

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1302588
Appellate Case No. 2017-001732

RECEIVED
JUN 01 2018
SC Court of Appeals

Timothy Causey Appellant,

v.

Horry County, Self-Insured Employer
through the S.C. Counties Workers'
Compensation Trust Respondents.

RECORD ON APPEAL - VOLUME I

Blake A. Hewitt # 73674
BLUESTEIN THOMPSON SULLIVAN, LLC
P.O. Box 7965
Columbia, SC 29202
(803) 779-7599

Francis A. Humphries, Jr. # 12921
William H. Monckton, VI # 65167
MONCKTON HEMBREE & HUMPHRIES
1300 Professional Dr., Ste. 102
Myrtle Beach, SC 29577
(843) 946-6556

Attorneys for Appellant

Roy A. Howell, III # 11888
Kirsten L. Barr # 15525
TRASK & HOWELL, LLC
PO Box 2167
Mt. Pleasant, SC 29465-2167
(843) 881-2236

Attorneys for Respondents

INDEX

VOLUME I

Orders

Order of January 12, 2017 (Single Commissioner Order)	1
Order of July 19, 2017 (Appellate Panel Order)	10

Pleadings and Motions

Form 50 of August 5, 2013 (Claimant's Request for Hearing)	38
Form 52 of April 30, 2015 (Claimant's Request for Hearing in Death Case)	39
Form 52 of April 14, 2016 (Claimant's Request for Hearing in Death Case)	40
Form 53 of May 13, 2016 (Defendants' Answer to Hearing Request in Death Case)	41
Form 58 of July 1, 2016, with attachment (Defendants' Pre-hearing Brief)	42
Form 58 of July 29, 2016 (Claimant's Pre-hearing brief)	48
Supplemental Form 58 of August 19, 2016, with attachment (Defendants' Supplemental Pre-hearing Brief)	54
Form 58 of September 14, 2016 (Claimant's additional Pre-Hearing Brief)	61
Defendants' Brief to the Appellate Panel	62
Claimant's Brief to the Appellate Panel	84
Defendants' Reply Brief to the Appellate Panel	96

Transcripts and Exhibits

Transcript of October 14, 2016 (Single Commissioner Hearing)	106
Donna Causey	
Direct	113
Cross	124
Redirect	138
Recross	139
Redirect	141
Recross	141
Gerald DelPercio	
Direct	143
Cross	150
Phillip Thompson	
Direct	157
Cross	163
Kimberly Collins	
Direct	167
Cross	177
Redirect	189
Recross	189
Ernest Beaty	
Direct	192
Cross	194
Redirect	195
Transcript of April 18, 2017 (Appellate Panel Hearing)	199
Claimant's APA Submissions (excerpts)	217
Defendants' APA Submissions	226

VOLUME II

Deposition Transcript of Dr. Charlton Strange, III	464
Deposition Transcript of Dr. Timothy Whelan	488

Deposition Transcript of Dr. Nicholas Pastis, Jr.	517
Deposition Transcript of Dr. Dee Ford	549
Deposition Transcript of Coroner Edge	573
Deposition Transcript of Dr. Kimberly Collins	600
Deposition Transcript of Sheriff Thompson	637
Certificate of Counsel	671

STATE OF SOUTH CAROLINA)
COUNTY OF HORRY)
)
)

BEFORE THE SOUTH CAROLINA WORKER'S
COMPENSATION COMMISSION

TIMOTHY CAUSEY,)
Claimant,)
)

W.C.C. FILE NO. 1302588

-vs-)
)

DECISION AND ORDER

HORRY COUNTY,)
Self-Insured Employer,)
Through)
)

S.C. Counties Workers')
Compensation Trust.)
Defendants.)

This matter came before the Honorable R. Michael Campbell, II, Commissioner for the South Carolina Worker's Compensation Commission, on October 14, 2016, for a hearing based on the Employer's Denial of Death Benefits to the Claimant, Donna Causey, the wife of Timothy Causey. The Claimant was represented by Francis A. Humphries, Jr., Esquire. William H. Monckton, VI, Esquire, Mr. Humphries law partner, acted as co-counsel for the Claimant at the hearing. The Employer was represented by Roy A. Howell, III, Esquire.

STATEMENT OF THE CASE

On March 16, 2013, Timothy Causey, a duly appointed Deputy for the Horry County Sheriff's Office, was assigned in his official capacity to respond to a large, involved structure fire in the Carolina Forest area of Horry County. Causey worked twelve (12) hour shifts for three (3) consecutive days on site in the resulting heavy smoke. Causey began to suffer from various symptoms the claimant contends were the result of smoke inhalation. Causey's condition worsened and he was treated for smoke inhalation at the Loris Family Medical Center on March 21, 2013. His condition did not improve and he was admitted to McLeod Regional Medical Center on March 23, 2013, through the Emergency Room. His condition continued to deteriorate. As a result, on March 28, 2013, Causey was transferred to MUSC in Charleston by helicopter transport. His discharge diagnosis from McLeod Regional Medical Center was "acute lung injury with frank respiratory failure and an ARDS (acute respiratory distress syndrome) picture" with the stated impression the acute lung injury syndrome was most likely related to smoke inhalation.

Shortly after his admission to MUSC, Causey was also diagnosed with the H1N1 virus. He remained at MUSC until his demise on May 19, 2013. The Death Discharge Summary from MUSC noted cause of death as "... hypovolemic shock secondary to diffuse alveolar hemorrhage, and secondary to ventilator-associated pneumonia, secondary to prolonged intubation, and secondary to smoke inhalation injury with H1N1 influenza." The claimant contends Causey's death resulted from an underlying cause of smoke inhalation arising out of and in the course and scope of his employment. The Claimant contends Causey's death was proximately caused by smoke inhalation injury from the workplace occurrence consistent with the MUSC Death Discharge Summary. The Employer contends H1N1 alone caused the Causey's death and denied the claim. This hearing results.

EVIDENCE OF THE CASE

Donna Causey, the wife of Timothy Causey and a registered nurse, testified Causey was not ill at the time he initially reported to work the Carolina Forest structure fire on March 16, 2013, and that his general health was excellent. (p. 10, ll. 5-17 of hearing testimony). She testified his condition grew worse each of the three (3) days he worked. She observed him over that time to have soot in his nostrils, nasal drainage, eyes red, watering and swollen, a cough, a fever which developed later, difficulty breathing, an inability to drink anything other than Gatorade and an uncharacteristic lack of energy. (p. 13, l. 1 - p. 15, l. 23 of hearing testimony). Donna Causey testified the health of her immediate family including both she and her daughters was fine at the time of the fire. She further testified her daughters did not suffer from any flu-type or cold symptoms, but that one of her daughters did have a UTI infection. (p. 11, l. 16 - p. 12, l. 10 of hearing testimony). On March 21, 2013, Causey went to Loris Family Medical Center where he was treated for smoke inhalation. (p. 16, ll. 2-21 of hearing testimony). He did not improve and he was admitted to McLeod Regional Medical Center through the Emergency Room on March 23, 2013. (p. 17, l. 22- p. 18, l. 5 of hearing testimony).

Causey's condition continued to deteriorate while at McLeod. (p. 18, ll. 16-19 of hearing testimony). Donna Causey attended to him while there including eating and drinking after him. Donna Causey did not contract H1N1. (p. 19, l. 16 - p. 20, l. 9 of hearing testimony). Dr. Mark L. Barnhard made the determination Causey should be discharged to MUSC for further evaluation and treatment. (McLeod Regional Medical Center Discharge Summary, Causey's APA# 1). Causey was transferred by helicopter on March 28, 2013. Dr. Barnhard noted in Causey's Discharge Summary from McLeod Causey he suffered from acute lung injury, most likely related to smoke inhalation. Prior to his transfer and discharge, Causey had been tested for influenza, but this test did not include a test for H1N1 as McLeod did not have this capability. Donna Causey testified it was her understanding at her husband's admission through conversation with an MUSC physician her husband had smoke inhalation with H1N1, that it was a "perfect storm", and that it made it twice as bad and he may not survive. (p. 35, ll. 16-20 of hearing testimony).

Dr. Charles Strange was the admitting physician at MUSC. He ordered testing for H1N1 which was indicated by testing. Causey's treating physicians at MUSC included Dr. Charles Strange, Dr. William D. Largen, Dr. Timothy Whelan, Dr. Nicholas J. Pastis, and Dr. Dee Ford. Causey died on May 19, 2013. The MUSC Hospital Death Summary, dictated by Dr. William D. Largen and signed by Dr. Largen and Dr. Whelan, states the Causey's cause of death as "... hypovolemic shock secondary to diffuse alveolar hemorrhage, secondary to ventilator-assisted pneumonia, secondary to prolonged intubation, and secondary to smoke inhalation injury with H1N1 influenza."

Drs. Strange, Whelan, Pastis and Ford were deposed in connection with the litigation of this denied claim. Dr. Strange testified to a reasonable degree of medical certainty that Causey died of H1N1 associated with acute respiratory distress syndrome. (p. 13, ll. 4-8 of deposition). Further, Dr. Strange testified he did not believe smoke inhalation contributed to Causey's death. (p.21 ll. 19-21 of deposition). Dr. Strange did testify, however, smoke inhalation could have increased his chance of acquiring clinical H1N1 and made his clinical course more severe. (p. 21, l. 25 - p. 22, ll. 1-2 of deposition). Dr. Whelan, one of the two doctors who signed the Hospital Death Summary, testified he did not believe Causey had a significant smoke inhalation that resulted in ARDS. (p.17, ll. 15-16 of deposition). He testified he could not say to a reasonable degree of medical certainty that a significant smoke inhalation exposure around the time one is infected with H1N1 has absolutely no impact on the disease course. (p.18, ll. 6-11 of deposition). Dr. Whelan further testified if the word "injury" was redacted from "smoke inhalation injury", cause of death in the Hospital Death Summary, the document would be accurate. He testified he believed Causey had been exposed to smoke. (p. 22, ll.13-25 - p. 23, ll. 1-5 of deposition).

Dr. Pastis testified that he ascribed to the cause of death as set out in the MUSC Hospital Death Summary to a reasonable degree of medical certainty. This opinion includes that cause of death was secondary to smoke inhalation injury. (p.12, ll. 16-25 - p. 13, ll. 1-4 of deposition). Dr. Pastis further testified to a reasonable degree of medical certainty Causey's smoke inhalation made his ability to fight off an infection worse. (p.21, ll. 10-17 of deposition). Dr. Pastis also testified the history provided for the patient is often significant to the diagnosis. (p.31, ll. 10-16). Dr. Ford testified the cause of death as stated in the MUSC Hospital Death Summary is one with which she agrees, to a reasonable degree of medical certainty. (p. 9 ll. 23-25 - p. 10, ll. 1-9 of deposition). Dr. Ford also testified there was no way to say smoke inhalation was not a secondary cause of Causey's death. (p. 22, ll. 12-24 of deposition). She further testified, in the context of smoke inhalation in Causey's case, a history of a patient is a cornerstone to medical evaluation. (p.23, ll. 4-15 of deposition).

Horry County Coroner Robert L. Edge, Jr., testified by deposition he issued an amended death certificate for Timothy Causey changing the manner of death from "natural" to "accident". He

testified he amended the manner of death to accident based on the cause of death as certified and signed by Dr. William Largen which stated "smoke inhalation injury". (p. 11, ll. 24-25 - p. 12, ll. 1-15; p. 18, ll. 23-25 - p. 19, ll. 1-24 of deposition). Edge further testified no doctor requested the amendment. (p. 23, ll. 2-23 of deposition). He testified that he would defer to the medical experts as to the cause of death. (p. 25, ll. 8-20 of deposition).

Jerry Delpercio, a resident of the neighborhood destroyed by the structure fire, testified at the hearing concerning the extent and degree of the fire and the heaviness of the resulting smoke over time. (p. 41, l. 14 - p. 45, l. 19 of hearing testimony). He testified twenty-four (24) apartment buildings with approximately ninety-eight (98) to one hundred (100) units in Windsor Green were burned to the ground. (p. 45, l. 20 - p. 46, l. 7 of hearing testimony). The fire caught all the buildings within twenty-five (25) minutes. (p. 47, ll. 2-5 of hearing testimony).

Horry County Sheriff Phillip Thompson testified at the hearing Causey was assigned to work security at Windsor Green. (p. 54, ll. 5-16 of hearing testimony). He testified he worked several nights. Sheriff Thompson further testified he met personally with Causey at the beginning of his first shift and Causey did not appear to be ill at that time. (p. 54, l. 18 - p. 56, l. 6 of hearing testimony). The Sheriff testified Causey was recognized by Horry County, the State of South Carolina and the Federal Government as having died in the line of duty. (p. 58, l. 18 - p. 59, l. 6 of hearing testimony).

Deputy Sheriff Beaty testified at the hearing he spoke with Causey concerning his condition and in a report indicated Causey told him he believed his coughing and sore throat was due to a family member having flu symptoms. (p. 89, ll. 19-25 of hearing testimony)(Employer's APA# 15). Beaty further testified the smoke on scene was heavy for the three days Causey worked security there. (p. 91, ll. 11-25 of hearing testimony).

Dr. Kimberly A. Collins, a Forensic Pathologist board certified in Anatomical Pathology, Clinical Pathology and Forensic Pathology, testified by deposition and at the hearing. (See Causey's APA# 26, Curriculum Vitae of Kimberly A. Collins, M.D.). Dr. Collins testified to the following at deposition: the usual incubation period for H1N1 is four (4) to five (5) days which placed Causey at McLeod when he contracted the disease based on his diagnosis of H1N1 on March 28, 2013, at MUSC; (p. 29, ll. 1-7); her opinion to a reasonable degree of medical and scientific probability was that the underlying cause of Causey's death was smoke inhalation (p. 30, ll. 10-15); that Causey was exposed to synthetic elements burning in the fire including cyanide, polyvinyls and other fumes and toxins for a period of three (3) days (p. 30, ll. 18-24); these toxins along with carbon monoxide and soot carbon damage the upper respiratory tree decreasing the defensive mechanism including the cilia (the surfactant, the barrier between the lung cells) and the capillary; they also damage the lung tissue and the protective immune system, the macrophages which are our natural killer cells; these effects from inhalation and smoke and these chemicals are well-known scientifically; (p. 30, ll. 23-25 - p. 31, ll. 1-14); when these toxins

are inhaled, the immune system is decreased and one becomes compromised; H1N1 is usually a self-limited nonfatal infection that affects the very elderly, the very young with decreased immune systems, or those with extreme lung disease, heart disease or those that are immunocompromised such as was the case with Causey; those are the individuals who have severe fatal H1N1. (p. 31, ll. 14-25).

At the hearing, Dr. Collins testified her opinion was that "(Causey) was a healthy young man until he experienced the three days of smoke inhalation, and that lead to what we call an inhalation injury which led to acute lung injury. And in that process, his immune system -- particularly in the lungs that help you fight off what you are breathing in, all the germs, etcetera -- during this time he developed H1N1 influenza, influenza A. Secondary to developing influenza, he had secondary bacterial infections, such as Klebsiella, pseudomonas, and then those caused a pulmonary hemorrhage. So he actually dies of pulmonary hemorrhage and the bacterial infections due to the H1N1 influenza, due to smoke inhalation." (p. 66, ll. 2-17). Dr. Collins testified smoke from structure fires include toxic polyvinyls, polyvinyl chlorides, ammonia and formaldehyde that affect from the mouth all the way down to the lungs. These toxins affect normal cells that are present to protect our bodies from viruses and bacteria. They also affect on the cellular level certain T-cells and natural killer cells whose role is to fight off viruses. (p.68, l. 8- p. 69, l. 19). Dr. Collins emphasized the major role of a patient's history in the diagnoses of illness. (p.71, l. 22 - p.72, l. 13). Finally, Dr. Collins testified her opinion to a reasonable degree of medical certainty, more likely than not, that the underlying cause of death for Causey was smoke inhalation. (p. 72, ll. 14-20). She expounded it was her opinion that but for Causey having been involved in the fire and inhaling the chemicals he did over three (3) days, he would not have developed H1N1. She testified the events, based on the history, scenario and chronology, follow perfectly: acute lung injury from smoke inhalation, ARDS acute respiratory distress syndrome, H1N1, then secondary bacterial infections and hemorrhage into Causey's lungs. (p.72. L. 23- p. 73, l. 9).

In addition to medical records from Loris Family Practice (Employer's APA# 1-2), McLeod Regional Medical Center (Employer's APA# 3-5) and MUSC (Employer's APA# 6-8), the Employer submitted opinion letters from Drs. John Mitchell (Employer's APA# 10), Robert L. Galphin, Jr. (Employer's APA# 11), and G. Greg Cauthen (Employer's APA# 12), all pulmonologists, who did not treat Causey, but, after review of Causey's records, opined smoke inhalation did not contribute to Causey's death. Employer also submitted an opinion letter of Dr. Thomas A. Sporn, a pathologist, who disagreed with the opinion of Dr. Collins as to Causey's cause of death, specifically as to smoke inhalation being an underlying cause. (Employer's APA# 14).

Based upon the above, the Commission finds the following facts:

1. The Estate of Timothy Causey alleges his death resulted from an underlying cause of smoke inhalation arising out of and in the course and scope of his employment; the claimant was, at the time of the occurrence and his death, a duly appointed Deputy with the Horry County Sheriff's Office, who, during the dates of March 16-18, 2013, in the scope of his employment provided security at the scene of a large multi-structure fire with heavy smoke for approximately thirty-six (36) hours over the course of three (3) consecutive days; during this time the claimant was exposed and inhaled smoke containing, in addition to soot carbon and carbon monoxide, numerous other chemical toxins including toxic polyvinyls, polyvinyl chlorides, ammonia and formaldehyde; the inhaling of these toxins materially decreased the claimant's ability to fight off infection; due to the claimant's severely depressed immune system, he contracted H1N1 (Influenza A); after a prolonged illness, the claimant died; smoke inhalation was a secondary and proximate cause of his death.

2. The Defendant alleges the claimant's death resulted from H1N1 and that smoke inhalation did not contribute to his death; the defendant contends H1N1 is a potentially fatal disease standing alone and dismisses the claimant's position that smoke inhalation depressed claimant's immune system preventing him from being able to fight off the H1N1 virus.

3. Prior to the hearing, the undersigned Commissioner offered to recuse himself due to a family friendship with claimant's co-counsel. Both parties stipulated to the Commissioner hearing the case and declined the offer of recusal.

4. On March 21, 2013, claimant was seen at Loris Family Medical Center where, after five (5) days previous of suffering from symptoms consistent with smoke inhalation injury, he was treated for smoke inhalation; claimant's condition did not improve and he was admitted to McLeod Regional Medical Center through the Emergency Room on March 23, 2013; his condition continued to deteriorate and he was placed in the medical intensive care unit on March 23, 2013, after having been diagnosed with acute lung injury syndrome - most likely related to smoke inhalation; on March 28, 2013, claimant was discharged to MUSC for further evaluation and treatment; claimant's history of present illness set out, in part, he was a police officer who responded to an apartment fire, spent three (3) days at the fire and suffered significant smoke inhalation; shortly after he was admitted to MUSC, claimant was tested for H1N1 which was indicated by the result; claimant had a prolonged hospital course and failed to wean from the vent; he contracted a number of bacterial infections related to the the vent for which he was treated with a number of antibiotics; he had a GI bleed which further complicated his hospital course requiring seventeen (17) units of blood over the course of one (1) month; a number of other complications presented which, combined with the other complications previously set out, caused acute respiratory failure; claimant passed away shortly thereafter on May 19, 2013.

5. On May, 19, 2013, Dr. William D. Largen of MUSC opined in the Hospital Death Summary the claimant's "cause of death is thought to be hypovolemic shock secondary to

diffuse alveolar hemorrhage, secondary to prolonged intubation, and secondary to smoke inhalation injury with H1N1 influenza." (Claimant's APA# 3)

6. On claimant's certificate of death, Dr. Largen certified smoke inhalation as an underlying cause of death. (Claimant's APA# 16)

7. Dr. Charles Strange testified to a reasonable degree of medical certainty that Causey died of H1N1 associated with acute respiratory distress syndrome. (p. 13, ll. 4-8 of deposition). Further, Dr. Strange testified he did not believe smoke inhalation contributed to Causey's death. (p.21 ll. 19-21 of deposition). Dr. Strange did testify, however, smoke inhalation could have increased his chance of acquiring clinical H1N1 and made his clinical course more severe. (p. 21, l. 25 - p. 22, ll. 1-2 of deposition). (Employer's APA# 16)

8. Dr. Timothy Whelan, one of the two doctors who signed the Hospital Death Summary, testified he did not believe Causey had a significant smoke inhalation that resulted in ARDS. (p.17, ll. 15-16 of deposition). He testified he could not say to a reasonable degree of medical certainty that a significant smoke inhalation exposure around the time one is infected with H1N1 has absolutely no impact on the disease course. (p.18, ll. 6-11 of deposition). Dr. Whelan further testified if the word "injury" was redacted from "smoke inhalation injury", cause of death in the Hospital Death Summary, the document would be accurate. He testified he believed Causey had been exposed to smoke. (p. 22, ll.13-25 - p. 23, ll. 1-5 of deposition). (Employer's APA# 17)

9. Dr. Nicholas Pastis testified that he ascribed to the cause of death as set out in the MUSC Hospital Death Summary to a reasonable degree of medical certainty. This opinion includes that cause of death was secondary to smoke inhalation injury. (p.12, ll. 16-25 - p. 13, ll. 1-4 of deposition). Dr. Pastis further testified to a reasonable degree of medical certainty Causey's smoke inhalation made his ability to fight off an infection worse. (p.21, ll. 10-17 of deposition). Dr. Pastis also testified the history provided for the patient is often significant to the diagnosis. (p.31, ll. 10-16). (Claimant's APA# 6)

10. Dr. Dee Ford testified the cause of death as stated in the MUSC Hospital Death Summary is one with which she agrees, to a reasonable degree of medical certainty; specifically she testified, to a reasonable degree of medical certainty that the claimant's cause of death was thought to be hypovolemic shock secondary to diffuse alveolar hemorrhage, secondary to ventilator associated pneumonia, secondary to prolonged intubation and secondary to smoke inhalation injury with H1N1 influenza. (p. 9 ll. 23-25 - p. 10, ll. 1-9 of deposition). Dr. Ford also testified there was no way to say smoke inhalation was not a secondary cause of Causey's death. (p. 22, ll. 12-24 of deposition). She further testified, in the context of smoke inhalation in Causey's case, a history of a patient is a cornerstone to medical evaluation. (p.23, ll. 4-15 of deposition). (Claimant's APA# 7; Employer's APA# 18)

11. Horry County Coroner Robert L. Edge, Jr., testified by deposition he issued an amended death certificate for Timothy Causey changing the manner of death from "natural" to "accident". He testified he amended the manner of death to accident based on the cause of death as certified and signed by Dr. William Largen which stated "smoke inhalation injury". (p. 11, ll. 24-25 - p. 12, ll. 1-15; p. 18, ll. 23-25 - p. 19, ll. 1-24 of deposition). Edge further testified no doctor requested the amendment. (p. 23, ll. 2-23 of deposition). He testified that he would defer to the medical experts as to the cause of death. (p. 25, ll. 8-20 of deposition). (Employer's APA# 19)

12. Dr. Kimberly A. Collins, a Forensic Pathologist board certified in Anatomical Pathology, Clinical Pathology and Forensic Pathology, testified by deposition and at the hearing. (See Claimant's APA# 26, Curriculum Vitae of Kimberly A. Collins, M.D.). Dr. Collins testified to the following at deposition: the usual incubation period for H1N1 is four (4) to five (5) days which placed Causey at McLeod when he contracted the disease based on his diagnosis of H1N1 on March 28, 2013, at MUSC; (p. 29, ll. 1-7 of deposition testimony); her opinion to a reasonable degree of medical and scientific probability was that the underlying cause of Causey's death was smoke inhalation (p. 30, ll. 10-15 of deposition testimony); that Causey was exposed to synthetic elements burning in the fire including cyanide, polyvinyls and other fumes and toxins for a period of three (3) days (p. 30, ll. 18-24 of deposition testimony); these toxins along with carbon monoxide and soot carbon damage the upper respiratory tree decreasing the defensive mechanism including the cilia (the surfactant, the barrier between the lung cells) and the capillary; they also damage the lung tissue and the protective immune system, the macrophages which are our natural killer cells; these effects from inhalation and smoke and these chemicals are well-known scientifically; (p. 30, ll. 23-25 - p. 31, ll. 1-14 of deposition testimony); when these toxins are inhaled, the immune system is decreased and one becomes compromised; H1N1 is usually a self-limited nonfatal infection that affects the very elderly, the very young with decreased immune systems, or those with extreme lung disease, heart disease or those that are immunocompromised such as was the case with Causey; those are the individuals who have severe fatal H1N1. (p. 31, ll. 14-25 of deposition testimony). (Claimant's APA# 8; Employer's APA# 20). At the hearing, Dr. Collins testified her opinion was that "(Causey) was a healthy young man until he experienced the three days of smoke inhalation, and that lead to what we call an inhalation injury which led to acute lung injury. And in that process, his immune system -- particularly in the lungs that help you fight off what you are breathing in, all the germs, etcetera -- during this time he developed H1N1 influenza, influenza A. Secondary to developing influenza, he had secondary bacterial infections, such as Klebsiella, pseudomonas, and then those caused a pulmonary hemorrhage. So he actually dies of pulmonary hemorrhage and the bacterial infections due to the H1N1 influenza, due to smoke inhalation." (p. 66, ll. 2-17 of hearing testimony). Dr. Collins testified smoke from structure fires include toxic polyvinyls, polyvinyl chlorides, ammonia and formaldehyde that affect from the mouth all the way down to the lungs. These toxins affect normal cells that are present to protect our bodies from viruses and bacteria. They also affect on the cellular level certain T-cells and natural killer cells whose role is to fight off viruses. (p. 68, l. 8- p. 69, l. 19 of hearing testimony). Dr. Collins emphasized the major role

of a patient's history in the diagnoses of illness. (p.71, l. 22 - p.72, l. 13 of hearing testimony). Finally, Dr. Collins testified her opinion to a reasonable degree of medical certainty, more likely than not, that the underlying cause of death for Causey was smoke inhalation. (p. 72, ll. 14-20 of hearing testimony). She expounded it was her opinion that but for Causey having been involved in the fire and inhaling the chemicals he did over three (3) days, he would not have developed H1N1. She testified the events, based on the history, scenario and chronology, follow perfectly: acute lung injury from smoke inhalation, ARDS acute respiratory distress syndrome, H1N1, then secondary bacterial infections and hemorrhage into Causey's lungs. (p.72. L. 23- p. 73, l. 9 of hearing testimony).

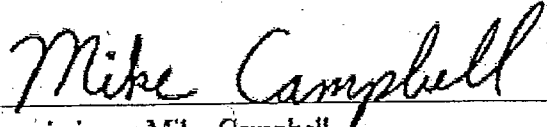
I conclude, as a matter of law, the Claimant bears the burden of proof to a preponderance of the evidence and that no novel legal issues exist in this case. I conclude the dispute between the parties is a factual one.

Based on sworn testimony and a preponderance of the evidence, I hereby find:

1. While there are numerous expert opinions as to whether claimant's death was causally related to his smoke inhalation, I give the greatest weight to the opinions of the physicians that treated the claimant and the hearing testimony of Dr. Kimberly A. Collins. Therefore, I hereby find, based on a preponderance of the evidence as a whole, that the claimant's death was causally related to his work-related smoke inhalation injury arising out of and in the course and scope of his employment.

2. Claimant's estate is entitled to death benefits pursuant to the Act in the amount of \$283,190.00 (claimant's compensation rate of \$566.38 x 500 weeks) and the payment of all causally related medical treatment.

AND IT IS SO ORDERED.


Commissioner Mike Campbell

January 12, 2017

Columbia, South Carolina

**BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION APPELLATE PANEL**

TIMOTHY CAUSEY,	)	W.C.C. FILE NO. 1302588
	)	
Claimant/Respondent,	)	
	)	
v.	)	DECISION & ORDER
	)	
HORRY COUNTY,	)	
	)	
Self-Insured Employer	)	
through the	)	
	)	
S.C. COUNTIES WORKERS'	)	
COMPENSATION TRUST,	)	
	)	
Defendants/Appellants.	)	
_____	)	

Statement of the Case

This matter originally came before Hearing Commissioner R. Michael Campbell, II, pursuant to the Forms 52 and 53. The Form 52 alleges that Causey sustained an accidental injury to his lungs on March 13, 2013 and subsequently died on May 19, 2013. The Defendants deny Causey sustained any injury to his lungs on March 13, 2013 and deny that his death due to H1N1 "Swine Flu" two months later was causally-related to his employment. Causey's attending physician, Dr. Charlie Strange, testified that Causey died from Swine Flu and that smoke exposure played no role in his death. In this opinion, Causey's other treating physicians (Dr. Timothy Whelan, Dr. William Largen, and Dr. Dee Ford) concurred. Despite the testimony of Causey's treating physicians, and despite the corroborative opinions of Dr. John Mitchell, Dr. Robert Galphin, Dr. Greg Cauthen, and Dr. Thomas Sporn, Hearing Commissioner Campbell found that "Claimant' [sic] estate is entitled to death benefits."

Hearing Commissioner Campbell's findings were as follows:

1. *While there are numerous expert opinions as to whether claimant's death was causally related to his smoke inhalation, I give the greatest weight to the opinions of the physicians who treated the claimant and the hearing testimony of Dr. Kimberly A. Collins. Therefore, I hereby find, based on a preponderance of the evidence as a whole, that the claimant's death was causally related to his work-related smoke inhalation injury arising out of and in the course and scope of his employment.*
2. *Claimant' [sic] estate is entitled to death benefits pursuant to the Act in the amount of \$283,190.00 (claimant's compensation rated of \$566.38 x 500 weeks) and the payment of all causally related medical treatment.*

By their Form 30, the Defendants raised the following issues on appeal:

1. *The single Commissioner erred as a matter of fact and as a matter of law in failing to consider all of the evidence in the case and in blindly viewing the case from the Claimant's perspective and therefore, the Decision and Order should be reversed and vacated as a matter of law and set for a hearing de novo with a new Commissioner;*
2. *The single Commissioner erred as a matter of fact and as a matter of law in failing to specifically set forth the evidence that was entered into the record and the evidence that was excluded and therefore, there is no way for a reviewing body to determine whether or not he considered all of the evidence in the record and the Decision and Order should be reversed and vacated as a matter of law and set for a hearing de novo with a new Commissioner;*
3. *The single Commissioner erred as a matter of fact and as a matter of law in failing to set forth the objections to APA Submissions that were made on the record and the evidence that was excluded. It is apparent from the Order that the Commissioner's decision was based upon evidence that was excluded and therefore should be reversed and vacated as a matter of law and set for a hearing de novo with a new Commissioner;*
4. *The single Commissioner erred as a matter of fact and as a matter of law in finding that, Timothy Causey, was exposed and inhaled smoke containing, in addition to soot carbon and carbon*

monoxide, numerous other chemical toxins including toxic polyvinyls, polyvinyl chlorides, ammonia and formaldehyde, the error being that there is no competent evidence in the record that the Claimant was exposed to these alleged chemical toxins;

5. The single Commissioner erred as a matter of fact and as a matter of law in finding that inhaling these alleged toxins materially decreased the Claimant's ability to fight off infection; due to the Claimant's severely depressed immune system, he contracted H1N1; after a prolonged illness, the Claimant died, the error being that the overwhelming evidence in the record does not support this Finding of Fact;
6. The single Commissioner erred as a matter of fact and as a matter of law in making Finding of Fact No. 2;
7. The single Commissioner erred as a matter of fact and as a matter of law in Finding of Fact No. 4, as the overwhelming evidence in the record does not support this Finding of Fact;
8. The single Commissioner erred as a matter of fact and as a matter of law in Finding of Fact No. 5, the error being that this finding fails to consider the entire deposition testimony of Dr. Strange and Dr. Whelan as well as the Statement of Dr. Largen, that the sole cause of the Claimant's death was H1N1 swine flu;
9. The single Commissioner erred as a matter of fact and as a matter of law in Finding of Fact No. 7, in misstating the deposition testimony of Dr. Strange. Dr. Strange testified unequivocally that the sole cause of the Claimant's death was H1N1 swine flu and smoke inhalation played no role;
10. The single Commissioner erred as a matter of fact and as a matter of law in misstating the deposition testimony of Dr. Whelan who testified under oath after reviewing all of the facts and records that smoke inhalation was not a contributing cause to Claimant's death;
11. The single Commissioner erred as a matter of fact and as a matter of law in failing to consider the totality of Dr. Pastis' deposition testimony and in cherry picking portions of his deposition, the error being that the evidence must be considered as a whole;
12. The single Commissioner erred as a matter of fact and as a matter of law in failing to consider the totality of the deposition testimony of Dr. Dee Ford, the error being that a review of her entire deposition testimony shows that she could not relate the

Claimant's death in any way to smoke inhalation and testified that it would be pure speculation to do so;

13. *The single Commissioner erred as a matter of fact and as a matter of law in Finding of Fact No. 11, in failing to consider the totality of the testimony of Coroner Edge. Coroner Edge changed the death certificate from the cause of death being natural to accidental without consulting any physician and the parties have never been able to locate the original death certificate;*
14. *The single Commissioner erred as a matter of fact and as a matter of law in Finding of Fact No. 12, in that the testimony of Dr. Collins contains misinformation that is not grounded in science or supported by any medical testimony and is contrary to the overwhelming evidence in the record that the Claimant's death was due solely to H1N1 swine flu and was not in any way related to smoke inhalation;*
15. *The single Commissioner erred as a matter of fact and as a matter of law in finding and ruling that the dispute was solely a factual one;*
16. *The single Commissioner erred as a matter of fact and as a matter of law in finding based upon a preponderance of the evidence as a whole, that Timothy Causey's death was causally related to a work-related smoke inhalation injury arising out of and in the course and scope of his employment, the error being that the overwhelming evidence in the record fails to support this decision and should be reversed as a matter of law;*
17. *The single Commissioner erred as a matter of fact and as a matter of law in finding that the Claimant's estate is entitled to death benefits pursuant to the Act in the amount of \$283,190.00 and the payment of all causally-related medical treatment, the error being that the overwhelming evidence in the record shows that the Claimant's death was solely caused by H1N1 swine flu;*
18. *The single Commissioner erred as a matter of fact and as a matter of law in awarding the Claimant \$283,190.00 in a lump sum, the error being that the Claimant's estate did not request a lump sum payment of the award and if the award is to be paid in a lump sum, it is to be discounted according to the discount tables;*
19. *The single Commissioner erred as a matter of fact and as a matter of law in ignoring the opinions of the defense experts, including Dr. Strange, Dr. Whelan, Dr. Ford, Dr. Mitchell, Dr. Cauthen, Dr. Galphin, Dr. Largan and Dr. Sporn all who opined that the cause of the Claimant's death was H1N1 swine flu;*

20. *The single Commissioner erred as a matter of fact and as a matter of law in allowing Donna Causey to testify concerning hearsay from an unknown medical provider at MUSC which the Commissioner relied on in making his decision in this case;*
21. *The single Commissioner erred as a matter of fact and as a matter of law in allowing Chief Thompson to testify to certain matters that the Defendants objected to at the hearing concerning awards that the Claimant, Timothy Causey, received for allegedly dying in the line of duty;*
22. *The single Commissioner erred as a matter of fact and as a matter of law in failing to find that the Claimant's death resulted from H1N1 swine flu and was not related to smoke inhalation in that the overwhelming evidence in the record shows that the Claimant's death resulted from H1N1 swine flu and had nothing to do with smoke inhalation; and*
23. *The single Commissioner erred as a matter of fact and as a matter of law in failing to comply with the provisions of the Act with regard to the Decision and Order and therefore the Order is improper and invalid as a matter of law.*

After reviewing the briefs filed by the parties and the Record in this matter, and after consideration of the oral arguments of the parties, the Appellate Panel agrees with the Defendants' contentions. Hearing Commissioner Campbell's Decision and Order contains no indication of what evidence was included in the Record and makes no Conclusions of Law whatsoever, which alone constitutes an error of law. However, in this *de novo* review, the Appellate Panel has the duty to make its own findings of fact and conclusions of law consistent with the overwhelming weight of the evidence, which shows that the proximate cause of Causey's unfortunate death was complications of Swine Flu unrelated to his employment. The Hearing Commissioner further failed to cite or discuss any legal authority or make any conclusions of law, which is plain, reversible error. Lastly, the Hearing Commissioner erred as a matter of law in admitting unsubstantiated hearsay evidence and relying on the same in making his conclusory

findings. Therefore, Hearing Commissioner Campbell's Decision and Order is hereby REVERSED and VACATED. (See Ross v. American Red Cross, 298 S.C. 490, 381 S.E.2d 728 (1989) ("The Full Commission is the ultimate fact finder in Workers' Compensation cases and is not bound by the Single Commissioner's findings of fact.")).

Evidence Summary

The record includes the live testimony of Donna Causey, Sheriff Phillip Thompson, Deputy Sheriff Ernest Beaty, Deputy Gerald Del Percio, and Dr. Kimberly Collins. The record also includes the deposition testimony of Dr. Charles Strange, Dr. Timothy Whelan, Dr. Nicholas Pastis, Dr. Kimberly Collins, and Dr. Dee Ford. The deposition of Coroner Robert Edge, the deposition of Sheriff Phillip Thompson, and the statement of Deputy Sheriff Ernest Beaty were also submitted into evidence. Both parties submitted APA submissions, which included medical records and opinion reports from Loris Family Health Center, McLeod Regional Medical Center, MUSC, Dr. Nicholas Pastis, Dr. John Mitchell, Dr. Robert Galphin, Dr. Greg Cauthen, Dr. Thomas Sporn, Dr. William Largen, and Dr. Kimberly Collins. The APA submissions are reflected on the Notice of Submissions that were timely and properly submitted prior to the hearing. The Defendants objected to certain documents coming into evidence, including several highly prejudicial documents the Claimant's attorney submitted concerning awards the Claimant received for allegedly dying in the line of duty. Commissioner Campbell sustained the objection to the Claimant's APAs numbers 17 through 23. However, Commissioner Campbell later allowed Sheriff Thompson to testify about the substance of the excluded documents during the hearing over Defendants' objection to relevance and prejudicial effect. Commissioner Campbell also allowed Donna Causey to testify to hearsay over Defendants' objection.

Causey, a Deputy Sheriff, was part of a security detail assigned to provide traffic control at a fire on March 16, 2013¹. Causey arrived at the scene at approximately 9:00 p.m. and worked until 7:00 a.m. on the morning of March 17, 2013. Causey was not involved in fighting the fire. In fact, he and the other deputies were positioned safely across a road several hundred yards away. Causey was off duty and away from the location of the fire from 7:00 a.m. – 7:00 p.m. following day, during which time the fire was extinguished.

On the night of March 17, 2013, Causey told his supervisor, Lt. Ernest Beatty, that he did not feel well and that his daughter had similar flu, or flu-like, symptoms. (Defendants' APA p. 238; Hrg. T. p.89, lines 19–25). After work on March 18, 2013, Causey went home and was away from the scene for at least another 12 hours. When he returned to work on the evening of March 18, 2013, he was still feeling poorly, so Lt. Beatty allowed Causey to sit in his vehicle for the entire shift. Therefore, any alleged exposure to smoke was necessarily limited.

On March 21, 2013, Causey went to see his family physician, Dr. Kimberly Drayton because he was running a 102-degree fever. (Claimant's APA p. 1). Causey informed Dr. Drayton of his "[s]ick contact was his daughter." Upon questioning, Causey denied having any shortness of breath — only a runny nose, mild cough, and fever. Dr. Drayton felt he may have a bacterial infection and prescribed an antibiotic, Augmentin. Because Causey did not actually have a bacterial infection, he did not get any better. In fact, his symptoms progressively worsened.

¹ Note the Form 52 alleges an accident date of March 13, 2013; however, the Form 58 alleges an accident date of March 16, 2013.

Causey was admitted to McLeod Hospital on March 23, 2013. (Defendants' APA p.8). The initial impression at McLeod was "respiratory infection...likely viral in etiology." (Defendants' APA p. 9). The physicians at McLeod ran a battery of tests and his blood work clearly suggested a viral infection. Causey was eventually transported to MUSC on March 28, 2013. (Defendants' APA #6).

Dr. Charlie Strange, a nationally renowned expert in pulmonary medicine, was Causey's attending physician at MUSC. (Defendants' APA pp.114-115). Dr. Strange ordered a battery of tests, including a specific test for H1N1 "Swine Flu" that McLeod Hospital had not run. All of the tests were negative except for one: the specific test for H1N1 influenza. Dr. Strange's hand-written notes on March 23, 2013 state:

"Mr. Causey has ARDS from H1N1 "swine" influenza, an occasionally fatal respiratory virus." (Defendants APA p. 115).

Dr. Strange also gave deposition testimony regarding the ultimate cause of Causey's death. According to Dr. Strange,

"I believe he died to a reasonable degree of medical certainty of H1N1 influenza associated with ARDS." (Strange T. p.13, lines 4-8).

Dr. Strange was specifically asked about the role alleged exposure to smoke played in Causey's condition and whether the symptoms leading to his hospitalization were most consistent with H1N1 or smoke exposure. According to Dr. Strange,

“I believe they were most consistent with H1N1 in that there was a delay between the worst of his smoke exposure and the onset of his symptoms.” (Strange T. p.13, lines 9—18).

Dr. Strange explained that symptoms of smoke exposure “[a]most universally...show themselves within 24 hours” and Causey did not present to the hospital until five days after the fire was extinguished. (Strange T. pp.13-14). Dr. Strange further testified that it would be speculative to suggest that “smoke inhalation contributed in a meaningful way to his ultimate outcome.” (Strange T. pp. 14-15). In fact, Dr. Strange testified unequivocally that

“I don’t believe that the smoke inhalation contributed to the death. I think it is really the H1N1 that set up all the subsequent events.

H1N1 is such a potent and fatal virus that it is hard to imagine, then, in a clinical syndrome associated with ARDS that anything other than H1N1 would be responsible for the cause of symptoms.” (Strange T. p. 21, lines 19—21; p. 23, lines 21—25).

According to Dr. Strange, while there is a *possibility* that alleged exposure to smoke could have played some small role, he could not state such an opinion “most probably to a reasonable degree of medical certainty.” (Strange T. p. 22, lines 16—19). Therefore, the opinions of Dr. Strange as whole do not support the claim for benefits.

MUSC records show that after Causey was diagnosed, he was placed on a ventilator and remained hospitalized over the next two months because of "ARDS due to influenza A H1N1," as noted by Dr. Pisoni and Dr. Elias. (Defendants' APA p.166, 168). These MUSC records do not support the claim for benefits.

Dr. Dee Ford also treated Causey at MUSC. According to Dr. Ford's testimony, there is no way to say to a reasonable degree of medical certainty that alleged smoke exposure had anything to do with Causey's condition or death. (Ford T. p. 18). In fact, none of the objective medical evidence indicates that Causey suffered from any significant injury to his lungs due to smoke exposure or inhalation. (Ford T. p.23, lines 19—24). Importantly, Dr. Ford concurred with Dr. Strange's opinion that the sole cause of Causey's condition was H1N1, to "a reasonable degree of medical certainty." Dr. Ford's opinions do not support the claim for benefits.

Causey died on May 19, 2013 due to complications from being on a ventilator. Although the admitting and treating diagnosis was ARDS secondary to H1N1 Swine Flu, a Death Summary prepared by Dr. Timothy Whelan and Dr. William Largent mentions multiple factors as the possibly contributing cause of death:

"Cause of death is thought to be hypovolemic shock secondary to diffuse alveolar hemorrhage, secondary to ventilator-associated pneumonia, secondary to prolonged intubation, and secondary to smoke inhalation injury with H1N1 influenza." (Claimant's APA p.9).

This Death Summary is the first report that proposes smoke inhalation as a possible contributing cause of death. When Dr. Whelan was deposed, he amended his Death Summary statement. In fact, Dr. Whelan testified,

“to a reasonable degree of medical certainty” that “the cause of death was due to complications associated with ARDS secondary to H1Ni.” (Whelan T. p. 15, lines 14–22).

Dr. Whelan went on to explain that, after reviewing the medical literature, he “found nothing to suggest that individuals who have smoke inhalation are at increased risk of viral infection” (Whelan T. p.16, lines 18–20). Dr. Whelan ultimately testified that he would amend the written death summary to conform with his opinion, as follows:

“The medical certainty would be cause of death is thought to be hypovolemic shock, secondary to diffuse alveolar hemorrhage, secondary to ventilator associated pneumonia, secondary to H1N1...”

which excludes any speculation regarding the role of any alleged exposure to smoke. (Whelan T. p. 28, lines 20–24). Therefore, Dr. Whelan’s ultimate opinions do not support the claim for benefits.

In addition, Dr. Whelan’s resident who co-signed the death summary at MUSC, Dr. Largen, issued a statement that

“Both Dr. Whelan and Dr. Strange have opined that [Causey’s] exposure to smoke was not a contributing factor in Mr. Causey’s death. I would defer any opinions regarding the cause of Mr. Causey’s death to those of Dr. Whelan and Dr. Strange. I would also agree that the ultimate cause of Mr. Causey’s death was complications of Acute Respiratory Distress Syndrome secondary to H1N1 swine flu.”

(Defendants’ APA #13). Therefore, Dr. Largen’s opinions do not support the claim for benefits.

Furthermore, although the proximate cause of Causey’s death was clearly and undeniably ARDS secondary to H1N1 Swine Flu, the record contains a “Certificate of Death,” which makes absolutely no mention of H1N1. (Claimant’s APA #16). This death certificate is based upon the reports of attending physician Dr. Timothy Whelan and his resident Dr. William Largen, whose ultimate opinions are best described in his subsequent deposition testimony and statements discussed above, in which both experts amended their original assumptions regarding the possible role of alleged smoke exposure. However, it is clear that both Dr. Whelan and Dr. Largen believed the cause of death to be “Natural,” as indicated on the medical “Certificate of Death” dated May 20, 2013. (Claimant’s APA p.72).

Despite the medical certification that Causey’s death was due to “natural” causes, the coroner, Mr. Robert Edge², subsequently issued a “Supplemental Report of Medical Certification of on June 3, 2013 contradicting the opinions of the treating medical

² Mr. Edge’s education consists of “an associate’s degree from Tech” and attendance at “mortuary science school.” (Edge T. p.5, lines 17–20).

experts. (Claimant's APA p. 73). On this form, Mr. Edge stated the reason for the "Supplemental Report" was threefold: "Autopsy Findings," "Toxicology Findings," and "Cause of Death Pending on Original Certificate." Not a single one of these reported reasons is true. "Cause of Death" was not listed as "pending" on the original death certificate — *which to date has never been produced by any source* — because the original medical Certificate of Death clearly lists the cause of death as "natural" and due to "diffuse aveolar hemorrhage." (Claimant's APA p. 72). More importantly, there was *no autopsy* and *no toxicological studies* were ever performed on Causey. Essentially, all three of the reasons stated for Mr. Edge's "Supplemental Report" were incorrect.

In addition, Mr. Edge testified that everything he learned about Causey's death was from "social media, TV." (Edge T. p.10, lines 9—10). He admits that he did not have any contact with Causey's treating physicians and did not review any of his medical records. (Edge T. p. 10). However, this did not stop Mr. Edge from speculating that Causey's death was caused by an accident at work on March 16, 2013 — a statement completely lacking in either foundation or credibility.

As a result, Mr. Edge was asked whether he was familiar with H1N1 Swine Flu, to which he responded,

"To be real honest with you, I don't know a whole lot about it other than the fact that it, it can kill you." (Edge T. p.11, lines 5—11).

Mr. Edge went on to admit that he was not aware that Causey had even been diagnosed with H1N1 when he sought to amend the Death Certificate, much less that the treating physicians had opined that H1N1 was the cause of death. Despite lacking any knowledge

of Causey or his cause of death other than what he “assumed” from social media and the television (Edge T. pp. 15—16), Mr. Edge amended and supplemented the medical certification of death and drew baseless conclusions regarding the cause. Ultimately, Mr. Edge was forced to admit that he would defer to the actual doctors who treated Causey as to the true cause of death. (Edge T. p.25, lines 17—20). Therefore, the testimony and reports of Mr. Edge are accorded no weight by the Appellate Panel.

Due to the complex nature of the claim, the Defendants referred the case to Dr. John Mitchell for a records review to determine whether Causey sustained any injury to his lungs as a result of alleged exposure to smoke and whether such exposure was the proximate cause of Causey’s death. Dr. Mitchell, a board certified pulmonary specialist, issued a report dated December 7, 2015 and fairly analyzed the symptoms associated with H1N1 versus smoke inhalation injury. (Defendants’ APA # 10). Based upon his review of all the records, Dr. Mitchell opined that:

“Mr. Causey’s case is more consistent with an individual with H1N1 disease as opposed to an individual with smoke inhalation...In my opinion to a reasonable degree of medical certainty, Mr. Causey’s symptoms and unfortunate death were solely caused by H1N1 disease and were not caused, aggravated, or accelerated by his smoke exposure.”

(Defendants’ APA p. 217). Dr. Mitchell’s opinions do not support the claim for benefits.

Columbia pulmonologist, Dr. Robert Galphin, also reviewed the medical records in this claim and opined that

“Based on review of the records the patient’s disease and death were the result of viral influenza (H1N1 flu). ARDS is a known complication of influenza and has been noted with H1N1 flu. While upper respiratory tract irritation is seen with smoke exposure and inhalation, ARDS would not be expected from smoke inhalation. The patient’s death was to a degree of medical certainty most probably due to influenza caused by the H1N1 virus.” (Defendants’ APA p. 220).

Another Columbia pulmonologist, Dr. Gregory Cauthen, concluded:

“it is my opinion to a reasonable degree of medical certainty that the cause of death of Mr. Causey was ARDS resultant from a severe infection of H1N1 influenza...I have personally seen during this time period similar cases of the H1N1 influenza virus cause ARDS and death in normal healthy hosts.

Additionally, there is no valid human scientific evidence to validate that there is a causative association between smoke inhalation and the contributions to the severity of influenza. Additionally, it appears that there is no evidence to support that Mr. Causey himself had any significant smoke inhalation that would cause a major degree of thermal injury to support a potential disruption of normal host immune defense mechanisms. I provide the above support as evidence for my opinion to the sole cause of death as ARDS-secondary to H1N1 influenza with no other mitigating circumstances.”

(Defendants’ APA p. 221–222). Clearly, neither Dr. Galphin, nor Dr. Cauthen’s opinions support the claim for benefits.

Likewise, the opinions of Dr. Thomas Sporn do not support the claim for benefits. Dr. Sporn is the Chief of Pulmonary and Thoracic Pathology at Duke University Medical Center and has expertise in diseases and occupationally-related injuries of the lung and chest. After reviewing Causey's medical records and all of the deposition testimony, Dr. Sporn concluded

"...it is my opinion that any exposure to smoke that Mr. Causey may have sustained during his service as a sheriff's deputy assigned to the perimeter of the Carolina Forest fire in March of 2013 did neither cause nor contribute to his death from complications of H1N1 infection...at no time was Mr. Causey under treatment for smoke inhalation or thermal injury to the airway, nor do medical reports detailing his examinations indicate findings or peripheral stigmata to permit such a diagnosis. Alternatively, the symptom complex and findings that caused Mr. Causey to seek medical attention and the subsequent clinical events that culminated in his death are entirely consistent with H1N1 infection."
(Defendants' APA pp. 226—227).

The medical evidence that could conceivably support a claim for benefits came from a pathologist hired by the Claimant, Dr. Kim Collins. Dr. Collins did not treat or even evaluate Collins, but reviewed Causey's medical records, as did Dr. Sporn, Dr. Cauthen, Dr. Galphin, and Dr. Mitchell, though the latter are pulmonologists specializing in disorders of the lung. While the Hearing Commissioner inexplicably relied on the opinions of Dr. Collins to the exclusion of all of the other medical experts in this claim, it is clear that her testimony is based upon surmise, conjecture, and

speculation and, at least in part, upon misinformation. For example, Dr. Collins was forced to admit that she had no idea what Causey's role was in fighting the fire in May 2013...

"He might have been fighting the fire— the apartment fire or might have been assisting in keeping the barrier. I am not sure." (Collins T. p.18, line 23— p.19, line 1).

At her deposition, Dr. Collins admitted that all of Causey's treating physicians opined that Causey died of complications of H1N1 Swine Flu and in this opinion, she concurred to a reasonable degree of medical certainty. (Collins T. p.16, lines 11-23). Dr. Collins conceded that Causey would not have died but for the fact that he had H1N1 Swine Flu.. (Collins T. p. 17, lines 18—24). Dr. Collins was also forced to concede that all of Causey's symptoms were consistent with a viral infection. (Causey T. pp. 21—22). She was forced to concede that there is no objective evidence that Causey suffered any injury due to smoke exposure. (Causey T. p.24—26). Lastly, Dr. Collins was forced to concede that all of the symptoms Causey demonstrated at MUSC and the proximate cause of his death were because of complications of H1N1 Swine Flu. (Collins T. pp.36—37). According to Dr. Collins,

"That's why he died on that day, was because of complications of H1N1."

(Collins T. p.37, lines 3—4).

In addition, while the Respondent argues that Dr. Pastis gave “unequivocal” testimony that alleged smoke inhalation made Causey’s “ability to fight off an infection worse,” this is simply a mischaracterization of Dr. Pastis’s actual testimony, which was as follows:

Q. So is there any way to state, within a reasonable degree of medical certainty, that the smoke inhalation that allegedly occurred in his case had anything to do with his death?

A. I think that I can say with a reasonably — reasonable degree of certainty, that it made his ability to fight off an infection worse.

Q. Okay. And how did you arrive at that opinion?

A. Physiology. That you have an injury to your defense cells and your ability to clear secretions. But not based on any H1N1 study, as we said.

Q. Okay. Not based upon any H1N1 study and not based on any scientific literature; is that correct?

A. No, that’s not — not entirely correct. There is scientific literature on burn injuries to the airways.

Q. Do you have any evidence that he had a burn injury to the airways in this case?

A. That, I don’t. I don’t have picture of the airways.

Q. So in this case, you’re speculating that he had a burn injury to the airway.

A. Correct.

Q. Without proof of that, you can't state, to a reasonable degree of medical certainty, most probably, that the smoke inhalation had anything to do with his death, can you?

A. I would be uncomfortable saying that it had nothing to do with his death.

Q. And we can speculate that it might have, but in terms of testifying, to a reasonable degree of medical certainty, based upon evidence in this case, you can't state that, can you?

A. **Based on the evidence that I have, it would be speculation.**

(Depo. of Dr. Pastis, p. 21 line 10 — p. 22, line 24) (emphasis added). Dr. Pastis was also forced to concede that he could not say whether Causey's H1N1

"was just a very horribly severe case or whether [smoke inhalation] contributed. There's no way to decipher that out. Because H1N1 can be this severe on its own."

(Depo. of Dr. Pastis, p. 30, line 21 — p. 31, line 3). Dr. Pastis also admitted that H1N1 was the primary cause of Causey's death. (Depo of Dr. Pastis, p. 31, line 20— p. 32, line 1). Therefore, Dr. Pastis's opinions as to causation are not only *equivocal*, they are admittedly based upon nothing more than speculation, and do not support a finding that the alleged accident on March 16, 2013 was the proximate cause of Causey's death, as required by S.C. Code Ann. § 42-9-290. In fact, Dr. Pastis's opinions do not even support the Respondent's allegations that "smoke inhalation made [Causey] more

susceptible to the virus, ...limited his ability to fight the virus, or ... he contracted the virus at McLeod.” Nothing but pure speculation could support such allegations. Therefore, the speculative opinions of Dr. Pastis should be accorded no weight.

When the record is reviewed as a whole, it is clear that the Respondent has shown nothing more than that one could speculate that smoke exposure on March 16, 2013 could have caused some ill-defined injury to Causey’s lungs, and that if one so speculates, one could further speculate that such an injury could have impacted Causey’s ability to fight a deadly flu virus. But such speculation is insufficient. Without actual evidence that Causey sustained an injury to his lungs on March 16, 2013 and that such injury to his lungs was the proximate cause of his death, he is not entitled to benefits under S.C. Code Ann. § 42-9-290 as a matter of law.

Discussion

I. Causey did not sustain any injury by accident on or about March 13, 2013, as required by S.C. Code Ann. § 42-1-160, based upon the greater weight of the evidence in the record and the applicable law.

The Hearing Commissioner made no conclusions of law in his January 12, 2017 Decision and Order and cites no legal authority whatsoever for his award of benefits in this case, which alone is reversible legal error.³ More importantly, the greater weight of

³ South Carolina Code Annotated section 1-23-350 (2005) provides, in relevant part, that “[i]f . . . a party submitted proposed findings of fact, [an agency] decision shall include a ruling upon each proposed finding.” The findings of fact made by the appellate panel must be sufficiently detailed to enable the reviewing court to determine whether the evidence supports the findings. *Frame v. Resort Servs. Inc.*, 357 S.C. 520, 531, 593 S.E.2d 491, 497 (Ct. App. 2004). When an administrative agency acts without first making the proper factual findings required by law, the proper procedure is to remand the case and allow the agency the

the evidence in the record does not support the Hearing Commissioner's finding that Causey sustained a "work-related smoke inhalation injury." While Causey may have been exposed to smoke at work on or about March 16, 2013, there is simply no competent evidence that this alleged exposure caused any injury to his lungs as alleged.

On March 16, 2013, Causey worked on the perimeter of a fire directing traffic. He did not seek or require medical treatment on March 16, 2013, nor did he report any accident or injury involving exposure to smoke. In fact, Causey did not seek medical treatment until March 21, 2013, at which time he was misdiagnosed with a bacterial infection. Once Causey received proper medical testing, he was diagnosed with H1N1 Swine Flu, which every single medical expert who treated Causey concluded was unrelated to any alleged smoke exposure.

Specifically, Dr. Strange was the first to properly diagnose Causey with Swine Flu and he testified that it would be speculative to suggest that "smoke inhalation contributed in a meaningful way to his ultimate outcome." (Strange T. pp. 14-15). In fact, Dr. Strange testified unequivocally that

"I don't believe that the smoke inhalation contributed to the death. I think it is really the H1N1 that set up all the subsequent events.

H1N1 is such a potent and fatal virus that it is hard to imagine, then, in a clinical syndrome associated with ARDS that anything other than H1N1 would be

opportunity to make those findings. Fox v. Newberry County Mem'l Hosp., 319 S.C. 278, 282, 461 S.E.2d 392, 395 (1995).

responsible for the cause of symptoms.” (Strange T. p. 21, lines 19–21; p. 23, lines 21–25).

Dr. Ford, who also treated Causey, concurred with this opinion. Dr. Ford further testified that none of the objective medical evidence indicates that Causey suffered from any significant injury to his lungs due to smoke exposure or inhalation. (Ford T. p.23, lines 19–24). Likewise, Dr. Whelan, another of Causey’s treating physicians at MUSC, testified that he did “not believe that Mr. Causey had a significant smoke inhalation that resulted in ARDS” and that it would be impossible to state to any degree of medical certainty that exposure to smoke played any role in Causey’s death. (Whelan T. pp. 17–18). A fourth physician who treated Causey, Dr. Largen, corroborated the opinions of Dr. Strange, Dr. Ford, and Dr. Whelan.

No doctor who actually treated Causey supports a finding that Causey sustained any injury due to his alleged smoke exposure. Among the medical experts who reviewed Causey’s records, four pulmonologists— Dr. Mitchell, Dr. Galphin, Dr. Cauthen, and Dr. Sporn — concluded that Causey did not sustain any injury as a result of smoke exposure. Only Dr. Collins and Dr. Pastis even remotely suggest that Causey sustained any injury as a result of smoke exposure, yet both were forced to concede that their opinions were based, not on objective medical evidence, but only speculation. In fact, Dr. Collins was forced to concede that she did not even understand the nature of Causey’s alleged exposure to smoke, believing him (falsely) to have been actually fighting an apartment fire for three 12-hour shifts. Dr. Pastis admitted in his deposition that his opinions were based on speculation.

Therefore, the Appellate Panel finds that the greater weight of the evidence does not support a finding or conclusion that Causey sustained any injury to his lungs by accident arising out of, or in the course of, his employment on March 16, 2013, as required by S.C. Code Ann. § 42-1-160.

II. Causey's death due H1N1 Swine Flu was not causally-related to the alleged accident on or about March 16, 2013 based upon the greater weight of the evidence and the applicable law.

The Hearing Commissioner failed to make any rulings of law or otherwise address the statutory requirements that must be met before an award of death benefits can be made. This alone is a reversible error. However, the greater weight of the evidence clearly shows that any alleged exposure to smoke on March 16, 2013 was not the proximate cause of Causey's death and; therefore, the Claimant is not entitled to any benefits as a matter of law.

S.C. Code Ann. § 42-9-290 specifically requires that, to be compensable, a death must result "proximately from an accident." Here, the medical experts who treated Causey — Dr. Strange, Dr. Ford, Dr. Whelan, and Dr. Largen — concluded that the proximate cause of Causey's death was H1N1 Swine Flu, not smoke exposure. (Strange T. p.13, lines 4—8; Strange T. p. 21, lines 19—21; p. 23, lines 21—25; Ford T. p.19; Whelan T. p. 15, lines 14—22; Defendants' APA #13). In addition, four (4) different pulmonologists who reviewed Causey's medical records — Dr. Mitchell, Dr. Galphin, Dr. Cauthen, and Dr. Sporn —concluded that that the proximate cause of Causey's death was H1N1 Swine Flu, not smoke exposure. (Defendants' APA p. 217; Defendants' APA p. 220; Defendants' APA p. 221—222; Defendants' APA pp. 226—227).

Not even the opinions of the Claimant's experts, a pathologist who reviewed records (Dr. Collins) and a pulmonologist whose opinions were based on speculation (Dr. Pastis), support a finding that smoke exposure was the proximate cause of Causey's death. At her deposition, Dr. Collins admitted that all of Causey's treating physicians opined that Causey died of complications of H1N1 Swine Flu and in this opinion, she concurred to a reasonable degree of medical certainty. (Collins T. p.16, lines 11-23). Dr. Collins also conceded that Causey would not have died but for the fact that he had H1N1 Swine Flu. (Collins T. p. 17, lines 18-24). Likewise, Dr. Pastis conceded that his opinions as to causation were based on pure speculation.

There is simply no competent evidence that Causey — a man with a severe case of H1N1 Swine Flu — would not have died on May 19, 2013 but for his alleged exposure to smoke on March 16, 2013. Therefore, nothing but impermissible surmise, conjecture, or speculation could support a finding that the Claimant has met the burden of proving proximate cause are required by S.C. Code Ann. § 42-9-290 and the Hearing Commissioner's Decision and Order must be reversed.

III. The Hearing Commissioner erred as a matter of law in admitting hearsay testimony into evidence over the Defendants' objections.

The Hearing Commissioner permitted Causey's widow to testify regarding an alleged conversation with an unidentified individual regarding the alleged cause of Causey's illness. Despite contemporaneous objections by the Defendants, the Hearing Commissioner admitted this hearsay testimony in violation of the Defendants' constitutional right to confront and cross-examine witnesses and in contravention of well-established case law. The Hearing Commissioner specifically references this

hearsay testimony in the second paragraph of the Decision and Order's "Evidence Summary."

"Hearsay" is "a statement, other than one made by the declarant while testifying at the trial or hearing, offered in evidence to prove the truth of the matter asserted." Rule 801, S.C.R.E.. The Court of Appeals has previously determined that hearsay evidence offered for "the truth of the matter asserted" by a widow in a workers' compensation death claim is inadmissible. Wright v. Bi-Lo, 442 S.E.2d 186 (S.C. Ct. App. 1994). And while the South Carolina Rules of Evidence do not apply in proceedings before the Workers' Compensation Commission, hearsay testimony is only admissible in a worker's compensation claim "if corroborated by facts, circumstances, and other evidence." Ham v. Mullins Lumber Co., 193 S.C. 66, 82, 7 S.E.2d 712, 719 (1941). Here, not only is the widow's hearsay testimony not corroborated by any evidence, she failed to even identify the source of the hearsay. As explained by the South Carolina Court of Appeals:

"The reason for the rule excluding hearsay is that out-of-court statements are not subject to the same tests of truth as statements made from the witness stand. The out-of-court statement is not made under oath or subject to cross examination in the presence of the Court. There is therefore no opportunity for the court to observe the declarant as he speaks or to investigate either his character or motives. A further reason sometimes given is the misconception to which hearsay may be exposed, due to the ignorance, inattention or bad motives of the hearers. All of these reasons are succinctly set out in *Jones v. Charleston & W.C. Ry. Co.*, 144 S.C. 212, 142 S.E. 516 (1928)."

Bain v. Self Memorial Hosp., 281 S.C. 138, 314 S.E.2d 603 (Ct. App. 1984). Therefore, based upon the application of established case law and fundamental standards of fairness, the Hearing Commissioner's decision to admit hearsay evidence is reversed and the testimony is hereby stricken from the record.

IV. The Hearing Commissioner erred as a matter of law in awarding a non-commuted lump sum of 500 weeks of benefits to Causey's "estate."

The Hearing Commissioner "found" that "Claimant's estate is entitled to death benefits ... in the amount of \$283,190 (claimant's compensation rate \$566.38 x 500)." There are several obvious, reversible, legal errors implicit in this statement that require reversal. First, there is no statutory authority for an award of any workers' compensation benefits to an "estate." Instead, all of the statutes and regulations governing the payment of death benefits under the Act requires payment to "dependents." S.C. Code Ann. §. 42-9-110, 42-9-120, 42-9-130, 42-9-140, 42-9-290, and 42-9-320; S.C. Code Reg. 67-602(B), 67-902. A determination of the proper "dependents" entitled to benefits cannot be determined without a full hearing on the issue of dependency, with specific documentation. In addition, both the applicable statutory and regulatory authority requires that all lump sum payments in excess of 100 weeks must be commuted to present value. S.C. Code § 42-9-301, S.C. Code Reg. 67-1605. Lump sum payments of death benefits are specifically required to be commuted pursuant to S.C. Code Reg. 67-1606.

Therefore, because there is no statutory determination of Causey's dependents and because there has been no proper calculation of any lump sum payment, the Hearing Commissioner's award of benefits to the "estate" is reversed as a matter of law.

Findings of Fact

1. All parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act.
2. Based upon the greater weight of the evidence in the record, including the opinions of Dr. Charlie Strange, Dr. Timothy Whelan, Dr. William Lagen, Dr. Dee Ford, Dr. John Mitchell, Dr. Robert Galphin, Dr. Greg Cauthen, and Dr. Thomas Sporn, Timothy Causey did not sustain any injury to his lungs at work on or about March 13, 2016 or March 16, 2016, as alleged.
3. Based upon the greater weight of the evidence in the record, including the opinions of Dr. Charlie Strange, Dr. Timothy Whelan, Dr. William Lagen, Dr. Dee Ford, Dr. John Mitchell, Dr. Robert Galphin, Dr. Greg Cauthen, and Dr. Thomas Sporn, Timothy Causey's death on May 19, 2013 was not caused, aggravated, or accelerated by any alleged work accident on or about March 13, 2016 or March 16, 2016, as alleged.

Conclusions of Law

1. Timothy Causey was a covered employee and Horry County was a covered employee at the time in question, pursuant to S.C. Code Ann. § 42-1-130 and § 42-1-140,
2. Timothy Causey did not sustain any injury to his lungs as a result of any alleged exposure on or about March 13, 2016 or March 16, 2016 arising out of, or in the course of his employment as required by S.C. Code Ann. § 42-1-160,

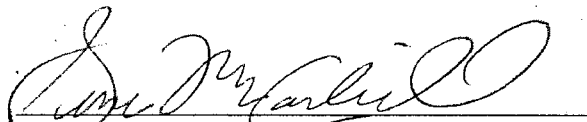
3. Timothy Causey's death on May 19, 2013 did not result proximately from any alleged accident arising out of or the course of his employment, as required by S.C. Code Ann. § 42-9-290.

Order

IT IS, THEREFORE, HEREBY ORDERED that the Decision and Order of Hearing Commissioner Campbell is REVERSED and VACATED.

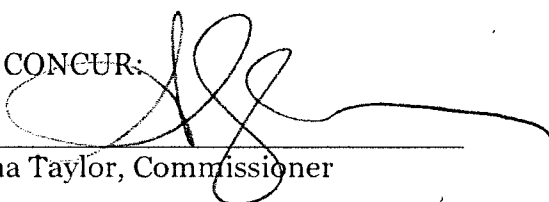
IT IS FURTHER ORDERED that the claim for benefits under the South Carolina Workers' Compensation Act is DENIED and DISMISSED with prejudice.

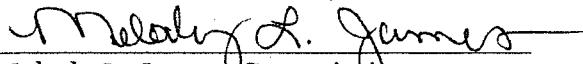
IT IS SO ORDERED!


Gene McCaskill, Commissioner

Date: _____

WE CONCUR:


Aisha Taylor, Commissioner


Melody L. James, Commissioner

CERTIFICATE OF SERVICE

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

By Eugenia Hollmon on July 19, 2017

1165\1107\Appendix Panel Dec & Order

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



WC File #: 1302588
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Timothy Causey SSN: [REDACTED] Employer's Name: Horry Co. Sheriff Office
Address: [REDACTED] Address: 1301 2nd Ave
City: Nichols State: SC Zip: [REDACTED] City: Conway State: SC Zip: 29526
Home Phone: [REDACTED] Work Phone: () - _____ Insurance Carrier: Arrel Roy A. Howell, III
Preparer's Name: Francis R. Humphries Law Firm: Monckton Law Firm Preparer's Phone #: (843) 946-6586

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

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 3/16/13

☒ Injury ☐ Illness ☐ Repetitive Trauma

- 1a. The claimant sustained an injury to Lungs (Part(s) of Body Injured) on 3/16/13 (Month/Day/Year) in Horry County, state of SC.
1b. Body part(s) affected are: Lungs
Briefly describe how the accident occurred. Assisting with wildfire into Condo Complex.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on 3 (Month/Day/Year) in the following manner:

- ☒ 6. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for: smoke inhalation & H1N1 virus
☐ (b) additional medical examination and treatment for: _____
☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 3/16/13 thru 5/18/13
☐ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: Died ☒ Total ☐ (2) Specific Disability: ☐ Total ☐ Partial
☐ (3) Wage Loss ☐ Partial
☒ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
Claimant died. 5/19/13 \$826.92
10a. At the time of the injury, the Claimant was paid weekly wages of \$_____, and demands accounting of days worked and wages earned as provided by law.
10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
None
11a. Further grounds or unusual aspects of claim:
Attained H1N1 virus while being treated 2° to smoke inhalation
11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Loris Family Health Center / Loris Hospital / Malcom Hospital / Muse
11c. To the best of your knowledge, did you have any prior permanent disability? no
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
☐ 13a. I am filing a claim. I am not requesting a hearing at this time.
☒ 13b. I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: 1 hour

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

Preparer's Signature: [Signature] Title: Attorney Email: franhumphries@aol.com Date: 8/5/2013

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #: 1302588
Carrier File #: 2013058409
Carrier Code #:
Employer FEIN #:

Claimant's Name: Timothy Causey (deceased) SSN: [REDACTED] Employer's Name: Horry County
Address: [REDACTED] Address: P O Box 997
City: Nichols State: SC Zip: [REDACTED] City: Conway State: SC Zip: 29528
Home Phone: [REDACTED] Work Phone: Insurance Carrier: Self-insured S.C. counties workers comp trust
Preparer's Name: Francis A. Humphries, Jr. Law Firm: Monckton Kembree & Humphries, P.A. Preparer's Phone #: (843) 946-6556

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

The Claimant is Donna Causey, spouse (relationship to employee) of Timothy Causey (employee's name)

1. The employee sustained an accidental injury to the lungs (Part of Body Hurt) on 3/16/2013 (m/d/yyyy) in Horry County, State of SC.
2. Both the employee and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the employee was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 3/19/2013 (m/d/yyyy) in the following manner:
Mr. Causey called in sick that day

- ☒ 6. Due to injury, the employee received medical examination and treatment which remains unpaid by the employer.
- ☒ 7. Due to injury, the employee lost compensable time from work and wages for the periods of:
3/16/2013 to 5/19/2013
- ☒ 8. The employee died on 5/19/2013 (m/d/yyyy) as a result of the accidental injury, and death compensation is claimed.
9. At the time of the injury, the employee was paid weekly wages of \$ 826.52. The claimant demands an accounting of days worked and wages earned as provided by law.
10. Further grounds of claim:
Multiple awards for Death in the Line of Duty through Federal and State
11. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 12a. I am filing a claim. I am not requesting a hearing at this time.

☒ 12b. I am requesting a hearing. A \$25 fee is required.

☒ **Mediation**

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Roy Howell
address P O Box 2167 Mt. Pleasant, SC 29465 on the 30th day of April, 2015,
by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature: [Signature] Attorney for Claimant: franhumphries@aol.com 4/30/2015
Title: Email: Date:

Questions about the use of this form should be directed to the Judicial Department at 803.757.5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Refer to Regulations 67-205 through 67-211, 67-216, Regulations 67-601 through 67-615 and; Regulations 67-901 through 67-905 well as Reg. 67-1801.

WCC Form # 52
Revised 7/13

52

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

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #: 1302588
Carrier File #: 2013058709
Carrier Code #:
Employer FEIN #:

Claimant's Name: Timothy Causey (deceased) SSN: [REDACTED] Employer's Name: Horry County
Address: [REDACTED] Address: P O Box 997
City: Nichols State: SC Zip: [REDACTED] City: Conway State: SC Zip: 29528
Home Phone: [REDACTED] Work Phone: Insurance Carrier: self-insured through SC counties Worker's Comp. Trust
Preparer's Name: Francis A. Humphries, Jr. Law Firm: Monckton Hembree & Humphries Preparer's Phone #: 843-946-6556

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

The Claimant is Estate of Timothy Causey Personal Rep. (relationship to employee) of Timothy Causey (employee's name)

- The employee sustained an accidental injury to the lungs (Part of Body Hurt) on 3/13/2013 (m/d/yyyy) in Horry County, State of SC.
- Both the employee and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
- The relationship of employer and employee existed at the time of injury.
- At the time of the injury the employee was performing services arising out of and in the course of employment.
- Notice of the accidental injury was given to the employer on 3/16/2013 (m/d/yyyy) in the following manner:

- ☒ 6. Due to injury, the employee received medical examination and treatment which remains unpaid by the employer.
- ☒ 7. Due to injury, the employee lost compensable time from work and wages for the periods of: March 20, 2013 thru May 19, 2013 when he died.
- ☒ 8. The employee died on 5/19/2013 (m/d/yyyy) as a result of the accidental injury, and death compensation is claimed.
9. At the time of the injury, the employee was paid weekly wages of \$ 826.52. The claimant demands an accounting of days worked and wages earned as provided by law.
10. Further grounds of claim:
All discovery finished and ready for hearing.
11. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☐ 12a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 12b. I am requesting a hearing. A \$25 fee is required.
- ☐ Mediation
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☒ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Roy Howell
address P O Box 2167 Mt. Pleasant, SC 29465 on the _____ day of _____ 20____,
by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature

Attorney for Claimant
Title

fhumphries@myrtlebeachlawfir.
Email

April 14, 2016
Date

Questions about the use of this form should be directed to the Judicial Department at 803.757.5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Refer to Regulations 67-205 through 67-211, 67-216, Regulations 67-601 through 67-615 and; Regulations 67-901 through 67-905 well as Reg. 67-1801.

WCC Form # 52
Revised 7/13

52

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

South Carolina Workers' Compensation Commission
1333 Main St., Suite 500
P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700



WC File # 1302588
Car. File # 2013058409
Carrier Code #
Employer FEIN 57-6000365

Timothy Causey (dec.)
Claimant's Name
Address Nichols, SC
City State Zip
(843) 915-8347
Home Phone Work Phone

Horry County
Employer's Name
P.O. Box 997 Conway, SC 29528
Address City State Zip
Self-Insured through S.C. Counties Workers' Compensation Trust
Insurance Carrier

Roy A. Howell, III
Preparer's Name

(843) 881-4228
Phone #

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part.

The employer-insurance carrier in answer to the claim, due to death of Timothy Causey (dec.), respectfully shows:

1. It is ☐ Admitted ☒ Denied the employee sustained an injury on or about the date set forth in the application.
2. It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are: Defendants admit that the Claimant was an employee on March 16, 2013, but deny that there was an injury by accident on that date.
4. It is ☐ Admitted ☒ Denied at the time in question the employee was performing services arising out of and in the course of employment.
5. It is ☐ Admitted ☒ Denied notice of injury was given the employer as specified in the application.
6. It is ☐ Admitted ☒ Denied the employee was entitled to medical care as a result of injury.
- It is ☐ Admitted ☒ Denied the employee lost compensable time from work and wages for periods of:
8. It is ☐ Admitted ☒ Denied the employee's death resulted proximately from accident injury arising out of and in the course of employment on
9. It is contended that an average weekly wage of \$ See Form 20 applies, according to attached accounting of employee's earnings as provided by law.
10. Further contentions or grounds of defense are: Claimant's illness did not arise out of and in the course and scope of his employment. Defendants deny that Claimant suffered an injury to his lungs as a result of an accidental injury on March 16, 2013. Defendants deny that Claimant's untimely death arose out of an alleged accidental injury to the lungs on March 16, 2013. The overwhelming weight of the medical evidence shows that the Claimant died from complications of H1-N1 swine flu and there is no connection to his employment.

☐ Mediation

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

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Ms. Amy Bracy, SCWCC, P. O. Box 1715, Columbia, SC 29202-1715 and Francis A. Humphries, Jr., Esq., 1300 Professional Drive, Suite 102, Myrtle Beach, SC 29577

on the 13th day of May, 2016 by ☒ first class mail; ☐ personal service; ☒ certified mail.

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

Preparer's Signature

Attorney for Defendants. rhowell@trask-howell.com
Title Email

May 13, 2016
Date

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

South Carolina Workers' Compensation Commission
1333 Marion Street, Suite 500
P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739



PRE-HEARING BRIEF
WCC FILE NO: 1302588

Timothy Causey Claimant's Name			Horry County Employer's Name		
[REDACTED]			P.O. Box 997		
Address			Address		
Nichols, SC [REDACTED]			Conway, SC 29528		
City	State	Zip	City	State	Zip
[REDACTED]	(843) 915-8347		Self-Insured through S.C. Counties Workers' Compensation Trust		
Home Phone	Work Phone		Carrier		
Roy A. Howell, III Preparer's Name			(843) 881-4228 Phone #		

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$566.38 2. AWW: \$849.52 Date of Injury: March 16, 2013
3. Type of injury and body part(s): Alleged injury to lungs/death claim.
4. Facts in controversy: See attached.
5. Legal issues involved: Same as above.
6. Unusual aspects: Coroner Edge admitted in his deposition that he changed the manner of death on the death certificate from "natural" to "accidental". He also admitted that he was never made aware that Mr. Causey was diagnosed with H1N1 and that he would defer to the medical experts as to the true cause of death.
7. Witnesses (designate if expert*): Testimony of Dr. Charles Strange*; Dr. Timothy Whelan*; Dr. Dee W. Ford*; Coroner Robert Edge*; and Deputy Sheriff Ernest Beaty.
8. Exhibits: See attached Notice of Submissions; 12/23/13 Deposition of Dr. Charles Strange*; 4/17/14 Deposition of Dr. Timothy Whelan*; 1/22/15 Deposition of Dr. Dee W. Ford; and 9/2/15 Deposition of Coroner Robert Edge*; Deposition of Dr. Kim Collins*.
9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance) See attached Notice of Submissions
10. Name, address, and specialty, if any, of the treating physician: MUSC, 171 Ashley Ave., Charleston, SC 29425
11. Impairment rating(s); body part(s); physician and date of opinion:
12. I am amending my Form 50/51 in the following manner: N/A

☒ **Mediation**

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

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: Francis A. Humphries, Jr., Esq., 1300 Professional Drive, Suite 102, Myrtle Beach, SC 29577

on the 1st day of July 2016

by ☒ first class postage ☐ certified mail ☐ personal service.

Signature: [Signature]

Email: rhowell@trask-howell.com

Date of hearing: July 13, 2016

Time needed for hearing: One Hour

ATTACHMENT TO PRE-HEARING BRIEF, FORM 58

Re: Timothy Causey v. Horry County

W.C.C. File No.: 1302588

4. Facts in controversy:

This is a denied claim. The Claimant, Donna Causey, alleges that Timothy Causey died as a result of a smoke inhalation injury. The virtually undisputed medical evidence shows that Mr. Causey met his untimely death as a result of complications of the very fatal H1N1, swine flu.

Mr. Causey was treated by his family physician on March 21, 2013. His symptoms at that time included a cough and high fever. His family physician thought that he might have a bacterial infection and prescribed Augmentin, Albuterol, and Tylenol/Motrin. However, Mr. Causey did not improve and was admitted to McLeod Hospital on March 23, 2013. His condition rapidly deteriorated over the next five days. The physicians at McLeod speculated his problems were the result of smoke inhalation as Mr. Causey, a deputy sheriff, had worked a security detail for a fire on March 16 -18, 2013. Mr. Causey was tested for the flu while at McLeod, but he was not specifically tested for H1N1. Mr. Causey was ultimately transferred to MUSC on March 28, 2013.

Dr. Charlie Strange, a nationally – renowned pulmonary specialist, was Mr. Causey's attending physician when he was admitted to MUSC on March 28, 2013. Dr. Strange ordered a battery of tests including a specific study to test for H1N1. Every test was negative except one. Mr. Causey tested positive for H1N1, swine flu. H1N1 is a deadly virus that was responsible for the death of nearly 20,000 people worldwide during the pandemic in 2009. Dr. Strange "admitting" diagnosis was Acute Respiratory Distress Syndrome (ARDS) secondary to H1N1, swine flu, a potentially fatal virus. He ordered his staff to notify the staff at McLeod Hospital of the diagnosis since Mr. Causey had been a patient there for five days. Dr. Strange's deposition was taken on December 23, 2013, and he opined that Mr. Causey died from complications of H1N1 and that smoke inhalation played no role in his death.

Mr. Causey was placed on a ventilator and had multiple complications. He eventually died on May 19, 2013 due to those complications. A review of the progress notes from MUSC for March 28, 2013 – May 19, 2013 clearly shows that Mr. Causey's diagnosis had nothing to do with his brief and transient exposure to smoke while working security for March 16 – 18, 2013. Unfortunately, a resident at the hospital completed the death summary and indicated that smoke inhalation was a contributing factor. However, the attending physician at the time of Mr. Causey's death was Dr. Timothy Whelan. He is fellowship trained in pulmonary and critical medicine trained with many years of experience. He reviewed all of Mr. Causey's records as well as Ms. Causey's deposition testimony and opined that the sole cause of death was complications from H1N1 and that smoke inhalation played no role.

TIMOTHY CAUSEY - FACTS IN CONTROVERSY CONTINUED

Dr. Dee Ford was also one of Mr. Causey's physicians during his hospitalization at MUSC. She agreed entirely with Dr. Strange's testimony and agreed that there was no science to support any causal connection between Mr. Causey's smoke exposure and his death. She agreed there was no objective medical evidence of a smoke inhalation injury. She agreed that the cause of Mr. Causey's death was complications due to H1N1.

The Defendants also asked three very experienced and well respected pulmonary specialists to review the records and provide an opinion. Dr. John Mitchell, Dr. Robert L. Galphin, Jr., and Dr. C. Greg Cauthen all agree that the sole cause of Mr. Causey's death was complications of the H1N1 virus.

Dr. Thomas Sporn, a board certified anatomic and forensic pathologist, at Duke University also reviewed the records and deposition transcripts as well as the report from the Claimant's expert, Kim Collins. Dr. Sporn stated, "It is my opinion that any exposure to smoke that Mr. Causey may have sustained during his service as a sheriff's deputy assigned to the perimeter of the Carolina Forest fire in March of 2013, did neither cause nor contribute to his death from complications of H1N1 infection." Dr. Sporn also noted that Dr. Collins' opinions to the contrary were speculative and lacked in medical foundation.

Dr. Mitchell and Dr. Cauthen also reviewed Dr. Collins' report and opined her opinions lack foundation and are not supported by the objective medical evidence in this case.

The Claimant has the burden of proof. An award cannot rest on surmise, conjecture, or speculation. There is no credible medical evidence that Mr. Causey's death had anything to do with smoke inhalation. H1N1 is a deadly virus. Mr. Causey's unfortunate death was due to complications of H1N1.

STATE OF SOUTH CAROLINA	)	
	)	
COUNTY OF HORRY	)	BEFORE THE
	)	SOUTH CAROLINA
	)	WORKERS' COMPENSATION COMMISSION
	)	
Timothy Causey,	)	W.C.C. FILE NO. 1302588
	)	
Claimant,	)	
	)	NOTICE OF WITNESSES AND
-vs-	)	WRITTEN MEDICAL REPORTS
	)	TO BE INTRODUCED AS DIRECT
Horry County,	)	EVIDENCE
	)	
Self-Insured Employer,	)	
Through	)	
	)	
S.C. Counties Workers'	)	
Compensation Trust,	)	
	)	
Defendants.	)	

TO: South Carolina Workers' Compensation Commission and Francis A. Humphries, Jr.,
Esq., attorney of record for Timothy Causey

YOU ARE HEREBY NOTIFIED THAT Roy A. Howell, III, pursuant to the provisions of the South Carolina Workers' Compensation Act, S. C. Code Ann. § 41-1-160, *et seq.* and the South Carolina Administrative Procedures Act, S. C. Code Ann. § 1-23-330, herewith submits the following evidence on behalf of the Defendants, to wit:

APA #	DESCRIPTION	DATES	PAGES

1	Family Health Center – Loris	3/21/13 – 3/22/13	1-5
2	Family Health Center – Loris Imaging	3/21/13	6-7
3	McLeod Regional Medical Center	3/23/13 – 3/28/13	8-85
4	McLeod Regional Medical Center Imaging	3/23/13 – 3/28/13	86-97
5	McLeod Regional Labs	3/23/13 – 3/28/13	98-107

6	MUSC ER/Admission	3/28/13	108-115
7	MUSC Imaging	3/28/13 – 5/10/13	116-164
8	MUSC (labs included in notes)	3/30/13 – 5/19/13	165-179
9	Dr. Nicholas Pastis	4/1/13 – 5/17/13	180-214
10	Dr. John Mitchell	6/27/13 – 1/11/16	215-219
11	Dr. Robert L. Galphin, Jr.	1/17/14	220
12	Dr. G. Greg Cauthen	8/24/15 – 10/20/15	221-224
13	Dr. William Dana Lergen - Statement	9/21/15	225
14	Dr. Thomas A. Sporn	5/31/16	226-237

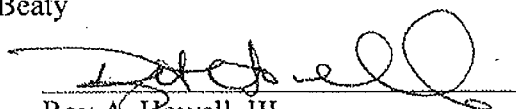
<u>EXHIBITS #</u>	<u>DESCRIPTION</u>	<u>DATES</u>	<u>PAGES</u>

15	Deputy Sheriff Ernest Beaty – Statement	3/25/13	238
16	Deposition Transcript of Dr. Charles Strange	12/23/13	To be submitted at hearing
17	Deposition Transcript of Dr. Timothy Whelan	4/17/14	To be submitted at hearing
18	Deposition Transcript of Dr. Dee Ford	1/22/15	To be submitted at hearing
19	Deposition Transcript of Coroner Robert Edge	9/2/15	To be submitted at hearing
20	Deposition Transcript of Dr. Kim Collins	2/11/16	To be submitted at hearing

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians whose reports are submitted, for the purpose of cross-examination.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants:

Deposition Testimony of Dr. Charles Strange*
Deposition Testimony of Dr. Timothy Whelan*
Deposition Testimony of Dr. Dee W. Ford*
Deposition Testimony of Coroner Robert Edge*
Deposition Testimony of Dr. Kim Collins*
Deputy Sheriff Ernest Beaty


Roy A. Howell, III
Attorney for the Defendants

Date: July 1, 2016

1165\1167\notice



Claimant's Name: Timothy Causey (deceased) Employer's Name: Horry County
Address: [REDACTED] Address: P O Box 997
City: Nichols State: SC Zip: [REDACTED] City: Conway, SC 29528 State: SC Zip: [REDACTED]
Home Phone: [REDACTED] Work Phone: () Carrier: Self-insured SC counties Worker's Comp trust
Preparer's Name: Frances A. Humphries, Jr. Preparer's Phone #: (843) 946-6556

A claim for workers' compensation benefits is made based on the following grounds: ☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ 566.38 2. AWW: \$849.52 Date of Injury: March 16, 2013
3. Type of Injury and body part(s): Lung injury secondary to smoke
4. Facts in controversy: See attached
5. Legal issues involved: Contest regarding whether injury suffered by complainant is a proximate cause of his death
6. Unusual aspects: None.
7. Witnesses (designate if expert):* Expert witness - Kimberly A. Collins, M.D. * Robert Edge, Jr -coroner*
8. Exhibits: Depositions of Dr. Kimberly A. Collins, M.D.; Curriculum Vitae from Dr. Collins, Video from the evening at the scene of the fire; Multiple awards recognized as "Death in the Line of Duty" presented after his death by National, State and Horry County as Death in the Line of Duty
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance):
Medical records from: Loris Family Health Clinic, McLeod Regional Medical Center; and MUSC; Report of Dr. Kim Collins
10. Name, address, and specialty, if any, of the treating physician:
MUSC 171 Ashley Ave. Charleston, SC including Dr. Strange, Dr. Ford, Dr. Whalen, Dr. Pastis. These physicians are pulmonologists, and other hospital specialists that treated Mr. Causey
11. Impairment rating(s); body part(s); physician and date of opinion: Death
12. I am amending my Form 50/51 in the following manner: n/a

☐ **Mediation**

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Roy A Howell, III,

Address 763 Johnnie Dodds Blvd. Mt. Pleasant, SC 29465 on the 29th day of August 2016, by:

☒ first class postage ☐ certified mail ☐ personal service ☐ electronic service

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

Signature: [Signature]

Email:

frumphries@myrtlebeachlawfirm.net

Date of hearing: August 30, 2016

Time needed for hearing:

About 2 Jours

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

Running head: TIMOTHY CAUSEY VS. HORRY COUNTY

1

Hearing requested for Denial of Benefits (Amended)

Francis A. Humphries, Jr.

