/M		05/04/11	1	11.00
0250	** PHARMACY	TOTAL		127	1503.0
37701091	IV FLUID LR 1000ML		04/26/11	4	108.00
37701109	IV FLUID NS 1000ML		04/26/11	1	27.00

PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
 CALL: (843) 792-2311 PO BOX 931854
 ATLANTA, GA 31193

DATE: 08/19/11
 TYPE: DEMAND

PATCOM #: 495654253 UNIT #: 000725008-811-001

PATIENT: GOODWIN, A DAVON

F/C: IX P/T: I

ADM DATE: 04/26/11

DIS DATE: 05/04/11

INS CODE

COMPANY NAME

ESTIMATE

ME23

MIAP - PENDING

SE61

ESTATES HPA USE ONLY

DAVON GOODWIN

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
38282224	IV SOLUTION BAX 2B254		04/26/11	4	104.00
43025857	INJ/SODIUM CHLOR/0>9%		04/26/11	1	34.00
43026525	INJ/DEXTROSE/50%/IS		04/26/11	1	26.00
37701091	IV FLUID LR 1000ML		04/27/11	4	108.00
43025311	INJ/DEXTROSE 5%/D5.45		04/27/11	2	74.00
43025857	INJ/SODIUM CHLOR/0>9%		04/27/11	1	34.00
43026400	INJ/DEXTROSE/5%/50		04/27/11	2	68.00
43025311	INJ/DEXTROSE 5%/D5.45		04/28/11	4	148.00
43025857	INJ/SODIUM CHLOR/0>9%		04/28/11	1	34.00
43026400	INJ/DEXTROSE/5%/50		04/28/11	1	34.00
37701802	IV FLUID NS 500ML		04/29/11	1	27.00
43025311	INJ/DEXTROSE 5%/D5.45		04/29/11	2	74.00
43025857	INJ/SODIUM CHLOR/0>9%		04/29/11	1	34.00
43025311	INJ/DEXTROSE 5%/D5.45		04/30/11	3	111.00
43026525	INJ/DEXTROSE/50%/IS		04/30/11	1	26.00
43025311	INJ/DEXTROSE 5%/D5.45		05/01/11	1	37.00
43025311	INJ/DEXTROSE 5%/D5.45		05/02/11	3	111.00
0258	** IV SOLUTIONS	TOTAL		38	1219.0
37522935	KIT SAG 6914		04/26/11	1	76.00
37551801	ARROW RADIAL ARTERY K		04/26/11	1	85.00
37554144	TRANSDUCER BAX PXVMP1		04/26/11	1	63.00
37560687	SENSOR ELS MHD6AZ		04/26/11	1	605.00
38064606	SURGICEL ETH JJ1952		04/26/11	2	414.00
38117461	DRAIN MLN DYNWE2191		04/26/11	2	110.00
37522935	KIT SAG 6914		04/27/11	2	152.00
37551801	ARROW RADIAL ARTERY K		04/27/11	2	170.00
37558673	SCD SLEEVE KNEE ONE S		04/27/11	2	128.00
37560687	SENSOR ELS MHD6AZ		04/27/11	1	605.00
37865052	DRAIN J&J ET2515		04/27/11	3	201.00

MEDICAL UNIV HOSP AUTHORITY
 PHONE INQUIRIES PO BOX 931854
 CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 08/19/11
 TYPE: DEMAND

PATCOM #: 495654253 UNIT #: 000725008-811-001

PATIENT: GOODWIN, A DAVON

F/C: IX P/T: I

ADM DATE: 04/26/11

DIS DATE: 05/04/11

INS CODE
 ME23
 SE61

COMPANY NAME
 MIAP - PENDING
 ESTATES HPA USE ONLY

ESTIMATE

DAVON GOODWIN

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
38163697	KIT CAR PZ23ANNMUH		04/27/11	1	52.00
43699784	02 / SUPPLEMENTAL		04/28/11	1	86.00
43699784	02 / SUPPLEMENTAL		04/30/11	1	86.00
43699784	02 / SUPPLEMENTAL		05/01/11	1	86.00
37558673	SCD SLEEVE KNEE ONE S		05/02/11	1	64.00
43699784	02 / SUPPLEMENTAL		05/02/11	1	86.00
43699784	02 / SUPPLEMENTAL		05/03/11	1	86.00
37513447	KIT INTRODUCER PERC		05/04/11	1	144.00
37552023	PACER PADS EXTERNAL A		05/04/11	2	248.00
37559077	KIT MAYDAY DRW3		05/04/11	1	191.00
37559085	KIT MAYDAY DRW2 ADULT		05/04/11	1	174.00
37559622	PAD DEFIB AED MACH (G		05/04/11	1	112.00
0270	** MED/SURG SUPPLIES	TOTAL		31	4024.0
37950391	SUTURE ETH C004D		04/26/11	1	306.00
37570017	CATH ARR CDC-45703-XP	C1751	04/26/11	1	187.00
37570025	GUIDEWIRE ARR CDC-457	C1769	04/26/11	1	188.00
37881638	STAPLER ETH TVC55		04/27/11	1	348.00
37881646	STAPLER ETH TVR55		04/27/11	1	203.00
37901824	PACK CAR PGRMLYMUX LA		04/27/11	1	1.00
37999372	CATH CAR 086032 DRAIN	C1729	04/27/11	1	70.00
37501061	KIT SRR 04100	C1751	04/27/11	1	50.00
0272	** STERILE SUPPLY	TOTAL		8	1353.0
85311645	BASIC METABOLIC PANEL	80048	04/26/11	4	368.00
85311629	METABOLIC PANEL	80053	04/26/11	1	110.00
89220255	ANTIBODY SCREEN 2 CEL	86850	04/26/11	1	77.00
85311645	BASIC METABOLIC PANEL	80048	04/27/11	2	184.00

PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
 CALL: (843) 792-2311 PO BOX 931854
 ATLANTA, GA 31193

DATE: 08/19/11
 TYPE: DEMAND

PATCOM #: 495654253 UNIT #: 000725008-811-001

PATIENT: GOODWIN, A DAVON

F/C: IX P/T: I

ADM DATE: 04/26/11

DIS DATE: 05/04/11

INS CODE	COMPANY NAME	ESTIMATE
ME23	MIAP - PENDING	
SE61	ESTATES HPA USE ONLY	

DAVON GOODWIN

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
85311645	BASIC METABOLIC PANEL	80048	04/28/11	1	92.00
85311645	BASIC METABOLIC PANEL	80048	04/29/11	1	92.00
83800011	VENIPUNCTURE	36415	04/30/11	1	26.00
83800011	VENIPUNCTURE	36415	05/01/11	1	26.00
83800110	VENIPUNCTURE CAPILLAR	36416	05/02/11	1	26.00
85311645	BASIC METABOLIC PANEL	80048	05/02/11	1	92.00
85311629	METABOLIC PANEL	80053	05/04/11	1	110.00
85310043	ALCOHOL, ETHYL	82055	04/26/11	1	138.00
85900181	ION CA-4C	82330	04/26/11	4	188.00
85900108	CL-4C	82435	04/26/11	4	168.00
85900025	ABG3-4C	82805	04/26/11	6	1650.00
85900132	GLUC-4C	82947	04/26/11	4	188.00
85900447	LAC-4C	83605	04/26/11	2	94.00
85310647	LACTATE DEHYDROGENASE	83615	04/26/11	1	52.00
85310696	MAGNESIUM	83735	04/26/11	1	73.00
85310746	PHOSPHOROUS	84100	04/26/11	1	42.00
85900199	K-4C	84132	04/26/11	4	188.00
85900215	NA-4C	84295	04/26/11	4	188.00
85900181	ION CA-4C	82330	04/27/11	5	235.00
85900108	CL-4C	82435	04/27/11	2	84.00
85900025	ABG3-4C	82805	04/27/11	2	550.00
85900132	GLUC-4C	82947	04/27/11	2	94.00
85310647	LACTATE DEHYDROGENASE	83615	04/27/11	1	52.00
85310696	MAGNESIUM	83735	04/27/11	2	146.00
85310746	PHOSPHOROUS	84100	04/27/11	2	84.00
85900199	K-4C	84132	04/27/11	2	94.00
85900215	NA-4C	84295	04/27/11	2	94.00
85900181	ION CA-4C	82330	04/28/11	1	47.00

MEDICAL UNIV HOSP AUTHORITY

PHONE INQUIRIES

PO BOX 931854

CALL: (843) 792-2311

ATLANTA, GA 31193

DATE: 08/19/11

TYPE: DEMAND

PATCOM #: 495654253 UNIT #: 000725008-811-001

PATIENT: GOODWIN, A DAVON

F/C: IX P/T: I

ADM DATE: 04/26/11

DIS DATE: 05/04/11

INS CODE

COMPANY NAME

ESTIMATE

ME23

MIAP - PENDING

SE61

ESTATES HPA USE ONLY

DAVON GOODWIN

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
85900025	ABG3-4C	82805	04/28/11	1	275.00
85310696	MAGNESIUM	83735	04/28/11	1	73.00
85310746	PHOSPHOROUS	84100	04/28/11	1	42.00
85310696	MAGNESIUM	83735	04/29/11	1	73.00
85310746	PHOSPHOROUS	84100	04/29/11	1	42.00
85340404	PREALBUMIN	84134	05/01/11	1	93.00
85310696	MAGNESIUM	83735	05/02/11	1	73.00
85310746	PHOSPHOROUS	84100	05/02/11	1	42.00
85310100	AMYLASE, FLUID	82150	05/03/11	1	82.00
85310332	CREATINE KINASE	82550	05/04/11	1	73.00
85311116	MASS CKMB	82553	05/04/11	1	84.00
85360527	TROPONIN I ULTRA (TPi	84484	05/04/11	1	157.00
0301	** LABORATORY/CHEMISTRY	TOTAL		65	5558.0
89200018	ABO W/RH	86900	04/26/11	1	40.00
89200174	D (RHO) TYPE	86901	04/26/11	1	38.00
89220248	ELECTRONIC CROSSMATCH	86923	04/26/11	17	510.00
0302	** LABORATORY/IMMUNOLOGY	TOTAL		19	588.0
85900165	HGB-4C	85018	04/26/11	4	148.00
85320372	HEMOGRAM	85027	04/26/11	5	285.00
85330215	PROTHROMBIN TIME	85610	04/26/11	5	180.00
85330223	ACTIVTD PARTL THROMBO	85730	04/26/11	5	220.00
85900165	HGB-4C	85018	04/27/11	2	74.00
85320372	HEMOGRAM	85027	04/27/11	2	114.00
85330215	PROTHROMBIN TIME	85610	04/27/11	1	36.00
85330223	ACTIVTD PARTL THROMBO	85730	04/27/11	1	44.00
85320372	HEMOGRAM	85027	04/28/11	1	57.00

PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
 CALL: (843) 792-2311 PO BOX 931854
 ATLANTA, GA 31193

DATE: 08/19/11
 TYPE: DEMAND

PATCOM #: 495654253 UNIT #: 000725008-811-001

PATIENT: GOODWIN, A DAVON

F/C: IX P/T: I

ADM DATE: 04/26/11

DIS DATE: 05/04/11

INS CODE
 ME23
 SE61

COMPANY NAME
 MIAP - PENDING
 ESTATES HPA USE ONLY

ESTIMATE

DAVON GOODWIN

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
85320372	HEMOGRAM	85027	04/29/11	3	171.00
85320372	HEMOGRAM	85027	04/30/11	1	57.00
85320372	HEMOGRAM	85027	05/04/11	1	57.00
85330223	ACTIVTD PARTL THROMBO	85730	05/04/11	1	44.00
0305	** LABORATORY/HEMOTOLOGY	TOTAL		32	1487.0
85100139	C BLOOD	87040	04/30/11	2	310.00
85100170	C UR	87086	04/30/11	1	68.00
0306	** LABORATORY/BACT-MICRO	TOTAL		3	378.0
85340180	URINALYSIS	81001	04/30/11	1	53.00
0307	** LABORATORY/UROLOGY	TOTAL		1	53.0
46740205	D/P ABD, COMP, DECUB	74020	04/26/11	1	308.00
0320	** DX X-RAY	TOTAL		1	308.0
46710109	D/P CHEST FRONTAL	71010	04/26/11	2	466.00
46710109	D/P CHEST FRONTAL	71010	04/27/11	1	233.00
46710109	D/P CHEST FRONTAL	71010	04/30/11	1	233.00
0324	** RADIOLOGY/DX X-RAY/CH	TOTAL		4	932.0
36350015	OR PER MINUTE MAIN		04/26/11	118	8614.00

666

PAGE: 008

MEDICAL UNIV HOSP AUTHORITY
 PHONE INQUIRIES PO BOX 931854
 CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 08/19/11
 TYPE: DEMAND

PATCOM #: 495654253 UNIT #: 000725008-811-001

PATIENT: GOODWIN, A DAVON

F/C: IX P/T: I

ADM DATE: 04/26/11

DIS DATE: 05/04/11

INS CODE

COMPANY NAME

ESTIMATE

ME23

MIAP - PENDING

SE61

ESTATES HPA USE ONLY

DAVON GOODWIN

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
36350015	OR PER MINUTE MAIN		04/27/11	204	14892.00
0360 **	OR SERVICES	TOTAL		322	23506.0
43600535	ARTERIAL LINE INSERTI	36620	04/26/11	1	336.00
43600535	ARTERIAL LINE INSERTI	36620	04/27/11	1	336.00
0361 **	MINOR SURGERY	TOTAL		2	672.0
43500131	ANES GEN MAIN PER MIN		04/26/11	145	5800.00
43500131	ANES GEN MAIN PER MIN		04/27/11	214	8560.00
43550151	ANES GEN NORA PER MIN		05/04/11	3	120.00
0370 **	ANESTHESIA	TOTAL		362	14480.0
89500219	RED BLOOD CELLS LKP	P9016	04/26/11	4	2260.00
89500128	FFP	P9059	04/26/11	4	600.00
89500219	RED BLOOD CELLS LKP	P9016	04/28/11	1	565.00
89500219	RED BLOOD CELLS LKP	P9016	04/29/11	2	1130.00
0390 **	BLOOD/STOR-PROC	TOTAL		11	4555.0
43699891	RT TIME MANUAL VENTIL		04/26/11	1	43.00
43699917	RT TIME INTUBATION AS		04/26/11	2	154.00
43600568	VENTILATOR	94003	04/26/11	1	703.00
43699891	RT TIME MANUAL VENTIL		04/27/11	1	43.00
43600568	VENTILATOR	94003	04/27/11	1	703.00
43699867	RT TIME PATIENT ASSES		04/28/11	1	33.00

MUSC514 OF 519

PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
 CALL: (843) 792-2311 PO BOX 931854
 ATLANTA, GA 31193