Monckton Hembree & Humphries, P.A.

1300 Professional Dr. Suite 102

Myrtle Beach, SC 29577

E-mail: franhumphries@myrtlebeachlawfirm.net

Facts of the Case

On March 16, 2013, Timothy Causey, a duly appointed Deputy for the Horry County Sheriff's Office was assigned in his official capacity to respond to the Carolina Forest structure fire. As a part of his official duties, he worked the fire site in the resulting heavy smoke for three consecutive twelve (12) hour shifts over the next three days. After the first shift he began to suffer symptoms directly related to smoke inhalation. These symptoms worsened each day. As a result of injury due to smoke inhalation, he sought treatment at the Loris Family Health Center on March 21, 2013. He did not substantially improve and subsequently was admitted at McLeod Hospital on March 23, 2013, through the Emergency Room.

His condition continued to deteriorate and was placed in the medical intensive care unit on March 27, 2013. He was transferred to MUSC in Charleston, South Carolina by helicopter transport on March 28, 2013. Shortly after admission, Mr. Causey was also diagnosed with the H1N1 virus. He remained at MUSC until his demise on May 19, 2013. The Death Discharge Summary and the Death Certificate stated as a secondary cause of death "smoke inhalation injury". Both were signed by Doctor William D. Largen. Additionally, Doctor Timothy Whelan, the Attending Physician, signed the Death Discharge Summary. Contrary to the Employer's assertion in its Pre-Trial Brief that "(it virtually undisputed medical evidence shows that Mr. Causey met his untimely death as a result of complications of the very fatal H1N1, swine flu", three out of four of Mr. Causey's treating physicians deposed opined at one time his cause of death was secondary to smoke inhalation injury.

Dr. Charlie Strange, the "nationally-renowned pulmonary specialist", did not go so far as to opine smoke inhalation contributed to Mr. Causey's death, but he does state in his deposition, "it (smoke inhalation) could have increased his chance of acquiring clinical H1N1 and made his

clinical course more severe". Dr. Timothy Whelan, who signed the Death Discharge Summary from MUSC which states as a secondary cause of death smoke inhalation injury, testified in deposition the Cause of Death would be accurate as to the listed secondary causes if the injury portion alone of smoke inhalation injury was redacted. Dr. Nicholas J. Pastis, another of Mr. Causey's Critical Care Pulmonologists, did opine to a reasonable degree of medical certainty, more likely than not, smoke inhalation injury was a secondary cause of death as did Dr. Dee Ford. Much was made of the "absolute certainty" of the diagnosis of smoke inhalation injury by Employer's counsel. This ignores the universally accepted tenet that diagnosis by patient history is a cornerstone of medical evaluation.

Dr. Kim A. Collins, who is truly a nationally renowned Anatomic, Clinical and Forensic Pathologist (her curriculum vitae is submitted as an exhibit), opines to a reasonable degree of medical and scientific probability Mr. Causey's underlying cause of death was smoke inhalation. She further stated Mr. Causey had complications of smoke inhalation including damage to his respiratory tract, damage to alveolar macrophages and dysfunction of his NK cells (those immune system Natural Killer cells recruited by the body to respond to viruses. Mr. Causey's immune system was compromised rendering him not only susceptible to acquiring H1N1, but also making him defenseless to combat H1N1. This is consistent with Dr. Strange's testimony concerning the impact of smoke inhalation in this case.

Timothy Causey's claim for Worker's Compensation benefits was denied. This litigation, therefore, results.

Medical Record Evidence

You are hereby notified that Francis A. Humphries, Jr., pursuant to the South Carolina Workers Compensation Act, S.C. Code Ann. § 41-1-160, *et seq.* and the South Carolina Administrative Procedures Act, S.C. Code Ann. § 41-23-330, herewith submits the following evidence on behalf of the Plaintiff, to wit:

APA#	Description	Dates	Pages
1	Loris Family Health Clinic Progress Note	3/21/2013	1 - 4
2	McLeod Regional Medical Center Discharge Summary	3/28/2013	5 - 7
3	MUSC Hospital Death Summary	5/20/2013	8 - 10

Excerpts of Physician Transcriptions

APA#	Physician Name	Date	Pages
4	Charlton Strange, III M.D.	12/23/2013	11 - 13
5	Timothy Whelan, M.D.	4/17/2014	14 - 16
6	Nicholas J. Pastis, Jr. M.D.	8/21/2014	17 - 19
7	Dee W. Ford, M.D.	1/22/2015	20
8	Kimberly A. Collins, M.D.	2/11/2016	21 - 61

S. C. Workers' compensation forms

APA#	Description	Dates	Pages
9	Form 50	10/1/2013	62
10	Form 20	11/1/2013	63
11	Form 52	5/4/2015	64
12	Form 70	8/4/2015	65
13	Notice of Hearing	8/5/2015	66
14	Form 58	9/4/2015	67

15	Form 52	4/14/2016	68
16	Form 53	5/13/2016	69

Other Exhibits

APA #	Description	Dates	Pages
15	Timeline	9/3/2014	70 - 71
16	Death Certificates (original and amended)	6/12/2013	72 - 74
17	Details Windsor Green Fire	3/21/2015	75
18	Horry County Sheriff Letter	2/24/2014	76
19	Horry County Sheriff Officer Letter	8/1/2014	77
20	End of Watch monument at Horry County Courthouse		78
21	SC Law Enforcement Memorial	5/7/2014	79 - 80
22	US Dept. Of Justice Letter	7/12/2014	81 - 82
23	Letter from National Law Enforcement Officers Memorial Fund	1/10/2014	83
24	Damages Listing	9/3/2014	84
25	Expert Opinion of Kimberly A. Collins, M.D.	10/7/2015	85 - 87
26	Curriculum Vitae of Kimberly A. Collins, M.D.		88 - 131
28	Dash Cam Video from Windsor Green Fire https://www.youtube.com/watch?v=fRYoefIKzAc&feature=playe r_detailpage	3/16/2013	132 link attached

You are further notified that the following witness may be called on behalf of the Plaintiff:

Donna Causey – spouse of decedent; at Timothy's bedside almost two months

Jerry DelPercio – sheriff deputy on scene of fire; lives in Windsor Green; assisted with evacuation.

Kim A. Collins, M.D. – Expert witness, forensic pathologist,

Phillip Thompson – Sheriff of Horry County, South Carolina

South Carolina Workers' Compensation Commission
1333 Marion Street, Suite 500
P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739



PRE-HEARING BRIEF
WCC FILE NO: 1302588

Timothy Causey Claimant's Name			Horry County		
[REDACTED]			Employer's Name		
Address			P.O. Box 997		
Nichols, SC [REDACTED]			Address		
City			Conway, SC 29528		
State			City		
Zip			State		
(843) 915-8347			Zip		
Home Phone			Self-Insured through S.C. Counties Workers' Compensation Trust		
Work Phone			Carrier		
Roy A. Howell, III			(843) 881-4228		
Preparer's Name			Phone #		

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$566.38 2. AWW: \$849.52 Date of Injury: March 16, 2013
3. Type of injury and body part(s): Alleged injury to lungs/death claim.
4. Facts in controversy: See attached.
5. Legal issues involved: Same as above.
6. Unusual aspects: Coroner Edge admitted in his deposition that he changed the manner of death on the death certificate from "natural" to "accidental". He also admitted that he was never made aware that Mr. Causey was diagnosed with H1N1 and that he would defer to the medical experts as to the true cause of death.
7. Witnesses (designate if expert*): Testimony of Dr. Charles Strange*; Dr. Timothy Whelan*; Dr. Dee W. Ford*; Coroner Robert Edge*; Deputy Sheriff Ernest Beaty, and Sheriff Phillip Thompson (via deposition on 2/16/16).
8. Exhibits: See attached Notice of Submissions; 12/23/13 Deposition of Dr. Charles Strange*; 4/17/14 Deposition of Dr. Timothy Whelan*; 1/22/15 Deposition of Dr. Dee W. Ford; and 9/2/15 Deposition of Coroner Robert Edge*; Deposition of Dr. Kim Collins*; Sheriff Phillip Thompson (via deposition on 2/16/16).
9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance) See attached Notice of Submissions
10. Name, address, and specialty, if any, of the treating physician: MUSC, 171 Ashley Ave., Charleston, SC 29425.
11. Impairment rating(s); body part(s); physician and date of opinion:
12. I am amending my Form 50/51 in the following manner: N/A
- ☒ Mediation
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B
- ☐ b. Mediation is required pursuant to Reg. 67-1802
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803
- ☒ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse
- Questions regarding mediation may be submitted to mediation@wcc.sc.gov

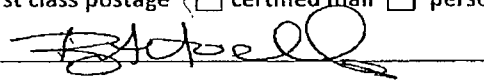
I verify the contents of this form are accurate and true to the best of my knowledge.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: Francis A. Humphries, Jr., Esq., 1300 Professional Drive, Suite 102, Myrtle Beach, SC 29577

on the 19th day of August 2016

by ☒ first class postage ☐ certified mail ☐ personal service.

Signature:



Email: rhowell@trask-howell.com

Date of hearing: August 30, 2016

Time needed for hearing: One Hour

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

* Commissioners reserve the right to admit expert witnesses at hearings.

ATTACHMENT TO PRE-HEARING BRIEF, FORM 58

Re: Timothy Causey v. Horry County

W.C.C. File No.: 1302588

4. Facts in controversy:

This is a denied claim. The Claimant, Donna Causey, alleges that Timothy Causey died as a result of a smoke inhalation injury. The virtually undisputed medical evidence shows that Mr. Causey met his untimely death as a result of complications of the very fatal H1N1, swine flu.

Mr. Causey was treated by his family physician on March 21, 2013. His symptoms at that time included a cough and high fever. His family physician thought that he might have a bacterial infection and prescribed Augmentin, Albuterol, and Tylenol/Motrin. However, Mr. Causey did not improve and was admitted to McLeod Hospital on March 23, 2013. His condition rapidly deteriorated over the next five days. The physicians at McLeod speculated his problems were the result of smoke inhalation as Mr. Causey, a deputy sheriff, had worked a security detail for a fire on March 16 -18, 2013. Mr. Causey was tested for the flu while at McLeod, but he was not specifically tested for H1N1. Mr. Causey was ultimately transferred to MUSC on March 28, 2013.

Dr. Charlie Strange, a nationally – renowned pulmonary specialist, was Mr. Causey's attending physician when he was admitted to MUSC on March 28, 2013. Dr. Strange ordered a battery of tests including a specific study to test for H1N1. Every test was negative except one. Mr. Causey tested positive for H1N1, swine flu. H1N1 is a deadly virus that was responsible for the death of nearly 20,000 people worldwide during the pandemic in 2009. Dr. Strange "admitting" diagnosis was Acute Respiratory Distress Syndrome (ARDS) secondary to H1N1, swine flu, a potentially fatal virus. He ordered his staff to notify the staff at McLeod Hospital of the diagnosis since Mr. Causey had been a patient there for five days. Dr. Strange's deposition was taken on December 23, 2013, and he opined that Mr. Causey died from complications of H1N1 and that smoke inhalation played no role in his death.

Mr. Causey was placed on a ventilator and had multiple complications. He eventually died on May 19, 2013 due to those complications. A review of the progress notes from MUSC for March 28, 2013 – May 19, 2013 clearly shows that Mr. Causey's diagnosis had nothing to do with his brief and transient exposure to smoke while working security for March 16 – 18, 2013. Unfortunately, a resident at the hospital completed the death summary and indicated that smoke inhalation was a contributing factor. However, the attending physician at the time of Mr. Causey's death was Dr. Timothy Whelan. He is fellowship trained in pulmonary and critical medicine trained with many years of experience. He reviewed all of Mr. Causey's records as well as Ms. Causey's deposition testimony and opined that the sole cause of death was complications from H1N1 and that smoke inhalation played no role.

TIMOTHY CAUSEY - FACTS IN CONTROVERSY CONTINUED

Dr. Dee Ford was also one of Mr. Causey's physicians during his hospitalization at MUSC. She agreed entirely with Dr. Strange's testimony and agreed that there was no science to support any causal connection between Mr. Causey's smoke exposure and his death. She agreed there was no objective medical evidence of a smoke inhalation injury. She agreed that the cause of Mr. Causey's death was complications due to H1N1.

The Defendants also asked three very experienced and well respected pulmonary specialists to review the records and provide an opinion. Dr. John Mitchell, Dr. Robert L. Galphin, Jr., and Dr. C. Greg Cauthen all agree that the sole cause of Mr. Causey's death was complications of the H1N1 virus.

Dr. Thomas Sporn, a board certified anatomic and forensic pathologist, at Duke University also reviewed the records and deposition transcripts as well as the report from the Claimant's expert, Kim Collins. Dr. Sporn stated, "It is my opinion that any exposure to smoke that Mr. Causey may have sustained during his service as a sheriff's deputy assigned to the perimeter of the Carolina Forest fire in March of 2013, did neither cause nor contribute to his death from complications of H1N1 infection." Dr. Sporn also noted that Dr. Collins' opinions to the contrary were speculative and lacked in medical foundation.

Dr. Mitchell and Dr. Cauthen also reviewed Dr. Collins' report and opined her opinions lack foundation and are not supported by the objective medical evidence in this case.

The Claimant has the burden of proof. An award cannot rest on surmise, conjecture, or speculation. There is no credible medical evidence that Mr. Causey's death had anything to do with smoke inhalation. H1N1 is a deadly virus. Mr. Causey's unfortunate death was due to complications of H1N1.

STATE OF SOUTH CAROLINA)
COUNTY OF HORRY)
Timothy Causey,)
Claimant,)
-vs-)
Horry County,)
Self-Insured Employer,)
Through)
S.C. Counties Workers')
Compensation Trust,)
Defendants.)

BEFORE THE
SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 1302588

SUPPLEMENTAL
NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS
TO BE INTRODUCED AS DIRECT
EVIDENCE

TO: South Carolina Workers' Compensation Commission and Francis A. Humphries, Jr.,
Esq., attorney of record for Timothy Causey

YOU ARE HEREBY NOTIFIED THAT Roy A. Howell, III, pursuant to the provisions of
the South Carolina Workers' Compensation Act, S. C. Code Ann. § 41-1-160, *et seq.* and the
South Carolina Administrative Procedures Act, S. C. Code Ann. § 1-23-330, herewith submits the
following evidence on behalf of the Defendants, to wit:

APA #	DESCRIPTION	DATES	PAGES
1	Family Health Center – Loris	3/21/13 – 3/22/13	1-5
2	Family Health Center – Loris Imaging	3/21/13	6-7
3	McLeod Regional Medical Center	3/23/13 – 3/28/13	8-85
4	McLeod Regional Medical Center Imaging	3/23/13 – 3/28/13	86-97
5	McLeod Regional Labs	3/23/13 – 3/28/13	98-107

6	MUSC ER/Admission	3/28/13	108-115
7	MUSC Imaging	3/28/13 – 5/10/13	116-164
8	MUSC (labs included in notes)	3/30/13 – 5/19/13	165-179
9	Dr. Nicholas Pastis	4/1/13 – 5/17/13	180-214
10	Dr. John Mitchell	6/27/13 – 1/11/16	215-219
11	Dr. Robert L. Galphin, Jr.	1/17/14	220
12	Dr. G. Greg Cauthen	8/24/15 – 10/20/15	221-224
13	Dr. William Dana Largen - Statement	9/21/15	225
14	Dr. Thomas A. Sporn	5/31/16	226-237

EXHIBITS #	DESCRIPTION	DATES	PAGES

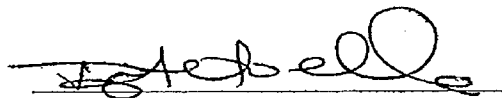
15	Deputy Sheriff Ernest Beaty – Statement	3/25/13	238
16	Deposition Transcript of Dr. Charles Strange	12/23/13	To be submitted at hearing
17	Deposition Transcript of Dr. Timothy Whelan	4/17/14	To be submitted at hearing
18	Deposition Transcript of Dr. Dee Ford	1/22/15	To be submitted at hearing
19	Deposition Transcript of Coroner Robert Edge	9/2/15	To be submitted at hearing
20	Deposition Transcript of Dr. Kim Collins	2/11/16	To be submitted at hearing

21	Deposition of Sheriff Phillip Thompson	2/16/16	To be submitted at hearing

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians whose reports are submitted, for the purpose of cross-examination.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants:

Deposition Testimony of Dr. Charles Strange*
 Deposition Testimony of Dr. Timothy Whelan*
 Deposition Testimony of Dr. Dee W. Ford*
 Deposition Testimony of Coroner Robert Edge*
 Deposition Testimony of Dr. Kim Collins*
 Deputy Sheriff Ernest Beaty
 Sheriff Phillip Thompson (via deposition of 2/16/16)


 Roy A. Howell, III
 Attorney for the Defendants

Date: August 19, 2016

1165\1167\notice-supp



Claimant's Name: Timothy Causey (deceased) Employer's Name: Horry County
Address: [REDACTED] Address: P O Box 997
City: Nichols State: SC Zip: [REDACTED] City: Conway, State: SC Zip: 29578
Home Phone: [REDACTED] Work Phone: () - Carrier: Self-insured SC counties Worker's Comp trust
Preparer's Name: Francis A. Humphries, Jr. Preparer's Phone #: (843) 946-6566

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ 566.38 2. AWW: \$849.52 Date of Injury: March 16, 2013
3. Type of injury and body part(s): Lung injury secondary to smoke
4. Facts in controversy: See brief
5. Legal issues involved: Contest whether injury suffered by complainant is a proximate cause of his death.
6. Unusual aspects: None.
7. Witnesses (designate if expert):* Expert - Dr. Kim Collins, M.D.*; Robert Edge, Jr. - coroner *
Sheriff Phillip Thompson, Deputy Sheriff Jerry DelPercio
8. Exhibits: Video of scene of fire, Multiple Awards for "Death in the Line of Duty including from Horry County, SC. and from state and National Organizations
Deposition Transcript of Dr. Kim Collins, Curriculum Vitae of Dr. Kim Collins,
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
Medical records from Loris Family Health Clinic; McLeod Regional Medical Center and MUSC.
Medical report from Dr. Kim Collins
10. Name, address, and specialty, if any, of the treating physician: MUSC 171 Ashley Ave, Charleston, SC
Dr. Strange, Dr. Ford, Dr. Whelan, Dr. Pastis, These physicians are pulmonologists or other treating physicians at MUSC.
Dr. Mark Barnard treated Mr. Causey at McLeod Hospital in Florence, SC.
11. Impairment rating(s); body part(s); physician and date of opinion: Death
12. I am amending my Form 50/51 in the following manner: _____

☒ Mediation

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Roy A. Howell, III
Address 763 Johnnie Dodds Blvd. Mt. Pleasant, SC 29465 on the 14th day of September 2016, by:

☒ first class postage ☐ certified mail ☐ personal service ☐ electronic service

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

Signature: [Signature] Email: fhumphries@myrtelbeachlawfirm.net
Date of hearing: October 14, 2016 Time needed for hearing: About 2 hours

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

**BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION APPELLATE PANEL**

TIMOTHY CAUSEY,	)	W.C.C. FILE NO. 1302583
	)	
Claimant/Respondent,	)	
	)	
v.	)	BRIEF OF THE APPELLANTS
	)	
HORRY COUNTY,	)	
	)	
Self-Insured Employer	)	
through the	)	
	)	
S.C. COUNTIES WORKERS'	)	
COMPENSATION TRUST,	)	
	)	
Defendants/Appellants.	)	
_____	)	

Statement of the Case

Timothy Causey was employed as sheriff's deputy and died from complications of H1N1 "Swine" Flu on May 19, 2013. His widow alleges that Causey was exposed to smoke at work on or about March 13, 2013 — two months prior to his death — and that; therefore, she is entitled to workers' compensation benefits. Causey initially treated for what was thought to be a bacterial infection. He did not improve and was transferred to MUSC. His attending physician and renowned pulmonary specialist Dr. Charlie Strange testified that Causey died from Swine Flu and that alleged smoke inhalation played no role in his death. In this opinion, Causey's other treating physicians (Dr. Timothy Whelan, Dr. William Largen, and Dr. Dee Ford) concurred. Despite the testimony of Causey's treating physicians, and despite the corroborative opinions of Dr. John Mitchell, Dr. Robert Galphin, Dr. Greg Cauthen, and Dr. Thomas Sporn, Hearing Commissioner Campbell "found" that "Claimant' [sic] estate is entitled to death benefits."

Hearing Commissioner Campbell's Decision and Order contains no indication of what evidence was included in the Record and makes Conclusions of Law whatsoever, which alone constitutes an error of law. However, in this *de novo* review, the Appellate Panel has the duty to make its own findings of fact and conclusions of law consistent with the overwhelming weight of the evidence, which shows that the proximate cause of Causey's unfortunate death was complications of Swine Flu. Essentially, the Hearing Commissioner cherry-picked evidence supportive of the claim without any discussion of how or why the multiple opinions of the actual treating physicians and other experts should or could be discounted, which constitutes an abuse of discretion. The Hearing Commissioner further failed to cite or discuss any legal authority or make any conclusions of law, which is clearly reversible error. Lastly, the Hearing Commissioner erred as a matter of law in admitting unsubstantiated hearsay evidence and relying on the same in making his conclusory findings.

Therefore, the Defendants respectfully request that the Appellate Panel review and weigh the evidence *de novo* and enter its own findings of fact and conclusions of law consistent with the opinions of the treating physicians and other experts who opined that alleged smoke exposure on May 13, 2013 was not the proximate cause of Causey's death on May 19, 2013. (See Ross v. American Red Cross, 298 S.C. 490, 381 S.E.2d 728 (1989) ("The Full Commission is the ultimate fact finder in Workers' Compensation cases and is not bound by the Single Commissioner's findings of fact.")).

Evidence Summary

Causey, a Deputy Sheriff, was part of a security detail assigned to provide traffic control at a fire on March 16, 2013¹. Causey arrived at the scene at approximately 9:00 p.m. and worked until 7:00 a.m. on the morning of March 17, 2013. Causey was not involved in fighting the fire. In fact, he and the other deputies were positioned safely across a road several hundred yards away. Causey was off duty and away from the location of the fire from 7:00 a.m. – 7:00 p.m. following day, during which time the fire was extinguished.

On the night of March 17, 2013, Causey told his supervisor, Lt. Ernest Beatty, that he did not feel well and that his daughter had similar flu or flu-like symptoms. (Defendants' APA p. 238; Hrg. T. p.89, lines 19–25). After work on March 18, 2013, Causey went home and was away from the scene for at least another 12 hours. When he returned to work on the evening of March 18, 2013, he was still feeling poorly, so Lt. Beatty allowed Causey to sit in his vehicle for the entire shift. Therefore, any alleged exposure to smoke was necessarily extremely limited.

On March 21, 2013, Causey went to see his family physician, Dr. Kimberly Drayton because he was running a 102 degree fever. (Claimant's APA p. 1). Causey informed Dr. Drayton of his "[s]ick contact was his daughter." Upon questioning, Causey denied having any shortness of breath — only a runny nose, mild cough, and fever. Dr. Drayton felt he may have a bacterial infection and prescribed an antibiotic, Augmentin. Because Causey did not actually have a bacterial infection, he did not get any better. In fact, his symptoms progressively worsened.

¹ Note the Form 52 alleges an accident date of March 13, 2013.

Causey was admitted to McLeod Hospital on March 23, 2013. (Defendants' APA p.8). The initial impression at McLeod was "respiratory infection...likely viral in etiology." (Defendants' APA p. 9). The physicians at McLeod ran a battery of tests in an attempt to make a diagnosis and his blood work clearly suggested a viral infection. Causey was eventually transported to MUSC on March 28, 2013. (Defendants' APA #6).

Dr. Charlie Strange, a nationally renowned expert in pulmonary medicine, was Causey's attending physician at MUSC. (Defendants' APA pp.114-115). Dr. Strange ordered a battery of tests, including a specific test for H1N1 "Swine Flu" that McLeod Hospital had not run. All of the tests were negative except for one: the specific test for the deadly H1N1 influenza virus. Dr. Strange's hand-written notes on March 23, 2013 state:

"Mr. Causey has ARDS from H1N1 "swine" influenza, an occasionally fatal respiratory virus." (Defendants APA p. 115).

Dr. Strange also gave deposition testimony regarding the ultimate cause of Causey's death. According to Dr. Strange,

"I believe he died to a reasonable degree of medical certainty of H1N1 influenza associated with ARDS." (Strange T. p.13, lines 4-8).

Dr. Strange was specifically asked about the role alleged exposure to smoke played in Causey's condition and whether the symptoms leading to his hospitalization were most consistent with H1N1 or smoke exposure. According to Dr. Strange,

"I believe they were most consistent with H1N1 in that there was a delay between the worst of his smoke exposure and the onset of his symptoms." (Strange T. p.13, lines 9—18).

Dr. Strange explained that symptoms of smoke exposure "[a]lmost universally...show themselves within 24 hours" and Causey did not present to the hospital until five days after the fire was extinguished. (Strange T. pp.13-14). Dr. Strange further testified that it would be speculative to suggest that "smoke inhalation contributed in a meaningful way to his ultimate outcome." (Strange T. pp. 14-15). In fact, Dr. Strange testified unequivocally that

"I don't believe that the smoke inhalation contributed to the death. I think it is really the H1N1 that set up all the subsequent events."

H1N1 is such a potent and fatal virus that it is hard to imagine, then, in a clinical syndrome associated with ARDS that anything other than H1N1 would be responsible for the cause of symptoms." (Strange T. p. 21, lines 19—21; p. 23, lines 21—25).

According to Dr. Strange, while there is a *possibility* that alleged exposure to smoke could have played some small role, he could not state such an opinion "most probably to a reasonable degree of medical certainty." (Strange T. p. 22, lines 16—19). Therefore, the opinions of Dr. Strange as whole do not support the Hearing Commissioner's finding

regarding the cause of Causey's death and the Hearing Commissioner failed to reconcile Dr. Strange's opinion with his wholly contrary findings.

MUSC records show that after Causey was diagnosed, he was placed on a ventilator and remained hospitalized over the next two months because of "ARDS due to influenza A H1N1," as noted by Dr. Pisoni and Dr. Elias. (Defendants' APA p.166, 168). These MUSC records do not support the Hearing Commissioner's finding regarding the cause of Causey's death and the Hearing Commissioner failed to elucidate why these contrary opinions were not considered in making his findings.

Dr. Dee Ford also treated Causey at MUSC. According to Dr. Ford's testimony, there is no way to say to a reasonable degree of medical certainty that alleged smoke exposure had anything to do with Causey's condition or death. (Ford T. p. 18). In fact, none of the objective medical evidence indicates that Causey suffered from any significant injury to his lungs due to smoke exposure or inhalation. (Ford T. p.23, lines 19–24). Importantly, Dr. Ford concurred with Dr. Strange's opinion that the sole cause of Causey's condition was H1N1, to "a reasonable degree of medical certainty." The Hearing Commissioner failed to even consider the fact that Dr. Ford and Dr. Strange — both treating physicians — gave expert opinions contrary to the Hearing Commissioner's finding as to causation.

Causey died on May 19, 2013 due to complications from being on a ventilator. Although the admitting and treating diagnosis was ARDS secondary to H1N1 Swine Flu, a Death Summary prepared by Dr. Timothy Whelan and Dr. William Largen mentions multiple factors as the possibly contributing cause of death:

"Cause of death is thought to be hypovolemic shock secondary to diffuse alveolar hemorrhage, secondary to ventilator-associated pneumonia, secondary to prolonged intubation, and secondary to smoke inhalation injury with H1N1 influenza." (Claimant's APA p.9).

This Death Summary is the first report that proposes smoke inhalation as a possible contributing cause of death. When Dr. Whelan was deposed, he amended his Death Summary statement. In fact, Dr. Whelan testified,

"to a reasonable degree of medical certainty" that "the cause of death was due to complications associated with ARDS secondary to H1N1." (Whelan T. p. 15, lines 14—22).

Dr. Whelan went on to explain that, after reviewing the medical literature, he "found nothing to suggest that individuals who have smoke inhalation are at increased risk of viral infection" (Whelan T. p.16, lines 18—20). Dr. Whelan ultimately testified that he would amend the written death summary to conform with his opinion, as follows:

"The medical certainty would be cause of death is thought to be hypovolemic shock, secondary to diffuse alveolar hemorrhage, secondary to ventilator associated pneumonia, secondary to H1N1..."

which excludes any speculation regarding the role of any alleged exposure to smoke. (Whelan T. p. 28, lines 20—24). Therefore, Dr. Whelan's ultimate opinions do not

support the Hearing Commissioner's findings regarding the cause of death and the Hearing Commissioner again failed to reconcile the opinions of Dr. Whelan with his wholly contrary findings as to causation.

In addition, Dr. Whelan's resident who co-signed the death summary at MUSC, Dr. Largen, issued a statement that

"Both Dr. Whelan and Dr. Strange have opined that [Causey's] exposure to smoke was not a contributing factor in Mr. Causey's death. I would defer any opinions regarding the cause of Mr. Causey's death to those of Dr. Whelan and Dr. Strange. I would also agree that the ultimate cause of Mr. Causey's death was complications of Acute Respiratory Distress Syndrome secondary to H1N1 swine flu."

(Defendants' APA #13). Not only did the Hearing Commissioner fail to consider this statement or reconcile Dr. Largen's opinions with his own contrary finding regarding the cause of death, but the Hearing Commissioner seems to suggest that Dr. Largen's opinions actually support his findings, which is clearly untrue.

Furthermore, although the proximate cause of Causey's death was clearly and undeniably ARDS secondary to H1N1 Swine Flu, the record contains a "Certificate of Death," which makes absolutely no mention of H1N1. (Claimant's APA #16). This death certificate is based upon the reports of attending physician Dr. Timothy Whelan and his resident Dr. William Largen, whose ultimate opinions are best described in his subsequent deposition testimony and statements discussed above, in which both experts amended their original assumptions regarding the possible role of alleged smoke

exposure. However, it is clear that both Dr. Whelan and Dr. Largen believed the cause of death to be "Natural," as indicated on the medical "Certificate of Death" dated May 20, 2013. (Claimant's APA p.72).

Despite the medical certification that Causey's death was due to "natural" causes, the coroner, Mr. Robert Edge², subsequently issued a "Supplemental Report of Medical Certification of on June 3, 2013 contradicting the opinions of the treating medical experts. (Claimant's APA p. 73). On this form, Mr. Edge stated the reason for the "Supplemental Report" was threefold: "Autopsy Findings," "Toxicology Findings," and "Cause of Death Pending on Original Certificate." Not a single one of these reported reasons is true. "Cause of Death" was not listed as "pending" on the original death certificate — *which to date has never been produced by any source* — because the original medical Certificate of Death clearly lists the cause of death as "natural" and due to "diffuse aveolar hemorrhage." (Claimant's APA p. 72). More importantly, there was *no autopsy* and *no toxicological studies* were ever performed on Causey. Essentially, all three of the reasons stated for Mr. Edge's "Supplemental Report" were both false and fraudulent.

In addition, Mr. Edge testified that everything he learned about Causey's death was from "social media, TV." (Edge T. p.10, lines 9–10). He admits that he did not have any contact with Causey's treating physicians and did not review any of his medical records. (Edge T. p. 10). However, this did not stop Mr. Edge from speculating that Causey's death was caused by an accident at work on March 16, 2013 — a statement completely lacking in either foundation or credibility.

² Mr. Edge's education consists of "an associate's degree from Tech" and attendance at "mortuary science school." (Edge T. p.5, lines 17–20).

As a result, Mr. Edge was asked whether he was familiar with H1N1 Swine Flu, to which he responded,

“To be real honest with you, I don’t know a whole lot about it other than the fact that it, it can kill you.” (Edge T. p.11, lines 5–11).

Mr. Edge went on to admit that he was not aware that Causey had even been diagnosed with H1N1 when he sought to amend the Death Certificate, much less that the treating physicians had opined that H1N1 was the primary cause of death. Despite lacking any knowledge of Causey or his cause of death other than what he “assumed” from social media and the television (Edge T. pp. 15–16), Mr. Edge amended and supplemented the medical certification of death and drew baseless conclusions regarding the cause. Ultimately, Mr. Edge was forced to admit that he would defer to the actual doctors who treated Cause as to the true cause of death. (Edge T. p.25, lines 17–20). Therefore, the testimony and reports of Mr. Edge taken as a whole do not support the Hearing Commissioner’s findings as to causation.

Due to the complex nature of the claim, the Defendants referred the case to Dr. John Mitchell for a records review to determine whether alleged exposure to smoke was the proximate cause of Causey’s death. Dr. Mitchell, a board certified pulmonary specialist, issued a report dated December 7, 2015 and fairly analyzed the symptoms associated with H1N1 versus smoke inhalation injury. (Defendants’ APA # 10). Based upon his review of all the records, Dr. Mitchell opined that:

“Mr. Causey’s case is more consistent with an individual with H1N1 disease as opposed to an individual with smoke inhalation...In my opinion to a reasonable degree of medical certainty, Mr. Causey’s symptoms and unfortunate death were solely caused by H1N1 disease and were not caused, aggravated, or accelerated by his smoke exposure.”

(Defendants’ APA p. 217). The Hearing Commissioner failed to even consider, much less attempt to discount, Dr. Mitchell’s opinions in making his contrary conclusion regarding causation.

Similarly, the Hearing Commissioner failed to consider the opinion of Columbia pulmonologist Dr. Robert Galphin that

“Based on review of the records the patient’s disease and death were the result of viral influenza (H1N1 flu). ARDS is a known complication of influenza and has been noted with H1N1 flu. While upper respiratory tract irritation is seen with smoke exposure and inhalation, ARDS would not be expected from smoke inhalation. The patient’s death was to a degree of medical certainty most probably due to influenza caused by the H1N1 virus.” (Defendants’ APA p. 220).

Another Columbia pulmonologist, Dr. Gregory Cauthen, also gave an expert opinion that is wholly contrary to the Hearing Commissioner’s finding as to causation. After reviewing Causey’s medical records and the testimony of his treating physicians, Dr. Cauthen issued the following statement:

“it is my opinion to a reasonable degree of medical certainty that the cause of death of Mr. Causey was ARDS resultant from a severe infection of H1N1 influenza...I have personally seen during this time period similar cases of the H1N1 influenza virus cause ARDS and death in normal healthy hosts.

Additionally, there is no valid human scientific evidence to validate that there is a causative association between smoke inhalation and the contributions to the severity of influenza. Additionally, it appears that there is no evidence to support that Mr. Causey himself had any significant smoke inhalation that would cause a major degree of thermal injury to support a potential disruption of normal host immune defense mechanisms. I provide the above support as evidence for my opinion to the sole cause of death as ARDS secondary to H1N1 influenza with no other mitigating circumstances.”

(Defendants’ APA p. 221—222). Clearly, neither Dr. Galphin, nor Dr. Cauthen’s opinions support the Hearing Commissioner’s finding as to causation.

Likewise, the opinions of Dr. Thomas Sporn do not support the Hearing Commissioner’s finding as to causation. Dr. Sporn is the Chief of Pulmonary and Thoracic Pathology at Duke University Medical Center and has expertise in diseases and occupationally-related injuries of the lung and chest. After reviewing Causey’s medical records and all of the deposition testimony, Dr. Sporn concluded

“...it is my opinion that any exposure to smoke that Mr. Causey may have sustained during his service as a sheriff’s deputy assigned to the perimeter of the Carolina Forest fire in March of 2013 did neither cause nor contribute to his

death from complications of H1N1 infection...at no time was Mr. Causey under treatment for smoke inhalation or thermal injury to the airway, nor do medical reports detailing his examinations indicate findings or peripheral stigmata to permit such a diagnosis. Alternatively, the symptom complex and findings that caused Mr. Causey to seek medical attention and the subsequent clinical events that culminated in his death are entirely consistent with H1N1 infection.”

(Defendants’ APA pp. 226—227). The Hearing Commissioner elucidated no basis for wholly disregarding the expert opinion of Dr. Sporn.

The only evidence that could conceivably support a claim for benefits came from a pathologist hired by the Claimant, Dr. Kim Collins. Dr. Collins did not treat or even evaluate Collins, but reviewed Causey’s medical records, as did Dr. Sporn, Dr. Cauthen, Dr. Galphin, and Dr. Mitchell, though the later are pulomologists specializing in disorders of the lung. While the Hearing Commissioner inexplicably relied on the opinions of Dr. Collins to the exclusion of all of the other medical experts in this claim, it is clear that her testimony is based upon surmise, conjecture, and speculation and, at least in part, upon misinformation. For example, Dr. Collins was forced to admit that she had no idea what Causey’s role was in fighting the fire in May 2013...

“He might have been fighting the fire— the apartment fire or might have been assisting in keeping the barrier. I am not sure.” (Collins T. p.18, line 23— p.19, line 1).

At her deposition, Dr. Collins admitted that all of Causey's treating physicians opined that Causey died of complications of H1N1 Swine Flu and in this opinion she concurred to a reasonable degree of medical certainty. (Collins T. p.16, lines 11-23). Dr. Collins conceded that Causey would not have died but for the fact that he had H1N1 Swine Flu. (Collins T. p. 17, lines 18-24). Dr. Collins was also forced to concede that all of Causey's symptoms were consistent with a viral infection. (Causey T. pp. 21-22). She was forced to concede that there is no objective evidence that Causey suffered any injury due to smoke exposure. (Causey T. p.24-26). Lastly, Dr. Collins was forced to concede that all of the symptoms Causey demonstrated at MUSC and the proximate cause of his death were because of complications of H1N1 Swine Flu. (Collins T. pp.36-37). According to Dr. Collins,

"That's why he died on that day, was because of complications of H1N1."

(Collins T. p.37, lines 3-4).

Arguments

- I. There is no competent evidence that Causey sustained any injury by accident on or about March 13, 2013 as required by S.C. Code Ann. § 42-1-160.**

The Hearing Commissioner made no conclusions of law in his January 12, 2017 Decision and Order and cites no legal authority whatsoever for his award of benefits in

this case, which alone is reversible legal error.³ More importantly, the greater weight of the evidence in the record does not support the Hearing Commissioner's finding that Causey sustained a "work-related smoke inhalation injury." While Causey may have been exposed to smoke at work on or about March 16, 2013, there is simply no competent evidence that this alleged exposure caused any injury his lungs as alleged.

On March 16, 2013, Causey worked on the perimeter of a fire directing traffic. He did not seek or require medical treatment on March 16, 2013, nor did he report any accident or injury involving exposure to smoke. In fact, Causey did not seek medical treatment until March 21, 2013, at which time he was misdiagnosed with a bacterial infection. Once Causey received proper medical testing, he was diagnosed with H1N1 Swine Flu, which every single medical expert who treated Causey concluded was unrelated to any alleged smoke exposure.

Specifically, Dr. Strange was the first to properly diagnose Causey with Swine Flu and he testified that it would be speculative to suggest that "smoke inhalation contributed in a meaningful way to his ultimate outcome." (Strange T. pp. 14-15). In fact, Dr. Strange testified unequivocally that

"I don't believe that the smoke inhalation contributed to the death. I think it is really the H1N1 that set up all the subsequent events.

³ South Carolina Code Annotated section 1-23-350 (2005) provides, in relevant part, that "[i]f . . . a party submitted proposed findings of fact, [an agency] decision shall include a ruling upon each proposed finding." The findings of fact made by the appellate panel must be sufficiently detailed to enable the reviewing court to determine whether the evidence supports the findings. Frame v. Resort Servs. Inc., 357 S.C. 520, 531, 593 S.E.2d 491, 497 (Ct. App. 2004). When an administrative agency acts without first making the proper factual findings required by law, the proper procedure is to remand the case and allow the agency the opportunity to make those findings. Fox v. Newberry County Mem'l Hosp., 319 S.C. 278, 282, 461 S.E.2d 392, 395 (1995).

H1N1 is such a potent and fatal virus that it is hard to imagine, then, in a clinical syndrome associated with ARDS that anything other than H1N1 would be responsible for the cause of symptoms.” (Strange T. p. 21, lines 19–21; p. 23, lines 21–25).

Dr. Ford, who also treated Causey, concurred with this opinion. Dr. Ford further testified that none of the objective medical evidence indicates that Causey suffered from any significant injury to his lungs due to smoke exposure or inhalation. (Ford T. p.23, lines 19–24). Likewise, Dr. Whelan, another of Causey’s treating physicians at MUSC, testified that he did “not believe that Mr. Causey had a significant smoke inhalation that resulted in ARDS” and that it would be impossible to state to any degree of medical certainty that exposure to smoke played any role in Causey’s death. (Whelan T. pp. 17–18). A fourth physician who treated Causey, Dr. Largen, corroborated the opinions of Dr. Strange, Dr. Ford, and Dr. Whelan.

No doctor who actually treated Causey supports a finding that Causey sustained any injury due to his alleged smoke exposure. Among the medical experts who reviewed Causey’s records, four pulmonologists— Dr. Mitchell, Dr. Galphin, Dr. Cauthen, and Dr. Sporn — concluded that Causey did not sustain any injury as a result of smoke exposure. Only Dr. Collins, a pathologist contracted by Causey’s attorney, even remotely suggests that Causey sustained any injury as a result of smoke exposure, yet she was forced to concede that her opinion was based not on objective medical evidence, but only speculation. In fact, Dr. Collins was forced to concede that she did not even understand

the nature of Causey's alleged exposure to smoke, believing him (falsely) to have been actually fighting an apartment fire for three 12-hour shifts.

Therefore, the Defendants respectfully request that the overwhelming weight of the evidence does not support a conclusion that Causey sustained any injury to his lungs by accident arising out of or in the course of his employment on March 16, 2013, as required by S.C. Code Ann. § 42-1-160. Based upon the overwhelming weight of the evidence and the Hearing Commissioner's failure to even address the requirements of § 42-1-160, the Defendants respectfully request that the Hearing Commissioner's Decision and Order be reversed and vacated and that the Appellate Panel enter its own finding and conclusion that the Claimant did not sustain any injury to his lungs as a result of alleged exposure to smoke on March 16, 2013.

II. The overwhelming weight of the evidence indicates that the proximate cause of Causey's death was H1N1 Swine Flu unrelated to any alleged workplace exposure.

The Hearing Commissioner failed to make any rulings of law or otherwise address the statutory requirements that must be met before an award of death benefits can be made. This alone is a reversible error. However, the greater weight of the evidence clearly shows that any alleged exposure to smoke on March 13, 2013 was not the proximate cause of Causey's death and; therefore, the Claimant is not entitled to any benefits as a matter of law.

S.C. Code Ann. § 42-9-290 specifically requires that, to be compensable, a death must result "proximately from an accident." Proximate cause has been well-defined by the South Carolina Courts as "the efficient or direct cause; the thing that brings about the

complained of injuries.” *Platt v. CSX Transp., Inc.*, 379 S.C. 249, 266, 665 S.E.2d 631, 640 (Ct.App.2008). “Proximate cause requires proof of (1) causation in fact and (2) legal cause.” *Bramlette v. Charter-Medical-Columbia*, 302 S.C. 68, 72, 393 S.E.2d 914, 916 (1990). In a workers’ compensation death case, causation in fact is demonstrated by establishing the claimant’s death would not have occurred “but for” the work accident, while legal cause is proved by establishing foreseeability. *Platt*, 379 S.C. at 266, 665 S.E.2d at 640. The Commission must look to the natural and probable consequences of the complained of act to determine foreseeability. See *Vinson v. Hartley*, 324 S.C. 389, 400, 477 S.E.2d 715, 721 (Ct.App.1996). Therefore, a claimant can only prove legal cause by establishing the injury occurred as a natural and probable consequence of the work accident. *Id.* “When the injury complained of is not reasonably foreseeable...there is no liability.” See *Eadie v. Krause*, 381 S.C. 55, 64, 671 S.E.2d 389, 393 (Ct.App.2008). When the cause of the claimant’s death may be as reasonably attributed to an act for which the employer is not liable as to one for which he is liable, the claimant has failed to carry the burden of establishing the work accident proximately caused his injuries. See *Mellen v. Lane*, 377 S.C. 261, 280, 659 S.E.2d 236, 246 (Ct.App.2008).

Here, all of the medical experts who treated Causey — Dr. Strange, Dr. Ford, Dr. Whelan, and Dr. Largen — concluded that the proximate cause of Causey’s death was H1N1 Swine Flu, not smoke exposure. (Strange T. p.13, lines 4–8; Strange T. p. 21, lines 19–21; p. 23, lines 21–25; Ford T. p.19; Whelan T. p. 15, lines 14–22; Defendants’ APA #13). In addition, all of the pulmonologists who reviewed Causey’s medical records — Dr. Mitchell, Dr. Galphin, Dr. Cauthen, and Dr. Sporn —concluded that that the proximate cause of Causey’s death was H1N1 Swine Flu, not smoke exposure. (Defendants’ APA p.

217; Defendants' APA p. 220; Defendants' APA p. 221—222; Defendants' APA pp. 226—227).

Not even the opinions of the Claimant's expert, a pathologist who reviewed records (Dr. Collins) supports a finding that smoke exposure was the proximate cause of Causey's death. At her deposition, Dr. Collins admitted that all of Causey's treating physicians opined that Causey died of complications of H1N1 Swine Flu and in this opinion she concurred to a reasonable degree of medical certainty. (Collins T. p.16, lines 11-23). Dr. Collins also conceded that Causey would not have died but for the fact that he had H1N1 Swine Flu. (Collins T. p. 17, lines 18—24).

There is simply no competent evidence that Causey —a man with a severe case of H1N1 Swine Flu — would not have died on May 19, 2013 “but for” his alleged exposure to smoke on March 16, 2013. Therefore, nothing but impermissible surmise, conjecture, or speculation could support a finding that the Claimant has met the burden of proving proximate cause are required by S.C. Code Ann. § 42-9-290 and the Hearing Commissioner's Decision and Order must be reversed.

III. The Hearing Commissioner erred as a matter of law in admitting and relying upon hearsay testimony.

The Hearing Commissioner permitted Causey's widow to testify regarding an alleged conversation with an unidentified individual regarding the alleged cause of Causey's illness. Despite contemporaneous objections by the Defendants, the Hearing Commissioner admitted this hearsay testimony in violation of the Defendants' constitutional right to confront and cross-examine witnesses and in contravention of well-established case law. The Hearing Commissioner specifically references this hearsay

testimony in the second paragraph of the Decision and Order's "Evidence Summary." The Defendants respectfully contend that this highly prejudicial and unsubstantiated hearsay testimony warrants reversal of the Hearing Commissioner's Decision and Order and request that this testimony otherwise be stricken from the record in this case.

"Hearsay" is "a statement, other than one made by the declarant while testifying at the trial or hearing, offered in evidence to prove the truth of the matter asserted." Rule 801, S.C.R.E... The Court of Appeals has previously determined that hearsay evidence offered for "the truth of the matter asserted" by a widow in a workers' compensation death claim is inadmissible. Wright v. Bi-Lo, 442 S.E.2d 186 (S.C. Ct. App. 1994). And while the South Carolina Rules of Evidence do not apply in proceedings before the Workers' Compensation Commission, hearsay testimony is only admissible in a worker's compensation claim "if corroborated by facts, circumstances, and other evidence." Ham v. Mullins Lumber Co., 193 S.C. 66, 82, 7 S.E.2d 712, 719 (1941). Here, not only is the widow's hearsay testimony not corroborated by any evidence, she failed to even identify the source of the hearsay. As explained by the South Carolina Court of Appeals:

"The reason for the rule excluding hearsay is that out-of-court statements are not subject to the same tests of truth as statements made from the witness stand. The out-of-court statement is not made under oath or subject to cross examination in the presence of the Court. There is therefore no opportunity for the court to observe the declarant as he speaks or to investigate either his character or motives. A further reason sometimes given is the misconception to which hearsay may be exposed, due to the ignorance, inattention or bad motives of the hearers. All of

these reasons are succinctly set out in *Jones v. Charleston & W.C. Ry. Co.*, 144 S.C. 212, 142 S.E. 516 (1928)."

Bain v. Self Memorial Hosp., 281 S.C. 138, 314 S.E.2d 603 (Ct. App. 1984). Therefore, based upon the application of established case law and fundamental standards of fairness, the Defendants respectfully request that the Hearing Commissioner's decision to admit hearsay evidence be reversed and the testimony stricken from the record.

IV. The Hearing Commissioner erred as a matter of law in awarding a non-commuted lump sum of 500 weeks of benefits to Causey's "estate."

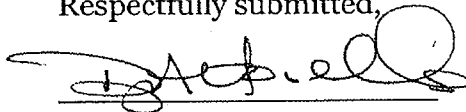
The Hearing Commissioner "found" that "Claimant's estate is entitled to death benefits ... in the amount of \$283,190 (claimant's compensation rate \$566.38 x 500)." There are several obvious, reversible, legal errors implicit in this statement that require reversal. First, there is no statutory authority for an award of any workers' compensation benefits to an "estate." Instead, all of the statutes and regulations governing the payment of death benefits under the Act requires payment to "dependents." S.C. Code Ann. §. 42-9-110, 42-9-120, 42-9-130, 42-9-140, 42-9-290, and 42-9-320; S.C. Code Reg. 67-602(B), 67-902. A determination of the proper "dependents" entitled to benefits cannot be determined without a full hearing on the issue of dependency, with specific documentation. In addition, both the applicable statutory and regulatory authority requires that all lump sum payments in excess of 100 weeks must be commuted to present value. S.C. Code § 42-9-301, S.C. Code Reg. 67-1605. Lump sum payments of death benefits are specifically required to be commuted pursuant to S.C. Code Reg. 67-1606.

Therefore, because there is no statutory determination of Causey's dependents and because there has been no proper calculation of any lump sum payment, the Hearing Commissioner's award of benefits to the "estate" must be reversed as a matter of law.

Conclusion

Based upon the foregoing arguments, the overwhelming weight of the evidence in the record, and the applicable law, Horry County and the South Carolina Counties Workers' Compensation Trust, respectfully request that the Decision and Order of Hearing Commissioner Campbell be reversed and vacated. The Defendants further request that the Appellate Panel enter its own findings of fact and conclusions of law and deny benefits in this case.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Roy A. Howell, III", written over a horizontal line.

Roy A. Howell, III

Kirsten L. Barr

Trask & Howell, LLC

Attorneys for the Defendants/Appellants

March 29, 2017

Mount Pleasant, South Carolina

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. File No.: 1302588

Timothy Causey,

Claimant/Respondent,

v.

Horry County,

Self-Insured Employer
through the

S.C. Counties Workers'
Compensation Trust,

Defendants/Appellants.

BRIEF OF CLAIMANT/RESPONDENT

Sheriff's Deputy Timothy Causey inhaled smoke while working near an extremely large fire. He got sick immediately and he died after progressively deteriorating for about two months.

Commissioner Campbell concluded Timothy's immediate sickness after the fire and eventual death was not a tragic coincidence. That conclusion is reasonable, logical, and should be affirmed.

The main issue is causation: Timothy died because he contracted the H1N1 virus—the "swine flu." Nobody knows the moment Timothy got this virus, but Timothy's key evidence came from two doctors who opined Timothy's smoke inhalation impacted his sickness. There were other opinions too—some doctors could not definitively say smoke inhalation contributed, others said it had no role—but Commissioner Campbell chose to believe the witnesses he heard in person.

The record supports Commissioner Campbell's decision. Although the Commission must modify the award slightly—the law requires periodic payments to Timothy's dependents until there is a lump-sum request—the order should be affirmed in all other respects.

STATEMENT OF THE CASE

Commissioner Campbell's nine-page order is not exhaustive, but it is fairly comprehensive. The order succinctly summarizes the evidence as well as each party's arguments.

Timothy Causey was a deputy with the Horry County Sheriff's Office. (Order, p.1). On March 16, 2013, he worked a massive structural fire in the Carolina Forest area of Horry County which destroyed 26 apartment buildings containing 4 apartments each. (Hearing Transcript, p.44, line 19 - p.45, line 6); (Claimant's APA p.75). One of Timothy's co-workers lived in this development and testified at the hearing. (Hearing Transcript, pp.37-51).

Timothy's job was to help secure the area around the fire. The Sheriff explained this at the hearing as well as in his deposition. (Hearing Transcript, p.53, lines 4-9); (Thompson Dep., p.11, lines 10-24). We do not know Timothy's smoke exposure on the second and third nights he worked, but his security post the first night "had heavy smoke." (Appellants' APA, p.238).

Nobody contests Timothy died because he contracted the H1N1 virus—the "swine flu." There is also no reasonable dispute Timothy was perfectly healthy until he worked three 12-hour shifts, three days in a row, at this exceptionally large fire. Commissioner Campbell's order correctly recounts that Timothy was in good health before he went to work. (Order, p.2). Timothy's wife explained nobody in the family was sick. (Hearing Transcript, p.10, line 15 - p.11, line 9).

There is no reasonable debate Timothy immediately exhibited adverse symptoms. When Timothy got home after his first 12-hour shift, his eyes were red and running, his nose was running, he was sneezing and coughing, and his throat hurt. (Hearing Transcript, p.11, line 10 - p.12, line 24).

There is also no debate Timothy's condition consistently deteriorated. After his second 12-hour shift, Timothy began blowing discolored residue out of his nose, his eyes were "really red," and

he held his chest when he coughed. (Hearing Transcript, p.13, lines 8-22). After Timothy's third shift, he was "really weak" and he began coughing up discolored mucus to go with the black material produced when he blew his nose. (Hearing Transcript, p.14, lines 1-15).

Timothy's first shift at the fire was on a Saturday night. He worked Sunday night and Monday night. He had been slated to work Tuesday night but was given a reprieve until Wednesday morning. (Hearing Transcript, p.14, lines 16-22). He did not go to work Wednesday, his wife began seeking medical attention for him that same day, and she was able to get Timothy an appointment the following day, Thursday. (Hearing Transcript, p.14, line 23 - p.15, line 15).

Commissioner Campbell's order correctly describes Timothy's treatment. Timothy was treated that Thursday at Loris Family Medical Center for smoke inhalation. (Order, p.2). Timothy's wife explained Timothy had blood drawn, a chest x-ray, breathing treatment, and was prescribed an antibiotic. (Hearing Transcript, p.15, lines 14-20). By Saturday, Timothy was gasping for breath and had an "ashen look." (Hearing Transcript, p.16, lines 21-25). Commissioner Campbell's order correctly recounts this as the day Timothy's wife took him to McLeod in Florence. (Order, p.2).

Timothy stayed at McLeod for five days and continued deteriorating. (Hearing Transcript, p.17, line 15 - p.18, line 2). On the fifth day he was transported from McLeod to MUSC, where he remained until his death on May 19, 2013. *Id.* MUSC diagnosed Timothy with H1N1.

Two doctors specifically opined Timothy's smoke inhalation impacted his sickness.

Dr. Nicholas Pastis was one of Timothy's treating physicians at MUSC. Dr. Pastis testified by deposition "I think I can say with a reasonable degree of certainty it [smoke inhalation] made his [Timothy's] ability to fight off an infection worse." (Pastis Dep., p.21, lines 10-17). His testimony was not equivocal. He explained he could not prove Timothy had a burn injury to his lungs because

it was too difficult to do a biopsy or an airway exam by the time Timothy came to MUSC, (Pastis Dep., p.25, line 24 - p.27, line 13), but he noted most people survive the H1N1 virus even though the virus is deadly. (Pastis Dep., p.29, lines 16-17). Dr. Pastis said “the timing of it [the disease] made me think it [smoke inhalation] exacerbated what was already a severe problem and made it worse.” (Pastis Dep., p.28, line 22 - p.29, line 21). Commissioner Campbell noted this testimony in his order. (Order, p.7 ¶9).

The second fully-favorable doctor’s opinion came from Dr. Kimberly Collins, a forensic pathologist. Dr. Collins candidly admitted she was not an expert in pulmonary or critical care, but she explained her job as a pathologist is to create a comprehensive history—a clinical pathologic correlation—examining an individual’s injuries. (Collins Dep., p.5, line 23 - p.7, line 13). Dr. Collins agreed Timothy died as a result of complications associated with his H1N1 infection but explained Timothy’s smoke inhalation made him more susceptible to the infection. (Collins Dep., p.15, line 25 - p.16, line 18; p.30, line 18 - p.31, line 25). Like Dr. Pastis, she said it was impossible to conclusively prove Timothy suffered lung damage because there had been no medical reason to do that sort of testing by the time Timothy reached Charleston. (Collins Dep., p.29, line 16 - p.30, line 9). Commissioner Campbell noted this testimony in his order. (Order, p.8 ¶12). Dr. Collins also presented a written report. (Claimant’s APA, pp.85-87).

Appellants’ theory of the case is coincidence. They say when Timothy came home from his first shift at the fire, his symptoms were not caused by smoke inhalation. Appellants say Timothy already had the flu. They think smoke inhalation is an irrelevant distraction.

None of Timothy’s physicians fully-embraced this idea. Three of the doctors would not go as far as Dr. Pastis or Dr. Collins, but their opinions all have language supporting compensability.

Dr. Dee Ford was a treating physician of Timothy's and opined there was no way to say smoke exposure contributed to Timothy's death. (Ford Dep., p.16, lines 10-17). But Dr. Ford also agreed Timothy's "death summary" from MUSC was reasonable. (Ford Dep., p.9, line 14 - p.10, line 9). The death summary says Timothy died from "hypovolemic shock, secondary to diffuse alveolar hemorrhage, secondary to ventilator-associated pneumonia, secondary to prolonged intubation, and *secondary to smoke inhalation injury* with H1N1 influenza." (Claimant's APA, p.9) (emphasis added).

Dr. Charlton Strange did not think smoke inhalation contributed to Timothy's death, but he also explained smoke inhalation could have "increased Timothy's chance of acquiring clinical H1N1 and made his clinical course more severe." (Strange Dep., p.21, line 22 - p.22, line 2). The suspicion Dr. Strange had for smoke inhalation was tied to "delayed symptomology" and his view that the medical records indicated a delay between the worst of Timothy's smoke exposure and the onset of his symptoms. (Strange Dep., p.13, line 16 - p.14, line 4). Yet, there was also evidence of no delay. Timothy's wife explained Timothy's symptoms presented after his very first shift.

The final treating physician's testimony came from Dr. Timothy Whelan, who treated Timothy in the last two days of his life. Dr. Whelan explained he could not say smoke inhalation probably played a role in Timothy's death, but he also was not willing to rule smoke inhalation out. (Whelan Dep., p.17, line 23 - p.18, line 11). Excerpts from each doctor's deposition appear on pages 11 to 20 of the Claimant's APA submissions.

Commissioner Campbell noted all of this evidence in his decision, explaining there were "numerous expert opinions" and that he gave the greatest weight to the opinions of Timothy's treating physicians as well as the testimony Dr. Collins offered at the hearing. (Order, p.9, ¶1).

QUESTIONS PRESENTED

- I. Is there competent evidence to sustain an award of benefits when two doctors opined, to a reasonable degree of medical certainty, that Timothy's smoke inhalation affected his illness?
- II. Does the greater weight of the evidence indicate Timothy's exposure to heavy smoke was causally related to his sickness and death?
- III. Did Commissioner Campbell err in noting Timothy's widow's testimony about her impression of Timothy's illness when this testimony was not material to the decision, was cumulative to other evidence, and was elicited in response to Appellants' questioning?
- IV. Must the Commission modify the award to follow the law on lump-sum payments as well as payments to Timothy's dependents?

ARGUMENT

- I. **There is ample evidence to sustain this award. Two doctors specifically opined, to a reasonable degree of medical certainty, that Timothy's smoke inhalation affected his illness.**

Both Dr. Pastis and Dr. Collins offered opinions supporting compensability and did so to a reasonable degree of medical certainty. There were other physicians with varying opinions, but that does not negate the existence of these opinions amply supporting an award.

These opinions do not have any legal deficiency. Statutory law requires medical evidence in medically complex cases. S.C. Code Ann. § 42-1-160(E). There has been no discussion about whether this case is a medically complex case, but it seems evident that opinions from two doctors, stated to a reasonable degree of medical certainty, meet the evidentiary standard.

The law also explains the claim would be compensable regardless of whether Timothy contracted H1N1 before, during, or after the fire. The death is compensable if smoke inhalation aggravated the virus. S.C. Code Ann. § 42-9-35. The death is equally compensable if the smoke

inhalation came first: compensability is tied to causation and as the Court of Appeals explained in *Tims v. J.D. Kitts Construction*, every natural consequence flowing from an injury will be deemed to arise out of employment unless the consequence is the result of an independent, intervening cause attributable to the claimant's intentional conduct. 393 S.C. 496, 504, 713 S.E.2d 340, 344 (Ct. App. 2011). Nobody has suggested Timothy took any intentional action or exposed himself to the H1N1 virus on purpose. Causation is established if smoke inhalation made Timothy more susceptible to the virus, if it limited his ability to fight the virus, or if he contracted the virus at McLeod.

Appellants have some support for their theory and were entitled to argue their view, but their evidence does not dilute the existence of evidence supporting compensability. There *is* evidence supporting this claim. The medical opinions are plain. See (Claimant's APA, pp.17-19 & 50-52).

II. The greater weight of the evidence indicates Timothy's exposure to heavy smoke was causally related to his sickness and death.

Commissioner Campbell specifically noted the existence of numerous expert opinions. (Order, p.9, ¶1). In addition to Doctors Pastis, Collins, Ford, Strange, and Whelan, the record also contains opinion letters from four doctors hired by Appellants. (Appellants' APA, pp.215-227). Appellants believe these opinions combined with the "smoke inhalation is not ruled in but is also not ruled completely out" opinions of Doctors Strange, Ford, and Whelan constitute the greater weight of evidence and believe it weighs against compensability.

Commissioner Campbell did not agree. The order indicates he took a more complete view of the deposition testimonies than the view Appellants advance and he chose to credit the in-person testimony he received from Dr. Collins. He accurately cited Dr. Strange's deposition testimony. (Order, p.7, ¶7). He accurately cited Dr. Whelan's testimony. (Order, p.7, ¶8). He accurately cited

the testimonies of Doctors Ford and Pastis. (Order, p.7, ¶¶9 & 10). While these opinions were not identical, each opinion does have language that fairly supports a finding of compensability.

One theme emerging from an even-handed reading of the record is that treating physicians focus on treating patients and are not out to prove (or disprove) workers' compensation claims. Nobody did a detailed investigation of Timothy's lungs and airway to determine the extent of smoke inhalation. The record conspicuously discloses it was medically irrelevant and too difficult once Timothy was diagnosed with the swine flu. (Pastis Dep., 25, line 24 - p.27, line 13); (Collins Dep., p.29, line 16 - p.30, line 9). Timothy never had the opportunity to communicate with his doctors at MUSC. He showed up intubated, sedated, and paralyzed and had tubes down his throat until the day he died. (Appellants' APA, p.111); (Strange Dep., p.15, lines 21-25). Appellants complain there is no objective medical evidence conclusively proving Timothy injured his lungs or immune system, but the record explains why that evidence is lacking. Once Timothy was diagnosed with H1N1, the virus was the center of attention. (Ford Dep., p.20, line 1 - p.22, line 11). Nobody in the critical care unit was focused on precluding Appellants' ability to deny causation.

Timothy's case establishing causation is consistently compelling. There is Timothy's wife's testimony that Timothy was healthy, that nobody in the family was sick (except a daughter with a urinary tract infection), and that Timothy's health began steadily deteriorating from his first shift at the fire until the end of his life. There is Dr. Collins' testimony that H1N1 is usually not fatal or serious except for in elderly patients, in children, or in someone with a compromised immune system. (Hearing Transcript, p.65, line 21 - p.66, line 7). Dr. Collins also explained the series of events followed "perfectly"—Timothy's acute lung injury from smoke inhalation, H1N1, secondary bacterial infections, and hemorrhage in his lungs. (Hearing Transcript, p.72, lines 1-8).

There are also good reasons to give less weight to the medical opinions supporting Appellants' theory of the case. Three of those opinions have factual inaccuracies. Doctors Mitchell and Galphin mistakenly believe Timothy worked near a "forest fire." (Appellants' APA, pp.215, 220). This calls into question whether these physicians were given the whole story, which is that this was a massive apartment fire, consuming over two dozen buildings and over a hundred apartment units. Dr. Cauthen mistakenly recounts Timothy was exposed to flu at his house, (Appellants' APA, p.223), when it is apparent from the record Timothy's daughter had a urinary tract infection, not the flu. (Hearing Transcript, p.84, lines 2-10). Critically, each of these four physicians states an opinion in direct conflict with *all* of Timothy's treating physicians—Appellants' four experts are willing to conclusively rule smoke inhalation out even though an honest reading of the deposition testimonies reveals *none* of Timothy's physicians are willing go that far. One of Timothy's physicians (Dr. Pastis) gave testimony plainly supporting compensability. Doctors Ford, Whelan, and Strange did not endorse Dr. Pastis' testimony, but they also did not definitively rule smoke inhalation out.

On this record, it was reasonable and logical for Commissioner Campbell to conclude the greater weight of the evidence indicates Timothy's exposure to heavy smoke was causally related to his sickness and his death.

III. Commissioner Campbell did not err in noting Timothy's widow's testimony about her impression of Timothy's illness. This testimony was not material to the decision, it was cumulative to other evidence, and it was elicited by Appellants' own questioning.

Commissioner Campbell's order has separate sections for a statement of the case, (Order, pp.1-2), a description of the evidence, (Order, pp.2-5), and two sections of numbered findings. (Order, pp.6-9). In his summary of the evidence, Commissioner Campbell noted testimony from

Timothy's widow recounting her impression of a conversation she had with one of Timothy's physicians. (Order, p.2). Timothy's widow talked with an MUSC physician and left the conversation with the impression Timothy "had smoke inhalation with H1N1, which made the entire situation the perfect storm." (Hearing Transcript, p.34, lines 15-20).

First, nothing suggests this testimony had any impact on Commissioner Campbell's decision. It is noted only in the order's evidentiary summary. It is not recited in the order's findings of fact.

Second, the testimony was corroborated by other witnesses. Nobody corroborated the conversation itself, but Dr. Pastis was specifically asked about this sentiment that Timothy's smoke inhalation made it difficult for him to "fight" H1N1 "off." (Pastis Dep., p.28, line 22 - p.29, line 21). Dr. Pastis agreed with the statement. *Id.* The statement is also consistent with Dr. Collins' testimony that the sequence of events flowed together perfectly. (Hearing Transcript, p.71, line 22 - p.72, line 4). Dr. Pastis and Dr. Collins agreed with the conversation's substance. Timothy's widow's testimony was corroborated and it was also cumulative to other evidence.

Finally, consider the substance of two cases: *Ham v. Mullins Lumber Co.* and *Jeffers v. Manetta Mills*. Appellants cite *Ham* for the rule hearsay may be admitted if it is corroborated by facts, circumstances, or other evidence. *Ham* cites *Jeffers* as supporting this rule. *Ham*, 193 S.C. 66, 82, 7 S.E.2d 712, 719 (1940) (citing *Jeffers*, 190 S.C. 435, 439, 3 S.E.2d 489, 490 (1939)).

Both cases allow hearsay evidence and note that workers' compensation cases may be proven by direct evidence or by circumstantial evidence. *Ham* instructs "[g]reat liberality is exercised in permitting evidence." 193 S.C. at 82, 7 S.E.2d at 719. *Jeffers* observes both parties elicited hearsay evidence and did not object. 190 S.C. at 438, 3 S.E.2d at 490. Appellants objected here—even to statements that are plainly impressions of Timothy's then-existing ailments, compare (Hearing

Transcript, pp.11, line 18 - p.16, line 13) with Rule 803(1) & (3), SCRE—but Appellants elicited this hearsay. Appellants asked Timothy’s widow for her impression, and she responded her impression was Timothy suffered the perfect storm. (Hearing Transcript, p.30, line 5 - p.31, line 10).

Moreover, as was true in *Jeffers*, this case did not involve surmise or guesswork: this case was “a question of inferences warranted by the evidence.” 190 S.C. at 440, 3 S.E.2d at 491. Multiple evidentiary inferences supported Timothy’s claim. Timothy was not sick before he worked the fire but he got sick immediately thereafter. Nobody else in his family got sick; not even his wife, who ate and drank after him while he was hospitalized in McLeod. (Hearing Transcript, p.18, line 15 - p.19, line 8). Then, there is the medical evidence directly supporting compensability discussed in Arguments I and II. There is also evidence of H1N1’s one- to five-day incubation period. (Pastis Dep., p.11, lines 5-21); (Claimant’s APA, pp.49, lines 1-7). Timothy was diagnosed with H1N1 on March 28th, (Appellants’ APA, p.115), and he was a patient at McLeod all five days prior to that diagnosis. This creates an inference Timothy contracted H1N1 during his five-day stay at McLeod, a stay necessitated by smoke inhalation. *Ham* and *Jeffers* support affirmation, not reversal.

This is not a case involving uncorroborated hearsay. The testimony in question did not factor prominently in the decision. Commissioner Campbell made no error in noting this evidence.

IV. The Commission must modify the award to follow the law on lump-sum payments as well payments to statutory beneficiaries.

The “award” appears on the order’s last page and provides:

Claimant’s estate is entitled to death benefits pursuant to the Act in the amount of \$283,190.00 (claimant’s compensation rate of \$566.38 x. 500 weeks) and the payment of all causally related medical treatment.

(Order, p.9 ¶2).

Appellants correctly identify two errors in this award.

First, section 42-9-290 explains benefits for a work-related death are payable to the deceased worker's dependents. Payment does not go to the estate.

Second, the award does not properly apply two regulations with respect to lump-sum payments. Reg. 67-1605(E) requires a discount for this sort of lump-sum payment unless the Commission orders otherwise. Reg. 67-1606(A) governs lump sum payments in death cases and explains accrued benefits are subtracted from the total number of weeks awarded. The present value of the weeks remaining is multiplied by the compensation rate to obtain the commuted value. *Id.*

These errors are easy to fix and they should be fixed. The Commission should modify the award, explaining benefits must be paid to Timothy's dependants in periodic payments unless and until the Commission orders a lump-sum payment after a properly filed Form 24.

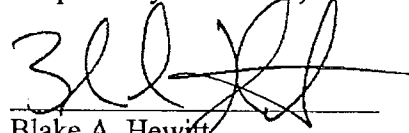
CONCLUSION

The Commission should modify the award's payment language and affirm Commissioner Campbell's finding of compensability.

Columbia, South Carolina
April 13, 2017

Francis A. Humphries, Jr.
MONCKTON HEMBREE & HUMPHRIES
1300 Professional Dr., Ste. 102
Myrtle Beach, SC 29577
(843) 946-6556
(843) 946-6996
fhumphries@myrtlebeachlawfirm.net

Respectfully Submitted,



Blake A. Hewitt
BLUESTEIN NICHOLS
THOMPSON & DELGADO
P.O. Box 7965
Columbia, SC 29202
(803) 779-7599
(803) 779-8995 (facsimile)
bhewitt@bntdlaw.com

ATTORNEYS FOR CLAIMANT

**BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION APPELLATE PANEL**

TIMOTHY CAUSEY,	)	W.C.C. FILE NO. 1302583
	)	
Claimant/Respondent,	)	
	)	
v.	)	REPLY BRIEF OF THE APPELLANTS
	)	
HORRY COUNTY,	)	
	)	
Self-Insured Employer	)	
through the	)	
	)	
S.C. COUNTIES WORKERS'	)	
COMPENSATION TRUST,	)	
	)	
Defendants/Appellants.	)	
	)	

S.C. Code Ann. § 42-9-290 specifically requires that, to be compensable, a death must result “proximately from an accident.” Proximate cause has been well-defined by the South Carolina Courts as “the efficient or direct cause; the thing that brings about the complained of injuries.” *Platt v. CSX Transp., Inc.*, 379 S.C. 249, 266, 665 S.E.2d 631, 640 (Ct.App.2008). “Proximate cause requires proof of (1) causation in fact and (2) legal cause.” *Bramlette v. Charter-Medical-Columbia*, 302 S.C. 68, 72, 393 S.E.2d 914, 916 (1990). In a workers’ compensation death case, causation in fact is demonstrated by establishing the claimant’s death would not have occurred “but for” the work accident, while legal cause is proved by establishing foreseeability. *Platt*, 379 S.C. at 266, 665 S.E.2d at 640. The Commission must look to the natural and probable consequences of the complained of act to determine foreseeability. See *Vinson v. Hartley*, 324 S.C. 389, 400, 477 S.E.2d 715, 721 (Ct.App.1996).

I. The Respondent admits that Causey would not have died “but for” H1N1 Swine Flu and; therefore, benefits under S.C. Code Ann. § 42-9-290 must be denied as a matter of law because the Respondent has failed to prove “causation in fact.”

In the Respondent’s Brief to the Appellate Panel, the Respondent admits that Causey “died because he contracted the H1N1 virus — the “swine flu.” (See p. 1, para. 3; p. 2, para. 4). However, the Respondent’s Form 52 Hearing Request dated April 30, 2015 makes no claim for, or mention of, the H1N1 Swine Flu virus. The Respondent’s Form 58 Pre-Hearing Brief similarly makes no claim for, or mention of, the H1N1 Swine Flu virus. Instead, the Respondent’s only claim was for an “accidental injury to the lungs on 3/16/13.”

Therefore, the issue before the Commission is whether the proximate cause of Causey’s death was an alleged “injury to the lungs on 3/16/13.” This requires a showing of “causation in fact,” *i.e.*, that Causey would not have died “but for” his alleged exposure to smoke on March 16, 2013. There is no medical evidence in the record to support a finding that Causey would not have died “but for” his alleged smoke exposure and no expert endorsed any such opinion.

In fact, the Respondent’s own admission that H1N1 was the proximate cause of his death prevents a finding that an alleged “injury to the lungs on 3/16/13” was the proximate cause of Causey’s death. More importantly, the Respondent goes on to admit that “there is no objective evidence conclusively proving [Causey] injured his lungs...” (Respondent’s Brief p.8, para. 2, line 9). Therefore, the Appellate Panel must reverse the Hearing Commissioner’s award of benefits as a matter of law pursuant to S.C. Code

Ann. § 42-9-290 because the Respondent has admittedly failed to prove “causation in fact.”

II. The Respondent admits that there is no evidence that Causey sustained any injury as a result of the alleged accident on March 16, 2013; therefore, benefits under S.C. Code Ann. § 42-9-290 must be denied as a matter of law because the Respondent has failed to prove “legal cause,” as required by S.C. Code Ann. §. 42-9-290

The Respondent admits that there is no evidence as to whether Causey contracted H1N1 “before, during, or after the fire” on March 16, 2013 and admits that there is no evidence that the events of March 16, 2013 caused any injury to Causey’s lungs. As a result, the Respondent mistakenly argues that he need not prove the alleged accident of March 16, 2013 was the proximate cause of Causey’s death. According to the Respondent, “[c]ausation is established if smoke inhalation made [Causey] more susceptible to the virus, if it limited his ability to fight the virus, or if he contracted the virus at McLeod.” Given the Respondent’s inability to prove any injury resulting from the events of March 16, 2013 and given his inability to prove when or why Causey contracted the H1N1 virus, noting but impermissible speculation could support a finding of even a loose association between Causey’s employment and his death.

However, the statute governing the provision of death benefits, S.C. Code Ann. § 42-9-290, clearly requires more than a loose association between a work accident and the cause of death and proof of causation requires more than mere surmise, conjecture and speculation. Sola v. Sunny Slope Farms, 244 S.C. 6 (1964) (holding that the claimant has the burden of proving facts that will bring the injury within the workers’

compensation law and such award must not be based on surmise, conjecture, or speculation). In fact, the Workers' Compensation Act requires the Respondent to actually prove that Causey's "death results proximately from and accident," which includes a showing of "legal cause." Because the Respondent admits that "there is no objective evidence conclusively proving [Causey] injured his lungs...", the Respondent has necessarily failed to meet this burden of proof. (Respondent's Brief p.8, para. 2, line 9).

The Respondent can only prove "legal cause" by establishing that Causey's death occurred as a natural and probable consequence of the work accident. *Id.* "When the injury complained of is not reasonably foreseeable...there is no liability." See Eadie v. Krause, 381 S.C. 55, 64, 671 S.E.2d 389, 393 (Ct.App.2008). There is no evidence that H1N1 Swine Flu is a natural or probable consequence of alleged smoke exposure. Instead, the H1N1 virus caused a world-wide pandemic and is responsible for over 18,000 deaths. (Depo of Dr. Strange, pp.10—11). In addition, there is no evidence that death by Swine Flu was a reasonably foreseeable consequence of alleged smoke exposure. According to our appellate courts, when the cause of the claimant's death may be as reasonably attributed to an act for which the employer is not liable as to one for which he is liable, the claimant has failed to carry the burden of establishing the work accident proximately caused his injuries. See Mellen v. Lane, 377 S.C. 261, 280, 659 S.E.2d 236, 246 (Ct.App.2008). Such is the case here and; therefore, the Hearing Commissioner's award of benefits should be reversed.

III. The difficulty in proving causation does not relieve the Respondent of his burden of proof under S.C. Code Ann. § 42-9-290 and award under S.C. Code Ann. § 42-9-290 requires more than mere speculation.

The Respondent, in recognizing the abject failure to prove that alleged smoke inhalation caused any injury to the lungs or was otherwise the proximate cause of Causey's death, suggests that this failure of proof should be excused in this claim. According the Respondent, it was "too difficult" to perform "a detailed investigation of [Causey's] lungs and airway to determine the extent of smoke inhalation" and; therefore, the Respondent admits that "there is no objective medical evidence conclusively proving [Causey] injured his lungs...." However, without evidence that Causey sustained any injury as a result of his work activities on March 16, 2013, nothing but impermissible surmise, conjecture, or speculation could support a finding that death was a natural and foreseeable consequence of such an unproven injury.

Our Supreme Court has explained that the "difficulty in proving a fact in a compensation case does not relieve the party on whom the burden rests of proving it, and does not shift the burden to the other party." Herndon v. Morgan Mills, 246 S.C. 201 (1965) (internal citations omitted). Therefore, the Respondents attempt to shift the burden to the Appellants is without merit, despite his claims of difficulty in proving causation. In Herndon, there was no medical testimony of any causal connection between Herndon's fall from a ladder and his death from multiple myeloma five months later and the Supreme Court affirmed the denial of death benefits under the Act. Similarly, in the case *sub judice*, not only is there no evidence that alleged smoke

exposure caused Causey's death, but there is no medical evidence that alleged smoke exposure caused any injury whatsoever.

For example, the Respondent admits that Causey's treating physicians — Dr. Ford, Dr. Strange, and Dr. Whelan — do not support the allegation that alleged smoke exposure caused any injury to Causey's lungs. The Respondent further admits that Dr. Pastis, upon whom the Respondent particularly relies, "explained he could not prove [Causey] had a burn injury to his lungs because it was too difficult..." (Respondents Brief p. 3, line 22 — p.4, line 1). The Respondent was also forced to admit that their expert, pathologist Kimberly Collins, "said it was impossible to conclusively prove [Causey] suffered lung damage." However, very claim filed by the Respondent and pending before the Commission is a specific claim for an alleged lung injury. Nothing but pure surmise, conjecture, and speculation, supports that claim and; therefore, it should be denied as a matter of law.

In addition, the Respondent admits that Causey's treating physicians — Dr. Ford, Dr. Strange, and Dr. Whelan — do not support the allegation that alleged smoke exposure caused Causey's death. While the Respondent argues that Dr. Pastis gave *unequivocal* testimony that alleged smoke inhalation made Causey's "ability to fight off an infection worse," this is simply a misrepresentation of Dr. Pastis's actual testimony, which was as follows:

Q. So is there any way to state, within a reasonable degree of medical certainty, that the smoke inhalation that allegedly occurred in his case had anything to do with his death?

A. *I think that I can say with a reasonably — reasonable degree of certainty, that it made his ability to fight off an infection worse.*

Q. *Okay. And how did you arrive at that opinion?*

A. *Physiology. That you have an injury to your defense cells and your ability to clear secretions. But not based on any H1N1 study, as we said.*

Q. *Okay. Not based upon any H1N1 study and not based on any scientific literature; is that correct?*

A. *No, that's not — not entirely correct. There is scientific literature on burn injuries to the airways.*

Q. *Do you have any evidence that he had a burn injury to the airways in this case?*

A. *That, I don't. I don't have picture of the airways.*

Q. ***So in this case, you're speculating that he had a burn injury to the airway.***

A. ***Correct.***

Q. *Without proof of that, you can't state, to a reasonable degree of medical certainty, most probably, that the smoke inhalation had anything to do with his death, can you?*

A. *I would be uncomfortable saying that it had nothing to do with his death.*

Q. And we can speculate that it might have, but in terms of testifying, to a reasonable degree of medical certainty, based upon evidence in this case, you can't state that, can you?

A. ***Based on the evidence that I have, it would be speculation.***

(Depo. of Dr. Pastis, p. 21 line 10 — p. 22, line 24) (emphasis added). Dr. Pastis was also forced to concede that he could not say whether Causey's H1N1

“was just a very horribly severe case or whether [smoke inhalation] contributed. There's no way to decipher that out. Because H1N1 can be this severe on its own.”

(Depo. of Dr. Pastis, p. 30, line 21 — p. 31, line 3). Dr. Pasis also admitted that H1N1 was the primary cause of Causey's death. (Depo of Dr. Pastis, p. 31, line 20— p. 32, line 1). Therefore, Dr. Pastis's opinions as to causation are not only equivocal, they are admittedly based upon nothing more than speculation, and do not support a finding that the alleged accident on March 16, 2013 was the proximate cause of Causey's death, as required by S.C. Code Ann. § 42-9-290. In fact, Dr. Pastis's opinions do not even support the Respondent's allegations that “smoke inhalation made [Causey] more susceptible to the virus, ...limited his ability to fight the virus, or ... he contracted the virus at McLeod.” Nothing but pure speculation could support such allegations.

Similarly, the testimony of Dr. Collins does not support the allegation that smoke exposure caused Causey's death. While Dr. Collins did testify that she believed smoke inhalation *could* have caused lung damage and that lung damage *could* have made

Causey more susceptible to the H1N1 virus, Dr. Collins was forced to concede that this opinion was speculative:

Q. Okay. Now you make a number of statements in your report that the smoke inhalation can, you use the word can, damage the respiratory system. Is there any objective medical evidence that happened in this case?

A. Objective medical evidence. As far as any — they did not do any bronchoscopy to look or to look down his respiratory tree so we don't have any medical records documenting that.

*Q. Okay. **So the answer is no. There is no objective medical evidence to establish that there was damage to the respiratory system from smoke inhalation, correct?***

A. We just know he inhaled the smoke.

(Depo of Dr. Collins p. 24, lines 3–16) (emphasis added). In addition, Dr. Collins admits that the reason why Causey died “was because of complications of H1N1.”

Clearly, Dr. Collins's opinions are admittedly based upon nothing more than speculation and; therefore, do not support a finding that the alleged accident on March 16, 2013 was the proximate cause of Causey's death, as required by S.C. Code Ann. § 42-9-290. In fact, Dr. Collins's speculative opinions do not even support the Respondent's allegations that “smoke inhalation made [Causey] more susceptible to the virus, ...limited his ability to fight the virus, or ... he contracted the virus at McLeod.” Again, only pure speculation supports such allegations.

When the record is reviewed as a whole, it is clear that the Respondent has shown nothing more than that one could speculate that smoke exposure on March 16, 2013

could have caused some ill-defined injury to Causey's lungs, and that if one so speculates, one could further speculate that such an injury could have impacted Causey's ability to fight a deadly flu virus. But such speculation is insufficient. Without actual evidence that Causey sustained an injury to his lungs on March 16, 2013 and that such injury to his lungs was the proximate cause of his death, he is not entitled to benefits under S.C. Code Ann. § 42-9-290 as a matter of law. Therefore, the award made by the Hearing Commission must be reversed by the Appellate Panel.

Conclusion

Based upon the foregoing arguments, the overwhelming weight of the evidence in the record, and the applicable law, Horry County and the South Carolina Counties Workers' Compensation Trust, respectfully request that the Decision and Order of Hearing Commissioner Campbell be reversed and vacated. The Defendants further request that the Appellate Panel enter its own findings of fact and conclusions of law and deny benefits in this case.

Respectfully submitted,



Roy A. Howell, III
Kirsten L. Barr
Trask & Howell, LLC
Attorneys for the
Defendants/Appellants

April 14, 2017
Mount Pleasant, South Carolina

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1302588

Timothy Causey, Deceased,)
Employee,)
Claimant,)
v.)
Horry County,)
Self-Insured)
Employer,)
through)
SC Counties Workers')
Compensation Trust,)
Defendants.)

COPY

COMMISSIONER'S HEARING

Friday, October 14, 2016
11:55 a.m. - 1:30 p.m.

The Commissioner's Hearing was heard before Commissioner R. Michael Campbell, II, at the Georgetown County Judicial Center, Courtroom 3-C, 401 Cleland Street, Georgetown, South Carolina, on the 14th day of October, 2016, before Barbara J. Howell, Court Reporter and Notary Public in and for the State of South Carolina.



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

APPEARANCES

Francis A. Humphries, Jr., Esquire
 William H. Monckton, VI, Esquire
 Karen Sanders, Paralegal
 Monckton, Hembree & Humphries, PA
 1300 Professional Drive, Suite 102
 Myrtle Beach, South Carolina 29577
 Attorney for the Claimant

Roy A. Howell, III, Esquire
 Trask & Howell, LLC
 Post Office Box 2167
 763 Johnnie Dodds Boulevard
 Mount Pleasant, South Carolina 29464
 Attorney for the Defendants

Also Present:

Ms. Crystal Jeffcoat, WC Claims Adjustor
 Ms. Rebecca Stanley, WC Claims Manager

INDEX

<u>INTRODUCTION</u>	<u>PAGE</u>
COMMISSIONER CAMPBELL	4
 <u>OBJECTIONS</u>	
MR. HUMPHRIES	4
MR. HOWELL	5
 <u>POSITION STATEMENTS</u>	
MR. HUMPHRIES	6
MR. HOWELL	6
 <u>MS. CAUSEY</u>	
MR. HUMPHRIES . DIRECT EXAMINATION	8
MR. HOWELL . CROSS EXAMINATION	19
MR. HUMPHRIES RE-DIRECT EXAMINATION	33
MR. HOWELL . RE-CROSS EXAMINATION	34
MR. HUMPHRIES RE-DIRECT EXAMINATION	36
MR. HOWELL . RE-CROSS EXAMINATION	36
 <u>MR. DELPERCIO</u>	
MR. HUMPHRIES . DIRECT EXAMINATION	38
MR. HOWELL . CROSS EXAMINATION	45



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

MR. THOMPSON

MR. HUMPHRIES	DIRECT EXAMINATION	52
MR. HOWELL	CROSS EXAMINATION	58

DR. COLLINS

MR. HUMPHRIES	DIRECT EXAMINATION	62
MR. HOWELL	CROSS EXAMINATION	72
MR. HUMPHRIES	RE-DIRECT EXAMINATION	84
MR. HOWELL	RE-CROSS EXAMINATION	84

OFFICER BEATY

MR. HOWELL	DIRECT EXAMINATION	87
MR. HUMPHRIES	CROSS EXAMINATION	89
MR. HOWELL	RE-DIRECT EXAMINATION	90
Certificate		94

EXHIBITS

(Claimant's Exhibit Numbers 1 and 2 and Respondent's Exhibit Numbers 1 through 5 were marked for identification purposes prior to the hearing and retained by Commissioner Campbell and were not introduced into the record.)

Claimant's Exhibit Number 1	4
(Deposition of Nicholas J. Pastis, Jr., M.D.)	
Claimant's Exhibit Number 2	4
(Deposition of Dee W. Ford, M.D.)	
Respondent's Exhibit Number 1	4
(Deposition of Charlton Strange, III, M.D.)	
Respondent's Exhibit Number 2	4
(Deposition of Dr. Timothy Whelan)	
Respondent's Exhibit Number 3	4
(Deposition of Coroner Robert Edge, Jr.)	
Respondent's Exhibit Number 4	4
(Deposition of Phillip Thompson)	
Respondent's Exhibit Number 5	4
(Video Deposition of Kimberly A. Collins, M.D.)	

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 (Claimant's Exhibit Numbers 1 and 2 and Respondent's
2 Exhibit Numbers 1 through 5 were marked for
3 identification purposes prior to the hearing and
4 retained by Commissioner Campbell and were not
5 introduced into the record.)

6 INTRODUCTION

7 COMMISSIONER: Today's hearing date is October 14,
8 2016. This is Workers' Compensation Case File
9 Number 1302588. The claimant is Timothy Causey
10 who is deceased. The attorney is Francis A.
11 Humphries representing -- Francis A. Humphries,
12 Jr. The employer is Horry County. The carrier
13 is South Carolina Association of Counties SIF
14 represented by Roy A. Howell, III. The date of
15 the accident is March 16th, 2013. There was an
16 average weekly wage of \$849.52 with a
17 corresponding compensation rate of \$566.38.
18 APAs have been submitted. Are there any
19 objections to APAs, jurisdiction, venue or any
20 of the items?

21 OBJECTION BY MR. HUMPHRIES:

22 MR. HUMPHRIES: Your Honor, as to the claimant, we
23 object only to the statement of Ernest Beaty
24 tendered by the County and that only as to the
25 statements of the claimant and any opinion that



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 business record.