DATE: 08/19/11
 TYPE: DEMAND

PATCOM #: 495654253 UNIT #: 000725008-811-001

PATIENT: GOODWIN, A DAVON

F/C: IX P/T: I

ADM DATE: 04/26/11

DIS DATE: 05/04/11

INS CODE

ME23

SE61

COMPANY NAME

MIAP - PENDING

ESTATES HPA USE ONLY

ESTIMATE

DAVON GOODWIN

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
43699933	RT TIME EXTUBATION		04/28/11	1	37.00
43600568	VENTILATOR	94003	04/28/11	1	703.00
43699891	RT TIME MANUAL VENTIL		05/04/11	2	86.00
43699917	RT TIME INTUBATION AS		05/04/11	1	77.00
0410	** RESPIRATORY SVC	TOTAL		12	2582.0
43780386	THERAPEUTIC ACT/1on1	97530	04/30/11	2	222.00
43780378	THERAPEUTIC PROC/GAIT	97116	05/02/11	2	190.00
43780386	THERAPEUTIC ACT/1on1	97530	05/02/11	1	111.00
0420	** PHYSICAL THERAPY	TOTAL		5	523.0
43780873	PT EVAL 30MIN SIMPLE	97001	04/30/11	1	162.00
0424	** PHYS THERAPY/EVAL	TOTAL		1	162.0
36061380	ADMIN IV INF HYDRATE	96361	04/26/11	1	72.00
36060176	ADMIN IV PUSH TX/DX 1	96374	04/26/11	1	112.00
36061588	ADMIN IV PUSH TX/DX E	96375	04/26/11	1	112.00
36090249	ER VISIT ADULT COMPRE	99285	04/26/11	1	1553.00
0450	** EMERGENCY ROOM	TOTAL		4	1849.0
43016443	INJ/SUCCINYLOCHOLINE	J0330	04/26/11	8	9.60
43015155	INJ/ATROPINE SULFATE/	J0461	04/26/11	200	22.00
43067479	INJ/PIPERAC-TAZ 3.375	J2543	04/26/11	12	212.04
43072024	INJ/FENTANYL PCA 2750	J3010	04/26/11	50	188.00

PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
 CALL: (843) 792-2311 PO BOX 931854
 ATLANTA, GA 31193

DATE: 08/19/11
 TYPE: DEMAND

PATCOM #: 495654253 UNIT #: 000725008-811-001

PATIENT: GOODWIN, A DAVON

F/C: IX P/T: I

ADM DATE: 04/26/11
 DIS DATE: 05/04/11

INS CODE COMPANY NAME
 ME23 MIAP - PENDING
 SE61 ESTATES HPA USE ONLY

ESTIMATE

DAVON GOODWIN

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
43025113	INJ/CALCIUM GLUCONATE	J0610	04/27/11	2	18.00
43011675	INJ/CEFOXITIN SODIUM/	J0694	04/27/11	1	46.00
43072024	INJ/FENTANYL PCA 2750	J3010	04/27/11	50	188.00
43025113	INJ/CALCIUM GLUCONATE	J0610	04/28/11	1	9.00
43042332	INJ/ENOXAPARIN/30MG S	J1650	04/28/11	3	103.02
43042332	INJ/ENOXAPARIN/30MG S	J1650	04/29/11	9	309.06
43042332	INJ/ENOXAPARIN/30MG S	J1650	04/30/11	6	206.04
43042332	INJ/ENOXAPARIN/30MG S	J1650	05/01/11	6	206.04
43042332	INJ/ENOXAPARIN/30MG S	J1650	05/03/11	3	103.02
43042332	INJ/ENOXAPARIN/30MG S	J1650	05/04/11	3	103.02
43031764	TAB/FAMOTIDINE/20		04/26/11	2	24.00
43033828	INJ/INSULIN-NOVOLIN R		04/26/11	1	29.00
43033828	INJ/INSULIN-NOVOLIN R		04/27/11	2	58.00
43021344	LIQ/OXYCODONE HCL/5MG		04/28/11	4	36.00
43033828	INJ/INSULIN-NOVOLIN R		04/28/11	1	29.00
43021344	LIQ/OXYCODONE HCL/5MG		04/29/11	8	72.00
43033828	INJ/INSULIN-NOVOLIN R		04/29/11	1	29.00
43021344	LIQ/OXYCODONE HCL/5MG		04/30/11	10	90.00
43072792	SPR/OXYMETAZOLINE NAS		04/30/11	1	13.00
43021344	LIQ/OXYCODONE HCL/5MG		05/01/11	6	54.00
43021344	LIQ/OXYCODONE HCL/5MG		05/02/11	10	90.00
43021344	LIQ/OXYCODONE HCL/5MG		05/03/11	16	134.00
43021344	LIQ/OXYCODONE HCL/5MG		05/04/11	4	32.00
0637	** SELF ADMIN DRUG	TOTAL		66	690.0
36090306	ADULT TRAUMA RESP <30		04/26/11	1	2595.00

669

PAGE: 011

PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
PO BOX 931854
CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 08/19/11
TYPE: DEMAND

PATCOM #: 495654253 UNIT #: 000725008-811-001

PATIENT: GOODWIN, A DAVON

F/C: IX P/T: I

ADM DATE: 04/26/11

DIS DATE: 05/04/11

INS CODE

COMPANY NAME

ESTIMATE

ME23

MIAP - PENDING

SE61

ESTATES HPA USE ONLY

DAVON GOODWIN

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
0681	** TRAUMA RESPONSE LEVEL	TOTAL		1	2595.0
W001	INDIGENT ADJUSTMENT		08/18/11		88050.85-
	PAYMENTS/ADJUSTMENTS	TOTAL			88050.85-

PHONE INQUIRIES
CALL: (843) 792-2311
MEDICAL UNIV HOSP AUTHORITY
PO BOX 931854
ATLANTA, GA 31193

DATE: 08/19/11
TYPE: DEMAND

PATCOM #: 495654253 UNIT #: 000725008-811-001
PATIENT: GOODWIN, A DAVON F/C: IX P/T: I

ADM DATE: 04/26/11
DIS DATE: 05/04/11

ESTIMATE

INS CODE
ME23
SE61
COMPANY NAME
MIAP - PENDING
ESTATES HPA USE ONLY

DAVON GOODWIN

SUMMARY OF CHARGES

ROOM-BOARD/PVT	250	1003.00
1DAYS @1003.00	258	7497.00
INTENSIVE CARE		
3DAYS @2499.00	270	7608.00
ICU/INTERMEDIATE		1503.01
4DAYS @1902.00	250	1219.00
PHARMACY	258	4024.00
IV SOLUTIONS	270	1353.00
MED/SURG SUPPLIES	272	1203.00
STERILE SUPPLY	300	5558.00
LABORATORY	301	588.00
LABORATORY/CHEMISTRY	302	1487.00
LABORATORY/IMMUNOLOGY	305	378.00
LABORATORY/HEMOTOLOGY	306	53.00
LABORATORY/BACT-MICRO	307	308.00
LABORATORY/UROLOGY	320	932.00
DX X-RAY	324	23506.00
RADIOLOGY/DX X-RAY/CHEST	360	672.00
OR SERVICES	361	14480.00
MINOR SURGERY	370	4555.00
ANESTHESIA	390	2582.00
BLOOD/STOR-PROC	410	523.00
RESPIRATORY SVC	420	162.00
PHYSICAL THERAPY	424	1849.00
PHYS THERAPY/EVAL	450	1722.84
EMERGENCY ROOM	636	690.00
DRUGS/DETAIL CODE	637	2595.00
SELF ADMIN DRUG	681	
TRAUMA RESPONSE LEVEL 1		

671

PAGE: 013

PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
CALL: (843) 792-2311 PO BOX 931854
ATLANTA, GA 31193

DATE: 08/19/11

TYPE: DEMAND

PATCOM #: 495654253 UNIT #: 000725008-811-001

PATIENT: GOODWIN, A DAVON

F/C: IX P/T: I

ADM DATE: 04/26/11

DIS DATE: 05/04/11

INS CODE

COMPANY NAME

ESTIMATE

ME23

MIAP - PENDING

SE61

ESTATES HPA USE ONLY

DAVON GOODWIN

TOTAL CHARGES
PAYMENTS/ADJUSTMENTS

88050.85
88050.85-

CURRENT BALANCE

.00

Thank you for choosing MUSC Medical Center. This bill is your responsibility. If you have insurance coverage, please contact our office at (843) 792-2311 or (888) 897-0890.