2 COMMISSIONER: Okay. Mr. Howell?

3 OBJECTION BY MR. HOWELL:

4 MR. HOWELL: With regards to that objection, I'm not
5 aware of any opinions that he gives in the --
6 in the statement. It's a business record, it
7 should come in. I object to the APA 15, the
8 timeline; APAs 17 through 23. Which are, 17 is
9 a newspaper or a magazine cover and the others
10 have to do with awards that Mr. Causey was
11 given and the dashcam video. It's my
12 understanding, based upon our pre-hearing
13 conference, that you're going to allow the
14 timeline in because Ms. Causey is testifying?

15 COMMISSIONER: Correct.

16 MR. HOWELL: As to exhibits 17 through 23, those
17 will be excluded?

18 COMMISSIONER: Those will be removed, correct.

19 MR. HOWELL: And then as to the dashcam video, that
20 will come in if it's authenticated?

21 COMMISSIONER: Yes, I'm going to allow that in, yes.
22 And I'm going to let the statement come in as
23 well.

24 MR. HOWELL: Okay. Thank you.

25 COMMISSIONER: Any further objection?



1 MR. HUMPHRIES: No, Your Honor.

2 COMMISSIONER: Without further objection, the
3 Commission file becomes a part of the record
4 with the exception of self-serving declarations
5 and unstipulated medical reports. Mr.
6 Humphries, we are here today, sir, on your Form
7 50, so if you would, please put your position
8 on the record for us and let us know exactly
9 what you're seeking here today, sir.

10 POSITION STATEMENT BY MR. HUMPHRIES:

11 MR. HUMPHRIES: The claimant's position is that the
12 injury occurred in the scope of his employment,
13 that that injury was a proximate cause of his
14 death and, therefore, he is entitled to the --
15 or his estate is entitled to the death benefit
16 and payment of all medical treatment leading up
17 to his -- from the treatment to his death.

18 COMMISSIONER: Okay. All right. Thank you. Mr.
19 Howell?

20 POSITION STATEMENT BY MR. HOWELL:

21 MR. HOWELL: Thank you, Commissioner. It is the
22 position of Horry County and South Carolina
23 Association of Counties that Mr. Causey, while
24 his death was unfortunate, did not arise out of
25 the course and scope of his employment. The



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 medical record shows that Mr. Causey was
2 diagnosed with acute respiratory distress
3 syndrome which is secondary to H1N1 swine flu
4 and that was the proximate cause of his death
5 and the sole cause of his death and that smoke
6 inhalation had nothing to do with it. So, for
7 that reason, all claims for benefits should be
8 denied.

9 COMMISSIONER: Okay. Thank you, Mr. Howell. Mr.
10 Humphries, anything more?

11 MR. HUMPHRIES: Not at this time. I'd like to call
12 our first witness, Your Honor.

13 COMMISSIONER: Okay. All right. Ma'am, I have a
14 couple of quick instructions to run through
15 with you. If you would, please speak up, speak
16 clearly for us. It's important that we all
17 hear your responses to the questions, but most
18 importantly, this nice lady in front of -- in
19 front of me get them for the record. If you're
20 asked a yes or no question, please give us a
21 verbal yes or no answer. You can shake your
22 head yes or no like I do all the time, just
23 make sure you accompany that with a verbal yes
24 or no answer. Try and stay away from things
25 like uh-huh and huh-uh, that's just too easily



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 misunderstood for the record. So if you could
2 help us out with those things, we'd appreciate
3 it, okay?

4 **MS. CAUSEY:** Yes, sir.

5 **COMMISSIONER:** All right. Please raise your right
6 hand.

7 **DONNA CAUSEY,** having been duly sworn, deposes and
8 testifies as follows:

9 **COMMISSIONER:** Okay. You can put your hand down and
10 please state and spell your name for the
11 record, ma'am.

12 **MS. CAUSEY:** Donna Causey. D-O-N-N-A, C-A-U-S-E-Y.

13 **COMMISSIONER:** Thank you, Ms. Causey. Mr.
14 Humphries, your witness.

15 **MR. HUMPHRIES:** Thank you. May it please the Court.

16 **MS. CAUSEY - DIRECT EXAMINATION BY MR. HUMPHRIES:**

17 **Q:** Donna, tell the Commissioner, if you will, your
18 relationship or your relation to Timothy
19 Causey.

20 **A:** I'm his wife.

21 **Q:** And how was -- and how long had you been
22 married?

23 **A:** We were married December the 20th of 1986.

24 **Q:** How was -- how was Timmy employed prior to his
25 death?



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

- 1 A: Full-time with Horry County Sheriff's office.
- 2 Q: In what capacity?
- 3 A: Full-time deputy.
- 4 Q: All right. Tell the Commissioner, if you will,
- 5 what Timmy's general state of health was for
- 6 the time period that you knew him?
- 7 A: Always healthy. No medical problems
- 8 whatsoever.
- 9 Q: Leading up to the fire that we're here about
- 10 today, prior to his going to serve in his
- 11 capacity as a deputy at the fire, was he
- 12 complaining of -- did he -- was it apparent to
- 13 you that he was suffering under any kind of
- 14 illness?
- 15 MR. HOWELL: I ---
- 16 A: None whatsoever.
- 17 Q: Okay. And let me ask you -- I'm sorry.
- 18 MR. HOWELL: Let me -- I need to object to anything
- 19 he would have said, I think she can testify to
- 20 her observations of him, but any complaints
- 21 would be hearsay. I can't recall it all on
- 22 opportunity to cross examine.
- 23 COMMISSIONER: Okay. Sustained.
- 24 Q: Okay. Tell the Commissioner, if you will, what
- 25 your professional background is?



- 1 A: I'm a registered nurse.
- 2 Q: Okay. Let's talk a bit about how he was --
- 3 Timmy was called out to serve. Where had you
- 4 been just prior to that?
- 5 A: We went to a wedding. A friend of our's son
- 6 had gotten married and we went to the wedding
- 7 and the reception and we had just gotten home
- 8 ---
- 9 Q: Okay.
- 10 A: --- hadn't even changed clothes, and the phone
- 11 rang.
- 12 Q: All right.
- 13 A: And he changed from wedding clothes to uniform
- 14 and out the door.
- 15 Q: All right. Let me ask you, I've asked you
- 16 about the health of your husband at that time,
- 17 what was the state of the health of your
- 18 immediate family and particularly your
- 19 daughters' at that time?
- 20 A: We were all fine.
- 21 Q: Okay. Was -- was there any -- did either of
- 22 your daughters suffer from any flu-type
- 23 symptoms at that time?
- 24 A: No.
- 25 Q: Were there any other maladies, urinary tract



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 infection, anything like that?

2 A: Monday after the fire, my daughter, my youngest
3 daughter was complaining of burning urination.
4 And I took her to the doctor and it was a
5 urinary tract infection.

6 Q: Okay. But no flu, no ---

7 A: No flu.

8 Q: --- no cold?

9 A: No cold.

10 Q: Okay. All right. So Timmy was called out?

11 A: Yes.

12 Q: Do you remember about approximately what time
13 he was called out?

14 A: I'm thinking he was called maybe 5:30, 6:00
15 o'clock.

16 Q: Okay. How long was he gone?

17 A: Until the next morning, 6:00, 7:00 o'clock.

18 Q: Okay. When he returned, what was his
19 condition?

20 A: He woke me up, which he usually does not do
21 when he comes in in the mornings. He woke me
22 up, his eyes was running, his nose was running,
23 he was complaining of ---

24 MR. HOWELL: Objection.

25 Q: Without saying what he said, what were your



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

1 observations of him?

2 A: When I got up ---

3 Q: Uh-huh.

4 A: --- his eyes was red, they were running, he was
5 sneezing, he was coughing, his nose was pouring
6 and he kept telling me ---

7 MR. HOWELL: Objection.

8 Q: You can't -- you can't tell him what he said.

9 COMMISSIONER: And I know that's hard to do, but
10 just -- you can tell me about what his -- what
11 your understanding about something is, just
12 don't tell me what he told you.

13 A: What I saw?

14 Q: Yeah, what you saw.

15 COMMISSIONER: Yes. What your observations were.

16 A: Watery eyes, runny nose, coughing, red eyes, he
17 kept rubbing his eyes. I don't know how to
18 explain it without ---

19 Q: That's fine. That's fine.

20 A: Okay.

21 Q: Did he behave as though any particular part of
22 his body, or any parts of his body were in pain
23 or hurting?

24 A: Throat.

25 Q: Okay. All right. That would have been on



1 March 17th?

2 A: 16th was Saturday, the 17th was Sunday, yes.

3 Q: Okay. Is he scheduled to go back in that
4 evening?

5 A: Not scheduled.

6 Q: Okay.

7 A: He was called back later Sunday afternoon.

8 Q: Okay. And so did he work a shift Sunday
9 afternoon?

10 A: Sunday night, I think it was a 7:00 p.m. to a
11 7:00 a.m. shift.

12 Q: Okay. On his return on that Monday, what --
13 what, if anything, did you note about his
14 physical condition at that time?

15 A: More or less, the blowing nose with the black
16 on the tissue, coughing, just pouring -- the --
17 the -- it was not clear, it was a dirty color
18 from his nose. The eyes were really red,
19 almost swollen. Kind of when he would cough,
20 he would kind of hold his chest. And when he
21 would -- he would kind of tell me there was
22 something here.

23 MR. HOWELL: Objection.

24 Q: Okay. Without -- okay.

25 COMMISSIONER: Sustained.



1 Q: All right. Without saying what he said, you
2 can tell me what he did, okay? All right. Did
3 he go in that evening to work another shift?

4 A: Monday night, yes.

5 Q: Okay. And upon returning on Tuesday, what did
6 you note regarding his physical condition?

7 A: Really weak when he walked in.

8 Q: Okay. What about the other physical attributes
9 of his condition?

10 A: Actually coughing up, he coughed up and showed
11 me on the tissue, and it was a yellowish black
12 color. Blew his nose again, it was a black
13 color. The eyes were really red. The nose was
14 constantly draining. Coughing more on Tuesday
15 morning.

16 Q: Okay. Did he go in to work that evening?

17 A: Not Tuesday. He was scheduled to work, but
18 they told him Tuesday during the day he was
19 scheduled, and they said don't come in, wait
20 and come in Wednesday morning.

21 Q: Okay. And did he go in Wednesday morning?

22 A: No, he did not.

23 Q: Okay. What -- what efforts did you take in
24 connection with seeking medical treatment for
25 him?



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 A: Tried to -- he did not have a medical doctor at
2 all because he was never sick. So he did not
3 have a normal medical doctor. I made several
4 phone calls trying to seek someone, but when
5 you don't have a normal medical doctor, they
6 don't usually take you on the day of. Then not
7 wanting to go to the emergency room because,
8 you know, taking so long, he just refused to go
9 so I finally got in touch with a fellow nurse
10 who agreed to see him on Thursday. So he just
11 stayed home Wednesday and then Thursday
12 morning, we took him to the family health
13 center.

14 Q: Okay. That was on Thursday?

15 A: Uh-huh. Right.

16 Q: And what happened at the Loris Family Health
17 Clinic, what did they do there?

18 A: Blood work, chest X-ray, breathing treatment,
19 gave him an antibiotic and I think that was
20 all.

21 Q: Okay. Did he work that day?

22 A: No.

23 Q: Okay. Going to Friday, what was his condition
24 then?

25 A: The ---



1 Q: That would have been the 22nd.

2 A: Stayed in bed propped up on two pillows, did
3 not drink any -- his favorite drink of choice
4 was Diet Pepsi. When I took it to the bedroom,
5 he would not drink it. Complained of burning,
6 so I ---

7 MR. HOWELL: Objection ---

8 A: --- gave him water ---

9 MR. HOWELL: --- move to strike.

10 A: --- and Gatorade.

11 COMMISSIONER: Sustained.

12 MR. HOWELL: Move to strike anything he said from
13 the record.

14 COMMISSIONER: Sustained.

15 Q: What did you give him ---

16 A: It's a little hard to explain ---

17 Q: That's all right, don't -- what did you give
18 him to drink?

19 A: Water and Gatorade.

20 Q: All right. Saturday, what did you do Saturday?

21 A: Saturday morning, got up, I took my shower.
22 When I walked out of the bedroom, he was
23 propped up on three pillows instead of two and
24 he was gasping with his head down. He just had
25 this ashen look and this bluish color. So I



1 just said we've got to go to the emergency
2 room, you have no choice. So I put him in the
3 car, took him to McLeod, got a wheelchair, and
4 they came to the car and helped me. And when
5 they took him in, they took him straight back
6 and the first thing they did was an arterial
7 blood gas and they said that ---

8 MR. HOWELL: Objection to that question.

9 Q: That's all right. The medical records will
10 speak for themselves, you can't -- don't
11 testify to what the medical record said.
12 Donna, look at me. You can only testify about
13 your observations.

14 A: I'm sorry.

15 Q: That's all right. It's okay. All right. That
16 was on Saturday. His -- his condition, did it
17 improve or worsen?

18 A: Worsen.

19 Q: As a result of that, was he ultimately
20 airlifted to MUSC?

21 A: Yes, sir.

22 Q: Okay. And upon going to MUSC, obviously, you
23 were there with him.

24 A: The whole time.

25 Q: How long was he at MUSC?



1 A: Well -- I think it was March the 27th, until he
2 died May 19th.

3 Q: Okay. Let me ask you, after you were advised
4 of his passing, did you -- did you request an
5 autopsy be performed?

6 A: No, sir.

7 Q: Did you speak to the medical staff in
8 connection with that decision?

9 A: Dr. Whelan ---

10 Q: Don't -- let me ask it this way. As a result
11 of having spoken with the medical staff at the
12 M -- Medical University, was there a decision
13 not to seek an autopsy?

14 A: Yes.

15 Q: Let me go back to one thing. When you're in
16 McLeod, when he's there, he was fed on a
17 regular basis?

18 A: Yes.

19 Q: Is that fair to say? You were present there
20 with him?

21 A: Yes.

22 Q: Other members of your family were there?

23 A: Yes.

24 Q: Okay. Did you share food?

25 A: I fed him.



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 Q: You fed him?

2 A: From my tray.

3 Q: You -- close proximity to him?

4 A: Yes.

5 Q: Drink after him?

6 A: Yes.

7 Q: Did you contract H1N1?

8 A: No, I did not.

9 Q: Okay. That's all I have of this witness.

10 COMMISSIONER: Okay. Thank you. Mr. Howell.

11 MR. HOWELL: Thank you, Commissioner.

12 MS. CAUSEY - CROSS EXAMINATION BY MR. HOWELL:

13 Q: Ms. Causey, I told you this before when we took
14 your deposition and actually when we were in
15 mediation and let me again express my
16 condolences for the loss of Mr. Causey. I know
17 he was well thought of by the Sheriff's
18 Department. You were not on the scene of the
19 fire at any time, is that correct?

20 A: No, I was not.

21 Q: Okay. And you testified that when he got home
22 -- it was the second night after he'd been --
23 was it the first night or the second night that
24 he appeared to be sick, if you will?

25 A: The morning.



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

- 1 Q: Okay. After the ---
- 2 A: When he first got home.
- 3 Q: Okay. And he appeared to be sick?
- 4 A: With the runny eyes and -- yes.
- 5 Q: But in your -- from your observation, he
- 6 appeared to be sick, correct?
- 7 A: Sick?
- 8 Q: Yes, sick.
- 9 A: Well runny eyes and runny nose, yeah.
- 10 Q: Okay. And from that point forward, he never
- 11 got any better, did he?
- 12 A: No.
- 13 Q: Okay. In fact, you said the next morning that
- 14 he -- he coughed up, you said yellowish-colored
- 15 spew, if you will?
- 16 A: Black, blackish.
- 17 Q: Well you said -- you said -- I wrote it down,
- 18 you said yellowish and black, correct? Isn't
- 19 that right?
- 20 A: It was black from his nose and ---
- 21 Q: Well when you testified earlier that it was
- 22 yellowish, was that not true?
- 23 A: I don't know exactly which night it was, it was
- 24 the ---
- 25 Q: Okay.



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

- 1 A: --- first, second night or third night.
- 2 Q: But you're a nurse, that's indicative of an
- 3 infection, isn't it? Isn't it?
- 4 MR. HUMPHRIES: Your Honor, I'm going to object,
- 5 that was -- that's an incomplete statement.
- 6 She did testify it was yellow and black, so ---
- 7 Q: Well, if -- I asked her ---
- 8 MR. HUMPHRIES: --- and if we're gonna question her
- 9 about that ---
- 10 Q: Which is what I asked her, you said it was
- 11 yellow and black, correct? Isn't that right?
- 12 A: I mean it was blackish, it was mucousy-look- --
- 13 I mean ---
- 14 Q: Which is indicative ---
- 15 A: --- dirty looking.
- 16 Q: --- of an infection, isn't that right? You're
- 17 a nurse, you know.
- 18 A: Infection ---
- 19 Q: Yes.
- 20 A: --- can be green, infection can be many colors.
- 21 Q: Okay. Including the color that he coughed up,
- 22 isn't that right?
- 23 A: Would I say he had an infection, no.
- 24 Q: Okay. But no question that he never got any
- 25 better after that, correct?



- 1 A: No, he did not get better.
- 2 Q: Okay. And, in fact, he developed an extremely
- 3 high fever?
- 4 A: His fever got worse.
- 5 Q: Okay. It was 100 and then, the day after you
- 6 went to the doctor, it was actually 103, isn't
- 7 that right?
- 8 A: When he was in the hospital in Florence, it was
- 9 103.
- 10 Q: Okay. Well in fact, maybe it was 102 -- the
- 11 day after you went to the doctor, the nurse
- 12 called you to see how he was doing and you told
- 13 her that his fever was still 102, correct?
- 14 A: I do not recall what his fever was.
- 15 Q: It was over 100 the entire time from basically
- 16 Tuesday on, isn't that right?
- 17 A: It was -- he had fever ---
- 18 Q: Okay.
- 19 A: --- and I ---
- 20 Q: And again you're ---
- 21 A: --- do not remember three and a half years ago..
- 22 Q: And you're a nurse, correct?
- 23 A: Oh, yes, I'm a nurse.
- 24 Q: High fever is consistent with the flu, is it
- 25 not?



1 A: High fever's consistent with a lot ---

2 Q: It's consistent with the flu, is it not?

3 A: It can be, yes.

4 Q: It is, not can be, it is, isn't that true?

5 A: Yes, it can be.

6 Q: Okay. Body aches that he was complaining
7 about, consistent with the flu, isn't that
8 correct?

9 A: He didn't have body aches.

10 Q: You testified when he got home the morning
11 after the -- maybe it was the third morning,
12 you said he was weak, isn't that right?

13 A: He had worked three nights sick.

14 Q: Consistent with the flu, isn't that right?
15 That's what happens when you get the flu. You
16 get weak and your body aches, isn't that right?

17 A: Yes, but he did not have body aches.

18 Q: You said he was weak.

19 A: He was hurting here (indicating).

20 Q: Okay. Which is also consistent with the flu,
21 isn't it? Isn't it? You're a nurse, isn't
22 that right?

23 A: You have body aches with the flu. Yes, you do.

24 Q: Now you testified that there was an -- that
25 nobody in your house was having flu-like



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

- 1 symptoms?
- 2 A: No.
- 3 Q: Did anybody else go to Loris Family Practice
- 4 with you other than you and your husband? Did
- 5 anybody else go with you?
- 6 A: No.
- 7 Q: All right. So the history that they received
- 8 at Loris Family Clinic was either from you or
- 9 from your husband or both, correct?
- 10 A: To the Loris Family Health Center?
- 11 Q: Yeah. On March the 21st.
- 12 A: My -- well it's my husband and I.
- 13 Q: Okay. And again, the report reads that he'd
- 14 had fever for four days, correct?
- 15 A: I would have to see the report.
- 16 Q: Okay. Well, but you know that he had fever for
- 17 four years, you don't have to see the report to
- 18 know that, correct? You know that he had had
- 19 fever for four days?
- 20 A: Tuesday, Wednesday -- three or four days, yes.
- 21 Q: He also -- he had a runny nose, a cough, is
- 22 that correct?
- 23 A: Yes, sir.
- 24 Q: All of that is true?
- 25 A: Yes, sir.



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

129

1 Q: He was having some tightness in his chest?

2 A: Yes, sir.

3 Q: And I'm just going to show you this.

4 MR. HOWELL: This is, Commissioner, page one of our
5 APA.

6 COMMISSIONER: I'm sorry, page?

7 MR. HOWELL: Page one ---

8 COMMISSIONER: Oh, okay.

9 MR. HOWELL: --- of our APAs.

10 Q: Again, under history and physical, patient here
11 for complaint of fever, head congestion for the
12 past four days. That's true, correct?

13 A: Yes, sir.

14 Q: Temps had been as high as 102. That's true,
15 correct? He had a runny nose, a cough that is
16 minimally productive. That's true, correct?

17 A: Yes, sir.

18 Q: Known to have allergies and had been taking his
19 allergy medication, correct?

20 A: Yes, sir.

21 Q: States that he was patrolling the area of
22 Carolina forest fire that occurred this
23 weekend, is that correct?

24 A: Yes, sir.

25 Q: Returned to work the next day and by day two he



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 began to have temperatures. Correct?

2 A: Yes, sir ---

3 Q: Is that correct?

4 A: --- it says that.

5 Q: He complains of chest tightness when he takes

6 a deep breath ---

7 A: Yes, sir.

8 Q: --- is that correct? So everything so far in

9 the report is completely accurate, correct?

10 A: Yes, sir.

11 Q: Denies shortness of breath.

12 A: Yes, sir.

13 Q: Dyspnea or exertion, that means he didn't have

14 any wheezing, correct?

15 A: No, shortness of breath is dyspnea.

16 Q: Okay. So -- but he didn't have that?

17 A: That's what it says.

18 Q: Okay. And that was true, correct?

19 A: That's what he said.

20 Q: Okay. And then it says sick contact with

21 daughter, isn't that right?

22 A: That's what it says.

23 Q: Okay. So everything in the report is true, and

24 are you saying that the report that he had sick

25 contact with his daughter is not true?



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

- 1 A: That's right, she had a urinary tract infection
2 ---
3 Q: Why would he ---
4 A: --- and I took her to the doctor.
5 Q: Why would he tell the doctor that he had been
6 around a daughter with a urinary tract
7 infection, can you explain that?
8 A: He was probably too sick to know what she had.
9 Q: Okay.
10 A: But I have her doctor's report.
11 Q: And you've seen the statement from Officer
12 Beaty, have you not?
13 A: No, I have not.
14 Q: You have not? I'm assuming you would agree
15 that your husband was an honest man?
16 A: Yes, sir. He was.
17 Q: Very honest man.
18 A: Yes, sir.
19 Q: He wouldn't tell his lieutenant a story, would
20 he?
21 A: He wouldn't tell his lieutenant a story, but he
22 wouldn't left that fire ---
23 Q: He wouldn't -- he wouldn't lie to you? He
24 wouldn't lie to you, would he?
25 A: No, sir. But he wouldn't have left that fire.



1 Q: Okay. According to the statement from Officer
2 Beaty, Deputy Causey -- still this is all the
3 morning of the 19th, Dep- ---

4 MR. HUMPHRIES: And again, I'm just going to
5 reiterate my objection as to a statement of the
6 defendant, which is hearsay in this context.

7 COMMISSIONER: Sustained.

8 MR. HUMPHRIES: Thank you.

9 Q: You allowed the record report in.

10 COMMISSIONER: Yeah, I'm ---

11 MR. HUMPHRIES: Absent the hearsay and the opinion.

12 COMMISSIONER: But I -- yeah, I am going to let the
13 -- let the opinion in and I'm going to give it
14 the weight that I feel it deserves.

15 Q: According to Officer Beaty -- do you know
16 Officer Beaty?

17 A: Yes, I do.

18 Q: Do you know him to be an honest man?

19 A: Yes, sir, I do.

20 Q: Okay. According to his statement, says Deputy
21 Causey believed that, at this point, the
22 coughing and sore throat was due to a family
23 member having flu symptoms. Do you know why
24 Officer Beaty would have put that in a report
25 if your husband hadn't told him that?



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 A: No, sir. But I do know that when Officer Beaty
2 probably approached my husband to leave that
3 fire, my husband probably wouldn't have left
4 that fire if his feet were broke.

5 Q: Okay.

6 A: Because my husband was gonna help those people
7 any way he could.

8 Q: All right. Now again, your husband was
9 hospitalized on the 23rd at McLeod and rapidly
10 went downhill, but he really had rapidly gone
11 downhill from that Wednesday and Thursday,
12 correct?

13 A: Yes, sir.

14 Q: Okay. It never got any better?

15 A: No, sir.

16 Q: Right. And because he didn't get any better,
17 he was transported to MUSC?

18 A: Yes, sir.

19 Q: And you were there and, in fact, the Sheriff
20 was there with you, correct?

21 A: Yes, sir.

22 Q: All right. And they did a battery of tests,
23 isn't that right?

24 A: Yes, sir.

25 Q: And the only test that came back positive was



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 the test that showed that he had H1N1, isn't
2 that right?

3 A: I don't know. I was not there when he was
4 transferred.

5 Q: You were there at MUSC when the diagnosis was
6 made, weren't you?

7 A: No, sir. When I got there, they told me that
8 he had H1N1.

9 MR. HUMPHRIES: Your Honor, I'm going to object to
10 this line of examination. The records speak
11 for themselves and asking her is asking her to
12 testify and that's hearsay.

13 A: Right.

14 MR. HUMPHRIES: He's asking her to rely on hearsay,
15 Your Honor.

16 MR. HOWELL: I can ask her what her understanding
17 is.

18 COMMISSIONER: Yeah, she -- you can testify to what
19 your understanding was, but just don't tell him
20 what somebody said. Go ahead.

21 Q: Your understanding after your husband got to
22 MUSC, after testing was done, that he'd been
23 diagnosed with acute respiratory distress
24 syndrome secondary to H1N1, isn't that correct?

25 A: No, sir. When I got to MUSC, and I met with



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 the doctor, I was told that my husband had what
2 they would call the perfect storm. That
3 because ---

4 MR. HOWELL: Your Honor, that's unresponsive to my
5 question ---

6 MR. HUMPHRIES: It absolutely is responsive, she's
7 allowed to answer -- to explain her answer.

8 A: If you want me to answer your question ---

9 COMMISSIONER: I'm -- I'm going to allow it, I'm
10 going to allow it, go ahead.

11 MR. HUMPHRIES: Thank you.

12 COMMISSIONER: I -- you can ---

13 A: I'm just going to tell you what I was told when
14 ---

15 COMMISSIONER: --- you can tell me what your
16 understanding about it is.

17 A: I was told he had the perfect storm. That he
18 was -- he had smoke inhalation injury ---

19 MR. HOWELL: Your Honor, I'm objecting ---

20 A: --- and ---

21 MR. HOWELL: I'm objecting, this is not responsive
22 to my question. It's not contained in the
23 medical records, so it's blatant hearsay
24 without an opportunity to cross examine.

25 A: It's in the death summary, what I'm getting



1 ready ---

2 COMMISSIONER: I'm -- I'm ---

3 A: --- to tell you is in the death summary ---

4 MR. HOWELL: It's not in the death summary.

5 COMMISSIONER: Still -- you can, like I said, just
6 stick to what your understanding, what's your
7 understanding.

8 A: When I got there they said he had the perfect
9 storm.

10 MR. HUMPHRIES: All right, let me -- what was your
11 understanding, after speaking with him ---

12 MR. HOWELL: Objection, I'm on -- I'm on cross
13 examination.

14 COMMISSIONER: Okay. All right. Ma'am, finish your
15 answer.

16 A: They told me he had ---

17 MR. HOWELL: Objection.

18 COMMISSIONER: Okay. Don't -- don't -- and I know
19 it's hard, just tell me ---

20 MR. HOWELL: Commissioner, my specific question was
21 did she understand that he had H1N1, it's
22 either yes or no.

23 A: Yes, I did.

24 Q: Okay. Thank you. That was the question ---

25 COMMISSIONER: Thank you. I appreciate it.



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 Q: --- that I had. Okay. And in fact that was
2 the diagnosis throughout the time that he was
3 at MUSC, isn't that correct?

4 A: No, sir.

5 Q: Okay. Now after -- well let me ask you this.
6 You agree you're not an expert in pulmonary
7 critical care medicine, correct?

8 A: No, sir.

9 Q: Okay. And regarding the cause of death, those
10 opinions should be reserved to the doctor's,
11 correct?

12 MR. HUMPHRIES: That's -- that's an inappropriate
13 question, that's not a question for her.

14 COMMISSIONER: Overruled.

15 Q: Isn't that correct? The doctor's make a
16 decision making medical causation ultimately,
17 isn't that right?

18 A: Yes, sir.

19 Q: Thank you, Ms. Causey.

20 MS. CAUSEY - RE-DIRECT EXAMINATION BY MR. HUMPHRIES:

21 Q: Very briefly, what was your understanding upon
22 his admission to MUSC regarding smoke
23 inhalation and H1N1?

24 MR. HOWELL: Objection, Your Honor, the only way she
25 could know that is from hearsay.



1 COMMISSIONER: I will -- I'll allow her to testify
2 as to what her understanding was.

3 Q: Not what they told you. What was your
4 understanding after having spoken ---

5 MR. HOWELL: Objection, Commissioner, the only way
6 she would understand that is if somebody told
7 her, so she's --- /

8 COMMISSIONER: I've -- I've ---

9 MR. HOWELL: --- testifying to hearsay.

10 COMMISSIONER: And I'm going to allow it.

11 MR. HOWELL: Without ...

12 COMMISSIONER: Go ahead.

13 A: I'll ---

14 Q: What was your understanding?

15 A: My understanding was that he had smoke
16 inhalation with H1N1, which made the entire
17 situation what we would consider to be the
18 perfect storm, which made it twice as bad and
19 that he may not survive.

20 Q: Okay.

21 COMMISSIONER: Mr. Howell?

22 MR. HOWELL: And I don't have anything.

23 COMMISSIONER: Okay.

24 MR. HOWELL: Well let me ask you this.

25 MS. CAUSEY - RE-CROSS EXAMINATION BY MR. HOWELL:



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

1 Q: Do you have any medical records that support
2 what you just said? Other than -- other than
3 the death summary that Counsel referred to --
4 to earlier. Is there any record that shows
5 anything about this perfect storm that you have
6 testified to? No? The answer no?

7 A: You have his medical records, I don't know.

8 Q: Well you testified regarding a conversation
9 that you had with somebody at MUSC, that gave
10 you that information, you don't have ---

11 A: Stated by a doctor.

12 Q: You don't have a record to support that, do
13 you?

14 A: That's why he was put on ECMO.

15 Q: You don't have a record to support that, do
16 you? You can't look at your lawyer, answer my
17 question. You don't have a record ---

18 A: I don't have his medical records.

19 Q: You don't have a record to support that, do
20 you? It's yes or no.

21 A: No, I don't have ---

22 Q: Thank you ---

23 A: --- his medical records ---

24 Q: --- that's all I have.

25 COMMISSIONER: Any more.



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

MS. CAUSEY - RE-DIRECT EXAMINATION BY MR. HUMPHRIES:

Q: That was your understanding after having spoken with the ECMO doctor?

A: Yes, sir.

Q: Tell the court what ECMO is.

A: Extracorporeal lung machine, it's the -- ECMO is the big lung machine that infants are placed on when their lungs are not -- and Timmy was placed on that five days after trying three separate ventilators that did not work after being transferred to MUSC. He was placed on the ECMO machine.

Q: That's all.

MS. CAUSEY - RE-CROSS EXAMINATION BY MR. HOWELL:

Q: I want to make sure I understood your -- your testimony. Your testimony is it was your understanding based upon a conversation with the person that put him on the ECMO machine?

A: The ECMO -- the ECMO doctor, the specialist.

Q: Okay. Do you even know his name?

A: I could find out.

Q: You're here today. Do you actually even know his name?

A: It's in the medical record.

Q: Do you know his name?



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 A: No, I don't ---

2 Q: Okay.

3 A: --- right off the top of my head.

4 Q: Do you have any ---

5 A: It's been almost four years.

6 Q: --- do you have any report or opinion from him
7 today?

8 A: No, I don't.

9 Q: Okay.

10 MR. HOWELL: I don't have any more questions,
11 Commissioner. I would just refer you to our
12 APA's pages 180 to 2,014 that show each and
13 every note has that diagnosis as ARDS secondary
14 to H1N1.

15 COMMISSIONER: Okay. Thank you. Mr. Humphries?

16 MR. HUMPHRIES: Nothing further with this witness,
17 Your Honor.

18 COMMISSIONER: Okay. Ma'am, you can step down, and
19 if you want to have a seat back you may.

20 MR. HUMPHRIES: I'm going to call Jerry Delpercio as
21 a witness.

22 COMMISSIONER: Okay. Call him up.

23 (Off the record discussion.)

24 COMMISSIONER: Come on up here, sir. Have a seat
25 and make yourself comfortable. I have a couple



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

1 quick instructions for you if you would ---

2 MR. DELPERCIO: Yes, sir.

3 COMMISSIONER: Please speak up for people here, so
4 we can all hear your responses to the
5 questions. If you're asked a yes or no answer,
6 please -- a yes or no question, please give us
7 a yes or no answer. Try and stay away from
8 things like uh-huh and huh-uh, just because
9 that's too easily misunderstood for the record,
10 so if you would help us out we would appreciate
11 it, okay?

12 MR. DELPERCIO: Absolutely.

13 COMMISSIONER: All right. Please raise your right
14 hand.

15 GERALD DELPERCIO, having been duly sworn, deposes and
16 testifies as follows:

17 COMMISSIONER: Okay. You can put your hand down.
18 State and spell your name for the record.

19 MR. DELPERCIO: I'm Gerald, G-E-R-A-L-D, last name
20 is DelPercio, D-E-L capital P-E-R-C-I-O.
21 Everybody calls me Jerry, not Gerald, Jerry
22 with a J.

23 COMMISSIONER: All right. Thank you, sir. Mr.
24 Humphries, your witness.

25 MR. DELPERCIO - DIRECT EXAMINATION BY MR. HUMPHRIES:



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 Q: Tell me how you're employed?

2 A: So I work for the Horry County Sheriff's
3 Office.

4 Q: Where in March of 2013 did you reside?

5 A: March of '13 -- in Horry County, 4904
6 Britewater Court, unit 202 in Myrtle Beach,
7 South Carolina, is the mailing address and it's
8 Windsor Green.

9 Q: And was Windsor Green the subject of the fire
10 that we've been talking about?

11 A: Yes, sir, it is.

12 Q: All right. Tell the Commissioner -- give the
13 Commissioner some idea of the scope and the
14 severity of that fire, if you will. Were you
15 present at the time of the fire?

16 A: Can I start from the beginning, sir?

17 Q: I want you to start from the beginning. Yes,
18 sir.

19 A: All right. I was working the car show at
20 Myrtle Beach, off duty, extra duty job. The
21 corporal let me go at ten minutes to 5:00,
22 instead of 5:00 o'clock. I got home, I saw
23 black smoke three blocks down from my house.
24 I went in, told my wife there's a fire, we're
25 gonna see what's going on. She decided she was



1 going to walk down and if I may use my hand --
2 so that's the tree line. I presume everybody
3 knows the area, but there's a street that comes
4 in, Harvest, and the condos on the left side of
5 that are all the ones that burned down, the
6 ones on the right side are three stories, they
7 did not burn down. I came in, tell her about
8 the fire, she walked along the tree line which
9 was to the left of our -- my condo, which ran
10 all the way to -- down the end. She walked
11 that way, I drove down because I told her I was
12 tired, I was gonna to ride down with my car,
13 and I parked on the right-hand side. As I got
14 out of the vehicle -- and this is approximately
15 7 after 5:00, 8 after 5:00, something like that
16 -- I got out of my vehicle, I'm still in
17 uniform, I saw the trees on fire about 50, 60
18 feet high. I called dispatch and said do you
19 have any vehicles coming out? She told me yes
20 we do, we have a couple trucks coming. I said
21 well as I'm speaking with you, you better send
22 more trucks because the fire just started an
23 unoccupied building. At that time, a fire
24 truck came in, went down the cul-de-sac, the
25 third one down I believe it was. Started to



1 fight that fire on the other side of that, in
2 the building that was on fire, and I totally
3 watched the flames cross over the fire truck,
4 across the street, and started the next
5 building on fire. At that time, I couldn't get
6 my vehicle out because people were leaving. I
7 pretty much ran back as much as I could run,
8 telling people as I was going get out, get out,
9 get away as far as you can. Please evacuate.
10 Got down to my street and turned to my right to
11 go to my condo, and that wall of pine trees was
12 on fire again, 50, 60 feet high. The building
13 across the street from mine was already on
14 fire. I ran in the house, got one cat out, put
15 it in my wife's car, which was still there. As
16 I ran out the steps, the fire was getting ready
17 to build- -- the fire -- the building next to
18 me. I knocked the glass out of the fire
19 extinguisher, put it on the steps so if I
20 needed to get myself out to the car. I grabbed
21 the other cat, went down, got into the car, I
22 tried to leave. I can't see because the smoke
23 was so heavy. The noise that's heading from
24 the pine trees and the buildings burning --
25 something I'll never forget. It was hard to --



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 I kept the windows up in the car there was so
2 much smoke. I started to drive out very slow
3 because I didn't know which way the road goes.
4 Somebody knocked on my passenger window -- I
5 put this in whenever I tell the story -- my
6 driver window, I'm sorry, my driver window and
7 said there's a lady trying to get your
8 attention on the other side. Well the smoke
9 was so thick I couldn't see her. And he -- so
10 I opened the window and it was my wife. She
11 got in, I turned and to tell that gentleman
12 thank you and he was gone. So fate would have
13 had it, it may have been an angel or whatever,
14 but I couldn't see him anymore, he was walking
15 into the fire. I drove out slowly to the
16 entrance way, which was still somewhat clear.
17 I drove to the end, told my wife to get in the
18 vehicle. Driv- -- she didn't have anything,
19 not her pocketbook or nothing and she had no
20 license and I said I don't care, just go. Get
21 away from here as far as you can go. I stayed
22 at the entrance of Windsor Green, directing
23 fire trucks in and directing cars out. Fire
24 trucks were lined up, firemen had their masks
25 on, they had their helmets on, masks on, over

**CREEL COURT REPORTING, INC.**

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

147

1 here (indicating). I was still -- I had a
2 short sleeved shirt on instead of my long
3 sleeve, I was in uniform. Got hard to breathe,
4 especially the last building about 50 feet from
5 me caught on fire and I couldn't breathe
6 anymore and I told the firemen I got to leave.
7 And I ran across the street to another
8 development, laid on the ground and drank water
9 out of the water fountain. And then went on to
10 look for my wife. Came back after I found her
11 and we stood on the street. And it was still
12 smoldering bad, it sounded like a war zone.
13 There was explosions, red smoke, black smoke,
14 whatever you can think of. It's something I'll
15 never forget. I know there's video of it.

16 Q: You've had an opportunity to observe that
17 video?

18 A: No, sir. I have not. I've seen it on the news
19 after it happened, but I never saw the video.
20 I presume it's in this court.

21 Q: Tell me how long did those smoky conditions
22 last?

23 A: Well I got -- the fire started, I presume, like
24 8, 10 after 5:00, something like that, and all
25 the buildings were engulfed within 20 minutes



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 because of the wind. I went back, went and got
2 my wife, I went out to the end of the entrance
3 with my wife, and everybody and their brother
4 was there for the counting. It was still
5 smoking. I went back the next day and with my
6 son -- he's a county police -- I went back with
7 him to see if I could retrieve anything from my
8 building. I had fire boxes and a gun safe, and
9 it was still smoking. Everything was about
10 debris, three feet deep, if that, two feet
11 deep. That's how hot the fire was. As -- I
12 got my -- they found my gun safe, it was still
13 in tact. Pried it open with a crow bar,
14 everything was melted except the -- the rack on
15 the glocks. The rest of the shotguns, they
16 were all bent in half. The fire was so hot I
17 found bullets with the powder burned out and
18 the projectile still are attached.

19 Q: How many of these buildings were involved in
20 that fire?

21 A: There's eight buildings to the cul-de-sac, I
22 was in the first one, that's eight, the second
23 one is 16, the third one is 24, and two
24 buildings on this side (indicating). It was 26
25 buildings I believe, 24 went to the ground for



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 sure.

2 Q: 149 units, does that sound about right? That
3 were destroyed by the fire?

4 A: Well there was four units to a building. So
5 there 4, 8, 12, 16, 32, 32 and 32 is 64, 96,
6 about 98 or 100, something like that.

7 Q: Okay. Did you note that there were Sheriff's
8 personnel stationed around and about that --
9 that scene, maintaining security over the
10 scene?

11 A: I found out later. Well I stayed there until
12 about 9:30, 10:00 o'clock. And went to Wal-
13 Mart and bought some clothes for my wife and I.
14 And I understood there was -- to stop the
15 looting, if there was anything to be looted,
16 that they were there for security.

17 Q: Okay.

18 MR. HUMPHRIES: That's all I have for the witness.

19 COMMISSIONER: Okay. Mr. Howell?

20 MR. DELPERCIO - CROSS EXAMINATION BY MR. HOWELL:

21 Q: Thank you, Officer DelPercio.

22 A: Yes, sir.

23 Q: Again, you said that within about 20 minutes
24 that the fire had engulfed all of the four
25 buildings, is that correct?



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

- 1 A: Well I'll tell you, doing what I was doing, I
2 was there, 10 after 5:00, the first building
3 was on fire. Within about 20, 25 minutes all
4 the buildings, yes, sir, were on fire.
- 5 Q: Okay. And again, you testified that --
6 obviously where you were when you were
7 explaining how thick the smoke was ---
- 8 A: Yes, sir.
- 9 Q: --- you were actually inside the fire zone
10 where the fire was actually -- where it was,
11 correct?
- 12 A: Well all the buildings were on fire.
- 13 Q: Right, but you went to your -- you were going
14 to your house, which is ---
- 15 A: Yes, sir.
- 16 Q: Okay. So you were in the actual fire zone ---
- 17 A: Yeah, my street was the last street to burn.
- 18 Q: Okay. So you weren't on the perimeter of the
19 fire when you were explaining to him how smokey
20 it was?
- 21 A: Yes, I was. Because I was at the entrance to
22 the fire.
- 23 Q: Okay. So you can't ---
- 24 A: You -- how do you ---
- 25 Q: --- but you testified -- you testified earlier



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 that, obviously when you saw your wife -- and
2 listen to my question.

3 A: Yes, sir.

4 Q: When you saw your wife and everything, you said
5 it was thick smoke, and then you got to the
6 entrance where you could see, correct?

7 A: Yes, sir.

8 Q: All right. And then you went away from there?

9 A: Yes, sir.

10 Q: All right. And you said that you had some --
11 because again, you had been in the midst of the
12 fire area, correct?

13 A: Yes, sir.

14 Q: And you said that you had some breathing issues
15 as you were leaving the area, correct?

16 A: I had breathing issues. If you know the
17 diagram of the development, the perimeter you
18 said was the entrance to the development.

19 Q: Okay. But my question was you said you had
20 some breathing issues as you were leaving,
21 correct?

22 A: Yeah.

23 Q: All right. And then those -- those issues,
24 those problems got better, correct? You didn't
25 have any long-term effects, did you?



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 A: I don't know, because I have a constant cough
2 and I don't know what it's from.

3 Q: Okay. You don't ---

4 A: I don't know.

5 Q: --- you don't know whether you have any long-
6 term effects from ---

7 A: Like I said, I have the constant cough ---

8 Q: You didn't miss any time from work as a result
9 of it?

10 A: No. Well I stayed out of work for three weeks.

11 Q: Okay. Not because of the smoke inhalation ---

12 A: No, sir. No, sir.

13 Q: Okay. And then the fire was essentially, for
14 all practical purposes, was extinguished that
15 night, correct?

16 A: Not really because they still had fire trucks
17 putting water on the smoke and what I said
18 earlier in my testimony, there was still smoke
19 when I went back the next day.

20 Q: Okay. But the fire was out -- the major fire
21 was out that night ---

22 A: Affirmative. Yes, sir.

23 Q: Okay. Because there was still the possibility
24 of looters coming in there and that sort of
25 thing and it was still a hot area, they still



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 had fire department personnel in there and they
2 still had the deputies around the perimeter,
3 correct?

4 A: I know they had the deputies, I presume the
5 fire department was there also.

6 Q: Okay. But the conditions, you would agree, on
7 night two, were substantially better than they
8 were on night one, correct?

9 A: I guess, because I wasn't there on night two,
10 so I don't know.

11 Q: Okay. So you don't know, all you can testify
12 to is what you ---

13 A: Night one.

14 Q: --- observed on night one?

15 A: Yes, sir.

16 Q: Okay. And I think you also testified in your
17 deposition that you weren't there on night
18 three either, correct?

19 A: Correct.

20 Q: All right. So all you can testify to is the
21 conditions on the first night?

22 A: Yes, sir.

23 Q: And during -- at no time did you either see or
24 talk to Deputy Causey on any of these nights,
25 did you?



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 A: Correct.

2 Q: So you have no knowledge of anything related to
3 his medical condition?

4 A: No, sir. I do not.

5 Q: You have no knowledge of any information -- any
6 information about what caused his death, do
7 you?

8 A: No, sir.

9 Q: Okay. All you are here to testify to is your
10 observations over that it was smoky that first
11 night?

12 A: Very much so.

13 Q: And you also -- Counsel asked you whether or
14 not you observed any deputy sheriffs on the
15 perimeter of the fire that night and you said
16 that you heard later that the deputies were
17 around the area.

18 A: Yes, sir. I didn't have my radio on.

19 Q: Okay. And so you didn't see them?

20 A: No, sir. I did not.

21 Q: But you were there until 9:30 or 10:00 o'clock
22 that night?

23 A: Yes, sir.

24 Q: So they didn't arrive until some time after
25 that, correct?



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 A: Now that I don't know.
2 Q: Okay. You didn't see them?
3 A: No, sir.
4 Q: And by the time the deputies arrived, the fire
5 department was already on the scene?
6 A: I guess.
7 Q: Okay. They were ---
8 A: I wasn't there.
9 Q: --- already putting water on the fire?
10 A: Yes, sir.
11 Q: Okay.
12 A: They were putting water on it when I left.
13 Q: Okay. That's all I have, Commissioner.
14 COMMISSIONER: Okay. Mr. Humphries.
15 MR. HUMPHRIES: No further questions of this
16 witness, Your Honor.
17 COMMISSIONER: Okay. Thank you, sir. Appreciate
18 your testimony, and you can step down, sir.
19 Thank you, sir.
20 MR. HUMPHRIES: I call Sheriff Thompson.
21 COMMISSIONER: Okay.
22 MR. HUMPHRIES: And I'll get him.
23 COMMISSIONER: Thank you.
24 MR. HUMPHRIES: Sheriff, if you'll sit down and be
25 sworn?



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 COMMISSIONER: If you'll just step right here, sir.

2 Have a seat, make yourself comfortable.

3 MR. THOMPSON: Okay.

4 COMMISSIONER: Real quickly, if you would please
5 speak up, speak clearly for us so we can all
6 hear your responses to the questions. If
7 you're asked a yes or no question please give
8 us a verbal yes or no answer, and just try and
9 stay away from things like uh-huh and huh-uh,
10 just because that's too easily misunderstood
11 for the record. I appreciate it, sir. All
12 right, please raise your right hand.

13 PHILLIP THOMPSON, having been duly sworn, deposes and
14 testifies as follows:

15 COMMISSIONER: Okay. Put your hand down. Please
16 state and spell your name for the record, sir.

17 MR. THOMPSON: Phillip Edward Thompson, T-H-O-M-P-S-
18 O-N.

19 COMMISSIONER: Thank you, Mr. Thompson. Mr.
20 Humphries, your witness.

21 MR. HUMPHRIES: Thank you.

22 MR. THOMPSON - DIRECT EXAMINATION BY MR. HUMPHRIES:

23 Q: Sheriff, how long have you been the sheriff in
24 Horry County.

25 A: 15 -- almost 16 years.



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 Q: And what is the extent of your law enforcement
2 experience?

3 A: I have 38 years law enforcement experience.

4 Q: Did you have the occasion in connection with
5 your duties as the sheriff of Horry County to
6 assign certain members of your department to
7 provide security and assistance at the Windsor
8 Green fire back in March of 2013?

9 A: Yes.

10 Q: Was one of those deputies Timmy Causey?

11 A: Yes.

12 Q: If he were there at Windsor Green, would he
13 have been there based on your assignment or
14 your delegation of him to that particular post
15 while in the course of his employment?

16 A: Yes, sir.

17 Q: Okay. Let me ask you, did you have any
18 personal contact with Timmy Causey that first
19 evening?

20 A: I did.

21 Q: Tell the Commissioner, if you will, briefly
22 about that contact?

23 A: Once we had our folks arrive at the scene,
24 because we had called some people in, off-duty
25 folks in, to work the fire. The security



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

- 1 detail after the fire basically is what it was,
2 and we called some folks in. And I met with
3 each one of them as a group as they came in.
4 And thanked them for coming in because they had
5 been scheduled off. They came in to help and
6 to assist, so I just met with them briefly,
7 told them a brief -- just let them know briefly
8 what they were going to be doing, but mainly to
9 just thank them for coming in and working.
- 10 Q: And you had that kind of conversation with
11 Timmy Causey?
- 12 A: I did.
- 13 Q: Did you have any interaction individually with
14 him?
- 15 A: I did. I did with each one of them.
- 16 Q: Okay. And in -- when you spoke with Timmy
17 Causey that evening, what was your -- to the
18 extent you can recall, what were your
19 observations regarding his physical condition
20 at that point?
- 21 A: He seemed fine, seemed well.
- 22 Q: No coughing, no sneezing?
- 23 A: No.
- 24 Q: No red eyes?
- 25 A: No.



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 Q: Okay. He worked three shifts? Three nights,
2 to your recollection? And if you don't recall,
3 that's fine, it's in the records.

4 A: He worked several nights, I just don't know the
5 exact number.

6 Q: All right. There was a point at which -- was
7 there a point in which you were notified that
8 he was ill?

9 A: There was.

10 Q: Okay. Did you have the occasion to visit him
11 at any point after the notification of his --
12 of his illness?

13 A: No.

14 Q: Okay. Did you reach out to either he or his
15 wife by telephone in connection with that?

16 A: I know I didn't speak with him, I talked with
17 his supervisor ---

18 Q: Okay.

19 A: --- supervisor was telling me that he was ill.
20 And they had moved him from one location to
21 another location.

22 Q: Okay.

23 A: And that he -- he wanted to work. And so they
24 moved him from one point -- checkpoint that he
25 was at to another checkpoint, but I never



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 talked with Timmy.

2 Q: Okay. All right. You were advised when he was
3 admitted into McLeod?

4 A: I was.

5 Q: And were later advised when he was airlifted
6 and transported to MUSC?

7 A: That's correct.

8 Q: Okay. He succumbed to his injuries at MUSC in
9 May, do you recall that?

10 A: Yes.

11 Q: As a result of -- and were you aware at that
12 time of the death discharge summary from the
13 Medical University in connection with Timmy
14 Causey, which noted as a -- as one proximate
15 cause of his death, smoke inhalation injury?

16 A: I was -- yes, and that was after the fact.

17 Q: Right.

18 A: Yes.

19 Q: Right. Based on that information, did you or
20 members of your department at your direction
21 submit Timmy Causey for recognition with
22 county, state, and/or federal authorities
23 regarding officers dying in the line of duty?

24 MR. HOWELL: Objection, relevance. It's not
25 relevant. There's no relevance whatsoever.



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 MR. HUMPHRIES: It goes -- that's what we're talking
2 about, the scope of his employment. And his
3 understanding regarding the cause of death and
4 what he did as a result of the cause of death.
5 He's already testified he's aware of the cause
6 of death and smoke inhalation injury, and we're
7 talking about the scope of his employment. In
8 the line of duty is a scope of employment.

9 MR. HOWELL: It's irrelevant, I mean, he already
10 testified that he -- that Mr. Causey was on the
11 job where he was because he assigned him there.
12 That's all we need to know.

13 COMMISSIONER: Well I'm -- I'll allow it, he can
14 testify.

15 Q: Thank you.

16 A: Yes, I did.

17 Q: And as a result of those submissions, was he
18 recognized both on the county, state, and
19 federal level as an officer who had died in the
20 line of duty?

21 MR. HOWELL: Objection, relevance. Same objection,
22 he makes again, and it's highly prejudicial.
23 He wants you to listen to this testimony and
24 have an effect on you in terms of your decision
25 and that's improper.



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

1 COMMISSIONER: I'm going to allow it and give it the
2 weight I feel it deserves.

3 Q: Thank you.

4 MR. HUMPHRIES: That's all I have for this witness,
5 Your Honor.

6 COMMISSIONER: Okay.

7 MR. THOMPSON - CROSS EXAMINATION BY MR. HOWELL:

8 Q: Sheriff Thompson, the fire was essentially
9 extinguished after the first night, correct?

10 A: Yes, the fire was.

11 Q: Okay. And the only evening that you were there
12 were -- was the evening of the first night,
13 correct?

14 A: Well I was ---

15 Q: At night, I think you said in your deposition
16 you went back during the day, but at night you
17 were not there?

18 A: That's correct.

19 Q: Okay. And the only conversation you saw -- you
20 had with Mr. Causey was a brief conversation
21 basically just to thank him for his service and
22 for being there, correct?

23 A: That's correct. We probably -- I probably
24 talked to the group for 15 minutes or so.

25 Q: And that was the first evening, correct?



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

1 A: That's correct.

2 Q: All right. And as you indicate in your
3 deposition, it wasn't any sort of in-depth
4 conversation, and it was as a group, correct?

5 A: That's correct.

6 Q: All right. Now Counsel asked you whether or
7 not you were aware of the hospitalization at
8 McLeod and you said you were, is that correct?

9 A: That's correct.

10 Q: All right. And you also were aware that he'd
11 been transported to MUSC?

12 A: Yes.

13 Q: In fact, you gave Ms. Causey a ride to
14 Charleston, is that correct?

15 A: Yes.

16 Q: All right. And upon arrival, you along with
17 the entire family found out that the reason he
18 was sick was because he had H1N1, correct?

19 A: That's what we were told when we arrived.

20 Q: Okay. When you submitted the applications for
21 these awards, did you submit any information
22 that he had H1N1 swine flu?

23 A: We submitted the death certificates and all
24 that information ---

25 Q: You submitted the death certificate, is that



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

1 correct?

2 A: Yes.

3 Q: All right. And you said -- did you submit the
4 death summary, did you submit that?

5 A: I'm sure there was one.

6 Q: Okay. And then did you submit any other
7 information?

8 A: We -- there's a packet that's to be filled out
9 with this -- and we completed the packet. For
10 me to tell you each individual step of it, I --
11 I can't do that.

12 Q: But the truth of the matter is is that the
13 places that you sent applications for the
14 awards were not told that the cause of his
15 death was H1N1, were they?

16 A: I can't answer that.

17 Q: Okay. You're not a medical doctor you would
18 agree?

19 A: Oh, yes, I agree.

20 Q: And you would agree that in terms of what
21 caused Mr. Causey's death, that would be up to
22 the medical experts, you would agree with that?

23 A: Yes.

24 Q: Okay. Thank you, sir. Those are all the
25 questions I have.



1 COMMISSIONER: Mr. Humphries?

2 MR. HUMPHRIES: No, Your Honor.

3 COMMISSIONER: Okay. Sir, thank you and I
4 appreciate your testimony and you can step
5 down. Thank you, sir.

6 MR. HUMPHRIES: And you are free to go, Sheriff, or
7 remain in the courtroom at this point. And
8 would the -- we're ready to call Dr. Collins.
9 It's up to the Commissioner whether or not you
10 wish to -- I'm not trying to anticipate a
11 break, I'm just telling you we're ready to go,
12 it's up to you ---

13 COMMISSIONER: I'm fine with proceeding as long as
14 you are.

15 MR. HUMPHRIES: I am.

16 COMMISSIONER: Okay.

17 MR. HOWELL: I'm fine.

18 COMMISSIONER: Okay.

19 MR. HUMPHRIES: You can go ahead and get sworn.

20 COMMISSIONER: If you can step around here and have
21 a seat right there, make yourself comfortable.
22 I have a couple quick instructions for you. If
23 you would please speak up, speak clearly for
24 us, it's important that we all hear your
25 responses to the questions. And most



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

1 importantly, this nice lady in front of me get
2 them for the record. If you're asked a yes or
3 no question, please give us a verbal yes or no
4 answer. Try and stay away from things like uh-
5 huh and huh-uh, that's just too easily
6 misunderstood for the record. So if you could
7 help us out with that I would appreciate it,
8 okay?

9 DR. COLLINS: Okay.

10 COMMISSIONER: Okay. Please raise your right hand.

11 KIMBERLY COLLINS, having been duly sworn, deposes and
12 testifies as follows:

13 COMMISSIONER: Okay. You can put your hand down,
14 please state and spell your name for the
15 record.

16 DR. COLLINS: Dr. Kimberly Anne Collins, C-O-L-L-I-N-
17 S.

18 COMMISSIONER: Thank you, Ms. Collins. Mr.
19 Humphries, your witness.

20 MR. HUMPHRIES: Thank you, Commissioner.

21 DR. COLLINS - DIRECT EXAMINATION BY MR. HUMPHRIES:

22 Q: Dr. Collins, give the Commissioner the benefit
23 of your training experience in a relatively
24 capsulated form if you would.

25 A: Okay. I'm a physician, I went to medical



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

1 school in Georgia, and then I completed a five-
2 year anatomic and clinical pathology residency
3 at Wake Forest. Following my residency, I
4 completed a one-year forensic pathology
5 fellowship at MUSC. So I'm a forensic
6 pathologist, I've served as a chief medical
7 examiner and director of autopsy and forensic
8 pathology at MUSC. I currently work in
9 Newberry Pathology. I've performed
10 approximately 3,000 autopsies. I've testified
11 in court and deposition approximately 250
12 times. I'm boarded in anatomic pathology,
13 clinical pathology, and forensic pathology.

14 Q: Now were you contacted by the claimant in this
15 case to review certain medical records and to
16 render an opinion regarding his cause of death?

17 A: Yes, I was.

18 Q: If you'll tell the Commissioner briefly what
19 you were -- what you reviewed?

20 A: Yes. I reviewed the medical records for Mr.
21 Causey from Loris Family Health Clinic. I had
22 deposition transcripts: Dee Ford, Donna
23 Causey, Dr. Charlton Strange, Dr. Timothy
24 Whelan, and Dr. Nicholas Pastis. I then had
25 medical records of his from McLeod Regional



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

1 Medical Center from March 23rd through the
2 28th, 2013. Then upon transfer I had medical
3 records from the Medical University of South
4 Carolina. I had opinion letters from Dr. John
5 Mitchell, Dr. Cauthen, Dr. Gaufin and, more
6 recently, Dr. Sporn.

7 Q: And Dr. Sporn is who exactly?

8 A: Dr. Sporn is a faculty member at Duke
9 University Medical Center. He does pulmonary
10 and thoracic pathology.

11 Q: Okay. Notably, you had the benefit of Donna
12 Causey, the wife of the claimant's, deposition?

13 A: Yes.

14 Q: Which provided a history of sorts?

15 A: Yes.

16 Q: And a timeline. Based on -- and I don't want
17 to over involve this process, but the issue
18 obviously for the Commission is did Timothy
19 Causey, number one, die in -- was he injured in
20 the scope of his employment, and was that
21 injury a proximate cause of his ultimate death.
22 Give the Commission, if you will, your opinion,
23 your expert opinion, as to -- to his injury,
24 speaking specifically about the smoke
25 inhalation.



1 A: My opinion is that this was a healthy young man
2 until he experienced the three days of smoke
3 inhalation, and that lead to what we call an
4 inhalation injury which lead to acute lung
5 injury. And in that process, his immune system
6 -- particularly in the lungs that help you
7 fight off what you're breathing in, all the
8 germs, etcetera -- during this time he
9 developed H1N1 influenza, influenza A.
10 Secondary to developing influenza, he had
11 secondary bacterial infections, such as
12 Klebsiella, pseudomonas, and then those caused
13 a pulmonary hemorrhage. So he actually dies of
14 the pulmonary hemorrhage and the bacterial
15 infections due to the H1N1 influenza, due to
16 the smoke inhalation.

17 Q: Now, let's talk about how the smoke inhalation
18 -- well first of all, let's do this. H1N1 we
19 can all agree is, or can be, a fatal disease?

20 A: It can be, it's usually not.

21 Q: It's usually not, and let's tell the Commission
22 in what cases usually is it a fatal, or can it
23 be fatal?

24 A: It usually can be fatal or a really serious
25 illness, and morbidity mortality increases in



1 the elderly, in children, and anyone that's
2 immunocompromised, including diabetes. They've
3 now determined obesity is actually a risk
4 factor for having a poor clinical force and in
5 any situation that you have an immuno -- your
6 immune system has been compromised or damaged
7 in some fashion. Those are the types of
8 individuals where the H1N1 can set up
9 housekeeping, set up a nidus, and cause a very
10 -- instead of a self-limited, mild course, it
11 can develop into a serious illness. And what
12 usually causes individuals to die is not really
13 from they have the flu, but they get these
14 secondary bacterial infections that the body
15 just cannot fight off.

16 Q: Let's talk a bit about your research in
17 connection with your opinion about the toxic
18 nature of the smoke.

19 A: Okay.

20 Q: Tell the -- tell the Commission, if you will;
21 about what you -- what you learned based on
22 your research in connection with the smoke
23 itself?

24 A: Okay. We have a lot of fire deaths, so there
25 are really three types of reasons you're going



1 to die from a fire. One is from the heat and
2 the fire, the flames. The other is going to be
3 an acute, is also from carbon monoxide
4 toxicity. But the third is what we've most
5 recently realized is going on in these
6 individuals, it's not just carbon monoxide --
7 that might be if we're in a forest fire -- but
8 what we see more often, especially the
9 synthetics -- things that are made out of
10 vinyl, nylons -- we have a lot of other
11 chemicals that are included now in our gas
12 panels, whether it's a living or deceased
13 individual, when you draw blood for toxicology.
14 Because it's these toxic polyvinyls, polyvinyl
15 chlorides, ammonia, formaldehyde. Those are
16 the things that are -- cause the third category
17 of death from a fire with an inhalation injury.
18 Now when these get into the body, you inhale
19 them, they affect from the mouth all the way
20 down to the lungs. They affect not only the
21 one structure, the cells, the alveoli, that
22 line the lungs and exchange gas. They affect
23 the capillaries, that's why the people get
24 pulmonary edema. They affect the normal cells
25 that are there to protect our body from viruses



1 and bacteria, that's why we get the secondary
2 bacterial infections. They affect the cells in
3 the bronchus that have the cilia that move and
4 beat up the mucous with the toxins and other
5 organisms. They also affect on the cellular
6 level, certain T-cells and natural killer cells
7 that we know are in our body and you know that
8 they -- they're role, their big function is to
9 fight viruses. And so once you have inhaled
10 not only the soot, but also the carbon monoxide
11 -- and it's a chemical irritant, chemical
12 inhalation -- then you -- you're on a cascade
13 of events because of the systemic problems this
14 can create and metabolic problems it can
15 create. And so you have acute lung injury,
16 which develops into ARDS, which then can
17 develop into multi-organ failure and secondary
18 infections.

19 Q: Now, are there tests which -- well, are there
20 tests which, if performed, could assist a -- a
21 medical professional in diagnosing the
22 condition that you just described?

23 A: The inhalation injury?

24 Q: Yes.

25 A: A lot of its history -- I mean, we've had fires



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

1 for centuries and centuries -- but now you take
2 your patient, and if they've been in a
3 situation for inhaling fumes, chemical toxic
4 fumes, smoke, fire, you can actually look down
5 their airway with bronchoscopy, and you can see
6 soot, you can see if the lining is damaged.
7 And that would then prompt the physician to
8 know this person's at risk, and maybe we need
9 to really pay attention or keep an eye on this
10 individual, let's maybe run some additional
11 tests that ordinarily we wouldn't run. So they
12 might run some additional tests to make sure
13 that they're exchanging air adequately. Make
14 sure that they're producing a protective
15 chemical causing factor. And so there -- yeah,
16 there are some additional tests -- tests that
17 you can do in a modern facility. Not every
18 facility has this capability.

19 Q: Sure. Well let me ask you this. Particularly
20 in Timmy's case where he is intubated and --
21 and on ECMO after, you know, after several days
22 at MUSC. Are those types of tests medically
23 required or recommended when you're already at
24 that stage? Would they have been medically
25 efficient? Would that be something a doctor



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

1 would order?

2 A: A doctor would not order those, they're not
3 going to be used at that time in the treatment
4 of the patient or in the diagnosis of where he
5 stands at that point. At that point with H1N1,
6 secondary bacterial infections, and bleeding
7 into your lungs, a physician really could care
8 less if he looks down there and sees soot. He
9 knows if he did, or she, looked down there,
10 they would see lung injury because they've got
11 H1N1 and you can see that on X-ray. So they
12 know what's going on on a cellular pathological
13 level. Would they put the patient through
14 bronchoscopy? There's really no need for that
15 on a medical, and instruments, a patient level
16 to do that, to have them undergo that
17 procedure.

18 Q: But you brought up a good point, and that is
19 history. Let's talk in general about what role
20 history plays in terms of diagnosis.

21 A: History plays a major role. When I was in
22 medical school, you assess a patient, you're
23 kind of confused. The number one thing every
24 teacher will tell you to do, go back and take
25 another history, go back and take another



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

1 history. History is part of forensic
2 pathology. Even our reports across the country
3 will say in light of the history. We do not
4 work in a vacuum, we do not work in a black
5 box, we take history. The first thing on --
6 when you come into your doctor's office, we
7 have the SOAP format. SOAP is subjective,
8 that's your history; O is objective, those are
9 your blood tests, listen with your stethoscope;
10 A is assessment, your diagnosis; and P is plan,
11 what do we do now? The first is S, subjective
12 and history.

13 Q: Let me ask you, Doctor. Do you have an opinion
14 to a reasonably degree of medical certainty,
15 more likely or not, as to the cause of death
16 for Timothy Causey?

17 A: The underlying cause?

18 Q: Correct.

19 A: It's the smoke inhalation.

20 Q: And again, very briefly, tell the Commission
21 why that's true.

22 A: That is true because it's my medical opinion,
23 more likely than not, that but for this man had
24 been involved in this fire and inhaled these
25 chemicals those three days, but for that



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

1 occurring, he would not have developed H1N1.
2 And that is my opinion that if you look at the
3 history, you look at the scenario, the
4 chronology, the events follow perfectly. Acute
5 lung injury from smoke inhalation, ARDS acute
6 respiratory distress syndrome, H1N1, and then
7 you get you secondary bacterial infections, and
8 your hemorrhage into your lungs.

9 MR. HUMPHRIES: That's all I have for the witness at
10 this time.

11 COMMISSIONER: Okay. Mr. Howell?

12 MR. HOWELL: Thank you, Commissioner.

13 DR. COLLINS - CROSS EXAMINATION BY MR. HOWELL:

14 Q: Dr. Collins, you are a pathologist by training,
15 correct?

16 A: Yes, sir.

17 Q: You do not treat patients?

18 A: I don't treat patients, no, I do assess living
19 individuals.

20 Q: You are not an expert in pulmonary and critical
21 care medicine?

22 A: That is correct.

23 Q: And you've never been qualified to testify as
24 an expert in pulmonary and critical care
25 medicine?



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

1 A: Correct.

2 Q: The people -- the doctors who treat patients
3 who have acute respiratory distress syndrome
4 are pulmonary and critical care experts,
5 correct?

6 A: Most of the time, yes.

7 Q: Okay. Dr. Strange, Dr. Whelan, Dr. Ford, Dr.
8 Pastis, Dr. Cauthen, Dr. Mitchell, Dr. Gaufin,
9 they're all experts in pulmonary and critical
10 care medicine, correct?

11 A: I know that that's -- that's what they work at,
12 I do not know those individuals except for Dr.
13 Whelan and Dr. Strange.

14 Q: Okay. And you would agree they're both experts
15 in pulmonary and critical care medicine?

16 A: I don't know if they're experts, I honestly do
17 not, I know they have a good reputation.

18 Q: Thank you. Now no au- -- no autopsy was
19 performed in this case, so you didn't have any
20 -- you didn't have the body to examine,
21 correct?

22 A: Right.

23 Q: You didn't have tissue samples of the lungs to
24 examine, correct?

25 A: Correct.



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

1 Q: Nor do you have any other studies that were
2 done that would identify any specific damage to
3 the lungs that you claim was due to smoke
4 inhalation, correct?

5 A: Correct.

6 Q: What we do have objective medical evidence of
7 is that Mr. Causey had H1N1 swine flu, correct?

8 A: Yes.

9 Q: All right. And you testified in your
10 deposition that you agree with the opinions of
11 the other doctors and it is your opinion, that
12 the proximate cause of Mr. Causey's death was
13 complications due to acute respiratory distress
14 syndrome secondary to H1N1, correct?

15 A: Yes, with the pneumonia and the pulmonary
16 hemorrhage, yes.

17 Q: Okay. Which are common things that happen to
18 people who are on a ventilator after this type
19 of condition, correct?

20 A: Yes, with the lungs destruction.

21 Q: Okay. And that was the proximate cause of his
22 death, correct?

23 A: Yes.

24 Q: He would have not have died but for the fact
25 that he had H1N1, correct?



1 A: Correct.

2 Q: And if I'm understanding your last bit of
3 testimony, are you saying that it is your
4 opinion that the smoke inhalation caused him to
5 get H1N1?

6 A: Make him susceptible to become infected by
7 H1N1.

8 Q: Okay. You're not suggesting that he got H1N1
9 because he was exposed to smoke?

10 A: He contracted H1N1 because of the inhalation
11 injuries, not because it was inside the smoke.

12 Q: He contracted H1N1 because he was exposed to
13 the virus somewhere, correct?

14 A: Correct.

15 Q: Now, common clinical symptoms for H1N1 include
16 fever, correct?

17 A: Yes.

18 Q: Cough, is that correct?

19 A: It can.

20 Q: Well not only it can, it is a clinical symptom
21 of it, is it not?

22 A: Yes, it can be. You don't have to have a cough
23 though.

24 Q: But when you do have a cough, that is one of
25 the symptoms of the flu, correct?



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

- 1 A: And of many other things, yes.,
- 2 Q: Sore throat?
- 3 A: Yes.
- 4 Q: And I'm probably going to butcher this -- this
- 5 specifically. Rhinorrhea, Rhin- -- R-H-I-N-N-
- 6 O-R-R-E-H-E-A?
- 7 A: Yeah, a runny nose.
- 8 Q: A runny nose, okay. That is a symptom of ---
- 9 A: That's a symptom of a cold, strep throat,
- 10 that's a symptom of allergies ---
- 11 Q: But again, if you came in -- if a -- if someone
- 12 shows up to the doctor and they've got those
- 13 symptoms in addition to an extremely high
- 14 fever, one of the things that you're going to
- 15 rule out is whether or not they have the flu,
- 16 is that correct?
- 17 A: They rule out a flu or a common cold.
- 18 Q: Okay. But one of the things would be the flu?
- 19 A: Yes.
- 20 Q: And those were the symptoms that Mr. Causey
- 21 reported the very first time he went to the
- 22 doctor, isn't it?
- 23 A: The symptoms I recall was congestion and ---
- 24 Q: Sore throat?
- 25 A: The sore throat and the congestion, I don't ---



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

1 Q: A cough ---

2 A: --- remember any body aches.

3 Q: But he had cough?

4 A: I don't recall.

5 Q: Okay. And he had a fever of 103, correct?
6 Excuse me, 102.

7 A: I know he had a fever, but I was -- I'm not
8 surprised by that.

9 Q: And those are all symptoms that are consistent
10 which what -- with what the ultimate diagnosis
11 was, which was H1N1, correct?

12 A: They're also consistent with inhalation injury.

13 Q: But the ultimate diagnosis at MUSC was H1N1
14 swine flu, correct?

15 A: Yes.

16 Q: Okay. He had acute respiratory distress
17 syndrome secondary to that, correct?

18 A: Yes.

19 Q: Okay. Now you said that history was very
20 important. And looking at your report, you had
21 indicated in your report that Mr. Causey had
22 been involved in fighting a fire -- fighting a
23 fire for three 12-hour shifts.

24 A: Yes.

25 Q: Okay. That's not true though, is it?



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

1 A: I remember you asking this in my deposition and
2 whether he was keeping the border, but he was
3 involved with the fire.

4 Q: He wasn't in the fire, in the buildings,
5 fighting the fire, correct?

6 A: Correct.

7 Q: He was out -- outside in a ventilated space?

8 A: He was outdoors, yes.

9 Q: Okay. In the open air?

10 A: Yes.

11 Q: Now you said that you had reviewed all the
12 medical records and I'm again assuming that you
13 reviewed the office notes from the Loris Family
14 Clinic ---

15 A: Yes.

16 Q: --- when you first presented?

17 A: Yes.

18 Q: Is that correct? All right. And one of the
19 things that's noted in that is that he had sick
20 contact with his daughter. Why wasn't that in
21 your report?

22 A: I didn't think it was relevant. She had a
23 urinary tract infection.

24 Q: Okay. Do you know that? Have you seen any
25 medical records that said she had ---



1 A: No. I might have -- I might have read that in
2 his wife's deposition.

3 Q: Okay. Are you aware that Mr. Causey, on the
4 night he started feeling bad, told Office
5 Beaty, his supervising officer, that his
6 symptoms he believed were related to being
7 around a family member who had flu-like
8 symptoms?

9 A: No.

10 Q: Mr. Humphries didn't provide you that
11 information?

12 A: I don't recall him saying that someone -- that
13 he talked to a certain officer.

14 Q: Okay. Mr. Humphries did not provide you with
15 that statement from the officer?

16 A: Not that I recall.

17 Q: Okay. So that was not in your report either
18 then?

19 A: No.

20 Q: Okay. So you did not have a complete history
21 then, did you?

22 A: I had the complete history that I had available
23 to me.

24 Q: Okay. But which was apparently not the
25 complete history, correct?



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

1 A: Well there's a lot that went on. I could take
2 the whole history of those three days of the
3 fire.

4 Q: Now you would agree that not all smoke
5 inhalation causes a smoke inhalation injury,
6 correct?

7 A: Correct.

8 Q: I mean, if I go out and smoke a cigarette right
9 now, that one cigarette doesn't injure my
10 lungs, correct?

11 A: No, it wouldn't be good for your lungs, but it
12 would not ---

13 Q: It wouldn't be good for it. But it wouldn't
14 cause a ---

15 A: --- would not give the smoke inhalation cause
16 ----

17 Q: --- smoke inhalation injury, correct?

18 A: That's correct.

19 Q: And so the mere fact that Mr. Causey was
20 exposed to smoke doesn't mean, necessarily,
21 that he had a smoke inhalation injury, does it?

22 A: That is correct.

23 Q: And again, you've agreed that there is no
24 objective medical evidence to demonstrate that
25 he had smoke inhalation injury, correct?



1 A: No, just the medical records themselves.

2 Q: Which, again, there's no objective testing that
3 shows that he had a smoke inhalation injury, is
4 there?

5 A: Like a biopsy or bronchoscopy, no.

6 Q: Okay. Now did you review doctor -- and I'm not
7 sure these are all Dr. Pastis's records, but
8 did you review the records from MUSC, the notes
9 from April 1, 2013, to May 17, 2013?

10 A: Yes. While he was at MUSC, I have those
11 medical records.

12 Q: Okay. And on each and every one, and I'm just
13 going --I'm not going to go through each one of
14 these, but I just want to make sure that you
15 reviewed what we're talking about. Have you
16 reviewed these particular records from the
17 hospital?

18 MR. HUMPHRIES: If he could identify them.

19 COMMISSIONER: Yeah.

20 MR. HOWELL: They're on page -- let's start, page
21 180 of our APA.

22 COMMISSIONER: Okay.

23 Q: They're listed as Dr. Pastis, but I think there
24 was more than Dr. Pastis. I think there are
25 other doctors that saw him is what I see. Did



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

1 you review ---

2 A: I'm sure I did. I reviewed all the medical
3 records that were available.

4 Q: And I'm assuming the diagnosis would have been
5 important, correct? Whatever the diagnosis ---

6 A: The working diagnosis? Yes.

7 Q: And working diagnoses is ARDS and H1N1,
8 correct?

9 A: Correct.

10 Q: And, in fact, once you go through these ---

11 COMMISSIONER: And you're in -- and Mr. Howell, I
12 know you said you're starting at 180, which --
13 it's 180 through?

14 MR. HOWELL: It's 180 through, start flipping ...

15 COMMISSIONER: Are we just referring to the ones
16 that are Mr. Pastis, Dr. Pastis's even though
17 that they ---

18 MR. HOWELL: 180 through 214.

19 COMMISSIONER: 214, okay.

20 Q: And again, I don't want to go through each and
21 every one of these pages, but the working
22 diagnosis was ARDS and H1N1, correct? That's
23 April 1, 2013, correct?

24 A: Yes.

25 Q: Okay. And based on second, that's his second



1 working diagnosis, correct?

2 A: The working diagnosis, but even here you have
3 the medical history. It says after smoke
4 exposure.

5 Q: But the work- -- the diagnosis was ARDS,
6 secondary to H1N1? -

7 A: Right, that's their working diagnosis at the
8 time.

9 Q: All right. And that, in fact, was the
10 diagnosis?

11 A: The working diagnosis, yes. That's what he's
12 actually being treated for on the ventilator.

13 Q: Which ultimately is why he died?

14 A: Yes.

15 Q: Okay. And but for that, he would not have
16 died?

17 A: Correct.

18 Q: And that's your opinion to a reasonable degree
19 of medical certainty?

20 A: That he died of H1N1 influenza complications,
21 yes.

22 Q: Okay. Thank you, ma'am.

23 MR. HOWELL: Those are all the questions I have.

24 COMMISSIONER: Mr. Humphries?

25 MR. HUMPHRIES: Very briefly.



1 DR. COLLINS - RE-DIRECT EXAMINATION BY MR. HUMPHRIES:

2 Q: I know you said you had the opportunity to
3 review the deposition of Donna Causey, the
4 complainant's wife?

5 A: Yes.

6 Q: And you believe that that's where you -- you
7 learned that the daughter had a UTI infection
8 as opposed to flu-like symptoms?

9 A: I believe that's where I heard that
10 information.

11 Q: But let's assume, let's assume that his
12 daughter did have flu-like symptoms. Does that
13 change your expert opinion regarding his -- his
14 cause of death as it relates to smoke
15 inhalation injury?

16 A: No. He's a healthy individual. Most people
17 have a very mild flu when they have H1N1 and
18 this was not the case because he was
19 compromised by the smoke inhalation injury.

20 Q: And is that your opinion to a reasonable degree
21 of medical certainty more likely than not?

22 A: Yes, it is. Most certainly.

23 MR. HUMPHRIES: That's all I have.

24 COMMISSIONER: Mr. Howell?

25 DR. COLLINS - RE-CROSS EXAMINATION BY MR. HOWELL:



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

1 Q: H1N1 is a fatal disease, isn't that correct?

2 A: It can be.

3 Q: Okay. And it was in this case?

4 A: In this case it was.

5 Q: And, in fact, there was a pandemic back in
6 2008, 2009 ---

7 A: 2009.

8 Q: --- that killed 20,000 people.

9 A: Yes, but most of them were ---

10 Q: Isn't that correct?

11 A: --- immunocompromised in some form or fashion
12 ---

13 Q: There are ---

14 A: --- mostly the elderly and the children.

15 Q: There are individuals who are not immun- -- who
16 do not have a compromised immune system who get
17 H1N1 and die, isn't that right?

18 A: Yes.

19 Q: Okay.

20 A: Very few.

21 Q: Thank you.

22 COMMISSIONER: Mr. Humphries?

23 MR. HUMPHRIES: No, sir.

24 COMMISSIONER: Okay. Thank you, ma'am, thank you
25 for your testimony, I appreciate you being



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

1 here. You can step down.

2 MR. HUMPHRIES: Ask that the witness be allowed to
3 be excused?

4 COMMISSIONER: Yes. All right.

5 A: Thank you.

6 MR. HUMPHRIES: That's the claimant's case, Your
7 Honor.

8 COMMISSIONER: Okay.

9 MR. HOWELL: I just have one witness, Officer Beaty.

10 COMMISSIONER: Okay. How are you, sir?

11 OFFICER BEATY: Doing good.

12 COMMISSIONER: Come right around here and have a
13 seat right there, make yourself comfortable.
14 Real quickly, I have a few instructions for
15 you. If you would, please speak up, speak
16 clearly for us so we can all hear your
17 responses to the questions. If you're asked a
18 yes or no question, please give us a verbal yes
19 or no answer. If you could help us out, we
20 would appreciate that.

21 OFFICER BEATY: Yes, sir.

22 COMMISSIONER: Try and stay away from things like
23 uh-huh and huh-uh, just because that gets kind
24 of messy with the record.

25 OFFICER BEATY: Yes, sir.



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

1 COMMISSIONER: Please raise your right hand, sir.

2 ERNEST BEATY, having been duly sworn, deposes and
3 testifies as follows:

4 COMMISSIONER: Okay. Put your hand down. Please
5 state and spell your name for the record, sir.

6 OFFICER BEATY: Ernest Beaty, E-R-N-E-S-T, B-E-A-T-Y.

7 COMMISSIONER: Thank you, Mr. Beaty. Mr. Howell,
8 your witness.

9 OFFICER BEATY - DIRECT EXAMINATION BY MR. HOWELL:

10 Q: Officer Beaty, are you employed with the Horry
11 County Sheriff's Department?

12 A: Yes.

13 Q: And what is your job there?

14 A: Assigned to the warrant division.

15 Q: And how long have you been employed with the
16 Sheriff's Department?

17 A: Since 2011.

18 Q: Were you assigned to work security detail on
19 March 16th to March 18th of 2013 in a fire down
20 at Carolina Forest?

21 A: Yes.

22 Q: And was Timothy Causey assigned to that detail
23 as well?

24 A: Yes.

25 Q: All right. At some point after Mr. Causey was



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

1 hospitalized, were you asked to prepare a
2 statement concerning the events that you knew
3 related to Mr. Causey's illness?

4 A: Yes.

5 Q: Okay. Let me show you ---

6 MR. HOWELL: And this is on page 238 of our APAs.

7 Q: --- and ask you to review that statement.

8 A: That's my statement.

9 Q: Okay. And did you prepare that?

10 COMMISSIONER: And sir, can I get you just a little
11 closer to the microphone for me? Thank you,
12 sir.

13 Q: And did you prepare that statement?

14 A: Yes.

15 Q: And is the information contained in that
16 statement true and accurate?

17 A: Yes.

18 Q: One of the things that it indicates in here is
19 that on the second or third night, Mr. Causey
20 represented to you that he believed that his
21 coughing and sore throat was due to a family
22 member having flu symptoms, is that what he
23 told you?

24 A: Yes, sir.

25 Q: Is that why you put it in your report?



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

1 A: Yes, sir.

2 Q: Thank you, that's all I have.

3 COMMISSIONER: Okay. Mr. Humphries?

4 OFFICER BEATY - CROSS EXAMINATION BY MR. HUMPHRIES:

5 Q: You still got that report there with you?

6 A: My copy?

7 Q: Yeah.

8 A: Yes, I have ---

9 Q: Let me take a look at it. Let's refer to the
10 very beginning, you indicate that Deputy Causey
11 was called out to assist the fire at Carolina
12 Forest, that was on the 16th of March, 2013,
13 correct?

14 A: Correct.

15 Q: He was posted at the perimeter point at 21:30
16 hours. Tell the -- I'm sure the Commissioner
17 knows, but in the -- not military time, what
18 time is that?

19 A: 9:30.

20 Q: Okay. And how do you -- how do you describe
21 the post he was working at that evening in your
22 report?

23 A: How do I what, sir?

24 Q: How do you describe the post that he was
25 working at in your report. If you'll read that



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

1 -- that line starting the post.

2 A: There was heavy smoke.

3 Q: Say it again.

4 A: Heavy smoke.

5 Q: The post he was working at had heavy smoke he
6 was directing traffic and the fire apparatus.

7 A: Yes, sir.

8 Q: Okay. He worked another two evenings?

9 A: Yes.

10 Q: Were you -- and, LT, were you out there on and
11 off?

12 A: All night.

13 Q: All night. All three nights?

14 A: Yes.

15 Q: And tell the -- tell the Commissioner what the
16 condition of the smoke was after the first
17 night?

18 A: It was heavy.

19 Q: After the second night?

20 A: Heavy.

21 Q: Third night?

22 A: Heavy.

23 Q: Thank you.

24 COMMISSIONER: Mr. Howell?

25 OFFICER BEATY - RE-DIRECT EXAMINATION BY MR. HOWELL:



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

1 Q: Officer Beaty, the fire was essentially
2 extinguished after the first night, correct?

3 A: It was -- the fire was, but it was still
4 smoking.

5 Q: Okay. So -- but there's no question that the
6 smoke was less on nights two and three than it
7 was on the first night when the fire was
8 burning ---

9 A: That's correct.

10 Q: --- correct? All right.

11 A: Yes.

12 Q: All right. I mean, the conditions improved
13 each night, correct?

14 A: Yes.

15 Q: And on the third night, because Mr. Causey was
16 sick, he stayed in his car ---

17 MR. HUMPHRIES: It is his witness, and I'm objecting
18 to leading.

19 COMMISSIONER: Please rephrase.

20 Q: On the third night, did Mr. Causey work out in
21 the open, or did he work in his vehicle?

22 A: On the third night?

23 Q: Third night.

24 A: He worked out of his vehicle.

25 Q: Okay. He was in his vehicle the whole time he



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

1 was on his shift, correct?

2 A: Right.

3 Q: So he was not out in the smoke?

4 A: No, not on the third night.

5 Q: Thank you, that's all I have.

6 COMMISSIONER: Mr. Humphries?

7 MR. HUMPHRIES: No, sir.

8 COMMISSIONER: Okay. Sir, thank you for your
9 testimony, you can step down. I appreciate it.

10 Anything further?

11 MR. HOWELL: No other witnesses.

12 COMMISSIONER: Okay. There being nothing further,
13 that concludes this proceeding and thank you,
14 everybody, for being here. Let me -- let me
15 just say this, that -- to the family, I'm truly
16 sorry for your loss. I know that this is a
17 very difficult time, and to the officers, I
18 know this has been a difficult time to lose a
19 colleague regardless of what all the
20 circumstances are, but I appreciate everybody
21 for being here and taking time to be with us
22 today. Thank you.

23 MR. HUMPHRIES: Thank you, Commissioner.

24 MR. HOWELL: Thank you, Commissioner.

25 (There being nothing further, the hearing concluded



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

at 1:30 p.m.)

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



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

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1302588

Timothy Causey,
Claimant,
v.
Horry County,
Employer,
and
South Carolina Association
of Counties,
Carrier/Defendants.

COPY

FULL COMMISSION HEARING

Tuesday, April 18, 2017
3:15 p.m. - 3:33 p.m.

The Full Commission Hearing was heard before Commissioners Melody L. James, Gene McCaskill and Aisha Taylor, Chair, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 18th day of April, 2017, before M. Sean Cary, Court Reporter and Notary Public in and for the State of South Carolina.



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

APPEARANCES

Blake Hewitt, Esquire

Bluestein, Nichols, Thompson & Delgado, LLC
1614 Taylor Street
Columbia, South Carolina 29202
Attorney for the Claimant

Frances A. Humphries, Esquire

Monckton, Hembree & Humphries Law Firm, P.A.
1300 Professional Drive, Suite 102
Myrtle Beach, South Carolina 29577
Attorney for the Claimant

Roy A. Howell, Esquire

Trask & Howell, LLC
763 Johnnie Dodds Boulevard
Mount Pleasant, South Carolina 29464
Attorney for the Defendants

INDEX

PAGE:

APPELLANT'S POSITION:

MR. HOWELL 3

RESPONDENT'S POSITION:

MR. HEWITT 10

APPELLANT'S REPLY:

MR. HOWELL 13

Certificate 18

EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 **COURT REPORTER:** Today is Tuesday April 18th, 2017.

2 This is Workers' Compensation Commission Case
3 Number 1302588. This is the case of Timothy
4 Causey, the Claimant, versus Horry County, the
5 Employer, and South Carolina Association of
6 Counties, the Carrier. The Appellant is the
7 Defendant, represented by Roy A. Howell; and
8 the Respondent is represented by Frances A.
9 Humphries and Blake Hewitt. Each side is
10 allowed ten minutes for oral argument and the
11 appellant three minutes in reply. You are
12 requested to argue the grounds of exception and
13 stay within the record.

14 **CHAIR:** Mr. Howell?

15 **APPELLANT'S POSITION**

16 **MR. HOWELL:** Thank you. Good afternoon. I
17 represent Horry County and South Carolina
18 Association of Counties and I'm here on appeal
19 of an Order of Commissioner Campbell dated
20 January 12th, 2017. Commissioner Campbell
21 awarded death benefits finding that Mr. Causey
22 died as a result of a smoke inhalation injury.
23 Timothy Causey died on May 19, 2013 due to
24 complications of AD -- ARDS, Acute Respiratory
25 Distress Syndrome, secondary to H1N1; he did



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

201

1 not die because of a smoke inhalation injury.
2 This decision and Order is fraught with errors.
3 Number one, just a -- on it's face it's
4 erroneous, there are no recitation of what's in
5 evidence, no APA Submissions listed, no
6 indication of what depositions are in evidence,
7 no indication as to what was included or
8 excluded from the -- from the record. We had
9 a significant pre-hearing conference in which
10 certain documents were specifically excluded
11 from -- from evidence, there's no recitation of
12 that in the Order. Commissioner Campbell
13 relied on impermissible hearsay in making his
14 decision. He relied on testimony of one
15 witness after excluding records for the
16 specific reason that that witness ended up
17 testifying about. There are no conclusions of
18 law. Most importantly, the Commissioner
19 misapprehended and misapplied the facts in the
20 applicable law, it's clear from the Order that
21 he did not read and consider the record as a
22 whole. Again, this is a death claim and the
23 Claimant has the burden of proof. The burden
24 of proof in a death claim -- Section 42-9-290
25 specifically requires to be compensable, a

**CREEL COURT REPORTING, INC.**

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

202

1 death must result proximally from an accident.
2 Proximate cause has been well defined by the
3 South Carolina courts as the efficient or
4 direct cause the thing that brings about the
5 complained injuries. Proximate cause requires
6 proof of causation in fact and a legal cause.
7 In a Workers' Compensation case, causation and
8 fact is demonstrated by establishing the
9 Claimant's death would not have occurred but
10 for the work accident, while legal cause is
11 proved by establishing foreseeability.
12 Commission must look to the natural and
13 probable consequences of the complained of fact
14 to determine foreseeability. In this case the
15 undisputed evidence in the record, medical
16 evidence that's in the record, is that Mr.
17 Causey died as a result of H1N1. In fact
18 Respondents, in their brief, admit that Causey
19 died because he contracted H1N1 virus, the
20 swine flu. In fact in their Form 52, their
21 Form 50, their pre-hearing brief, the injury
22 that they claimed was an injury to the lungs.
23 So in order to prevail in this case they must
24 prove causation and fact that death was
25 proximately caused by a smoke inhalation

**CREEL COURT REPORTING, INC.**

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

203

1 injury, and the difficulty in proving that fact
2 does not remove the burden of proof. You will
3 see in their brief that they talk -- that they
4 talk about the fact that -- that they admit
5 that there is no -- no objective evidence to --
6 to prove that Causey had an injury to the
7 lungs. Well again, if the proximate cause as
8 -- as identified by all of the physicians, both
9 our experts, the treating physicians and their
10 experts is -- the proximate cause was H1N1,
11 that's the end of the -- that's the end of the
12 story. And if they cannot prove that smoke
13 inhala- -- that number one that there was a
14 smoke inhalation injury, and there is no
15 evidence in this case of a smoke inhalation
16 injury, and that the smoke inhalation injury
17 was the proximate cause, there can be no award
18 of death benefits in this case. Again, H1N1,
19 as sort of background for those of you that may
20 not be familiar with -- it's the swine flu. In
21 2009 there was a pandemic and it killed over
22 18,000 people worldwide. In this particular
23 case Officer Causey was ultimately diagnosed
24 with acute respiratory distress syndrome
25 secondary to H1N1. As a result of that he was

**CREEL COURT REPORTING, INC.**

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

204

1 placed on a ventilator. Due to normal and
2 foreseeable consequences from being on a
3 ventilator he died on May 19, 2013. And again,
4 their experts and our experts all indicate that
5 H1N1 was the proximate cause of death. However
6 if you read Commissioner Campbell's Order, the
7 only witness -- medical witness he really
8 relies on is a Dr. Collins. Dr. Collins is a
9 pathologist, he was not one -- she was not one
10 of the treating physicians, and she speculates
11 that somehow exposure to smoke damaged Mr.
12 Causey's lungs and made the severity of his
13 H1N1 virus worse. However she conceded both on
14 cross-examination in her deposition and at the
15 hearing, number one, that the proximate cause
16 of death was H1N1, that but for H1N1 Mr. Causey
17 would not have died, and again that's causation
18 and fact, and most importantly she conceded
19 that there was no objective medical evidence of
20 an injury to the lungs. The other expert that
21 they rely on is a Dr. Pastis. Now again, if
22 you read Commissioner Campbell's Order, what he
23 essentially said -- says is that he gives
24 weight to the opinions of the treating
25 physicians and he discounts the opinions of our

**CREEL COURT REPORTING, INC.**

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

205

1 experts even though three of those four experts
2 were pulmonary experts, and even though three
3 of those experts gave the same opinion that the
4 opinions of the treating physicians gave in the
5 case. Now, Dr. Pastis is one thinks that maybe
6 due to the timing of the virus and the smoke
7 inhalation maybe there is a connection.
8 However if you read his deposition in total,
9 which Commissioner Campbell clearly did not,
10 the following sequence of questions occurred.
11 So is there anyway to state within a reasonable
12 degree of medical certainty that smoke
13 inhalation that allegedly occurred in this case
14 had anything to do with his death? I think I
15 can say with a reasonable degree of certainty
16 that it made his ability to fight off an
17 infection worse. Okay, how did you arrive at
18 that opinion? Physiology, that you have an
19 injury to your defense cells and your ability
20 to clear secretions, but not based on any H1N1
21 study as we said. Okay. Not based upon any
22 H1N1 study and not based on any scientific
23 literature, is that correct? Do you have any
24 evidence that he had a burn injury to the
25 airways in this case? That I don't, I don't

**CREEL COURT REPORTING, INC.**

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 have pictures of the airways. So in this case
2 you're speculating that he had an injury to the
3 airways? Correct. He goes on to say, and we
4 can speculate -- this is the question -- and we
5 can speculate that it might have, but in terms
6 of testifying to a reasonable degree of medical
7 certainty based upon the evidence in this case
8 you can't state that, can you? Based upon the
9 evidence that I have it would be speculation.
10 An award can not be based upon surmise,
11 conjecture or speculation; and that's all Dr.
12 Collin's and Pastis have done is speculate that
13 there was some sort of injury to the lungs from
14 smoke inhalation. Every single expert -- and
15 -- and the most reliable expert in my opinion
16 is Dr. Strange. Dr. Strange, who is a
17 nationally renowned pulmonary expert, he's the
18 doctor that admitted Mr. Causey to the hospital
19 on March 28th, 2013. Prior to that time they
20 really didn't know what was going on with him.
21 They had tested him for the normal flu, if you
22 will, while he was in the hospital and all
23 those tests came back negative. However there
24 is a specific test, blood work, for H1N1 Swine
25 Flu. Dr. Strange testified in his deposition

**CREEL COURT REPORTING, INC.**

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

207

1 based upon his conversations that he had had
2 with Dr. Barnard, who was the physician at
3 McLeod, testified that he knew based upon that
4 conversation that something was going on, that
5 this wasn't a smoke inhalation injury. They
6 ran a battery of tests and the only test that
7 came back positive was the test for H1N1 Swine
8 Flu. And his diagnosis at that time -- time
9 became Acute Respiratory Distress Syndrome
10 secondary to H1N1 Swine Flu. He even called
11 Dr. Barnard and told him of his diagnosis.
12 With reference to any connection to smoke
13 inhalation, number one, he agreed that there
14 was no evidence of a smoke inhalation injury;
15 number two, he testified that there was no
16 medical literature to support any theory of a
17 connection between H1N1 and Swine Flu; and
18 number three, he -- he testified that the sole
19 cause was H1N1 and that -- to say that anything
20 else was a contribute to -- a contributing
21 cause would be pure speculation.

22 **THE COURT:** Okay. Thank you, sir. Mr. Hewitt?

23 **RESPONDENT'S POSITION**

24 **MR. HEWITT:** Thank you, Madam Chair. May it please
25 the Commission. Let's just pick up right there



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 with Dr. Strange, who when asked whether the
2 swine flu was the sole cause of Deputy Causey's
3 death said sole cause, that's a hard one. I
4 don't know how to answer except to say there is
5 a possibility but not rising to medical
6 probability. In his opinion, smoke inhalation
7 contributed in a meaningful way. Commissioner
8 Campbell had a hearing, he listened to the
9 witnesses testify, he considered the parties
10 written submissions and he concluded that
11 Sheriff Deputy Timothy Causey's death, which
12 was ultimately caused by complications from the
13 H1N1 virus, was related to the severe smoke
14 inhalation Deputy Causey experienced for three
15 days in a row in three twelve-hour shifts at
16 work. The expert testimony from Dr's Collins
17 and Pastis plainly supports compensability, and
18 there are also multiple inferences that support
19 compensability particularly related to timing.
20 Deputy Causey wasn't sick before the fire but
21 he got sick immediately after and progressively
22 deteriorated, nobody else in his family got
23 sick, nobody in his home including his wife who
24 was around him constantly during his five day
25 stay at McLeod. Then there's the inference

**CREEL COURT REPORTING, INC.**

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

209

1 arising that Deputy Causey contracted the virus
2 during his hospitalization at McLeod because of
3 what we know from several doctors about the
4 H1N1 virus incubation period. The Appellant's
5 seem to want to put the Claimant to the burden
6 of clear and convincing evidence, proof beyond
7 a reasonable doubt. It's unfortunately my
8 experience in the overwhelming majority of my
9 cases that there is plenty of room for
10 reasonable people to disagree. I'm not often
11 successful at convincing a lawyer on the other
12 line to put down the pen and admit, you know
13 Hewitt, you're right, we're just not gonna
14 fight this one anymore. But fortunately in the
15 overwhelming majority of cases there's ample
16 room for a finder of fact to consider all of
17 the testimony even though reasonable minds can
18 disagree, to reach a decision that's based on
19 the evidence, and that's what we have here. I
20 think -- now I have a dog in the fight because
21 I represent Deputy Causey's beneficiaries, but
22 I think objectively the Claimant has the better
23 case based specifically on the deposition
24 testimony of Doctors Collins and Pastis who
25 give opinions to a reasonable degree of medical

**CREEL COURT REPORTING, INC.**

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 certainty based also on the testimony from the
2 other three treating physicians, Doctors
3 Strange, Whelan and Ford who say I can't rule
4 smoke inhalation in but I can't rule it out.
5 They do not agree with the expert testimony
6 offered by the Appellants. The Appellants will
7 exclude smoke inhalation, none of Deputy
8 Causey's treating physicians are willing to go
9 so far. We've acknowledged in our brief an
10 error with respect to the award's lump sum
11 language, that error is easy to fix. I
12 reference in the Commission Order to the
13 appropriate regulation, in this case Reg-67-
14 1606(A) as in Alpha, that the award should be
15 paid in periodic payments for the unaccrued
16 portions until there's an appropriate lump sum
17 request, but in all other respects we would ask
18 the Commission to affirm. If there are no
19 questions that'll conclude my argument. Thank
20 you.

21 **CHAIR:** All right. Thank you. Mr. Howell, you have
22 three minutes in rebuttal.

23 **APPELLANT'S REPLY**

24 **MR. HOWELL:** Thank you. Again, he cites Dr.
25 Collins. This is from her deposition on page



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 16. Now you have indicated that you reviewed
2 all of the deposition transcripts of the
3 doctors as well as the record's review report
4 from the other three pulmonary experts, so you
5 are aware that their opinion that Mr. Causey
6 died as a result of complications of H1N1,
7 correct? Yes. Okay. And you agree with that
8 opinion? Yes. And that's your opinion to a
9 reasonable degree of medical certainty? Yes.
10 That -- in fact th- -- that was the -- H1N1 was
11 the approximate cause, that ends the
12 discussion. In addition on page 17, would you
13 -- would it be fair to say that Mr. Causey --
14 if Mr. Causey had not had H1N1 he would not
15 have died? Yes. Is that your opinion to a
16 reasonable degree of medical certainty?
17 Answer, yes. Again, Dr. Pastis, I've already
18 quoted from his deposition where he agreed that
19 it would be pure speculation to show that there
20 was a -- a lung injury in this case as a result
21 of smoke inhalation. Again, that's their
22 claim. Their claim is that he had a smoke
23 inhalation injury and that that was the
24 proximate cause of death. There's no evidence
25 whatsoever to support that in this case. I

**CREEL COURT REPORTING, INC.**

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 think the most compelling evidence came from
2 Dr. Strange. And again, let's go back.
3 Commissioner Campbell says that the reason he
4 discounted my experts was because they weren't
5 treating physicians, but then he disc- -- he
6 doesn't even rely on the testimony of Dr.
7 Strange, Dr. Whelan, Dr. Ford and Dr. Largen,
8 who all agree with my experts that the cause of
9 death was H1N1 and that smoke inhalation --
10 that number one there was smoke inhalation
11 injury, and there's no causal connection. Now
12 again, Dr. Strange in his deposition when again
13 asked by Claimant's counsel, I don't believe
14 that smoke inhalation contributed to the death.

15 **COMMISSIONER McCASKILL:** Where are you reading from?

16 **MR. HOWELL:** This is on page 21 of Dr. Strange's
17 deposition beginning at lines 19 through 21,
18 and then on page 23 lines 21 through 25. I
19 think it is really the H1N1 that set up all the
20 subsequent events; in other words all the
21 subsequent events that led to his death. This
22 is the -- the kicker here. And this again is
23 a response to a question from Claimant's
24 attorney. H1N1 is such a potent and fatal
25 virus that it is hard to imagine then in a



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

213

1 clinical syndrome associated with Acute
2 Respiratory Distress Syndrome that anything
3 other than a H1N1 would be responsible for the
4 cause of symptoms and ultimately his death.
5 Dr. Ford, again a treating physician, testified
6 that there was no way to state within a
7 reasonable degree of medical certainty that
8 alleged smoke exposure had anything to do with
9 Mr. Causey's condition or death. She testified
10 that none of the objective medical evidence
11 indicate that -- that Causey suffered from any
12 significant injury to his lungs due to smoke
13 exposure. She testified that she agreed with
14 Dr. Strange that the sole cause of Causey's
15 condition was H1N1 to a reasonable degree of
16 medical certainty.

17 CHAIR: Okay.

18 MR. HOWELL: Dr. Whelan, who -- if I can just
19 complete here.

20 CHAIR: Sure.

21 MR. HOWELL: Dr. Whelan, again, who was one of the
22 individuals who completed the initial death
23 summary, to a reasonable degree of medical
24 certainty the cause of death was due to
25 complications of ADRS associated with H1N1 and



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 he removed smoke inhalation injury from the
2 death summary. Dr. Largen, the ultimate cause
3 of death was complications of ARDS secondary to
4 H1N1 Swine Flu and he deferred to Dr. Strange
5 and Dr. Whelan. The point being, that that's
6 four treating physicians, four treating
7 physicians, who opined that the sole cause of
8 death was H1N1.

9 CHAIR: Okay. Thank you, sir. Thank you.

10 (There being nothing further, the hearing concluded
11 at 3:33 p.m.)
12
13
14
15
16
17
18
19
20
21
22
23
24
25



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

Claimant's APA Excerpts

Summary View

Progress Notes

Patient: CAUSEY, TIMOTHY E
DOB: [REDACTED]/1962 Age: 50 Y Sex: Male
Phone: [REDACTED]
Address: [REDACTED] NICHOLS, SC [REDACTED]
Pcp: Kimberley A Drayton, MD

Provider: Kimberley A. Drayton, MD
Date: 03/21/2013

Subjective:

CC:

1. Fever for 4 days-102. 2. c/o head congestion after fighting fire all night at Carolina Forest.

HPI:

Constitutional:

Pt here with a complaint of fever, head congestion, for the past 4 days. Temps have been as high 102; has had runny nose and a cough that is minimally productive; known to have allergies and has been taking his allergy medications. He states that he was patrolling the area of the Carolina Forrest fire that occurred this weekend and by the time his shift ended, he began to feel congested; returned to work the next day and by day 2, he began to have temps. He complains of chest tightness when he takes a deep breath. Denies SOB, dyspnea on exertion, N/V or body aches. Sick contact was his daughter.

ROS:

General/Constitutional:

General able to do usual activities, good exercise tolerance, good general state of health, no fatigue, (+) fever, no weakness, no weight loss or gain.

HEENT/Neck:

Head no headache, no vertigo, no dizziness, no lightheadedness, no trauma. Nose POSITIVE; clear drainage. Throat POSITIVE; pain, no exudate or oropharyngeal ulcers. Ears no earaches, no fullness, normal hearing, no tinnitus. Mouth and Pharynx no cavities, no bleeding gums, (+) sore throats, no hoarseness. Neck no lumps, no goiter, no neck stiffness or pain.

Respiratory:

Patient denies pain with breathing, wheezing, shortness of breath. Patient complaining of cough, chest congestion.

Cardiovascular:

Patient denies chest pain, dyspnea on exertion, fatigue, palpitations.

Gastrointestinal:

General good appetite, no abdominal pain, no constipation, no diarrhea, no excessive belching or flatulence, no heartburn/reflux, no hematemesis, no hemorrhoids, no indigestion, no nausea/vomiting, no rectal bleeding, no regurgitation, normal bowel movement frequency, normal stools.

Skin:

General no changes in hair and nails, no dryness, no easy bruising, no itching, no lumps, no pigmentation, no rashes.

Medical History: Right upper lobe pneumonia -2005.

Surgical History: Lt ring finger broke and pin placed in 1986, cyst removed Rt side of face 1982.

Family History:

Social History:

Tobacco Use:

Smoking

Are you a: former smoker

How long has it been since you last smoked? 5-10 years

Drug/Alcohol:

Drugs: Denies.

Alcohol

Points 1

Medications: Zantac 150 MG Tablet 1 tablet daily, Tylenol Extra Strength 500 MG Tablet 2 tablets q 6hrs prn, Robitussin Chest Congestion 100 MG/5ML Syrup 10 ml as needed every 4 hrs, Claritin 10 MG Tablet 1

Summary View

tablet daily prn, Medication List reviewed and reconciled with the patient

Allergies: CODEINE: crazy.

Objective:

Vitals: Wt 216.2, Ht 71, Temp 100.2, HR 92, RR 18, BP 106/80, BMI 30.15, Oxygen sat % 96%, Pain scale 3-4.

Past Orders:

Examination:

General Examination:

GENERAL APPEARANCE: in no apparent distress.

HEENT: HEAD: atraumatic, normocephalic, tympanic membranes clear and flat bilaterally, EYES: Extra Ocular Muscles (EOM) are full, without nystagmus, Oropharynx clear with moist mucous membranes, pharynx and tonsils normal, NOSE: clear rhinorrhea, mildly swollen turbinates, no sinus tenderness.

NECK/THYROID: supple, full range of motion.

CARDIOVASCULAR: normal S1S2, regular rate and rhythm, no murmurs.

RESPIRATORY: clear to auscultation, normal respiratory effort.

GASTROINTESTINAL: normal without tenderness, masses, or megaly.

NEUROLOGIC EXAM: non-focal exam, CN II-XII grossly intact, no cerebellar signs, finger to nose normal.

SKIN: normal, no rash.

EXTREMITIES: no clubbing, no edema.

PERIPHERAL PULSES: 2+, bilaterally, dorsalis pedis/posterior tibial.

PSYCH alert and oriented x3, appropriate mood and affect.

Assessment:

Assessment:

1. URI, acute - 465.9 (Primary)
2. Sore throat - 462
3. Cough - 786.2

Plan:

1. URI, acute

LAB: CBC With Differential/Platelet (005009)

WBC	4.1	4.0-10.5 - x10E3/uL
RBC	5.00	4.14-5.80 - x10E6/uL
Hemoglobin	15.0	12.6-17.7 - g/dL
Hematocrit	44.2	37.5-51.0 - %
MCV	88	79-97 - fL
MCH	30.0	26.6-33.0 - pg
MCHC	33.9	31.5-35.7 - g/dL
Neutrophils	48	40-74 - %
Immature Granulocytes	0	0-2 - %
Lymphs	39	14-46 - %
Monocytes	12	4-13 - %
Eos	1	0-7 - %
Basos	0	0-3 - %
Platelets	148	140-415 - x10E3/uL
Neutrophils (Absolute)	1.9	1.8-7.8 - x10E3/uL
Immature Grans (Abs)	0.0	0.0-0.1 - x10E3/uL
Lymphs (Absolute)	1.6	0.7-4.5 - x10E3/uL
Monocytes (Absolute)	0.5	0.1-1.0 - x10E3/uL
Eos (Absolute)	0.0	0.0-0.4 - x10E3/uL
Baso (Absolute)	0.0	0.0-0.2 - x10E3/uL

Summary View

RDW 13.2 12.3-15.4 - %
 DRAYTON, KIMBERLEY A 03/22/2013 01:00:13 PM EDT > stable Kuzdrall, Kelli 03/22/2013 01:24:54 PM EDT > Spoke with pt's wife and let her know labs are stable.

LAB: Comp. Metabolic Panel (14) (322000)

Calcium, Serum	9.0	8.7-10.2 - mg/dL
Glucose, Serum	99	65-99 - mg/dL
BUN	12	6-24 - mg/dL
Protein, Total, Serum	6.5	6.0-8.5 - g/dL
Albumin, Serum	4.3	3.5-5.5 - g/dL
Bilirubin, Total	0.4	0.0-1.2 - mg/dL
Alkaline Phosphatase, S	66	25-150 - IU/L
AST (SGOT)	24	0-40 - IU/L
Potassium, Serum	3.8	3.5-5.2 - mmol/L
Sodium, Serum	133	134-144 - mmol/L
Chloride, Serum	96	97-108 - mmol/L
Creatinine, Serum	1.07	0.76-1.27 - mg/dL
ALT (SGPT)	25	0-44 - IU/L
Carbon Dioxide, Total	23	20-32 - mmol/L
BUN/Creatinine Ratio	11	9-20 -
Globulin, Total	2.2	1.5-4.5 - g/dL
A/G Ratio	2.0	1.1-2.5 -

DRAYTON, KIMBERLEY A 03/22/2013 12:59:59 PM EDT > stable Kuzdrall, Kelli 03/22/2013 01:24:39 PM EDT > Spoke with pt's wife and let her know labs are stable.

Increase fluids

Tylenol/Ibuprofen PRN for fever/pain

Plan discussed with pt who is in agreement with plan.

2. Sore throat

LAB: Rapid Strep Culture (87081): Negative

Conservative management at this time

Gargle with warm salt water

Lozenges would be helpful.

3. Cough Start Augmentin Tablet, 875-125 MG, 1 tablet, Orally, Twice a day, 7 days, 14, Refills 0 ; Start Albuterol Sulfate HFA Aerosol Solution, 108 (90 Base) MCG/ACT, 2 puffs as needed, Inhalation, every 4 hrs, 30 days, 1, Refills 0 .

Diagnostic Imaging: X ray : CHEST PA LATERAL

Procedure: Albuterol (J7613)

Post-nebulizer, his chest tightness improved.

Suspect part of his Sx can be attributed to smoke inhalation

He was instructed to use MDI PRN for SOB, cough or wheezing

If no improvement or Sx worsen, RTC sooner.

Immunizations:

Labs:

Procedure Codes: 94640 Airway Inhalation treatment, 87880 Strep A Assay wOptic, J7620 Albuterol ipratrop noncomp, 94760 Measure blood oxygen level

Preventive:

Follow Up: 1 week/PRN

Provider: Kimberley A. Drayton, MD

Patient: CAUSEY, TIMOTHY E DOB: 11/18/1962 Date: 03/21/2013

Discharge Summary

MCLEOD REGIONAL MEDICAL CENTER
555 East Cheves Street
Florence, SC 29501-0551

NAME: CAUSEY, TIMOTHY
MICUM07-01
MED. REC. NO.: 01140953
DR. DICTATING: Barnard, Mark L MD
PATIENT NO.: 000123737660
ADMIT DATE: 03/23/2013
DISCHARGE DATE:

NAME: Causey, Timothy
MED. REC. NO.: 01-14-09-53
DR. DICTATING: Mark L Barnard, MD
DOB: [REDACTED]/1962
PATIENT NO.: 000123737660
ADMIT DATE: 03/23/2013
DISCHARGE DATE:

Deputy Causey is a 50 year old male who has been very, very healthy. He was involved in security with regards to the quite large apartment and forest fire in Myrtle Beach a couple or so weeks ago.

Evidently a couple of the security personnel did present to the hospital after being exposed to some smoke, but they were released and to my knowledge in talking to his wife, none of them has really had any significant sequelae of that. Subsequently, he was seen at Loris Hospital and was hypoxemic and transferred to McLeod where he was admitted. On admission, his chest x-ray was very unimpressive. He also had a CT of the chest which was very unimpressive.

He has slowly progressed with regards to hypoxemia. Dr. Jona initially saw him and was going to bronchoscope him for completeness but his saturations dropped and he did not scope him and subsequently moved him to the MICU where he had been fairly stable although his physical exam has dramatically deteriorated in that he has had classic diffuse "dry" rales. Last p.m. his saturations decreased significantly and he was electively intubated with his chest x-ray showing dramatic bilateral interstitial changes as would be expected with acute lung injury situation.

He also had an elevated temperature to 103 or so on several, several occasions, but has had multiple negative cultures. His HIV was negative. His influenza titers were negative.

His initial white count was diminished to 1.49 and his initial platelet count was diminished to 92 although his last white count was 6.56,000 with hematocrit of 32 and a platelet count of 165. His creatinine has been normal. His initial blood gas showed a pH of 7.47 with a carbon dioxide partial pressure of 31 and oxygen partial pressure of 60 on room air. Again, he has no previous history except for "pneumonia" of any pulmonary disease and he does not smoke.

After intubation on 100% FIO2 with 5 of PEEP, 500 cubic centimeters tidal volume with rate of 16 he had a pH of 7.42 with carbon dioxide partial pressure 45 and oxygen partial pressure 73.

His urinalysis was totally unremarkable on admission.

With his progressive deterioration and now with elective intubation, I talked to Dr. Paoletti at MUSC. They have agreed to transfer him there for further evaluation and treatment.

PRIVILEGED AND CONFIDENTIAL. This facsimile contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

Discharge Summary

MCLEOD REGIONAL MEDICAL CENTER
555 East Cheves Street
Florence, SC 29501-0551

NAME: CAUSEY, TIMOTHY
MICUM07-01
MED. REC. NO.: 01140953
DR. DICTATING: Barnard, Mark L MD
PATIENT NO.: 000123737660
ADMIT DATE: 03/23/2013
DISCHARGE DATE:

He has been receiving steroids and also Levaquin and Rocephin. He also received some ampicillin I think initially when he presented as an outpatient.

He is currently sedated on Versed and also received some propofol and a dose of paralyzing agents during the night because he was a little bit difficult to sedate but I think that he is otherwise very young and healthy and basically one agent should work for him.

His vital signs otherwise have been stable.

IMPRESSION: Acute lung injury syndrome - most likely related to smoke inhalation at this particular point. Note also that he did present with decreased white count and decreased platelet count that may have been an inflammatory component of this process or of course could be another process of course.

Obviously, the question would be whether or not to do an open lung biopsy on him, but of course I would defer to the Medical University of South Carolina Pulmonary people in regards to that at this time.

He did have an echocardiogram done and I do not have the official results, but his ejection fraction was reported normal at that time.

He will be discharged for further evaluation and treatment at Medical University of South Carolina.

His DISCHARGE DIAGNOSIS here is acute lung injury with frank respiratory failure and an ARDS (acute respiratory distress syndrome) picture. I planned to bronchoscope him but will defer this to Medical University of South Carolina i.e., he is now intubated and we could bronchoscope him safely, but again, I am deferring to Medical University of South Carolina in this regard.

Mark L Barnard, MD

ja

DD: 03/28/2013 07:45 A

DT: 03/28/2013 08:02 A Job #: 1140696

cc: Mark L Barnard, MD
Samuel G. Dozier, M.D.
Vinod K. Jona, M.D., FCCP

PRIVILEGED AND CONFIDENTIAL. This facsimile contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.



Medical University of South Carolina

Charleston, SC

843-792-2123

HOSPITAL DEATH SUMMARY

Patient: CAUSEY, TIMOTHY

MRN: 002684266

Attending:

Date: 5/19/13 12:00 AM

Status: FINAL

patient did have an EGD done, which showed diffuse gastritis. One olip was applied. The patient's hospital course was also complicated by a right-sided pneumothorax, requiring 2 chest tubes which were eventually removed. The patient's hospital course was complicated by an AKI, requiring CVVH. The patient's hospital course was complicated by hypotension, requiring Levophed and vasopressin. At the time of death, the patient was only on Levophed. On initial admission, the patient's ARDS was thought secondary to smoke inhalation injury and his respiratory PCR was also positive for H1N1 influenza; however, he subsequently developed several episodes of VAP which is believed to have led to diffuse alveolar hemorrhage. In the days preceding the patient's death, he had a large amount of blood present in his tracheal aspirate secretions, requiring suctioning and bronch with blood clot removal from his airways. This also caused acute respiratory failure, and at 3 a.m. on 05/18, the patient did go into PEA arrest for 10 minutes, requiring 3 rounds of epinephrine. Pulse was subsequently reobtained. The following day, on 05/19, the patient again had significant bleeding from his trach. Suctioning removed some blood clots; however, a bronch found diffuse alveolar hemorrhage and blood. The patient's right lung then had no further respiratory sounds and a chest tube was placed, removing a large amount of blood. The patient was transfused FFP and platelets and cryoprecipitate as well as several units of packed red blood cells. However, he remained acidotic and hypoxemic, and we were not able to reestablish his airway. The patient's family was notified and was at the patient's bedside at his passing. At 9:21 a.m., the patient's family left the room, and I was called to the bedside. The patient did not respond to painful stimuli. No breath sounds were auscultated bilaterally. He had no gag reflex. No doll's eyes. No corneal reflexes. I felt for his pulse in both his carotids and listened for heart sounds. The patient was pronounced dead at 9:21 a.m. on 05/19/2013. Cause of death is thought to be hypovolemic shock secondary to diffuse alveolar hemorrhage, secondary to ventilator-associated pneumonia, secondary to prolonged intubation, and secondary to smoke inhalation injury with H1N1 influenza. Family declined an autopsy. } *

Dictated by: William Dana Largent, MD

William Dana Largent, MD

Timothy Whelan, MD

Attending

564380897/medq/

JOB: 1126543

This document should not be filed in the paper medical record and should be confidentially destroyed when it is no longer needed.

Printed by: SMALLS, DORIS

Date Printed: 09/11/2013

Page2

19
A: "Physiology. That you have injury to your defense cells and your ability to clear secretions. But not based on any H1N1 study, as we said."

Q: "Okay. Not based on any H1N1 study and not based on any scientific literature is that correct?"

A: "No, that's not - not entirely correct. There is scientific literature on burn injuries to the airways."

Q: "Do you have evidence that he had a burn injury to the airways in this case?"

A: "That I don't. I don't have a picture of the airways."

Page 29

Lines 6-21

Q: "And one of the things noted by Mrs. Causey in her deposition was that one of the doctors, and she was not able to identify him, indicated to her that - clearly that he had H1N1 but that the smoke inhalation would have made it difficult for him to fight it off, in his circumstance. Is that consistent with your observations of Mr. Causey and his course of treatment?"

A: "It is. While severe, most people don't die of this disease. He certainly had a severe case. Those happen without smoke inhalation. But in this case, the timing of it made me think that it exacerbated what was already a severe problem and made it worse."

Page 30 Lines 21-25

Page 31 Lines 1-5

Q: "But you can't state that to a reasonable degree of medical certainty, can you?"

A: "Ah. I can't say - I can't state that because - only because it's hard to say whether this was just a very horribly severe case or whether it contributed. There's no way to decipher this out. Because the H1N1 can be this severe on its own. But on the other hand, the timing of it could have been made worse by the smoke inhalation."

STATE BIRTH NUMBER

State of South Carolina
Department of Health and Environmental Control
CERTIFICATE OF DEATH

STATE FILE NUMBER

NAME OF DECEDENT
For use by physician or institution

Causey, Timothy

1. DECEDENT'S LEGAL NAME (Include AKAs, if any) (First, Middle, Last)				2. SEX		3. SOCIAL SECURITY NUMBER	
4a. AGE-Last Birthday (Years)		4b. UNDER 1 YEAR Months Days		4c. UNDER 1 DAY Hours Minutes		5. DATE OF BIRTH (MM/DD/YYYY)	
6. BIRTHPLACE (City and State or Foreign Country)							
7a. RESIDENCE-STATE		7b. COUNTY		7c. CITY OR TOWN			
7d. STREET AND NUMBER				7e. APT. NO.		7f. ZIP CODE	
7g. INSIDE CITY LIMITS? ☐ Yes ☐ No							
8. EVER IN US ARMED FORCES? ☐ Yes ☐ No		9. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
11. FATHER'S NAME (First, Middle, Last)				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)			
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)			
14. PLACE OF DEATH (Check only one: see instructions)							
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)			
15. FACILITY NAME (If not institution, give street and number)				16. CITY OR TOWN, STATE AND ZIP CODE		17. COUNTY OF DEATH	
18. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)				19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			
20. LOCATION-CITY, TOWN, AND STATE				21. NAME AND ADDRESS OF FUNERAL FACILITY			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT				23. LICENSE NUMBER (Of Licensee)			
23a. EMBALMER (Signature)				23b. EMBALMER LICENSE NUMBER		23c. LICENSE NUMBER (Of Facility)	
ITEMS 24-25 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH				24. DATE PRONOUNCED DEAD (MM/DD/YYYY) 05/19/2013		25. TIME PRONOUNCED DEAD 4:21 AM	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) <i>[Signature]</i>				27. LICENSE NUMBER LL33860		28. DATE SIGNED (MM/DD/YYYY) 05/20/2013	
29. ACTUAL OR PRESUMED DATE OF DEATH (Spec Month) May 19th 2013				30. ACTUAL OR PRESUMED TIME OF DEATH 4:21 AM		31. WAS CORONER OR MEDICAL EXAMINER CONTACTED? ☐ Yes ☐ No	
CAUSE OF DEATH (See instructions and examples)							
32. PART I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>diffuse alveolar hemorrhage</u> Due to (or as a consequence of): <u>days</u> Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <u>ventilator associated pneumonia</u> Due to (or as a consequence of): <u>weeks</u> c. <u>prolonged intubation</u> Due to (or as a consequence of): <u>month</u> d. <u>Smoke Inhalation injury</u> Due to (or as a consequence of): <u>month</u>							
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
33. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No				34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No			
35. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		36. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year		37. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined			
38. DATE OF INJURY (Spec Month)		39. TIME OF INJURY		40. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)		41. INJURY AT WORK? ☐ Yes ☐ No	
42. LOCATION OF INJURY: State: _____ City or Town: _____ County: _____ Street & Number: _____ Apartment Number: _____ Zip Code: _____							
43. DESCRIBE HOW INJURY OCCURRED:				44. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)			
45. CERTIFIER (Check only one) ☐ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☒ Pronouncing and Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ☐ Coronator/Medical Examiner-On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: <i>[Signature]</i>							
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) William Largent, 164 Ashley Ave, Charleston, SC 29425				46a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Whelan			
47. TITLE OF CERTIFIER MO		48. LICENSE NUMBER LL33860		49. DATE CERTIFIED (MM/DD/YYYY) 07/01/2011		50. FOR REGISTRAR ONLY-DATE FILED (MM/DD/YYYY)	

Items 24-48 To Be Completed By: MEDICAL CERTIFIER

Items 1-23c To Be Completed/Verified By: FUNERAL DIRECTOR

Defendants' APA Submissions

Progress Notes

Patient: CAUSEY, TIMOTHY E
DOB: 11/18/1962 Age: 50 Y Sex: Male
Phone: [REDACTED]
Address: [REDACTED] NICHOLS, SC- [REDACTED]
Pcp: Kimberley A Drayton, MD

Provider: Kimberley A. Drayton, MD
Date: 03/21/2013

Subjective:

CC:

1. Fever for 4 days-102. 2. c/o head congestion after fighting fire all night at Carolina Forest.

HPI:

Constitutional:

Pt here with a complaint of fever, head congestion, for the past 4 days. Temps have been as high 102; has had runny nose and a cough that is minimally productive; known to have allergies and has been taking his allergy medications. He states that he was patrolling the area of the Carolina Forrest fire that occurred this weekend and by the time his shift ended, he began to feel congested; returned to work the next day and by day 2, he began to have temps. He complains of chest tightness when he takes a deep breath. Denies SOB, dyspnea on exertion, N/V or body aches. Sick contact was his daughter.

ROS:

General/Constitutional:

General able to do usual activities, good exercise tolerance, good general state of health, no fatigue, (+) fever, no weakness, no weight loss or gain.

HEENT/Neck:

Head no headache, no vertigo, no dizziness, no lightheadedness, no trauma. Nose POSITIVE; clear drainage. Throat POSITIVE; pain, no exudate or oropharyngeal ulcers. Ears no earaches, no fullness, normal hearing, no tinnitus. Mouth and Pharynx no cavities, no bleeding gums, (+) sore throats, no hoarseness. Neck no lumps, no goiter, no neck stiffness or pain.

Respiratory:

Patient denies pain with breathing, wheezing, shortness of breath. Patient complaining of cough, chest congestion.

Cardiovascular:

Patient denies chest pain, dyspnea on exertion, fatigue, palpitations.

Gastrointestinal:

General good appetite, no abdominal pain, no constipation, no diarrhea, no excessive belching or flatulence, no heartburn/reflux, no hematemesis, no hemorrhoids, no indigestion, no nausea/vomiting, no rectal bleeding, no regurgitation, normal bowel movement frequency, normal stools.

Skin:

General no changes in hair and nails, no dryness, no easy bruising, no itching, no lumps, no pigmentation, no rashes.

Medical History: Right upper lobe pneumonia -2005.

Surgical History: Lt ring finger broke and pin placed in 1986, cyst removed Rt side of face 1982.

Family History:

Social History:

Tobacco Use:

Smoking

Are you a: *former smoker*

How long has it been since you last smoked? *5-10 years*

Drug/Alcohol:

Drugs: Denies.

Alcohol

Points *1*

Medications: Zantac 150 MG Tablet 1 tablet daily, Tylenol Extra Strength 500 MG Tablet 2 tablets q 6hrs prn, Robitussin Chest Congestion 100 MG/5ML Syrup 10 ml as needed every 4 hrs, Claritin 10 MG Tablet 1

tablet daily prn, Medication List reviewed and reconciled with the patient

Allergies: CODEINE: crazy.

Objective:

Vitals: Wt 216.2, Ht 71, Temp 100.2, HR 92, RR 18, BP 106/80, BMI 30.15, Oxygen sat % 96%, Pain scale 3-4.

Past Orders:

Examination:

General Examination:

GENERAL APPEARANCE: in no apparent distress.

HEENT: HEAD: atraumatic, normocephalic, tympanic membranes clear and flat bilaterally, EYES: Extra Ocular Muscles (EOM) are full, without nystagmus, Oropharynx clear with moist mucous membranes, pharynx and tonsils normal, NOSE: clear rhinorrhea, mildly swollen turbinates, no sinus tenderness.

NECK/THYROID: supple, full range of motion.

CARDIOVASCULAR: normal S1S2, regular rate and rhythm, no murmurs.

RESPIRATORY: clear to auscultation, normal respiratory effort.

GASTROINTESTINAL: normal without tenderness, masses, or megaly.

NEUROLOGIC EXAM: non-focal exam, CN II-XII grossly intact, no cerebellar signs, finger to nose normal.

SKIN: normal, no rash.

EXTREMITIES: no clubbing, no edema.

PERIPHERAL PULSES: 2+, bilaterally, dorsalis pedis/posterior tibial.

PSYCH alert and oriented x3, appropriate mood and affect.

Assessment:

Assessment:

1. URI, acute - 465.9 (Primary)
2. Sore throat - 462
3. Cough - 786.2

Plan:

1. URI, acute

LAB: CBC With Differential/Platelet (005009)

WBC	4.1	4.0-10.5 - x10E3/uL
RBC	5.00	4.14-5.80 - x10E6/uL
Hemoglobin	15.0	12.6-17.7 - g/dL
Hematocrit	44.2	37.5-51.0 - %
MCV	88	79-97 - fL
MCH	30.0	26.6-33.0 - pg
MCHC	33.9	31.5-35.7 - g/dL
Neutrophils	48	40-74 - %
Immature Granulocytes	0	0-2 - %
Lymphs	39	14-46 - %
Monocytes	12	4-13 - %
Eos	1	0-7 - %
Basos	0	0-3 - %
Platelets	148	140-415 - x10E3/uL
Neutrophils (Absolute)	1.9	1.8-7.8 - x10E3/uL
Immature Grans (Abs)	0.0	0.0-0.1 - x10E3/uL
Lymphs (Absolute)	1.6	0.7-4.5 - x10E3/uL
Monocytes(Absolute)	0.5	0.1-1.0 - x10E3/uL
Eos (Absolute)	0.0	0.0-0.4 - x10E3/uL
Baso (Absolute)	0.0	0.0-0.2 - x10E3/uL

RDW

13.2

12.3-15.4 - %

DRAYTON, KIMBERLEY A 03/22/2013 01:00:13 PM EDT > stable Kuzdrall, Kelli 03/22/2013 01:24:54 PM EDT > Spoke with pt's wife and let her know labs are stable.

LAB: Comp. Metabolic Panel (14) (322000)

Calcium, Serum	9.0	8.7-10.2 - mg/dL
Glucose, Serum	99	65-99 - mg/dL
BUN	12	6-24 - mg/dL
Protein, Total, Serum	6.5	6.0-8.5 - g/dL
Albumin, Serum	4.3	3.5-5.5 - g/dL
Bilirubin, Total	0.4	0.0-1.2 - mg/dL
Alkaline Phosphatase, S	66	25-150 - IU/L
AST (SGOT)	24	0-40 - IU/L
Potassium, Serum	3.8	3.5-5.2 - mmol/L
Sodium, Serum	133	134-144 - mmol/L
Chloride, Serum	96	97-108 - mmol/L
Creatinine, Serum	1.07	0.76-1.27 - mg/dL
ALT (SGPT)	25	0-44 - IU/L
Carbon Dioxide, Total	23	20-32 - mmol/L
BUN/Creatinine Ratio	11	9-20 -
Globulin, Total	2.2	1.5-4.5 - g/dL
A/G Ratio	2.0	1.1-2.5 -

DRAYTON, KIMBERLEY A 03/22/2013 12:59:59 PM EDT > stable Kuzdrall, Kelli 03/22/2013 01:24:39 PM EDT > Spoke with pt's wife and let her know labs are stable.

Increase fluids

Tylenol/Ibuprofen PRN for fever/pain

Plan discussed with pt who is in agreement with plan.

2. Sore throat

LAB: Rapid Strep Culture (87081) Negative

Conservative management at this time

Gargle with warm salt water

Lozenges would be helpful.

3. Cough Start Augmentin Tablet, 875-125 MG, 1 tablet, Orally, Twice a day, 7 days, 14, Refills 0 ; Start Albuterol Sulfate HFA Aerosol Solution, 108 (90 Base) MCG/ACT, 2 puffs as needed, Inhalation, every 4 hrs, 30 days, 1, Refills 0 .

Diagnostic Imaging: X ray : CHEST PA LATERAL

Procedure: Albuterol (J7613)

Post nebulizer, his chest tightness improved

Suspect part of his Sx can be attributed to smoke Inhalation

He was instructed to use MDI PRN for SOB, cough or wheezing

If no improvement or Sx worsen, RTC sooner.

Immunizations:

Labs:

Procedure Codes: 94640 Airway inhalation treatment, 87880 Strep A Assay wOptic, J7620 Albuterol ipratrop noncomp, 94760 Measure blood oxygen level

Preventive:

Follow Up: 1 week/PRN

Provider: Kimberley A. Drayton, MD

Patient: CAUSEY, TIMOTHY E DOB: [REDACTED] 1962 Date: 03/21/2013



Electronically signed by KIMBERLEY DRAYTON, MD on 03/25/2013 at 09:55 PM EDT
Sign off status: Completed

McLeod
Physician Associates

CAUSEY, TIMOTHY E

50 Y old Male, DOB: [REDACTED] 1962

[REDACTED], NICHOLS, SC, US

Home: [REDACTED]

Provider: DRAYTON, KIMBERLEY A

Telephone
Encounter

Answered by Kuzdrall, Kelli

Date: 03/22/2013

Time: 02:10 PM

Reason fever/CXR results

Message

When I called to give lab results to pt, I spoke with wife who had concerns of patient continuing to have fever of 102, productive cough, and feeling bad. Wife is giving Motrin for fever. I discussed with Dr. Drayton who states CXR was negative and pt was started on Augmentin yesterday. Pt had taken Augmentin for the 2 days prior as well (was left over from family member). Per Dr. Drayton, I let wife know that she wants pt to continue Augmentin over the weekend and to take Motrin for fever. Should begin to improve over the weekend. If symptoms do not improve, call Monday to let us know. Wife verbalized understanding.

Patient: CAUSEY, TIMOTHY E DOB: [REDACTED] /1962 Provider: DRAYTON, KIMBERLEY A 03/22/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Mar. 22. 2013 7:02AM

No. 1390 P. 1/1

MCLEOD LORIS SEACOAST
LORIS COMMUNITY HOSPITAL
3655 MITCHELL STREET
LORIS, SC 29569
(843)716-7512

PROFESSIONALLY INTERPRETED BY:
CAROLINA RADIOLOGY ASSOCIATES

Name: CAUSEY, TIMOTHY E
Phys: DRAYTON, KIMBERLEY MD
DOB: [REDACTED]/1962 Age: 50 Sex: M
Acct: L1425430 Loc: RAD
Status: REG REF
Radiology No:
Unit No: M066272
Radiologist: YOUNG S SONG, M.D.

KIMBERLEY DRAYTON MD
3655 MITCHELL STREET
LORIS, SC 29569

(843) 716-7000

REASON FOR EXAM: X - OTHER REASONS
OTHER REASON: COUGH

EXAMS: 001060366 CHEST - 2 VIEWS/PA AND LATERAL

DATE: 03/21/2013

INDICATION: COUGH. FEVER.

EXAM: TWO VIEW CHEST 03/21/13

COMPARISON: 05/23/08

FINDINGS: Frontal and lateral radiograph of the chest shows
linear density right apex. This likely represents scarring and is not
significantly changed.

IMPRESSION: NO ACUTE FINDINGS.

Young S. Song, MD
Electronic Signature
Mar 21 2013 3:34PM

DD: 03/21/2013/DT: 03/21/2013

Reported By: YOUNG S SONG, M.D.

CC: KIMBERLEY DRAYTON MD

Technologist: KELLY ELLIOTT, RT(R)(CT)
Transcribed Date/Time: 03/21/2013 (1531)
Transcriptionist: RAD-AVRREO
Printed Date/Time: 03/21/2013 (1532)

PAGE 1

KIMBERLEY DRAYTON MD

CAUSEY, TIMOTHY E

 13425630 DRAYTON, KIMBERLEY MD
 03/21/13

M008272

11/19/02

Family Health Center Loris

y A. Drayton, MD (NPI:1386767226)

3109 Casey Street Suite A,

Family Practice

Loris, SC, 295692810

Tel: 843-756-9292 Fax: 843-756-9260

Patient: CAUSEY, TIMOTHY E

Order Date: 03/21/2013

DOB: [REDACTED]/1962 Sex: Male Phone: [REDACTED] Account No: e399740

Today: 03/21/2013

Address: [REDACTED] NICHOLS, SC, US [REDACTED]

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605, COLUMBIA, SC, 29260

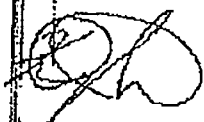
Subscriber Number: ZCS19649362

Name: CAUSEY, TIMOTHY E

Address: [REDACTED], NICHOLS, SC, US [REDACTED]

DIAGNOSTIC IMAGING:

Code	Diagnostic Name	Assessment(s)	Notes
1	X ray : CHEST PA LATERAL	786.2, Cough	



Electronically Signed By: Kimberley A. Drayton, MD

Signature of Patient/Guardian

Patient: CAUSEY, TIMOTHY E DOB: [REDACTED]/1962

History Physical

MCLEOD REGIONAL MEDICAL CENTER
656 East Cheves Street
Florence, SC 29501-0561

NAME: CAUSEY, TIMOTHY
10ST103001
MED. REC. NO.: 01140953
DR. DICTATING: Dozier, Samuel G. M.D.
PATIENT NO.: 000123737660
ADMIT DATE: 03/23/2013

pressure 111/65, respirations 20, O2 SAT 95% on room air. This is not correlated with the arterial blood gas which reports a PO2 of 60 on room air.

GENERAL APPEARANCE is of a mildly overweight, middle age white male, age appropriate in appearance, pleasant, cooperative, awake, alert and oriented. He has a mildly toxic and flushed appearance. He is not using accessory muscles to breath but has mildly increased work of breathing and appears acutely ill.

HEAD atraumatic. The conjunctivae are moderately injected bilaterally. There is no scleral icterus appreciated. Pupils are equal round and reactive. Extraocular movements are intact. Nares are patent. There is no purulent discharge appreciated. Mucous membranes appear dry. Mucous membranes in the mouth are dry without buccal mucosal lesions. Posterior oropharynx has a cobblestoned and markedly erythematous appearance. There is no exudate appreciated.

NECK is supple. There is no meningismus. There is no palpable anterior posterior cervical or supraclavicular adenopathy appreciated.

LUNGS have coarse expiratory wheezes with rhonchi in both lung fields, probably worse in the right mid to lower lung fields. There is no dullness to percussion. There is no egophony. There is mildly increased AP diameter of the chest. There is a significantly prolonged expiratory phase.

HEART: The heart sounds are distant and regular, moderately tachycardiac with regular rhythm. No murmur, rub or gallop appreciated. Cardiac examination is performed shortly following a long bronchodilator treatment and the tachycardia may be attributed thus.

ABDOMEN is soft, nontender and mildly obese. No palpable rebound, guarding, organomegaly appreciated. Bowel sounds are normal and there is no audible abdominal bruit. There is no fluid wave.

EXTREMITIES are warm and well perfused. There is no stigmata of peripheral embolization or ischemia. There is no clubbing, cyanosis, or edema.

LAB STUDIES: On admission pH is 7.43, PCO2 is 31, PO2 is 60 on room air. Sodium 134, potassium 4.1, chloride 96, bicarbonate 29, BUN 9, creatinine 1.0, glucose 101, calcium 8.6. Liver functions are normal. White blood cell count is 2.2 with a relatively normal differential. I think there is 67% neutrophils, no early forms. The platelets are 110, hemoglobin 14, hematocrit 41.

CHEST X-RAY reveals unremarkable findings per the radiologist. I am not sure on my personal review there may be a right middle lobe or medial right lower lobe infiltrate present as there is some reticulonodular type infiltrate in that distribution.

IMPRESSION:

1. Hypoxemia consistent with acute lung injury with P/F ratio of 2.86 and acute febrile illness suggestive of respiratory infection associated with leukopenia likely viral in etiology. We will test for influenza organisms and treat appropriately. Given his bronchospastic component we will use steroids and bronchodilators initially and follow as the workup is completed. We will ask for peripheral smear prior to steroids and follow hyponatremia on isotonic intravenous fluids. Should he fail to improve with the above-noted regimen as well as intravenous broad spectrum antibiotics including atypical coverage with Levofloxacin, then pulmonary consultation may be reasonable. The above-noted workup and measures were discussed in detail with Mr. Causey. Computed tomography (CT) angiography of the chest to rule out pulmonary embolism as well as rule out

PRIVILEGED AND CONFIDENTIAL. This facsimile contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

History Physical

MCLEOD REGIONAL MEDICAL CENTER
655 East Cheves Street
Florence, SC 29501-0551

NAME: CAUSEY, TIMOTHY
10ST103001
MED. REC. NO.: 01140953
DR. DICTATING: Dozier, Samuel G. M.D.
PATIENT NO.: 000123737660
ADMIT DATE: 03/23/2013

Interstitial lung disease or other difficulties not easily discoverable by chest x-ray has already been ordered by the Emergency Room physician and is not available at the time of admission.

Samuel G. Dozier, M.D.

VC
DD : 03/23/2013 10:50 P
DT : 03/24/2013 02:57 P

Job #: 1139375
cc: Samuel G. Dozier, M.D.

Signed by DOZIER MD, SAMUEL G. on 24-Mar-2013 20:29:16 -04:00

PRIVILEGED AND CONFIDENTIAL: This document contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this document is strictly prohibited. If you have received this transmission in error, please reply on immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

Discharge Summary

MCLEOD REGIONAL MEDICAL CENTER
555 East Cheves Street
Florence, SC 29601-0551

NAME: CAUSEY, TIMOTHY
MICUM07-01
MED. REC. NO.: 01140953
DR. DICTATING: Barnard, Mark L MD
PATIENT NO.: 000123737660
ADMIT DATE: 03/23/2013
DISCHARGE DATE:

NAME: Causey, Timothy
MED. REC. NO.: 01-14-09-53
DR. DICTATING: Mark L Barnard, MD
DOB: 1962
PATIENT NO.: 000123737660
ADMIT DATE: 03/23/2013
DISCHARGE DATE:

Deputy Causey is a 50 year old male who has been very, very healthy. He was involved in security with regards to the quite large apartment and forest fire in Myrtle Beach a couple of so weeks ago.

Evidently a couple of the security personnel did present to the hospital after being exposed to some smoke, but they were released and to my knowledge in talking to his wife, none of them has really had any significant sequelae of that. Subsequently, he was seen at Loris Hospital and was hypoxemic and transferred to McLeod where he was admitted. On admission, his chest x-ray was very unimpressive. He also had a CT of the chest which was very unimpressive.

He has slowly progressed with regards to hypoxemia. Dr. Jona initially saw him and was going to bronchoscope him for completeness but his saturations dropped and he did not scope him and subsequently moved him to the MICU where he had been fairly stable although his physical exam has dramatically deteriorated in that he has had classic diffuse "dry" rales. Last p.m. his saturations decreased significantly and he was electively intubated with his chest x-ray showing dramatic bilateral interstitial changes as would be expected with acute lung injury situation.

He also had an elevated temperature to 103 or so on several, several occasions, but has had multiple negative cultures. His HIV was negative. His influenza titers were negative.

His initial white count was diminished to 1.49 and his initial platelet count was diminished to 92 although his last white count was 8.56,000 with hematocrit of 32 and a platelet count of 185. His creatinine has been normal. His initial blood gas showed a pH of 7.47 with a carbon dioxide partial pressure of 31 and oxygen partial pressure of 60 on room air. Again, he has no previous history except for "pneumonia" of any pulmonary disease and he does not smoke.

After intubation on 100% FIO2 with 5 of PEEP, 500 cubic centimeters tidal volume with rate of 16 he had a pH of 7.42 with carbon dioxide partial pressure 45 and oxygen partial pressure 73.

His urinalysis was totally unremarkable on admission.

With his progressive deterioration and now with elective intubation, I talked to Dr. Paoletti at MUSC. They have agreed to transfer him there for further evaluation and treatment.

PRIVILEGED AND CONFIDENTIAL. This transmittal contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this transmittal is strictly prohibited. If you have received this transmittal in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

Discharge Summary

MCLEOD REGIONAL MEDICAL CENTER
555 East Cheves Street
Florence, SC 29501-0551

NAME:	CAUSEY, TIMOTHY
MICUM07-01	
MED. REC. NO.:	01140953
DR. DICTATING:	Barnard, Mark L MD
PATIENT NO.:	000123737660
ADMIT DATE:	03/23/2013
DISCHARGE DATE:	

PRIVILEGED AND CONFIDENTIAL. This document contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this document is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

Discharge Summary

MCLEOD REGIONAL MEDICAL CENTER
555 East Cheves Street
Florence, SC 29501-0561

NAME: CAUSEY, TIMOTHY
MICUM07-01
MED. REC. NO.: 01140953
DR. DICTATING: Barnard, Mark L MD
PATIENT NO.: 000123737660
ADMIT DATE: 03/23/2013
DISCHARGE DATE:

He has been receiving steroids and also Levaquin and Rocephin. He also received some ampicillin I think initially when he presented as an outpatient.

He is currently sedated on Versed and also received some propofol and a dose of paralyzing agents during the night because he was a little bit difficult to sedate but I think that he is otherwise very young and healthy and basically one agent should work for him.

His vital signs otherwise have been stable.

IMPRESSION: Acute lung injury syndrome - most likely related to smoke inhalation at this particular point. Note also that he did present with decreased white count and decreased platelet count that may have been an inflammatory component of this process or of course could be another process of course.

Obviously, the question would be whether or not to do an open lung biopsy on him, but of course I would defer to the Medical University of South Carolina Pulmonary people in regards to that at this time.

He did have an echocardiogram done and I do not have the official results, but his ejection fraction was reported normal at that time.

He will be discharged for further evaluation and treatment at Medical University of South Carolina.

His DISCHARGE DIAGNOSIS here is acute lung injury with frank respiratory failure and an ARDS (acute respiratory distress syndrome) picture. I planned to bronchoscope him but will defer this to Medical University of South Carolina i.e., he is now intubated and we could bronchoscope him safely, but again, I am deferring to Medical University of South Carolina in this regard.

Mark L Barnard, MD

Ja
DD: 03/28/2013 07:45 A
DT: 03/28/2013 08:02 A Job #: 1140696

cc: Mark L Barnard, MD
Samuel G. Dozier, M.D.
Vinod K. Jona, M.D., FCCP

PRIVILEGED AND CONFIDENTIAL. This document contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this document is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

Pt Name:	CAUSEY, TIMOTHY	MRN:	1140953
Pt ID:	100876835	Acct No:	123737800
DOB:	11/18/1962	Age/Sex:	50Y/M
Adm Date:	03/23/2013	Ata Dr:	Barnard, Mark MD
Disch Date:	03/28/2013	Nurse	
Entity:	McLeod Regional Medical Center	Station:	
Dx:		Room:	

Admission Assessment

Assessment Site: Complete
Collected By: Edilberto M Marasigan, RN
Collected DTime: 03/24/2013 03:07

Admission Assessment

Admit From: ER
Accompanied By: Spouse
Readmit within 30 days?: No
Previous Transfusion?: No
Organ Donor?: No

Previous Anesthesia Complication: None Known

Do you want to formulate an Advanced Directive?: No

Smoked within last 12 months?: No

Smoking Txt2: Patient informed McLeod is smoke-free and instruction to request meds to help refrain from smoking

Alcohol Use?: No

Drug Use?: No

Reviewed Belongings With: patient

PU/Family informed hospital not responsible for valuables: Yes

Oriented To: All Policies

Understands Illness: Yes

Behavior: Cooperative

Mode/Arrival: Wheelchair
Pt Stated Reason for Adm: fever, SOB, acute lung injury

Recurrent Illness?: No

History of Reaction?: Unknown

Willing to Accept: Yes

Blood/Blood Products

Advanced Directive?: No

Adv Dir in Med Rec?: No

Smoking Txt1: Smoking cessation material (included in room orientation packet) given to patient/family
Tobacco Use?: Former smoker

Caffeine Use?: Yes

Glasses: Yes

Relationship to Pt: Self, Spouse

Belonging

Dentures: No

Patient Oriented to Patient

Education Channel and Bill of Rights: Yes

Affect: Calm

Cognitive: Normal

Patient History

Occupation: Sheriff officer

Lives With: Spouse

Number of Hours Per Day: 21-24

Caregiver Would Be

Available

Home Environment: Home

Transportation Home: Spouse

Feel safe at home?: Yes

Marital Status: Married

Responsible Caregiver: Self

Contact Person: domestic wife 843-421-4673 or 843-392-0227

Bed/Bath on same floor?: Yes

Discharge to: Family

Hx of Abuse/Neglect: No

Pt Name: CAUSEY, TIMOTHY

Entity: McLeod Regional Medical Center

Adm Date: 03/23/2013

© 2003-2013 Siemens Medical Solutions Health Services Corporation. All rights reserved.

Crystal Reports © 1981-2013 Business Objects Software Limited. All rights reserved.

MRN: 1140953

Page 1 of 4

Assessment Report

ORE_0010_DSCH.rpt version v1.00

Generated By: Workflow

Generated On: 31-Mar-13 08:51

Assessment Report

Generated from 02/23/2013 00:00 to END

1 Name:	CAUSEY, TIMOTHY	MRN:	1140953
2 ID:	100876835	Accl No:	123737600
DOB:	1962	Age/Sex:	50Y/M
Adm Date:	03/23/2013	Attn Dr:	Barnard, Mark MD
Disch Date:	03/28/2013	Nurse:	
		Station:	
Entity:	McLeod Regional Medical Center	Room:	
Dx:			

Admission Assessment

Assessment Status: Complete
Collected By: Editha M Marnsagen, RN

Collected DTime: 03/24/2013 03:07

Patient History

Caregiver read & Write: Yes
Highest Educ level: College

Can Pt read and write: Yes
Learning Preferences: Demon/Hands-On, Discuss/Listening, Group Learning, Reading, TV, Video

Caregiver Learning Preferences: Computer Assist/Instr, Demon/Hands-On, Discuss/Listening, Group Learning, Reading, TV, Video
Education Needs: Activity/Safety, Care Notes given, Comm Resources, D/C Instruction, Disease Process, Education booklet, Equipment, Medication, Nutrition

Patient Preferred Language for Healthcare Communication: english

Desire/Motivation to Learn: Cooperative, Calm

Education given to: Patient
Activity: Up and ab
Stairs: As tolerated
Driving: No Limit
Med Administration: Independent
Meal Prep: Independent
Patient is NOT Scheduled for Surgery: Yes

Hygiene: Independent
Dressing: Independent
Eating: Independent
Toileting: Independent
Mode of Elimination: Bathroom
Patient is NOT a Proadmit: Yes
Patient/Family Sves: No
(Counseling & Discharge Planning) Visit

Legal authorized rep., parent or designee's preferred language: english

Past Med/Surg HX- Male

Admission Asmt HEENT: contact lenses
other: Peripheral IV

Pneumonia: Yes

Past Med/Surg HX- Part II

Does patient have metastatic CA?: No

Pressure sore on admission: No

Infection Control and Immunizations

Patient has positive Cough Screen: Patient has positive Cough Screen
Pneumonia Vaccination: No
Hepatitis Vaccination: Yes

Airborne Isolation Indicated: **Airborne Isolation Indicated**
Tetanus Vaccination: Yes
Smallpox Vaccination: Yes

Pt Name: CAUSEY, TIMOTHY
Entity: McLeod Regional Medical Center
Adm Date: 03/23/2013

MRN: 1140953
Page 2 of 4

Assessment Report
ORE_0010_DSCH.rpt version v1.00
Generated By: Workflow
Generated On: 31-Mar-13 08:51

© 2003-2013 Siemens Medical Solutions Health Services Corporation. All rights reserved.
Crystal Reports © 1984-2013 Business Objects Software Limited. All rights reserved.
Page 2 of 4

Assessment Report

Generated from 02/23/2013 00:00 to END

Pt Name:	CAUSEY, TIMOTHY	MRN:	1140853
Pt ID:	100876835	Acct No:	123737860
DOB:	1/18/62	Age/Sex:	50Y/M
Adm Date:	03/23/2013	Attn Dr:	Barnard, Mark MD
Disch Date:	03/28/2013	Nurse:	
Entity:	McLeod Regional Medical Center	Station:	
Dx:		Room:	

Admission Assessment

Assessment Sta	Complete	Collected DTime	03/24/2013 03:07
Collected By	Edilberta M Marasigan, RN		
<u>Infection Control and Immunizations</u>			
Pneumovax	No Contraindications;	Pneumovax Indication	*Cigarette Smoking
Contraindications	patient/caregiver agrees to receive vaccine		
PNEUMOVAX NOT INDICATED	PNEUMOVAX NOT INDICATED	If patient desires vaccine; notify MD	** If patient desires vaccine; notify MD **
Vaccine already given this Flu Season (September - April)	No	Influenza Vaccine	Patient or caregiver refuses
PLACE PATIENT ON DROPLET PRECAUTIONS	***PLACE PATIENT ON DROPLET PRECAUTIONS***	Contraindications	
Pneumovax	You must select at least one	NA	Yes
Contraindication Message	Pneumovax contraindication	Pneumovax Indication	You must select at least one
Influenza Vaccine	You must select at least one	IN_Message7	Please complete the
Message	Influenza vaccine		Pneumovax Indications section
IN_Message8	contraindication		below
	If Patient does not meet criteria, please do not select any other indicators		

<u>Pain Assessment</u>	
Pain Score on Admission	0
Pain Scale ADM	Numeric
<u>Suicide Risk Assessment</u>	
In past 2 weeks, have you had thoughts of hurting yourself	No
Have you made a suicide attempt in the past?	No
Have you developed specific plan of how you would hurt yourself?	No
Date & Time	03/24/2013 03:17

<u>Functional Screening</u>	
Does patient need an interpreter	No
CALL NURSING SUPERVISOR - PATIENT NEEDS SIGN LANGUAGE	*CALL NURSING SUPERVISOR - PATIENT NEEDS SIGN LANGUAGE
Disabilities	No
Nutrition Screening	N/A
Physical Therapy Screen	N/A
CALL NURSING SUPERVISOR - PATIENT NEEDS ORAL INTERPRETER	*CALL NURSING SUPERVISOR - PATIENT NEEDS ORAL INTERPRETER
Room Service Indicator	Yes (appropriate for room service)
Spiritual/Cultural Screen	N/A
Occupational Therapy Screen	N/A

Pt Name: CAUSEY, TIMOTHY
Entity: McLeod Regional Medical Center
Adm Date: 03/23/2013

MRN: 1140853
Page 3 of 4

Assessment Report
ORE_0010_DSCH.rpt version v1.00

© 2003-2013 Siemens Medical Solutions Health Services Corporation. All rights reserved.
Crystal Reports © 1991-2013 Business Objects Software Limited. All rights reserved.

Generated By: Workflow
Generated On: 31-Mar-13 08:36

Assessment Report

Generated from 02/23/2013 00:00 to END

1 Name:	CAUSEY, TIMOTHY	MRN:	1140853
PI ID:	100878835	Accl No:	123737600
DOB:	1/1962	Age/Sex:	50Y/M
Adm Date:	03/23/2013	Ata Dr:	Barnard, Mark MD
Disch Date:	03/28/2013	Nurse	
		Station:	
Entity:	McLeod Regional Medical Center	Room:	
Dx:			

Admission Assessment

Assessment Site Completed Collected DT/Time 03/24/2013 03:07
 Collected By Ediberla M Marasigan, RN

Functional Screening

Speech Therapy Screen	N/A	Social Services	No Problems Identified
Cardiac Education Screen	No Problems Identified	Diabetic Education Screen	No Problems Identified
Height	6'11 in	Weight	214.0 lbs, oz
Body Mass Index	29.85		

Braden Scale

Sensory/Perception	No Impairment	Moisture	Rarely Moist
Nutrition	Adequate	Mobility	No Limitations
Activity	Walks Frequently	Friction/Shear	No Apparent Problem
Braden Score Total	22		

Morse Fall Risk Assessment

Recent Fall History	No	Has Secondary Diagnosis	No
Ambulatory Aid	None/bed rest/nurse assist	IV or Hap Lock	Yes
Gait/Transferring	Normal/bedrest/immobile	Mental Status	Oriented to own ability
Morse Fall Risk Total	20		

Clinical Note:

PI Name: CAUSEY, TIMOTHY
 Entity: McLeod Regional Medical Center
 Adm Date: 03/23/2013

MRN: 1140853
 Page 4 of 4

Assessment Report
 ORE_0010_DSCHLpl version v1.00
 Generated By: Workflow
 Generated On: 31-Mar-13 08:51 7

© 2003-2013 Siemens Medical Solutions Health Services Corporation. All rights reserved.
 Crystal Reports © 1981-2013 Business Objects Software Limited. All rights reserved.
 Page 4 of 4

Admission Medication Reconciliation Report

Pt Name: CAUSEY, TIMOTHY
Pt ID: 100878835
DOB: [REDACTED] 1982
Adm Date: 3/23/2013 5:55:00PM
Nurs Sta: Emergency Triage
Alrg: Codeine

MRN: 1140953
Acct No: 123737860
Age/Sex: 50Y/M
Attn Dr: Bons, Michelle MD
Rm & Bed: T28-01

Admission Rec Completed on: 3/23/2013 9:00:48PM By: Samuel G Dozier, MD

Home Medications

Status: Complete-No Medications Collected On: 3/23/2013 9:00:00PM By: Samuel G Dozier, MD

Comments:

Action Taken:

Current Orders

Medication Name	Dose	Route	Frequency	Start

Planned Orders

Pt Name: CAUSEY, TIMOTHY
Rm/Bed: T28-01
© 2004-2013 Siemens Medical Solutions Health Services Corporation. All rights reserved.
Crystal Reports © 1981-2013 Business Objects Software Limited. All rights reserved.

MRN: 1140953
Page 1 of 1

Admission Reconciliation
ONE_MRC_AMR.rpt; Version 1.00
Generated By: EDR
Generated On: 23-Mar-13 21:01

Order Session Summary

Pt Name :	CAUSEY, TIMOTHY			DOB :	11/18/1962	Age/Sex :	50Y/Male
MRN :	1140853	Pt ID :	100870835	Acct No :	123737680		
ADM DT:	03/23/2013	Nur Sta :	Emergency	Rm/Bed :	T28-01	Pt Type:	EOP
			Triago				
ATTN DR :	MichelleSBens						
Ht :	Wt :						
Diagnosis :	SOB FEVER						
Allergies :	Codeine						

Status	Order As Written	Start Date	Start Time
Active 3771664	Encoraparin (Lovenox) 40 mg = 0.4 mL Subcutaneous QDAY Now Routine	03/23/2013	20:54
Active 3771665	Sodium Chloride 0.9 % (1000 mL bag) Intravenous @ 150 mL/hr IVCONTIN for 2 Bags Sodium Chloride 0.9 % (NS 0.9%) 1000 mL	03/23/2013	20:54
Active 3771666	Sodium Chloride Flush 3 ML Intravenous PRN Flush	03/23/2013	20:54
Active 3771667	Sodium Chloride Flush 3 ML Intravenous TID	03/23/2013	20:54
Active 3771668	Ranitidine HCl (Zantac) 150 mg = 1 TAB Oral BID	03/23/2013	20:54
Active 3771669	Aspirin (ASPIRIN-CHILDRENS) 162 mg = 2 TAB Oral QDAY Now Routine	03/23/2013	20:54
Active 3771670	Acetaminophen (Tylenol) 850 mg = 1 SUPP Rectal Q6HP PAIN/FEVER, For Temp > 101/Pain Scale >3 Additional Directions: For Temp > 101/Pain Scale >3	03/23/2013	20:54
Active 3771671	Acetaminophen (Tylenol) 500 mg PO (Tylenol) 1000 MG Oral Q6HP PAIN/FEVER, For Temp > 101/Pain score >3 Additional Directions: For Temp > 101/Pain score >3	03/23/2013	20:54
Active 3771672	Ibuprofen (Motrin) 400 mg = 1 TAB Oral Q6HP Pain/Fever	03/23/2013	20:54
Active 3771673	Diphenhydramine HCl (Benadryl) 12.5 mg = 5 mL Oral Q6HP Itching	03/23/2013	20:54
Active 3771674	Zolpidem (Ambien) 5 mg = 1 TAB Oral QHSP Sleep, for Patient Age > or = 65 yrs Additional Directions: for Patient Age > or = 65 yrs	03/23/2013	20:54
Active 3771675	Magnesium Hydroxide (Milk of Magnesia) 30 mL = 1 cup Oral BIDP Constipation	03/23/2013	20:54
Active 3771676	Aluminum-Magnesium Hydroxide (Maox) 30 mL = 1 cup Oral Q4HP Indigestion, Do not give if severe abdominal pain or renal patient. Notify MD if given x2 and symptoms persist Additional Directions: Do not give if severe abdominal pain or renal patient. Notify MD if given x 2 and symptoms persist	03/23/2013	20:54
Active 3771677	Ondansetron HCl (Pf) (Zofran) 4 mg = 2 mL Intravenous Q4HP Nausea/Vomiting	03/23/2013	20:54

Electronically Signed By: Samuel G Dozier, MD

Signed Date/Time: 03/23/2013 21:01

Activated By: Samuel Dozie

Activated Date/Time: 03/23/2013 21:01

Page 2 of 4

Order Session Summary

Pt Name :	CAUSEY, TIMOTHY	DOB :	11/18/1982	Age/Sex :	50Y/Male
MRN :	1140953	Pt ID :	100876635	Acct No :	123737660
ADM DT:	03/23/2013	Nurr Sta :	Emergency Triage	Rm/Bed :	T28-01
ATTN DR :	MichelleSBans	Pt Type:	EOP		
Ht :	Wt :				
Diagnosis :	SOB FEVER				
Allergies :	Codolna				

Status	Order As Written	Start Date	Start Time
Active 3771678	ipratropium-Albuterol (Duoneb) 1 EACH = 3 mL Resp to Admin Q6RT	03/23/2013	20:54
Active 3771679	ipratropium-Albuterol (Duoneb) 1 EACH = 3 mL Resp to Admin Q3HP SOB/Wheezing	03/23/2013	20:54
Active 3771680	Levofloxacin in D5W 750 mg/150 ml (150 mL bag) Intravenous @ 100 mL/hr over 1.5 h Q24 Levofloxacin in D5W 750 mg/150 ml (Lovaquin) 150 mL	03/23/2013	20:54
Active 3771681	Methylprednisolone Sod Suc(PF) (Solu-Medrol) 125 mg = 2 mL Intravenous ONE TIME (One Time) for 1 Doses	03/23/2013	20:54
Active 3771682	Methylprednisolone Sod Suc(PF) (Solu-Medrol) 80 mg = 1.28 mL Intravenous Q6H	03/23/2013	20:54
Active 3771643	Weight w/ Same Scale Daily	03/24/2013	08:00
Active 3771645	Nursing Communication: Discontinue telemetry when no arrhythmias and pulse rate < 100 x 24 hours	03/23/2013	20:54
Active 3771636	Call MD prior to administering Lovenox if Platelet Count less than 100,000	03/23/2013	20:54
Active 3771640	Notify Primary Care Provider of patient status	03/23/2013	20:54
Active 3771659	Call MD if sat < 92%	03/23/2013	20:54
Active 3771642	I & O Every 8 hours	03/23/2013	22:00
Active 3771634	Up Ad Lib	03/24/2013	00:01
Active 3771635	Out of Bed to Chair	03/24/2013	00:01
Active 3771637	Nursing/Secretary to Place Order For: lovenox baseline labs if no results available - CBC w/o diff, Creatinine (not needed on hemodialysis pts), PT(W/NR), PTT	03/23/2013	20:54
Active 3771641	Nursing/Secretary to obtain last 3 office notes from ... lord's healthcare center for sc	03/23/2013	20:54

Electronically Signed By: Samuel G Dozier, MD

Signed Date/Time : 03/23/2013 21:01

Activated By: Samuel Dozie

Activated Date/Time: 03/23/2013 21:01

Order Session Summary

Pt Name :	CAUSEY, TIMOTHY	DOB :	11/18/1962	Age/Sex :	50Y/Male
MRN :	1140953	Pt ID :	100870835	Acct No :	123737600
ADM DT:	03/23/2013	Nur Sta :	Emergency Triage	Rm/Bed :	T28-01
ATTN DR :	Michelle SBons	Pt Type:	EOP		
HL :	WI :				
Diagnosis :	SOB FEVER				
Allergies :	Codaine				

Status	Order As Written	Start Date	Start Time
Active 3771647	Nursing Swallowing Checklist: Complete for skilled care facility patient, fractured hip, stroke patient, and patient drooling or having difficulty swallowing. If positive keep NPO, order further dysphagia evaluation by speech therapy, and notify MD (click order to open checklist)	03/23/2013	20:54
Active 3771648	Insert Saline Lock IV if not already done	03/23/2013	20:54
Active 3771633	Vital Signs Every 4 hours	03/23/2013	22:00
Active 3771627	General Medical Floor Orders (CPOE 1073)	03/23/2013	20:54
Active 3771655	Administer Oxygen 2 LPM, Nasal Cannula	03/23/2013	20:54
Active 3771658	Pulse Oximetry Continuous document result in progress notes every 8 hr	03/23/2013	20:54
Active 3771660	Consult: Respiratory Therapy Evaluate & Treat, For: per O2 Therapy Titration & or Discontinuation Protocol (1016), (click order to open protocol / or intratel)	03/23/2013	20:54
Active 3771661	Consult: Respiratory Therapy Evaluate & Treat	03/23/2013	20:54
Active 3771649	Arterial Blood Gas (ABG), tomorrow in AM	03/24/2013	04:00
Active 3771656	Incentive Spirometer Q2H (while awake), 10 deep breaths each time	03/23/2013	20:54
Active 3771657	Positive Airway Pressure Valve (Futurer Valve) Q2H (while awake)	03/23/2013	20:54
Active 3771662	Aerosol Treatment Q6H Duoneb (Albuterol-Ipratropium) 1 each RTA Q6 HRS	03/23/2013	20:54
Active 3771663	Aerosol Treatment Q3H Duoneb (Albuterol-Ipratropium) 1 each RTA Q3 HR PRN	03/23/2013	20:54

Electronically Signed By: Samuel G Dozler, MD

Signed Date/Time: 03/23/2013 21:01

Activated By: Samuel Dozle

Activated Date/Time: 03/23/2013 21:01

Order Session Summary

Pt Name :	CAUSEY, TIMOTHY	DOB :	11/18/1982	Age/Sex :	50Y/Male
MRN :	1140953	Pt ID :	100678835	Acct No :	123737600
ADM DT:	03/23/2013	Nur Sta :	Emergency Triage	Rm/Bed :	T26-01 Pt Type: EOP
ATTN DR :	PtyUnassignedER				
Ht :	Wt :				
Diagnosis :	SOB FEVER				
Allergies :	Not Assessed				

Status	Order As Written	Start Date	Start Time
Active 3768457	Influenza A Antigen (In-house Test): Nasopharyngeal This order should include 1. Influenza A antigen and 2. Influenza B antigen If you have not ordered both, complete this order, then add the other unless specified otherwise by the Physician.	03/23/2013	20:19
Active 3768458	Influenza B Antigen (In-house Test): Nasopharyngeal	03/23/2013	20:19

Electronically Signed By: Samuel G Dozier, MD

Signed Date/Time : 03/23/2013 20:20

Activated By: Samuel Dozie

Activated Date/Time: 03/23/2013 20:20

Plan Of Care Report

Generated from 02/23/2013 00:00 to END

Pt Name:	CAUSEY, TIMOTHY	MRN:	1140853
Pt ID:	100876635	Acct No:	123737660
DOB:	11/18/82	Age/Sex:	50Y/M
Adm Date:	03/23/2013 20:54	Attn Dr:	Barnard, Mark MD
Disch Date:	03/28/2013 08:50		
Entity:	McLeod Regional Medical Center		
Dx:			

Plan of Care

No Plans Charted for Visit

Problems associated to Selected Visit

Problem Name	Rank	Date Assigned	Date Closed	Assigned By	Closed By	Status
Problem Details	Value	Problem Details	Value	Problem Details	Value	
Knowledge Deficit Related To Treatment Plan		03/23/2013 17:56		HSF_WFMS		Active
Comment:		Certainty:		Status:		
Abnormal findings on diagnostic imaging of lung		03/24/2013 03:09		Edilberta M Marasigan, RN		Active
Comment:		Certainty:		Status:		
Abnormal findings on diagnostic imaging of lung		03/24/2013 03:09		Edilberta M Marasigan, RN		Active
Comment:		Certainty:		Status:		
Abnormal findings on diagnostic imaging of lung		03/24/2013 03:09		Edilberta M Marasigan, RN		Active
Comment:		Certainty:		Status:		
Dyspnea		03/27/2013 08:13		Ashley H Rogers, RN		Active
Comment:		Certainty:		Status:		

Expected Outcomes

No Expected Outcomes Charted For Visit

Pt Name: CAUSEY, TIMOTHY	MRN: 1140853	Plan Of Care Report
Entity: McLeod Regional Medical Center	Page 1 of 2	CRE_0145_DSCH.RPT: Version 1.00
Adm Date: 03/23/2013 20:54		Generated By:
© 2009-2013 Siemens Medical Solutions Health Services Corporation. All rights reserved.		Generated On: 31-Mar-13 08:51
Crystal Reports © 1991-2013 Business Objects Software Limited. All rights reserved.		

Report Content Represents Data Available for the specified Visit as of the Generated On Date/Time

Plan Of Care Report

Generated from 02/23/2013 00:00 to END

Pt Name:	CAUSEY, TIMOTHY	MRN:	1140863
Pt ID:	100876635	Acct No:	123737690
DOB:	1962	Age/Sex:	50Y/M
Adm Date:	03/23/2013 20:54	Attn Dr:	Barbard, Mark MD
Disch Date:	03/28/2013 08:50		
Entity:	McLeod Regional Medical Center		
Dx:			

Problems History					
Problem Name	Changed DTime	Changed By	Field Name	Old Value	New Value
Outcome History					
Outcome Name	Changed DTime	Changed By	Field Name	Old Value	New Value
No Records Found					

Pt Name: CAUSEY, TIMOTHY

MRN: 1140863

Plan Of Care Report

Entity: McLeod Regional Medical Center

Page 2 of 2

ORE_0146_DSCHLRPT, Version 1.00

Adm Date: 03/23/2013 20:54

Generated By:

© 2008-2013 Siemens Medical Solutions Health Services Corporation. All rights reserved.

Generated On: 31-Mar-13 08:51

Crystal Reports © 1991-2013 Business Objects Software Limited. All rights reserved.

Report Content Represents Data Available for the specified Visit as of the Generated On Date/Time

NAME: CAUSEY, TIMOTHY
ROOM: M0701Account ID: 000123737660
Date of Birth: 11/18/1962
Med. Record #: 01140953Discharge
Date/Time: 3/20/13 0:50 Room/Bed: M0701

A Continuous Aerosol Treatment was set-up with a Heat Neb and was given with the patient in semi-fowlers position. The medication(s) given is albuterol 10 mg/hr and ipratropium bromide 1 mg/hr. The current breath sounds are diminished bilaterally with a heart rate of 89 bpm. The patient had a pulse oximetry reading at this time. The current reading is 98 % on room air. The patient had a weak cough that was nonproductive.

Signed by: ALBERTINA SANDERS

Charting Date/Time: 3/23/2013 20:00:00

Discharge
Date/Time: 3/20/13 8:50 Room/Bed: M0701

The patient had an arterial blood gas which was successfully done at this time per respiratory therapy. The results were called to DR. Bens.

Signed by: ALBERTINA SANDERS

Charting Date/Time: 3/23/2013 20:05:00

Discharge
Date/Time: 3/20/13 8:50 Room/Bed: M0701

The patient had an arterial blood gas which was successfully done at this time per respiratory therapy.

Signed by: Latrice Anthony - RCP/RRT

Charting Date/Time: 3/24/2013 04:27:00

Discharge
Date/Time: 3/20/13 8:50 Room/Bed: M0701

The patient had a pulse oximetry reading at this time. The current reading is 98 % on nasal cannula at 2 lpm. Aerosol Treatment was completed when due. An aerosol treatment was set-up and given with the patient in semi-fowlers position. The delivered medication(s) was/were duoneb 3 ml and was delivered via mouth piece. The breath sounds before the treatment were diminished bilaterally with a heart rate of 70. The patient had no cough. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 78 bpm.

Signed by: Anita Douglas - RCP/RRT

Charting Date/Time: 3/24/2013 08:33:00

Discharge
Date/Time: 3/20/13 8:50 Room/Bed: M0701

Patient was set-up on nasal cannula at 3 lpm.

Signed by: Donna Land

Charting Date/Time: 3/24/2013 09:01:00

Discharge
Date/Time: 3/20/13 8:50 Room/Bed: M0701

The patient had a pulse oximetry reading at this time. The current reading is 99 % on nasal cannula at 2 lpm.

Signed by: Anita Douglas - RCP/RRT

Charting Date/Time: 3/24/2013 11:13:00

Discharge
Date/Time: 3/20/13 8:50 Room/Bed: M0701

NAME: CAUSEY, TIMOTHY
ROOM: M0701

Account ID: 000123737660
Date of Birth: 1962
Med. Record #: 01140953

The patient had a pulse oximetry reading at this time. The current reading is 100 % on nasal cannula at 2 lpm. Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were duoneb 3 ml and was delivered via mouth piece. The breath sounds before the treatment were diminished bilaterally with a heart rate of 74 The patient had a moderate cough that was nonproductive. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 72 bpm.

Signed by: Anita Douglas - RCP/RRT

Charting Date/Time: 3/24/2013 14:52:00

Discharge
Date/Time: 3/20/13 8:50

Room/Bed: M0701

The patient had a pulse oximetry reading at this time. The current reading is 98 % on nasal cannula at 2 lpm.

Signed by: Latrice Anthony - RCP/RRT

Charting Date/Time: 3/24/2013 20:19:00

Discharge
Date/Time: 3/20/13 0:50

Room/Bed: M0701

Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were duoneb 3 ml and was delivered via mouthpiece. The breath sounds before the treatment were coarse bilaterally with a heart rate of 70 The patient had no cough. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 77 bpm. Patient feels treatments are beneficial.

Signed by: Latrice Anthony - RCP/RRT

Charting Date/Time: 3/24/2013 20:20:00

Discharge
Date/Time: 3/20/13 8:50

Room/Bed: M0701

Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were duoneb 3 ml and was delivered via mouth piece. The breath sounds before the treatment were diminished and clear bilaterally with a heart rate of 83 The patient had no cough. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 82 bpm. Patient feels treatments are beneficial.

Signed by: Latrice Anthony - RCP/RRT

Charting Date/Time: 3/25/2013 02:50:00

Discharge
Date/Time: 3/28/13 0:50

Room/Bed: M0701

Treatment not given because patient refused.

Signed by: Queen Martin - RCP/CRT

Charting Date/Time: 3/25/2013 10:57:00

Discharge
Date/Time: 3/28/13 8:50

Room/Bed: M0701

The patient was instructed on the proper use of the Acapella at this time.

Signed by: Queen Martin - RCP/CRT

Charting Date/Time: 3/25/2013 10:59:00

Discharge
Date/Time: 3/28/13 8:50

Room/Bed: M0701

NAME: CAUSEY, TIMOTHY
ROOM: M0701

Account ID: 000123737660
Date of Birth: 1982
Med. Record #: 01140853

The patient had a pulse oximetry reading at this time. The current reading is 98 % on nasal cannula at 2 lpm.

Signed by: Queen Martin - RCP/CRT

Charting Date/Time: 3/25/2013 12:45:00

Discharge
Date/Time: 3/26/13 8:50 Room/Bed: M0701

Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were Xopenex 1.25 mg and normal saline 3 ml and was delivered via mouth piece. The breath sounds before the treatment were diminished bilaterally with a heart rate of 85. The patient had a strong cough that was nonproductive. The breath sounds after the treatment were expiratory wheezing bilaterally with a heart rate of 88 bpm. Patient feels treatments are beneficial.

Signed by: Janice Bochetto - RCP/RRT

Charting Date/Time: 3/25/2013 14:40:00

Discharge
Date/Time: 3/26/13 8:50 Room/Bed: M0701

At the time of check, the patient was using a nasal cannula at 3 lpm.

Signed by: Janice Bochetto - RCP/RRT

Charting Date/Time: 3/25/2013 17:06:00

Discharge
Date/Time: 3/26/13 8:50 Room/Bed: M0701

The patient had a pulse oximetry reading at this time. The current reading is 93 % on nasal cannula at 3 lpm. Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were Xopenex 1.25 mg and was delivered via mouth piece. The breath sounds before the treatment were expiratory wheezing bilaterally with a heart rate of 82. The patient had a moderate cough that was nonproductive. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 103 bpm. Patient feels treatments are beneficial.

Signed by: Cora Evans - RCP/RRT

Charting Date/Time: 3/25/2013 21:10:00

Discharge
Date/Time: 3/26/13 8:50 Room/Bed: M0701

Subsequent evaluation of patient completed. The patient had a pulse oximetry reading at this time. The current reading is 95 % on nasal cannula at 3 lpm. Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were Xopenex 1.25 mg and was delivered via mouth piece. The breath sounds before the treatment were expiratory wheezing bilaterally with a heart rate of 62. The patient had a moderate cough that was nonproductive. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 83 bpm. Patient feels treatments are beneficial.

Signed by: Cora Evans - RCP/RRT

Charting Date/Time: 3/26/2013 03:16:00

Discharge
Date/Time: 3/26/13 8:50 Room/Bed: M0701

This record has been deleted, please disregard

Deleted by: Brown, Tammy

To correct charting on previously billed item

The patient is on the Vision machine in BiPAP mode. The patient was initially set up on BiPAP at this time. Ventilator identification number is 48. The patient is on mask BiPAP/SiPAP. IPAP is set at 12 cm H2O with the EPAP set at 5.

NAME: CAUSEY, TIMOTHY
ROOM: M0701

Account ID: 000123737660
Date of Birth: 1062
Med. Record #: 01140953

cm H₂O. The respiratory rate is set at 14 breaths per minute. The FIO₂ is set at 45 % while being analyzed at 45 %. Patient has a spontaneous respiratory rate of 2 breaths per minute with a spontaneous tidal volume of 1051 ml and the minute ventilation is 14 lpm. The alarms are set appropriately at this time. The patient has continuous pulse oximetry. The current reading is 95 %.

Signed by: Tammy Brown - RCP/RRT

Charting Date/Time: 3/26/2013 05:24:00

Discharge
Date/Time: 3/26/13 8:50 Room/Bed: M0701

Subsequent evaluation of patient completed.

Signed by: Emily Tisdale - RCP/RRT

Charting Date/Time: 3/26/2013 07:53:00

Discharge
Date/Time: 3/26/13 8:50 Room/Bed: M0701

The patient had a pulse oximetry reading at this time. The current reading is 92 % on nasal cannula at 3 lpm.

Signed by: Emily Tisdale - RCP/RRT

Charting Date/Time: 3/26/2013 07:54:00

Discharge
Date/Time: 3/26/13 8:50 Room/Bed: M0701

Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were Xopenex 1.25 mg and was delivered via mouth piece. The breath sounds before the treatment were coarse bilaterally with a heart rate of 100. The patient had no cough. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 104 bpm.

Signed by: Emily Tisdale - RCP/RRT

Charting Date/Time: 3/26/2013 07:55:00

Discharge
Date/Time: 3/26/13 8:50 Room/Bed: M0701

The patient was given an Acapella treatment at this time.