Courts EXHIBIT 2
 WITNESS _____
 DATE 3/26/13
 MOLAYNE M VOLPE

672



CHARLESTON POLICE DEPARTMENT

PHOTO LINE-UP

ADMONITION

OCA# 1106753

DATE: 4/29/11

INCIDENT: Attempted Murder

READ THE FOLLOWING PARAGRAPH ALOUD

I am going to show you a group of photographs. These photos may or may not contain the picture of the person(s) who committed the above listed offense, which is under investigation at this time. Keep in mind that the photos may show a variance in complexion, hair, eyes, facial hair, etc. If you recognize anyone in any of the photos as the person(s) who committed the crime against you (or you were a witness to), I will ask you if you are positive in your identification. I will then ask you to sign and date the back of the photo(s). Upon viewing these photos, do not discuss the results or this procedure with other victim(s) or witness(es).

SIGNATURE: _____
 (VICTIM/WITNESS)

LIST PHOTO(S) BY FILE#. CHECK THE BOX NEXT TO THE IDENTIFIED PHOTO. HAVE THE VICTIM/WITNESS INITIAL THE PHOTO(S) CHECKED AS IDENTIFIED.

- | | |
|---|------------|
| ☐ (1) | BY _____ |
| ☐ (2) | _____ |
| ☐ (3) | _____ |
| ☐ (4) | _____ |
| ☐ (5) | _____ |
| ☒ (6) | <u>Pig</u> |

JULIE J. ARMSTRONG
CLERK OF COURT

2013 MAR 25 PM 2:32

FILED

PLEASE PRINT

☒ VICTIM ☐ WITNESS

Name: DAVON GOODWIN

Phone: _____

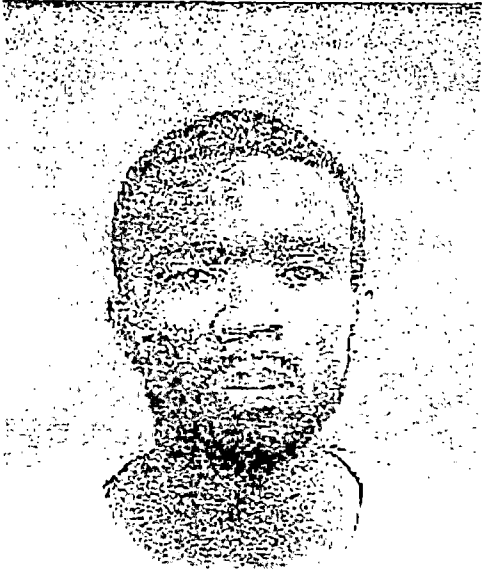
I (☒ was ☐ was not) able to identify anyone in the photos listed above and shown to me.

SIGNATURE: Pig

DATE: 4/29/11

Investigator Notes: _____

Exhibit "B"



Lineup ID Report

Related Case Number: CPD - 1106753

Reason For Lineup:

Suspect Name ID: 227

AGGRAVATED ASSAULT

Total Selection Pool: 400

Lineup Archive ID: 130

Name ID: 19347

BRIGHT, ANTONA

Name ID: 83317

HAZEL, DERRICK DION

Name ID: 12001

BUMCUM, DIANGELO LAVAR

Name ID: 9945

CRAWFORD, ANTWAN

Name ID: 75731

ADAMS, PHILLIP F Jr

Name ID: 227

BROWN, MARVIN REGINALD



Medical University of South Carolina
Department of Pathology and Lab Medicine
165 Ashley Avenue, Suite 309
PO Box 250908
Charleston, SC 29425

Case #	EXHIBIT	673
WITNESS		
DATE: 3/20/13		
ROLAYNE M VOLFE		

Patient: GOODWIN, DAVON
Med Rec: GOODWIN
DOB: [REDACTED]
Male Race: Black
ACCESSION: FA-11-00269
Date Received: 5/5/2011
Date Collected: 5/5/2011

Page: 1 of 7

Forensic Autopsy Final Report

Autopsy Information

Date of Death: 05/04/11 Time: 8:45 a.m.
Date of Autopsy: 05/05/11 Time: 9 a.m.
County: Charleston
Coroner: Brittney Martin, Deputy
Attending Pathologist: S. Erin Presnell, MD
Pathologist Assistant: Eowyn Corcraan
Autopsy Technician: Kimberly Boretsky
Prosecutor(s): Lee Marie Tormos, MD and Jalidsa Pellicier, MD

(If Injury) How occurred: Gunshot wound
Date of Injury: 04/26/11 Time: ~ 2:15 a.m.
Place of Injury: Road/sidewalk

Cause of Death

Complications of single penetrating gunshot wound to abdomen.

Manner of Death

Homicide

CASE HISTORY

According to the coroner and available medical records, the decedent was a 19-year-old black male who sustained a gunshot wound to the abdomen on April 26, 2011 at approximately 2:15 a.m. EMS transported him to MUSC, where he underwent an exploratory laparotomy and

Department of Pathology and Laboratory Medicine
Forensic Pathology

Chair: Janice M. Lage, M.D.

Director: S. Erin Presnell, M.D.

Forensic Pathology Phone: 843-792-3500

Forensic Pathology Fax: 843-792-3537

MAXINE T. ROBINSON
NOTARY PUBLIC
SOUTH CAROLINA
MY COMMISSION EXPIRES APRIL 29, 2014

This is a true and accurate copy of the original.



Medical University of South Carolina
 Department of Pathology and Lab Medicine
 165 Ashley Avenue, Suite 309
 PO Box 250908
 Charleston, SC 29425

Patient: GOODWIN, DAVON
 Med Rec: GOODVON
 DOB: [REDACTED]
 Male Race: Black
 ACCESSION: FA-11-00269
 Date Received: 5/5/2011
 Date Collected: 5/5/2011

Page: 2 of 7

F o r e n s i c A u t o p s y F i n a l R e p o r t

repair of the duodenum, inferior vena cava, and superior mesenteric vein and artery. Subsequently, he returned to the operating for an abdominal washout and drain/tube placements. The projectile was not recovered at that time. The patient improved and had begun ambulation and physical therapy. However, on May 4, 2011, he was found unresponsive in bed. Despite resuscitative efforts, he was pronounced dead at 8:45 a.m. that morning.

GROSS DESCRIPTION

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished, black male, who weighs approximately 200 pounds, is 71 inches in length, and appears compatible with the stated age of 19 years. The body is identified by the coroner; a hospital band around the left wrist and a tag around the right toe bear the decedent's name. The body is clad in a hospital gown (disposed at the autopsy). The body is cold to the touch. Rigor is fully fixed (4/4) in all extremities and jaw. Diffuse, fixed purple livor extends over the posterior surfaces of the body, except in areas exposed to pressure.

The scalp hair is dark brown/black and styled in dreadlocks up to 8.5 inches in length over the crown. The irides are brown; the pupils are bilaterally equal. The corneae are slightly clouded. The sclerae and conjunctivae are pale yellow. The nose and ears are not unusual. The lips and gums are intact. The teeth are in good condition. The deceased has scant upper lip and chin hair. The neck is without masses, and the larynx is in the midline. The thorax is symmetrical with an anteroposterior/lateral ratio of about 1:2. The abdomen is flat. The penis is unremarkable; the testes are bilaterally descended within the scrotum. The anus and back are unremarkable. The upper and lower extremities are well-developed and symmetrical, without absence of digits.

Identifying marks and scars consist of a 2.5 inch rectangular scar/pigmentation on the anterolateral right thigh; a 1.25 inch scar on the left pretibial surface; and a tattoo of the letters "ESP" on the anterior right forearm. Non-specific scars are on the knees. Evidence of emergency resuscitation and / or medical therapy includes an endotracheal tube secured with tape entering the oral cavity and extending into the trachea, an 11.5 inch stapled midline incision on the abdomen, five abdominal drains/tubes protruding through the anterior abdominal wall and

Department of Pathology and Laboratory Medicine
 Forensic Pathology

Chair: Janice M. Lage, M.D.

Director: S. Erin Presnell, M.D.

Forensic Pathology Phone: 843-792-3500

Forensic Pathology Fax: 843-792-3537



Medical University of South Carolina
Department of Pathology and Lab Medicine
165 Ashley Avenue, Suite 309
PO Box 250908
Charleston, SC 29425

Patient: GOODWIN, DAVON
Med Rec: GOODVON
DOB: [REDACTED]
Male Race: Black
ACCESSION: FA-11-00269
Date Received: 5/5/2011
Date Collected: 5/5/2011

Page: 3 of 7

F o r e n s i c A u t o p s y F i n a l R e p o r t

showing tan opaque particulate fluid in collection containers, a bandaged intravenous catheter at the right inguinal area, and punctures in the anterior left wrist and forearm.

EVIDENCE OF INJURY

Punctate abrasions with scabs are on the medial left and lateral right forearms. Punctate and thin linear abrasions with scabs are on the epigastric area and anterior abdomen bilaterally.

A 0.38 x 0.2 inch healing defect with eschar is at the left upper quadrant of the abdomen, 23.5 inch from the top of the head and 3.5 inch to the left of midline. A 0.05 inch circumferential gray discoloration affects the tissues around the defect. The bullet pathway is through skin and subcutaneous tissues, abdominal musculature, duodenum (surgically repaired), superior mesenteric artery and vein (surgically repaired), vena cava (surgically repaired), abdominal aorta (transverse, 0.8 cm tear sutured externally with the vena cava) proximal to the iliac bifurcation, and into the right psoas muscle, where a 0.29 x 0.3 inch base diameter x 0.46 inch in length intact gray metal projectile with a copper-colored jacket is recovered. The approximate bullet trajectory through the body is 45 degrees down, 40 degrees back, and to the left.

RADIOGRAPHS: Antemortem abdominal radiographs confirm the presence of a radiopaque projectile (recovered at autopsy) in the right posterior abdomen.

EVIDENCE TRANSFER: The bullet recovered at autopsy and a postmortem blood spot on filter paper are transferred to SPO Jennifer Wooley of the Charleston Police Department on May 6, 2011.

INTERNAL EXAMINATION

BODY CAVITIES: The right and left pleural cavities contain 200 and 100 ml of serosanguineous fluid, respectively. The pericardial cavity contains 50 ml of serous fluid. The peritoneal cavity contains 500 ml of tan, turbid fluid and fibrinous debris; mesenteric saponification is noted. The liver capsule is adhered to the diaphragm.

HEAD (CENTRAL NERVOUS SYSTEM): The brain weighs 1330 grams. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. The cerebral hemispheres are

Department of Pathology and Laboratory Medicine
Forensic Pathology

Chair: Janice M. Lage, M.D.

Director: S. Erin Presnell, M.D.

Forensic Pathology Phone: 843-792-3500

Forensic Pathology Fax: 843-792-3537



Medical University of South Carolina
 Department of Pathology and Lab Medicine
 165 Ashley Avenue, Suite 309
 PO Box 250908
 Charleston, SC 29425

Patient: GOODWIN, DAVON
 Med Rec: GOODVON
 DOB: [REDACTED]
 Male Race: Black
 ACCESSION: FA-11-00269
 Date Received: 5/5/2011
 Date Collected: 5/5/2011

Page: 4 of 7

F o r e n s i c A u t o p s y F i n a l R e p o r t

symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and free of abnormality. Sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The basal ganglia, thalami, and hippocampi are unremarkable. The cerebral ventricles are normal caliber. Sections through the brainstem and cerebellum are unremarkable.

NECK: Examination of the soft tissues of the neck, including strap muscles, thyroid gland, and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact. The lingual mucosa is intact.

CARDIOVASCULAR SYSTEM: The heart weighs 400 grams. The pericardial and epicardial surfaces are smooth, glistening and unremarkable. The coronary arteries arise normally, follow the usual distribution and are patent, although the left anterior descending coronary artery demonstrates 10% atherosclerotic narrowing. The chambers and valves bear the usual size-position relationships and are unremarkable. The myocardium is dark red-brown, firm, and unremarkable; the atrial and ventricular septa are intact. The left ventricular thickness = 1.6 cm, right ventricular thickness = 0.4 cm, and the interventricular septum = 1.5 cm. Excluding findings under "Evidence of Injury," the aorta and its major branches arise normally, follow the usual course and are patent, free of significant atherosclerosis and other abnormality. The venae cavae and their major tributaries return to the heart in the usual distribution.

RESPIRATORY SYSTEM: The right and left lungs weigh 610 and 600 grams, respectively. The upper airway contains nonocclusive yellow mucoid material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable. Lobar divisions are of the usual configuration. The pulmonary parenchyma is dark red-purple, exuding moderate amounts of blood and frothy fluid. A 3 cm triangular, wedge-shaped area of parenchymal hemorrhage affects the peripheral lower lobe of the right lung; a thromboembolism occludes a medium sized artery at the apex of the hemorrhagic area. Scattered thromboemboli are identified within small and medium sized peripheral pulmonary arteries.

LIVER AND BILIARY SYSTEM: The liver weighs 1680 grams. The hepatic parenchyma is tan-brown parenchyma with geographical yellow discoloration. The gallbladder contains 27 ml of brown bile sludge; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The portal vein and its tributaries are unremarkable.

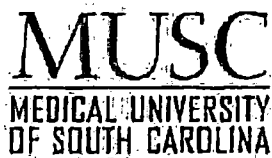
Department of Pathology and Laboratory Medicine
 Forensic Pathology

Chair: Janice M. Lage, M.D.

Director: S. Erin Presnell, M.D.

Forensic Pathology Phone: 843-792-3500

Forensic Pathology Fax: 843-792-3537



Medical University of South Carolina
 Department of Pathology and Lab Medicine
 165 Ashley Avenue, Suite 309
 PO Box 250908
 Charleston, SC 29425

Patient: GOODWIN, DAVON
 Med Rec: GOODVON
 DOB: [REDACTED]
 Male, Race: Black
 ACCESSION: FA-11-00269
 Date Received: 5/5/2011
 Date Collected: 5/5/2011

Page: 5 of 7

F o r e n s i c A u t o p s y F i n a l R e p o r t

ALIMENTARY TRACT: The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is flattened; several small mucosal ulcerations affect the distal third. The gastric lumen contains ~ 20 mL of orange fluid. An intact suture line is identified at the distal duodenum. The jejunum shows gray discoloration and marked thinning of the wall. The appendix is not identified. The pancreas has a tan-yellow, lobulated appearance, and the ducts appear clear.

GENITOURINARY TRACT: The right and left kidneys weigh 170 and 120 grams, respectively. The renal capsules are smooth and thin, semi-transparent, and strip with ease from the underlying smooth cortical surfaces. The right kidney is pale and soft when compared to the left kidney. The cortices are delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves, and ureters are unremarkable. The relationships at the trigone are unremarkable. The urinary bladder contains 60 ml of yellow urine; the mucosa is gray-tan and smooth. The prostate and seminal vesicles are unremarkable. A section of testis shows regional yellow discoloration and minute thromboses of intratesticular vessels.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 220 grams and has a smooth, intact capsule covering red-purple, moderately firm, parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. Focally, the vertebral bone marrow is red-purple and homogeneous, without evidence of abnormality.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM: Excluding the previously described findings, the bony framework, supporting musculature, and soft tissues are not unusual.