Signed by: Emily Tisdale - RCP/RRT

Charting Date/Time: 3/26/2013 07:58:00

Discharge
Date/Time: 3/26/13 8:50 Room/Bed: M0701

At the time of check, the patient was using a nasal cannula at 4 lpm.

Signed by: Barry Brown - RCP/CRT

Charting Date/Time: 3/26/2013 12:18:00

Discharge
Date/Time: 3/26/13 8:50 Room/Bed: M0701

Treatment not given because patient not available.

Signed by: Emily Tisdale - RCP/RRT

Charting Date/Time: 3/26/2013 16:00:00

Discharge
Date/Time: 3/26/13 8:50 Room/Bed: M0701

NAME: CAUSEY, TIMOTHY
ROOM: M0701

Account ID: 000123737660
Date of Birth: [REDACTED] 1982
Med. Record #: 01140853

Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in fowlers position. The delivered medication(s) was/were Xopenex 1.25 mg and was delivered via mask. The breath sounds before the treatment were diminished bilaterally and crackles bilaterally with a heart rate of 88 The patient had a moderate cough that was nonproductive. The breath sounds after the treatment were diminished bilaterally and crackles bilaterally with a heart rate of 88 bpm.

Signed by: Tammy Brown - RCP/RTT

Charting Date/Time: 3/26/2013 17:15:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

The patient is on the Vision machine in BiPAP mode. The patient was initially set-up on BiPAP at this time. Ventilator identification number is 48 The patient is on mask BiPAP/SiPAP. IPAP is set at 12 cm H2O with the EPAP set at 5 cm H2O. The respiratory rate is set at 14 breaths per minute. The FIO2 is set at 45 % while being analyzed at 45 %. Patient has a spontaneous respiratory rate of 2 breaths per minute with a spontaneous tidal volume of 1051 ml and the minute ventilation is 14 lpm. The alarms are set appropriately at this time. The patient has continuous pulse oximetry. The current reading is 95 %.

Signed by: Tammy Brown - RCP/RTT

Charting Date/Time: 3/26/2013 18:20:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

Who was the report received from: Tammy Brown

Signed by: Kameshia Williamson - RCP/CRT

Charting Date/Time: 3/26/2013 19:10:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

The patient is on the Vision machine in BiPAP mode. Ventilator identification number is 48 The patient is on mask BiPAP/SiPAP. IPAP is set at 12 cm H2O with the EPAP set at 5 cm H2O. The respiratory rate is set at 18 breaths per minute. The FIO2 is set at 45 % while being analyzed at 45 %. Patient has a spontaneous respiratory rate of 23 breaths per minute with a spontaneous tidal volume of 508 ml and the minute ventilation is 10 lpm. The alarms are set appropriately at this time. The patient has continuous pulse oximetry. The current reading is 95 %.

Signed by: Kameshia Williamson - RCP/CRT

Charting Date/Time: 3/26/2013 21:06:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were Xopenex 1.25 mg and was delivered via in-line with CPAP. The breath sounds before the treatment were diminished bilaterally with a heart rate of 88 The patient had no cough. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 75 bpm. Patient does not know if treatments are beneficial.

Signed by: Kameshia Williamson - RCP/CRT

Charting Date/Time: 3/26/2013 21:10:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

The patient is on the Vision machine in BiPAP mode. Ventilator identification number is 48 The patient is on mask BiPAP/SiPAP. IPAP is set at 12 cm H2O with the EPAP set at 5 cm H2O. The respiratory rate is set at 18 breaths per minute. The FIO2 is set at 45 % while being analyzed at 45 %. Patient has a spontaneous respiratory rate of 23

000123737660

McLeod Health

Page 6 of 9

NAME: CAUSEY, TIMOTHY
ROOM: M0701

Account ID: 000123737660
Date of Birth: 1962
Med. Record #: 01140953

breaths per minute with a spontaneous tidal volume of 433 ml and the minute ventilation is 13 lpm. The alarms are set appropriately at this time. The patient has continuous pulse oximetry. The current reading is 98 %.

Signed by: Kameshia Williamson - RCP/CRT

Charting Date/Time: 3/26/2013 23:45:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

The patient is on the Vision machine in BiPAP mode. Ventilator identification number is 48 The patient is on mask BiPAP/SiPAP. IPAP is set at 12 cm H2O with the EPAP set at 5 cm H2O. The respiratory rate is set at 14 breaths per minute. The FIO2 is set at 45 % while being analyzed at 45 %. Patient has a spontaneous respiratory rate of 23 breaths per minute with a spontaneous tidal volume of 563 ml and the minute ventilation is 15 lpm. The alarms are set appropriately at this time. The patient has continuous pulse oximetry. The current reading is 93 %.

Signed by: Kameshia Williamson - RCP/CRT

Charting Date/Time: 3/27/2013 05:20:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

Who was the report received from: Kameshia Williamson

Signed by: Vicky Atkinson - RCP/RRT

Charting Date/Time: 3/27/2013 07:00:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

At the time of the check the CPAP/BiPAP was on stand-by.

Signed by: Vicky Atkinson - RCP/RRT

Charting Date/Time: 3/27/2013 07:58:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

Aerosol Treatment was completed when due. PRN treatment not needed due to Breath sounds clear and no signs or symptoms of respiratory distress. Pt was encouraged to call if treatment is needed later.

Signed by: Vicky Atkinson - RCP/RRT

Charting Date/Time: 3/27/2013 07:59:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were Xopenax 1.25 mg and was delivered via mask. The breath sounds before the treatment were clear bilaterally with a heart rate of 73 The patient had a strong cough that was nonproductive. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 72 bpm.

Signed by: Vicky Atkinson - RCP/RRT

Charting Date/Time: 3/27/2013 13:33:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

Patient was set-up on venti-mask at 55 %

000123737660

McLeod Health

Page 7 of 8

NAME: CAUSEY, TIMOTHY
ROOM: M0701

Account ID: 000123737660
Date of Birth: 1/19/62
Med. Record #: 01140953

Signed by: Vicky Atkinson - RCP/RRT

Charting Date/Time: 3/27/2013 15:01:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

Patient was set-up on venti-mask at 55 %

Signed by: Queen Martin - RCP/CRT

Charting Date/Time: 3/27/2013 16:41:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were Xopenax 1.25 mg and was delivered via mask. The breath sounds before the treatment were clear bilaterally with a heart rate of 89 The patient had a strong cough that was nonproductive. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 89 bpm.

Signed by: Vicky Atkinson - RCP/RRT

Charting Date/Time: 3/27/2013 18:35:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

The patient is on the Vision machine in BiPAP mode. Ventilator identification number is 48 The patient is on mask BiPAP/SiPAP. IPAP is set at 10 cm H2O with the EPAP set at 5 cm H2O. The respiratory rate is set at 10 breaths per minute. The FIO2 is set at 55 % while being analyzed at 55 %. Patient has a spontaneous respiratory rate of 20 breaths per minute with a spontaneous tidal volume of 754 ml and the minute ventilation is 11 lpm. The alarms are set appropriately at this time. The patient has continuous pulse oximetry. The current reading is 98 %.

Signed by: Vicky Atkinson - RCP/RRT

Charting Date/Time: 3/27/2013 19:06:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

Who was the report received from: Vicky Atkinson

Signed by: ALBERTINA SANDERS

Charting Date/Time: 3/27/2013 19:10:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

The patient is on the Vision machine in BiPAP mode. Ventilator identification number is 48 The patient is on mask BiPAP/SiPAP. IPAP is set at 10 cm H2O with the EPAP set at 5 cm H2O. The respiratory rate is set at 10 breaths per minute. The FIO2 is set at 60 % while being analyzed at 60 %. Patient has a spontaneous respiratory rate of 20 breaths per minute with a spontaneous tidal volume of 378 ml and the minute ventilation is 18 lpm. The alarms are set appropriately at this time. The patient has continuous pulse oximetry. The current reading is 93 %.

Signed by: ALBERTINA SANDERS

Charting Date/Time: 3/27/2013 19:35:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

This is a PRN treatment. PRN treatment not needed due to Breath sounds clear and no signs or symptoms of respiratory distress. Pt was encouraged to call if treatment is needed later.

NAME: CAUSEY, TIMOTHY
ROOM: M0701

Account ID: 000123737660
Date of Birth: 1962
Med. Record #: 01140953

Signed by: ALBERTINA SANDERS

Charting Date/Time: 3/27/2013 22:10:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

The patient is on the Vision machine in BIPAP mode. Ventilator identification number is 48. The patient is on mask BIPAP/SIPAP. IPAP is set at 10 cm H2O with the EPAP set at 5 cm H2O. The respiratory rate is set at 10 breaths per minute. The FIO2 is set at 80 % while being analyzed at 80 %. Patient has a spontaneous respiratory rate of 33 breaths per minute with a spontaneous tidal volume of 574 ml and the minute ventilation is 21 lpm. The alarms are set appropriately at this time. The patient has continuous pulse oximetry. The current reading is 92 %.

Signed by: ALBERTINA SANDERS

Charting Date/Time: 3/27/2013 23:28:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

The patient had an arterial blood gas which was successfully done at this time per respiratory therapy.

Signed by: ALBERTINA SANDERS

Charting Date/Time: 3/28/2013 00:18:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

The patient was initially set-up on a Servo I ventilator in SIMV Volume Control mode with Pressure Support set at 10 cm H2O. Flow Trigger set at 5. A minimal leak was allowed around the cuff. The mechanical tidal volume is 600 ml. The mechanical rate is 12 bpm. The FIO2 is set at 100 % and analyzed at 100 %. PEEP is 5 cm H2O. The patient is breathing spontaneously with a tidal volume of 193 ml and a spontaneous rate of 8 bpm. The peak inspiratory pressure is 30 cm H2O. The flowrate is 36.4 lpm. The exhaled minute volume is 6.7 lpm. The inspiratory time is 0.80 seconds. The mean airway pressure is 7 cm H2O. The low VE alarm is set at 3.0 lpm. The high VE alarm is set at 25.0 lpm. The high PIP alarm is set at 55.0 cm H2O. The patient has continuous pulse oximetry. The current reading is 98 %. Head of bed is elevated at least 30 degrees. Manual resuscitator at the bedside. Ventilator identification number is 35.

Signed by: ALBERTINA SANDERS

Charting Date/Time: 3/28/2013 01:10:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

The patient had an arterial blood gas which was successfully done at this time per respiratory therapy.

Signed by: ALBERTINA SANDERS

Charting Date/Time: 3/28/2013 01:52:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

The rate was changed to 18 bpm.

Signed by: ALBERTINA SANDERS

Charting Date/Time: 3/28/2013 02:55:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

A routine ventilator check was done with the following parameters being noted. The patient is on a Servo I ventilator in SIMV Volume Control mode with Pressure Support set at 10 cm H2O. Flow Trigger set at 5. A minimal leak

NAME: CAUSEY, TIMOTHY
ROOM: M0701

Account ID: 000123737660
Date of Birth: 1962
Med. Record #: 01140953

was allowed around the cuff. The mechanical tidal volume is 500 mls. The mechanical rate is 18 bpm. The FIO2 is set at 100 % and analyzed at 100 %. Peep is 5 cm H2O. The patient is breathing spontaneously with a tidal volume of 382 ml and a spontaneous rate of 18 bpm. The peak inspiratory pressure is 31 cm H2O. The flowrate is 38.4 lpm. The exhaled minute volume is 14.3 lpm. The inspiratory time is 0.90 seconds. The mean airway pressure is 8 cm H2O. The low VE alarm is set at 3.0 lpm. The high VE alarm is set at 25.0 lpm. The high PIP alarm is set at 55.0 cm H2O. The patient has continuous pulse oximetry. The current reading is 94 %. Head of bed is elevated at least 30 degrees. Manual resuscitator at the bedside. Ventilator identification number is 35.

Signed by: ALBERTINA SANDERS

Charting Date/Time: 3/28/2013 03:12:00

Discharge
Date/Time: 3/28/13 0:50 Room/Bed: M0701

The patient had an arterial blood gas which was successfully done at this time per respiratory therapy.

Signed by: ALBERTINA SANDERS

Charting Date/Time: 3/28/2013 04:23:00

Discharge
Date/Time: 3/28/13 0:50 Room/Bed: M0701

Who was the report received from: Albertina Sanders

Signed by: Vicky Atkinson - RCP/RRT

Charting Date/Time: 3/28/2013 07:00:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

Aerosol Treatment was completed when due. PRN treatment not needed due to Breath sounds clear and no signs or symptoms of respiratory distress. Pt was encouraged to call if treatment is needed later.

Signed by: Vicky Atkinson - RCP/RRT

Charting Date/Time: 3/28/2013 07:54:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

A routine ventilator check was done with the following parameters being noted. The patient is on a Servo I ventilator in SIMV Volume Control mode with Pressure Support set at 10 cm H2O. Flow Trigger set at 5. A minimal leak was allowed around the cuff. The mechanical tidal volume is 500 mls. The mechanical rate is 18 bpm. The FIO2 is set at 100 % and analyzed at 100 %. Peep is 5 cm H2O. The patient is breathing spontaneously with a tidal volume of 354 ml and a spontaneous rate of 30 bpm. The peak inspiratory pressure is 33 cm H2O. The flowrate is 38 lpm. The exhaled minute volume is 10.0 lpm. The inspiratory time is 1.00 seconds. The mean airway pressure is 9 cm H2O. The low VE alarm is set at 3 lpm. The high VE alarm is set at 25 lpm. The high PIP alarm is set at 55 cm H2O. The patient has continuous pulse oximetry. The current reading is 98 %. Manual resuscitator at the bedside. Ventilator identification number is 35.

Signed by: Vicky Atkinson - RCP/RRT

Charting Date/Time: 3/28/2013 07:55:00

Discharge
Date/Time: 3/28/13 8:50 Room/Bed: M0701

Signed by: Vicky Atkinson - RCP/RRT

Charting Date/Time: 3/28/2013 10:56:00



McLeod Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2060

Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 123737080
MRN: 000001140853

AGE: 50 yr
SEX: M
Priority: 3 - Urgent

DOB: [REDACTED] 1082
ED #: 228097

ED Medical Chart

Demograph	Address: [REDACTED] NICHOLS, SC [REDACTED]	Phone # [REDACTED] SS#: [REDACTED]
Triage	Priority: 3 - Urgent Chief Complaint: Shortness of Breath Stated Complaint: patient is a sheriff, patient responded to a fire in myrtle beach last saturday. ever since then patient has had a fever on and off and trouble breathing. patient has seen his primary care provider about this, was sent home on augment and has been taking Arrival Date: 03/23/13 17:55 Triage Date: 03/23/13 18:03 To Room: 03/23/13 18:48 Mode of Arrival: *Privately Owned Vehicle	WC: N PCP: *OUT OF STATE/TOWN, PCP Language: English
Doc	ER79 In: 03/23 18:48 Out: 03/23 21:57	03/23 18:48 SB 03/23 21:57 RM
Providers	ROBYN MOORE RN MICHELLE BENS DO MICHELLE BENS DO	Start: 03/23 18:53 End: Start: 03/23 19:44 End: 03/23 19:48 Start: 03/23 20:01 End:
Allergies	Allergic To: Codeine Nausea	03/23 18:07 SB
Current Meds	None Freq:	03/23 18:07 SB
Past Med Hist	**Blood Transfusion in the past: * - no *None	03/23 18:07 SB 03/23 18:07 SB
Past Surgery Hist	Other - Surgery - FINGER	03/23 18:07 SB
Past Social Hist	**Accompanied to Hospital by: Family **Lives with family or significant other **Needs transportation home: no **Patient can read/write: YES **Suspected or alleged abuse/neglect/exploitation: no **Valuables: Pt / Family informed that hospital is not responsible for valuables *No other significant history. Behavior age appropriate	03/23 18:07 SB 03/23 18:07 SB 03/23 18:07 SB 03/23 18:07 SB 03/23 18:07 SB 03/23 18:07 SB 03/23 18:07 SB

NURSING ASSESSMENT

03/23 18:53 DG: Primary Triage Assessment

03/23 19:02 RM

History Source: . note: PT comes in with complaint of fever, cough, and congestion. PT states it all started having responding to a fire last saturday at carolina forest. PT states he went to his doctor on



MoLead Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 123737860
MRN: 000001140853

AGE: 60 yr
SEX: M
Priority: 3 - Urgent

DOB: [REDACTED] 1882
EO #: 229067

ED Medical Chart

wednesday and was started on an antibiotic but is still having fever.

Chronic Condition(s): note: see triage history

Learning/Communication Barriers: NONE

Abuse/Neglect/Exploitation Observations: Observed Signs and Symptoms of abuse/neglect: no.

Latex Allergy Screen: reaction to use or handling of latex products such as rubber products: no.

Latex Allergy Band Applied?: no.

Triage Fall Assessment: Fall within last 3 months?: no. Appropriate armband applied?: no. Was

falls prevention education provided to patient/family?: no.

Stroke Screening: Patient Over 18 years of age.

Pneumonia Screening: Fever: YES/POS. Cough: YES/POS. Chills: no. Shortness of

breath/Tachypnea: no. SpO2 less than 94%: no.

Cough Screening: Persistent cough of at least 2-3 weeks. Continue evaluation if positive: no.

Significant weight loss, more than 10 lbs: no. Compromised status (alcoholism, transplant,

chemotherapy): no. Sputum production/Hemoptysis: no. Foreign born: no.

Suicide Screening: Pt expresses feelings of Helpless: no. Hopeless: no. Plan for Suicide: no.

Initiate Suicide Precautions?: no.

Assess Notes RN	03/23 21:50	Pt to room 1030.	03/23 21:50 RM
	03/23 21:48	Report called to sonya m on 10th floor.	03/23 21:48 RM

Treatments	3/23 18:53	**Arrival IN / Decision-making, general time requirements -	03/23 18:53 RM
		*Triage Level 3	
	3/23 18:53	**Low Acuity Patient - *Introduced self/ chief c/o assessed/	03/23 18:53 RM
		denies other c/o/ bed in low position and call light given.	
	3/23 18:02	**Cardiac Monitoring/Point of Care Testing - *Cardiac	03/23 18:02 RM
		Monitor - Non CPC patient	
	3/23 19:02	**Cardiac Monitoring/Point of Care Testing - *Pulse Oximetry	03/23 19:02 RM
		(Continuous)	
	3/23 19:37	**Nurse /General Procedures - IV clean, dry, intact without	03/23 19:37 KH
		redness or swelling noted. Flushes well without swelling.	
	3/23 19:37	**Cardiac Monitoring/Point of Care Testing - *Phlebotomy (	03/23 19:37 KH
		by nurse/tech)	
	3/23 19:37	**Cardiac Monitoring/Point of Care Testing - *Phlebotomy	03/23 19:37 KH
		(blood cultures)	

Medications	3/23 21:45	Med: Tylenol 1000 mg PO PO	03/23 21:45 RM
		Inf Amt(ml):	
		Line #: 0	

IV Fluid	S	03/23 19:37	03/23 19:37 KH
		Line #: 1	
		Nd Gauge: 18.0 # Attempts: 1	
		Pt tolerated well, labs drawn	

VS-Routine	Time	B/P	Pulse	Resp	SaO2	Temp



McLeod Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 123737869
MRN: 000001140853

AGE: 60 yr
SEX: M
Priority: 3 - Urgent

DOB: 03/23/1952
ED #: 228087

ED Medical Chart

03/23 18:03	111/65	88 **Monitor	18	95 **Room Air	100.10 F TA	03/23 18:07 SB
03/23 21:34	/				102.80 F *Oral	03/23 21:34 RM
03/23 21:45	122/78 **Sitting	108 **Monitor		98 *O2 2 lpm per ac	F	03/23 21:45 KH

VS-Pain 03/23 18:03 Pain: 9 03/23 18:03 SB

VS-HT/WT 03/23 18:03 HT: | WT: 213.0 lbs | Stated 03/23 18:07 SB

PHYSICIAN ASSESSMENT

HPI DG: Respiratory illness 03/23 20:31 MSB
History Source: patient. note: PT comes in with complaint of fever, cough, and congestion. Pt states it all started having responding to a fire last saturday at carolina forest. Pt states he went to his doctor on wednesday and was started on an antibiotic but is still having fever.
Chronic Condition(s): note: see triage history
Nursing Assessment: reviewed/accepted.. note: CC: Short of Breath
Symptoms: cough dyspnea/shortness of breath.
Symptom Duration: character of symptom onset: gradual onset: onset: 5 day(s) ago.
Timing: steadily worse continuous.
Pain Presence: denies pain.
Activity At Onset: no specific activity exercise/exertion breathing rest.
History of Asthma: no.
Productive Cough: yes: unproductive.
Respiratory Status: dyspnea tachypneic.
Neurological Status: normal.
Skin Color: normal.
Rash: none.
Skin Turgor: good.
Previous Episodes of Complaint(s): Prior History no.
Treatment Prior To Arrival: prescription medication: augmentin. note: augmentin
Influential Factors: Aggravating Factor(s): exercise/exertion. Alleviating Factor(s): none..
Associated Sign(s)/ Symptom(s): none. choking absent.

ROS 03/23 20:31 MSB
Review of Systems: Respiratory: reviewed dyspnea.
System Review: All other systems reviewed and negative.

PFSX 03/23 20:31 MSB
Smoking/Alcohol/Drugs: smoker no alcohol use: no.

PE 03/23 20:31 MSB
Constitutional Vital Signs: Vital signs as noted..
Constitutional Assessment: appearance: appears stated age..
Head: appearance: normal..
Face: lesion(s): none..



Mol/cod Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 123737660
MRN: 000001140863

AGE: 50 yr
SEX: M
Priority: 3 - Urgent

DOB: 1962
ED #: 229087

ED Medical Chart

Eye Examination: extra-ocular movement: intact. *note: PERRL*
Ears: external ear(s): normal.
Nose: bony anatomy: nasal bones midline without septal deviation or perforation.
Mouth: lip(s): normal. tongue: normal without lesions.
Throat: normal voice/breath sounds, no signs of erythema or lesion.
Neck: the neck is supple, the trachea midline; the thyroid is non-tender and of normal size and consistency; there are no enlarged nodes or bruits. jugular veins: distended.
Respiratory Examination: chest auscultation/breath sounds: rhonchi: basilar.
Cardiovascular: Heart auscultation reveals regular rate and rhythm and no abnormal sounds and murmurs.
Vascular Status: edema: lower extremities.
Abdominal Examination: Examination of the abdomen reveals a soft, nontender abdomen with normal bowel sounds and no organomegaly or masses.
Lymphatic: there are no findings of lymphangitis, lymphadenopathy, or lymphedema in the neck, axillae, groin, or other area.
Neurological Examination: awareness: alert. motor: moves all extremities symmetrically and purposefully.
Psychiatric: affect: normal.
Musculoskeletal: appearance: normal stature and posture with symmetrical and well developed extremities.

CONSULTATION / COORDINATION OF CARE

03/23 20:31 MSB

Consultation/Coordination Of Care: case discussed with consulting physician. *note: Dr. Dozier will see the patient in the ED.*

DIFFERENTIAL DIAGNOSIS

03/23 20:31 MSB

Differential Diagnosis: Angina, Unstable. Bronchitis, Acute/Chronic. Cardnoma. Foreign Body.
Myocardial Infarction. Rib Fracture. Sarcoidosis. Tuberculosis. Reflux Esophagitis. *note: Differential Diagnoses also considered: Pneumonia, Anemia, Aortic Stenosis, Pneumothorax, Asthma, Pneumothorax, Atrial Fibrillation, Pulmonary Embolism, Cardiomyopathy, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Myocardial Infarction, Myocarditis, Pericarditis, Cardiac Tamponade*

Orders EXTERN ORDER: INFLUENZA B ANTIGEN

03/23 21:50

Ordered: 03/23 21:50 By USystem
Completed: 03/23 21:50 By USystem

EXTERN ORDER: INFLUENZA A ANTIGEN

03/23 21:50

Ordered: 03/23 21:50 By USystem
Completed: 03/23 21:50 By USystem

EXTERN ORDER: Magnesium Level

03/23 21:30

Ordered: 03/23 21:30 By USystem
Completed: 03/23 21:30 By USystem
Reviewed: 03/23 9:32PM By MBENS



McLeod Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 123737880
MRN: 000001140863

AGE: 60 yr
SEX: M
Priority: 3 - Urgent

DOB: 08/24/82
ED #: 229007

ED Medical Chart

Tylenol 1000 mg PO 03/23 21:28 MSB

BENS, MI

Ordered: 03/23 21:28 By MBENS

Completed: 03/23 21:45 By RMOORE

ADMIT as Inpatient 03/23 21:13 MSB

Protocol

Ordered: 03/23 21:13 By MBENS

Reviewed: 03/23 9:13PM By MBENS

EXTERN ORDER: Peripheral Smear Evaluation 03/23 21:00

Ordered: 03/23 21:00 By SDOZIER

Completed: 03/26 14:52 By USystem

EXTERN ORDER: Aerosol Treatment 03/23 21:00

Ordered: 03/23 21:00 By SDOZIER

EXTERN ORDER: Aerosol Treatment 03/23 21:00

Ordered: 03/23 21:00 By SDOZIER

EXTERN ORDER: Consult: Respiratory Therapy Evaluate 03/23 21:00

Ordered: 03/23 21:00 By SDOZIER

EXTERN ORDER: Consult: Respiratory Therapy Evaluate 03/23 21:00

Ordered: 03/23 21:00 By SDOZIER

EXTERN ORDER: Pulse Oximetry Continuous 03/23 21:00

Ordered: 03/23 21:00 By SDOZIER

EXTERN ORDER: Positive Airway Pressure Valve (Flutter Valve) 03/23 21:00

Ordered: 03/23 21:00 By SDOZIER

EXTERN ORDER: Incentive Spirometer 03/23 21:00

Ordered: 03/23 21:00 By SDOZIER

EXTERN ORDER: Cyanide 03/23 20:43

Ordered: 03/23 20:43 By MBENS

*CT ER PE CHEST (CT CHEST W) 03/23 20:19 MSB

BENS, MI

Ordered: 03/23 20:18 By MBENS

Noted: 03/23 21:53 By USystem

Completed: 03/23 21:53 By USystem

Cyanide level 03/23 20:15 MSB

BENS, MI

Ordered: 03/23 20:14 By MBENS

Noted: 03/23 20:49 By RMOORE



MeLead Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 123737860
MRN: 000001140853

AGE: 50 yr
SEX: M
Priority: 3 - Urgent

DOB: [REDACTED] 1962
ED #: 229087

ED Medical Chart

Lactic Acid Level

03/23 20:15 MSB

BENS, MI

Ordered: 03/23 20:14 By MBENS
Noted: 03/23 20:42 By USystem
Completed: 03/23 20:58 By USystem
Reviewed: 03/23 9:01PM By MBENS

Carboxyhemoglobin

03/23 20:15 MSB

BENS, MI

Ordered: 03/23 20:14 By MBENS
Noted: 03/23 20:42 By USystem
Completed: 03/23 20:57 By USystem
Reviewed: 03/23 9:01PM By MBENS

EXTERN ORDER: BLOOD GAS POC

03/23 20:11

Ordered: 03/23 20:11 By USystem
Completed: 03/23 20:11 By USystem
Reviewed: 03/23 8:13PM By MBENS

Normal Saline - one liter IV bolus.

03/23 19:40 KH

Protocol

Ordered: 03/23 19:40 By Protocol
Completed: 03/23 19:44 By KHOLBROOK

Aerosol Tx/ Hand Held Nebulizer

03/23 19:07 TLD

DEBOLT, T

Shortness of Breath

Ordered: 03/23 19:05 By TDEBOLT
Completed: 03/23 20:26 By HFLOYD

Med 10 + 1 ALBUTEROL 10MG/ATROVENT 1MG

03/23 18:05 TLD

Blood Culture - 2 (must order 1 and 2)

03/23 19:07 TLD

DEBOLT, T

Ordered: 03/23 19:05 By TDEBOLT
Noted: 03/23 20:43 By USystem

Have antibiotics been given N

03/23 18:05 TLD

Blood Culture - 1 (must order 1 and 2)

03/23 19:07 TLD

DEBOLT, T

Ordered: 03/23 19:05 By TDEBOLT
Noted: 03/23 19:40 By USystem

Have antibiotics been given N

03/23 18:05 TLD



McLeod Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 123737860
MRN: 000001140953

AGE: 50 yr
SEX: M
Priority: 3 - Urgent

DOB: [REDACTED] 1862
EP #: 228087

ED Medical Chart

CONCLUSION:
1. No significant abnormal findings.

\\A\

READING DR: J SCOTT WILLIAMS M.D.
READING DATE: Mar 23 2013 6:45PM

Final Result
ELECTRONICALLY SIGNED BY:
J SCOTT WILLIAMS M.D.
On: Mar 23 2013 6:41PM

Blood Culture - 1 (must order 1 and 2)
Completed: 3/23/13 19:44
SPECIMEN DESCRIPTION BLOOD
LAC

CULTURE PENDING
REPORT STATUS PENDING
SPECIMEN DESCRIPTION BLOOD
LAC

CULTURE NO GROWTH 1 DAY
REPORT STATUS PENDING
SPECIMEN DESCRIPTION BLOOD
LAC

CULTURE NO GROWTH 2 DAYS
REPORT STATUS PENDING
SPECIMEN DESCRIPTION BLOOD
LAC

CULTURE NO GROWTH 3 DAYS
REPORT STATUS PENDING

CMP (Comprehensive Metabolic Panel)
Completed: 3/23/13 19:53

Test Name	Results	Flag	Units	Ref Range
SODIUM	134	L	MMOL/L	135-145
POTASSIUM	4.1		MMOL/L	3.5-5.0
CHLORIDE	96	L	MMOL/L	98-109
CO2	29		MMOL/L	27-32
GLUCOSE	101		MG/DL	75-110
BUN	9		MG/DL	9-20
CREATININE, SERUM	1.00		mg/dl	0.66-1.25



MoLead Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 123737090
MRN: 000001140853

AGE: 50 yr
SEX: M
Priority: 3 - Urgent

DOB: 1962
ED #: 229067

ED Medical Chart

CALCIUM	8.6	MG/DL	8.4-10.2
TOTAL PROTEIN	6.9	GM/DL	6.3-8.2
ALBUMIN	3.6	GM/DL	3.5-5.0
BILI, TOTAL	0.5	MG/DL	0.1-1.2
ALK PHOSPHATASE	65	U/L	40-160
SGOT (AST)	39	U/L	17-59
SGPT (ALT)	44	U/L	21-72
BUN/CREATININE RATIO	9		
eGFR (Estimated GFR)	87	ml/min/1.7	
eGFR is now being calculated using the recent CKD-EPI equation. This is a better predictor of chronic kidney disease and is validated for values above 60.			

EXTERN ORDER: BLOOD GAS POC

Completed: 3/23/13 20:11

Test Name	Results	Flag	Units	Ref Range
pH POC	7.47	H		7.35-7.45
PCO2 POC	31	L	mmHg	35-45
O2 POC	60	L	mmHg	80-100
TCO2 POC	24.0		mmol/L	22-31
HCO3 POC	22.7		mmol/L	22-30
BEecf (-) POC	1		mmol/L	
O2 SAT POC	92	L	%	95-100
RESP SAMPLE TYPE	ARTERIAL			
SITE	Right Radial Artery			
O2 METHOD OF DELIVERY	ROOM AIR			

CBC with DIFF

Completed: 3/23/13 20:12

Test Name	Results	Flag	Units	Ref Range
WBC	2.18	L	THOU	4.8-10.8
RBC	4.76		MMIL	4.7-6.1
HEMOGLOBIN	14.3		GM/DL	14-18
HEMATOCRIT	40.6	L	%	42-52
MCV	85.3		FL	80-95
MCH	30.0		PG	27-32
MCHC	35.2		GM/DL	32-36
RDW	12.9		%	11.5-14.5
PLT	110	L	THOU	150-450
ABS NEUT	1.46	L	THOU	1.9-7.6
ABS LYMPH	0.61	L	THOU	1.1-4.8
ABS MONO	0.11	L	THOU	0.2-1.5
ABS EOS	0.00		THOU	0.0-0.5
ABS BASO	0.00		THOU	0.0-0.2
NEUT	67	H	%	40-64
LYMPH	28		%	22-44
MONO	5		%	4-14
EOS	0		%	0-5



McLeod Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 129737660
MRN: 000001140853

AGE: 60 yr
SEX: M
Priority: 3 - Urgent

DOB: [REDACTED] 1982
ED #: 220087

ED Medical Chart

BASO	0			0-2
WBC MORPH	NORMAL			MORPH
RBC MORPH	NORMAL			MORPH
PLT MORPH	NORMAL			MORPH
Blood Culture - 2 (must order 1 and 2)				
Completed: 3/23/13 20:53				
SPECIMEN DESCRIPTION BLOOD				
RARM				
CULTURE	PENDING			
REPORT STATUS	PENDING			
SPECIMEN DESCRIPTION BLOOD				
RARM				
CULTURE	NO GROWTH 1 DAY			
REPORT STATUS	PENDING			
SPECIMEN DESCRIPTION BLOOD				
RARM				
CULTURE	NO GROWTH 2 DAYS			
REPORT STATUS	PENDING			
SPECIMEN DESCRIPTION BLOOD				
RARM				
CULTURE	NO GROWTH 3 DAYS			
REPORT STATUS	PENDING			
Carboxyhemoglobin				
Completed: 3/23/13 20:57				
Test Name	Results	Flag	Units	Ref Range
CARBOXYHEMOGLOBIN	0.0		%	<1.5
Lactic Acid Level				
Completed: 3/23/13 20:58				
Test Name	Results	Flag	Units	Ref Range
LACTIC ACID	1.8		mmol/L	0.7-1.9
EXTERN ORDER: Magnesium Level				
Completed: 3/23/13 21:30				
Test Name	Results	Flag	Units	Ref Range
MAGNESIUM	1.3	L	MEQ/L	1.4-2.0
EXTERN ORDER: INFLUENZA A ANTIGEN				
Completed: 3/23/13 21:50				
SPECIMEN DESCRIPTION NASOPHARYNGEAL				
INFLUENZA A				
NEGATIVE				
REPORT STATUS				
FINAL 03/23/2013				
EXTERN ORDER: INFLUENZA B ANTIGEN				



McLeod Emergency Department
555 East Chocoma Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 123737660
MRN: 000001140853

AGE: 60 yr
SEX: M
Priority: 3 - Urgent

DOB: 1952
ED #: 220097

ED Medical Chart

Completed: 3/23/13 21:50
SPECIMEN DESCRIPTION NASOPHARYNGEAL
INFLUENZA B NEGATIVE
REPORT STATUS FINAL 03/23/2013

*CT ER PE CHEST (CT CHEST W)

Completed: 3/23/13 21:53

ORDER DR: MICHELLE S. BENS D.O.

ATTEND DR: MICHELLE S. BENS D.O.

TRANSCRIBED D/T: Mar 23 2013 9:48PM

PROCEDURE: CT CHEST W CON (PE) / ORD #: 90002 Accession#: 5493913

CPT: 71260

ORDERED FOR: Mar 23 2013 8:19PM COMPLETED: Mar 23 2013 9:21PM

INDICATIONS/COMMENTS:

HISTORY: Fever. Short of breath. Evaluate pulmonary embolus.

PROCEDURE: Axially-obtained volume acquisition CT of the chest was performed with intravenous contrast. 87 ml of Omnipaque 350 were power injected. Axial, coronal, and sagittal images were reconstructed.

RESULT:

Chest: Pulmonary arteries are seen down to subsegmental branches. There are no pulmonary emboli.

Heart size is normal. Small lymph nodes are seen in the mediastinum but these are not enlarged by imaging criteria. Aorta has a normal caliber with no dissection. Peripheral linear areas are probably tiny areas of scarring or atelectasis. Minimal atelectasis left lung base. No evidence for pneumonia.

CONCLUSION:

1. No pulmonary emboli.

VE\

READING DR: J SCOTT WILLIAMS M.D.
READING DATE: Mar 23 2013 9:53PM

Final Result
ELECTRONICALLY SIGNED BY:
J SCOTT WILLIAMS M.D.
On: Mar 23 2013 9:48PM



Medford Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 123737660
MRN: 000001140853

AGE: 60 yr
SEX: M
Priority: 3 - Urgent

DOB: [REDACTED] 1982
ED #: 229007

ED Medical Chart

ABG Arterial

Completed: 3/24/13 1:56

The patient had an arterial blood gas which was successfully done at this time per respiratory therapy. The results were called to DR. Bens

Signed by: ALBERTINA SANDERS,

EXTERN ORDER: Aerosol Treatment

Completed: 3/24/13 10:54

The patient had a pulse oximetry reading at this time. The current reading is 98 % on nasal cannula at 2 lpm. Aerosol Treatment was completed when due. An aerosol treatment was set-up and given with the patient in semi-fowlers position. The delivered medication(s) was/were duoneb 3 ml and was delivered via mouth piece. The breath sounds before the treatment were diminished bilaterally with a heart rate of 70 The patient had no cough. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 76 bpm.

Signed by: Anita Douglas,
RCP/RRT

PULSE OX 98

The patient had a pulse oximetry reading at this time. The current reading is 100 % on nasal cannula at 2 lpm. Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were duoneb 3 ml and was delivered via mouth piece. The breath sounds before the treatment were diminished bilaterally with a heart rate of 74 The patient had a moderate cough that was nonproductive. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 72 bpm.

Signed by: Anita Douglas,
RCP/RRT

PULSE OX 100

Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were duoneb 3 ml and was delivered via mouthpiece. The breath sounds before the treatment were coarse bilaterally with a heart rate of 70 The patient had no cough. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 77 bpm. Patient feels treatments are beneficial.

Signed by: Latrice Anthony,
RCP/RRT

Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were duoneb 3 ml and was delivered via mouth piece. The breath sounds before the treatment were diminished and clear bilaterally with a heart rate of 83 The patient had no cough. The breath sounds after the treatment were the same as the pretreatment



McLeod Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 123737860
MRN: 000001140953

AGE: 60 yr
SEX: M
Priority: 3 - Urgent

DOB: [REDACTED] 1962
EO #: 228087

ED Medical Chart

breath sounds. The post heart rate is 92 bpm. Patient feels treatments are beneficial.

Signed by: Latrice Anthony,
RCP/RRT

Treatment not given because patient refused.
Signed by: Queen Martin,
RCP/CRT

Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were Xopenex 1.25 mg and normal saline 3 ml and was delivered via mouth piece. The breath sounds before the treatment were diminished bilaterally with a heart rate of 85. The patient had a strong cough that was nonproductive. The breath sounds after the treatment were expiratory wheezing bilaterally with a heart rate of 88 bpm. Patient feels treatments are beneficial.

Signed by: Janice Bochette,
RCP/RRT

The patient had a pulse oximetry reading at this time. The current reading is 93 % on nasal cannula at 3 lpm. Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were Xopenex 1.25 mg and was delivered via mouth piece. The breath sounds before the treatment were expiratory wheezing bilaterally with a heart rate of 92. The patient had a moderate cough that was nonproductive. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 103 bpm. Patient feels treatments are beneficial.

Signed by: Cora Evans,
RCP/RRT

PULSE OX 93
Subsequent evaluation of patient completed. The patient had a pulse oximetry reading at this time. The current reading is 95 % on nasal cannula at 3 lpm. Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were Xopenex 1.25 mg and was delivered via mouth piece. The breath sounds before the treatment were expiratory wheezing bilaterally with a heart rate of 62. The patient had a moderate cough that was nonproductive. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 83 bpm. Patient feels treatments are beneficial.

Signed by: Cora Evans,
RCP/RRT

Subsequent evaluation of patient completed. The patient had a pulse oximetry reading at this time. The current reading is 95 % on nasal cannula at 3 lpm. Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The



McLeod Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 123737640
MRN: 000001140953

AGE: 50 yf
SEX: M
Priority: 3 - Urgent

DOB: [REDACTED] 1982
ED #: 228087

ED Medical Chart

delivered medication(s) was/were Xopenex 1.25 mg and was delivered via mouth piece. The breath sounds before the treatment were expiratory wheezing bilaterally with a heart rate of 62. The patient had a moderate cough that was nonproductive. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 83 bpm. Patient feels treatments are beneficial.
Signed by: Cora Evans,
RCP/ART

Aerosol Treatment was completed when due. An aerosol treatment was given with the patient in semi-fowlers position. The delivered medication(s) was/were Xopenex 1.25 mg and was delivered via mouth piece. The breath sounds before the treatment were coarse bilaterally with a heart rate of 100. The patient had no cough. The breath sounds after the treatment were the same as the pretreatment breath sounds. The post heart rate is 104 bpm.
Signed by: Emily Tisdale,
RCP/ART

EXTERN ORDER: Pulse Oximetry Continuous

Completed: 3/24/13 18:00

The patient had a pulse oximetry reading at this time. The current reading is 99 % on nasal cannula at 2 lpm.
Signed by: Anita Douglas,
RCP/ART

PULSE OX

99

The patient had a pulse oximetry reading at this time. The current reading is 98 % on nasal cannula at 2 lpm.
Signed by: Latrice Anthony,
RCP/ART

PULSE OX

98

The patient had a pulse oximetry reading at this time. The current reading is 98 % on nasal cannula at 2 lpm.
Signed by: Queen Martin,
RCP/CRT

PULSE OX

98

The patient had a pulse oximetry reading at this time. The current reading is 98 % on nasal cannula at 2 lpm.
Signed by: Queen Martin,
RCP/CRT

PULSE OX

98

Subsequent evaluation of patient completed.
Signed by: Emily Tisdale,
RCP/ART

EXTERN ORDER: Positive Airway Pressure Valve (Flutter Valve)



McLeod Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 123737800
MRN: 000001140953

AGE: 60 yr
SEX: M
Priority: 3 - Urgent

DOB: 1952
EO #: 229007

ED Medical Chart

Completed: 3/25/13 12:45

The patient was instructed on the proper use of the Acapella at this time.

Signed by: Queen Martin,
RCP/CRT

EXTERN ORDER: Peripheral Smear Evaluation

Completed: 3/28/13 14:52

PERIPHERAL SMEAR EVALUATION PATHOLOGIST REPORT

Diagnosis	Acute pneumonitis secondary to smoke inhalation	0.0	03/23 21:13 MSB
	BRONCHITIS, ACUTE	468.0	03/23 21:13 MSB

Disposition	Time: 3/23/13 21:12	By: MBENS
	Depart Time: 3/23/13 21:57	
	Type: Admit	
	Condition: "Good"	
	Concurred: 3/23/2013 21:13	BY: MSBENS
	I concur in all respects with the evaluation, all orders, treatments, and disposition plan	
	Chart Complete: 3/23/2013 21:13	BY: MSBENS
	Admit Phys: "HOSPITALIST, MCLEOD	Admit To: Admit - Inpatient
	(HOSPITALIST)	

Charges-Nursing	Level 5(Extended) > 126 points (Charge)	QTY @ 1	03/23 21:57 RM
	Auto Generated Acuity		

Acuity Level	Level 5(Extended) > 126 points

Charges-Physician	99285 LEVEL 5 (Charge)	QTY @ 1	03/23 21:12 MSB
	Auto Generated Care Level		

Level of Care	99285 LEVEL 5

Signature

Electronically Signed By:

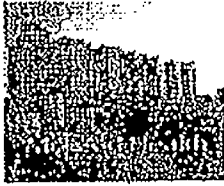
MICHELLE BENS DO
TRACY DEBOLT MD
SAMANTHA BROWN RN
ROBYN MOORE RN
KEVIN HOLBROOK PARME
HOPE FLOYD RN

Initials

MSB
TLD
SB
RM
KH
HF

LOVE CAUSEY, TIMOTHY MIC 1123/31600 3/23/2013 - 3/26/2013 H D MEDICAL RECORDS 3/23/2013 1 200001

MoLeod Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000



Patient Name: TIMOTHY CAUSEY
Reg Date/Time: 3/23/13 20:54
Account #: 123737660
MRN: 000001140863

AGE: 60 yr
SEX: M
Priority: 3 - Urgent

DOB: [REDACTED] 1862
ED #: 229087

ED Medical Chart

Causey, Timothy (1140953) - 3/28/2013

McLeod Health
The Choice for Medical Excellence

McLeod Regional Medical Center
Echo lab
555 East Cheves Street
Florence, SC 29506
(843)777-2000

Transthoracic Echocardiography

Patient: Causey, Timothy
Account #: 123737660
CIC #: 1140953
MRN: 1140953
DOB: [REDACTED] 1962
Age: 50
Facility: LOQX

Study Date: 03/28/2013
Room: M07-
Gender: M
Race: W
Height: 180.3 cm
Weight: 97.1 kg
BSA: 2.17 m²

History: PMH: Pulm infiltrate, Hypoxia, Secondary lung injury related to smoke inhalation

Referring Physician: Barnard, Mark L
Ordering Physician: Cunningham, Jamie H.
Sonographer: Sandra Loostrom RDCS

Study data: Procedure: Transthoracic echocardiography. Image quality was suboptimal but adequate. The study was technically limited due to poor acoustic window availability, restricted patient mobility, and body habitus. Scanning was performed from the parasternal, apical, and subcostal acoustic windows. Transthoracic echocardiography. M-mode, complete 2D, complete spectral Doppler, and color Doppler. Height: Height: 180.3 cm. Height: 71 in. Weight: Weight: 97.1 kg. Weight: 213.6 lb. Body mass index: BMI: 29.8 kg/m². Body surface area: BSA: 2.17 m². Patient status: Inpatient. Location: Bedside.

Study Conclusions

- Left ventricle: The cavity size was normal. Systolic function was normal. The estimated ejection fraction was in the range of 55% to 60%. Wall motion was normal; there were no regional wall motion abnormalities. Doppler parameters are consistent with abnormal left ventricular relaxation (grade 1 diastolic dysfunction).
 - Mitral valve: Trivial regurgitation.
 - Left atrium: The atrium was normal in size.
 - Right ventricle: RV systolic pressure: 32 mm Hg (S, est).
- Image Quality**: Suboptimal but adequate

2D measurements		Normal
Left ventricle		
LVID ED, chord, PLAX	5.17 cm	3.8-5.8
LVID ES, chord, PLAX	3.27 cm	2.3-3.9
FS, chord, PLAX	37 %	26-45
LVPW, ED	0.98 cm	0.6-1.1
IVS/LVPW ratio, ED	1.14	<1.3
EF, MOD1	64 %	-
Vol ED, MOD2	65 ml	-
Vol ES, MOD2	26 ml	-
-EF, MOD2	60 %	-
Stroke vol, MOD2	39 ml	-
Vol index, ED, MOD2	30 ml/m ²	-
Vol index, ES, MOD2	12 ml/m ²	-
Stroke index, MOD2	18 ml/m ²	-
Ventricular septum		

Causey, Timothy (1140953) - 3/28/2013

IVS, ED	*1.11 cm	0.6-1.1
Aorta		
Root diam, ED	3 cm	2-3.7
Left atrium		
AP dim	3.5 cm	1.9-4
AP dim index	1.61 cm/m ²	<2.2

Doppler measurements Normal

Mitral valve

Peak E vel 69.1 cm/s -

Peak A vel 77.5 cm/s -

Peak E/A ratio 0.9 -

Tricuspid valve

Regurg peak vel 236 cm/s -

Peak RV-RA gradient, S 22 mm Hg -

Systemic veins

Estimated CVP 10 mm Hg -

Right ventricle

Pressure, S *32 mm Hg <30

Legend:

Mean values are shown as μ =mean value.

Asterisk (*) marks values outside specified normal range.

Cardiac Anatomy

Left atrium: The atrium was normal in size.

Right atrium: The atrium was normal in size.

Right ventricle:

- The cavity size was normal. Wall thickness was normal.
- Systolic function was normal.

Left ventricle:

- The cavity size was normal.
- Systolic function was normal. The estimated ejection fraction was in the range of 55% to 60%.
- Wall motion was normal; there were no regional wall motion abnormalities.

Doppler parameters are consistent with abnormal left ventricular relaxation (grade 1 diastolic dysfunction).

Pericardium: There was no pericardial effusion.

Aortic valve:

- Structurally normal valve.
- Cusp separation was normal.

Doppler: No regurgitation.

Mitral valve:

- Structurally normal valve.
- Leaflet separation was normal.

Doppler: Trivial regurgitation.

Tricuspid valve:

- Structurally normal valve.
- Leaflet separation was normal.

Doppler: Trivial regurgitation.

Pulmonic valve:

- Structurally normal valve.
- Cusp separation was normal.

Doppler: Mild regurgitation.

Aorta: Ascending aorta: The ascending aorta was normal in size.

Causey, Timothy (1140953) - 3/28/2013

Electronically signed by:

Dr. Thomas Stoughton
2013-03-28T10:07:48.470

Page 3/3

52

3/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 1 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: [REDACTED]/1962 SEX: M
ATTN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/H07-81
DSCH DATE: 03/29/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 35
A DRUG MESSAGE

1 EACH = 1 EACH
NIS TWICE A DAY

()
BID

VERSED- MD ENTERED THE ORDER.
YOU WILL HAVE TO CHART THAT IT
WAS ADMINISTERED PENDING
PHARMACY REVIEW SINCE IT WAS
ALREADY GIVEN. THANKS!

START: 03/28/13 04:19 STOP: 03/28/13 04:30

Nrs Verified By: LA1713

03/28/13 04:19 NOTADMIN LA1713 at: 03/28/13 05:04
Charted Reason: Specific Action Completed

ORD# 4
ASPIRIN

162 MG = 2 TAB
PO EACH DAY

(ASPIRIN-CHILDRENS)

QDAY

START: 03/23/13 20:54 STOP:

Nrs Verified By: SO5680

03/23/13 20:54 NOTADMIN SO5680 at: 03/23/13 22:42

Charted Reason: Coverage not needed

03/24/13 09:00 ADMIN FE8319 at: 03/24/13 07:41

03/25/13 09:00 ADMIN CY2917 at: 03/25/13 08:57

03/26/13 09:00 NOTADMIN ME3531 at: 03/26/13 09:02

Charted Reason: NPO for procedure

03/27/13 09:00 ADMIN LE1213 at: 03/27/13 00:56

ORD# 4 (REVISED)

ASPIRIN

162 MG = 2 TAB
PO EACH DAY

(ASPIRIN-CHILDRENS)

QDAY

START: 03/23/13 20:54 STOP: 03/28/13 08:51

Nrs Verified By:

**** NO OCCURRENCES CHARTED ****

ORD# 9

ENOXAPARIN

40 MG = 0.4 ML
SC EACH DAY

(LOVENOX)

QDAY

START: 03/23/13 22:00 STOP:

Nrs Verified By: SO5680

03/23/13 22:00 NOTADMIN SO5680 at: 03/23/13 22:42

Charted Reason: Start in am

03/24/13 09:00 ADMIN FE8319 at: 03/24/13 07:41

Adm Site: RT LOVEHANDLE

<PERMANENT CHART COPY>

13/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 2 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: 10/10/1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 9

(CONTINUED)

03/25/13 09:00 ADMIN CY2917 at: 03/25/13 08:57
Adm Site: LT LOVENHANDLE
03/26/13 09:00 NOTADMIN MA7300 at: 03/26/13 07:12
Charted Reason: Per policy
03/27/13 09:00 ADMIN LI1213 at: 03/27/13 08:56
Adm Site: RT LOVENHANDLE

ORD# 9 (REVISED)

EKNOXAPARIN

40 MG = 0.4 ML
SC

EACH DAY

QDAY

START: 03/23/13 22:00 STOP: 03/28/13 08:51

Nrs Verified By:

**** NO OCCURRENCES CHARTED ****

ORD# 29

FUROSEMIDE

40 MG = 4 ML
IV

ONE TIME DOSE

ONE TIME

START: 03/27/13 19:37 STOP: 03/27/13 19:37

Nrs Verified By: LA1713

03/27/13 19:37 ADMIN LA1713 at: 03/27/13 19:57

BP:118/75

ORD# 22

LEVALBUTEROL HCL

1.25 MG = 0.5 ML
RTA

EVERY 4 HOURS (RT)

(XOPENEX CONCENTRATE (EQUIV))

Q4RT

START: 03/25/13 15:30 STOP:

Nrs Verified By: CY2917

**** NO OCCURRENCES CHARTED ****

ORD# 22 (REVISED)

LEVALBUTEROL HCL

1.25 MG = 0.5 ML
RTA

EVERY 4 HOURS (RT)

(XOPENEX CONCENTRATE (EQUIV))

Q4RT

START: 03/25/13 15:30 STOP: 03/26/13 17:03

Nrs Verified By: L05628

**** NO OCCURRENCES CHARTED ****

<PERMANENT CHART COPY>

7/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 3 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 58Y DOB: [REDACTED]/1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICD/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 11
methylPREDNISolone sod suc(PF) 80 MG = 1.28 ML
(Solu-MEDROL (PF)) IV EVERY SIX HOURS
Q6H
START: 03/23/13 24:00 STOP:
Nrs Verified By: 905680
03/23/13 24:00 ADMIN S05680 at: 03/24/13 06:06
03/24/13 06:00 ADMIN S05680 at: 03/24/13 05:26
03/24/13 12:00 ADMIN FE0319 at: 03/24/13 14:05
03/24/13 18:00 ADMIN FE0319 at: 03/24/13 16:52
03/24/13 24:00 ADMIN S05680 at: 03/24/13 22:31
03/25/13 06:00 ADMIN S05680 at: 03/25/13 05:22
03/25/13 12:00 ADMIN CY2917 at: 03/25/13 13:55
03/25/13 18:00 ADMIN CY2917 at: 03/25/13 18:23
03/25/13 24:00 ADMIN MA7300 at: 03/26/13 00:01
03/26/13 06:00 ADMIN MA7300 at: 03/26/13 06:27
03/26/13 12:00 ADMIN ME3531 at: 03/26/13 13:04
03/26/13 18:00 NOTADMIN LO5628 at: 03/26/13 18:23
Charted Reason: Noted'

ORD# 11 (REVISED)
methylPREDNISolone sod suc(PF) 80 MG = 1.28 ML
(Solu-MEDROL (PF)) IV EVERY SIX HOURS
Q6H
START: 03/23/13 24:00 STOP: 03/26/13 18:15
Nrs Verified By: LO5628
**** NO OCCURRENCES CHARTED ****

ORD# 24
methylPREDNISolone sod suc(PF) 80 MG = 2 ML
(Solu-MEDROL (PF)) IV EVERY SIX HOURS
Q6H
START: 03/26/13 18:14 STOP:
Nrs Verified By:
03/26/13 18:14 ADMIN LA1713 at: 03/26/13 19:40

ORD# 24 (REVISED)
methylPREDNISolone sod suc(PF) 80 MG = 2 ML
(Solu-MEDROL (PF)) IV EVERY SIX HOURS
Q6H
PER CPOE ORDER
START: 03/26/13 18:14 STOP:
Nrs Verified By: LO5628
03/26/13 24:00 ADMIN LA1713 at: 03/26/13 23:40
03/27/13 06:00 ADMIN LA1713 at: 03/27/13 06:49

<PERMANENT CHART COPY>

3/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 4 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 56Y DOB: 03/22/1962 SEX: M
ATTN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 24 (REVISED)
methylPREDNISolone sod suc(PF) 80 MG = 2 ML
(Solu-MEDROL (PF)) IV EVERY SIX HOURS
Q6H
PER CPOE ORDER
START: 03/26/13 18:14 STOP: 03/27/13 11:54
Nrs Verified By: LI1213
**** NO OCCURRENCES CHARTED ****

ORD# 28
methylPREDNISolone sod suc(PF) 80 MG = 1.28 ML
(Solu-MEDROL (PF)) IV EVERY SIX HOURS
Q6H
PER CPOE ORDER #24
START: 03/27/13 12:00 STOP:
Nrs Verified By: LI1213
03/27/13 12:00 ADMIN LI1213 at: 03/27/13 12:13
03/27/13 18:00 ADMIN LI1213 at: 03/27/13 18:30
03/27/13 24:00 ADMIN LA1713 at: 03/28/13 02:15

ORD# 28 (REVISED)
methylPREDNISolone sod suc(PF) 80 MG = 1.28 ML
(Solu-MEDROL (PF)) IV EVERY SIX HOURS
Q6H
PER CPOE ORDER #24
START: 03/27/13 12:00 STOP: 03/28/13 05:21
Nrs Verified By: LA1713
**** NO OCCURRENCES CHARTED ****

ORD# 30
methylPREDNISolone sod suc(PF) 125 MG = 2 ML
(Solu-MEDROL (PF)) IV EVERY SIX HOURS
Q6H
PER CPOE ORDER #24
START: 03/28/13 06:00 STOP:
Nrs Verified By: LA1713
03/28/13 06:00 NOTADMIN AS8355 at: 03/28/13 08:14
Charted Reason: Specific Action Completed

<PERMANENT CHART COPY>

3/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 5 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSKY, TIMOTHY
AGE: 50Y DOB: [REDACTED]/1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 38 (REVISED)
methylPREDNISolone sod suc(PF) 125 MG = 2 ML
{Solu-MEDROL (PF)} IV EVERY SIX HOURS
Q6H
PER CPOE ORDER #24
START: 03/28/13 06:00 STOP: 03/28/13 06:41
Nrs Verified By: LA1713
**** NO OCCURRENCES CHARTED ****

ORD# 40
methylPREDNISolone sod suc(PF) 125 MG = 3.125 ML
{Solu-MEDROL (PF)} IVP EVERY SIX HOURS
Q6H
START: 03/28/13 06:42 STOP:
Nrs Verified By: LA1713
03/28/13 06:42 NOTADMIN AS8355 at: 03/28/13 08:14
Charted Reason: Specific Action Completed

ORD# 40 (REVISED)
methylPREDNISolone sod suc(PF) 120 MG = 3 ML
{Solu-MEDROL (PF)} IVP EVERY SIX HOURS
Q6H
START: 03/28/13 06:42 STOP:
Nrs Verified By: AS8355
**** NO OCCURRENCES CHARTED ****

ORD# 40 (REVISED)
methylPREDNISolone sod suc(PF) 120 MG = 3 ML
{Solu-MEDROL (PF)} IVP EVERY SIX HOURS
Q6H
START: 03/28/13 06:42 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

ORD# 41
methylPREDNISolone sod suc(PF) 120 MG = 3 ML
{Solu-MEDROL (PF)} INJ
START: 03/28/13 08:14 STOP: 03/28/13 08:14
Nrs Verified By:
03/28/13 08:14 ADMIN AS8355 at: 03/28/13 08:14
Adm Site: IV Push

<PERMANENT CHART COPY>

3/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 6 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001100953

NAME: CAUSEY, TIMOTHY
AGE: 58Y DOB: 1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 41 (REVISED)
MethylPREDNISolone sod suc(PF) 120 MG = 3 ML
(Solu-MEDROL (PF)) INJ

START: 03/28/13 08:14 STOP: 03/28/13 08:51
Nrs Verified By:

**** NO OCCURRENCES CHARTED ****

ORD# 33
MIDAZOLAM HCL 5 MG = 5 ML
(VERSED (EQUIV)) IV ONE TIME DOSE
ONE TIME
FOR SEDATION

START: 03/28/13 00:56 STOP: 03/28/13 08:56
Nrs Verified By: LA1713
03/28/13 00:56 ADMIN LA1713 at: 03/28/13 05:08

ORD# 30
morphine 3 MG = 0.6 ML
(morphine) IV

FOR PAIN

START: 03/27/13 22:41 STOP: 03/27/13 22:41
Nrs Verified By: LA1713
03/27/13 22:41 ADMIN LA1713 at: 03/27/13 22:58
Pain Scale: 6 Pain Loc: Chest
Effect: 03/27/13 23:28 LA1713 SLS 1-Awake & Alert
Pain Scale: NA Pain Loc: N/A

ORD# 21
PNEUMOCOCCAL VACCINE POLYVALEN 0.5 ML = 1 VIAL
(PNEUMOVAX 23 - VIS 10.06.09) IM VACCINE DOSE X 1
VACCINE
GIVE ON DAY OF DISCHARGE
GIVE VACCINE
INFORMATION SHEET
TO PATIENT
START: 03/24/13 03:21 STOP:
Nrs Verified By: SO5680
**** NO OCCURRENCES CHARTED ****

<PERMANENT CHART COPY>

3/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 7 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CRUSEY, TIMOTHY
AGE: 50Y DOB: [REDACTED] 1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/N07-01
DSCH DATE: 03/26/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 21 (REVISED)
PNEUMOCOCCAL VACCINE POLYVALEN 0.5 ML = 1 VIAL
(PNEUMOVAX 23 - VIS 10.06.09) IM VACCINE DOSE X 1
VACCINE
GIVE ON DAY OF DISCHARGE
GIVE VACCINE
INFORMATION SHEET
TO PATIENT
START: 03/24/13 03:21 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

ORD# 13
RANITIDINE HCL 150 MG = 1 TAB
(ZANTAC UNIT DOSE) PO TWICE A DAY
BID
FOR INDIGESTION

START: 03/23/13 21:00 STOP:
Nrs Verified By: SO5680
03/23/13 21:00 ADMIN SO5680 at: 03/23/13 23:00
03/24/13 09:00 ADMIN FE8319 at: 03/24/13 07:41
03/24/13 21:00 ADMIN SO5680 at: 03/24/13 22:31
03/25/13 09:00 ADMIN CY2917 at: 03/25/13 08:57
03/25/13 21:00 ADMIN MA7300 at: 03/25/13 20:50
Temp: 101.2
03/26/13 09:00 NOTADMIN ME2531 at: 03/26/13 09:02
Charted Reason: NPO for procedure
03/26/13 21:00 ADMIN LA1713 at: 03/26/13 21:25
03/27/13 09:00 ADMIN LI1213 at: 03/27/13 08:56
03/27/13 21:00 ADMIN LA1713 at: 03/27/13 19:57

ORD# 13 (REVISED)
RANITIDINE HCL 150 MG = 1 TAB
(ZANTAC UNIT DOSE) PO TWICE A DAY
BID
FOR INDIGESTION

START: 03/23/13 21:00 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

<PERMANENT CHART COPY>

3/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 8 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSKY, TIMOTHY
AGE: 50Y DOB: 03/27/1962 SEX: M
ATN DOCTOR: BRAUNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 15
SODIUM CHLORIDE FLUSH 3 ML = 1 EACH
(SODIUM CHLORIDE FLUSH) IV THREE TIMES A DAY
TID
USE 2.5ML OR 5ML
AS INDICATED BY
VEIN ACCESS USE
START: 03/23/13 21:00 STOP:
Nrs Verified By: S05680
03/23/13 21:00 ADMIN S05680 at: 03/23/13 23:00
03/24/13 06:00 NOTADMIN S05680 at: 03/24/13 05:26
Charted Reason: Patient Has IV Fluids
03/24/13 14:00 ADMIN FE8319 at: 03/24/13 14:05
03/24/13 21:00 ADMIN S05680 at: 03/24/13 22:31
03/25/13 06:00 ADMIN S05680 at: 03/25/13 05:22
03/25/13 14:00 ADMIN CY2917 at: 03/25/13 13:55
03/25/13 21:00 ADMIN MA7300 at: 03/25/13 20:50
Temp: 101.2
03/26/13 06:00 ADMIN MA7300 at: 03/26/13 06:27
03/26/13 14:00 ADMIN ME3531 at: 03/26/13 13:04
03/26/13 21:00 ADMIN LA1713 at: 03/26/13 21:32
03/27/13 06:00 NOTADMIN LA1713 at: 03/27/13 06:30
Charted Reason: Patient Has IV Fluids
03/27/13 14:00 NOTADMIN LI1219 at: 03/27/13 14:27
Charted Reason: Patient Has IV Fluids
03/27/13 21:00 NOTADMIN LA1713 at: 03/27/13 19:57
Charted Reason: Patient Has IV Fluids
03/28/13 06:00 NOTADMIN LA1713 at: 03/28/13 07:35
Charted Reason: Patient Has IV Fluids

ORD# 15 (REVISED)
SODIUM CHLORIDE FLUSH 3 ML = 1 EACH
(SODIUM CHLORIDE FLUSH) IV THREE TIMES A DAY
TID
USE 2.5ML OR 5ML
AS INDICATED BY
VEIN ACCESS USE
START: 03/23/13 21:00 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

<PERMANENT CHART COPY>

3/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 9 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: [REDACTED]/1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/20/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 34
VECURIUM BROMIDE 10 MG = 10 ML
(VECURIUM)
IV ONE TIME DOSE
ONE TIME
** FOR VENTILATOR
PATIENTS ONLY **
START: 03/28/13 01:03 STOP: 03/28/13 01:03
Nrs Verified By: LA1713
03/28/13 01:03 ADMIN LA1713 at: 03/28/13 02:15 Co-Signed By: ST7044

*** PRN MEDICATIONS ***

ORD# 1
ACETAMINOPHEN 650 MG = 1 SUPP
(TYLENOL) REC EVERY SIX HOURS AS NEEDED
Q6HP
PAIN/FEVER
FOR TEMP > 101/PAIN SCALE >3
FOR PAIN/FEVER
START: 03/23/13 20:54 STOP:
Nrs Verified By: S05680
**** NO OCCURRENCES CHARTED ****

ORD# 1 (REVISED)
ACETAMINOPHEN 650 MG = 1 SUPP
(TYLENOL) REC EVERY SIX HOURS AS NEEDED
Q6HP
PAIN/FEVER
FOR TEMP > 101/PAIN SCALE >3
FOR PAIN/FEVER
START: 03/23/13 20:54 STOP: 03/28/13 00:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

ORD# 2
ACETAMINOPHEN 1000 MG = 2 TAB
(TYLENOL EXTRA STRENGTH UD) PO EVERY SIX HOURS AS NEEDED
Q6HP
PAIN/FEVER
FOR TEMP > 101/PAIN SCORE >3
FOR PAIN/FEVER
START: 03/23/13 20:54 STOP:
Nrs Verified By: S05680
03/24/13 16:52 ADMIN PB0319
03/25/13 06:56 ADMIN S05680
03/25/13 16:38 ADMIN CY2917
03/26/13 00:01 ADMIN HA7300

<PERMANENT CHART COPY>

3/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 10 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001160953

NAME: CRUSEY, TIMOTHY
AGE: 50Y DOB: 1962
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 2
(CONTINUED)
03/26/13 16:41 ADMIN L05628
03/27/13 08:56 ADMIN LI1213

ORD# 2 (REVISED)
ACETAMINOPHEN 1000 MG = 2 TAB
(TYLENOL EXTRA STRENGTH UD) PO EVERY SIX HOURS AS NEEDED
Q6HP
PAIN/FEVER
FOR TEMP > 101/PAIN SCORE > 3
FOR PAIN/FEVER
START: 03/23/13 20:54 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

ORD# 5
diphenhydramine HCl 12.5 MG = 5 ML
(diphenhydramine HCl) PO EVERY SIX HOURS AS NEEDED
Q6HP
ITCHING
FOR ITCHING
START: 03/23/13 20:54 STOP:
Nrs Verified By: S05680
**** NO OCCURRENCES CHARTED ****

ORD# 5 (REVISED)
diphenhydramine HCl 12.5 MG = 5 ML
(diphenhydramine HCl) PO EVERY SIX HOURS AS NEEDED
Q6HP
ITCHING
FOR ITCHING
START: 03/23/13 20:54 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

<PERMANENT CHART COPY>

3/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 11 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: [REDACTED] 1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 6
IBUPROFEN TAB 400 MG = 1 TAB
(IBUPROFEN) PO EVERY SIX HOURS AS NEEDED
Q6HP
PAIN/FEVER
FOR PAIN

START: 03/23/13 20:54 STOP:
Nrs Verified By: S05680
03/23/13 23:00 ADMIN S05680
03/25/13 20:50 ADMIN MAT300
Temp:101.2

ORD# 6 (REVISED)
IBUPROFEN TAB 400 MG = 1 TAB
(IBUPROFEN) PO EVERY SIX HOURS AS NEEDED
Q6HP
PAIN/FEVER
FOR PAIN

START: 03/23/13 20:54 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

ORD# 23
LEVALBUTEROL HCL 1.25 MG = 0.5 ML
(XOPENEX CONCENTRATE (EQUIV)) RTA EVERY SIX HOURS AS NEEDED
Q6HP
SOB
START: 03/26/13 17:03 STOP:
Nrs Verified By: L05628
**** NO OCCURRENCES CHARTED ****

ORD# 23 (REVISED)
LEVALBUTEROL HCL 1.25 MG = 0.5 ML
(XOPENEX CONCENTRATE (EQUIV)) RTA EVERY SIX HOURS AS NEEDED
Q6HP
SOB
START: 03/26/13 17:03 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

<PERMANENT CHART COPY>

3/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 12 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: 11/19/1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

USCN LOC: MICU/H07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 27

LORazepam

(ATIVAN)

Q4HP

ANXIETY

FOR ANXIETY

START: 03/27/13 06:52 STOP:

Nrs Verified By: LI1213

03/27/13 08:47 ADMIN LI1213

Temp:99.2 Temp Site:Oral Pulse:90 Pulse Site:Apical BP:100/67 Resp:33 Pain Scale:5

03/27/13 15:26 ADMIN LI1213

03/27/13 19:57 ADMIN LA1713

1 MG = 0.5 ML

IV

EVERY FOUR HOURS AS NEEDED

ORD# 27 (REVISED)

LORazepam

(ATIVAN)

Q4HP

ANXIETY

FOR ANXIETY

START: 03/27/13 06:52 STOP: 03/28/13 00:39

Nrs Verified By: LA1713

**** NO OCCURRENCES CHARTED ****

1 MG = 0.5 ML

IV

EVERY FOUR HOURS AS NEEDED

ORD# 3

MAGNESIA-ALUMINA

(MILALOX U/D)

Q4HP

INDIGESTION

DO NOT GIVE IF SEVERE

ABDOMINAL PAIN OR RENAL

PATIENT. NOTIFY MD IF GIVEN X

2 AND SYMPTOMS PERSIST

FOR INDIGESTION

30 ML = 1 CUP

PO

EVERY FOUR HOURS AS NEEDED

START: 03/23/13 20:54 STOP:

Nrs Verified By: S05680

**** NO OCCURRENCES CHARTED ****

<PERMANENT CHART COPY>

3/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 13 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: 03/19/1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

OSCH LOC: MICO/M07-01
OSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 3 (REVISED)
MAGNESIA-ALUMINA
(MAALOX U/D)

30 ML = 1 CUP
PO

EVERY FOUR HOURS AS NEEDED

Q4RP
INDIGESTION
DO NOT GIVE IF SEVERE
ABDOMINAL PAIN OR RENAL
PATIENT. NOTIFY MD IF GIVEN X
2 AND SYMPTOMS PERSIST
FOR INDIGESTION

START: 03/23/13 20:54 STOP: 03/28/13 08:51
Nrs Verified By:

**** NO OCCURRENCES CHARTED ****

ORD# 10
MAGNESIUM HYDROXIDE
(MILK OF MAGNESIA UNIT DOSE)

30 ML = 1 CUP
PO

TWICE DAILY AS NEEDED

BIDP
CONSTIPATION
FOR CONSTIPATION
START: 03/23/13 20:54 STOP:
Nrs Verified By: S05600

**** NO OCCURRENCES CHARTED ****

ORD# 10 (REVISED)
MAGNESIUM HYDROXIDE
(MILK OF MAGNESIA UNIT DOSE)

30 ML = 1 CUP
PO

TWICE DAILY AS NEEDED

BIDP
CONSTIPATION
FOR CONSTIPATION
START: 03/23/13 20:54 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

<PERMANENT CHART COPY>

03/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 14 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CRUSEY, TIMOTHY
AGE: 56Y DOB: 03/28/1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 12
ONDANSETRON HCL
(ZOFRAN (EQUIV))
Q4HP
NAUSEA/VOMITING
FOR N/V IF VOMIT
TRY PHENER/DROPER
FIRST IF ORDERED
START: 03/23/13 20:54 STOP:
Nrs Verified By: SO5680
**** NO OCCURRENCES CHARTED ****
4 MG = 2 ML
IV EVERY FOUR HOURS AS NEEDED

ORD# 12 (REVISED)
ONDANSETRON HCL
(ZOFRAN (EQUIV))
Q4HP
NAUSEA/VOMITING
FOR N/V IF VOMIT
TRY PHENER/DROPER
FIRST IF ORDERED
START: 03/23/13 20:54 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****
4 MG = 2 ML
IV EVERY FOUR HOURS AS NEEDED

ORD# 16
SODIUM CHLORIDE FLUSH
(SODIUM CHLORIDE FLUSH)
PRN
FLUSH
USE 2.5ML OR 5ML
AS INDICATED BY
VEIN ACCESS USE
START: 03/23/13 20:54 STOP:
Nrs Verified By: SO5680
**** NO OCCURRENCES CHARTED ****
3 ML = 1 EACH
IV AS NEEDED

<PERMANENT CHART COPY>

03/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 15 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: 03/24/1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/21/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 16 (REVISED)
SODIUM CHLORIDE FLUSH
(SODIUM CHLORIDE FLUSH)
PRN
FLUSH
USE 2.5ML OR 5ML
AS INDICATED BY
VEIN ACCESS USE
START: 03/23/13 20:54 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

ORD# 32
VECURONIUM BROMIDE
(VECURONIUM)
Q1HP
PARALYTIC FOR VENT PATIENTS
** FOR VENTILATOR
PATIENTS ONLY **
START: 03/28/13 01:12 STOP:
Nrs Verified By: LA1713
03/28/13 02:31 ADMIN LA1713 Co-Signed By: FE9119
03/28/13 04:56 ADMIN LA1713 Co-Signed By: NA5231

ORD# 32 (REVISED)
VECURONIUM BROMIDE
(VECURONIUM)
Q1HP
PARALYTIC FOR VENT PATIENTS
** FOR VENTILATOR
PATIENTS ONLY **
START: 03/28/13 01:12 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

ORD# 17
ZOLPIDEM TARTRATE
(AMBIEN (EQUIV))
QHSP
SLEEP
FOR PATIENT AGE > OR - 65 YRS
FOR SLEEP
START: 03/23/13 20:54 STOP:
Nrs Verified By: SO5688
**** NO OCCURRENCES CHARTED ****

<PERMANENT CHART COPY>

93/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 16 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: 1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/H07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 17 (REVISED)
ZOLPIDEM TARTRATE 5 MG = 1 TAB
(AMBLEN (EQUIV)) PO AT BEDTIME AS NEEDED
QHSP
SLEEP
FOR PATIENT AGE > OR = 65 YRS
FOR SLEEP
START: 03/23/13 20:54 STOP: 03/28/13 00:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

*** IVS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED IVS ***

ORD# 25 UB: A
PLVP PLAIN LVP
DEXTROSE 5% 0.9 NACL 1000 ML
IV 13 HRS
RATE: 75 ml/hr RUN-IN: 13 hrs
START: 03/27/13 02:30 STOP:
Nrs Verified By: LA1713
03/27/13 02:30 ADMIN LA1713 at: 03/27/13 03:35
03/27/13 15:30 ADMIN LI1213 at: 03/27/13 17:03
03/28/13 04:30 NOTADMIN LA1713 at: 03/28/13 05:52
Charted Reason: Patient Has IV Fluids

ORD# 25 (REVISED) UB: A
PLVP PLAIN LVP
DEXTROSE 5% 0.9 NACL 1000 ML
IV 13 HRS
RATE: 75 ml/hr RUN-IN: 13 hrs
START: 03/27/13 02:30 STOP: 03/28/13 05:23
Nrs Verified By: LA1713
**** NO OCCURRENCES CHARTED ****

ORD# 37 UB: A
PLVP PLAIN LVP
DEXTROSE 5% 0.9 NACL 1000 ML
IV 13 HRS
RATE: 40 ml/hr RUN-IN: 13 hrs
START: 03/28/13 05:30 STOP:
Nrs Verified By: LA1713
**** NO OCCURRENCES CHARTED ****

<PERMANENT CHART COPY>

03/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 17 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: 03/24/1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** IVS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED IVS ***

ORD# 37 (REVISED) UB: A
PLVP PLAIN LVP
DEXTROSE 5% 0.9 NAACL 1000 ML
IV 13 HRS
RATE: 40 ml/hr RUN-IN: 13 hrs
START: 03/28/13 05:30 STOP: 03/28/13 08:51
Nrs Verified By:

**** NO OCCURRENCES CHARTED ****

ORD# 19 UB: A
PB PIGGYBACK
LEVOFLOXACIN (PM-750) 150 ML
IV Q24 EVERY TWENTY-FOUR HOURS
RATE: 100 ml/hr RUN-IN: 1.5 hrs
STARTED 3/23
START: 03/23/13 22:00 STOP:
Nrs Verified By: SO5680
03/23/13 22:00 ADMIN SO5680 at: 03/24/13 00:06
03/24/13 22:00 ADMIN SO5680 at: 03/24/13 22:31
03/25/13 22:00 ADMIN MA7300 at: 03/25/13 20:50
Temp: 101.2
03/26/13 22:00 ADMIN LA1713 at: 03/26/13 21:25
03/27/13 22:00 ADMIN LA1713 at: 03/27/13 22:58

ORD# 19 (REVISED) UB: A
PB PIGGYBACK
LEVOFLOXACIN (PM-750) 150 ML
IV Q24 EVERY TWENTY-FOUR HOURS
RATE: 100 ml/hr RUN-IN: 1.5 hrs
STARTED 3/23
START: 03/23/13 22:00 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

ORD# 26 UB: A
PB PIGGYBACK
CEFTRIAXONE 1GM + MINIBAG 50 ML
IV Q24 EVERY TWENTY-FOUR HOURS
RATE: 100 ml/hr RUN-IN: 0.5 hrs
STARTED 3/27
START: 03/27/13 02:45 STOP:
Nrs Verified By: LA1713
03/27/13 02:45 ADMIN LA1713 at: 03/27/13 03:35
03/28/13 02:45 ADMIN LA1713 at: 03/28/13 02:15

<PERMANENT CHART COPY>

3/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 18 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: [REDACTED]/1962 SEX: M
ATTN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** IVS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED IVS ***

ORD# 26 (REVISED) UB: A
PB PIGGYBACK
CEFTRIAXONE 1GM + MINIDAG 50 ML
IV Q24 EVERY TWENTY-FOUR HOURS
RATE: 100 ml/hr RUN-IN: 0.5 hrs
STARTED 3/27
START: 03/27/13 02:45 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

*** PRN IVS ***

ORD# 39 UB: A
LVP LARGE VOLUME PARENTERAL
PROPOFOL 100 ML
IV TITRATE TITRATE IV RATE
RATE: TITRATE RUN-IN: TITRATE
ICU SEDATION
Starting Dose: 5 MCG/KG/MIN
FOR MECHANICALLY VENTILATED
PATIENTS
FOR SEDATION
START: 03/28/13 05:49 STOP:
Nrs Verified By: LA1713
03/28/13 07:06 ADMIN LA1713

ORD# 39 (REVISED) UB: A
LVP LARGE VOLUME PARENTERAL
PROPOFOL 100 ML
IV TITRATE TITRATE IV RATE
RATE: TITRATE RUN-IN: TITRATE
ICU SEDATION
Starting Dose: 5 MCG/KG/MIN
FOR MECHANICALLY VENTILATED
PATIENTS
FOR SEDATION
START: 03/28/13 05:49 STOP: 03/28/13 08:51
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

<PERMANENT CHART COPY>

03/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 19 OF 23

PATIENT NO: 123737668
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: [REDACTED]/1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** IVS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN IVS ***

ORD# 31 UB: A
PB PIGGYBACK
MIDAZOLAM DRIP 100 MG IN NS 100 ML
IV TITRATE TITRATE IV RATE
RATE: TITRATE RUN-IN: TITRATE
SEDATION
SEE SEDATION PROTOCOL FOR
TITRATION INSTRUCTIONS
FOR SEDATION
START: 03/28/13 00:39 STOP:
Nrs Verified By: LA1713
03/28/13 03:00 ADMIN LA1713
03/28/13 04:16 ADMIN LA1713

ORD# 31 (REVISED) UB: A
PB PIGGYBACK
MIDAZOLAM DRIP 100 MG IN NS 100 ML
IV TITRATE TITRATE IV RATE
RATE: TITRATE RUN-IN: TITRATE
SEDATION
SEE SEDATION PROTOCOL FOR
TITRATION INSTRUCTIONS
FOR SEDATION
START: 03/28/13 00:39 STOP: 03/28/13 04:40
Nrs Verified By: LA1713
**** NO OCCURRENCES CHARTED ****

ORD# 36 UB: A
PB PIGGYBACK
SODIUM CHLORIDE 0.9% 168 ML
MIDAZOLAM HCL 200 MG = 40 ML
(VERSED (EQUIV))
EMPTY IV BAG 1 BAG = 1 BAG
(IV BAG)
IV PRN AS NEEDED
RATE: titrate RUN-IN: titrat
SEDATION
CONCENTRATION = 1 MG/ML
TOTAL VOLUME = 200 ML
FOR SEDATION
START: 03/28/13 04:38 STOP:
Nrs Verified By:
**** NO OCCURRENCES CHARTED ****

<PERMANENT CHART COPY>

03/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 20 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: [REDACTED]/1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** IVS CURRENT AT THE TIME OF DISCHARGE ***

ORD# 36 (REVISED) UR: A *** PRN IVS ***
PB PIGGYBACK
SODIUM CHLORIDE 0.9% 160 ML
MIDAZOLAM HCL 200 MG = 40 ML
(VERSED (EQUIV))
EMPTY IV BAG 1 BAG = 1 BAG
(IV BAG)
IV PRN AS NEEDED
RATE: titrate RUN-IN: titrat
SEDATION
CONCENTRATION = 1 MG/ML
TOTAL VOLUME ~ 200 ML
FOR SEDATION
START: 03/28/13 04:38 STOP: 03/28/13 05:49
Nrs Verified By: LA1713
**** NO OCCURRENCES CHARTED ****

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

ORD# 7 *** MEDICATIONS ***
ALBUTEROL/IPRATROPIUM 1 EACH = 3 ML
(DUONEB (EQUIV)) RTA EVERY 3 HOURS AS NEEDED
Q3HP
SOB/WHEEZING
FOR DIFFICULTY
BREATHING/
WHEEZING
START: 03/23/13 20:54 STOP:
Nrs Verified By: S05680
**** NO OCCURRENCES CHARTED ****

ORD# 7 (REVISED)
ALBUTEROL/IPRATROPIUM 1 EACH = 3 ML
(DUONEB (EQUIV)) RTA EVERY 3 HOURS AS NEEDED
Q3HP
SOB/WHEEZING.
FOR DIFFICULTY
BREATHING/
WHEEZING
START: 03/23/13 20:54 STOP: 03/25/13 14:17
Nrs Verified By: CY2917
**** NO OCCURRENCES CHARTED ****

<PERMANENT CHART COPY>

03/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 21 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: [REDACTED] 1962
ATN DOCTOR: BARNARD, MARK L

USCH LOC: MICU/M07-01
USCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** MEDICATIONS ***

ORD# 8
ALBUTEROL/IPRATROPIUM
(DUONEB (EQUIV)) 1 EACH = 3 ML
RTA EVERY 6 HOURS (RT)
Q6RT
FOR DIFFICULTY
BREATHING/
WHEEZING
START: 03/23/13 21:00 STOP:
Nrs Verified By: SO5680
**** NO OCCURRENCES CHARTED ****

ORD# 8 (REVISED)
ALBUTEROL/IPRATROPIUM 1 EACH = 3 ML
(DUONEB (EQUIV)) RTA EVERY 6 HOURS (RT)
Q6RT
FOR DIFFICULTY
BREATHING/
WHEEZING
START: 03/23/13 21:00 STOP: 03/25/13 14:17
Nrs Verified By: CY2917
**** NO OCCURRENCES CHARTED ****

ORD# 18
methylPREDNISolone sod suc(PF) 125 MG = 3.125 ML
(Solu-MEDROL (PF)) IV ONE TIME DOSE
ONE TIME
START: 03/23/13 22:00 STOP: 03/23/13 22:00
Nrs Verified By: SO5680
03/23/13 22:00 ADMIN SO5680 at: 03/23/13 23:00

ORD# 14
PLVP PLAIN LVP UB: R
SODIUM CHLORIDE 0.9% 1000 ML
IV 7 HRS
RATE: 150 ml/hr RUN-IN: 7 hrs
START: 03/23/13 22:00 STOP: 03/24/13 05:00
Nrs Verified By: SO5680
03/23/13 22:00 ADMIN SO5680 at: 03/23/13 23:00
03/24/13 05:00 ADMIN FE8319 at: 03/24/13 07:41

<PERMANENT CHART COPY>

73/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 22 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: 03/27/1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/28/2013
ADMIT DATE: 03/23/2013

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** IVS ***

ORD# 20 UB: A
PB PIGGYBACK
MAG SULFATE PREMIX 2 GM/50 ML 50 ML
IV
RATE: 25 ml/hr RUN-IN: 2 hrs
FOR SERUM MG < 2.0
START: 03/23/13 23:03 STOP: 03/23/13 23:03
Nrs Verified By: SO5680
03/23/13 23:03 ADMIN SO5680 at: 03/24/13 02:46

<PERMANENT CHART COPY>

03/29/2013 09:18

DISCHARGE MEDICATION ADMINISTRATION RECORD
FLORENCE

PAGE: 23 OF 23

PATIENT NO: 123737660
MED REC NO: 1140953
PERSON NO: 000001140953

NAME: CAUSEY, TIMOTHY
AGE: 50Y DOB: [REDACTED]/1962 SEX: M
ATN DOCTOR: BARNARD, MARK L

DSCH LOC: MICU/M07-01
DSCH DATE: 03/20/2013
ADMIT DATE: 03/23/2013

*** NURSE IDENTIFICATION ***

AS8355 ASHLEY ROGERS
CY2917 CYNTHIA CAGLE
FE8319 FELICIA MATTHEWS
FE9119 FELICIA SMITH
LA1713 LASTOSHIA RAGIN
LI1213 LINDA MAY
LO5628 LORI RIVERS
MA7300 MARY BAKER
ME3531 MELISSA COLLINS
NA5231 NATALIE BROWN
SO5680 SONYA L. GOINS
ST7044 STEPHANIE HUGHES

<PERMANENT CHART COPY>

Discharge Medication Reconciliation Report

Pt Name: CAUSEY, TIMOTHY
Pt ID: 100878895
DOB: 1982 12-00-00AM
Adm Date: 3/23/2013 8:54:00PM
Nurs Sta: Medical Intensive Care Unit
Alrg: Codeine

MRN: 1140953
Accl No: 123737680
Age/Sex: 50Y/M
Attn Dr: Barnard, Mark MD
Rm & Bed: M07-01

Discharge Rec Status: In Progress Collected On: 3/28/2013 7:57:58AM By: Mark L Barnard, MD

Home Med Collection Status: Complete Collected On: 3/23/2013 9:00:00PM By: Edilborta M Marasigan, RN

Current and Home Medications

Source		Action
Hospital	acetaminophen Oral 500 mg Tablet 2 tablet oral every six hours as needed for PAIN/FEVER	Not Continued
Hospital	acetaminophen Rect (Acophen) 850 mg Suppository 1 suppository per rectum every six hours as needed for PAIN/FEVER	Not Continued
Hospital	aspirin Oral 81 mg Tablet, Chewable 2 tablet oral daily	Not Continued
Hospital	diphenhydramine HCl Oral 12.5 mg/5 mL Elixir 5 mL oral every six hours as needed for ITCHING	Not Continued
Hospital	enoxaparin SubQ (Lovenox) 40 mg/0.4 mL Syringe 0.4 mL subcutaneous daily	Continued as Home Med
Hospital	ibuprofen Oral 400 mg Tablet 1 tablet oral every six hours as needed for PAIN/FEVER	Not Continued
Hospital	levalbuterol HCl Inhal 1.25 mg/0.5 mL Solution for Nebulization 0.5 mL every six hours as needed for SOB	Not Continued
Home	loratadine (Claritin) 10 mg Tablet 1 tablet oral daily as needed for nasal congestion	Not Continued
Hospital	aluminum-magnesium hydroxide Oral (MAG-AL) 200 mg-200 mg/5 mL Suspension oral every four hours as needed for INDIGESTION	Not Continued
Hospital	magnesium hydroxide Oral (Milk of Magnesia) 400 mg/5 mL Suspension oral twice a day as needed for CONSTIPATION	Not Continued
Hospital	methylPREDNISolone sod suc(PF) Inj (Solu-MEDROL (PF)) 40 mg/mL Recon Soln 3.125 mL intravenous push every six hours	Continued as Home Med
Hospital	ondansetron HCl (PF) Inj 4 mg/2 mL Solution 2 mL intravenous every four hours as needed for NAUSEA/VOMITING	Not Continued
Home	ranitidine HCl 150 mg Tablet 1 tablet oral daily	
Hospital	ranitidine HCl Oral 150 mg Tablet 1 tablet oral twice a day	Continued as Home Med
Hospital	zolpidem Oral 5 mg Tablet 1 tablet oral daily at bedtime as needed for SLEEP	Not Continued
Hospital	CEFTRIAXONE 1GM + MINIBAG 50ML Intravenous Q24, Clinician Dir: STARTED 3/27	Continued as Home Med
Hospital	DEXTROSE 5% 0.9 NaCl (1000 ML bag) Intravenous @40mL/hour Over 13H	Not Continued
Hospital	LEVOFLOXACIN (PM-750) 150ML Intravenous Q24, Clinician Dir: STARTED 3/23	Continued as Home Med
Hospital	PNEUMOCOCCAL VACCINE POLYVALEN (PNEUMOVAX 23 - VIS 10.06.09) 0.5 ML = 1 VIAL Intramuscular VACCINE, GIVE ON DAY OF DISCHARGE	Not Continued

Pt Name: CAUSEY, TIMOTHY
Rm/Bed: M07-01

MRN: 1140953
Page 1 of 1

Discharge Medication List
ORE_MRC_RMRpt; Version 1.00
Generated By: EDR
Generated On: 20-Mar-13 7:58

Charge Medication Reconciliation Report

Pt Name: CAUSEY, TIMOTHY
 Pt ID: 100078635
 JOB: 1982 12:00:00AM
 Adm DTime: 3/23/2013 8:54:00PM
 Nurs Sta: Medical Intensive Care Unit
 Atty: Codeine

MRN: 1140953
 Acct No: 123737660
 Age/Sex: 50Y/M
 Atty Dr: Bamard, Mark MD
 Rm & Bed: M07-01

Hospital	PROPOFOL (Diprivan) Intravenous; Starting Dose: 5mcg/kg/min @TITRATE 1/4 Hour PRN ICU SEDATION, FOR MECHANICALLY VENTILATED PATIENTS	Not Continued
Hospital	SODIUM CHLORIDE FLUSH 3 ML = 1 EACH Intravenous PRN FLUSH	Not Continued
Hospital	SODIUM CHLORIDE FLUSH 3 ML = 1 EACH Intravenous TID	Not Continued
Hospital	VECURONIUM BROMIDE (VECURONIUM) 2 MG = 2 ML Intravenous Q1HP PRN PARALYTIC FOR VENT PATIENTS	Not Continued

Discharge Medication List

Medication

User

enoxaparin (Lovenox) 40 mg/0.4 mL Syringe 0.4 mL subcutaneous daily	Mark L Bamard, MD
methylPREDNISolone sod suc(PF) (Solu-MEDROL (PF)) 40 mg/mL Reconst Soln 3.125 mL Intravenous push every six hours	Mark L Bamard, MD
CEFTRIAXONE 1GM + MINIDAG 50ML Intravenous Q24, Clinician Dir: STARTED 3/27	
LEVOFLOXACIN (PM-750) 150ML Intravenous Q24, Clinician Dir: STARTED 3/23	
ranitidine HCl 150 mg Tablet 1 tablet oral twice a day	Mark L Bamard, MD

Stopped Home Medications

loratadine (Claritin) 10 mg Tablet 1 tablet oral daily as needed for nasal congestion

Pharmacy:

Phone#:

Fax#:

Name: CAUSEY, TIMOTHY
 Rm/Bed: M07-01

MRN: 1140953
 Page 1 of 1

Discharge Medication List
 CRE_MRC_DMR.rpt; Version 1.00
 Generated By: EDR
 Generated On: 28-Mar-13 7:58

© 2004-2013 Siemens Medical Solutions Health Services Corporation. All rights reserved.