CASSETTE SUMMARY:

1. Right and left lungs
2. Lungs, thromboembolus
3. Liver, kidneys
4. Left cardiac ventricle, small bowel
5. Testis with infarct

LMT:mtr
 05/05/11

Department of Pathology and Laboratory Medicine
 Forensic Pathology

Chair: Janice M. Lage, M.D.

Director: S. Erin Presnell, M.D.

Forensic Pathology Phone: 843-792-3500

Forensic Pathology Fax: 843-792-3537



Medical University of South Carolina
 Department of Pathology and Lab Medicine
 165 Ashley Avenue, Suite 309
 PO Box 250908
 Charleston, SC 29425

Patient: GOODWIN, DAVON
 Med Rec: GOODWIN
 DOB: [REDACTED]
 Male Race: Black
 ACCESSION: FA-11-00269
 Date Received: 5/5/2011
 Date Collected: 5/5/2011

Page: 6 of 7

F o r e n s i c A u t o p s y F i n a l R e p o r t

05/24/11

SEP:mtr

06/03/11

Lee M Tormos, M.D./ MTR

CASE SUMMARY

A complete autopsy was performed on the body of Davon Goodwin at the Medical University of South Carolina Autopsy Suite on May 5, 2011. The postmortem examination began at 9 a.m. The prosecutors were Drs. Lee Marie Tormos and S. Erin Presnell. The autopsy technician was Ms. Kimberly Boretsky. The autopsy was authorized by the Charleston County Deputy Coroner, Ms. Brittney Martin.

Significant findings at autopsy included a single, penetrating gunshot wound to the abdomen with surgically repaired distal aortic/inferior vena cava, superior mesenteric artery and vein, and duodenal injuries; small bowel wall thinning and necrosis; 500 ml turbid peritoneal fluid; gastric ulcerations; hepatic geographical yellow discoloration; testicular thrombosis and infarct; peripheral pulmonary thromboemboli; right pulmonary wedge infarction; bilateral pleural serosanguineous effusions; liver-diaphragm adhesions; mild coronary atherosclerosis; cardiomegaly (400 grams); and a pale right kidney.

Microscopic examination of the lungs reveals edema, abundant intraalveolar macrophages, marked intravascular bacterial overgrowth. Multiple pulmonary thromboemboli show signs of early organization; an associated area of resolving infarction is noted. The liver shows areas of normal architecture with a transition to marked parenchymal autolysis and associated bacterial overgrowth. The kidneys also show marked autolysis and bacterial overgrowth. A focus of contraction-like bands is in the heart; myocyte hypertrophy is noted. Histologically, the thinned small bowel shows acute inflammation with associated necrosis and abundant bacterial overgrowth extending through the wall but predominantly in the muscle layers. A section of testis confirms regional parenchymal infarction.

Department of Pathology and Laboratory Medicine
 Forensic Pathology

Chair: Janice M. Lage, M.D.

Director: S. Erin Presnell, M.D.

Forensic Pathology Phone: 843-792-3500

Forensic Pathology Fax: 843-792-3537



Medical University of South Carolina
 Department of Pathology and Lab Medicine
 165 Ashley Avenue, Suite 309
 PO Box 250908
 Charleston, SC 29425

Patient: GOODWIN, DAVON
 Med Rec: GOODVON
 DOB: [REDACTED]
 Male Race: Black
 ACCESSION: FA-11-00269
 Date Received: 5/5/2011
 Date Collected: 5/5/2011

Page: 7 of 7

F o r e n s i c A u t o p s y F i n a l R e p o r t

In light of the historical and clinical information and the gross and microscopic autopsy findings, it is the opinion of the prosecutors that the decedent died as the result of complications of single penetrating gunshot wound to the abdomen. Furthermore, the manner of death is best deemed homicide.

FINAL DIAGNOSIS

Single, penetrating gunshot wound to abdomen

- Surgically repaired distal aortic/inferior vena cava injury
- Surgically repaired duodenal injury
- Surgically repaired superior mesenteric artery and vein injury
- Small bowel necrosis
- 500 ml turbid peritoneal fluid

Gastric ulcerations
 Multiple peripheral pulmonary thromboemboli
 Pulmonary edema
 Pleural serosanguineous effusions
 Hepatic and renal autolysis and bacterial overgrowth
 Testicular thrombosis and infarct
 Mild coronary atherosclerosis
 Cardiomegaly (400 grams) with myocardial hypertrophy

CERTIFICATION

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

S.Erin Presnell, M.D. (1-4391)
 (Electronically signed by)
 Verified: 06/03/2011 12:55
 SP /MTR

Department of Pathology and Laboratory Medicine
 Forensic Pathology

Chair: Janice M. Lage, M.D. Director: S. Erin Presnell, M.D.

Forensic Pathology Phone: 843-792-3500

Forensic Pathology Fax: 843-792-3537

FORENSIC AUTOPSY PRELIMINARY REPORT

Date: May 5, 2011
To: Rae H. Wooten
Charleston County Coroner
Attn: Brittney Martin
Fax Number: 843-746-4033

RE: Davon Goodwin

Number of pages (including fax cover sheet: 3)

From: Maxine T. Robinson
Forensic Operations Coordinator
MUSC, Forensic Autopsy Section
Department of Pathology & Laboratory Medicine
Rm. 281 Main Hospital

The documents accompanying this facsimile contain **CONFIDENTIAL** information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or an employee responsible for delivering the message to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this communication is strictly prohibited. If you received this communication in error, please notify Maxine immediately at 843-792-3500. Thank you.



Medical University of South Carolina
 Pathology and Laboratory Medicine
 165 Ashley Avenue, Suite 309
 P.O. Box 250908
 Charleston, SC 29425

Patient: GOODWIN, DAVON
 Med. Rec: GOODVON
 DOB: [REDACTED]
 Sex: Male Race: Black
 Accession: FA-11-00269
 Date Received: 5/5/2011
 Date Collected: 5/5/2011

Page: 1 of 2

F o r e n s i c A u t o p s y P r e l i m i n a r y R e p o r t

AUTOPSY INFORMATION

Date of Death: 05/04/11 Time: 8:45 a.m.
 Date of Autopsy: 05/05/11 Time: 9 a.m.
 County: Charleston
 Coroner: Brittney Martin
 Attending Pathologist: S. Erin Presnell
 Pathologist Assistant: Eowyn Corcrain
 Autopsy Technician: Kim Boretsky
 Prosecutor(s): Drs. Lee Tormos and Pellicier

(If Injury) How occurred: gunshot wound
 Date of Injury: 04/26/11 Time: ~ 2:15 a.m.
 Place of Injury: road/sidewalk

Whole organs retained for diagnostic purposes: None

Preliminary Findings: scattered peripheral pulmonary emboli; right pulmonary wedge infarction; mucus in bronchi; bilateral pleural serosanguineous effusions; gastric ulcerations; repaired distal aortic/inferior vena cava injury; repaired duodenum; hepatic geographical yellow discoloration; testicular clot/infarct; bowel necrosis with associated mesenteric saponification; pale right kidney; 500 ml turbid peritoneal fluid; liver-diaphragm adhesions; mild coronary atherosclerosis; cardiomegaly (400 grams)

PROBABLE CAUSE OF DEATH

Complications of single penetrating gunshot wound
(more specific wording pending)

Department of Pathology and Laboratory Medicine
 Forensic Pathology

Chair: Janice M. Lage, MD

Director: S. Erin Presnell, M.D.