ALLERGY REPORT

Pt Name:	CAUSEY, TIMOTHY	MRN:	1140953
Pt ID:	100878635	Acct No:	123737680
DOB:	03/29/1962	Age/Sex:	50Y/M
Adm Date:	03/29/2013	Attn Dr:	Barnard, Mark MD
Disch Date:	03/28/2013		
Entity:	McLeod Regional Medical Center		
Ox:			

Alrg Type	Alrg Name	Onset	Reaction	Severity	Comment
Drug	Codaine		Nausea/Vomiting		

Pt Name: CAUSEY, TIMOTHY
Entity: McLeod Regional Medical Center
Adm Date: 03/29/2013

MRN: 1140953
Page 1 of 1

Allergy Report
ORE_0100_OSCH.rpt, version 1.00
Generated By: Workflow
Generated On: 31-Mar-13 08:51

© 2004-2013 Siemens Medical Solutions Health Services Corporation. All rights reserved.
Crystal Reports © 1991-2013 Business Objects Software Limited. All rights reserved.
Page 1 of 1

Assessment Report

Generated from 02/23/2013 00:00 to END

Pt Name:	CAUSEY, TIMOTHY	MRN:	1140953
PLID:	100876835	Acct No:	123737860
DOB:	1982	Age/Sex:	50Y/M
Adm Date:	03/23/2013	Attn Dr:	Barnard, Mark MD
Disch Date:	03/28/2013	Nurse	
Entity:	McLeod Regional Medical Center	Station:	
Dx:		Room:	

Intake and Output						
	03/24/13 13:30	03/24/13 07:37	03/25/13 22:30	03/25/13 22:30	03/25/13 22:00	03/25/13 14:58
Collected By	Veronica S Jenkins	Brooks L Matusiewicz	Mary B Baker, RN	Mary B Baker, RN	Brooks L Matusiewicz	Jayme J Pigott
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
IV Piggy Back #1				150 cm3		
Oral	NPO					
Voided Urine	280 cm3	350 cm3	BRPx1		300 cm3	x5

Intake and Output		
	03/24/13 13:00	03/24/13 12:44
Collected By	Felicia D Matthews	Veronica S Jenkins
Clinical Note		
Status	Complete	Complete
IV Fluid #1	2011 cm3	
Oral		840 cm3
Voided Urine		BRPx3

Vitals		
Assessment Site	Complete	Collected DTime
Collected By	Veronica S Jenkins	03/26/2013 12:05
Temperature	99.3 F	Vitals
Pulse	88	Site
Respirations	22	Site
Site	Right Arm	BP
Method	Manual	Position

Vitals		
Assessment Site	Complete	Collected DTime
Collected By	Veronica S Jenkins	03/26/2013 07:58
Temperature	99.3 F	Vitals
Pulse	88	Site
Respirations	22	Site
Site	Right Arm	BP
Method	Manual	Position

Assessment Report

Generated from 02/23/2013 00:00 to END

Pt Name:	CAUSEY, TIMOTHY	MRN:	1140953
Pt ID:	100876035	Acct No:	123737680
DOB:	1962	Age/Sex:	50Y/M
Adm Date:	03/23/2013	Adm Dr:	Barnard, Mark MD
Disch Date:	03/28/2013	Nurse	
Entity:	McLeod Regional Medical Center	Station:	
Ox:		Room:	

Assessment Site	Complete	Collected DTime	03/26/2013 07:58
Collected By	Veronica S. Jenkins		
Vitals			
Temperature	98.6 F	Site	Oral
Pulse	70	Site	Radial
Respirations	20	BP	104/60
Position	Sitting	Method	Manual

Clinical Note:

Assessment Site	Complete	Collected DTime	03/26/2013 04:59
Collected By	Brooke L. Matulewicz		
Vitals			
Temperature	98.6 F	Site	Oral
Pulse	77	Site	Monitor
Respirations	22	BP	98/74
Site	Left Arm	Position	Lying
Method	Manual		

Clinical Note:

Assessment Site	Complete	Collected DTime	03/26/2013 00:01
Collected By	Mary B Baker, RN		
Vitals			
Pulse Ox (%)	99		

Clinical Note:

Assessment Site	Complete	Collected DTime	03/25/2013 23:58
Collected By	Brooke L. Matulewicz		
Vitals			
Temperature	97.6 F	Site	Oral
Pulse	82	Site	Monitor
Respirations	20	BP	102/66
Site	Left Arm	Position	Lying
Method	Manual		

Clinical Note:

Assessment Site	Complete	Collected DTime	03/25/2013 19:31

Pt Name: CAUSEY, TIMOTHY
 Entity: McLeod Regional Medical Center
 Adm Date: 03/23/2013
 © 2003-2013 Sieners Medical Solutions Health Services Corporation. All rights reserved.
 Crystal Reports © 1991-2013 Business Objects Software Limited. All rights reserved.
 Page 2 of 7

MRN: 1140953
 Page 2 of 7

Assessment Report
 ORE_0010_DSCHUp version v1.00
 Generated By: Workflow
 Generated On: 31-Mar-13 09:51

Assessment Report

Generated from 02/23/2013 00:00 to END

Pt Name:	CAUSEY, TIMOTHY	MRN:	1140853
ID:	100870835	Acct No:	123737000
DOB:	1982	Age/Sex:	50Y/M
Adm Date:	03/23/2013	Attn Dr:	Barnard, Mark MD
Disch Date:	03/28/2013	Nurse:	
Entity:	McLeod Regional Medical Center	Station:	
Dir:		Room:	

Vitals

Assessment Site	Complete	Collected DTime	03/25/2013 19:31
Collected By	Brooke L Majusiewicz		

Temperature	99.7 F	Site	Oral
Pulse	86	Site	Radial
Respirations	20	BP	132/64
Site	Left Arm	Position	Lying
Method	Manual		

Clinical Note:

Vitals

Assessment Site	Complete	Collected DTime	03/25/2013 15:49
Collected By	Jasmine J Pigott		

Temperature	102 F	Site	Oral
Pulse	95	Site	Radial
Respirations	20	BP	126/72
Site	Right Arm	Position	Lying
Method	Manual		

Clinical Note:

Vitals

Assessment Site	Complete	Collected DTime	03/25/2013 12:00
Collected By	Jasmine J Pigott		

Temperature	98.3 F	Site	Oral
Pulse	78	Site	Radial
Respirations	20	BP	130/70
Site	Right Arm	Position	Lying
Method	Manual		

Clinical Note:

Vitals

Assessment Site	Complete	Collected DTime	03/25/2013 09:00
Collected By	Jasmine J Pigott		

Temperature	102 F	Site	Oral
Pulse	91	Site	Radial
Respirations	20	BP	136/84
Site	Right Arm	Position	Lying

Pt Name: CAUSEY, TIMOTHY
Entity: McLeod Regional Medical Center
Adm Date: 03/23/2013

MRN: 1140853
Page 3 of 7

Assessment Report
ORE_0010_DSCH.rpt version v1.00

Generated By: Workflow
Generated On: 31-Mar-13 09:58 1

© 2003-2013 Siemens Medical Solutions Health Services Corporation. All rights reserved.
Crystal Reports © 1981-2013 Business Objects Software Limited. All rights reserved.
Page 3 of 7

Assessment Report

Generated from 02/23/2013 00:00 to END

Pt Name:	CAUSEY, TIMOTHY	MRN:	1140953
Pt ID:	100876035	Acct No:	128737680
DOB:	1962	Age/Sex:	50Y/M
Adm Date:	03/23/2013	Attn Dr:	Barnard, Mark MD
Disch Date:	03/28/2013	Nurse:	
Entity:	McLeod Regional Medical Center	Station:	
Ox:		Room:	

Vitals	
Assessment Site	Complete
Collected By	Jasmine J Pigott
Collected DTime	03/25/2013 08:00
Method	Manual

Clinical Note:

Vitals			
Assessment Site	Complete		
Collected By	Kay K Clavil		
Collected DTime	03/25/2013 03:30		
Method	Automated		
Temperature	98.9 F	Site	Oral
Pulse	66	Site	Radial
Respirations	20	BP	118/69
Site	Left Arm	Position	Lying

Clinical Note:

Vitals			
Assessment Site	Complete		
Collected By	Kay K Clavil		
Collected DTime	03/24/2013 23:45		
Method	Automated		
Temperature	98.6 F	Site	Oral
Pulse	67	Site	Radial
Respirations	18	BP	115/75
Site	Left Arm	Position	Lying

Clinical Note:

Vitals			
Assessment Site	Complete		
Collected By	Veronica S Jenkins		
Collected DTime	03/24/2013 17:02		
Method	Manual		
Temperature	98.7 F	Site	Oral
Pulse	80	Site	Radial
Respirations	20	BP	118/74
Site	Left Arm	Position	Lying

Clinical Note:

Vitals	

Assessment Report

Generated from 02/23/2013 00:00 to END

PI Name:	CAUSEY, TIMOTHY	MRN:	1140953
AD:	100876635	Acct No:	123737880
DOB:	1982	Age/Sex:	50Y/M
Adm Date:	03/23/2013	Attn Dr:	Barnard, Mark MD
Disch Date:	03/28/2013	Name:	
Entity:	McLeod Regional Medical Center	Station:	
Dx:		Room:	

Assessment Site	Complete	Collected DTime	03/24/2013 12:33
Collected By	Veronica S Jenkins		
Vitals			
Temperature	99 F	Site	Oral
Pulse	78	Site	Radial
Respirations	20	BP	120/76
Site	Left Arm	Position	Lying
Method	Manual		

Clinical Note:

Assessment Site	Complete	Collected DTime	03/24/2013 08:10
Collected By	Veronica S Jenkins		
Vitals			
Temperature	98.9 F	Site	Oral
Pulse	80	Site	Radial
Respirations	20	BP	122/70
Site	Left Arm	Position	Lying
Method	Manual		

Clinical Note:

Assessment Site	Complete	Collected DTime	03/24/2013 03:30
Collected By	Kay K Clevil		
Vitals			
Temperature	98.8 F	Site	Oral
Pulse	81	Site	Radial
Respirations	20	BP	120/80
Site	Left Arm	Position	Lying

Clinical Note:

Assessment Site	Complete	Collected DTime	03/24/2013 01:09
Collected By	Kay K Clevil		
Vitals			
Temperature	98.8 F	Site	Oral
Pulse	85	Site	Radial
Respirations	18	BP	110/58

Clinical Note:

Assessment Report

Generated from 02/23/2013 00:00 to END

PI Name:	CAUSEY, TIMOTHY	MRN:	1140853
PI ID:	100878835	Acct No:	123737880
DOB:	1962	Age/Sex:	50Y/M
Adm Date:	03/23/2013	Att Dr:	Barnard, Mark MD.
Disch Date:	03/28/2013	Nurse	
Entity:	McLeod Regional Medical Center	Station:	
Dx:		Room:	

Assessment Site		Complete	Collected DTime	03/23/2013 23:30
Collected By		Kay K Clevi		
Vitals				
Temperature	102.6 F	Site	Oral	
Pulse	100	Site	Radial	
Respirations	68	BP	120/61	
Clinical Notes:				

Assessment Site		Complete	Collected DTime	03/23/2013 03:30
Collected By		Kay K Clevi		
Vitals				
Temperature	99.8 F	Site	Oral	
Pulse	81	Site	Radial	
Respirations	20	BP	120/66	
Clinical Notes:				

PI Name: CAUSEY, TIMOTHY
 Entity: McLeod Regional Medical Center
 Adm Date: 03/23/2013

MRN: 1140853
 Page 6 of 7

Assessment Report
 ORE_0010_DSCHrpl version v1.00
 Generated By: Workflow
 Generated On: 31-Mar-13 08:51

© 2003-2013 Eleos Medical Solutions Health Services Corporation. All rights reserved.
 Crystal Reports © 1994-2013 Business Objects Software Limited. All rights reserved.
 Page 6 of 7

Assessment Report

Generated from 02/23/2013 00:00 to END

PI Name:	CAUSEY, TIMOTHY	MRN:	1140853
PI ID:	100876835	Acct No:	123727060
DOB:	1862	Age/Sex:	50Y/M
Adm Date:	03/23/2013	Attn Dr:	Barnard, Mark MD
Disch Date:	03/28/2013	Nurse	
Entity:	McLeod Regional Medical Center	Station:	
Ox:		Room:	

Assessment History			
Assessment Name: Vitals		Collected DateTime: 03/23/2013 23:30	
<u>Version</u>	<u>Entered Date</u>	<u>Status</u>	<u>Reason Revised</u>
Revision: 1.00	03/24/2013 02:34	Complete	wrong time
Assessment Name: Vitals		Collected DateTime: 03/23/2013 03:30	
<u>Version</u>	<u>Entered Date</u>	<u>Status</u>	<u>Reason Revised</u>
Revision: 1.00	03/24/2013 06:37	Complete	wrong time input
Assessment Name: Vitals		Collected DateTime: 03/25/2013 23:58	
<u>Version</u>	<u>Entered Date</u>	<u>Status</u>	<u>Reason Revised</u>
Revision: 1.00	03/26/2013 00:05	Complete	wrong pt information
Vitals			
Finding Name: Pulse			
<u>Current Value</u>	103	<u>User Name</u>	Brooks L. Matulewicz
<u>Entered Date</u>	03/28/2013 23:58	<u>Entered Date</u>	03/28/2013 23:58
<u>Revised Value</u>	82	<u>User Name</u>	Brooks L. Matulewicz
<u>Entered Date</u>	03/28/2013 00:05	<u>Entered Date</u>	03/28/2013 00:05
Finding Name: BP			
<u>Current Value</u>	98/62	<u>User Name</u>	Brooks L. Matulewicz
<u>Entered Date</u>	03/28/2013 23:58	<u>Entered Date</u>	03/28/2013 23:58
<u>Revised Value</u>	90/60	<u>User Name</u>	Brooks L. Matulewicz
<u>Entered Date</u>	03/28/2013 00:05	<u>Entered Date</u>	03/28/2013 00:05

Name: CAUSEY, TIMOTHY
Entity: McLeod Regional Medical Center
Adm Date: 03/23/2013

MRN: 1140853
Page 7 of 7

Assessment Report
ORE_0010_DSCH1pt version v1.00
Generated By: Workflow 85
Generated On: 31-Mar-13 08:51

© 2000-2013 Siemens Medical Solutions Health Services Corporation. All rights reserved.
Crystal Reports © 1991-2013 Business Objects Software Limited. All rights reserved.
Page 7 of 7

RADIOLOGY REPORT
MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: CAUSEY, TIMOTHY DISCHARGE DATE:
PT ACCOUNT#: 000123737660 MR/RAD#: 1140953
ACCESSION#: 5493858 CID#: 1140953

DOB: [REDACTED] 1962 AGE: 50Y

PHONE: [REDACTED]

ADDRESS: [REDACTED]

NICHOLS, SC, [REDACTED]

SEX: M RACE: W

PT CLASS: E FIN CLASS: V

PT TYPE: E PT NS/ROOM: TRIG-T26-01

DATE OF SERVICE: Mar 23 2013

6:10PM

ORDER DR: MARK A. VULETICH D.O.

ATTEND DR: ER PHYSICIAN UNASSIGNED M.D.

COPY TO:

DIAGNOSIS:

SOB, FEVER

ORDER DR: MARK A. VULETICH D.O.

ATTEND DR: ER PHYSICIAN UNASSIGNED M.D.

TRANSCRIBED D/T: Mar 23 2013 6:40PM

PROCEDURE: CHEST/2 VIEW (FRONTAL AND LAT) / ORD #: 90001 Accession#:

5493858 CPT: 71020

ORDERED FOR: Mar 23 2013 6:09PM

COMPLETED: Mar 23 2013 6:16PM

INDICATIONS/COMMENTS: COUGH

PA and lateral chest

RESULT: There are a few linear areas which are probably focal areas of scarring. This is so small as to probably be clinically insignificant.

No evidence for pneumonia. Heart size is normal. The bones are unremarkable.

CONCLUSION:

1. No significant abnormal findings.

READING DR: J SCOTT WILLIAMS M.D.

READING DATE: Mar 23 2013 6:40PM

Printed: March 23, 2013 (6:45PM)

Page 1

FLORENCE RADIOLOGICAL ASSOCIATES

PRIVILEGED AND CONFIDENTIAL: This facsimile contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

RADIOLOGY REPORT
MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: CAUSEY, TIMOTHY DISCHARGE DATE:
PT ACCOUNT#: 000123737660 MR/RAD#: 1140953
ACCESSION#: 5493858 CID#: 1140953

Final Result
ELECTRONICALLY SIGNED BY:
J SCOTT WILLIAMS M.D.
On: Mar 23 2013 6:41PM

Printed: March 23, 2013 (6:45PM)

Page 2

FLORENCE RADIOLOGICAL ASSOCIATES
PRIVILEGED AND CONFIDENTIAL: This facsimile contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

RADIOLOGY REPORT

MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: CAUSEY, TIMOTHY
PT ACCOUNT#: 000123737660
ACCESSION#: 5493913

DISCHARGE DATE:
MR/RAD#: 1140953
CID#: 1140953

DOB: [REDACTED]/1962 AGE: 50Y
PHONE: [REDACTED]
ADDRESS: [REDACTED]
NICHOLS, SC, [REDACTED]

SEX: M RACE: W
PT CLASS: E FIN CLASS: S
PT TYPE: E PT NS/ROOM: TRIG-T26-01
DATE OF SERVICE: Mar 23 2013

9:03PM
ORDER DR: MICHELLE S. BENS D.O.
ATTEND DR: MICHELLE S. BENS D.O.
COPY TO:
DIAGNOSIS:

SOB FEVER

ORDER DR: MICHELLE S. BENS D.O.
ATTEND DR: MICHELLE S. BENS D.O.
TRANSCRIBED D/T: Mar 23 2013 9:43PM
PROCEDURE: CT CHEST W CON (PE) / ORD #: 90002 Accession#: 5493913
CPT: 71260
ORDERED FOR: Mar 23 2013 8:19PM COMPLETED: Mar 23 2013 9:21PM
INDICATIONS/COMMENTS:

HISTORY: Fever. Short of breath. Evaluate pulmonary embolus.

PROCEDURE: Axially-obtained volume acquisition CT of the chest was performed with intravenous contrast. 87 ml of Omnipaque 350 were power injected. Axial, coronal, and sagittal images were reconstructed.

RESULT:

Chest: Pulmonary arteries are seen down to subsegmental branches. There are no pulmonary emboli.

Heart size is normal. Small lymph nodes are seen in the mediastinum but these are not enlarged by imaging criteria. Aorta has a normal caliber with no dissection. Peripheral linear areas are probably tiny areas of scarring or atelectasis. Minimal atelectasis left lung base. No evidence for pneumonia.

CONCLUSION:

Printed: March 23, 2013 (9:53PM)

Page 1

FLORENCE RADIOLOGICAL ASSOCIATES
PRIVILEGED AND CONFIDENTIAL: This facsimile contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

RADIOLOGY REPORT
MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: CAUSEY, TIMOTHY

DISCHARGE DATE:

PT ACCOUNT#: 000123737660

MR/RAD#: 1140953

ACCESSION#: 5493913

CID#: 1140953

1. No pulmonary emboli.

READING DR: J SCOTT WILLIAMS M.D.
READING DATE: Mar 23 2013 9:43PM

Final Result
ELECTRONICALLY SIGNED BY:
J SCOTT WILLIAMS M.D.
On: Mar 23 2013 9:48PM

Printed: March 23, 2013 (9:53PM)

Page 2

FLORENCE RADIOLOGICAL ASSOCIATES
PRIVILEGED AND CONFIDENTIAL: This facsimile contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

DISCHARGE DATE:
MR/RAD#: 1140953
CID#: 1140953

Final Result
ELECTRONICALLY SIGNED BY:
J SCOTT WILLIAMS M.D.
On: Mar 24 2013 5:23PM

Page 2

Page 2

FLORENCE RADIOLOGICAL ASSOCIATES

PRIVILEGED AND CONFIDENTIAL: This facsimile contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS
WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER
DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE
PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

RADIOLOGY REPORT
MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: CAUSEY, TIMOTHY
PT ACCOUNT#: 000123737660
ACCESSION#: 5497657

DISCHARGE DATE:
MR/RAD#: 1140953
CID#: 1140953

DOB: [REDACTED]/1962 AGE: 50Y
PHONE: [REDACTED]
ADDRESS: [REDACTED]
NICHOLS, SC, [REDACTED]

SEX: M RACE: W
PT CLASS: I FIN CLASS: V
PT TYPE: I PT NS/ROOM: MICU-M07-01
DATE OF SERVICE: Mar 27 2013

7:00AM

ORDER DR: JAMIE H. CUNNINGHAM F.N.P.
ATTEND DR: MARK L BARNARD M.D.
COPY TO:
DIAGNOSIS:

HYPOXEMIA ACUTE LUNG INJU RY

ORDER DR: JAMIE H. CUNNINGHAM F.N.P.
ATTEND DR: MARK L BARNARD M.D.
TRANSCRIBED D/T: Mar 27 2013 7:15AM
PROCEDURE: CHEST/1VIEW (PA AP PORT) / ORD #: 90004 Accession#: 5497657 CPT: 71010
ORDERED FOR: Mar 27 2013 6:51AM COMPLETED: Mar 27 2013 7:14AM
INDICATIONS/COMMENTS: Respiratory Distress Syndrome

INDICATION: respiratory distress

RESULT: Portable chest compared to March 24. Interval development of bilateral infiltrates. There is some volume loss in the right upper lobe suggesting a component of atelectasis in addition to pneumonia or pulmonary edema

CONCLUSION: See above

READING DR: SCOTT H. ALLEN M.D.
READING DATE: Mar 27 2013 7:15AM

Final Result

ELECTRONICALLY SIGNED BY:

Printed: March 27, 2013 (7:24AM)

Page 1

FLORENCE RADIOLOGICAL ASSOCIATES

PRIVILEGED AND CONFIDENTIAL: This facsimile contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

01/27/2013 14:00 EPOCH 3/27/2013 CHL 071 1 RR0001
RADIOLOGY REPORT
MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: CAUSEY, TIMOTHY DISCHARGE DATE:
PT ACCOUNT#: 000123737660 MR/RAD#: 1140953
ACCESSION#: 5497657 CID#: 1140953

SCOTT H. ALLEN M.D.
On: Mar 27 2013 7:17AM

Printed: March 27, 2013 (7:24AM)

Page 2

FLORENCE RADIOLOGICAL ASSOCIATES
PRIVILEGED AND CONFIDENTIAL: This facsimile contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

RADIOLOGY REPORT
MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: CAUSEY, TIMOTHY
PT ACCOUNT#: 000123737660
ACCESSION#: 5498866

DISCHARGE DATE:
MR/RAD#: 1140953
CID#: 1140953

DOB: [REDACTED]/1962 AGE: 50Y
PHONE: [REDACTED]
ADDRESS: [REDACTED]
NICHOLS, SC, [REDACTED]

SEX: M RACE: W
PT CLASS: I FIN CLASS: V
PT TYPE: I PT NS/ROOM: MICU-M07-01
DATE OF SERVICE: Mar 28 2013

12:52AM
ORDER DR: JAMIE H. CUNNINGHAM F.N.P.
ATTEND DR: MARK L BARNARD M.D.
COPY TO:
DIAGNOSIS:

HYPOXEMIA ACUTE LUNG INJU RY

ORDER DR: JAMIE H. CUNNINGHAM F.N.P.
ATTEND DR: MARK L. BARNARD M.D.
TRANSCRIBED O/T: Mar 28 2013 8:11AM
PROCEDURE: CHEST POST PROCEDURE / ORD #: 90006 Accession#: 5498866
CPT:
ORDERED FOR: Mar 28 2013 12:52AM COMPLETED: Mar 28 2013 1:21AM
INDICATIONS/COMMENTS: ETT Placement

Portable supine chest compared to the study from yesterday.

RESULT:

The endotracheal tube is adequate in position in the trachea. EKG leads are noted overlying the chest.

Airspace opacity in the lungs could be pneumonia or pulmonary edema.

The findings have progressed since the prior study.

CONCLUSION:

1. Intubation.

READING DR: J SCOTT WILLIAMS M.D.
Printed: March 28, 2013 (8:18AM)

FLORENCE RADIOLOGICAL ASSOCIATES

Page 1

PRIVILEGED AND CONFIDENTIAL: This facsimile contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

RADIOLOGY REPORT

MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: CAUSEY, TIMOTHY

DISCHARGE DATE:

PT ACCOUNT#: 000123737660

MR/RAD#: 1140953

ACCESSION#: 5498866

CID#: 1140953

READING DATE: Mar 28 2013 8:11AM

Final Result

ELECTRONICALLY SIGNED BY:

J SCOTT WILLIAMS M.D.

On: Mar 28 2013 8:11AM

Printed: March 28, 2013 (8:18AM)

Page 2

FLORENCE RADIOLOGICAL ASSOCIATES

PRIVILEGED AND CONFIDENTIAL: This facsimile contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

RADIOLOGY REPORT
MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: CAUSEY, TIMOTHY
PT ACCOUNT#: 000123737660
ACCESSION#: 5498699

DISCHARGE DATE:
MR/RAD#: 1140953
CID#: 1140953

DOB: [REDACTED] 1962 AGE: 50Y
PHONE: [REDACTED]
ADDRESS: [REDACTED]
NICHOLS, SC, [REDACTED]

SEX: M RACE: W
PT CLASS: I FIN CLASS: V
PT TYPE: I PT NS/ROOM: MICU-W07-01
DATE OF SERVICE: Mar 28 2013

5:06AM
ORDER DR: MARK L BARNARD M.D.
ATTEND DR: MARK L BARNARD M.D.
COPY TO:
DIAGNOSIS:

HYPOXEMIA ACUTE LUNG INJU RY

ORDER DR: MARK L BARNARD M.D.
ATTEND DR: MARK L BARNARD M.D.
TRANSCRIBED D/T: Mar 28 2013 8:35AM
PROCEDURE: CHEST/1VIEW (PA AP PORT) / ORD #: 90007 Accession#: 5498699 CPT: 71010
ORDERED FOR: Mar 28 2013 4:58AM COMPLETED: Mar 28 2013 5:10AM
INDICATIONS/COMMENTS: Et tube placement

Supine portable chest compared to the study from 3 hours ago in
RESULT: The study was obtained to evaluate repositioning of the ET tube.
The endotracheal tube is adequate in position in the trachea. The enteric
tube extends into the upper abdomen.
Airspace opacity bilaterally could be pneumonia or pulmonary edema. No
change from prior study.

CONCLUSION:
1. Adequate ET tube placement.

READING DR: J SCOTT WILLIAMS M.D.
READING DATE: Mar 28 2013 8:35AM
Printed: March 28, 2013 (8:44AM)

FLORENCE RADIOLOGICAL ASSOCIATES

Page 1

PRIVILEGED AND CONFIDENTIAL: This facsimile contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

RADIOLOGY REPORT

MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: CAUSEY, TIMOTHY
PT ACCOUNT#: 000123737660
ACCESSION#: 5498899

DISCHARGE DATE:

MR/RAD#: 1140953
CID#: 1140953

Final Result
ELECTRONICALLY SIGNED BY:
J SCOTT WILLIAMS M.D.
On: Mar 28 2013 8:36AM

Printed: March 28, 2013 (8:44AM)

FLORENCE RADIOLOGICAL ASSOCIATES

Page 2

PRIVILEGED AND CONFIDENTIAL: This facsimile contains privileged and confidential information. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone.

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU, IT CAME FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. ANY FURTHER DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

MRMC LABORATORY
555 E CHEVES ST.
LORENCE, SC 29501
843) 777-2078

NAME: CAUSEY, TIMOTHY
LOC: MICU ROOM: M07-01

***** HEMATOLOGY *****

DAY:	6	5	4	3	REF RANGE	
DATE:	03/28/13	03/27/13	03/26/13	03/25/13		
TIME:	00430	0320	0345	1604	0405	
LOC:	MICU	MICU	10ST	10ST	10ST	
WBC	6.56	7.12	6.37	6.69	6.01	4.8-10.8
RBC	3.67 L	4.17 L	4.33 L	4.40 L	4.37 L	4.7-6.1
HGB	10.9 L	12.6 L	13.0 L	13.1 L	12.7 L	14-18
HCT	32.0 L	36.0 L	37.1 L	37.1 L	37.1 L	42-52
MCV	87.2	86.3	85.7	84.3	84.9	80-95
MCH	29.7	30.2	30.0	29.8	29.1	27-32
MCHC	34.1	35.0	35.0	35.3	34.2	32-36
RDW	12.7	12.7	12.7	12.5	12.7	11.5-14.5
PLT	165	182	130 L	133 L	111 L	150-450
AB NEUT		6.34	5.41	5.95	5.23	1.9-7.6
AB LYMP		0.71 L	0.70 L	0.60 L	0.72 L	1.1-4.8
AB MONO		0.07 L	0.25	0.13 L	0.06 L	0.2-1.5
AB EOS		0.00	0.00	0.00	0.00	0.0-0.5
AB BASO		0.00	0.00	0.00	0.00	0.0-0.2
NEUT		77 H	74 H	64	43	40-64
LYMPH		10 L	11 L	9 L	12 L	22-44
MONO		1 L	4	2 L	1 L	4-14
EOS		0	0	0	0	0-5
BASO		0	0	0	0	0-2
AND		12 H	11 H	25 H	44 H	0-6
ANC		NORMAL	1+ ANISO	NORMAL	NORMAL	MORPH
		NORMAL	NORMAL	NORMAL	NORMAL	MORPH
		NORMAL	NORMAL	NORMAL	NORMAL	MORPH

----- HEMATOLOGY -----

DAY:	2	1
DATE:	03/24/13	03/23/13
TIME:	0645	1930
LOC:	10ST	TRIG
WBC	1.49 P	2.18 L
	(a)	
	(b)	
RBC	4.40 L	4.76
HGB	13.0 L	14.3
HCT	37.3 L	40.6 L
MCV	84.8	85.3
MCH	29.5	30.0
MCHC	34.9	35.2
RDW	12.9	12.9
PLT	92 L	110 L
AB NEUT	1.06 L	1.46 L
AB LYMP	0.43 L	0.61 L
AB MONO	0.00 L	0.11 L
AB EOS	0.00	0.00
AB BASO	0.00	0.00
NEUT	49	67 H
LYMPH	29	28

---FOOTNOTES---

(a) This result has been called to FELICIA MATTHEWS by Debra Ki
(b) ng on 03.24.13 at 09:28, and has been read back.

PT NO: 000123737660
MRD REC NO: 01-14-09-53
DISC. DATE: 03/28/2013

PHYS: BARNARD, MARK
NAME: CAUSEY, TIMOTHY
DISCHARGE REPORT

PRINTED: 03/28/2013
20:00

PAGE: 1

MRMC LABORATORY
555 E CHEVES ST.
FLORENCE, SC 29501
(843) 777-2078

NAME: CAUSEY, TIMOTHY
LOC: MICU ROOM: M07-01

----- HEMATOLOGY -----

DAY:	2	1
DATE:	03/24/13	03/23/13
TIME:	0645	1930
LOC:	10ST	TRIG
MONO	0 L	5
EOS	0	0
BASO	0	0
BAND	22 H	
RBC	NORMAL	NORMAL
WBC	1+ TOX GRAN	NORMAL
PLT	NORMAL	NORMAL

***** PERIPHERAL SMEAR FOR EVALUATION *****

03/23/13
1930 PERIPHERAL SMEAR EVAL SRK PATHOLOGIST REPORT

***** ESR/RETIC***NOTE**New Normal Range 08/02/12 *****

DAY: 4
DATE: 03/26
TIME: 0345
LOC: 10ST

REF RANGE

12

0-20 MM/HR

TR NO: 000123737660
MRD REC NO: 01-14-09-53
DISC. DATE: 03/28/2013

PHYS: BARNARD, MARK
NAME: CAUSEY, TIMOTHY
DISCHARGE REPORT

PRINTED: 03/28/2013
20:00

PAGE: 2

99

MRMC LABORATORY
455 E CHEVES ST.
LORENCE, SC 29501
943) 777-2078

NAME: CAUSEY, TIMOTHY
LOC: MICU ROOM: M07-01

***** ROUTINE URINALYSIS *****

DAY:	2	03/24/13	REF RANGE
DATE:		1751	
TIME:		10ST	
LOC:			
COLOR	YELLOW	YEL	
APPEARANCE	CLEAR	CLEAR	
SG	1.025	1.003-1.040	
PH	6.0	4.5-7.5	
PROTEIN	30 *	NEG	MG/DL
GLUCOSE	>1000 *	NEG	MG/DL
KETONE	TRACE *	NEG	MG/DL
BILIRUBIN	NEGATIVE	NEG	MG/DL
BLOOD	NEGATIVE	NEG	MG/DL
UETRATE	1.0	0.1-1.0	BU/DL
URO	NEGATIVE	NEG	
LEUKOCYTES	0-1	0	/HPF
RBC	0-1	0-1	/HPF
EPITHELIAL	0-1		

T NO: 000123737660

PHYS: BARNARD, MARK

PRINTED: 03/28/2013
20:00

MED REC NO: 01-14-09-53

NAME: CAUSEY, TIMOTHY

PAGE: 3

DISC. DATE: 03/28/2013

DISCHARGE REPORT

100

MRMC LABORATORY
555 E CHEVES ST.
FLORENCE, SC 29501
(843) 777-2078

NAME: CAUSEY, TIMOTHY
LOC: MICU ROOM: M07-01

***** HIV *****

DAY: 3 03/25/13 REF RANGE
DATE: 2119
TIME: 10ST
LOC:

HIV NEGATIVE
HIV INTERPRETATION <0.90 Negative
Specimen negative for Anti-HIV1 and Anti-HIV2.

***** CHEMISTRY PROFILE *****

DAY:	6	5	4	3	REF RANGE	
DATE:	03/28/13	03/27/13	03/26/13	03/25/13		
TIME:	0430	0515	0345	0405		
LOC:	MICU	MICU	10ST	10ST		
SODIUM	131 L	135	134 L		135-145	MMOL/L
POTASSIUM	4.3	4.0	3.9		3.5-5.0	MMOL/L
CHLORIDE	96 L	98	98		98-109	MMOL/L
CO2	29	30	28		27-32	MMOL/L
GLUCOSE	177 H	157 H	147 H		75-110	MG/DL
BUN	23 H	22 H	18		9-20	MG/DL
CREATININE	0.81	0.70	0.90	0.60 L	0.66-1.25	mg/dl
BUN/CREAT RATIO	29	29	22			
CALCIUM	7.2 L	7.7 L	8.4		8.4-10.2	MG/DL
TOTAL PROTEIN					6.3-8.2	GM/DL
ALBUMIN					3.5-5.0	GM/DL
BILIRUBIN					0.1-1.2	MG/DL
ALK PHOS					40-180	U/L
SGOT					17-59	U/L
SGPT					21-72	U/L

----- CHEMISTRY PROFILE -----

DAY:	2	1
DATE:	03/24/13	03/23/13
TIME:	0645	1930
LOC:	10ST	TRIG
SODIUM	135	134 L
POTASSIUM	4.3	4.1
CHLORIDE	102	96 L
CO2	23 L	29
GLUCOSE	170 H	101
BUN	11	9
CREATININE	0.82	1.00
BUN/CREAT RATIO	14	9
CALCIUM	7.7 L	8.6
TOTAL PROTEIN		6.9
ALBUMIN		3.6
T. BILIRUBIN		0.5
ALK PHOS		65
SGOT		39
SGPT		44

CT NO: 000123737660 PHYS: BARNARD, MARK
MRD REC NO: 01-14-09-53 NAME: CAUSRY, TIMOTHY
DISC. DATE: 03/28/2013 DISCHARGE REPORT

PRINTED: 03/28/2013
20:00

PAGE: 4

101

MRMC LABORATORY
55 E CHEVES ST.
LORENCE, SC 29501
843) 777-2078

NAME: CAUSEY, TIMOTHY
LOC: MICU ROOM: M07-01

***** POINT OF CARE TESTING *****

DAY:	6	03/28/13	REF RANGE
DATE:	@0423		
TIME:	MICU		
LOC:			
PH POC	7.42	7.35-7.45	
PCO2 POC	45	35-45	mmHg
P2 POC	73 L	80-100	mmHg
PCO2 POC	30.0	22-31	mmol/L
PCO3 POC	28.8	22-30	mmol/L
BEcf	4		mmol/L
BEcf (-) POC			mmol/L
P2 SAT POC	95	95-100	%
SAMPLE	ARTERIAL		
SITE	Right Radial Artery		
P2 METHOD OF DELIVERY	MECHANICAL VENTILLATION		
LITER PER MIN			
TIDAL VOLUME	500		
SET RATE	16		
PEAK INSP PRESSURE	10		
INSP POS AIRWAY PRESSURE			
EXP POS AIRWAY PRESSURE			
MODE	VOLUME SIMV		
PEEP	5		
FIO2	100		

***** POINT OF CARE TESTING *****

DAY:	6	03/28/13
DATE:	@0152	@0018
TIME:	MICU	MICU
LOC:		
PH POC	7.21 L	7.49 H
PCO2 POC	78 H	36
P2 POC	75 L	57 L
PCO2 POC	33.0 H	28.0
PCO3 POC	31.0 H	27.2
BEcf	3	4
P2 SAT POC	90 L	91 L
SAMPLE	ARTERIAL	ARTERIAL
SITE	Left Radial Artery	Right Radial Artery
P2 METHOD OF DELIVERY	MECHANICAL VENTILLATION	BILEVEL POS AIRWAY PRESSURE
TIDAL VOLUME	500	
SET RATE	12	10
PEAK INSP PRESSURE	10	
INSP POS AIRWAY PRESSURE		10.0
EXP POS AIRWAY PRESSURE		5.0
MODE	VOLUME SIMV	
PEEP	5	
FIO2	100	60

T NO: 000123737660

PHYS: BARNARD, MARK

PRINTED: 03/28/2013
20:00

MED REC NO: 01-14-09-53

NAME: CAUSEY, TIMOTHY

PAGE: 5

DISC. DATE: 03/28/2013

DISCHARGE REPORT

102

MRMC LABORATORY
555 E CHEVES ST.
FLORENCE, SC 29501
(843) 777-2078

NAME: CAUSEY, TIMOTHY
LOC: MICU ROOM: M07-01

POINT OF CARE TESTING

	2	1
DAY:	03/24/13	03/23/13
DATE:	0427	2005
TIME:	10ST	TRIG
LOC:		
pH POC	7.42	7.47 H
PCO2 POC	38	31 L
O2 POC	83	60 L
TCO2 POC	26.0	24.0
HCO3 POC	24.5	22.7
BEecf	0	
BEecf(-) POC		1
O2 SAT POC	96	92 L
SAMPLE	ARTERIAL	ARTERIAL
SITE	Right Radial Artery	Right Radial Artery
O2 METHOD OF DELIVERY	NASAL CANNULA	ROOM AIR
LITER PER MIN	2.0	

***** ELECTROLYTES *****

	2	1	REF RANGE
DAY:	03/24	03/23	
DATE:	0645	1930	
TIME:	10ST	TRIG	
LOC:			
DIUM			135-145 MMOL/L
ASSIUM			3.5-5.0 MMOL/L
ORIDE			98-109 MMOL/L
CO2			27-32 MMOL/L
GLUCOSE			75-110 MG/DL
BUN			9-20 MG/DL
CREATININE			0.66-1.25 MG/DL
MAGNESIUM	2.1 H	1.3 L	1.4-2.0 MEQ/L
PHOSPHORUS	3.6		2.5-4.5 MG/DL

***** ESTIMATED GLOMERULAR FILTRATION RATE *****

	6	5	4	3	2	1	REF RANGE
DAY:	03/28	03/27	03/26	03/25	03/24	03/23	
DATE:	0430	0515	0345	0405	0645	1930	
TIME:	MICU	MICU	10ST	10ST	10ST	TRIG	
LOC:							
eGFR	104	110	99	117	103	87	mL/min/1.73m2
CKDGFRC	CKDGFRC	CKDGFRC	CKDGFRC	CKDGFRC	CKDGFRC	CKDGFRC	

---FOOTNOTES---

CKDGFRC eGFR is now being calculated using the recent CKDRI equation. This is a better predictor of chronic kidney disease and is validated for values above 60.

CT NO: 000123737660
MED REC NO: 01-14-09-53
DISC. DATE: 03/28/2013

PHYS: BARNARD, MARK
NAME: CAUSEY, TIMOTHY
DISCHARGE REPORT

PRINTED: 03/28/2013
20:00

PAGE: 6

103

MEMC LABORATORY
555 E CHEVES ST.
LORENCE, SC 29501
(843) 777-2078

NAME: CAUSEY, TIMOTHY
LOC: MICU ROOM: M07-01

***** MISCELLANEOUS CHEMISTRY *****

DATE: {-----03/23/13-----}
TIME: 2039 2038 REF RANGE
LOC: TRIG TRIG
LACTIC ACID 1.8 0.7-1.9 mmol/L
CARBOXYHEMOGLOBIN 0.0 <1.5 8

***** PROCALCITONIN *****

03/26/13
0345 PROCALCITONIN
PCT 0.20
(NOTE)

PCT < or = 0.5 ng/mL
Systemic infection (sepsis) is not likely.
Local bacterial infection is possible.

Caution: PCT Levels below 0.5 ng/mL do not exclude an infection, because localized infections (without systemic signs) may be associated with such low levels.

If PCT is measured very early after a bacterial challenge (usually < 6 hours), these values may still be low. In this case, PCT should be re-assessed 6-24 hours later.

PCT > 0.5 and < or = 2.00 ng/mL
Systemic infection (sepsis) is possible, but other conditions are known to elevate PCT, as well.

PCT > 2.0 ng/mL
Systemic infection (sepsis) is likely, unless other causes are known.

PCT > or = 10.0 ng/mL
Important systemic inflammatory response, almost exclusively due to severe bacterial sepsis or septic shock.

***** LIPID TESTING *****

03/28/13
0500 TRIGLYCERIDE 119 {40-160} MG/DL

***** COLLAGEN VASCULAR TESTING *****

03/26/13
0345 C-REACTIVE PROTEIN H 5.0 {0-1.0} mg/dL

T NO: 000123737660
MED REC NO: 01-14-09-53
DISC. DATE: 03/28/2013

PHYS: BARNARD, MARK
NAME: CAUSEY, TIMOTHY
DISCHARGE REPORT

PRINTED: 03/28/2013
20:00

PAGE: 7

104

MRMC LABORATORY
555 E CHEVES ST.
FLORENCE, SC 29501
(843) 777-2078

NAME: CAUSEY, TIMOTHY
LOC: MICU ROOM: M07-01

***** BLOOD CULTURES *****
Collected 03/27/2013 BLOOD CULTURE Status PRELIMINARY Specimen Number W47364
@ :0330

SOURCE: BLOOD
SPECIAL REQUESTS: Levaguin

CULTURE RESULTS: NO GROWTH 1 DAY

Collected 03/27/2013 BLOOD CULTURE Status PRELIMINARY Specimen Number W47363
@ :0320

SOURCE: BLOOD
SPECIAL REQUESTS: Levaguin

CULTURE RESULTS: NO GROWTH 1 DAY

Collected 03/23/2013 BLOOD CULTURE Status PRELIMINARY Specimen Number S46014
@ :2035

SOURCE: BLOOD
SPECIAL REQUESTS: RARM

CULTURE RESULTS: NO GROWTH 5 DAYS

Collected 03/23/2013 BLOOD CULTURE Status PRELIMINARY Specimen Number S46013
@ :1930

SOURCE: BLOOD
SPECIAL REQUESTS: LAC

CULTURE RESULTS: NO GROWTH 5 DAYS

***** URINE CULTURES *****
Collected 03/24/2013 URINE CULTURE Status FINAL 03/26/2013 Specimen Number X25310
@ :1808

SOURCE: CLEAN CATCH URINE

COLONY COUNT: NO COLONIES PRESENT

CULTURE RESULTS: NO GROWTH 2 DAYS

***** RESPIRATORY CULTURES *****
Collected 03/28/2013 RESPIRATORY CULTURE Status PRELIMINARY Specimen Number H48309
@ :0110

SOURCE: ET ASPIRATE

GRAM STAIN: 3+ WHITE BLOOD CELLS
1+ GRAM POSITIVE BACILLI

CULTURE RESULTS: PEND

Collected 03/25/2013 RESPIRATORY CULTURE Status FINAL 03/27/2013 Specimen Number M78746
@ :0722

SOURCE: SPUTUM

<< CONTINUED ON NEXT PAGE >>

ACT NO: 000123737660
MED REC NO: 01-14-09-53
DISC. DATE: 03/28/2013

PHYS: BARNARD, MARK
NAME: CAUSEY, TIMOTHY
DISCHARGE REPORT

PRINTED: 03/28/2013
20:00

PAGE: 8

105

MRMC LABORATORY
55 E CHEVES ST.
LORENCE, SC 29501
(843) 777-2078

NAME: CAUSEY, TIMOTHY
LOC: MICU ROOM: M07-01

***** RESPIRATORY CULTURES (CONTINUED) *****
<< ACC. NO: M78746 - CONTINUED FROM PREVIOUS PAGE >>

Collected 03/25/2013 :0722 RESPIRATORY CULTURE Status FINAL 03/27/2013 Specimen Number M78746

SOURCE: SPUTUM

GRAM STAIN: CLASS 3-SALIVA/EXPECTORATE
3+ GRAM POSITIVE BACILLI
3+ GRAM NEGATIVE BACILLI
2+ GRAM POSITIVE COCCI IN PAIRS

CULTURE RESULTS: NORMAL FLORA OF UPPER RESPIRATORY TRACT

***** AFB CULTURES *****
Collected 03/27/2013 :0645 AFB CULTURE Status PRELIMINARY Specimen Number W47579

SOURCE: SPUTUM

ACID FAST SMEAR: NO ACID FAST BACILLI SEEN

CULTURE RESULTS: PRND

CT NO: 000123737660
MED REC NO: 01-14-09-53
DISC. DATE: 03/28/2013

PHYS: BARNARD, MARK
NAME: CAUSEY, TIMOTHY
DISCHARGE REPORT

PRINTED: 03/28/2013
20:00

PAGE: 9

106

MRMC LABORATORY
55 E CHEVES ST.
LORENCE, SC 29501
(843) 777-2078

NAME: CAUSEY, TIMOTHY
LOC: MICU ROOM: M07-01

***** MICROBIOLOGY MISCELLANEOUS *****
Collected 03/23/2013 :2117 INFLUENZA A ANTIGEN FINAL 03/23/2013 Status Specimen Number S46170
SOURCE: NASOPHARYNGEAL
INFLUENZA A: NEGATIVE
Collected 03/23/2013 :2117 INFLUENZA B ANTIGEN FINAL 03/23/2013 Status Specimen Number S46171
SOURCE: NASOPHARYNGEAL
INFLUENZA B: NEGATIVE
Collected 03/23/2013 :1930 MYCOPLASMA PNEUMONIA Status Specimen Number A23733
MYCOPLASMA PNEUMONIAE: NEGATIVE

***** PERFORMED BY REFERENCE LAB *****

03/23/13
1930 CYANIDE
CYAN
<0.1
Reference range: <0.1
Unit: mg/L
(NOTE)
Test Performed by Quest, Chantilly.
Quest Diagnostics Nichols Institute.
14225 Newbrook Drive, Chantilly, VA 20151
Kenneth Sisco, M.D., Ph.D., Director of Laboratories
(703) 802-6900, CLIA 49D0221801

***** CANCELLED TESTS *****

03/28/13 0725 CANCELLED: ANA IFA W RBEI TITER AND PATTERN
REASON: Cancelled by HIS
03/28/13 0725 CANCELLED: RHEUMATOID FACTOR
REASON: Cancelled by HIS
03/28/13 0549 CANCELLED: TRIGLYCERIDE
REASON: DUPLICATE REQUEST
03/28/13 0500 CANCELLED: CREATININE, CBC
REASON: DUPLICATE REQUEST
03/27/13 0320 CANCELLED: BASIC METABOLIC PANEL
REASON: HEMOLYSIS PRESENT
03/25/13 0500 CANCELLED: CREATININE, CBC
REASON: DUPLICATE REQUEST

CT NO: 000123737660 PHYS: BARNARD, MARK
MRD REC NO: 01-14-09-53 NAME: CAUSEY, TIMOTHY
DISC. DATE: 03/28/2013 DISCHARGE REPORT

PRINTED: 03/28/2013
20:00

PAGE: 10

107



MUSC Health
Medication Reconciliation Database
Admission Documentation
Page 1 of 1



HIGPHYS



P:104780796 DOB: 11/02/71 W M
CAUSEY
TIMOTHY
Adm: 03/28/13 M: 2684266

Patient Name
MRN

PATIENT INFORMATION LABEL

Form Origination Date: 7/00
Version: 9

Version Date: 2/12

PROHIBITED ABBREVIATIONS: qd, qid, U, IU, MS, MS04, MgSO4, ug, drug names.
Do not write a whole number with a trailing zero. Do not write a decimal point without a leading zero.

Ht (cm): _____ Wt (kg): _____

ALLERGIES / REACTIONS (specify any medication, food, or product & the type of reaction) ☐ None

HOME MEDICATIONS: ☒ No home meds

Continue on admission	Home Medication Name	Dose	Route	Frequency	Prescriber / Telling	Last Dose (Date & Time)
Yes	No					
☐	☒	ASA	162mg	By mouth	qd	
☐	☒	Lovenox	40mg	SQ	qd	
☐	☐	Solumedrol	120mg	IV	q6h	(first dose 3/28 @ 8am)
☐	☒	Zantac	150mg	By mouth	bid	
☐	☐	Rocephin	1g	IV	Q24H	(first dose 3/27 @ 02:45) 3/28 @ 02:15
☐	☐	Levaquin	750mg	IV	q24h	(first dose 3/23 @ 22:00) 3/27 @ 22:58
☐	☒	D5W 0.9NaCl	100ml	IV	contin	3/28 @ 05:30
☐	☒	APAP	1g	By mouth	q6h prn	
☐	☒	Benadryl	12.5mg	Rectal	q6h prn	
☐	☒	Ibuprofen	400mg	By mouth	q6h prn	
☐	☒	Xopenex	1.25mg	Inhaled	q6h prn	
☐	☒	Maalox	30ml	By mouth	q4h prn	Indigestion
☒	☐	magnesium hydroxide	30ml	By mouth	BID prn	constipation
☒	☐	Zofran	4mg	IV	q4h prn	
☐	☒	Vecuronium	2mg	IV	q1h pr	(given 3/28 @ 01:12)
☐	☒	Ambien	5mg	By mouth	qhs prn	

UNIT STAFF: FAX TO PHARMACY

Signature _____

Date _____ Time _____ AM/PM

Physician Signature _____

Page ID _____

Date _____

Time _____

AM/PM

Copy to Orders section of Medical Record

OTE 900530 Rev. 2/12

☒ Propofol100ml
(6mg/kg/min)

given @ 3/28 07:00

MUSC Health



Adult Inpatient History and Physical Form
 HISPHYS
 Page 1 of 7

Form Origination Date: 1990
 Version: 8

Version Date: 03/12

Patient Name
 MRN

PATIENT IDENTIFICATION LABEL

Link to SC HOME JSC Physicians/Provider Lookup

MUSC Entry Method: ☐ Home ☐ ED ☐ Clinic ☒ Outside Hospital McCloud
 (print first and last names)
 Referring Physician / Provider: _____
 (print first and last names)
 Referring Physician / Provider: _____
 (print first and last names)
 Primary Care Physician / Provider: None
 (print first and last names)
 Chief Complaint (Use patient's own words):
 Acute respiratory failure and ARDS

HISTORY OF PRESENT ILLNESS:

Mr. Causey is a 50y/o male with no past medical hx who presents from OSH with acute respiratory failure and concern for ARDS. Pt works with the Nichol's Sheriff Dept and has recently been working around the forest and apt fire in Myrtle Beach. He spent roughly 3 days (12hrs/day) around smoke inhalation last week. A few days prior to OSH admission, pt developed fevers, URI symptoms, and shortness of breath. In McCloud ED on 3/23, pt with hypoxemia with PaO2 60 and PaO2/FiO2 ratio of 286. Initial CXR clear. CT PE performed without evidence of PE or other pathology. Labs with WBC 6 but 40% bands. He was admitted to floor on nasal cannula. Over next few days, pt with increasing O2 requirements. CXR on 3/26 with pulmonary edema. On 3/27, pt started on BiPAP. Because of worsening hypoxia, pt was intubated this AM. CXR prior to transfer with diffuse bilateral infiltrates concerning for ARDS. OSH vent settings included 18/500/10/100FiO2. Procalcitonin was 0.2.
 On transfer, pt paralyzed and started on Versed gtt

PAST MEDICAL HISTORY:

1. PNA- 6yrs ago
2. Finger fx

PAST SURGICAL HISTORY:

1. Finger fracture surgery

ALLERGIES: Codeine-rxn unknown

MEDICATIONS: All medications, doses, and frequencies of administration must be listed including: prescription meds, OTC meds, transdermal patches, herbs, dietary supplements, oxygen therapy, and if patient from outside hospital, all medications given within 24 hours prior to MUSC admission.

☒ Medication Reconciliation form(s) completed & placed in discharge section of chart (if box is checked, per hospital policy, it is sufficient to document on medication reconciliation form rather than on H&P.)
 on_all_docs_Historyphysical

OTE 700019 Rev. 03/12

Sent: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 2 of 8

109



Adult Inpatient History and Physical Form

Form Origination Date: 1890
Version: 8

Version Date: 03/12

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

Social History: Lives with wife and daughter in Nichols SC. Works for Sheriff's Dept. 30pack yr hx of smoking but quit 7yrs ago.

	Yes	No	Quit	Type	Amount & Duration	Last Used	Cessation Counseling (if current or used in past year)
Tobacco	☐	☐	☒	☐ Cigarettes ☐ Cigars ☐ Pipe ☐ Smokeless tobacco Age started _____ Age quit _____	30pack yr		☐ I have counseled patient on the harmful effects of smoking and have offered smoking cessation advice. ☐ I have counseled patient on alcohol abuse and have offered cessation advice. ☐ I have counseled patient on drug abuse and have offered cessation advice.
Alcohol	☐	☒	☐				
Drug	☐	☒	☐	☐ Marijuana ☐ Cocaine ☐ _____			

FAMILY HISTORY:
Mom- DM and HTN
Dad- HTN

SYSTEM	WHILE IN PT	EXPLANATION OF ABNORMAL FINDINGS (If underlying diagnosis or procedure with PMH or PMH)
General	☐	
Psychiatric	☐	☐ Self harm / suicidal intent ☐ Delirium (If yes, describe each in physician exam)
Skin	☐	
Head, Scalp, Hair	☐	
Eyes / Ears	☐	☐ Corrective lenses (glasses or contacts)
Nose & Sinus	☐	☐ Dentures
Mouth, Throat, Neck	☐	☐ Straining precautions
Breasts	☐	
Respiratory	☐	☐ Home oxygen ☐ Asthma ☐ LDL value _____ (mmHg 12 months) ☐ Ejection fraction value _____ %
Cardiovascular	☐	
Peripheral Vascular	☐	
Gastrointestinal	☐	
Genitourinary	☐	☐ Contraceptive use (if reason, frequency, type, & last change)
Integumentary	☐	
Neurology	☐	
Hematology	☐	☐ Sickle cell ☐ Blood-borne infection (Hepatitis B, Hepatitis C, HIV)
Endocrine	☐	☐ Diabetes (last HgbA1c _____) ☐ new Diabetes ☐ type 1 ☐ type 2 ☐ type LADA (Diabetes 1.5)

ah_all_docu_historyphysical

OTE 700019 Rev. 02/12

Sent: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 3 of 8

110



"HSPHYS" Adult Inpatient History and Physical Form

Form Origination Date: 1900
Version: B

Version Date: 05/12

Patient Name
MRN

PATIENT IDENTIFICATION LABEL



P:104780798 DOB: 1982-01-15
CAUSEY
TIMOTHY
Adm:03/28/13 M:2684268

REVIEW OF SYSTEMS (CONTINUED)

Functional Status	Sleep/Sleeping	Diet/Nutrition	Activity/Exercise	History of Immunization/Vaccines
In last 3 months, when patient at his/her best, was patient able to:	Usual ☐ Y ☐ N ☐ NPO	Usual ☐ Y ☐ N ☐ NPO	Usual ☐ Y ☐ N ☐ NPO	Tetanus w/ Tdap ☐
Walk across the room ☐ Y ☐ N	Drowsiness ☐ Y ☐ N ☐ NPO	Weight loss ☐ Y ☐ N ☐ NPO	Sleep at rest ☐ Y ☐ N ☐ NPO	Annual Influenza ☐
Do light housework (e.g., washing dishes, straightening up, or light cleaning) ☐ Y ☐ N	Snoring ☐ Y ☐ N ☐ NPO	Regular diet ☐ Y ☐ N ☐ NPO	SOB with exertion ☐ Y ☐ N ☐ NPO	Pneumococcal ☐
Shower without assistance ☐ Y ☐ N	Apnea ☐ Y ☐ N ☐ NPO	ADA diet ☐ Y ☐ N ☐ NPO	Ambulatory ☐ Y ☐ N ☐ NPO	Hepatitis B ☐ Hepatitis A ☐
	Uses CPAP ☐ Y ☐ N ☐ NPO	Low Na or Carefree illness ☐ Y ☐ N ☐ NPO	Amblyopes with assistive device ☐ Y ☐ N ☐ NPO	MAR or measles, mumps, rubella ☐
			Active - run, jog, swim, team ☐ Y ☐ N ☐ NPO	HIV ☐ Hepatitis C ☐
				Meningitis ☐

PHYSICAL EXAM:

General	Head	Eyes	Ears, Nose & Mouth	Throat	Heart	Lungs	Abdomen	Extremities	Neurological	Genitourinary	Rectal
142/80	93	22	AF	99	98	100	102				
GENERAL: ☐ Athletic ☐ Malnourished ☐ Weight loss ☐ Obese ☐ BMI > 35 Intubated, sedated, and paralyzed ☐ Examined the back / sacrum ☐ Describes ulcer (list each by location & stage) Stage: ☐ I ☐ II ☐ III ☐ IV ☐ Suspected Deep Tissue Injury ☐ Unstageable No rashes											
HEAD: ☐ Pupils constricted											
EYES: ☐ Pupils and iris ☐ Optic discs and post segments											
EARS, NOSE & MOUTH: ☐ External inspection of ears ☐ Auditory canals and tympanic membranes ☐ Hearing ☐ Nasal mucosa, septum & turbinates ☐ Lips, teeth, gums ☐ Oropharynx											
THROAT: ☐ Trachea ☐ Thyroid ☐ Cervical nodes NO JVD											

oh_all_docs_historyphysical

OTE 700019 Rev. 03/12

sent: CAUSEY, TIMOTHY E

MRN: 2684268

Encounter: 104780796

Page 4 of 8

111



Adult Inpatient History and Physical Form

Page 4 of 7

Form Origination Date: 10/00
Version: B

Version Date: 03/12

Patient Name
MRN

PATIENT IDENTIFICATION LABEL



P:104780796 DOB: 01/01/1982 W: N

CAUSEY

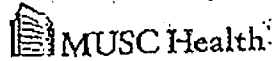
TIMOTHY

Adm:03/20/13 M:2684286

Area / System	WNL	Deficient	Explanation of Findings / Test / Comments
CHEST/RESP			End-expiratory wheezing on vent
Respiratory effort	☐	☐	
Palpation of chest	☐	☐	
Percussion of chest	☐	☐	
Auscultation of lungs	☐	☐	
BREAST			
Inspection of breasts	☐	☒	
Palpation of breast & axilla	☐	☒	
CARDIOVASCULAR			RRR, no m/r/g
Carotid pulses	☒	☐	
Palpation of heart	☒	☐	
Auscultation of heart	☒	☐	
Radial pulses	☒	☐	
Femoral pulses	☒	☐	
Popliteal pulses	☒	☐	
Posterior tibial pulses	☒	☐	
Dorsal pedal pulses	☒	☐	
Abdominal aorta	☒	☐	
GASTROINTESTINAL			Asymmetry type & location
Abdomen (inspection & auscultation)	☒	☐	
Uter & spleen	☒	☐	
Anus, perineum & rectum	☒	☐	
Stool sample for occult blood	☒	☐	
GENITOURINARY			
MALE: Bladder	☐	☒	
Penis	☐	☒	
Scrotal contents	☐	☒	
Digital or rectal exam of prostate	☐	☒	
FEMALE: Bladder	☐	☒	
External genitalia	☐	☒	
Cervix	☐	☒	
Uterus	☐	☒	
Adnexa / parametria	☐	☒	

OTE 700019 Rev. 03/12

ph_all_docu_historyphysical



Adult Inpatient History and Physical Form
Page 5 of 7

Form Origination Date: 1989
Version: 8

Version Date: 03/12



P: 104780796 DOB: 11/22/1987
CAUSEY
TIMOTHY
M: 2684266

Patient Name: Adm: 03/20/13
MRN

PATIENT IDENTIFICATION LABEL

System	Observed	Deferral	Explanation
MUSCULOSKELETAL/EXTREMITIES			Unable to evaluate secondary to still paralyzed
Head & neck	☐	☐	
Digits & nails	☐	☐	
Left upper extremity	☐	☐	
Left lower extremity	☐	☐	
Right upper extremity	☐	☐	
Right lower extremity	☐	☐	
Spine, ribs, & pelvis	☐	☐	
Gait & station	☐	☐	
NEUROLOGIC			Still under, paralytic
Cranial nerves	☐	☐	
Deep tendon reflexes	☐	☐	
Superficial reflexes	☐	☐	
Motor	☐	☐	
Sensation	☐	☐	
Cerebellar exam	☐	☐	
PSYCHIATRIC			
Orientation to time, place & person	☐	☐	
Mood & affect	☐	☐	
Recent & remote memory	☐	☐	
Judgment & insight	☐	☐	

ADDITIONAL NOTES:

ph_all_docs_historyphysical

OTE 700010 Rev. 03/12



HISPHYS

Adult Inpatient History and Physical Form

Page 6 of 7

Form Origination Date: 1999
Version: 8

Version Date: 03/12

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

P:104780798 OOB: [redacted]
CAUSEY
TIMOTHY
Adm:03/28/13 M:2684266

STUDIES: (List both studies for which results are known and also those that are ordered but pending)

11.7
101
192 Bids
PVR 9.9

134	98	10	100
4.7	12.9	9.9	
7.7	2.6	3.5	

8.1 63 58 5
3.1 66 1 2.3

Temp 9.03

BNP 36

RVP = Influenza A, 2009 H1N1

Cerebral hemorrhage 1.2%

Bx Cr

Vex

Resp Cp

ECHO NR DD, GFS, Normal wall motion

ASSESSMENT & PLAN:

- 50% $\dot{V}_E$ is no problem with plan acute respiratory failure secondary to ARDS.
- 1) PVR $\rightarrow$ Acute Respiratory Failure $\rightarrow$ Etib-88 c/w ARDS. PDE for underlying etiology pneumonia. Time since vs. viral PNA vs. aspiration vs. pulmonary embolism. RVP = Influenza A. Flu strain labs, Procalcitonin for stat, follow ARDSNet regimen, ven FiO₂ per PnO₂ > 55%.
 - 2) Neuro $\rightarrow$ Seizured patients = Verbal, AT. Holding. Pen. Fentanyl.
 - 3) CV $\rightarrow$ HD stable. PIV ECHO. Temp + BNP unit.
 - 4) FEN/GI $\rightarrow$ NPO currently. OG NG in place. Distention c/w for future feeding.
 - 5) ID $\rightarrow$ Influenza. Consider Tamiflu, however, out of acute window. PIV Bx Cr, Vex, Resp Cp.
 - 6) Ren $\rightarrow$ pMRI. Monitor. $\checkmark$ fluid status = IVC.
 - 7) PPR $\rightarrow$ Hq SQ.

Admission Orders Reminders	Order Verbiage
☐ Risk of DVT/PE - prophylaxis required? If no, specify reason	Select appropriate prophylaxis (massage <medication)
☐ Risk of ETOH withdrawal	Initiate Alcohol Withdrawal Protocol
☐ Risk for injury from fall - initiate Fall Precautions	Initiate Fall Precautions
☐ Presence or risk of respiratory	Physician consult "Mechanical ventilation" or "Chest tube" or "Chest" or "ART"
☐ Presence or risk of swallowing dysfunction	Speech therapy consult "Swallowing dysfunction"
☐ Special discharge needs	Case management consult "Discharge needs"
☐ Palliative care	Palliative care consult

Physician or Licensed Independent Provider Signature with Credentials
☐ additional comments on back of this page

15035

3/28/13

1 PM

all_docu_historyphysical

OTE 700019 Rev. 03/12



H&P/PHYS

Adult Inpatient History and Physical Form

Page 7 of 7

Form Origination Date: 1990
Version: 8

Version Date: 03/12



P:104780796 DOB: 1982 W #

CAUSEY

TIMOTHY

Patient Name
MRN

Adm:08/28/13 M:2684266

PATIENT IDENTIFICATION LABEL

Attending Admission Note:

☒ I have reviewed the examiner's history and physical exam and after my examination and interview of the patient, I agree with the findings.

☒ Simple update (within 24 hours after inpatient admission or prior to procedures) to previous H&P (Date _____)
An H&P older than 30 days prior to admission is not valid and is NOT eligible for simple update.

- ☐ Patient reports no changes to history
☐ No changes to physical exam
☐ Updates to H&P (list below)

☒ In addition, my comments on the HISTORY:

Mr. Causey is admitted to MUSC for ARDS arriving by ambulance transfer from McCloud on 100% FIO₂ intubated and sedated - Rapid sepsis PCR ⊕ for H₁N₁.

☒ In addition, my comments on the REVIEW OF SYSTEMS / PHYSICAL EXAM:

Sedated on Vent P 91 Resp 27 LAB reviewed
V_E = 10.4 114/67 ⊕ spont cough + gag Procalcitonin 0.2
Moves extremities to pain ANCA > pending
ANA

☐ In addition, my comments on the ASSESSMENT & PLAN:

CXR - Bilat pulm edema

Mr. Causey has ARDS from H₁N₁ "swine" influenza, an occasionally fatal respiratory virus. Stopping Abx, Beginning Tamiflu. I have informed Dr. Barnard at McCloud of the diagnosis.

☐ I have counseled the patient on the harmful effects of smoking and have offered smoking cessation advice

Attending Physician Signature with Credentials

☐ additional comment on back of this page
oh, ad, docu, history/physical

14299
Page ID

3/28/13
Date

4:30 PM
Time

OTE 100019 Rev. 03/12

to allow infection control to tell healthcare workers of the exposure - Admin bedside critical care time

Ident: CAUSEY, TIMOTHY E

MRN: 2684266 Encounter: 104780796

Page 8 of 8

115

ARDS

Technologist: BOBBIE PEARSON
Radiologist 1: PAL SURANYI
Radiologist 2: PATRICK MULLIN
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: PAL SURANYI
Date Authenticated: 03/28/2013 11:57

EXAMINATION: CHEST 03/28/13 10:57:00

ACCESSION NUMBER: 7013592

INDICATION: hypoxemia ARDS

COMPARISON: None.

FINDINGS: Frontal radiograph of the chest. Endotracheal tube overlies the tracheal air column approximately 4.3 cm above the carina. Enteric tube is present with tip excluded by collimation below the diaphragm. The cardiomedastinal silhouette is normal in size and contour. The lungs show extensive bilateral airspace opacities without evidence of pleural effusion. No pneumothorax. Osseous structures show no evidence of acute abnormality. Visualized abdominal structures are unremarkable.

IMPRESSION:

Diffuse bilateral upper lobe predominant alveolar infiltrates without cardiomegaly or pleural effusions consistent with ARDS. Underlying multifocal infection may be present.

VOICE DICTATED BY: Dr. Patrick Mullin
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 45 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

admitted with ards

Technologist: JOY PASKEY
Radiologist 1: STEPHEN SCHABEL
Radiologist 2: CHRISTOPHER CONNER
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: STEPHEN SCHABEL
Date Authenticated: 03/29/2013 07:00

EXAMINATION: CHEST 03/28/13 17:27:00

ACCESSION NUMBER: 7014376

INDICATION: concern for pneumothorax admitted with ards

COMPARISON: None

FINDINGS: Single frontal view of the chest. Tubes and lines are unchanged in position. The cardiomedial silhouette is within normal limits. Diffuse airspace opacities persist. No evidence of large pleural effusion. No evidence of pneumothorax. The bones are unchanged.

IMPRESSION:

diffuse bilateral airspace opacities are not significantly changed.

No visible pneumothorax. If there is continued concern for pneumothorax a decubitus or upright view could be obtained.

VOICE DICTATED BY: Dr. Christopher Conner
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 23 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2680266

Encounter: 104780796

Page 1 of 1

patient with ARDS, now with increasing hypoxia

Technologist: WES LINEBERRY
Radiologist 1: ABID IRSHAD
Radiologist 2: CHRISTOPHER CONNER
Radiologist 3:

Transcribed by: Tech INCTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: ABID IRSHAD
Date Authenticated: 03/29/2013 19:12

EXAMINATION: CHEST 03/29/13 18:07:00

ACCESSION NUMBER: 7015534

INDICATION: hypoxia patient with ARDS, now with increasing hypoxia

COMPARISON: 3/28/13

FINDINGS: Single frontal view of the chest. Tubes and lines are unchanged in position. The cardiomeastinal silhouette is within normal limits. There is subtle lucency adjacent to the aortic arch, right mediastinum and left heart border. Diffuse airspace opacities persist. No evidence of large pleural effusion. No evidence of pneumothorax. Lucency overlying the right neck could represent subcutaneous emphysema. The bones are unchanged.

IMPRESSION:

Diffuse bilateral airspace opacities are not significantly changed.

Subtle lucency adjacent to the aortic arch, right mediastinum and left heart border could represent pneumomediastinum. Also lucency overlying the right neck could represent subcutaneous emphysema. Findings are concerning for barotrauma.

Findings discussed with Dr. Kummerfeldt Fabian at 6:48 p.m. on 3/29/13.

VOICE DICTATED BY: Dr. Christopher Conner
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 44 OF 84

Patient: CAUSEY, TIMOTHY E

MRN: 2484266

Encounter: 104760796

Page 1 of 1

50 yo resp failure with hypoxia

Technologist: CHRISTINA JAGORA
Radiologist 1: ABID IRSHAD
Radiologist 2: GENEVIEVE MDASS
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: ABID IRSHAD
Date Authenticated: 03/30/2013 12:13

EXAMINATION: CHEST 03/30/13 06:22:00

ACCESSION NUMBER: 7015607

INDICATION: hypoxia; 50 yo resp failure with hypoxia

COMPARISON: 3/29/13

FINDINGS: Single frontal radiograph of the chest. The support lines and tubes are unchanged, including endotracheal tube, enteric tube coursing below diaphragm, esophageal temperature probe. The cardiac and mediastinal silhouettes are unchanged. Lucency adjacent to the left heart border persists, likely representing pneumomediastinum. Subcutaneous emphysema of the supraclavicular soft tissues and neck. Lungs demonstrate low volumes and diffuse bilateral alveolar and interstitial opacities. There is no evidence of pneumothorax. Bones are unchanged.

IMPRESSION:

Persistent lucency adjacent to the left heart border with subcutaneous emphysema of the supraclavicular and neck soft tissues likely represents pneumomediastinum due to barotrauma.

Unchanged diffuse bilateral interstitial and alveolar opacities, consistent with given history of ARDS.

Unchanged support lines and tubes.

VOICE DICTATED BY: Dr. Genevieve Mdass

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

UNOFFICIAL 22 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2604266

Encounter: 104780796

Page 1 of 1

s/p CVL. ARDS

Technologist: CHRISTINA JAGORA
Radiologist 1: ABID IRSHAD
Radiologist 2: ROBERT HAZELRIGG
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: ABID IRSHAD
Date Authenticated: 03/30/2013 17:47

EXAMINATION: CHEST 03/30/13 12:49:00

ACCESSION NUMBER: 7015823

INDICATION: hypoxia after CVL s/p CVL. ARDS

COMPARISON: Same day chest radiograph

FINDINGS: Single frontal view of the chest demonstrates a cardiomeastinal silhouette that is stable in size and contour, with a lucency along the left mediastinal border again appreciated. There is stable positioning of multiple support lines and tubes. Lungs demonstrate persistent, diffuse bilateral interstitial and alveolar opacities. There is increased cutaneous emphysema in the bilateral supraclavicular soft tissues. No acute bony changes.

IMPRESSION:

Persistent appearance of the previously described lucency adjacent to the left cardiomeastinal border, with subcutaneous emphysema in the supraclavicular soft tissues interally increased, all likely secondary to barotrauma.

No significant change in diffuse bilateral interstitial and alveolar opacities compatible with ARDS.

VOICE DICTATED BY: Dr. Robert Hazelrigg
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 43 OF 64

Patient: CHUSEY, TIMOTHY F

MRN: 2684266

Encounter: 104780796

Page 1 of 1

50 yo WM admitted with respiratory failure, ARDS, influenza, s/p advancement of ET tube by 3cm

Technologist: CHRISTINA JAGORA
Radiologist 1: ABID IRSHAD
Radiologist 2: ROBERT HAZELRIGG
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: ABID IRSHAD
Date Authenticated: 03/30/2013 17:40

EXAMINATION: CHEST 03/30/13 14:47:00

ACCESSION NUMBER: 7015865

INDICATION: assess position of ET tube 50 yo WM admitted with respiratory failure, ARDS, influenza, s/p advancement of ET tube by 3cm

COMPARISON: Same day chest radiographs

FINDINGS: Single frontal view of the chest demonstrates a cardiomeastinal silhouette that is unchanged, persistent lucency along the left cardiomeastinal border likely represents pneumomediastinum, with interval increased extension into the suprastavicular soft tissues. There has been slight interval advancement of the endotracheal tube, the distal tip is at the level of the thoracic inlet. Otherwise unchanged support lines and tubes. The lungs demonstrate diffuse, bilateral interstitial and alveolar opacities. No acute bony changes.

IMPRESSION:

Interval advancement of the endotracheal tube, the distal tip terminate at the thoracic inlet.

Persistent pneumomediastinum with increased extension into the suprastavicular soft tissues, likely secondary to barotrauma.

Persistent, diffuse bilateral opacities secondary to ARDS.

VOICE DICTATED BY: Dr. Robert Hazelrigg
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 42 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

pt on ECMO day 1

Technologist: ARETHA GIBBS
Radiologist 1: ABID IRSHAD
Radiologist 2: GENEVIEVE MAASS
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: ABID IRSHAD
Date Authenticated: 03/31/2013 11:57

EXAMINATION: CHEST 03/31/13_06:57:00

ACCESSION NUMBER: 7016056

INDICATION: ECMO day 1

COMPARISON: 3/30/13

FINDINGS: Single frontal radiograph of the chest. Status post placement of right internal jugular ECMO catheter with tip not visualized due to collimation. Otherwise, the support lines and tubes are unchanged, including endotracheal tube, enteric tube coursing below diaphragm with tip not visualized and collimation, esophageal temperature probe, left internal jugular central venous catheter with tip overlying superior vena cava. The cardiac and mediastinal silhouettes are grossly stable although partially cured by lung opacities. Improving pneumomediastinum. Lungs demonstrate low volumes and increasing opacification. There is no evidence of pneumothorax. Bones are unchanged. Subcutaneous emphysema of the supraclavicular soft tissues and neck.

IMPRESSION:

Low lung volumes and increasing opacification of the lungs, likely due to a combination of ARDS and ECMO usage.

Improving pneumomediastinum.

Status post placement of right internal jugular ECMO catheter. Otherwise, unchanged support lines and tubes.

VOICE DICTATED BY: Dr. Genevieve Maass

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

UNOFFICIAL 41 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2624266

Encounter: 104780796

Page 1 of 1

ECMO pt
\
\

Technologist: JOANNE LEWIS
Radiologist 1: JAMES RAVENEL
Radiologist 2: ROBERT EGBERT
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: JAMES RAVENEL
Date Authenticated: 04/01/2013 09:23

EXAMINATION: SINGLE VIEW OF THE CHEST 04/01/13 06:20:00

ACCESSION NUMBER: 7016391

INDICATION: Extracorporeal membrane oxygenation day two.

COMPARISON: 3/31/13

FINDINGS: Single frontal radiograph of the chest reveals the cardiac silhouette to be stable in size and configuration. Pneumomediastinum. Diffuse air space opacities, consistent with changes of ECMO and ARDS. Stable lines and tubes Visualized abdomen is unremarkable. Subcutaneous gas overlies the shoulders and bilateral axillae.

IMPRESSION:

No significant change in ARDS and pneumomediastinum.

Stable lines and tubes.

VOICE DICTATED BY: Dr. ROBERT EGBERT
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 40 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2686266

Encounter: 104780796

Page 1 of 1

hnl flu, ards, hypoxic resp failure

Technologist: WES LINEBERRY
Radiologist 1: PHILIP COSTELLO
Radiologist 2: BRIAN FLEMMING
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: PHILIP COSTELLO
Date Authenticated: 04/01/2013 13:51

EXAMINATION: CHEST 04/01/13 12:52:00

ACCESSION NUMBER: 7017077

INDICATION: hypoxia hnl flu, ards, hypoxic resp failure

COMPARISON: Same day chest x-ray

FINDINGS: Single frontal radiograph of the chest. The support lines and tubes are unchanged. The cardiac and mediastinal silhouettes are unchanged. There is persistent subcutaneous emphysema and pneumomediastinum. Lungs demonstrate unchanged diffuse opacities consistent with ARDS. There are no large pleural effusions. Bones are unchanged.

IMPRESSION:

Unchanged diffuse airspace opacities consistent with ARDS.

Persistent subcutaneous emphysema and pneumomediastinum.

Unchanged support lines and tubes.

VOICE DICTATED BY: Dr. Brian Flemming

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

UNOFFICIAL 39 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

ards on echmo

Technologist: BOBBIE PEARSON
Radiologist 1: JAMES RAVENEL
Radiologist 2: BRIAN FLEMMING
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: JAMES RAVENEL
Date Authenticated: 04/02/2013 14:01

EXAMINATION: CHEST 04/02/13 08:03:00

ACCESSION NUMBER: 7017829

INDICATION: Acute respiratory failure ards on echmo

COMPARISON: Chest x-ray 4/1/13

FINDINGS: Single frontal radiograph of the chest. The support lines and tubes are unchanged. The cardiac and mediastinal silhouettes are unchanged. Lungs demonstrate persistent diffuse airspace opacities, grossly unchanged from prior examination. There is persistent small volume pneumomediastinum. Subcutaneous emphysema is again seen throughout the chest wall bilaterally. There are no pleural effusions. There is no evidence of pneumothorax. Bones are unchanged.

IMPRESSION:

Stable diffuse airspace opacities consistent with ARDS.

Unchanged pneumomediastinum.

Unchanged support lines and tubes.

VOICE DICTATED BY: Dr. Brian Fleming

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

UNOFFICIAL 38 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

50yo man on ECMO for ARDS

Technologist: JOHN DAVIS
Radiologist 1: PHILIP COSTELLO
Radiologist 2: PATRICK MULLIN
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: PHILIP COSTELLO
Date Authenticated: 04/03/2013 08:50

EXAMINATION: CHEST 04/03/13 05:11:00

ACCESSION NUMBER: 7018782

INDICATION: resp failure, ARDS 50yo man on ECMO for ARDS

COMPARISON: Chest x-ray 4/2/2013.

FINDINGS: Frontal radiograph of the chest. Stable placement of support lines and tubes. The cardiomedial silhouette is unchanged. Stable pneumomediastinum and subcutaneous edema. Diffuse bilateral air space opacities are without significant change. No acute bony abnormality

IMPRESSION:

Diffuse bilateral airspace opacities without significant change.

Persistent subcutaneous emphysema and pneumomediastinum.

VOICE DICTATED BY: Dr. Patrick Mullin
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 21 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 3

ecmo

Technologist: ALISON GARRARD
Radiologist 1: STEPHEN SCHABEL
Radiologist 2: BRIAN FLEMING
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: STEPHEN SCHABEL
Date Authenticated: 04/04/2013 08:54

EXAMINATION: CHEST 04/04/13 06:16:00

ACCESSION NUMBER: 7020301

INDICATION: cannula placement ecmo

COMPARISON: The surgery 4/3/13

FINDINGS: Single frontal radiograph of the chest. Enteric tube, endotracheal tube, esophageal temperature probe and ECMO catheter are unchanged in position. The cardiac and mediastinal silhouettes are unchanged. Lungs demonstrate low volumes with persistent diffuse airspace opacities, grossly unchanged from prior examination. There are no pleural effusions. There is no evidence of pneumothorax. There is persistent subcutaneous emphysema within the chest wall and neck. There is minimal, if any residual pneumomediastinum. Bones are unchanged.

IMPRESSION:

Persistent diffuse airspace opacities, unchanged from prior examination.

Unchanged support lines and tubes.

VOICE DICTATED BY: Dr. Brian Fleming

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

UNOFFICIAL 20 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

50 y/o with ARDS 2/2 H1N1 previously on ECMO now becoming more acidotic

Technologist: GEORGE MCCUBBINS
Radiologist 1: AMY CAMPBELL
Radiologist 2: STETSON BICKLEY
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: AMY CAMPBELL
Date Authenticated: 04/06/2013 10:51

EXAMINATION: SINGLE VIEW OF THE CHEST 04/06/13 03:37:00

ACCESSION NUMBER: 7022768

INDICATION: hypoxia 50 y/o with ARDS 2/2 H1N1 previously on ECMO now becoming more acidotic

COMPARISON: Chest x-ray 4/4/13

FINDINGS: Single frontal radiograph of the chest reveals unchanged positioning of support lines and tubes. The cardiac silhouette is unchanged in size and configuration. The lungs demonstrate diffuse airspace opacities, not significant change from the prior exam, with unchanged lung volumes. No evidence of pleural effusion or pneumothorax. Visualized abdomen is unremarkable. Osseous structures are unchanged.

IMPRESSION:

Unchanged positioning of support lines and tubes.

Unchanged diffuse airspace opacities with unchanged lung volumes.

VOICE DICTATED BY: Dr. STETSON R. BICKLEY
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 19 OF 64

Patient: CAUSBY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

50 yo male with ards secondary to influenza, now with worsening respiratory acidosis

Technologist: MAX DONOHUE
Radiologist 1: AMY CAMPBELL
Radiologist 2: STETSON BICKLEY
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: AMY CAMPBELL
Date Authenticated: 04/06/2013 10:52

EXAMINATION: SINGLE VIEW OF THE CHEST 04/06/13 08:58:00

ACCESSION NUMBER: 7022822

INDICATION: worsening respiratory acidosis 50 yo male with ards secondary to influenza, now with worsening respiratory acidosis

COMPARISON: Chest x-ray for silastic/13 at 3:36 a.m.

FINDINGS: Single frontal radiograph of the chest reveals unchanged positioning of support lines and tubes. The cardiac silhouette is unchanged in size and configuration. The lungs demonstrate unchanged diffuse alveolar airspace opacities. No evidence of pleural effusion or pneumothorax. Visualized abdomen is unremarkable. Osseous structures are unchanged.

IMPRESSION:

Unchanged positioning of support lines and tubes.

Unchanged diffuse alveolar airspace opacities.

VOICE DICTATED BY: Dr. STETSON R. BICKLEY
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 18 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2604266

Encounter: 104780796

Page 1 of 1

50 yo male with a history of ards, now with increasing fio2 requirement

Technologist: JOHN WILLIAMSON
Radiologist 1: AMY CAMPBELL
Radiologist 2: IFEOMA ACHEBE
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: AMY CAMPBELL
Date Authenticated: 04/07/2013 13:05

EXAMINATION: CHEST

04/07/13 08:39:00

ACCESSION NUMBER: 7023185

INDICATION: hypoxemia 50 yo male with a history of ards, now with increasing fio2 requirement

COMPARISON: 4/6/13

FINDINGS: AP portable view. Support lines and tubes remain unchanged in position. Mediastinal and hilar contours and cardiac silhouette are stable. The lungs demonstrates increased diffuse alveolar airspace opacities. No evidence of pneumothorax, or pleural effusions. Osseous structures are unchanged.

IMPRESSION:

Increased diffuse alveolar airspace opacities.

VOICE DICTATED BY: Dr. Ifeoma Achebe
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 17 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

increased bladder pressure and c diff

Technologist: JASON THOMPSON
Radiologist 1: AMY CAMPBELL
Radiologist 2: STETSON BICKLEY
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: AMY CAMPBELL
Date Authenticated: 04/07/2013 13:06

EXAMINATION: ABDOMEN 04/07/13 09:36:00

ACCESSION NUMBER: 7023239

INDICATION: increased bladder pressure and c diff c diff colitis
increased bladder pressure and c diff

COMPARISON: None

FINDINGS: Single AP supine view of the abdomen was obtained.
Nonobstructive bowel gas pattern without pathologic colonic
distention. Visualized osseous structures are unremarkable. A
warming blanket overlies the left abdomen. Partially visualized
radiopaque object overlies the expected position of the bladder and
is likely a device for measuring bladder pressure.

IMPRESSION:

No evidence of pathologic colonic distention.

VOICE DICTATED BY: Dr. STETSON R. BICKLEY

Discussed with Dr. Krass by Dr. Bickley at 09:56:54 on 04/07/13. Dr.
Krass stated that the device overlying the bladder was most likely a
device for measuring bladder pressure.
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 16 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

H1N1
\
\
Technologist: JAMIE JORDAN
Radiologist 1: AMY CAMPBELL
Radiologist 2: STETSON BICKLEY
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: AMY CAMPBELL
Date Authenticated: 04/07/2013 17:30

EXAMINATION: RENAL ULTRASOUND 04/07/13 16:12:00

ACCESSION NUMBER: 7023370

INDICATION: renal failure H1N1 H1N1

COMPARISON: None

TECHNIQUE: Multiple real-time sonographic images of the kidneys and urinary bladder were obtained using a multi-hertz curvilinear transducer.

FINDINGS: The right kidney measures 12 cm. There is good corticomedullary differentiation without hydronephrosis, nephrolithiasis, renal masses or perinephric free fluid.

The left kidney measures 13.8 cm and also demonstrates good corticomedullary differentiation without hydronephrosis, nephrolithiasis, renal masses or perinephric free fluid.

Urinary bladder decompressed with Foley catheter in place. Trace pelvic free fluid.

IMPRESSION:

Unremarkable kidneys. Trace pelvic free fluid.

VOICE DICTATED BY: Dr. Stetson Bickley
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 49 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

50 yo with hypoxic resp failure 2/2 to hnl

Technologist: ALLISON DOUGLAS
Radiologist 1: MUNAZZA ANIS
Radiologist 2: STETSON BICKLEY
Radiologist 3:

Transcribed by: Tech InTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: MUNAZZA ANIS
Date Authenticated: 04/10/2013 19:16

EXAMINATION: SINGLE VIEW OF THE CHEST 04/10/13 17:10:00

ACCESSION NUMBER: 7027631

INDICATION: fever 50 yo with hypoxic resp failure 2/2 to hnl

COMPARISON: Chest x-ray 4/7/13

FINDINGS: Single frontal radiograph of the chest reveals esophageal temperature probe placed. Otherwise unchanged positioning of support lines and tubes. The cardiac silhouette is unchanged in size and configuration. The lungs demonstrate unchanged diffuse alveolar airspace opacities. No evidence of pleural effusion or pneumothorax. Visualized abdomen is unremarkable. Osseous structures are unchanged.

IMPRESSION:

Esophageal temperature tube placed. Otherwise unchanged positioning of support lines and tubes.

Unchanged diffuse alveolar airspace opacities.

VOICE DICTATED BY: Dr. STETSON R. BICKLEY
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 37 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1



Medical University of South Carolina
Charleston, SC
843-792-2123

ECHOCARDIOGRAPHY REPORT

Patient: CAUSEY, TIMOTHY

MRN: 002684268

Attending:

Date: 4/11/13 10:49 AM

Status: INITIAL

Patient Info

Patient: CAUSEY, TIMOTHY

Patient ID: 002684268

Birthdate: 12/13/1962

Sex: M

Indication: AORTIC PATHOLOGY, PT ON VENT

Ward: MICUS, NICK PASTIS, MD

Blood Pressure: 147/72

Height: 72.99 in

Weight: 238.88 lb

Echo Adult Complete Transthoracic Echo Doppler

NORMAL VALUES

LAD - (1.0 - 4.0)

A0 - (2.0 - 3.7)

LVDD - (3.5 - 5.8)

LVDs - (2.3 - 3.9)

LVEF - (50 - 80%)

LV MASS (ASE) - (FEMALE 43-95 g/m²; MALE 49-115 g/m²)

LVEDV INDEX (ASE) - (35-75 ml/m²)

LVESV INDEX (ASE) - (12-30 ml/m²)

Conventional And Doppler Color Flow Imaging

There is a mild LVOT/aortic valve gradient of 17 mmHg peak likely due to hyperdynamic function with no evidence of stenosis. There is mild tricuspid regurgitation. The estimated peak right ventricular systolic pressure is 64mmHg plus right atrial pressure. No other significant regurgitation nor stenosis of the other valves (aortic, pulmonic, mitral, tricuspid) is identified. The mitral valve inflow Doppler and the mitral annulus tissue Doppler are consistent with normal left ventricular diastolic function.

Interpretation

The 2D left ventricular volume indexes at end-diastole and end-systole are normal. Left ventricular chamber dimensions (end-diastolic and end-systolic diameters), wall thicknesses, and calculated mass index are normal. There is hyperdynamic left ventricular systolic function with an estimated (2D) ejection fraction greater than 70%. There is incoordinate septal motion. The right ventricle is dilated based on the RV basal diameter. The right ventricular systolic function is normal based on the Tricuspid Annular Peak Systolic Excursion (TAPSE). The

UNOFFICIAL 63 OF 64

This document should not be filed in the paper medical record and should be confidentially destroyed when it is no longer needed.

Printed by: PELZER, CHERISE

Date Printed: 05/10/2013

Page1



Medical University of South Carolina

Charleston, SC

843-792-2123

ECHOCARDIOGRAPHY REPORT

Patient: CAUSEY, TIMOTHY

MRN: 002684266

Attending:

Date: 4/11/13 10:49 AM

Status: INITIAL

2D left atrial end-systolic volume index is normal (22±1.6 ml/m²). The right atrial size is dilated based on the end systolic area. The aortic, mitral, pulmonic, and tricuspid valves appear structurally normal. The aortic diameter measured at the level of the sinuses of Valsalva, sinotubular junction, and proximal ascending aorta is normal. A pericardial effusion is not identified. We are unable to assess right atrial pressure based on the inferior vena cava size in the setting of positive pressure ventilation. Compared to the prior study of 3/28/13, the left ventricular function is now hyperdynamic and we are now able to estimate the right ventricular systolic pressure and it is elevated. Summary: Right ventricular hypertension with mild right ventricular enlargement. I have reviewed the images and agree with the findings in this report. Electronically signed by: David Gregg, MD Cardiology Attending

UNOFFICIAL 64 OF 64

This document should not be filed in the paper medical record and should be confidentially destroyed when it is no longer needed.

Printed by: PELZER, CHERISE

Date Printed: 05/10/2013

Page 2

50 yo male with ARDS and persistent fevers

Technologist: SCOTT HUGGINS
Radiologist 1: SUSAN ACKERMAN
Radiologist 2: STETSON BICKLEY
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: SUSAN ACKERMAN
Date Authenticated: 04/12/2013 09:38

EXAMINATION: RIGHT UPPER QUADRANT ULTRASOUND 04/11/13 23:30:00

ACCESSION NUMBER: 7028967

INDICATION: 50 yo male with ARDS and persistent fevers

COMPARISON: Renal ultrasound 4/7/13

TECHNIQUE: Real-time sonographic images were obtained of the right upper quadrant of the abdomen utilizing a multi-hertz transducer.

FINDINGS: The liver is mildly enlarged, measuring 18.9 cm. The liver is normal in echogenicity, and there is no intrahepatic biliary ductal dilation. There is sludge throughout the gallbladder. The gallbladder wall is normal in thickness measuring 1 mm. There is no gallbladder wall hyperemia or pericholecystic fluid. The common bile duct is normal in caliber measuring 3 mm. The right kidney is normal in size and appearance measuring 11.1 cm. Visualized portions of the pancreas are unremarkable. There is no right upper quadrant free fluid.

IMPRESSION:

Sludge filled gallbladder without signs of cholecystitis.

VOICE DICTATED BY: Dr. Stetson Bickley
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 48 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

50 yo with ards

Technologist: ROBERT BECK
Radiologist 1: DONNA ROBERTS
Radiologist 2: JOHN HUNGERFORD
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: DONNA ROBERTS
Date Authenticated: 04/12/2013 15:26

EXAMINATION: BRAIN CT AND SINUS CT 04/12/13 11:45:00

ACCESSION NUMBER: 7029783

INDICATION: AMS; persistent fevers; 50 year old man with ARDS

COMPARISON: None

TECHNIQUE: Multiple contiguous CT images of the brain without intravenous contrast.

FINDINGS: There is no evidence of intracranial hemorrhage or extra-axial collection. There are no signs of acute infarct. No evidence of hydrocephalus. Ventricles and other CSF spaces are appropriate. There is no evidence of bone abnormalities.

There is a gas fluid level in the left maxillary sinus. There is mild mucosal thickening of the right maxillary sinus. There is complete opacification of the sphenoid sinuses. And there is scattered opacification of ethmoid air cells. The frontal sinus is pneumatized and unopacified. Most of the bilateral mastoid air cells and both middle ear cavities are also opacified. There is no osseous thickening of the sinus walls to suggest chronic sinusitis. No lytic lesions are seen. Partially visualized enteric tube is slightly coiled within the nasopharynx and oropharynx.

IMPRESSION:

No evidence of acute intracranial abnormality. Please note that noncontrast CT can be insensitive for the detection of intracranial infectious disease.

Opacification of the maxillary, ethmoid, sphenoid sinuses as well as the mastoid air cells, likely due to intubation.

VOICE DICTATED BY: Dr. JOHN P. HUNGERFORD
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 5 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

50yo w/m with ARDS

Technologist: SHERRI WOLFE
Radiologist 1: JAMES RAVENEL
Radiologist 2: BRIAN FLEMING
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: JAMES RAVENEL
Date Authenticated: 04/12/2013 16:42

EXAMINATION: CHEST 04/12/13 15:38:00

ACCESSION NUMBER: 7030255

INDICATION: s/p percutaneous tracheostomy placement 50yo w/m with ARDS

COMPARISON: Chest x-ray 4/12/13

FINDINGS: Single frontal radiograph of the chest. There has been removal of endotracheal tube with placement of a tracheostomy tube, tip overlying the tracheal air column at the level of the clavicular heads. Enteric tube and left internal jugular central venous catheter are unchanged in position. There has been removal of esophageal temperature probe. The cardiac and mediastinal silhouettes are unchanged. Lungs demonstrate persistent diffuse airspace disease, not significantly changed. There are no pleural effusions. There is no evidence of pneumothorax. Bones are unchanged.

IMPRESSION:

Persistent diffuse airspace disease consistent with ARDS.

Removal of endotracheal tube with placement of tracheostomy tube.

VOICE DICTATED BY: Dr. Brian Fleming

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

UNOFFICIAL 36 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 164780796

Page 1 of 1

sepsis, ards, hnl,

Technologist: JEFF STIEBER
Radiologist 1: STEPHEN SCHABEL
Radiologist 2: BRIAN FLEMMING
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: STEPHEN SCHABEL
Date Authenticated: 04/15/2013 10:37

EXAMINATION: ABDOMEN 04/15/13 08:50:00

ACCESSION NUMBER: 7031412

INDICATION: abdominal distention. sepsis, ards, hnl,

COMPARISON: Abdominal radiograph 4/7/13

FINDINGS: AP supine view of the abdomen was obtained on 3 cassettes. Enteric tube is seen coursing below the diaphragm with tip projecting over the distal stomach or proximal duodenum. There is a normal bowel gas pattern with no evidence of pathologically distended loops of intestine. There is abdominal ascites. The bony skeleton is intact. There is linear opacity overlying the superior left pubic ramus which may represent a balloon from fecal continence device. Visualized lung bases demonstrate unchanged diffuse air space disease. There is a lucency along the right heart border, possibly pneumomediastinum from prior tracheostomy tube placement.

IMPRESSION:

No evidence of intestinal obstruction. Ascites.

Placement of enteric tube with tip overlying the distal stomach/proximal duodenum.

Possible new pneumomediastinum, likely from recent tracheostomy tube placement.

VOICE DICTATED BY: Dr. Brian Flemming
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 15 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

50 yo male with H1N1 ards

Technologist: JEFF STIEBER
Radiologist 1: JAMES RAVENEL
Radiologist 2: BRIAN FLEMMING
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: JAMES RAVENEL
Date Authenticated: 04/30/2013 09:03

EXAMINATION: CHEST 04/15/13 09:00:00

ACCESSION NUMBER: 7031430

INDICATION: worsening hypoxia 50 yo male with H1N1 ARDS

COMPARISON: Chest x-ray 4/12/13

FINDINGS: Single frontal radiograph of the chest. The support lines and tubes are unchanged. The cardiac and mediastinal silhouettes are unchanged in size. There is a new lucency along the right heart border and superior mediastinum, possibly pneumomediastinum from recent tracheostomy tube placement. Lungs demonstrate low volumes with slight increase in diffuse wall bilateral airspace opacities. There are no pleural effusions. There is a right pneumothorax. Bones are unchanged.

IMPRESSION:

Right pneumothorax. Chest tube had been placed at the time of dictation.

Slight worsening of diffuse airspace opacities.

Unchanged support lines and tubes.

VOICE DICTATED BY: Dr. Brian Fleming

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

UNOFFICIAL 14 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104786796

Page 1 of 1

50 yo with hml ards hypoxic resp failure

Technologist: BOBBIE PEARSON
Radiologist 1: JAMES RAVENEL
Radiologist 2: BRIAN FLEMMING
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: JAMES RAVENEL
Date Authenticated: 04/15/2013 12:11

EXAMINATION: CHEST 04/15/13 10:25:00

ACCESSION NUMBER: 7031598

INDICATION: pneumothorax, hypoxemia 50 yo with hml ards hypoxic
resp failure

COMPARISON: Same date chest x-ray

FINDINGS: Single frontal radiograph of the chest. There has been
placement of right basilar chest tube with decrease in size of right
pneumothorax, measuring approximately 1 cm. The cardiac and
mediastinal silhouettes are unchanged. Lungs demonstrate persistent
diffuse airspace disease. There are no pleural effusions. Bones
unchanged.

IMPRESSION:

Placement of right basilar chest tube with decrease in size of right
pneumothorax.

Persistent diffuse airspace disease.

VOICE DICTATED BY: Dr. Brian Flemming

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

UNOFFICIAL 35 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104720796

Page 1 of 1

50yo CM with ARDS, H1N1 with PTX this AM s/p chest tube placement.

Technologist: ARETHA GIBBS
Radiologist 1: JAMES RAVENEL
Radiologist 2: PATRICK MULLIN
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: JAMES RAVENEL
Date Authenticated: 04/15/2013 17:00

EXAMINATION: CHEST 04/15/13 16:20:00

ACCESSION NUMBER: 7032104

INDICATION: PTX s/p chest tube this am 50yo CM with ARDS, H1N1 with PTX this AM s/p chest tube placement.

COMPARISON: Chest x-ray same day 1035.

FINDINGS: Frontal radiograph of the chest. Stable appearance of right chest tube, left central venous catheter, enteric tube, and tracheostomy. The cardiomedastinal silhouette is unchanged. Small apical pneumothorax without significant change. There are persistent diffuse bilateral opacities. There is a small left pleural effusion. No acute bony abnormality.

IMPRESSION:

Stable appearance of right pneumothorax. There is a small left pleural effusion. Persistent diffuse bilateral opacities.

VOICE DICTATED BY: Dr. Patrick Mullin
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 34 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

ARDS

Technologist: GEORGE MCCUBBYNS
Radiologist 1: JAMES RAVENEL
Radiologist 2: BORKO KERESHI
Radiologist 3:

Transcribed by: Tech InTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: JAMES RAVENEL
Date Authenticated: 04/16/2013 09:45

EXAMINATION: CHEST 04/15/13 21:43:00

ACCESSION NUMBER: 7032747

INDICATION: Chest tube ARDS

COMPARISON: 4/15/13.

FINDINGS: Frontal radiograph of the chest demonstrates stable size and contour of the cardiomedialastinal silhouette. Diffuse alveolar airspace opacities are not significantly changed. Small right pneumothorax is stable. Support lines and tubes are unchanged. No evidence of acute bony abnormalities.

IMPRESSION:

Unchanged chest with diffuse alveolar opacities and small right pneumothorax.

Discussed with Dr. Dufalt by Dr. Kereshi at 22:54:27 on 04/15/13.

VOICE DICTATED BY: BORKO KERESHI
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 33 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

50 y/o male with H1N1 previously on ECMO now with increasing O2 requirement.

Technologist: BOBBIE PEARSON
Radiologist 1: JAMES RAVENEL
Radiologist 2: BRIAN FLEMMING
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: JAMES RAVENEL
Date Authenticated: 04/16/2013 16:27

EXAMINATION: CHEST 04/16/13 11:15:00

ACCESSION NUMBER: 7033207

INDICATION: increasing O2 requirement on vent 50 y/o male with H1N1
previously on ECMO now with increasing O2 requirement.

COMPARISON: Chest x-ray 4/15/13

FINDINGS: Single frontal radiograph of the chest. The support lines
and tubes are unchanged. The cardiac and mediastinal silhouettes are
unchanged. Lungs demonstrate unchanged diffuse air space opacities.
There is stable right pneumothorax. There are no pleural effusions.
Bones are unchanged.

IMPRESSION:

Persistent diffuse airspace disease with stable right pneumothorax.

VOICE DICTATED BY: Dr. Brian Fleming

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

UNOFFICIAL 32 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104760796

Page 1 of 1

50 yo male with ARDS secondary to influenza

Technologist: GEORGE MCCORBINS
Radiologist 1: STEPHEN SCHABEL
Radiologist 2: BORKO KERESHI
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: STEPHEN SCHABEL
Date Authenticated: 04/17/2013 06:40

EXAMINATION: CHEST 04/16/13 19:33:00

ACCESSION NUMBER: 7034139

INDICATION: hypoxemia 50 yo male with ARDS secondary to influenza

COMPARISON: 4/16/13.

FINDINGS: Frontal radiograph of the chest demonstrates normal size and contour of the cardiomeastinal silhouette. Small right pneumothorax, unchanged. Stable support lines and tubes. Slightly improved diffuse air space opacities. No evidence of acute bony abnormalities.

IMPRESSION:

Lucency over the right lateral lung, likely pneumothorax. Decubitus film may be obtained for verification if needed.

Slight improved diffuse air space opacities.

VOICE DICTATED BY: BORKO KERESHI
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 31 OF 64

Patient: CAUSEY, TIMOTHY E

MNRN: 2684266

Encounter: 104780796

Page 1 of 1

ards

Technologist: GEORGE MCCUBBINS
Radiologist 1: PAL SURANYI
Radiologist 2: PATRICK MULLIN
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: PAL SURANYI
Date Authenticated: 04/17/2013 07:37

EXAMINATION: CHEST 04/17/13 03:20:00

ACCESSION NUMBER: 7034252

INDICATION : R ptx ards

COMPARISON: Chest x-ray 4/16/2013.

FINDINGS: Frontal radiograph of the chest. The cardiomedialastinal silhouette is stable. Stable support lines and tubes. There is persistent small right lateral lucency, likely pneumothorax. Diffuse air space opacities without significant change. No acute bony abnormality.

IMPRESSION:

Persistent small right lateral lucency, likely pneumothorax, without significant change.
Stable diffuse air space opacities.

VOICE DICTATED BY: Dr. Patrick Mullin
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 30 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2604266

Encounter: 104700796

Page 1 of 1

50 yo male with ARDS secondary to influenza

Technologist: BOBBIE PEARSON
Radiologist 1: PAL SURANYI
Radiologist 2: PATRICK MULLIN
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: PAL SURANYI
Date Authenticated: 04/17/2013 12:45

EXAMINATION: CHEST 04/17/13 10:46:00

ACCESSION NUMBER: 7034597

INDICATION: persistent hypoxemia 50 yo male with ARDS secondary to influenza

COMPARISON: same day chest x-ray 0318.

FINDINGS: Frontal radiograph of the chest. Stable appearance of support lines and tubes. The cardiomedial silhouette is unchanged. Persistent small right lateral lucency without significant change. Stable diffuse air space opacities. Bones are unchanged.

IMPRESSION:

Persistent small right lateral lucency, likely pneumothorax. Stable diffuse air space opacities.

VOICE DICTATED BY: Dr. Patrick Mullin
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 29 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2694266

Encounter: 104780796

Page 1 of 1

50 yo with with hnl ards

Technologist: JASON THOMPSON
Radiologist 1: JAMES RAVENEL
Radiologist 2: PATRICK MULLIN
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: JAMES RAVENEL
Date Authenticated: 04/19/2013 16:29

EXAMINATION: CHEST 04/19/13 14:58:00

ACCESSION NUMBER: 7037983

INDICATION: hypoxia 50 yo with with hnl ards

COMPARISON: Chest x-ray 4/17/2013.

FINDINGS: Frontal radiograph of the chest. The cardiomedastinal silhouette is unchanged. Stable appearance of right pneumothorax. Unchanged appearance of bilateral airspace opacities. No evidence of pleural effusion. Osseous structures show no evidence of acute abnormality.

IMPRESSION:

Stable small right pneumothorax. Unchanged appearance of diffuse bilateral airspace opacities.

VOICE DICTATED BY: Dr. Patrick Mullin
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 13 OF 64

Patient: CAUSEY, TIMOTHY E

MIRN: 2684266

Encounter: 104780796

Page 1 of 1

50 yo with hnl, and pneumothorax

Technologist: MAX DONOHUE
Radiologist 1: ABBIE CLIVER
Radiologist 2: BORKO KERESKI
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: ABBIE CLIVER
Date Authenticated: 04/21/2013 11:34

EXAMINATION: CHEST 04/21/13 09:00:00

ACCESSION NUMBER: 7038835

INDICATION: hypoxemia 50 yo with hnl, and pneumothorax

COMPARISON: 4/19/13 and 4/17/13

FINDINGS: Frontal and cross-table lateral radiographs of the chest demonstrate normal size and contour of the cardiomeastinal silhouette. Stable support lines and tubes. Right-sided pneumothorax which extends anteriorly. Persistent bilateral air space opacities. No evidence of acute bony abnormalities.

IMPRESSION:

Right-sided pneumothorax which extends anteriorly.

Stable to increased bilateral diffuse airspace opacities.

VOICE DICTATED BY: BORKO KERESKI
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 12 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2584266

Encounter: 104780796

Page 1 of 1

pneumothorax, chest tube placement:

Technologist: JASON THOMPSON
Radiologist 1: ABBIE CLOVER
Radiologist 2: BRIAN FLEMING
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: ABBIE CLOVER
Date Authenticated: 04/21/2013 13:12

EXAMINATION: CHEST 04/21/13 12:30:00

ACCESSION NUMBER: 7038932

INDICATION: pneumothorax, chest tube placement

COMPARISON: Chest x-ray 4/21/13

FINDINGS: Single frontal radiograph of the chest. There has been placement of a right pigtail chest tube. Right basilar chest tube is unchanged in position. The remainder of support lines and tubes are unchanged. The cardiac and mediastinal silhouettes are unchanged. Lungs demonstrate persistent diffuse airspace disease, not significantly change from prior examination. There is a small left pleural effusion. There has been significant decrease in size of right pneumothorax. Bones are unchanged.

IMPRESSION:

Placement of right pigtail chest tube with significant decrease in size of right pneumothorax.

Persistent diffuse airspace disease, not significantly change from prior examination.

VOICE DICTATED BY: Dr. Brian Fleming

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

UNOFFICIAL 28 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2694266

Encounter: 104780796

Page 1 of 1

50 yo with ards hnl

Technologist: RALPH SMITH
Radiologist 1: PAL SURANYI
Radiologist 2: BRIAN FLEMMING
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: PAL SURANYI
Date Authenticated: 04/22/2013 08:44

EXAMINATION: CHEST 04/22/13 08:34:00

ACCESSION NUMBER: 7039212

INDICATION: hypoxemia 50 yo with ards hnl

COMPARISON: Chest x-ray 4/21/12

FINDINGS: Single frontal radiograph of the chest. The support lines and tubes are unchanged. The cardiac and mediastinal silhouettes are unchanged. Lungs demonstrate persistent diffuse airspace opacities, not significantly changed from prior examination. There are no pleural effusions. There is no evidence of significant residual pneumothorax. Bones are unchanged.

IMPRESSION:

Persistent diffuse airspace opacities, stable from prior examination.

No evidence of significant residual pneumothorax.

Unchanged support lines and tubes.

VOICE DICTATED BY: Dr. Brian Flemming

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

UNOFFICIAL 27 OF 64

Patient: CAUSEY, TIMOTHY E

MW: 2684266

Encounter: 104786796

Page 1 of 1

50 yo male with ards, respiratory failure, and pneumothorax

Technologist: ALISON GARRARD
Radiologist 1: PHILIP COSTELLO
Radiologist 2: PATRICK GILBERT
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: PHILIP COSTELLO
Date Authenticated: 04/28/2013 11:07

EXAMINATION: CHEST 04/28/13 10:08:00

ACCESSION NUMBER: 7046655

INDICATION: evaluate pneumothorax 50 yo male with ards, respiratory failure, and pneumothorax

COMPARISON: 4/22/13

FINDINGS: Single frontal view of the chest was obtained. Tracheostomy, enteric tube, central line, right chest tube, and right pigtail drain are in grossly stable position. There is no radiographically evident pneumothorax. Diffuse multifocal air space opacities are slightly worse. The cardiomeastinal silhouette is unchanged. No acute bony abnormalities.

IMPRESSION:

Slight worsening of the diffuse multifocal air space opacities.

No radiographically evident pneumothorax with two right sided chest tubes in place.

VOICE DICTATED BY: Dr. Patrick Gilbert
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 11 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104786796

Page 1 of 1

h1n1 influenza

Technologist: BOBBIE PEARSON
Radiologist 1: JAMES RAVENEL
Radiologist 2: IFEOMA ACHEBE
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: JAMES RAVENEL
Date Authenticated: 04/29/2013 15:37

EXAMINATION: CHEST 04/29/13 14:42:00

ACCESSION NUMBER: 7047790

INDICATION: hypoxia h1n1 influenza

COMPARISON: 4/28/13

FINDINGS: Single frontal radiograph of the chest. The support lines and tubes are unchanged. The cardiac and mediastinal silhouettes are unchanged. Lungs demonstrates diffuse bilateral alveolar airspace opacities not significantly changed from yesterday's examination. There is no evidence of pneumothorax. Osseous structures are unchanged.

IMPRESSION:

Stable diffuse bilateral alveolar airspace opacities.

Unchanged support lines and tubes.

VOICE DICTATED BY: Dr. Ifeoma Achebe

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

UNOFFICIAL 26 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

50yo man with ARDS, H1N1, and PTX s/p 2 chest tubes with first placed 4/15 and put to water seal earlier today.

Technologist: DEBRA CAPPS
Radiologist 1: PHILIP COSTELLO
Radiologist 2: KEVIN GARRETT
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: PHILIP COSTELLO
Date Authenticated: 05/01/2013 08:49

EXAMINATION: CHEST 04/30/13 19:25:00

ACCESSION NUMBER: 7049607

INDICATION: Pneumothorax with chest tube taken off suction this afternoon. Persistent resp failure 50 yo man with ARDS, H1N1, and PTX s/p 2 chest tubes with first placed 4/15 and put to water seal earlier today.

COMPARISON: History of 4/29/13.

FINDINGS: Frontal radiograph of the chest. Support lines and tubes are stable. The cardiomeastinal silhouette is unchanged. The lungs show diffuse bilateral alveolar airspace opacities with air bronchograms in the left. No evidence of pneumothorax. Osseous structures are unchanged.

IMPRESSION:

No evidence of pneumothorax.

Persistent bilateral diffuse alveolar airspace opacities.

VOICE DICTATED BY: Dr. Gabe Garrett
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 10 OF 64

Patient: CAUSEY, TIMOTHY R.

MRN: 2684266

Encounter: 104780796

Page 1 of 1

MINI acute res failure

Technologist: MEGHAN RYAN
Radiologist 1: DAVID SOSNOUSKI
Radiologist 2:
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: DAVID SOSNOUSKI
Date Authenticated: 05/01/2013 19:12

EXAMINATION: RIGHT UPPER QUADRANT ULTRASOUND 05/01/13 16:20:00

ACCESSION NUMBER: 7049830

INDICATION: MINI acute res failure

COMPARISON:

TECHNIQUE: Sonographic images were obtained of the right upper quadrant of the abdomen utilizing a multi-hertz transducer.

FINDINGS: The gallbladder is normal for the exception of a small amount of sludge which is unchanged. The common duct is normal in caliber, measuring 5 mm. There is no intrahepatic biliary ductal dilatation.

The liver echogenicity is normal. The portal vein demonstrates hepatopetal blood flow.

The visualized aspects of the pancreas are normal.

The right kidney is normal in size/appearance, measuring 11.4 cm.

There is no free intraperitoneal fluid within the upper abdomen.

IMPRESSION:

Minimal sludge in the gallbladder unchanged.

VOICE DICTATED BY: Dr. David Sosnouski

UNOFFICIAL 47 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

patient with ARDS with difficulty to wean

Technologist: BOBBIE PEARSON
Radiologist 1: PAL SURANYI
Radiologist 2: NICHOLAS MAYES
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: PAL SURANYI
Date Authenticated: 05/02/2013 15:06

EXAMINATION: CHEST 05/02/13 10:42:00

ACCESSION NUMBER: 7051504

INDICATION: evaluate for worsening pulm edema or pneumonia patient
with ARDS with difficulty to wean

COMPARISON: 4/30/2013

FINDINGS: Single frontal view of the chest demonstrates stable
support lines and tubes. The cardiomeastinal silhouette appears
unchanged. Lungs again demonstrate diffuse airspace disease which is
unchanged. Persistent small bilateral pleural effusions. No
pneumothorax. Bones are unchanged.

IMPRESSION:

No significant change in diffuse alveolar airspace opacities.

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

UNOFFICIAL 25 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

ARDS. 1 chest tube in r lung, on water seal

Technologist: MAX DONOHUE

Radiologist 1: NANCY CURRY

Radiologist 2: IFEOMA ACHEBE

Radiologist 3:

Transcribed by: Tech IntTalk

Date Dictated:

Proxy Signer:

Authenticating Radiologist: NANCY CURRY

Date Authenticated: 05/04/2013 12:52

EXAMINATION: CHEST 05/04/13 08:46:00

ACCESSION NUMBER: 7053702

INDICATION: ARDS, 1 chest tube in right lung, on water seal

COMPARISON: 5/2/13

FINDINGS: Single frontal radiograph of the chest. Interval change in position of right pigtail surgical drain in the mid hemithorax periphery with the pigtail portion now pointing inferiorly. Interval removal of chest tube overlying the right lower lung. The other support lines and tubes are unchanged. The cardiac and mediastinal silhouettes are unchanged. Lungs demonstrate worsening diffuse bilateral alveolar airspace opacities. There is no evidence of pneumothorax. Osseous structures are unchanged.

IMPRESSION:

Worsening diffuse alveolar air space opacities.

VOICE DICTATED BY: Dr. Ifeoma Achebe

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

UNOFFICIAL 9 OF 64

Patient: CAUSEY, TIMOTHY P

MRN: 2684266

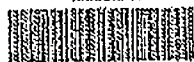
Encounter: 104780796

Page 1 of 1

FINALIZED REPORT



HEART & VASCULAR CENTER



HOSPITAL

Medical University of South Carolina
Charleston, SC
(843)876-5146 Fax (843)876-5140



LOWER EXTREMITY DVT DUPLEX EXAM

Name: CAUSEY, TIMOTHY E	Study Date: 05/06/2013 12:15 PM
MRN: 002684266	
DOB: [REDACTED]/1962 (M/d/yyyy)	Gender: Male
Age: 50 yrs	Ordering Physician: Nick Pastis, 53998
Performed By: ROBINSON, ELAINE	Pat Com: 104780796

PROCEDURE: Bilateral Venous Duplex Scan [93970.

INDICATION: 782.3 Edema.

RISK FACTORS: Immobility.

Assessment of deep venous hemodynamics by pulsed-wave Doppler reveals the following:

RIGHT

Unable to assess common femoral due to dialysis access site.

Popliteal Abnormal Pulsatile.

LEFT

Common Femoral: Abnormal Pulsatile.

Popliteal Abnormal Pulsatile.

Assessment of compression maneuvers:

RIGHT

Unable to assess common femoral and junction due to dialysis site.

Femoral: Compressible.

Popliteal: Compressible.

Peroneal: Compressible.

Posterior Tibial: Compressible.

LEFT

Common Femoral: Compressible.

Saphenofemoral Junction: Compressible.

Femoral: Compressible.

Popliteal: Compressible.

Peroneal: Compressible.

Posterior Tibial: Compressible.

Interpretation Summary

FINAL - There is no evidence of deep vein thrombus in either leg in this limited study. Pulsatile flow is consistent with right heart failure.

UNOFFICIAL 61 OF 64

Bilateral popliteal and left common femoral flow is pulsatile. No evidence of DVT noted in assessed veins.

Electronically Signed By: Thomas Brothers, 1103 on 05/06/2013 04:43 PM
Referring Physician: PASTIS NICHOLAS

UNOFFICIAL 62 OF 64

50yo M intubated with ARDS and PTX s/p chest tube

Technologist: MAGGIE CARTER
Radiologist 1: PHILIP COSTELLO
Radiologist 2: ROBERT HAZELRIGG
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: PHILIP COSTELLO
Date Authenticated: 05/08/2013 08:57

EXAMINATION: CHEST 05/08/13 07:17:00

ACCESSION NUMBER: 7057227

INDICATION: Shortness of breath 50yo M intubated with ARDS and PTX
s/p chest tube

COMPARISON: Chest radiograph 5/4/13

FINDINGS: Single frontal view of the chest demonstrates a
cardiomediastinal silhouette that is stable in size and contour,
partially secured by one persistent diffuse airspace opacities. No
evidence of pneumothorax. There is unchanged positioning of the
tracheostomy tube, left central venous catheter, and right-sided
pigtail chest tube. No acute bony changes.

IMPRESSION:

Persistent, diffuse alveolar air space opacification with no evidence
of pneumothorax.

Stable support lines and tubes.

VOICE DICTATED BY: Dr. Robert Hazelrigg
I have reviewed the study and agree with the findings in this report.

UNOFFICIAL 8 OF 64

Patient: CAUSEY, TIMOTHY R

MRN: 2684266

Encounter: 104780796

Page 1 of 1

thrombocytopenia, splenomegaly, concern for splenic vein/SMV thrombosis.

Technologist: MEGHAN RYAN
Radiologist 1: SUSAN ACKERMAN
Radiologist 2: SHREE SUBEDI
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: SUSAN ACKERMAN
Date Authenticated: 05/08/2013 16:50

EXAMINATION: ULTRASOUND ABDOMINAL DOPPLER, LIMITED 05/08/13 15:44:00

ACCESSION NUMBER: 7057494

INDICATION: Concern for vein thromboses of abdominal veins.
Thrombocytopenia, splenomegaly, concern for splenic vein/SMV
thrombosis

COMPARISON: US 5/1/13, 4/17/13.

TECHNIQUE: Multiple real-time sonographic images of the upper
abdominal vasculature using color duplex Doppler imaging was
performed with a curvilinear multi-hertz transducer.

FINDINGS:

The main portal veins is patent with hepatopetal flow. There is no
evidence of thrombus. The superior mesenteric vein and splenic veins
are patent with normal flow, proper directional flow and no evidence
of thrombosis.

The spleen is enlarged measuring 22.7 cm (18 cm on 4/17/13). No
ascites.

IMPRESSION:

Patent main portal, superior mesenteric, and splenic veins with no
evidence of thrombosis.

Splenomegaly.

VOICE DICTATED BY: Dr. Shree Subedi

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

UNOFFICIAL 46 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

ARDS, PTX s/p chest tube that was removed today, now SpO2 has gone from 95% to 90%

Technologist: DEBRA CAPPS
Radiologist 1: JAMES RAVENEL
Radiologist 2: IFEOMA ACHEBE
Radiologist 3:

Transcribed by: Tech IntTalk
Date Dictated:
Proxy Signer:
Authenticating Radiologist: JAMES RAVENEL
Date Authenticated: 05/09/2013 17:17

EXAMINATION: CHEST 05/09/13 16:35:00

ACCESSION NUMBER: 7059747

INDICATION: concern for new PTX ARDS, PTX s/p chest tube that was removed today, now SpO2 has gone from 95% to 90%

COMPARISON: 5/8/13

FINDINGS: Single frontal radiograph of the chest. Interval removal of right-sided pig-tailed of chest tube. Placement of an enteric tube with distal tip excluded by collimation. Unchanged positioning of tracheostomy tube left-sided central venous line. The support lines and tubes are unchanged. The cardiac and mediastinal silhouettes are unchanged. Lungs demonstrate persists in diffuse alveolar airspace opacities. There is no evidence of pneumothorax. Osseous structures are unchanged.

IMPRESSION:

Stable diffuse alveolar airspace opacities. No visible pneumothorax.

VOICE DICTATED BY: Dr. Ifeoma Achebe

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

UNOFFICIAL 7 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 7 of 7

ARDS, PTX s/p chest tube on R, Dobhoff placed today for nutrition support

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

Transcribed by: Tech Int'l
Date Dictated:
Proxy Signer:
Authenticating Radiologist: STEPHEN SCHABEL
Date Authenticated: 05/10/2013 07:14

EXAMINATION: ABDOMEN 05/09/13 18:47:00

ACCESSION NUMBER: 7059113

INDICATION: dobhoff placement- Dobhoff placed today for nutrition support ARDS, PTX s/p chest tube on R, Dobhoff placed today for nutrition support

COMPARISON: 4 15 13

FINDINGS: Single AP supine view of the upper abdomen was obtained. Bowel gas pattern is normal in appearance with no evidence of pathologically distended loops of colonic or non-colonic intestine. There is no evidence of organomegaly, abdominal masses, or ascites. There is no evidence of radio-opaque calculi overlying the kidneys or expected course of the ureters. There is no evidence of free intraperitoneal gas. The bony skeleton appears intact. nasogastric tube metal tip overlies antrum of stomach femoral catheter right unchanged metal clips over right abdomen suggest endoscopically placed clips

IMPRESSION:

Naso enteric tube stomach

VOICE DICTATED BY: Dr. STEPHEN M.D. SCHABEL

UNOFFICIAL 6 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684366

Encounter: 104780796

Page 1 of 1

post chest tube removal with decreased O2 sats

\

\

Technologist: GEORGE MCCUBBINS

Radiologist 1: PAL SURANYI

Radiologist 2: IFEOMA ACHEBE

Radiologist 3:

Transcribed by: Tech IntTalk

Date Dictated:

Proxy Signer:

Authenticating Radiologist: PAL SURANYI

Date Authenticated: 05/10/2019 08:33

EXAMINATION: CHEST 05/10/13 00:48:00

ACCESSION NUMBER: 705995J

INDICATION: decreased O2 sats post chest tube removal

COMPARISON: 5/9/13

FINDINGS: Single frontal radiograph of the chest. No change in positioning of tracheostomy tube enteric tube and left central venous catheter. The cardiac and mediastinal silhouettes are unchanged. Lungs demonstrate low volumes with decreased diffuse alveolar opacities. There is no evidence of pneumothorax. Osseous structures are unchanged.

IMPRESSION:

Low lung volumes and decreased diffuse airspace opacities.

Unchanged support lines and tubes.

VOICE DICTATED BY: Dr. Ifeoma Achebe

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

UNOFFICIAL 24 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1

MUSC Medical Center
OPERATIVE NOTE

PATIENT NAME: CAUSEY, TIMOTHY E
MRN: 002684266
PATCOM: 104780796
DATE OF SURGERY: 03/30/2013
SERVICE: Surgery, Transplant
SURGEON: John W McGillicuddy, MD
ASSISTANTS:

PREOPERATIVE DIAGNOSIS: Respiratory Failure.

POSTOPERATIVE DIAGNOSIS: Respiratory failure.

PROCEDURE: Venovenous ECMO cannulation in the right internal jugular vein.

ANESTHESIA: Per ICU.

COMPLICATIONS: None.

INDICATIONS: The patient is a 50-year-old gentleman in the medical ICU with respiratory failure refractory to conventional mechanical ventilation as well as use of the oscillator. The ECMO team was consulted. The patient was seen and examined and felt to be a suitable candidate. The risks, benefits, and alternatives to ECMO were discussed with the family and they wished to proceed. Written informed consent was obtained.

DESCRIPTION OF PROCEDURE: After written informed consent had been obtained, the patient's right neck was prepped and draped in usual sterile surgical fashion, a pre-existing right IJ Cordis catheter was cannulated with the wire and removed. The wire was up sized to the ECMO cannula wire. The neck incision was enlarged using a knife and using serial dilators, the subcutaneous tissue was dilated up to accept a 31-French ECMO cannula which was placed over a floppy obturator using Seldinger technique. This was a 31-French dual-lumen Avalon venovenous ECMO cannula. Correct placement was confirmed using real-time echo cardiography with instillation of agitated saline. When proper placement was confirmed, the cannula was sutured into place using multiple 0 silk sutures. The ECMO circuit was connected per protocol and venovenous ECMO was instituted. The patient tolerated this without any worsening in the critical condition. As the attending surgeon, I performed and was present for the entire procedure.

Dictated by: John W McGillicuddy, MD

John W McGillicuddy, MD
Surgeon

557330604/medg/

JOB: 1116372

DO: 04/01/2013 08:17:06

DT: 04/02/2013 05:51:18

Authenticated by JOHN MCGILLICUDDY, MD On 04/04/2013 08:49:55 AM

UNOFFICIAL 3 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1



IP-Consult

Timothy E Causey (MR# 002684266)

IP-Consult Info

Author	Note Status	Last Update User	Last Update Date/Time
Liliane Hobeika, MD	Addendum	Roberto Pisoni, MD	4/7/2013 10:27 PM

IP-Consult

RENAL Consult on 4/7/2013 by MICU

Reason: volume overload in setting of elevated creatinine and oliguria

HPI:

Timothy E Causey is a 50 y.o. male with no significant past medical history, transferred from OSH on 3/28 with ARDS due to Influenza A H1N1. He completed a course of tamiflu and required ECMO 3/30-4/4. His Cr was 1.1 on 4/4, increased to 1.2-1.4 on 4/5, 1.6-3.7 on 4/6 and 4.7 on 4/7. Patient has been hypotensive since 4/5, with leucocytosis, loose stools and positive fecal leukocytes. He was started on vancomycin po, continued on vancomycin iv, cefepime switched to zosyn and micafungin was added. He didn't respond to fluid resuscitation and was started on pressors on 4/6. In the last 24 hours he has been 10 L positive (and in the last 72 hrs he has been 16 L positive). His urine output has dropped overnight to 10-20 cc/hour and didn't respond to bumex iv given this am. His oxygen requirement increased from 40% on 4/4 to 50% on 4/5 to 60% on 4/6. C diff pending. Bladder pressure 20.

ROS: unable to obtain due to intubation and sedation

PMH: negative

Medications:

Heparin gtt, Insulin gtt, vancomycin po, vancomycin iv, zosyn, micafungin, phenylephrine, norepinephrine, lorazepam, propofol, sodium acetate, hydromorphone

Allergy: unable to obtain due to intubation, sedation

Family history: unable to obtain due to intubation, sedation

Social history: unable to obtain due to intubation, sedation

Physical Exam:

BP 104/44 P 108 RR 26 T 37 O2 sat 95%

Gen: Intubated, sedated, on pressors.

HEENT: anicteric sclera.

Neck: Supple.

Lungs: Coarse BS bilaterally.

CV: S1, S2 regular, tachycardic. No m/r/g.

Abd: distended. BS +.

Ext: + edema.

Skin: No rashes or lesions.

Labs:

Renal Panel:

Lab Results

Component	Value
CREATININE	4.7*
BUN	107.0*

Date

4/7/2013

4/7/2013

UNOFFICIAL 59 OF 64

NA	148.0*	4/7/2013
K	4.80	4/7/2013
CL	110.0*	4/7/2013
CO2CT	29	4/7/2013

CBC:

Lab Results

Component	Value	Date
WBC	13.31*	4/7/2013
HCT	25.0*	4/7/2013
MCV	92.6	4/7/2013
PLT	71*	4/7/2013

Impression/Plan:

AKI is most likely due to ischemic ATN in setting of hypotension/septic shock. Elevated bladder pressure might contribute to AKI. No hydronephrosis on renal US. Patient is now oliguric, on pressors, + 16 liters in last 72 hrs. Worsening hypoxia and increased O2 requirement could be related to ECMO discontinuation vs. volume overload in setting of AKI and oliguria. Electrolytes are ok. We will initiate CVVHDF b/c volume overload to keep I/O even (no UF since patient is on pressors). Will use heparin for Anticoagulation since patient is already on it for bilateral LE DVT. Would check C3 and C4.

ATTENDING ADDENDUM:

I have personally seen and examined the patient on 4/7/13 and agree with Liliane Hobeika, MD's findings as stated above.

Roberto Pisoni, M.D.

Links

[Previous Version](#)

Chart Cosign

Signed By
Roberto Pisoni, MD

Signed At
Sun Apr 7, 2013 10:26 PM EDT

UNOFFICIAL 60 OF 64



IP-Consult

Timothy E Causey (MR# 002684266)

IP-Consult Info

Author	Note Status	Last Update User	Last Update Date/Time
Frank Carter Kurzynske, MD	Addendum	Puja Sukhwani Elias, MD	4/12/2013 10:16 AM

IP-Consult

INPATIENT CONSULTATION

Timothy E Causey is a 50 y.o. male.
MRN: 002684266
PATCOM NUMBER: 104780796

Date of Service: 4/11/13
Consulting Service: GI Medicine

Requested by Attending Dr. Strange, pager id 14209
Service requesting consult: MICU

CHIEF COMPLAINT/REASON FOR CONSULT: GI bleed

HPI Comments: Mr. Causey is a 50 y/o Male who was transferred from OSH to MUSC on 3/28 for ARDS 2/2 H1NA influenza. Patient has a complicated hospital course which has included intubation for ARDS, placement on ECMO from 3/30-4/4, AKI 2/2 ATN requiring CVVH and now intermittent HD, BLE DVTs requiring a heparin gtt, and intermittent need for pressors. Patient is currently nonintensive off of pressors but began to have diarrhea 6 days ago after administration of bowel regimen for his previous problem of constipation. This diarrhea is greenish dark in nature from his FMS with no BRBPR. Patient has also had a drop in his Hgb from 11.7 on admission to as low as 6.6. Patient has required a total of 6u PRBC, and has received 2u PRBC every 2 days since 4/6. Patient has had no hematemesis or coffee ground emesis return from his OG tube. Hgb currently at 7.7 and patient still is on a heparin gtt. Patient's platelets are also in mid 60s from baseline in mid 100s upon admission.

ACTIVE PROBLEMS:

ARDS
BLE DVTs
AKI requiring HD
Anemia

ALLERGIES:

Allergies as of 04/11/2013
• (Not on File)

PREADMISSION OUTPATIENT MEDICATIONS:

No current outpatient prescriptions on file.

INPATIENT MEDICATIONS:

Duoneb
Ca Carbonate

UNOFFICIAL 56 OF 64

Micafungin
 Nexium
 Fluticasone
 Glutamine
 Haldol
 Ativan
 Flagyl

PAST MEDICAL HISTORY: has no past medical history on file.

SURGICAL HISTORY: No past surgical history on file.

SOCIAL HISTORY: does not have a smoking history on file. He does not have any smokeless tobacco history on file.

FAMILY HISTORY: family history is not on file.

REVIEW OF SYSTEMS:

Review of Systems

Unable to perform ROS: Intubated

PHYSICAL EXAM:

Physical Exam

Constitutional: Vital signs are normal. He is intubated.

HEENT:

Head: Normocephalic and atraumatic.

Cardiovascular: Normal rate, regular rhythm, S1 normal, S2 normal and normal heart sounds.

Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: He is intubated. He has no decreased breath sounds. He has no wheezes. He has rhonchi.

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension, no ascites and no mass.

There is no tenderness. There is no rigidity and no guarding.

Neurological: He is unresponsive.

LABS RESULTED: Below is the patient's most recent value for WBC, Hemoglobin, Hematocrit, Platelet, Sodium, Potassium, Chloride, CO2, BUN, Creatinine Serum, GFR, Glucose, Calcium, Magnesium, Phosphorus, Intact PTH, Albumin, AST, ALT, Cholesterol, Triglycerides, HDL, LDL, and Hemoglobin A1C.

Lab Results

Component	Value	Date
WBC	5.66	4/11/2013
HCT	23.3*	4/11/2013
PLT	69*	4/11/2013
NA	134.0*	4/11/2013
K	5.20*	4/11/2013
CL	99.0	4/11/2013
BUN	107.0*	4/11/2013
GLU	122*	4/10/2013
MG	2.2	4/11/2013
PHOS	5.6*	4/11/2013
AST	98.0*	4/11/2013 UNOFFICIAL 57 OF 64
ALT	90.0*	4/11/2013

CHOL	149.0	4/4/2013
TRIG	185.0*	4/4/2013

RECOMMENDATIONS:

Per exam patient does not appear to have an active GI bleed at this time. Stool output is dark green in nature and not melena or BRBPR. No coffee-ground emesis on return from OG tube. Patient has also been on a PPI since admission. Patient's Hgb has been trending down but appears to have had periods of stability. If patient is bleeding this would obviously be exacerbated by concurrent Heparin gtt. Anemia could also be exacerbated by hypofunctioning marrow and iatrogenic from Q4H CBCs. Will plan on EGD to rule out upper GI bleed etiologies, but believe there is low likelihood that this will explain patient's anemia.

- Plan for EGD Friday AM
- Stop Heparin gtt and Tube feeds at 3am Friday
- Change Q4H CBCs to Q8H
- Cont PPI

ATTENDING ATTESTATION

I have seen, examined, and discussed this patient with Frank Kurzynski, MD and agree with the findings, assessment, and plan. (GC)

GI bleed is likely not occurring as pt's dark bowel movements appear more bilious in nature. Given ongoing anemia, we agreed to perform upper endoscopy and as suspected, no bleeding source was identified. V. Minimal NG trauma was seen in the gastric body but otherwise the esophagus, stomach and duodenum were normal.

Links[Previous Version](#)**Chart Cosign**

Signed By
Puja Sukhwani Elias, MD

Signed At
Fri Apr 12, 2013 10:18 AM EDT

UNOFFICIAL 58 OF 64

Therapies Performed:
PTEVAL

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Evaluation

Date of Service: 4/17/2013
Patient: TIMOTHY CAUSEY
MRN: 002684266
PAT: 104780796
DOB: 1962
AGE: 50 years

Attending Provider: STRANGE, CHARLIE
Referring Provider: PUL
Date Therapy Plan Established (29): 4/17/2013
Date Patient First Became Aware of Symptoms (11): 03/28/2013
Date Service Initiated by Billing Provider (35): 4/17/2013
Funding: ARIEL THIRD PARTY ADMINIS
Treatment Diagnosis: Muscle wasting and disuse atrophy, not elsewhere classified (728.2)

History of Present Illness: Pt presents from OSH with ARDS and acute respiratory failure. Pt intubated on arrival. Pt originally presented to OSH with c/o fever, URI S

OSH. CXR on 3/26/13 reveals pulmonary edema and bipap started 3/27/13. Intubated 3/28/13 prior to transfer to MUSC. Hospitalization further complicated by B LE DVTs, thrombocytopenia, pneumothorax with chest tube, need for ECMO and CVVA. Pt consulted 4/17/13

Past Medical History: pna 6 years prior, finger fx w/p fixation

Past Surgical History: as above

Social History

- Prior level of function: Per family I. Pt is active police officer

- Occupation/Work status: police officer in Richol's

- Living situation: Pt and family live in a one story home with 4 steps to enter. Pt has tub/shower combo

Precautions: trach, OGT, Vent, CVVA via femoral Quinton, 13 triple lumen, foam boot, L'nard, cooling blanket, a line

Activity Status: Ad Lib

SUBJECTIVE

Pain (Average pain over the last 24 hours): unable to rate /10 (0=no pain to 10=worst)

Patient's Goals: unable to state

OBJECTIVE

- Total Treatment Time in Minutes: 40

- Total Treatment Time Codes in Minutes: 30

Mental Status: Patient is lethargic.

Orientation: Patient oriented to

Barriers to Learning: no limitations to learning

Initial Observations: Pt supine with mother and sister present

ROM: Tested and Not Impaired passively. Pt resists L shoulder flexion intermittently and is able to initiate L hip extension

Strength: Not tested

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

Sensation: Impaired to light touch on the unable to fully assess, but no

UNOFFICIAL 50 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 2

withdrawal to pain
Level of Function at Start of Care (Functional Limitations) :

- Bed mobility:
 - Rolling: Not Tested
 - Supine to Sit: Not Tested
- Transfers
 - Sit to Stand: Not tested.
 - Bed to Chair: Not tested.
- Gait: NT
- Stairs: Not tested.

Balance and Coordination
Balance:

Coordination:
Unable to cooperate secondary to Lethargy/Fatigue

Physical Therapy Evaluation and Treatment: Main Hospital Evaluation 97001
Therapeutic Exercise (97110): Pt's family taught PROM B elbow flexion, shoulder flexion and abduction, B DF and heel slides and able to return dorsi B x 10 reps

Education: Instruction was provided to: patient, family, nursing as follows:
PT POC, PROM 3x/day or as able by family members The individual(s) instructed verbalized understanding.

Equipment Owned: none
Equipment Needed: Continue to assess
Nursing staff notified,

ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):
Pt is a 50 y.o. male with ARDS and prolonged, complicated hospitalization. Pt with intermittent interaction during PT eval, at one time nodding head yes and attempting to wink and shrug shoulders, but not able to reproduce on command. Pt's family very supportive and willing to assist. Pt would benefit from inpatient PT for continued therapy and assessment as motor function returns. Will continue to assess for d/ needs
Impairments: Impaired Muscle Performance
Prognosis: based on patient's medical history, response to education, home exercise performance, and response to treatment: Good

Short Term Goals to be met by: 04/24/13 Therapist to review and provide guidance
* Patient will be Max R_ with all bed mobility.
* Patient will transfer bed to cardio chair x 30 minutes
*

Outcome (Long Term as discussed with patient and/or family) to be met by 06/16/13
to be determined as pt progresses

PLAN

Continue physical therapy 3 to 5 times per week including: transfer training, therapeutic exercise, patient/caregiver education, to achieve above goals.

*Functional Independence Measures

- 7 - Complete Independence: Fully independent
- 6 - Modified Independence: Requiring the use of a device but no physical help
- 5 - Supervision: Requiring only standby assistance or verbal prompting or help

UNOFFICIAL 51 OF 64

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 2 of 3

with set-up

- 4 - Minimal Assistance: Requiring incidental hands-on help only (subject performs > 75% of the task)
- 3 - Moderate Assistance: Subject still performs 50-75% of the task
- 2 - Maximal Assistance: Subject provides less than half of the effort (25-49%)
- 1 - Total Assistance: Subject contributes < 25% of the effort or is unable to do the task

Signed by: Monica Zeigler, PT, DPT 4/17/2013 4:38:32 PM

UNOFFICIAL 52 OF 64

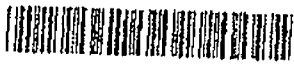
Patient: CAUSEY, TIMOTHY E

MKN: 2684256

Encounter: 104780796

Page 3 of 3

173



PGRECORD



Nephrology Progress Note

INTERDISCIPLINARY PROGRESS NOTES

Page 1 of 1

Form Origination Date: 1/00
Version: 3

Version Date: 9/06

Patient Name
MRN

P:104780796 DOB: 11/1982 W N

Causey
Timothy

Adm: 03/28/13 M: 2684266

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

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

Prohibited abbreviations:

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 5/9/13
TIME 3A

MEDICATIONS

Albuterol
Ampho B 600 q24
Bactrim 480/IV q8 q12
Zosyn 4.5 q8
Foliar 1.5mg inh
Tobramycin 300inh q12
Nexium qtt
FeSO₄
Fluticasone
Glutamine 15 q12
Haldol 2 q6
Insulin
Omega 3
Protein 30ml qid
Seroquel 100 q12
CaCO₃ 2000 BID

NEOA 200ml

Leuphred

- off vasopressin

ABG: 7.39/56/58/34
55%

Dose: 2400/110kg
90 ml/kg

5/9/13

1009

S: NO OLN events. No clotting since started 5/5.

O: off Vaso. on Leuphred 8mg

T _{max}	T _{min}	HR	BP	RR	%Sat	O ₂	Weight	In	Out	NET
	35.8	93	103/47	17	97%	FiO ₂ 0.5		7155	120	

(90-120)

EXP 14

Reclap H2O

Gen: trauma, sepsis

CV: 4 mg

Resp: 489 bases

Abdomen: soft

Ext: edema 0/4/0/0/0

UF 1.9L

137 98 11
37 32 0.6
83

8 7
11 50-47
25

89 7.2
P 3.4

Post cell 109 0.5
(0.4-0.5)

Traffic 1.69

ica 1.06

A/P: 50M complex hospital course transferred from OSH ARDS Influenza H1N1 intubated now tracheal was on ECMO III 4/4, Cr 1.1 developed AKI 2/2 hypotension, on pressors oliguria-anuria started on CRRT 4/7 s/p BAL with Aspergillus and Stenotrophomonas on CX; Pneumothorax with R CT.

- AKI 2/2 ATN anuric - CRRT ultra. No clotting since 5/5. continue CVVH. UF 50ml/h
- Anuria - NO transmembrane OLN. High stable 2.
- MBO - Prob ok.
- ARDS / septic shock - still on FiO₂ 55% < 60% on antibiotics.

UW 15370

Neph Att - seen on CRRT ins'table AKI
U free & pinch p. A/P of R Cxld -
Filter placed. iCa at target. HCO₃/K
stable. Cont to cannulate R.

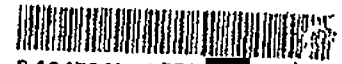
PC Bell 1418



PRGRECRD

MUSC
MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Nephrology Progress Note



P: 104780796 DOB: 1962-11-11
Patient Name: CAUSEY
MRN: TIMOTHY
Adm: 03/28/13, M: 268426

INTERDISCIPLINARY PROGRESS NOTES

Page 1 of 1

Form Origination Date: 1/00
Version: 3

Version Date: 9/06

Prohibited abbreviations:

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

mcg, ug 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

NEPHROLOGY PROGRESS NOTE

DATE 5/10/13
TIME 8A

S: NO OLN WNTS. 87% HOG 55. ANUR.

O:

MEDICATIONS

Atxutorol
Ampho B 600 q24
Bactrim-480/45-q8
Zosyn 4-5 q8
Flolan 1.5mg inh
Tobramycin 300inh q12
Nexium
FeSO4 300 q12
Fluticasone
Glutamine 16 q12
Haldol 2 q6
Insulin
Omega 3
Protein 30ml qid
Seroquel 100 q12
Luprol 8mg
H2O 200ml
CA 10ml
CABG 2000 BID

Tmax	Tmin	HR	BP	RR	%Sat	O2	Weight	In	Out	NET
	37	129	130/60	22	95%		810kg	7504		
ATXUTOROL (110-120)		(110-130)		LVP 19		112kg		TF 230		UF 0.2L

Gen: MILDRED, ELIZABETH
CV: TOBACCO
Resp:

Abdomen:
Ext: edema (1) anasarca

single 574: 07.5
0 CRRT

137 97 110
37 32 0.7
32

9 7 8
24 59

04 7.3
P 1.4
Mg 1.7
1.1

post dial 0.4
pre-
TGA/ICA = 1.8

AP: 50M complex hospital course transferred from OSH ARDS influenza H1N1 intubated now trached was on ECMO 8/11 4/4, Cr 1.1 developed AKI 2/2 hypotension, on pressors oliguria-anuria started on CRRT 4/7 s/p BAL with Aspergillus and Stenotrophomonas on Cx; Pneumothorax with R CT.

- AKI 2/2 ATN anuric - CRRT s/p HOG Δ (574) NO RESULTS OLN.
UF 1.2L & ↑ pressors.
- would recommend increasing LVE US
- with CRRT would decrease UF 20ml; Luprol ↑ to 7-8mg & morphine
- Electrolytes - OK.
- MABD - CA Phes ck.
- Amniotic - hgb stable. NO transfusion x2days

7.38/55/65/32 50%

EXR: 5/10/13

5/10/13
11 3

Neph A/H
Pt seen/examined on CRRT / CNI table
AKI/pressors. Electrolytes stable -
would ↓ UF to 25L/wk seen
↑ sampled for seq.

ATT 1418



"PRGRECD"

MUSC
MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Nephrology Progress Note

INTERDISCIPLINARY PROGRESS NOTES

Page 1 of 1

Form Origination Date: 1/00
Version: 3

Version Date: 9/05

641
Patient Name CAUSEY
MRN

STAMP PLATE AREA

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

mg, pg or ug	U or u	IU	
qd / QD	qod / QOD	MS / MSO.	MgSO.

Prohibited abbreviations:

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

NEPHROLOGY PROGRESS NOTE

DATE 5/18/13
TIME

S: *Wound, still on ORY: for breath*
O: *slp archy building from touch slp per chart*

MEDICATIONS
Albuterol
Ampho B 600 q24
Flolan 1.5mg inh
Diazepam 2.5 BID
Nexium
FeSO4
Fluticasone
Glutamine 15 q12
Haldol 2 q6
Insulin
Omega 3
Protein 30ml qid
Seroquel 100 q12
CaCO3 2500 BID
Methylpred 80 qd

*Murep
sodium ibuprofen inh
Open literature
-wound*

Tmax	Tmin	HR	BP	RR	%Sat	O2	Weight	In	Out	NET
	36.7	120	98/52					576		

U105-120 (40:100)

UF = 4434

Gen: *fronid*
CV: *crubs*
Resp: *483 bases*

Abdomen: *BDH*
Ext: *edema -H-UF/UE*

*MD 100 128
3.8 2.4 0.8
31*

*6.5 8 54
25*

*ea 2.2
P*

A/P: 50M complex hospital course transferred from OSH ARDS Influenza H1N1 intubated now trached was on ECMO 4/4, Cr 1.1 developed AKI 2/2 hypotension, on pressors anuric started on CRRT 4/7 slp BAL with Aspergillus and Stenotrophomonas on CX; slp Pneumothorax with R CT.

- AKI 2/2 ATN anuric - CRRT; *with CRRT UF & continue to now.*
Obtaining from ydoy. UF &
to menad High B. slp pretransfusion

U105 10370

*5/18/13
1:15 PM*

*Real stuff cur & now
for 1 hr
cur & day clear
BP low*

Wound is out

prgrecd1
OTE 700222 Rev. 5/06

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 82 of 86



P:104780798 DOB: [REDACTED] 3/1962 W F
CAUSEY
TIMOTHY
Patient Name _____
MRN _____ M:2684266 _____
PATIENT IDENTIFICATION _____

Online version - when complete philosophy for billing - check here [] to indicate billing copy



PROREC'D

INTERDISCIPLINARY PROGRESS NOTES

Form Origination Date: 1/00
Version: 4

Version Date: 2/10

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

P:104780796 008-1982 W M
CAUSEY
TIMOTHY
Adm 03/28/13 M:2684266

Prohibited abbreviations:

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

pg 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: 2 mg NOT: .50 mg

Write a decimal point with a trailing zero:

USE: 0.5 mg NOT: .5 mg

Date	Time	Notes
5/11/13	0800A	CT Surgery Called STAT to PT's room by ENT team for large volume blood loss from trachea via ET tube. On arrival, pt's lungs largely unchanged than prior. SpO₂ 88%. Believed to be on 5.0 L/min of O₂ with 2 L/min of humidified air. On floor, trachea appears bleeding, visualized. Pleural effusions moderate, small, & be sectioned. Trachea visualized for small bronch without any significant bleeding. 3.15 / 9.1 / 13.2 / 18.1 / 35 / 47 visualized. 8.6 / 1.7 / 6.6 / 14.0 / 10.0 / 1.7 / 12.0 / 10.0 / 6.6 / 5.7 bag 19 26.7 / 3.9 / 3.9 / 0.8 Likely bronchovascular bleed amenable to surgical repair following exploration in OR 5/11/13. Recommend re-intervention if pt still bleeding & he is stable.
5-12-13	0845	Thrombocytopenia Agree 2 platelets Intubated significant bleeding through trachea & under local anesthetic currently on significant support - spi below 2-100% very unstable & hypoxemic close to the pleural looking angioplasty to right chest because of no breath sounds & difficult to breathe

all_att_docu_pigrec'd

OTE 100722 Rev 2/10

Based on surgical exploration yesterday, I do not believe that the bleeding is from the trachea site. Concerned that the overall picture at the point that the pt was 5/11/13 0845

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 85 of 86



'PRGRECRD'

INTERDISCIPLINARY PROGRESS NOTES

Form Origination Date: 1/00
Version: 4

Version Date: 2/10



P:104780796 DOB: [REDACTED] 1962 W M

CAUSEY

TIMOTHY

Adm:03/28/13 M:2684266

PATIENT IDENTIFICATION LABEL

Prohibited abbreviations:

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

lg or vg	Uru	U	
gd / QD	god / QOD	MS / MSO ₂	M ₂ SO ₄

Drug names will not be abbreviated (e.g., AZT, HCYZ, 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: 0.9 mg

~ NOT: .5 mg

Date	Time	
5/9/78	7:00	ENT Papine! bleeding through) teach) i.e. gl. cavity. Bleeds: stable clot in) thrombus post. supratentorial (granulation) tissue w/o bleeding. (Dissolution) large) clot (softened) slough. non-contrastive. Should be returned next month. (currently, no identified source of active bleed) Rec: if stable. IR pt evaluation of blood source. <i>Alex (Gothel) 15914</i>
5/9/78	10:55 AM	Pulmonary artery: intubate COPD w/ profuse bleeding again from trach. Initially was thin BCS but subsequently developed clots - airways consistent & yesterday. As he did yesterday, the patient developed onto resp failure & could not tolerate bipap aggressive lavage (largest bronchogram). There was evidence of possible pte → again placement of chest tube. Despite all these aggressive interventions, our patient has decreased oxygenation to $>30'$ & severely hypoxemic. In addition, he had further hypoxemia & increased CO ₂ to $80 \times 8'$ yesterday. At this point, likelihood of neurologic recovery is close to 0. In addition, we do not have interventions that can correct the issues. We cannot fix the IL - too unstable. We also do not have a clear source. Rec of these factors make continued interventions futile. I updated family & we discontinued all support. Total at time 35' thus far today.
		<i>T. Whelan 14769</i>

all other documents

OTE 700222 Rev. 2/10

patient: CAUSEY, TIMOTHY E

NUM: 2684266

Encounter:104780796

Page 86 of 86

MUSC Health

Adult Critical Care Progress Note

Page 1 of 1

Form Origination Date: 06/08

Version: 3

Version Date: 12/10

Date: 4/13 ICU Day # (POD #)

Patient Name

MRN

CAUSEY

TIMOTHY

Adm: 03/28/13 M: 2684266

PATIENT IDENTIFICATION LABEL

Adm Dx <i>Acute Resp Failure, ARDS, H.N.</i> Recent Surgeries / Surgeries Other Surg Hx		Adm Hx / Status <i>Severe work of breathing, ECMO</i>	
Hospital / ICU Course <i>Just w/o SOB, fever admitted to CCU & hypoxemia 7/13 → ARDS, intubated & transferred to MUSC. found to be H.N. Continued worsening @ MUSC → ECMO. intubated 7/20, transitioned from ventilator.</i>			
Recent (24 hour) Events & Subjective Complaints <i>unable to maintain sedation yet. (Hypoxemia, tachypnea, tachycardia) 4/11/13 190 102 25 110 98 2.0 7.0</i> ☐ Patient Unable to Communicate Effectively ☐ Patient Sedated & Ventilated <i>sedation 7/13 - intubated 7/20</i>			
VITALS Tmax 37.1 °C To 36.9 560 90 1 1% on R 10.1 IP 92.1 IBP 94/61 IOP 1		LABS 7.50 11.6 119 190 102 25 110 98 2.0 7.0 PTT 17.5 INR 1.07 Thrombocytopenia <i>normal</i> CRP 10.0 NT Pro-BNP 1000 BUN 10 Creat 1.0 Output <i>Normal</i> Bowel Regimen <i>Normal</i> Intake <i>Normal</i> Diets <i>Normal</i>	
NEURO ☐ AAOx ☐ No local findings ☐ GCS = Sedation RASS <i>Mgmt sedated - 1/1/13</i> Analogous Pain score <i>Mgmt normal</i> Delirium CAM-ICU ☐ Pos ☐ Neg <i>Mgmt</i>		RESPIR ☐ CTAB <i>Normal</i> ☐ CXR <i>Normal</i> ☐ CT on ☐ suction ☐ water seal Vent Type ☐ CPAP ☐ BiPAP ☐ PSV ☐ SIMV ☐ PRVC ☐ Bvent ☐ HFV ☐ MAP 11 Set Rate 10 L/min V 1.00 P 10 PEEP 10 PS 15 RSEI 15 Measured RR 21 V 4.92 P 15 RSEI 15 ABG <i>Time 4/11/13 190 102 25 110 98 2.0 7.0</i> RENAL <i>In</i> <i>Out</i> <i>Urine 455 1 6.49</i> <i>Cr</i> <i>1.0</i> <i>Yr</i> <i>10</i> Glucose <i>Normal</i> Adrenal <i>Normal</i>	
CHECKLIST Yes No NA ☒ Sedation location & adjustment ☒ Decubiti screened & treated ☒ ET / OT / activity level advanced ☒ Wearing / extubation assessed ☒ HOB up 30-45° ☒ GI prophylaxis ☒ UVT prophylaxis (contraindication) ☒ Feeding advanced ☒ Bowel regimen ☒ Routine labs / x-rays discussed ☒ Antibiotics de-escalated ☒ Mode reviewed & converted PO ☒ Invasive lines de-escalated ☒ Foley required (reason) <i>7/13</i> ☒ This patient is critically ill with moderate / high risk of complications ☐ Attending present for placement of: ☐ Central line ☐ Dialysis cath ☐ AM Rounds ☐ PM Rounds ☐ Reassessments ☐ Reconsultation ☐ Family Updated / Consented ☐ Interdisciplinary Communication Total Minutes Today			

*Copy plan & significant PFT last recent work & res present from
 intubated, ARDS, resp failure and found H.N.
 resp 1 on ECMO, unable to maintain sedation yet. Pulling SOCC/hr via ECMO.
 cont. analgesia for H.N.
 cont. cephalosporins.
 Minimal vent support.
 cont. echo goals: pull ex ~80's, Hgb >10, ptt >75, ptt 7.4.
 d/c foley: ensure adequate Qgood. Normal.
 sedation: 2.0.
 recall issues.
 bronch: normal and x-ray. Not ARDS neg @ admission, but now with
 ARDS, consider switching.*

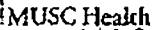
Signature: [Signature] Date: 4/1/13 Time: 0749
ATTENDING I have reviewed the clinical course, lab, monitoring trends, and x-rays as noted above. I personally examined the patient and discussed care plans on rounds with the ICU team (also present: ☐ RN ☐ RT ☐ PharmD ☐ Dietician). My additional comments are:
*Acute Resp. Failure / severe ARDS - on ECMO / Intubation
 H.N.
 1. Cont. ECMO & SIMV vent. / deep sedation
 2. Follow W/S exam for PTX - has lung sliding, now
 3. Volume removal via ECMO circuit
 4. Enteral feed.*

Print name all docu critcareprognote

Online version - when complete photocopy for filing - check box () to indicate filing copy

QTE 700371 Rev. 12/10





Adult Critical Care Progress Note

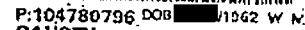
Page 1 of 1

Form Originalton Date: 06/2011

Version: 3

Version Date: 12/10

Date 4/4/13 ICU Day # (POB #)



CAUSEY

TIMOTHY

Adm:03/28/13-M:2684266

Patient Name
BHN

PATIENT IDENTIFICATION LABEL

Patient Information:
Admit Dx: ARDS, H.N., resp failure
Recent Surgeries / Surgeon:
Other Surg/Hx:
Social Hx (Status, DM, HTN, Alcohol, Tobacco, etc.):

Vitals & Physical Exam:
Temp: 38.0°C, HR: 94 bpm, RR: 24 breaths/min, SpO₂: 94% on 4L O₂.
BP: 114/71 mmHg, CVP: 1 cmH₂O.
Neuro: Alert, oriented x3. No focal findings. GCS = E4V5M6.

Labs & Imaging:
ABG: pH 7.35, PaCO₂ 40 mmHg, PaO₂ 100 mmHg on FiO₂ 0.21.
CBC: WBC 12.5k/mm³, Hematocrit 35%, Platelets 244k/mm³.
Chemistry: Creatinine 1.2 mg/dL, BUN 18 mg/dL, Glucose 140 mg/dL.

Respiratory Management:
Vent Type: CMV, PEEP 10 cmH₂O, FiO₂ 0.21.
Chest X-ray: Clear lungs, no consolidation or effusion.

ICU Notes:
ARDS → intubated → transferred to MICU. H.N.I. - ruled Bi-vent + oscillator on ECMO since 2/30/13. o/p S & sample 4/1/13.
will attempt extubation free trial @ 9am.
P. problems - one night.

Attending Signatures:
Signature of [Name] Date 4/4/13 Time 0739Z.
I have reviewed the clinical course, labs, monitoring trends, and x-rays as noted above. I personally examined the patient and discussed care plans on rounds with the ICU team (also present). [] All [] Part [] Dictation. My additional comments are:

Discharge Plan:
1. Transition off ECMO.
2. Cont M504 / Ativan / Nimex.
3. D/c Steroids.
4. May need further blood work.

alt. calitate, vâi, dăru, cîmp, prăg, noie

Online version - when complete photocopy for billing - check here ☐ to indicate billing copy OYE 700371 Rev. 12/10

t:CAUSEY,TIMOTHY E

MRN:2684266

Encounter:104780796

Page 15 of 22

MUSC 183



MUSC Health

Adult Critical Care Progress Note

Form Origination Date: 06/08

Version Date 12/10

Patient Name
MRN

68-037893-1 M:2684266

MRN

PATIENT IDENTIFICATION LABEL

Form Orig:
Version: 3

date 4/5/13 ICU Day # 8 (POD #)

Admit Di: ARDS, H.N., resp failure
Recent Surgeries / Surgenon _____
Other Surgs _____

PH: Ø
Social Hx / Status police officer / smoke exposure

Hospital ICU Course

Admitted from DSH 3/28 @ 2:00, already intubated. Placed on BiPAP, then oscillate with intubation success - placed on ETT 3/30, disconnected 4/4/83 successfully. Sp Spd transfer 4/1/83.

Recent (24 hour) Events & Subjective Complaints

☐ Patient Unable to Communicate Effectively
☒ Patient Sedated & Ventilated

☒ Patient Sedated & Ventilated

VITALS Tmax _____ °C To _____ SaO₂ 94% % on 50%
R 24 | P 110 | - | BP 110/62 | | CVP _____

NEURO ☐ ABOx metastatic cdx ☐ No focal findings ☐ GCS = 15
Sedation: RASS 1 Mgnt Ativan 8
Analgesic: Pain score 1 Mgnt Morphine 8
Pre-op CALLIE ☐ Pac ☐ Nng ☐ Adm ☐ Num 100.9

SVS R RRR 8 No mfx _____ Pulses 80 BP 110/70
SVV _____ %GEDI _____ COXl _____ PAOP _____ PA _____ PVR _____ SVR _____ Svo₂ _____
Meds / Drives _____

RESP ID CTAB ☐ CT on ☐ suction ☐ water ☐
 Vent. type ☒ GPAP ☐ BPAP ☐ PSV ☐ SIMV ☐ PRVC ☐ E-vent ☐ HFV ☐
 Set Rate 24 Vt 500 P_{max} 17 P_{AP} MAP
 - FIO₂ 50 PEEP 10 P_S 13
 Measured RR 14 Vt 500 RSH 13
 ABG Sample 1 12.4 81 43 50% CRK
 Time 20:24 20:18 1:23 on

RENAL Ins. 4/43 Ours 2005 1 Edema 0
mLVS 4/43 2005 4 BUL Dermic

ENOC Glucose Norml
Adrenat Cortisol Norml

CHECKLIST	Yes	No	N/A

[illegible]

☒ This patient is critically ill with moderate / high risk of complications
Attending present for placement of
☐ Central line ☐ Dialysis cath

☒ AM Rounds
☐ PM Rounds
☐ Discharge rounds

1	☐ Reassessments
2	☐ Resuscitation
3	☐ Family Updated/Counseled
4	☐ Interdisciplinary Communication
5	Total Minutes Today

1. Dna. Ctl is being faulted. Presented to ask 2 resp distress →
 forced to have AIDS requiring intubation; transfer to HUSC where
 he was found to be in Ni²⁺ and required 10d. ECHO (affn) on vent.
 Resp. successfully off ECHO. AIDS w/ all staying a 7.3 with hypercalcemia (pH
 and pO₂ - lps). Surrounded by ed. w/ low level work associated (MUS, USA, etc).
 Improving. Attempt to wear number.
 2. Hemodynamically stable off ECHO.
 3. ECHOCARDIOGRAM recent post-intubation. on vent, receptive. Holding vent now.
 4. GUC or LTB. Ventilation in 2005 holding vent for now.
 5. Pao(a): continues to have BUN. Low O₂ resp. Dietician following along.
 6. Anticardiolipin: checking US.

Signature: Barbara K. Kildard Page: 10 of 10 Date: 4/5/13 Time: 01:55

ATTENDING: I have reviewed the clinical course, labs, including trends, and x-rays as noted above. I personally examined the patient and

as follows as requested with the following for a more complete history: ☐ PT ☐ PMH ☐ Medication. My additional comments are:

Mr. Causey has indicated coming off ECMP and
on PRVC mode E 24/500/50/Ketamine
1. Cont PRVC. Δms04 to dilantol. Cont. A Hus
and haldol
2. Vanc. / Cefepime
3. Re-v cultures ✓ V/E, LE Doppos.
4. Re - Antibiotic Signature Mr. Causey Page# 14376 Date 4-5-18 Time 10:30

At a glance of this critique, you can see that

Online version - when complete photocopy for billing - check here ☐ to indicate billing copy

DATE: 2007: Rev. 02/10

1: CAUSEY, TIMOTHY E

MRN:2684266

Encounter:104780796

Page 19 of 22

MUSC1 184



■ MUSC Health

Adult Critical Care Progress Note

Page 1 of 1

Form Origination Date: 06/08

Version: 3

Version Date: 12/10

Date 4/6/13 ICU Day # (POD #)

0-104780798 DOB: [REDACTED] 1962 W M

CAUSEY.

Patient Name: TIMOTHY

Adm: 13/28/13 M: 2684266

PATIENT IDENTIFICATION LABEL

[illegible]

in citare all'atto citazionevole

Online version - when complete photocopy for billing - check here ☐ to indicate billing copy

DTE 700371 Rev. 12/10



MUSC Health

Adult Critical Care Progress Note

• **PROGRESS**

Page 1 of 1

Form Origination Date: 06/08

Version: 3

Version Date: 12/10

Date 4/7/13 ICU Day # (POD #)

P:104780796 DOB: 11/18/1982 W M

CAUSEY

• Patient Name: TIMOTHY

MRN

Adm:03/28/19 M:2684266

PATIENT IDENTIFICATION: _____

[illegible]

Alt create alt docu createpropnote

Online version - when complete photocopy for billing - check here () to indicate billing copy

DTE 700371 Rev. 12/10

±CAUSEY,TIMOTHY E

MRN:2684266

Encounter:104780796

Page 22 of 22

MUSC- 186



Adult Critical Care Progress Note

Page 1 of 1

Form Origination Date: 05/08

Version: 3

Version Date: 12/10

Date 4/8/13 ICU Day # 11 (POD #)

Patient Name Causey, T

MRN 2684256

Im P: 104780790

CAUSEY

PATIENT IDENTIFIER: TIMOTHY

FK TIMOTHY M 2684266

Adm:03/28/13

ah criticare al docu. critcareprognote:

OTE 700371 Rev. 12/10



MRN:2684266

Encounter:104780796

Page 11 of 86

MUSC-187

Patient Name
MMN

—Adm:03/28/13:M:2684266

PATIENT IDENTIFICATION LABEL

an critique ad docu critica/procedu

Online version - when complete photocopy for billing - check here () to indicate billing copy

OTF 760371 Rev. 12/10

MUSC Health

Adult Critical Care Progress Note

Page 1 of 1

Form Origination Date: 06/08

Version: 3

Version Date: 12/10

Date 4-10-13 ICU Day # (POD #)

P:104780796 DOB: /1962 W M

CAUSEY

TIMOTHY

Patient Name Adm: D3/28/13. M: 2684266

MRN

PATIENT IDENTIFICATION LABEL

Admit Dx <u>ARDS → H.N., Resp failure</u>		Recent Surgery / Surgeon <u> </u>	
Other Surg Hx <u> </u>		Social Hx / Status <u> </u>	
Hospital / ICU Course <u>ARDS 7/2 to H.N. → a & off extub sps with shi on CRT waning</u>			
Recent (24 Hour) Events & Subjective Comments			
☐ Patient Unable to Communicate Effectively ☐ Patient Sedated & Ventilator			
Vitals Tmax <u>37.8</u> °C To <u>37.6</u> Sats <u>95</u> P ₉₀ <u>48</u> R <u>34</u> IP <u>124</u> BP <u>115/51</u> CVP <u>1</u>			
ABG ☐ ABG <u>sol</u> <u>PERL</u> ☐ No focal findings ☐ GCS = <u> </u>			
Sedation: RASS <u> </u> Mym <u> </u> <u>65</u>			
Anxiety scale: Pain score <u> </u> Mym <u> </u> <u>5</u>			
Delirium: CAM-ICU ☐ Pos ☐ Neg Mym <u> </u>			
CVT ☐ RRR ☐ No risk <u> </u> <u> </u> <u> </u>			
SVV ☐ XGED <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>			
Medx / Drugs <u> </u>			
RES ☐ CTAB <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>			
Vent Type: ☐ CPAP ☐ BIPAP ☐ PSV ☐ SIMV ☐ PRVC ☐ BiVent ☐ HFV ☐			
Set Rate <u>34</u> Vt <u>5.0</u> P₉₀ <u>48</u> MAP <u> </u>			
FIO₂ <u>0.5</u> PEEP <u>5</u> P₉₀ <u>48</u> RSSI <u> </u>			
Measured RR <u>34</u> Vt <u>5.0</u> P₉₀ <u>48</u> RSSI <u> </u>			
ABG <u>7.35</u> <u>7.16</u> <u>43</u> <u> </u> <u> </u> <u> </u>			
LABS <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>			
END <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>			
Adrenal: Cortisol <u> </u>			
CHECKLIST			
☐ 50 yo with Resolving ARDS 7/2 to H.N. 7/PCU with			
☐ Abt on LAT			
☐ Rta - improving intubation removing fluid with AD.			
☐ ID - offbale off vna PO & IV. OK zozm today. with			
☐ ③ tests w/ water retesting p.p. vna. extubation strategy.			
☐ 3.4.10 - extub by eff.			
☐ Made shi on CRT. T wna atpud			
☐ H.N. extubation also in extubation table Pauls			
☐ Like			
☐ I have reviewed the clinical course, labs, monitoring trends, and x-rays as noted above. I personally examined the patient and discussed care plans on rounds with the ICU team (also present: ☐ RN ☐ RT ☐ PharmD ☐ Dietician). My additional comments are:			
<u>Mr. Causey remains on vent and on CVT.</u>			
<u>1. ↓ FIO₂ on vent. & PEEP to 5 if tolerated</u>			
<u>2. D/c Zozm - Cont Micepungen</u>			
<u>3. Δ to intermittent HD.</u>			
<u>4. Hold Dilaudid / Versed + cont. Hddol for sedation</u>			
<u>5. Hepan</u>			
Attending Signature <u> </u> Page ID <u>14371</u> Date <u>4/10/13</u> Time <u>10:41</u>			

sh_cicare_all_docs_cicareprognosis

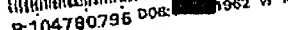
Guiding question: when completed photocopy for billing - check box () to indicate billing copy

OTE 200371 Rev. 12/10



Version Date: 12/10

Date 4/18/18 ICU Day # (POD #)



CAUSEY.

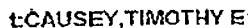
Patient Name Carl TIMOTHY M: 2684266

MRN

PATIENT IDENTIFICATION LABEL

an pricare al doct. Oncareprognostic

QFE 700373 Rev. 12/10



MRN:2684266

Encounter:104780796

Page 16 of 86

MUSC 190

Version Date: 12/10

Date 4/12/13 ICU Day # (POD #)

Patient Name Causey
MRN 2684

MRN

PATIENT II, CAUSEY,
TIMOTHY

Adm:03/28/13 M:2684266

Admission: ARDS, H1N1, resp failure		Date: 4/12/13 Time: 10:45	
Recent Surgeries / Surgeon:		Social Hx / Status: Police Officer (recent work w/ WDC)	
Other Surg Hx:			
Hospital/ICU Course: Initially presented to OSH with resp distress → developed resp failure and ARDS requiring intubation and subsequently transferred to MUSC on 3/28. Influenza H1N1 +.			
Placed on BiVent then oscillator, both w/o success. Now s/p 6d ECMO on 4/11/13 and s/p 5d Tanium on 4/11/13. CRRT initiated 4/8, continued until 4/10. Hgb continues to drop.			
Recent (24 hour) Events & Subjective Complaints		Felonite overnight.	
☒ Patient Unable to Communicate Effectively ☒ Patient Sedated & Ventilated VITALS: Tmax 38.2°C, SpO ₂ 92%, P 192-95 mmHg, R 22, S/P 120/70, MAP 75, HR 110-150 bpm, Temp 38.2°C, SaO ₂ 75%		LABS: Ca 2.8, Mg 1.8, Phos 5.9, Creat 2.8, BUN 10.5, ALT 100, AST 100, Bilirubin 1.2, INR 1.5, PT 13.5, APTT 41.0, Fibrinogen 1.5g/L, D-dimer 1.2 ug/mL, Troponin I 0.1 ng/mL, Ferritin 1000 ng/mL, Procalcitonin 0.5 ng/mL, Lactate 2.0 mmol/L, Urine Cr 1.0 mg/dL, Urine pH 7.0, Urine SG 1.020, Urine Protein 1+, Urine Glucose -, Urine Ketones -, Urine Nitro -, Urine Hematocrit 10%, Urine Hemoglobin 1+	
NEURO: ☒ ALOC UNRESPONSIVE PERIORBITAL No focal findings ☒ GCS = E2V2M6 Sedation: RASS -5, Mgmt Precedex 0.5 mcg/kg/hr, Ativan 2mg q4h Analgesia: Pain score 1, Mgmt Dilaudid 1.5 mg IV q4h Delirium: CAM-ICU Pos ☒ Neg Mgmt		HEPATO: INR 1.5, Thrombophylaxis heparin gtt GI: SANDIT 100 mg BID, BM ☒ Yes ☐ No Output: Bowel Regimen mix lax, Ulcer Prophylaxis nexium 40mg BID	
CVS: ☒ RRR ☒ No Murmur ☒ No JVP ☒ No Edema SVV %GED 1, CUCI PA PRP SVR SvO ₂ 75% Meds: Dopamine		ISSUES: Wounds ☒ Intact / Healthy Drains (w/ Outputs): Location Decubitus Ulcer ☐ None ☐ Stage ☐ Skin ☒ Intact / Healthy ☐ Erythema / Rash Cap Refill	
REENT: ☒ CTAB ☒ Urine VAKES, WBCs ☒ CT on suction ☐ water seal Vent Type: ☒ CPAP ☒ BPAP ☒ RSV ☒ SIMV ☒ PRVC ☒ BiVent ☒ HFVQ Set Rate 24, FiO ₂ 0.45, PEEP 8, PS 0, MAP 75 Measured RR 24, ABG time 4/12/13 10:45 on CXR unchanged diffuse alveolar infiltrates on 4/10		WBC diff / trend: Procalcitonin trend Cultures: Sputum MINIPAL 4/11 @ 7 hrs GP in pairs Blood NEG 4/10 Urine 4/10 Abx Micafungin 100mg q24h day 1 of Filgrastim 600mg IV q24h day 2 of	
RENAL: Insensible losses 1200 mL urine 4/12/13 Dialysis: Diffusion Coefficient 1.0, Ultrafiltration 1.0, Dialysate Flow 1.0, Blood Flow 1.0, Dialyzer 1.0, Membrane 1.0, Filter 1.0, Catheter 1.0, Access 1.0, Monitor 1.0, Alarm 1.0, Stop 1.0, Restart 1.0, End 1.0, Error 1.0, Message 1.0, Help 1.0, About 1.0, Settings 1.0, Status 1.0, Log 1.0, Print 1.0, Exit 1.0		Unres: chest US: small truckering Small mobile hardware What's mobile hardware What's mobile hardware	
ADMIT: GU 6588 Admit: Cortisol CHECKLIST: Yes No NA Sedation vacation & adjustment ☐ ☐ ☐ Delirium screened & treated ☐ ☐ ☐ PT / OT / activity level advanced ☐ ☐ ☐ Weaning/intubation assessed ☐ ☐ ☐ HOB up 30-45° ☐ ☐ ☐ GI prophylaxis ☐ ☐ ☐ DVT prophylaxis ☐ ☐ ☐ (contraindication): ☐ ☐ ☐ Feeding advanced ☐ ☐ ☐ Bowel regimen ☐ ☐ ☐ Routine labs / x-rays discussed ☐ ☐ ☐ Antibiotics de-escalated ☐ ☐ ☐ Meds reviewed & converted PO ☐ ☐ ☐ Invasive lines de-escalated ☐ ☐ ☐ Foley required (reason): ☐ ☐ ☐ If this patient is critically ill with moderate / high risk of complications Attending present for placement of: ☐ Central line ☐ Dialysis cath		50yo CM with no significant PMH who presented as transfer from OSH with ARDS and influenza H1N1. Now s/p 6d ECMO, on CRRT. CV: Acute DVTs in BLEs → on heparin gtt. s/p multiple transfusions for acute anemia. Of all pressors. Hypertensive end tachycardia ofn, suspected due to benzo withdrawal as improved with prn Ativan. Ativan now scheduled TID. Resp: Remains intubated. CXR unchanged - trach today. ID: Broad spectrum abx initiated for sepsis (fever, hypotension, tachycardia, leukocytosis); vanc, zosyn, micafungin. Vanc and zosyn d/c'd 4/9. Flagyl added 4/10. RUQ US to evaluate for other causes of persistent fever. If neg this and minimal neg, would consider CT sinuses vs drug fever. GI: Ceff neg however, fecal leak +, hemoccult +, high clinical suspicion thus added tetracycline EGD today GU: AKI requiring dialysis 4/7-4/10 CRRT. Renal US unremarkable. HD on 4/11. Metabolic acidosis likely 2/2 propylene glycol in Ativan gtt. Heme: thrombocytopenia, PF4 neg. Anemia s/p 2u pRBCs 4/5. Hemoccult +. Unclear etiology - known DVTs could be contributing. Required more transfusions 4/10 with appropriate rise in hgb; however, continues to drop. GI consult ref - to perform EGD today. Will s/p iron panel. Signature: [Signature] K. KRAMER MD ID # 1234 Date 4/12/13 Time 10:45 I have reviewed the clinical course, labs, monitoring trends, and x-rays as noted above. I personally examined the patient and discussed care plans on rounds with the ICU team (also present: GU RT, PharmD, Dietitian). My additional comments are: Acute Resp. Failure / ARDS / AKI / fevers remains unresponsive. 1. Cont. vent. support / plan for trach / try holding sedation 2. EGD showed source of bleeding 3. heparin gtt 4. Cont. micafungin / uct sinus + ct brain Start Vanc Pharmacy Attending Signature: Nick Proctor MD Page 10 14376 Date 4-12-13 Time 10:45	



MUSC Health



"PROGRCRD"

INTERDISCIPLINARY PROGRESS NOTES

Form Origination Date: 1/00
Version: 4

Version Date: 2/10



P:104780796 DOB: 1962 W M

CAUSEY

TIMOTHY

Adm:03/28/13 M:2684266

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 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	
4/12/13	9am	GI ABG Note:
		p End results
		completely normal upper and lower GI series with no mild dilatation in gastric body (non-bleeding)
		- p blood-stained identified.
		Agrees that dark stools are likely more bilious in nature.
		ELIAS 14376
4/12/13	3:00pm	Percutaneous Tracheostomy Note - Please see dictated OP Note. #8uffed shiley placed by percutaneous technique no complications. Consent from patient & wife. Sedation / Analgesia - Propofol 100mg, Dilaudid 80mg IV x 1, Rocuronium 80mg IV x 1. Est. blood loss - minimal.
		Mark Christensen MD 14376

all_all_docu_progrecrd1

OTE 700222 Rev. 2/10



t:CAUSEY,TIMOTHY E

MRN:2684266

Encounter:104780796

Page 25 of 86

MUSC192

HEADER: Patient Name-CAUSEY, TIMOTHY E Attending- 053998 PASTIS, NICHOLAS J
Procedure Type- BRONCH Bronchoscopy

INDICATIONS: Percutaneous tracheostomy.