Forensic Pathology Phone: 843-792-3500

Forensic Pathology Fax: 843-792-3537



Medical University of South Carolina
Pathology and Laboratory Medicine
165 Ashley Avenue, Suite 309
PO Box 250908
Charleston, SC 29425

Patient: GOODWIN, DAVON
Med. Rec: GOODVON
DOB: [REDACTED]
Sex: Male Race: Black
Accession: FA-11-00269
Date Received: 5/5/2011
Date Collected: 5/5/2011

Page: 2 of 2

Forensic Autopsy Preliminary Report

MANNER OF DEATH

Homicide

S. Erin Presnell, M.D. (1-4391)
(Electronically signed by)
Verified: 05/05/2011 11:11
SP/SP

Department of Pathology and Laboratory Medicine
Forensic Pathology

Chair: Janice M. Lage, MD Director: S. Erin Presnell, M.D.

Forensic Pathology Phone: 843-792-3500

Forensic Pathology Fax: 843-792-3537

WSP 1/20/11

GOODWIN, DA 685

ACHA



FA-11-00269

05/05/11

DRPRESNELL/TORRIS/KB

Weight: 201

Length: 71

Temp: cold

Rigor: 4/4

Livor: post fixed

Scalp hair: brown curly: dreadlocks, 8 1/2

Facial hair: scant chin + upper lip hair stubble

Eyes: br, pupils, sclera reflex

Ears: ✓

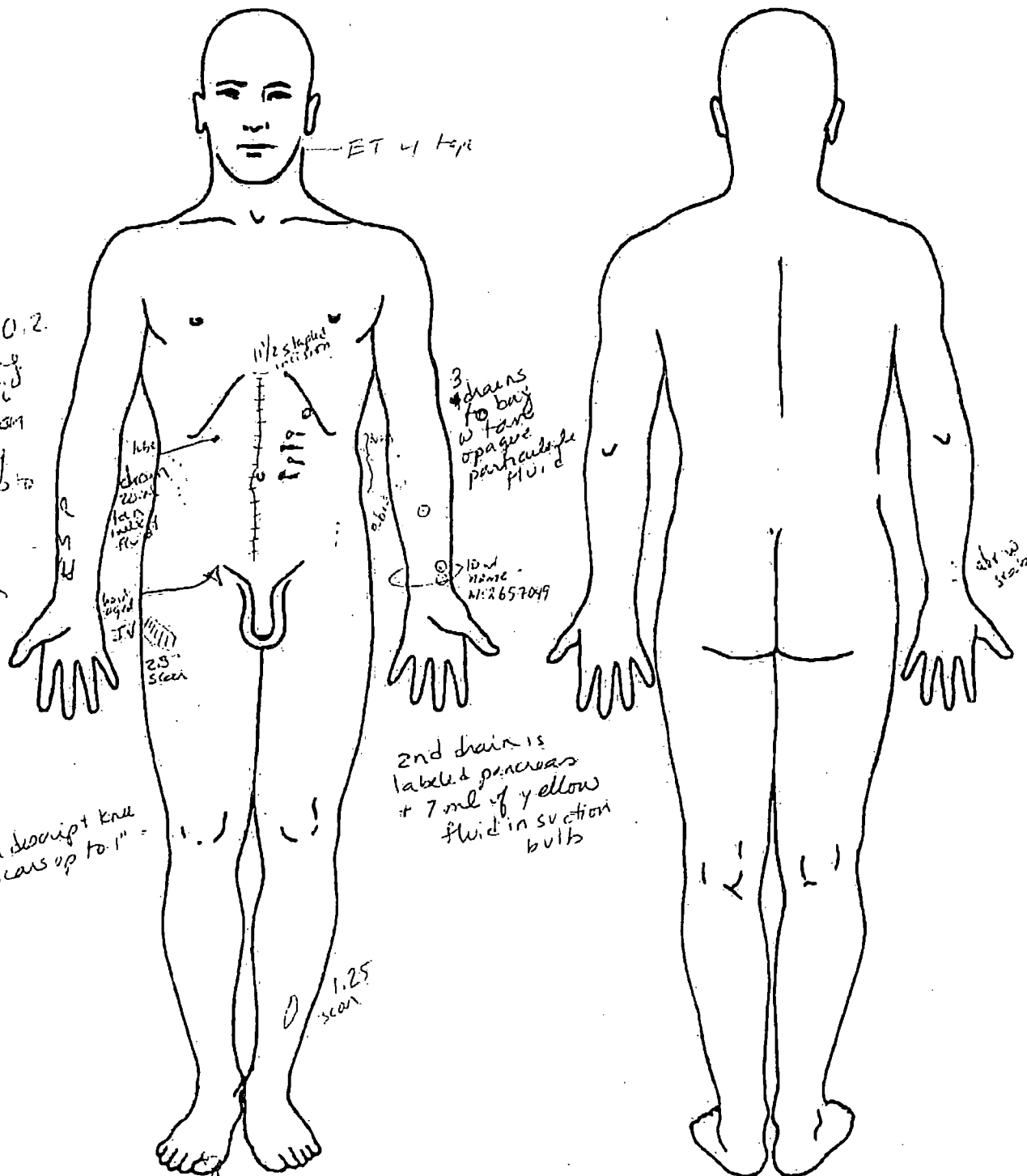
Nose: ✓

Teeth: perm, good

Neck: no masses

Abdomen: st. prot

Genitalia: circ. male, b



0.38 x 0.2

healing defect in dry eschar

enc gray disc up to 0.05

BS TOH
5.5 cm

ills down
0 back
(L)

non descript knee
scars up to 1"

tag of name

*bullet ... post lat (R) (psas)
L: 0.46
Intact Cu-jacket
gray mte base
pro, re tile

MUSC DEPARTMENT OF PATHOLOGY, FORENSIC SEC.
171 ASHLEY AVENUE, CHARLESTON, SC 29425
Office (843) 792-3500 FAX (843) 792-3537

GOODWIN, DAVON
GOODVON

686

ACHA

FA-11-00269

05/05/11
DRPRESNELL/TORMOS/KB

EVIDENCE TRANSFER SHEET

ON May 6th 2011 AT 10:00am
(Date) (Time)

NAME OF DECEASED Davon Goodwin AUTOPSY NUMBER FA11-269

TRANSFERRED AT MUSC Forensic Department
(Location)

DESCRIPTION OF EVIDENCE

Bullet
Blood Spot

From: Lee M Tormos, MD
(Print name)
[Signature]
(Signature)
Representing: MUSC Forensic Dept

SPD
To: Jennifer Wadley
(Print name)
[Signature]
(Signature)
Representing: Charleston Police Department

GOODWIN, DAVON ACHA
GOODVON
FA-11-00269
05/05/11
DRPRESNELL/TORMOS/KB

BLOOD
SPOT

GOODWIN, DAVON ACHA
GOODVON
FA-11-00269
05/05/11
DRPRESNELL/TORMOS/KB

BLOOD
SPOT



CHARLESTON POLICE DEPARTMENT

PHOTO LINE-UP ADMONITION

Court's EXHIBIT	688
WITNESS	Goodwin
DATE:	3/26/13
RELATIVE IN VOLUME	

OCA# 1106753

DATE: 4/29/11

INCIDENT: Attempted Murder

READ THE FOLLOWING PARAGRAPH ALOUD

I am going to show you a group of photographs. These photos may or may not contain the picture of the person(s) who committed the above listed offense, which is under investigation at this time. Keep in mind that the photos may show a variance in complexion, hair, eyes, facial hair, etc. If you recognize anyone in any of the photos as the person(s) who committed the crime against you (or you were a witness to), I will ask you if you are positive in your identification. I will then ask you to sign and date the back of the photo(s). Upon viewing these photos, do not discuss the results or this procedure with other victim(s) or witness(es).

SIGNATURE: [Signature]
(VICTIM/WITNESS)

LIST PHOTO(S) BY FILE#. CHECK THE BOX NEXT TO THE IDENTIFIED PHOTO. HAVE THE VICTIM/WITNESS INITIAL THE PHOTO(S) CHECKED AS IDENTIFIED.

- ☐ (1) _____
- ☐ (2) _____
- ☐ (3) _____
- ☐ (4) _____
- ☐ (5) _____
- ☒ (6) P. 16

PLEASE PRINT

☒ VICTIM ☐ WITNESS

Name: DAVON GOODWIN

Phone: _____

I (☒ was ☐ was not) able to identify anyone in the photos listed above and shown to me.

SIGNATURE: [Signature]

DATE: 4/29/11

Investigator Notes: _____

689

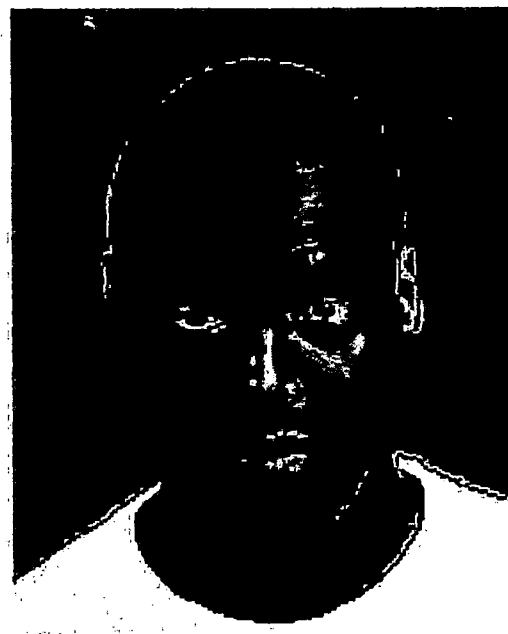
1



2



3



4



5



6



264

BCS20110502774

WITNESSES

Charleston City Police Department

AGENCY CASE NUMBER

1106753

ARREST WARRANT NUMBER

M640174

DATE OF ARREST

May 5, 2011

ACTION OF GRAND JURY

TRUE BILLForeperson of Grand Jury
Date:

NOV 13 2012

VERDICT

Foreperson of Petit Jury

Date:

INDICT.DOT

DOCKET NO. 2012GS1006845

The State of South Carolina

County of Charleston

COURT OF GENERAL SESSIONS

November Term 2012

THE STATE

vs.

MARVIN REGINALD BROWN

DOB: [REDACTED]

B/M

Indictment for

Armed Robbery

FILED

11/27/2012 4:32:28 PM

JULIE J. ARMSTRONG

CLERK OF COURT

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

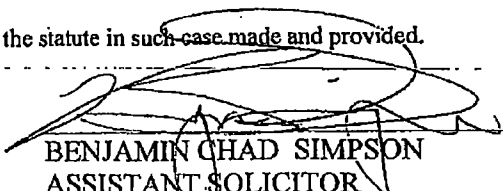
INDICTMENT

At a Court of General Sessions, convened on November 13, 2012 the Grand Jurors of Charleston County present upon their oath:

Armed Robbery

That on or about April 26, 2011, in Charleston County, South Carolina, the Defendant, MARVIN REGINALD BROWN, at [REDACTED] Street, Charleston, South Carolina, by use of force, threats or intimidation and while armed with a deadly weapon, or while alleging, either by action or words, he was armed while using a representation of a deadly weapon or other object which a person present during the commission of the robbery reasonably believed to be a deadly weapon, did take and carry away goods and/or monies from the person or immediate presence of Davon Goodwin with the intent to permanently deprive the victim of possession thereof: in violation of Section 16-11-330(A) of the South Carolina Code of Laws (1976) as amended.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.


BENJAMIN CHAD SIMPSON
ASSISTANT SOLICITOR

BCS20110502774

WITNESSES

Charleston City Police Department

AGENCY CASE NUMBER

1106753

ARREST WARRANT NUMBER

M640172

DATE OF ARREST

May 5, 2011

ACTION OF GRAND JURY

TRUE BILL

Foreperson of Grand Jury

Date: MAY 13 2012

VERDICT

Foreperson of Petit Jury

Date:

INDICT.DOT

DOCKET NO. 2012GS1006844

The State of South Carolina

County of Charleston

COURT OF GENERAL SESSIONS

November Term 2012

THE STATE

vs.

MARVIN REGINALD BROWN

DOB: [REDACTED]

B/M

Indictment for

Possession of a Firearm During the
Commission of a Violent Crime

FILED

11/27/2012 4:32:28 PM

JULIE J. ARMSTRONG

CLERK OF COURT

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

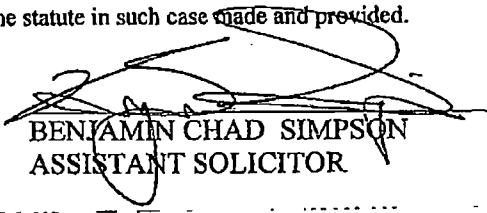
INDICTMENT

At a Court of General Sessions, convened on November 13, 2012 the Grand Jurors of Charleston County present upon their oath:

Possession of a Firearm During the Commission of a Violent Crime

That in Charleston County, South Carolina, on or about April 26, 2011, the Defendant, MARVIN REGINALD BROWN, did possess a handgun or visibly display what appeared to be a handgun during the commission, or attempted commission, of murder, a violent crime. This is in violation of 16-23-490 of the South Carolina Code of Laws (1976) as amended.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.


BENJAMIN CHAD SIMPSON
ASSISTANT SOLICITOR

BCS20110502774

WITNESSES

Charleston City Police Department

AGENCY CASE NUMBER

1106753

ARREST WARRANT NUMBER

M640203

DATE OF ARREST

May 6, 2011

ACTION OF GRAND JURY

TRUE BILLForeperson of Grand Jury
Date:

NOV 13 2012

VERDICT

Foreperson of Petit Jury

Date:

INDICT.DOT

DOCKET NO. 2012GS1006846

The State of South Carolina

County of Charleston

COURT OF GENERAL SESSIONS

November Term 2012

THE STATE

vs.

MARVIN REGINALD BROWN

DOB: [REDACTED]

B/M

Indictment for

Murder

FILED

11/27/2012 4:32:28 PM

JULIE J. ARMSTRONG
CLERK OF COURT

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

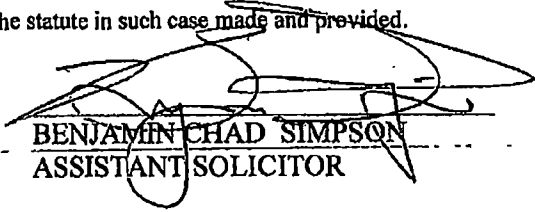
INDICTMENT

At a Court of General Sessions, convened on November 13, 2012 the Grand Jurors of Charleston County present upon their oath:

Murder

That in Charleston County on or about April 26, 2011, with malice aforethought, MARVIN REGINALD BROWN did kill and murder Davon Goodwin by means of a handgun, and that Davon Goodwin did die in Charleston County as a proximate result thereof on May 4, 2011; in violation of Section 16-3-10 of the South Carolina Code of Laws (1976) as amended.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.


BENJAMIN CHAD SIMPSON
ASSISTANT SOLICITOR

CERTIFICATE OF COUNSEL FOR APPELLANT

Counsel for Appellant certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material and that this Record on Appeal complies to the best of my ability, with the August 13, 2007 and April 14, 2014, orders from the South Carolina Supreme Court entitled "Interim Guidance Regarding Personal Data Identifiers and Other Sensitive Information in Appellate Court Filings."


DONALD J. ZELENKA
Senior Assistant Deputy Assistant Attorney General

Office of Attorney General
P. O. Box 11549
Columbia, South Carolina 29211
(803) 734-6305

ATTORNEYS FOR APPELLANT

January 6, 2016.