CONSENT: The benefits, risks, limitations and alternatives to the procedure were discussed and informed consent was obtained from the patient's wife.

PREPARATION/SAFETY: Pulse, pulse oximetry and blood pressure were monitored throughout the procedure.

MEDICATIONS: Dilaudid, Precedex, and Rocuronium per ICU documentation.

PROCEDURE: The bronchoscope was passed through the oral cavity. ETT cuff was deflated and ETT moved back to facilitate perc trach placement per Dr. Nicholas J. Pastis and Dr. Carlos Kummerfeldt.

FINDINGS: normal trachea

UNPLANNED EVENTS: There were no unplanned events.

RECOMMENDATIONS: continue ICU care

POST PROCEDURE INDICATION: Percutaneous tracheostomy

COMMENTS:

PROCEDURE CODES: [31622]Bronchoscopy

PATHOLOGY SPECIMENS: none

Version 1, electronically signed by Dr. NICHOLAS PASTIS, M.D. on 04/12/2013 at 02:55 PM.

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1



MUSC-193

MUSC Medical Center
OPERATIVE NOTE

PATIENT NAME: CAUSEY, TIMOTHY E
MRN: 002684266
PATCOM: 104780796
DATE OF SURGERY: 04/12/2013
SERVICE: Pulmonary Disease
SURGEON: Nick Pastis, MD
ASSISTANTS:

INDICATION: Acute respiratory failure.

SEDATION/ANALGESIA USED: The patient was maintained on a Precedex drip and Dilaudid drip which was set at 0.5 mg per hour. He was given an additional 1 mg of Dilaudid IV, and an additional rocuronium 80 mg IV x1.

DESCRIPTION OF PROCEDURE: The patient's neck was prepped and draped in sterile fashion. Lidocaine 1% with epinephrine was used to anesthetize a 2-cm vertical distance between the cricoid cartilage and the suprasternal notch. Scalpel blade was used to cut through this area in a vertical direction down to the subcutaneous tissue. Bronchoscope was inserted through the pre-existing endotracheal tube. The endotracheal tube was unfastened and pulled back into the subglottic region. Under direct bronchoscopic visualization, an Angiocath was seen entering the trachea, pass the second tracheal ring. The needle was removed and a guidewire was placed down into the tracheobronchial tree, which was confirmed by bronchoscopy. Subsequently a 14-French dilator was used to dilate over the guidewire. This was removed. The Blue rhino tracheal dilator was used to further dilate the trachea. The guidewire was kept in place and the Blue rhino dilator was removed.

A#8 cuffed Shiley tracheostomy tube was placed over an inner dilator and over the guidewire. This was successfully placed into the trachea. The guidewire and dilator were removed. Position was confirmed by bronchoscopy. The cuff was inflated and the patient was connected to the ventilator. Tidal volumes were matched. Oxygen saturations were 100%. The pre-existing endotracheal tube was removed. The patient tolerated the procedure. Tracheostomy tube was sutured in place with 3-0 Prolene. Estimated blood loss was minimal. There were no complications related to the procedure.

Dictated by: Nick Pastis, MD

Nick Pastis, MD
Surgeon

559076350/medq/

JOB: 1118758

DD: 04/12/2013 15:37:19

DT: 04/13/2013 04:27:24

Authenticated and Edited by NICK PASTIS, MD On 4/16/13 1:44:19 PM

Patient: CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 1 of 1



MUSC 194



"SPENDO"

Chest Tube Procedure Note
Critical Care Services

Page 1 of 1

Form Origination Date: 10/02
Version: 3

Version Date: 2/07

P:104780796 DOB: 1992 W N
CAUSEY
TIMOTHY
Adm: 03/28/13 M:2684266

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

Patient Safety:

☐ Correct patient
☒ Time Out observed

☒ Correct procedure
☐ Fall precautions

Using sterile technique and 1% lidocaine local anesthesia, a 24 French Chest Tube was placed into the ☐ left ☒ right (check one) hemithorax. The indication(s) for the procedure was (were):

- ☐ Hemothorax
☒ Pneumothorax
☐ Pleural effusion
☐ Other: _____

The tube was placed in the following location: Anteriorly in 4th intercostal space
Following the procedure, the tube was secured in place and a sterile dressing applied. The tube was attached to an Atrium®. A chest X-ray ☒ was ☐ was not (check one) ordered to confirm position and to assure resolution of the condition being treated.

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

Additional comments:

Signature of Physician performing procedure:

[Signature] MD Pager ID 15229 Date 4/15/13 Time 10 (AM) PM

My signature below certifies that I ☒ was ☐ was not (check one) present and personally supervising the performance of this 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 [Signature] MD Pager ID 19274 Date 4/15/13 Time 10:15 (AM) PM

sh_ccu_cicu_dctcu_ed_micu_resicu_elicu_dccu_icuicu

OTE 900359 Rev. 2/07



CAUSEY, TIMOTHY E

MRN:2684266

Encounter:104780796

Page 2 of 5

MUSC 195

MUSC Health
Adult Critical Care Progress Note
Page 1 of 1

Form Origination Date: 06/08
Version: 3

Version Date: 12/10

Date 4/15/13 ICU Day # (POD #)

Patient Name Causey, Tim
MRN 2684266

700796 008

PATIENT IDENTIFIC. TIMOTHY

2. TIMOTHY M: 2684268

Adm: 03/28/13

[illegible]

ah, citare al docu citareprognote

OTF 101371 Rev. 12/10



t:CAUSEY,TIMOTHY E

MRN:2684266

Encounter:104780796

Page 26 of 86

MUSC196



Adult Critical Care P
Page 1 of

Form Origination Date: 06/08
Version: 3

Date 4/20/13 ICU Day # (POD #)



PROGRESS



P:104780796 DOB: [REDACTED] 1962 W M

CAUSEY
TIMOTHY

Adm:03/28/13 M:2684266

MRN

PATIENT IDENTIFICATION LABEL

Patient Name: [Redacted] **DOB:** [Redacted] **Gender:** Male

Admission Date: 4/10/13 **Discharge Date:** 4/16/13

Referring Physician: Dr. ARDS, H1N1, resp failure
Recent Surgeries / Surpon:
Other Surg Hx:

Hospital / ICU Course: Initially presented to OSH with resp distress → developed resp failure and ARDS requiring intubation and subsequently transferred to MISC on 3/28. Influenza H1N1 +.

Placed on BiVent (then oscillator, both w/o success). Now s/p 6d ECMO on 4/17/13 and s/p 5d Tanhu on 4/19/13. CRRT initiated 4/8, continued until 4/10 followed by HD. Trach on 4/12/13. PTX on 4/15 requiring chest tube placement. Now back on CIVIL with improvement in hemodynamics.

Recent (24 hour) Events & Subjective Complaints:
☐ Patient Unable to Communicate Effectively
☐ Patient Sedated & Ventilator
PT off CVVH for mobilization (up to chair) yesterday → ↑ tachypnea, ↓ hemodynamic stability. Placed back on CVVH with improvement.

VITALS: Tmax 37.4 °C To 37.0 °C HR 100 / 92-100 pm on
R 2124-412P 100 (90-100) BP 140/60 110/55 10VP 85 (15-12)

NEURO: ☐ ABOX ☒ No focal findings ☐ GCS =
Sedation: RASS -3 Mgmt: Vent 2mg IV q2h PRN
Analgesic: Pain score 1 Mgmt: Dilaudid qit
Delirium CAM-ICU Pos Neg Mgmt: Haldol 2mg IV q8h

CVS: ☒ FRR ☒ No mtr ☒ Lungs clear ☒ PVR SVR SVO₂%
SVV WCOED COICI PAOP PA PVR SVR SVO₂%
Meds / Orders

RESP: ☒ CTAB ☒ Minimal ☒ Spont on ☐ Spont ☐ Water seal
Vent Type: ☒ CPAP ☐ BIPAP ☐ PSV ☐ SIMV ☐ PRVC ☐ BiVent ☐ HFV ☐
Set Rate 24 Vt 500 PEEP 14 PS MAP
FIO₂ 60 Measured FR Vt PEEP RSBI
ABG time 5:15 7.31/53 180/15% on 60% CXR R PTX stable Unchanged B
time on Initiates on 4/19

RENAL: Ins Outs (Urine 1600) Edema 2+ plasma LEXM kg
mLVFs 200cc/min in CVVH Diuretic Ativan 300mg
Endo Glucose Mgmt q4h SSII with minimal requirements

Adrenal: Cortisol Mgmt.

CHECKLIST:
☒ Sedation vacation & adjustment
☒ Delirium screened & treated
☒ PT / OT / activity level advanced
☒ Weaning / extubation assessed
☒ HOB up 30-45°
☒ GI prophylaxis
☒ DVT prophylaxis
☒ (cont.) indication:
☒ Feeding advanced
☒ Bowel regimen
☒ Routine lab / x-rays discussed
☒ Antibiotics de-escalated
☒ Meds reviewed & consolidated PO
☒ Invasive lines de-escalated
☒ Foley required (reason)
☒ This patient's condition is moderate/severe/high risk of complications
Attending present at placement of:
☐ Central line ☐ Dialysis cath
☐ AM Rounds
☐ PM Rounds
☐ Reassessments
☐ Resuscitation
☐ Family Updated/Counseled
☐ Interdisciplinary Communication
Total Minutes Today

50yo CM with no significant PMH who presented as transfer from OSH with ARDS and Influenza H1N1. Now s/p 6d ECMO. On CRRT/D.
CX: Acute DVTs in bLEfs → on heparin gtt s/p multiple transfusions for acute anemia. Off all pressors. Avoiding Prepopex as likely cause of bradycardic events.
SIG: AKI requiring dialysis 4/7-4/10 CRRT. Renal US unremarkable. HD on 4/11, 4/12, 4/13, 4/15, 4/16. On CVVH since 4/17 with 50cc/hr UF.
Respt: s/p trach 4/12. PTX on 4/15. Chest tube placed. Improvement in resp status with CVVH, UF. Wearing FIO₂ and foley as tolerated.
ID: Sepsis (fever, hypotension, tachycardia, leukocytosis), vanc, zosyn, micafungin. Zosyn d'ced 4/9, IV vanc d'ced 4/11, but pt then persistently febrile. Flayl added 4/10. Vanc, meropenem added 4/12. Micafungin changed to voriconazole 4/14 due to persistent fever on micafungin and aspergillus species on resp ex 4/5. Coag neg staph in 1 of 2 bld cxs 4/16. All cxs d'ced 4/19.
Gf: Cdx neg x2. s/p 7d bzyl 4/17. EGD wnt.
Heme: thrombocytopenia now improved. PF4 neg. Anemia requiring several transfusions 4/6-4/14. Ferrous sulfate.
Signature: [Redacted] **Page ID:** 15410 **Date:** 4/20/13 **Time:** 0640
ATTENDING: I have reviewed the clinical course, labs, monitoring trends, and x-rays as noted above. I personally examined the patient and discussed care plans on rounds with the ICU team (also present: ☐ RN ☐ RT ☐ PharmD ☐ Dietician). My additional comments are:
acute + vent
BPT 37.9 **NOY K 27** **132/95**
chrt differe crumble CV NREAY
And hospitalized best return all 4
ARDS - cut down flow in central
cut down flow
Signature: [Redacted] **Page ID:** 14303 **Date:** 4/20/13 **Time:** 905

ah_cricche_a1_docu_criccheprognoto

QTE 700371 Rev. 12/10



LEAUSEY,TIMOTHY E

MRN:2684266

Encounter:104780796

Page 43 of 86

MUSC 197 ---



Adult Critical Care Progress Note

PROGRESS

Form Origination Date: 06/08
Version: 3

Version Date: 12/10

Date 4-21-13 ICU Day # (POD #)



P:104780796 DOB: 1962 W M

CAUSEY

Patient Name **TIMOTHY**
MRN **Adm:03/28/13 M:2684266**

PATIENT IDENTIFICATION LABEL

Admit Dx: <u>ARDS H₂N₂</u> Recent Surgeries / Surgeries: <u> </u> Other Surg Hx: <u> </u>		PMH: <u> </u> Social Hx / Status: <u> </u>	
Hospital / ICU Course: <u>ARDS/H₂N₂ → EGAD → sepsis → hypoxia → H₂N₂ → Abt → CRT</u>			
Recent (24 hour) Events & Subjective Complaints: <u>↑ tachycardia & peak pressures overnight</u> ☐ Patient Unable to Communicate Effectively ☐ Patient Sedated & Ventilated			
VITALS: Tmax <u>36.7</u> °C to <u>36.3</u> SaO ₂ <u>97</u> % on <u> </u> R <u>22</u> IP <u>44</u> BP <u>131/61</u> CVP <u> </u>		LABS: <u>7.57</u> / <u>7.36</u> / <u>192</u> Bk / <u>105</u> / <u>44</u> Co <u>7.3</u> <u>5</u> / <u>27</u> / <u>11.2</u> Mg <u>2.4</u> Phos <u>2.1</u>	
NEURO: ☐ ALOC <u> </u> ☐ No focal findings ☐ GCS <u> </u> Sedation: RASS <u> </u> Mgmt <u> </u> Analgesia: Pain score <u>1</u> Mgmt <u> </u> Delirium: CAM-ICU ☐ Pos ☐ Neg Mgmt <u> </u>		WOUNDS: ☐ Intact / ☐ Healed Decubitus Ulcer ☐ None ☐ Stage <u> </u> Location <u> </u> Skin ☐ Intact / ☐ Healed ☐ Erythema / Rash <u> </u> Cap Refill <u> </u>	
RESPIRATORY: ☐ CTAB <u> </u> ☐ CT on suction / ☐ water seal Vent Type: ☐ CPAP ☐ BiPAP ☐ PSV ☐ SIMV ☐ PRVC ☐ BiVent ☐ HFOV Set Rate <u>34</u> Vt <u>5.0</u> PEEP <u>4</u> PS <u> </u> Measured RR <u> </u> Vi <u> </u> P ₉₅ <u> </u> RSB <u> </u> ABG time <u>7:54/4:55</u> on <u> </u> CXR <u> </u>		WBC diff / trend: <u>4.1</u> <u> </u> <u> </u> Cultures: Sputum <u>4.1</u> <u> </u> <u> </u> Blood <u> </u> <u> </u> <u> </u> Urine <u> </u> <u> </u> <u> </u>	
RENAL: <u> </u> (Urine <u> </u>) <u> </u> Edema <u> </u> Wt <u> </u> mSIF <u> </u> <u> </u> <u> </u>		ADDITIONAL: <u> </u> <u> </u> <u> </u>	
CHECKLIST: Yes No NA Sedation vacation & adjustment ☐ ☐ ☐ Delirium screened & treated ☐ ☐ ☐ RT / OT / activity level advanced ☐ ☐ ☐ Wearing/reduction assessed ☐ ☐ ☐ HOB up 30-45° ☐ ☐ ☐ GI prophylaxis ☐ ☐ ☐ DVT prophylaxis (contraindication) ☐ ☐ ☐ Feeding advanced ☐ ☐ ☐ Bowel regimen ☐ ☐ ☐ Routine labs / x-rays discussed ☐ ☐ ☐ Antibiotics de-escalated ☐ ☐ ☐ Needs reviewed & corrected PO ☐ ☐ ☐ Invasive lines de-escalated ☐ ☐ ☐ Foley required (reason) <u> </u> ☐ ☐ ☐ ☐ This patient is critically ill with moderate / high risk of complications Attending present for placement of ☐ Central line ☐ Dialysis cath ☐ ☐			
ATTENDING: I have reviewed the clinical course, labs, monitoring trends, and x-rays as noted above. I personally examined the patient and discussed care plans on rounds with the ICU team (also present: ☐ RN ☐ RT ☐ PharmD ☐ Dietician). My additional comments are: <u>VS T36.7 139/54 109% sat</u> <u>Cut from Phil by</u> <u>data since</u> <u>acknowledging failure of ARDS: will place new CT</u> <u>acknowledging failure of ARDS: will place new CT</u> <u>acknowledging failure of ARDS: will place new CT</u> <u>acknowledging failure of ARDS: will place new CT</u> Attending Signature <u> </u> Date <u>4/21/13</u> Time <u> </u>			

ml_culture_all_docs_cultureprogressnote

Online version - when complete photocopy for billing - check here () to indicate billing copy

OTE 700.1 Rev. 12/10



CAUSEY, TIMOTHY E

MRN:2684266

Encounter:104780796

Page 45 of 86

MUSC 198



"PROCEED"

INTERDISCIPLINARY PROGRESS NOTES

Form Origination Date: 1/00
Version: 4

Version Date: 2/10



P:104780796 DOB: [REDACTED] 1962 .W. M

CAUSEY

TIMOTHY

Adm:03/28/13 M:2684266

PATIENT IDENTIFICATION LABEL

Prohibited abbreviations:

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

mg 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	
4/23/13	7:50	PT note: Pt re-paralyzed & medical complications. Will come to assess. M. H. L. W. PT. D.R. 116304
4/23/13	11:55 AM	Tracheotomy Follow Up - Trach. site clean, dry, + intact. Will have sutures removed today. Cont. current #8 cuffish Shiley.
		M. H. L. W. ~ 14376

all - all - docu project01

QTE 700222 Rev. 2/10



t:CAUSEY,TIMOTHY E

MRN:2684266

Encounter:104780796

Page 48 of 86

MUSC199

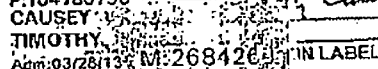
MUSC Health
Adult Critical Care Progress Note

Form Origination Date: 08/08
Version: 3
Date: 5/1/13
ICU Day #: (POD #)

PRGREGRO
P:104780796 DOB: 1962
CAUSEY, TIMOTHY
Adm: 03/28/13 M: 268426

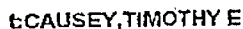
Admit Dx: ARDS, HINI, resp. failure Recent Surgeries / Surgeries: Other Surg Hx:		Social Hx: Police Officer (recent work with fire) Other Hx:	
History/ICU Course: Initially presented to DTH & Resp. distress → developed resp. failure & ARDS requiring intubation & subsequently transferred to MUSC on 3/28. FlU HINI (B) placed on BiVent then oscillator, both & success. Now S/P & day 5 CMV on 4/11/13 & S/P & day 5 Tamiflu on 4/11/13. CRAT 4/8-11/10. Trach on 4/11/13. Ptx on 4/11/13 → chest tube. Also on CVVH. SpO2 stable on 55% FiO2.			
Recent 24 Hour Events / Subjective Complaints: afebrile over last 24 hrs.			
Vitals: Tmax 36.6 °C To 34.0 °C SaO2 95 (90-99) % on 55% FiO2 R 34 (34) P 94 (94) BP 131/55 (110/74) HR 104 (94-104) CVP 1 (1) 			
Neuro: AAOx: SCARF, PAVL, 2nd No focal findings GCS = 15 (15) Sedation: RASS -5 (Mont Ketamine gtt, Nimble gtt) Analgesia: Pain score 1 (Wnt dilaudid gtt) Delirium: CAM-ICU Pos Neg Wnt delirium (100mg q12h)		Lab: PTT 18.6 INR 1.08 Thrombocytopenia (Platelet gtt) Coag: SMDNT +BS Output: Bowel Regimen Urinary: Urine Output 1500ml/24h	
CVS: RR 18.5 Normal Tachy, Regular SVV: %GED 100% PACF PA PVR SVR SVO2 Levophed 0.2		ISSUES: Wounds Intact/Healthy Drains: (J) Output FIM & CX 2 Decubitus Ulcer: (None) Stage Location Skin: Intact/Healthy (Erythema/Rash) Cap Refl	
RESP: CIAB Phenoth. Through Court 2. CT on suction water seal Vent Type: CPAP BPAP PSV SIMV PRVC BiVent HFON Set Rate: 34 Vt 450 Pw Pw IAP FiO2: 55% PEEP 12 PS Measured RR: 18.5 Vt 450 Pw Pw RSB ABC time: 4:15 1:11:55 1:11:10 on 55% FiO2 Time: 1:57 1:11:59 1:11:10 on 55% FiO2		Chem: SpO2 95 (90-99) (4/11/13) Blood: Procalcitonin 0.05 (4/11/13) Urine: Urine negative Abx: Zosyn day 4 of Amphotericin B: day 4 of Barbiturates: day 4 of Inhaled Tob: day 4 of	
Glucose: Mgnt Adrenal: Cortisol Mgnt		Checklist: Yes No N/A Sedation vacation & adjustment: Delirium screened & treated: PT/OT/ activity level advanced: Wound/decubitus assessed: HOB up 30-45°: GI prophylaxis: DVT prophylaxis (contraindication): Feeding advanced: Bowel regimen: Routine labs / x-rays discussed: Antibiotics de-escalated: Meds reviewed & converted PO: Invasive lines de-escalated: Potency required (treason):	
Notes: 504.1. CA with no significant PMH presented w/ transfer from DTH & ARDS + influenza HINI. Now S/P & day 5 CMV on CRAT MD. Resp: ARDS persist. Evident superimposed pseudomonas/stenotrophomonas pneumonia. Continue cefepime (at max dose); started zosyn & IV barbiturates. Continuing amphotericin B for aspergillus @ sputum on 4/22/13. Also inhaled Tob. ID: sepsis - improving; afebrile & white count trending back down. CN: Levophed now down to 2; try to wean off xF to level 1. CV: GATT CRAT MD since 4/17. Will try to pull fimbriated pressure off. Heme: platelets slowly trending down again; concern for now. Last time recovered on their own. Signature: Stacy B. MD Pager 1015440 Date 5/1/13 Time 7:00 PharmD: I have reviewed the clinical course, labs, monitoring trends, and x-rays as noted above. I personally examined the patient and discussed care plans on rounds with the ICU team (also present: [] RRT [] PharmD [] Dietitian). My additional comments are: Mr. Causey has had recurrent sepsis. Shock & Stenotrophomonas & pseudomonas pneumonia. 1. Cont. vent support for ARDS & inhaled flolan. Restart propofol for deep sedation & wean off nimble. 2. Zosyn / Barbiturates inhaled TOBI / Amphotericin B 3. Wean off levophed 4. CVVH & even fluid balance. Attending Signature: [Signature] Date 5/1/13 Time 11:50 AM Total Minutes Today:			

Online version - when complete photocopy for billing - check here [] to indicate billing copy

ah_criticare_all_docs_criticareprognote

Online version - when complete photocopy for billing - check here ☐ to indicate billing copy

OIE 700371 Rev. 12/10



MRN:2684266

Encounter:104780796

Page 24 of 39

MUSC1201



MUSC Health

Adult Critical Care Progress Note

Page 1 of 1

Form Origination Date: 06/08

Version: 3

Version Date: 12/10

Date 5/3/13 ICU Day # (POD #)

Patient Name

Timothy Causey

MRN

PATIENT IDENTIFICATION LABEL

Admit Dx: <u>ARDS, H1N1, resp. failure</u>		Recent Surgeries / Surgeon		Social Hx / Status	
Other Surg Hx					
Recent (24 hour) Events & Subjective Complaints					
☒ Patient Unable to Communicate Effectively ☒ Patient Sedated & Ventilator Chest tube #1 removed yesterday. Some red output from OG.					
VITALS Tmax 37.1 °C to 36.8 SaO2 95 (88-91) Pao 65-2 R 22 (14-22) P 110 (88-108) BP 104/49 (88-108) HR 48 ACVP 19 (14-23)					
NEURO ☒ AROX <u>sedated + intubated</u> ☐ No focal findings ☐ GCS = Sedation: RASS -3 <u>propofol 0.50</u> ☐ No local findings ☐ GCS = Analgesia Pain score 0/10 <u>propofol 0.50</u> ☐ No local findings ☐ GCS = Delirium CAM-ICU ☐ Pos ☐ Neg <u>propofol 0.50</u> ☐ No local findings ☐ GCS =					
VENT ☐ RRR ☐ Normal ☐ Pursed SVV ☐ 2.6% COCl ☐ PA ☐ PVR ☐ SVR ☐ SVa ☐ Meds / Drips <u>propofol 0.50</u>					
RESP ☐ CTAB ☐ CT on ☐ suction ☐ water seal Vent Type: ☐ CPAP ☐ BPAP ☐ PSV ☐ SIMV ☐ PRVC ☒ BIVENT ☐ HFV ☐ Set Rate 40 Vi Pmax Pmin PEEP 0 PS Pmax Pmin Trach 3.0 Trach 1.0 Measured RR Vi Pmax Pmin RSI <u>compliance: 70</u> CRP ABG time 0415 <u>PH 7.44 / PO2 67 / PCO2 45</u> on <u>US</u> time 2010 <u>PH 7.41 / PO2 60 / PCO2 45</u> on <u>US</u>					
RENAL ☐ Insults ☐ Oligo ☐ Urine ☐ Edema ☐ Wt ☐ kg mVFs ☐ Diuretic ☐					
ENDO ☐ Glucose ☐ Mgnt ☐ Adrenal Cortisol ☐ Mgnt ☐					
CHECKLIST Yes No N/A Sedation vacation & adjustment ☐ ☐ ☐ Delirium screened & treated ☐ ☐ ☐ PT / OT / activity level advanced ☐ ☐ ☐ Weaning / extubation assessed ☐ ☐ ☐ HOB up 30-45° ☐ ☐ ☐ GI prophylaxis ☐ ☐ ☐ DVT prophylaxis (contraindication) ☐ ☐ ☐ Feeding advanced ☐ ☐ ☐ Bowel regimen ☐ ☐ ☐ Routine labs / x-rays discussed ☐ ☐ ☐ Antibiotics de-escalated ☐ ☐ ☐ Meds reviewed & converted PO ☐ ☐ ☐ Invasive lines de-escalated ☐ ☐ ☐ Foley required (reason) ☐ ☐ ☐					
504-0 CME no significant PMH E ARDS in previous H1N1 Neuro: now on propofol only for sedation. Triglycerides 853. CX: Low run up to 40 to maintain MAPs; below 24 propofol Pulm: ARDS & superimposed steno + pseudomonas pneumonia. Aspergillus antigen (+) Continue Flolan; still 5 prongs oxygenating + ventilating but better E cannot comp. GE: Full in place; mirror today for + output - red output from OG - gastrocent cont, - GU: on CRRT ID: Septis; on Zosyn, bactrim + amphotericin Heme: plt. low - steno; hgb to 4.5, getting (unit PRBC's this am) PR: heparin gtt.					
I have reviewed the clinical course, labs, monitoring trends, and x-rays as noted above. I personally examined the patient and discussed care plans on rounds with the ICU team (also present: ☐ RN ☐ RT ☐ PharmD ☐ Dietician). My additional comments are: Acute Resp. Failure / ARDS / AK I 1. Removing volume & cvvt + new v AOC 2. Transferring 20. PRBC's / Nexium gtt. / 67 cons. H 3. Zosyn / Bactrim / Amphotericin 4. Tube feeds held due to VGI bleed. 5. Comm. IR for 1st					
Signature <u>Stacy Brown MD</u> Pager ID 15470 Date 5/3/13 Time 10:50 Date 5/3/13 ICU Day # <u> </u> (POD # <u> </u>)					

ah_cicare_all_doc_cicareprognote

Online version - when complete photocopy for billing - check here [] to indicate billing copy

OTE 760371 Rev. 12/10



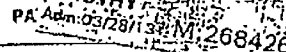
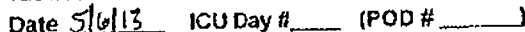
CAUSEY, TIMOTHY E

MRN: 2684266

Encounter: 104780796

Page 27 of 39

MUSC.202...

OTE 700371 Rev. 12/10



MUSC Health

Adult Critical Care Progress Note

PROGRCRD

Page 1 of 1

Form Origination Date: 06/08

Version: 3

Version Date: 12/10

Date 5/7/13

ICU Day #

(POD #)

Patient Name

MRN

PATIENT IDENTIFICATION LABEL

HPI: AROS, HINI		None	
Recent Surgeries / Surgeon		Social Hx / Status: Police Officer	
Other Surg Hx			
Hospital / ICU Course: AROS, HINI, Prolonged respiratory failure.			
Recent (24 hour) Events & Subjective Complaints			
☐ Patient Unable to Communicate Effectively ☐ Patient Sedated & Ventilated Ionized Ca: 1.00 post cell Ionized Ca: 0.37			
VITALS T _{max} 38.4 °C T _c 36.4 SaO ₂ 90 190-98 P ₆₀ on 50-60% FIO ₂		15.5 7.3 50 137 98 30 1.1 Ca 6.8	
R 28 (14-45) P 99 (99-110) BP 112/48 HR 117 (100-120) CVP 15 (15-19)		22.7 43 31 0.7 No L.E. Phos 2.1	
INURIA: AROS 3.2 (0-1.0) H ₂ O 1.2 (0-1.0) No local findings GCS- Sedation: RASS -4 Myot: Commande dilaudid 4ggt Analgesic: Pain score 1 Myot: dilaudid 4ggt Delirium: CAM-ICU 1 Pos Neg Myot: Delirium 10/10/13 HINI 1/1/13		PTT 24.4 BIR 0.99 Thrombocytopenia None bleeding SINDHAT 2-BS 61.4 (40-60) BM 1 Yes No Output: FAS -1550cc Bowel Regimen: Miralax Nutrition: Uter Prophylaxis: NEX-4.0m gtt	
CUS: ☐ FURR ☐ No n/a SVV: 94% GED: COCH PAOP PA PVR SVR SVO ₂ Meds / Drips		WOUNDS: ☐ Intact / Healthy Drains (w/ Outputs): DT 1 Wheel Urinary: ☐ Intact / Healthy Location: 1. n/a Skin: ☐ Intact / Healthy Erythema / Rash Cap Refill WBC diff / trend: Procalcitonin trend	
SESA: ☐ CTAB ☐ C04176 ☐ Sonos ☐ T4444 ☐ CT on ☐ suction ☐ water cool Vent Type: ☐ CPAP ☐ BiPAP ☐ PSV ☐ SIMV ☐ PRVC ☐ Servo ☐ HFV Set Rate: Vt P ₆₀ P ₉₀ P ₁₀₀ MAP FIO ₂ PEEP D PS T ₆₀ 3.0 T ₁₀₀ 1.0 Measured RR Vt P ₆₀ P ₉₀ P ₁₀₀ MAP ABG time 2:00 7.38/63/155/85% on 50% FIO ₂ CUR Compliance 35% time 1:45 7.32/63/155/84% on 60% FIO ₂		Abx: amphotericin B day 15 of 21 Zosyn day 5 of 14 Zosyn day 5 of 14 Lines placed placed placed	
BUNAL: ins outs (Urine) 1 Edema anasarca M Ig reliefs Diuretic		Lines placed placed placed	
CHECKLIST Yes No N/A Sedation vacation & adjustment ☒ ☐ ☐ Delirium screened & treated ☒ ☐ ☐ PT / OT / mobility level advanced ☒ ☐ ☐ Weaning / extubation assessed ☒ ☐ ☐ HOB up 30-45° ☒ ☐ ☐ GI prophylaxis ☒ ☐ ☐ DVT prophylaxis (contraindication): bleeding ☒ ☐ ☐ Feeding advanced ☒ ☐ ☐ Bowel regimen ☒ ☐ ☐ Routine labs / x-rays discussed ☒ ☐ ☐ Antibiotics de-escalated ☒ ☐ ☐ Meds reviewed & converted PO ☒ ☐ ☐ Invasive lines de-escalated ☒ ☐ ☐ Foley required (reason): ☒ ☐ ☐		50% CM 2 AROS, HINI, course LBS renal failure, persistent resp. fail. Nurse: following some comments, on dilaudid + prn ativan CV: lets down to 8; vasopressin at 0.04. P ₆₀ : AROS 2 superimposed stress + pseudomonas pneumonia. Also R Pox CT to water seal. Cont. Fluid, Bivent. GI: GGI yesterday 2 some friable mass around pylorus; one vessel clipped. & hepatic. Cont. minimum gtt. Gt: CNVH ID: febrile yesterday afternoon. continue current abx. Nurse: transfuse prn. Platelets trending down. pcy neg. x2. Signature: [Signature] Page 10 of 10 Date 5/7/13 Time 6:45am	
ATTENDING: I have reviewed the clinical course, labs, monitoring trends, and surveys as noted above. I personally examined the patient and discussed care plans on rounds with the ICU team (also present: [] RN [] RT [] Pharm [] Dietitian). My additional comments are: Acute Resp Failure / Fever yesterday / AKI / AROS-HINI. 1. & FIO ₂ as tolerated. Cont. inh flolan. Lower Ext dopplers (-) 2. & sedation as tolerated. 7-32/63/55 3. Cont Abx; Ampho-B. 4. GI bleed - still need transfusion last p.m. Follow H/H. 5. SCDi Attending Signature: [Signature] Page 10 of 10 Date 5/7/13 Time 6:45am			
35 ☐ AM Rounds ☐ PM Rounds ☐ Reassessments ☐ Resuscitation ☐ Family Updated/Counselled ☐ Interdisciplinary Communication Total Minutes Today			

sh:chicare_08__docu_criticalprogressnote

Online version - when complete photocopy for billing - check here [] to indicate billing copy GTE 100371 Rev. 12/10

T:CAUSEY,TIMOTHY E

MRN:2684266

Encounter:104780796

Page 38 of 39

MUSC-204

Date 5/8/13 ICU Day # (POD #)



P:104780796 DOB: /1962 W M.

CAUSEY

TIMOTHY

Adm:03/28/13 M:2684266

DN LABEL

NP Admit Dr: <u>AROS</u> Recent Surgeries / Surgeon Other Surg Hx Hospital/ICU Course		PAW <u>None</u> Social Hx / Status <u>police officer</u>			
Recent (24 hour) Events & Subjective Complaints ☐ Patient Unable to Communicate Effectively ☐ Patient Sedated & Ventilated					
VITALS Tmax <u>37.6</u> °C Tc <u>36.4</u> SaO ₂ <u>97</u> <u>87-97</u> P ₄₀ on <u> </u> R <u>21</u> <u>12-41</u> P <u>101</u> <u>88-101</u> BP <u>121/62</u> <u>188-195</u> <u>40-70</u> CVP <u>14</u> <u>10-14</u>		ionized Ca: <u>1.07</u> @ Ca <u>6.9</u> Mg <u>1.8</u> Phos <u>2.1</u>			
NEURO ☐ AROX ☒ Sedated, intubated ☐ No local findings ☐ GCS = <u> </u> Sedation: RASS <u> </u> Mgmt: <u>clonidine 0.1, ativan prn</u> Analgesia: Pain score <u>1</u> Mgmt: <u> </u> Delirium: CAM-ICU ☐ Pos ☐ Neg Mgmt: <u>haloperidol only</u>		LABS PTT <u>28.5</u> INR <u>1.05</u> Thrombocytopenia <u>none - bleed 1 day</u> ☐ SARDNT ☐ +BS <u> </u> BM ☐ Yes ☐ No Output <u>FAS 100</u> Bowel Regimen <u>normal</u> Nutrition <u>normal - no OG</u> Urology Prophylaxis <u>normal</u>			
CVS ☒ RRR ☒ No mtdg <u> </u> Pulses <u> </u> SVV <u> </u> %GED <u> </u> COCI <u> </u> PAOP <u> </u> PA <u> </u> PVR <u> </u> SVR <u> </u> SvO ₂ <u> </u> Meds / Drips <u>levophed 0.2 vasopressin 0.04</u>		WOUNDS ☐ Intact / Healthy <u>DTI @ heel</u> Drains (w/ Outputs) <u> </u> Location <u>heel</u> Decubitus Ulcer ☐ None ☒ Stage <u> </u> Skin ☐ Intact / Healthy ☐ Erythema / Rash <u> </u> Cap Refill <u> </u> ☐ WBC diff / trend <u> </u> Pruritus / In tend <u> </u>			
RESP ☐ CTAB <u> </u> ☐ CT on ☐ suction ☐ water seal Vent Type: ☐ CPAP ☐ BPAP ☐ PSV ☐ SIMV ☐ PRVC ☒ Bivent ☐ HFOV <u> </u> Set Rate <u>15</u> Vt <u> </u> P _{aw} <u>34</u> MAP <u> </u> FO: <u>100%</u> PEEP <u>0</u> PS <u> </u> T _{peak} <u>5.0</u> T _{com} <u>1.0</u> Measured RR <u> </u> Vt <u> </u> P _{aw} <u> </u> RSB: <u>compliance dyn: 10.0</u> ABG time <u>1:48</u> <u>135/51/77/95</u> on <u>100%</u> time <u>12:00</u> <u>71/51/74/94</u> on <u>100%</u>		Cultures: Sputum <u> </u> Blood <u> </u> Urine <u> </u> Abx: <u>Amphotericin B</u> day <u>16</u> of <u>21</u> <u>Zosyn</u> day <u>9</u> of <u> </u> <u>cefazolin</u> day <u> </u> of <u> </u> Lines <u> </u> placed <u> </u> <u> </u> placed <u> </u> <u> </u> placed <u> </u>			
RENAL Incr <u>0.81</u> Ours <u> </u> (Urine <u>1</u>) Edema <u> </u> Wt <u> </u> kg mVFs <u>-1400 on CVVH</u> Diuretic <u> </u> ENDC Glucose <u> </u> Mgmt <u> </u> Adrenal: Cortisol <u> </u> Mgmt <u> </u>		CHECKLIST Yes No NA Sedation vacation & adjustment ☐ ☐ ☐ Delirium screened & treated ☐ ☐ ☐ PT / OT / activity level advanced ☐ ☐ ☐ Weaning / extubation assessed ☐ ☐ ☐ HOB up 30-45° ☐ ☐ ☐ GI prophylaxis ☐ ☐ ☐ DVT prophylaxis ☐ ☐ ☐ (contraindication): ☐ ☐ ☐ Feeding advanced ☐ ☐ ☐ Bowel regimen ☐ ☐ ☐ Routine labs / x-rays discussed ☐ ☐ ☐ Antibiotics de-escalated ☐ ☐ ☐ Meds reviewed & converted PO ☐ ☐ ☐ Invasive lines de-escalated ☐ ☐ ☐ Foley required ☐ ☐ ☐ (reason): <u> </u> ☒ This patient is critically ill with moderate / high risk of complications Attending present for placement of: ☐ Central line ☐ Dialysis cath ☐ <u> </u> 35 ☒ All Rounds 20 ☒ Ppt Rounds ☐ Reassessments ☐ Resuscitation ☐ Family Updated / Counseled ☐ Interdisciplinary Communication 55 Total Minutes Today		50yo. CM 2 ARDS, HINI, course d/o renal failure, persistent respiratory failure, GI bleed. Neuro: agitation CX: less O ₂ currently. wear as tolerated Rxn: ARDS & superimposed Steno + pseudomonas pneumonia. PRX on R & CT + water seal GI: still & hgb dropping. Hm No OG currently. on nasum gut > 3 days GH: CVVH ID: continue current abx Hm: requiring more frequent transfusions. I have reviewed the clinical course, labs, monitoring trends, and x-rays as noted above. I personally examined the patient and discuss of care plans on rounds with the ICU team (also present: ☒ RN ☒ RT ☒ PharmD ☐ Dietician). My additional comments are: Acute Resp. Failure / ARDS / AKI / Acute blood loss anemia 1. ↓ Fio ₂ to 55%. Change track due to cuff leak. 2. Weaning off levophed. 3. If H/H ↓ again, consider repeat EGD. 4. Ampho-B 1000mg / bid, Zosyn / butin 9/10d 5. on CVVHC - limit bleed 6. Holding PTT due to bleed 7. Transfuse Ptt of more bleeding.	

ah_cricare_all_docu_critcareprognote



t:CAUSEY,TIMOTHY E

MRN:2684266

Encounter:104780796

Page 53 of 86

MUSC Health



PRGRECRD

INTERDISCIPLINARY PROGRESS NOTES

Form Origination Date: 1/00
Version: 4

Version Date: 2/10



P:104780796 DOB: [REDACTED] 1962 W M

CAUSEY

TIMOTHY

Adm:D3/28/13 M:2684266

PATIENT IDENTIFICATION LABEL

Prohibited abbreviations:

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

yg or ug	U or u	IU	
qd / QD	qnd / QND	MS / MSO ₄	MgSO ₄

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

Do not write a whole number with a trailing zero.

US&: 5 mg

NOT: 5.0 mg

Write a decimal point with a leading zero:

USE: 0.5 mg.

NOT: 5 mg

Date	Time	
5/8/13	3:25 pm	Tracheostomy Tube Change - Need for trach change due to cuff leak + high cuff inflation pressures. Changed to #8 Shirley XLT cuffed without complication. Mike Pastore on 14.3.76

all: all docu proceed

OTE 700222 Rev. 2/10.



6:CAUSEY,TIMOTHY E

MRN:2684266

Encounter:104780796

Page 54 of 86

MUSC-206



MUSC Health - Adult Critical Care Progress Note

Form Origination Date: 06/08
Version: 3

Version: 3

Version Date: 12/10

Date 5/9/13 . ICU Day # . (POD # . . .)

Patient Name Causing
MRN 26811

MRN 3681260

PATIENT IDENTIFICATION LABEL

[illegible]

all critiche all'docs criticareprognole

Online version - with complete photo copy for billing - check here ☐ to indicate billing copy

OFF-700371 Rev. 12/10



1: CAUSEY, TIMOTHY E

MRN:2684266

Encounter:104780796

Page 56 of 86

MUSC207



MUSC Health



"PRGRECRD"

INTERDISCIPLINARY PROGRESS NOTES

Form Origination Date: 1/00
Version: 4

Version Date: 2/10



P:104780798 DOB: 1/1962 W M

CAUSEY

TIMOTHY

Adm:03/28/13 M:2684266

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 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

5/9/13
1400

Date Time

Nutrition:

Nutrition diagnosis is unresolved. Pt remains Septic, weaning pressors. Pt continues on Bivent and CVVHD. Pt is new development of GIB last week. Tube feeds have been held since 5/3. GI team is on board, Suspect on 5/6 - found mucosal hemorrhage. One vessel clipped. Hgm now stable, plan to stop Nexium gtt + restart tube feeds today. Last weight on 5/2 - 112.4 kg (99.2 kg on admit).
I/O: 7276/1420 CVVH: 1300 mls urine: 0 mls stool: 120 mls
labs: B7 98 11 < 108 { 72 WBC 11.44
3.7 32 0.6

Meds: Zosyn, Septa, Nexium, Vasopressin, Levophed, Hynpho B, Inh. Fitolan, Seroquel, Dilaudid gtt, Prostet, Ferrus Gluconate, SS1(1), Galatamine.

- plan: 1.) Resume EN as previously ordered: Oxya 0.55 ml + plus Prostet QID + Galatamine BID to provide 2448 kcal + 173 g pro/day @ goal rate.
2.) Mon't bil for cholest, has had issues w stool output during this admission + recent GIB.
3.) Have been unable to obtain a Metabolic Study this far 2 1/2 incompatible vent settings will continue to most candidates for this study.
4.) Unit to continue following. Bidunenberg RN, D, M.D. J. C. VSC

all_all_docu_prgrecrd1

OTE 700222 Rev. 2/10



MUSC Health

Adult Critical Care Progress Note

Page 1 of 1

Form Origination Date: 06/08

Version: 3

Version Date: 12/10

Date 5/10/13 ICU Day # (POD #)

PRGREGRO

Patient Name

MRN

PATIENT IDENTIFICATION LABEL

Causay

P. Causay

2684266

Admit Dx: ARDS, H1N1		Social Hx/Status: none	
Recent Surgeries / Surgeon:		Social Hx/Status: police officer	
Other Surg Hx:			
Hospital/ICU Course: Admitted to ARDS + H1N1; course c/o persistent respiratory failure, stem/procedure pneumonia, renal failure.			
Recent (24 hour) Events & Subjective Complaints: Prob. E. Flolean pump overnight			
☐ Patient Unable to Communicate Effectively ☐ Patient Sedated & Ventilated			
VITALS Tmax 37.2 °C to 37.7 SxO ₂ 91 190-97 1% on 35% R 18 114-51 P 126 187-114 BP 120/50 199-115 110-61 CVP 19 110-51		Ca ⁺⁺ : 1.11	
NEURO: A&Ox Intubated No focal findings GCS		PIT 37.2 INR 1.19 Thrombocytopenia	
Sedation: RASS Mgmt Dilaudid q4 E Ativan prn		SANDANT - BS SL disturbed BM Yes No	
Analgesia: Pain score Mgmt		Output FMS Bowel Regimen Miralax	
Definitive: CAM-ICU Pos Neg Mgmt Keilal		Ulcer Prophylaxis Nexium 8/12h	
CVS: RHR 120 bpm Regular Puses 2+		WOUNDS: Intact/Healthy	
SVV %GED COCI PAOP PA PVR SVR SxO ₂		Drains (w/ Outputs) DTI Rheel	
Meds / Drips: Levophed @ 10		Decubitus (w/er) None Stage Location L heel	
RESP: CTAB CT on suction water seal		Skin Intact/Healthy Erythema/Resit Cap Refil	
Vent Type: CPAP BiPAP PSV SIMV PRVC Bivent HFOV		WBC 6.1 trend Procalcitonin trend	
Sol Rate 15 Vi Pao 30 MAP		Cultures: Sputum Blood Urine	
FIO ₂ 35% PEEP 0 PS Tns 3.0 Tlow 1.0		Abx: amphotericin B day 17 d 21	
Measured RR 15		Lines placed placed placed	
ABG time 0541 7.30/55 105/141 on 35% CXR			
Time 1030 7.30/54 152/84 on 35%			
RECAL Ins Outs (Urine) 1 Edema present Wt kg			
mIVFs - 1200 on CUVH Diuresis			
ENDO: Glucose Mgmt			
Adrenal: Cortisol Mgmt			
CHECKLIST Yes No N/A			
Sedation vacation & adjustment ☒			
Definitive screened & treated ☒			
PT/OT activity level advanced ☒			
Weaning/extubation assessed ☒			
HOB up 30-45° ☒			
GI prophylaxis ☒			
DVT prophylaxis (contraindication) ☒			
Feeding advanced ☒			
Bowel regimen ☒			
Routine labs / x-rays discussed ☒			
Antibiotics de-escalated ☒			
Meds reviewed & converted PO ☒			
Invasive lines de-escalated ☒			
Foley required (reason): ☒			
☒ This patient is critically ill with moderate / high risk of complications Attending present for placement of: ☐ Central line ☐ Dialysis cath			
35 ☐ AM Rounds ☐ PM Rounds ☐ Reassessments ☐ Resuscitation ☐ Family Updated/Counseled ☐ Interdisciplinary Communication Total Minutes Today			

504- M E ARDS, H1N1, course c/o persistent respiratory failure, renal failure

Pain: Repeat CXR overnight c/o of desaturation; related to Flolean not mobilizing. Improved this am. Tolerating Bivent E less. Page P track A.

Chest tube now removed

CN: Levophed this a.m. MAP's better when pt. more agitated

GI: restarted tube feeds via DTI. Hgb. trending down but slower than previously. Nexium IV BID

Wound: DVT's gone, likely PE. Platelets low-stable. H/H trending down slowly

Neuro: dilaudid for sedation.

Signature: [Signature] Page ID 15440 Date 5/10/13 Time 7am

ATTENDING: I have reviewed the clinical course, labs, monitoring trends, and x-rays as noted above. I personally examined the patient and discussed care plans on rounds with the ICU team (also present: [] RT [] PharmD [] Dietician). My additional comments are:

Mr. Causay is slightly improved from resp. standpoint

P volume removal, though now on Levo. 16mcg.

1. ↓ FIO₂ as tolerated. Cont. inhaled flolean. E BIVENT

2. Amphi-B for 21 day course. Following off antibiotics

3. Follow H/H

4. Tube feeds

5. Cont SCD's

Attending Signature: [Signature] Page ID 14376 Date 5/10/13 Time 10:00

ah_critcare_all_docs_critcareprognote

Online version - when complete photocopy for billing - check here [] to indicate billing copy

OTE 200371 Rev. 12/10



CAUSEY, TIMOTHY E

MRN:2684266

Encounter:104780796

Page 59 of 86

MUSC209



Form Origination Date: 08/08

Version: 3

Version Date: 12/10

Date 5/14/13 ICU Day # (POD #)

P:104780796 006 562 W N

CAUSEY

TIMOTHY

Patient N Adm: 03/28/13 M: 2684266

MRN

PATIENT IDENTIFICATION LABEL

Admit Dx: <u>ARDS, H1N1</u>		Social Hx / Status	
Recent Surgeries / Surgeon			
Other Surg Hx			
Hospital / ICU Course: <u>ARDS + H1N1 - resp failure initiated -> trach</u> <u>Resp course complicated by VAP, PTX, AKI, GIB.</u>			
Recent (24 hour) Events & Subjective Complaints: <u>Hb holding steady 6.7-6.8-6.9. Pt communicates & follows commands. Referred</u> <u>to med ICU for resp. failure.</u>			
VITALS: Tmax <u>37</u> °C Tc <u>36.5</u> SaO ₂ <u>89-100</u> P ₉₀ <u>134</u> / <u>94</u> / <u>115</u> Ca <u>2.0</u> / <u>1.0</u> R <u>1-37</u> IP <u>48-117</u> BP <u>100-90-45</u> ICPV <u>1</u> Mg <u>1.8</u> Phos <u>1.7</u>		Labs: <u>5.7</u> <u>6.9</u> <u>6.4</u> <u>3.5</u> <u>3.2</u> <u>0.6</u> <u>115</u>	
NEURO: ☐ A&Ox <u>Follows commands</u> ☐ No local findings ☐ GCS = <u>15</u>		Vitals: PTT <u>35</u> INR <u>1.28</u> Thrombocytopenia <u>Yes</u>	
Sedation: RASS <u>1</u> Mgmt <u>amorph-B</u>		C/SINDANT ☐ BS <u>Yes</u> ☐ No	
Analgesia: Pain score <u>1</u> Mgmt <u>amorph-B</u>		Bowel Regimen <u>no</u> <u>amorph-B</u>	
Delirium: CAM-ICU ☐ Pos ☐ Neg Mgmt <u>amorph-B</u>		Ulcer Prophylaxis <u>yes</u> <u>10 bid</u>	
CVS: ☐ RRR <u>No</u> <u>amorph-B</u> <u>amorph-B</u>		Wounds: ☐ Intact / Healthy	
SVV <u>%GED</u> COCI <u>PAOP</u> PA <u>PVR</u> SVR <u>SVO₂</u>		Drains (w/ Outputs): <u>amorph-B</u>	
Meds / Drops: <u>amorph-B</u> <u>amorph-B</u>		Debridement: ☐ None ☐ Stage <u>amorph-B</u>	
RESP: ☐ CTAB <u>amorph-B</u> ☐ CT on ☐ suction ☐ water seal		Skin: ☐ Intact / Healthy ☐ Erythema / Rash <u>Cap Ref</u>	
Vent Type: ☐ CPAP ☐ BIPAP ☐ PSV ☐ SIMV ☐ PRVC ☐ BiVent ☐ HFOV		Cultures: Sputum <u>amorph-B</u>	
Set Rate <u>Vi</u> PEEP <u>PS</u> P ₉₀ <u>MAP</u>		Blood <u>amorph-B</u>	
FIO ₂ <u>Vi</u> PS <u>PS</u> P ₉₀ <u>MAP</u>		Urine <u>amorph-B</u>	
Measured RR <u>Vi</u> P ₉₀ <u>MAP</u>		Abx <u>amorph-B</u> day <u>21</u> of <u>21</u>	
ABG time <u>7:30</u> <u>55</u> <u>61</u> <u>40</u> on <u>amorph-B</u>		day <u>4</u> of <u>4</u>	
time <u>1</u> <u>1</u> <u>1</u> on <u>amorph-B</u>		day <u>5</u> of <u>5</u>	
RENAL: Ins <u>400</u> (urine <u>1</u>) Edema <u>VI</u> kg		placed <u>5/13</u>	
mVFC <u>400</u> Diuretic <u>amorph-B</u>		placed <u>4/7</u>	
ENDG: Glucose <u>amorph-B</u>		placed <u>3/29</u>	
Adrenal: Cortisol <u>amorph-B</u>			
CHEST: <u>50 YO B E ARDS, AKI, GIB, PTT, resp failure</u>			
1. <u>ptn - trach on trach, scheduled trial for fiberoptic-guided ARDS</u>			
2. <u>CV - amorph-B</u>			
3. <u>Amorph-B holding, no mucus, no abdo rigidity or guarding, no splinting</u>			
4. <u>10 - day 21/21 amorph-B, stable</u>			
5. <u>AKI - CVH</u>			
6. <u>ptn - amorph-B</u>			
Signature: <u>amorph-B</u> Page ID: <u>5141</u> Date: <u>5/14/13</u> Time: <u>7:00</u>			
ATTENDING: I have reviewed the clinical course, labs, monitoring trends, and x-rays as noted above. I personally examined the patient and discussed care plans on rounds with the ICU team (also present: <u>amorph-B</u> <u>amorph-B</u> <u>amorph-B</u> <u>amorph-B</u>). My additional comments are:			
<u>Mr Causey is more awake & alert on di-lauderol drip</u>			
<u>valium, haldol, & prn ativan. Worsened had pneumonia</u>			
<u>+ worsened</u>			
<u>Hb = 6.9</u>			
1. <u>Stop Steroids p tomorrow</u>			
2. <u>Completion Amorph-B today</u>			
3. <u>V med - DAL = Quant cultures, start V am. Zym</u>			
4. <u>Even 1/2 today. Transfuse + PRBC</u>			
Attending Signature: <u>amorph-B</u> Page ID: <u>14376</u> Date: <u>5/14/13</u> Time: <u>10:00 AM</u>			



HPI: ARDS, HINI		PMH: none	
Recent Surgeries / Surgeon		Social Hx / Status: police officer	
Admission / ICU Course: Admitted to ARDS, HINI; course complicated by persistent respiratory failure, renal failure, GI bleed			
Recent (24 hour) Events & Subjective Complaints: <i>Agitation pt's fluid was decreased to 10, FIO2 5.0. After fluid 1 to 0 pt became more alert. Overnight pt required more care. Pt awake, eyes open and follows commands.</i>			
☐ Patient Unable to Communicate Effectively ☐ Patient Sedated & Ventilated			
VITALS Tmax 37.2°C To 36.7 SaO2 96 188-100 P/eaon		AGE 64 73 52 137 98 14 124 Ca 7.3 Mg 1.6 Phos 1.9	
R 14 16-37 P 119 104-115 BP 114/53 120-132 CVP 1			
NEURO ☐ A&Ox ☐ No focal findings ☐ GCS =		PVT 36.2 HR 1.19 Thrombocytopenia	
Sedation: RASS -1 Mgmt		☐ SINDANT ☐ SCS	
Analgesia: Pain score 1 Mgmt		Output FMS 150 Bowel Regimen <i>maxipro</i>	
Delirium CAM-ICU ☐ Pos ☐ Neg Mgmt		Nutrition ☐ Intact / Healthy	
SVS ☐ RRR ☐ No mivg Pulses		WOUNDS ☐ Intact / Healthy	
SVV %GEDC COCI PAOP PA PVR SVR SV02 %		Drains (nd Outputs)	
Meds / Drops <i>Levoflo</i>		Decubitus Ulcer ☐ None ☐ Stage Location	
RESPIR ☐ CTAB <i>Left in room</i> ☐ CT on ☐ suction ☐ water seal		Skin ☐ Intact / Healthy ☐ Erythema / Rash Cap Refill	
Vent Type: ☐ CPAP ☐ BPAP ☐ PSV ☐ SIMV ☐ PRVC ☐ BIVENT ☐ HFV ☐		☐ WBC d/d / trend ☐ Procalcitonin trend	
Set Rate Vi PEEP PS P/FiO2 50% PEEP 0 PS 10 Trigh: 5.0 Tlow: 0.7		Cultures: Sputum	
Measured RR Vi PEEP PS P/FiO2 50% PEEP 0 PS 10 Trigh: 5.0 Tlow: 0.7		Blood	
ABG time 1520 7.37 59 171 94% on 50% FIO2 10		Urine	
RENAL Ins Outs (Urine) Edema Diuretic		Abx <i>Zosyn</i> day 2 d	
mIVFs		<i>Vancomycin</i> day 2 d	
ENDO Glucose Mgmt		OTHER: <i>Solumedrol 20mg IV QID</i> day 5 d	
Adrenal: Cortisol Mgmt		Lines <i>L-11</i> placed 5/13	
CHECKLIST Yes No N/A		<i>Ar line</i> placed 4/7	
Sedation, vacation & adjustment ☒		SDYD 0+ ARDS, AKE, GIB, Ptx, resp failure	
Delirium screened & treated ☒		1. <i>pt's trach line FIO2 5.0 / PEEP 30</i>	
PT / OT / activity level advanced ☒		<i>admitted trach resulting in improvement</i>	
Weaning / extubation assessed ☒		<i>pt's trach 10. Ar A&B suggests staying where we are on settings</i>	
HOB up 30-45° ☒		2. <i>LV - Levoflo at 12</i>	
GI prophylaxis ☒		3. <i>line - Hb 11.5, on 10% H2O, PEEP 10, 100% O2</i>	
DVT prophylaxis (contraindication) ☒		4. <i>AKI - CVP 10, 100% O2, 100% O2, 100% O2</i>	
Feeding advanced ☒		5. <i>pt's trach</i>	
Bowel regimen ☒		Signature <i>Timothy Causey</i> Page 10 1544 Date 5/15/13 Time 7:30AM	
Routine labs / x-rays discussed ☒		ATTENDING I have reviewed the clinical course, labs, monitoring trends, and x-rays as noted above. I personally examined the patient and discussed care plans on rounds with the ICU team (also present: ☒ RN ☒ RT ☒ PharmD ☒ Dietician). My additional comments are:	
Antibiotics de-escalated ☒		<i>Mr. Causey remains on BIVENT E & in intubated FIO2</i>	
Meds reviewed & converted PO ☒		1. <i>Cont. current vent settings / DIC labile fibrin</i> <i>meBAL -> mod GARS</i>	
Invasive lines de-escalated ☒		2. <i>v DIC labs.</i>	
Foley required (reason): ☒		3. <i>DIC Vane. Cont. Euzym.</i>	
☒ This patient is critically ill with moderate / high risk of complications		4. <i>DIC Steroids</i>	
Attending present for placement at: ☐ Central line ☐ Dialysis cath		5. <i>Levoflo</i>	
35 ☒ AM Rounds ☐ PM Rounds		Follow up 11/4 day <i>Attending Signature: Mike Pastor</i> Page 10 14376 Date 5-15-13 Time 11:45	
☐ Reassessments			
☐ Resuscitation			
☐ Family Updates / Counseled			
☐ Interdisciplinary Communication			
Total Minutes Today			





Page 1 of 1

Version Date: 12/10

Patient
MRN

Adm:03/28/13 M:2684266

PATIENT IDENTIFICATION LABEL

Online version - when complete photocopy for billing, check here ☐ to indicate billing copy

DTE-700371 Rev. 12/10



MRN:2684266

Encounter:104780796

Page 72 of 86

MUSC213



Adult Critical Care Progress Note

PRGRECRD

Page 1 of 1

Form Origination Date: 05/08

Version: 3

Version Date: 12/10

Date 5/17/13 ICU Day # (POD #)

Patient
MRN

P:104780796 DOB: 962 W

CAUSEY

TIMOTHY

Adm:03/28/13 M:2684266

PATIENT IDENTIFICATION LABEL

Admit Dx: <u>ARDS, HINI</u>		Social Hx / Status: <u>Police Officer</u>	
Recent Surgeries / Surgeon			
Other Surg Hx			
Hospital / ICU Course: <u>Admitted 2 ARDS, HINI; hospital course c/o persistent respiratory failure, renal failure, GI bleed, VAP.</u>			
Recent (24 hour) Events & Subjective Complaints: <u>Continue to have persistent respiratory failure.</u>			
☐ Patient Unable to Communicate Effectively ☒ Patient Sedated & Ventilated			
VITALS: Tmax <u>37.2</u> °C Tc <u>36.4</u> SaO ₂ <u>95</u> 194-100 P ₆₀ <u>55%</u>		CABG: <u>5</u> <u>6.6</u> <u>64</u> <u>140</u> <u>101</u> <u>19</u> <u>157</u> Ca <u>8.1</u>	
R <u>30</u> (8-37) P <u>130</u> (120-134) BP <u>127/62</u> (115-131) / <u>77/60</u> CVP <u> </u>		Hgb <u>1.9</u> Hct <u>2.9</u>	
NEURO: ☐ A&Ox ☒ No focal findings ☐ GCS = <u> </u>		PTT <u>43</u> INR <u>1.17</u> Thrombocytopenia <u>None</u> GI bleed <u> </u>	
Sedation: RASS <u>+1</u> Mgmt <u>diazepam</u>		Output <u> </u> BM ☒ Yes ☐ No	
Analgesia: Pain score <u> </u> Mgmt <u> </u>		Nutrition <u>Dysphagia</u> <u>0.55</u> <u>10</u> Bowel Regimen <u>miralax</u>	
Definitive CAM/ICU ☒ Pos ☐ Neg Mgmt <u>hold 2mg q6h, start sucralfate 100g bid</u>		Uroter Prophylaxis <u>maximum 4mg q24h</u>	
☐ RRPR ☒ No n/wg. <u>subcutaneous</u>		Pulses <u> </u>	
SVV <u> </u> %GED <u> </u> COVC <u> </u> PAOP <u> </u> PA <u> </u> PVR <u> </u> SVR <u> </u> SvO ₂ <u> </u>		☐ Intact / Healthy	
Meds / Drips: <u>levophed</u>		Decubitus Ulcer ☐ None ☐ Stage <u> </u> Location <u>heel</u>	
RESP: ☐ CTAB <u>difficult</u> ☐ CT on ☐ suction ☐ water seal		Skin ☐ Intact / Healthy ☐ Erythema / Rash <u> </u> Cap Refill <u> </u>	
Vent Type: ☐ CPAP ☐ BPAP ☐ PSV ☐ SIMV ☐ PRVC ☒ BiVent ☐ HFV ☐		WBC diff / trend <u> </u> Precalcitonin trend <u> </u>	
Set Rate <u>16</u> Vt <u> </u> PEEP <u>0</u> PS <u> </u> P ₆₀ <u>30</u> MAP <u> </u>		Cultures: Sputum <u>Pseudomonas</u> (5/17)	
FIO ₂ <u>55%</u> PEEP <u>0</u> PS <u> </u> T ₉₀ <u>3.0</u> T ₉₀ <u>0.7</u>		Blood <u> </u>	
Measured RR <u> </u> Vt <u> </u> P ₆₀ <u> </u> RSB <u> </u>		Urine <u> </u>	
ABG: time <u>9:55</u> <u>7.31</u> <u>63</u> <u>97</u> <u>97</u> <u>97</u> on <u>55%</u> CXR <u> </u>		Abx <u>2.5g q8h</u> day <u>4</u> of <u>3</u>	
time <u>3pm</u> <u>7.33</u> <u>63</u> <u>93</u> <u>93</u> <u>93</u> on <u>55%</u>		inhalant <u>Tek 300mg q12h</u> day <u>2</u> of <u>3</u>	
RENAL: Ins <u> </u> Outs <u> </u> (Urine <u> </u>) Edema <u> </u> Wt <u> </u> kg		day <u> </u> of <u> </u>	
mVFs <u> </u> Diuretic <u> </u>		Lives <u>1</u> <u>13</u> placed <u>5/13</u>	
KID: Glucose <u> </u> Mgmt <u> </u>		E <u>ferment</u> <u>quintan</u> placed <u>4/7</u>	
Adrenal: Cortisol <u> </u> Mgmt <u> </u>		E <u>varicel</u> <u>A-line</u> placed <u>3/24</u>	
CHECKLIST: Yes No NA		AP <u>50</u> <u>4-4</u> <u>M</u> <u>2</u> <u>ARDS</u> , persistent respiratory failure, renal failure, GI bleed, VAP.	
Sedation vacation & adjustment ☒		Palm: Day 4 of 2.5g for VAP. Stop short steroid course.	
Definitive screened & treated ☒		FIO ₂ weaned to 55% will be FIO ₂ to 50	
PT / OT / activity level advanced ☒		CV: <u>levophed</u>	
Weaning / extubation assessed ☒		GU: <u>CNVH, gabapen</u>	
ROB up 30-45° ☒		GI: observing for bleeding; tube feeds back on	
GI prophylaxis ☒		ID: 2.5g for pseudomonas pneumonia. Stop 21 days amphi + course for steroid	
DVT prophylaxis ☒		pseudomonas pneumonia earlier in course.	
(contraindication) <u>Scd1 only</u>		Name: high slightly down again; Unit PRN	
Feeding advanced ☒		Prep: <u>Respir</u> <u>50%</u> Signature <u> </u> Page 10/5491 Date <u>5/17/13</u> Time <u>4:40pm</u>	
Bowel regimen ☒		ATTENDING: I have reviewed the clinical course, labs, monitoring trends, and x-rays as noted above. I personally examined the patient and discussed care plans on rounds with the ICU team (also present: ☐ RN ☐ RT ☐ PharmD ☐ Dietician). My additional comments are:	
Routine labs / x-rays discussed ☒		<u>as: P332 P620 BP 97/75</u>	
Antibiotics de-escalated ☒		<u>Chl course chcl cv such em</u>	
Meds reviewed & converted PO ☒		<u>Not begin</u> <u>first bellman all f</u>	
Invasive lines de-escalated ☒		<u>acabry failure / ARDS - Pseudomonas culture</u>	
Foley required ☒		<u>Surgeon / onk Tdy</u>	
Treason: <u> </u>		<u>dark blood has anemia</u>	
☐ This patient is critically ill with moderate / <u>high</u> risk of complications		Attending Signature <u> </u> Date <u>5/17/13</u> Time <u>8:00</u>	
Attending present for placement of <u> </u>			
☐ Central line ☐ Dialysis cath			
☐ <u> </u>			
Total Minutes Today <u> </u>			

zh_care_all_docu_care.prognote

Online version - when complete photocopy for billing - check here [] to indicate billing copy

OTE 700371 Rev. 12/10



CAUSEY, TIMOTHY E

MRN:2684266

Encounter:104780796

Page 75 of 86

MUSC 214

CHARLESTON PULMONARY ASSOCIATES, P.A. CAROLINA SLEEP SPECIALISTS, P.A.

125 DOUGLASS STREET SUITE 200 • CHARLESTON, SC 29403 • PHONE 843.577.6791 • FAX 843.577.0553
897 VON KOLNITZ ROAD, SUITE 104 • MT. PLEASANT, SC 29464

William T. Dawson, Jr., M.D., FACP, FCCP
Graham C. Scott, M.D., FACP, FCCP
John A. Mitchell, M.D., FCCP
James J. Carswell IV, M.D., FCCP
Jason E. Gunn, M.D., FCCP
Steve E. Herndon, M.D.

June 27, 2013

Timothy Causey vs. Horry County
WCC File No.: 1302588
Carrier File No.: 2013058409
Date of Accident: March 16, 2013

General summary:

March 21, 2013

Timothy Causey was evaluated at Family Health Center in Loris, SC with a complaint of cough and fever. A chest x-ray was considered clear with no acute process.

March 23 - 28, 2013

Hospitalization at McLeod Regional Medical Center:

Timothy Causey presented on 3/23/13 with a history of having been assigned to a security detail at a large forest fire about one week prior to admission near Myrtle Beach. The patient developed fever and upper respiratory symptoms of cough wheezing sinus congestion with some sputum production as well as shortness of breath. The patient had been seen at Loris Family Health on 3/21. The patient was prescribed albuterol, Augmentin along with Tylenol and Motrin at the Family Health Center. The patient continued to have fever with shortness of breath and poor exercise tolerance and presented to the emergency room at McLeod Regional Medical Center on 3/23/13. On his presentation he had a temperature of 100.1, heart rate 20, room air O2 sat 95%. He was noted to have some wheezes on chest exam and a chest x-ray was considered clear by radiology but the admitting physician had a concern of pneumonia. An arterial blood gas had a pO2 of 60. Because of his hypoxia and a concern for pneumonia a chest CT was also ordered and performed on 3/23 that found no pulmonary emboli and no evidence of pneumonia. The patient had an a screen for influenza A and B antigens that were negative. The patient was treated with broad-spectrum antibiotics as well as nebulized therapy and intravenous steroids. The patient had an initial white count of 2.2. Later, on 3/23 the patient spiked a fever of 102.8. The patient continued to have intermittent fever spikes during the remainder of his hospitalization. On 3/24 his white count was noted to be 1.49 with a platelet count of 92,000 and a sedimentation rate of 12. Chest x-ray on 3/24 revealed minimal atelectasis but no infiltrates were reported. A sputum culture from 3/25 found normal flora. By 3/26 the patient's respiratory status deteriorated to the point that he required BiPAP ventilation at approximate 6:20 AM. The patient had repeat chest x-ray on 3/27 at 7:14 AM that found bilateral pulmonary infiltrates. The patient was intubated at approximate 1:20 AM on 3/28 and placed on mechanical ventilation. The patient was transferred to The Medical University of South Carolina on the morning of 3/28 with a diagnosis of acute lung injury at some time after 8:50 AM on 3/28.

March 28, 2013 - May 19, 2013

Timothy Causey was transferred to The Medical University of South Carolina after developing acute respiratory failure with a concern for development of ARDS. The patient was found to be positive for H1N1 influenza on the basis of a PCR test. The patient was treated with a course of Tamiflu. The

patient's respiratory status required a high level of ventilator support. His ventilator support was changed from PRVC to Bi-vent ventilation. The patient required ECMO (extracorporeal membrane oxygenation) from 3/30 - 4/4. Because of the prolonged ventilatory support the patient also had ventilator associated pneumonias with numerous organisms such as *Corynebacterium*, *Aspergillus fumigatus*, *Pseudomonas*, *Stenotrophomonas maltophilia* and an ESBL-producing *Klebsiella*. The patient had additional complications including a GI bleed, the development of renal failure requiring continuous dialysis (CVVHDF), a right-sided pneumothorax, hypotension requiring vasopressors, tracheal bleeding, and pulmonary hemorrhage. The patient had a PEA (pulseless electrical activity) arrest on 5/18 and after 10 minutes of CPR his pulse did return. He remained unstable and died at 9:21 AM on 5/19/13 with his family present at the bedside.

General conclusions of clinical presentation:

1. Timothy Causey had no history of prior lung disease prior to March 2013.
2. The patient had exposure to smoke while working as a deputy sheriff for Horry County when he worked on a security detail around a Carolina forest fire on March 16-18.
3. The patient presented to a Family Health Center on 3/21 complaining of fever and cough. A chest x-ray was considered clear and the patient was given an antibiotic and bronchodilator.
4. The patient presented to McLeod Regional Medical Center on 3/23 with fever, cough and shortness of breath. His initial chest x-ray was clear. The patient continued to spike high fevers despite broad spectrum antibiotics and steroids. His respiratory status deteriorated on 3/26 to the point that he required BiPAP ventilation. The chest x-ray on 3/27 found bilateral pulmonary infiltrates. The patient was intubated in the early morning hours of 3/28 and transferred to the Medical University of South Carolina (MUSC) later that morning.
5. At MUSC the patient was found to have H1N1 influenza by PCR analysis. The patient's respiratory status continued to deteriorate to the point that he required high levels of ventilatory support and even ECMO. The patient suffered numerous infectious and noninfectious complications and ultimately died on 5/19 of complications related to his respiratory failure and the therapy required to treat his respiratory failure.

A summary of smoke inhalation lung injury:

- A. Severe smoke inhalation can lead to thermal burns to the face, upper airway including the tracheobronchial tree and even to carbon monoxide poisoning. This type of exposure results in immediate reactions that would require immediate medical attention. The presenting x-ray may be normal or have pulmonary infiltrates. Individuals generally require immediate ventilatory support.
- B. A less intense smoke exposure can lead to the development of reactive airway dysfunction syndrome (RADS). This is a syndrome characterized by airway inflammation and hyperresponsiveness. This occurs minutes to hours after smoke exposure with symptoms that include asthma-like symptoms with cough and wheeze. Repeated lower doses of smoke or other chemical exposure may lead to what is described as "low-dose-RADS". These conditions are not characterized by fever or pulmonary infiltrates.

A summary of H1N1 disease manifestation:

1. Incubation for H1N1 disease is thought to be 1-4 days (average 2). With the source being an infected contact, droplet exposure or fomite (surface contamination from an individual).
2. Common clinical symptoms include fever, cough, sore throat, rhinorrhea and muscle pain along with gastrointestinal complaints. Fevers can be high and hectic despite antibiotics or antipyretics. Symptoms can progress to hypoxemia secondary with pulmonary infiltrates consistent with ARDS (acute respiratory distress syndrome). The development of pulmonary infiltrates can be rapid and are generally bilateral.
3. Laboratory findings can include elevated liver function tests, anemia and leukopenia (low WBC count).

4. Reverse transcriptase (IRT)-PCR (polymerase chain reaction) is considered to be the most sensitive and specific means of making a diagnosis. A commercially available antigen test for influenza can frequently identify influenza A and influenza B but not H1N1. The sensitivity of the antigen testing compared to PCR ranges from 10-70%, however, a negative test does not exclude H1N1.

General conclusions:

1. Timothy Causey sought medical attention approximately one week after being exposed to smoke from a fire.
2. Mr. Causey presented with fever, cough and shortness of breath. On his presentation to the hospital he had fever with some degree of hypoxemia but the initial chest x-ray and chest CT were free of pulmonary infiltrates. The patient also had leukopenia.
3. The patient continued to have fevers with progressive hypoxia and the rapid development of bilateral pulmonary infiltrates. This led to respiratory failure in a pattern consistent with ARDS.
4. The patient was transferred to the Medical University of South Carolina with respiratory failure. Despite aggressive medical support the patient died of complications related to his respiratory failure.
5. Mr. Causey's case is more consistent with an individual with H1N1 disease as opposed to an individual with smoke inhalation.
6. In my opinion to a reasonable degree of medical certainty, Mr. Causey's symptoms and unfortunate death were solely caused by H1N1 disease and were not caused, aggravated, or accelerated by his smoke exposure.


John Mitchell M.D., FCCP

CHARLESTON PULMONARY ASSOCIATES, P.A. CAROLINA SLEEP SPECIALISTS, P.A.

125 DOUGHTY STREET SUITE 200 + CHARLESTON, SC 29403 + PHONE 843.577.6791 + FAX 843.577.0553
897 VON KOLNITZ ROAD, SUITE 104 + MT. PLEASANT, SC 29464

William T. Dawson, Jr., M.D., FACP, FCCP
Graham C. Scott, M.D., FACP, FCCP
John A. Mitchell, M.D., FCCP
James J. Carswell IV, M.D., FCCP
Jason E. Gunn, M.D., FCCP
Steve E. Herndon, M.D.

January 11, 2016

Timothy Causey vs. Horry County
WCC File No.: 1302588
Carrier File No.: 2013058409
Date of Accident: March 16, 2013

Additional records reviewed: Opinion of Dr. Kim Collins, Forensic Pathologist and statements from Sgt. Ernest Beatty (supervisor of Timothy Causey)

Summary from Sargent Ernest Beatty:

- 3/16/13 – 3/17/13 Mr. Causey worked 9:30PM-7AM worked perimeter and directed traffic (fire extinguished this shift)
- 3/17/13 – 3/18/13 Mr. Causey worked 7PM-7AM worked perimeter-reported sore throat
- 3/18/13 – 3/19/13 Mr. Causey worked 7PM-7AM - assist with perimeter primarily in a car (did not feel well)
- 3/20/13 did not return to work because of cough and sore throat
- 3/21/13 7AM until 1PM no location mentioned-went home sick and went to Loris Family Health Center
- 3/23/13 cough not better and shortness of breath - taken to McLeod Hospital-admitted
- Mr. Causey worked with security-he was not directly involved with fighting the fire
- Mr. Causey believed his symptoms of cough and sore throat were "due to a family member having flu symptoms"

Report of Dr. Kim Collins

- Mr. Causey was "involved in fighting an apartment fire. He was present and breathing in the smoke and fumes for twelve-hour shifts over three days."
- He was evaluated at Loris Family Health Clinic for "fever and respiratory congestion" and was diagnosed with an upper respiratory infection and treated with Augmentin.
- On 3/23/13 he presented to McLeod Regional Medical Center with fever, rhonchi and hypoxia and was admitted to the hospital
- Dr. Collins discussed the pathophysiologic findings and the mechanisms that smoke inhalation can cause damage to the respiratory tract. She does point out that "depending on the extent and duration of exposure the acute lung injury may resolve or worsen".
- Dr. Collins also mentions the immune response to the H1N1 virus. Dr. Collins then makes a statement "As documented in the medical records, Mr. Causey had complications of smoke inhalation." This statement of complications of smoke inhalation is not substantiated in the medical record. Mr. Causey was seen on 3/21/13 at Loris Family Health Center and treated an upper respiratory tract infection. The treating physician must have been under the impression that Mr. Causey had a bacterial infection based on the prescription for Augmentin. When Mr. Causey presented to McLeod Regional Medical Center on 3/23/13 they noted his "security situation at a large forest and apartment fire". The treating staff did not note any of the stigmata of an individual with significant smoke inhalation injury such as evidence of skin changes to suggest burns or mucosal abnormalities of the eyes, nose or mouth to suggest burn or smoke injury.

Pulmonary Medicine • Sleep Disorders Medicine • Critical Care Medicine

Dr. Collins goes on to speculate that Mr. Causey's immune system was "compromised rendering him not only susceptible to acquiring H1N1 but also defenseless in combatting H1N1." First and foremost, there is no evidence Mr. Causey suffered significant smoke inhalation. His location was thought to be several hundred yards from the actual fire and there is no mention in the medical records of physical evidence of a smoke related injury. Second, the type of injury that Dr. Collins' described to his "epithelium, mucus, and alveolar macrophages" that would affect his immune system can occur in patients with burns and significant smoke inhalation. There is no documentation that Mr. Causey had this sort of injury. Third, Dr. Collins implied that smoke inhalation could damage his respiratory tract and makes him "susceptible to acquiring H1N1." There is nothing published in the medical literature to support this supposition. There is abundant evidence to link patients with serious burn injuries (which Mr. Causey did not have) and bacterial pulmonary infections. There is no published association with burn victims and viral infections

Overall conclusions

1. Timothy Causey worked around the perimeter of an apartment fire on 3/16/13. This fire was extinguished by 3/17/13.
2. Mr. Causey was not directly involved in fighting the fire.
3. Smoke inhalation can lead to pulmonary toxicity by "thermal injury to the upper airways, chemical injury to the tracheobronchial tree and systemic poisoning due to carbon monoxide and/or cyanide" (UpToDate 2015: editor Jess Mandel, M.D, University of California San Diego. and Charles Hales, M.D. Massachusetts General Hospital). These types of injuries are immediately obvious to all parties and result in the immediate need of medical attention. Mr. Causey did not seek medical attention until 3/21/13 (5 days after his initial exposure to smoke from the perimeter of a fire that he was not directly involved in fighting).
4. The type of injury Dr. Collins described with smoke inhalation could not have occurred to Mr. Causey given his remote location from the fire and his clinical course (i.e. significant smoke inhalation can cause thermal burns that require immediate attention, however, this type of injury leads to obvious physical signs that were not noted on Mr. Causey and Mr. Causey would have sought medical attention before 3/21/13).

Summary

My previous conclusions regarding Timothy Causey are unchanged. Mr. Causey's death was related to H1N1 influenza. The time course of events that led to his hospitalization is entirely consistent with an individual with H1N1 infection. His exposure to smoke from a distant fire probably had no effect on his clinical course.

The above conclusions are reached with a reasonable degree of medical certainty.


John Mitchell, M.D

1/17/2014

Robert L Galphin Jr MD
214 Riverwalk Circle
West Columbia, South Carolina 29169

Dear Sirs,

I have reviewed the records provided on Timothy Causey including notes from his family physician, McLeod Hospital, and the Medical University of South Carolina Hospital. Mr. Causey was exposed to smoke from a forest fire while performing his job as a deputy sheriff. He developed an illness with burning in his chest and not feeling good. He began a fever on 3/19/13. He was seen at the Loris Family Center with complaints of a cough. A chest x-ray taken at this time was negative. He went to McLeod Hospital where he was found to have leucopenia and was hypoxic. He was admitted. The patient deteriorated while in McLeod and was transferred to MUSC on 3/28/2013. Upon admission to MUSC he was found to have pulmonary infiltrates and pulmonary edema. Blood studies were diagnostic of H1N1 Influenza (swine flu). The patient developed respiratory failure and was diagnosed with ARDS (adult respiratory failure syndrome) secondary to H1N1 influenza. In spite of intense treatment including respiratory support, steroid therapy and oxygen the patient expired on 5/19/2013.

Based on review of the records the patient's disease and death were the result of viral Influenza (H1N1flu). ARDS is a known complication of influenza and has been noted with H1N1 flu. While upper respiratory tract irritation is seen with smoke exposure and inhalation, ARDS would not be expected from smoke inhalation.

The patient's death was to a degree of medical certainty most probably due to Influenza caused by the H1N1 virus.

Sincerely,



Robert L Galphin Jr MD

803-210-9134

rlgmd6350@gmail.com

C. Greg Cauthen, M.D., FCCP
C. David Perry, M.D., FCCP
W. Shawn Ghent, M.D., FCCP
Ziad R. Mattar, M.D., FCCP
Amy J. Clark, APRN, FNP
Maria G. Hyman, R.N., MSN, ACNP



MIDLANDS PULMONARY,
CRITICAL CARE & SLEEP MEDICINE

August 24, 2015

Timothy Causey v. Horry County

WCC File No: 1302588 Date of Accident March 16, 2013

I have reviewed the records of the history involving the case of the unfortunate illness of Mr. Causey. The facts in the case are as stated:

March 21, 2013 patient presented to Family Medicine clinic in Loris SC with complaints of cough and fever that predated the visit by 3-4 days. As stated by the wife and history and physical from McLeod Medical Center, the patient was assigned to work traffic control for the Carolina Forest fire for three shifts additionally prior to presentation. A chest X-ray performed at this visit was normal. He was prescribed Augmentin, Albuterol, and Tylenol/Motrin.

March 23-28 2013 The patient presented to McLeod ER with complaints of low grade fever, progressive shortness of breath and saturation of 95% on room air. Exam at that time noted some wheezing with a normal Radiologist read chest X-ray as clear, and PaO2 60 on ABG. Rapid antibody flu testing was negative but no PCR testing was available at the time. The patient was admitted and developed progressive respiratory failure associated with fever, bilateral airspace disease on chest imaging requiring ultimate mechanical ventilation following failure of non-invasive ventilation. The patient was subsequently transferred to MUSC for higher level of care.

March 28- May 19, 2013

The patient was admitted to the ICU at MUSC. He was diagnosed with ARDS with subsequent PCR testing positive for H1N1 influenza. The patient progressively worsened requiring ECMO, tracheostomy, CVVHD, chest tube placement, vasopressors and subsequent PEA arrest for which the patient did not survive.

I have reviewed the records and the testimonies of the treating physicians along with the medical records as presented. Based on review of these records and the testimonies provided, it is my opinion to a reasonable degree of medical certainty that the cause of death of Mr. Causey was ARDS resultant from a severe infection of H1N1 influenza.

A Ministry of the Sisters of Charity Health System

1655 BERNARDIN AVENUE, SUITE 350
COLUMBIA, SOUTH CAROLINA 29204
P. 803 253 7575 F. 803 253 7571
www.midlandspulmonary.com
PROVIDENCE HOSPITALS

Additionally, it is my belief that no specific mitigating circumstances played any significant role in the contribution to the severity of his illness. I have personally seen during this time period similar cases of the H1N1 influenza virus cause ARDS and death in normal healthy hosts. Additionally, there is no valid human scientific evidence to validate that there is a causative association between smoke inhalation and the contributions to the severity of influenza. Additionally it appears that there is no evidence to support that Mr. Causey himself had any significant smoke inhalation that would cause a major degree of thermal injury to support a potential disruption of normal host immune defense mechanisms. I provide the above support as evidence for my opinion to the sole cause of death as ARDS secondary to H1N1 influenza with no other mitigating circumstances. The above opinions are stated to a reasonable degree of medical certainty.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Gregory Cauthen', written over the printed name.

C. Gregory Cauthen, MD FCCP

C. Greg Cauthen, M.D., FCCP
C. David Perry, M.D., FCCP
W. Shawn Ghent, M.D., FCCP
Ziad R. Mattar, M.D., FCCP
Amy J. Clark, APRN, FNP
Maria G. Hymon, R.N., MSN, ACNP



**MIDLANDS PULMONARY,
CRITICAL CARE & SLEEP MEDICINE**

October 20, 2015

Timothy Causey v. Horry County

WCC File No: 1302588 Date of Accident March 16, 2013

Addendum to Previously Rendered Opinion in Reference to supplemental opinion rendered by Dr. Kim Collins, MD

I have reviewed the Employee incident report from 3/25/13 and the opinion from Dr. Collins. The details of the exposure referenced attest that Mr. Causey was posted on the perimeter of a fire in the Carolina forest area directing traffic and providing support. He was noted to be on scene on 3/16/13-3/18/13. It was also noted that he developed flu like symptoms on the first day of events noted with a direct exposure to influenza at his house. It is described in Dr. Collins opinion noting the effects of concentrated smoke and chemicals from an apartment fire. The majority of the mentioned chemicals are noted to be in high concentrations when in a confined area with low ventilation. A high volume of inhalation to toxic chemicals usually manifests as an overwhelming acute lung injury very proximal to the original exposure. Carbon monoxide poisoning as referenced in order to be fatal require high levels of exposure and in order to become fatal result in immediate hypoxemia. The majority of other toxic chemicals referenced which are caustic are associated with wheezing and asthma like symptoms and have an immediate development of symptoms following a high concentrated exposure. Being positioned at the perimeter of a fire where there is unlikely high concentrated exposures and where no other high concentration exposures were noted seems unlikely to be associated with a severe immediate smoke inhalation injury.

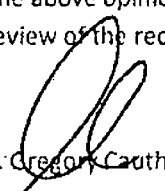
In reference to the presenting symptoms described, a high concentration exposure resulting in hypoxemia and acute lung injury is usually immediate and does not have a latency period. While chest radiographs are noted to be normal, with a severe exposure resulting in significant airway dysregulation, profound wheezing, hypoxemia and coughing are usually immediate. This is not a delayed hypersensitivity reaction.

Midlands Pulmonary is a part of the Charleston Health System

1655 BERNARDIN AVENUE, SUITE 350
COLUMBIA, SOUTH CAROLINA 29204
P. 803 253 7575 F. 803 253 7571
www.midlandspulmonary.com
PROVIDENCE HOSPITALS

It would not be unexpected to have upper airway symptoms with a mild exposure as the upper respiratory system is designed to trap most chemicals and large particles in the nares and possibly the throat. This could explain the mild symptoms noted but these symptoms also are identical to influenza. In a normal immune host without an impaired response, an overwhelming response to a noxious stimuli would immediately result in profound coughing, wheezing and bronchospasm similar to occupational asthma. It is hard to believe that if this was a severe exposure as claimed that Mr. Causey would be able to continue to work for several shifts before not being able to return. This latency period and escalation of symptoms is much more consistent with a viral infection and the progression of the symptoms which were consistent from the first day of potential smoke exposure make the smoke exposure clinically irrelevant. An overwhelming response to the described "irritating volatile vapors" would have made Mr. Causey incapable of continuing to work from the first day of exposure if it were to cause the severe alveolar-capillary disruption and diffuse alveolar damage as described by Dr. Collins. The following sequelae described by Dr. Collins to occur with a severe smoke inhalation injury are felt to be irrelevant to Mr. Causey with the lack of supporting expectant symptoms and supporting environment. Therefore my original opinion that the cause of death was ARDS resultant from H1N1 influenza without mediating factors of smoke inhalation.

The above opinion is affirm to a reasonable degree of medical certainty for the findings as stated with review of the records made available to me.



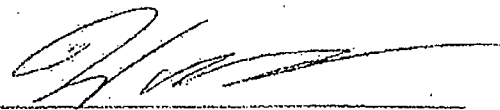
C. Gregory Cauthen, MD FCCP

STATEMENT
OF
DR. WILLIAM DANA LARGEN

Re: Timothy Causey (dec.) v. Horry County
Carrier File #: 2013058409
SCWCC File #: 1302588
Date of Accident: March 16, 2013

I, Dr. William Dana Largen, was the resident in the Intensive Care Unit at MUSC at the time of Timothy Causey's hospitalization at MUSC and untimely death. I co-signed Mr. Causey's Death Summary along with Dr. Timothy Whelan who was the attending physician at the time of Mr. Causey's death. Since then I have reviewed the deposition of Dr. Timothy Whelan as well the deposition of the admitting physician Dr. Charlton Strange, III regarding the cause of Mr. Causey's death. Both Dr. Whelan and Dr. Strange have opined that the Claimant's exposure to smoke was not a contributing factor in Mr. Causey's death. I would defer any opinions regarding the cause of Mr. Causey's death to those of Dr. Whelan and Dr. Strange. I would also agree that the ultimate cause of Mr. Causey's death was complications of Acute Respiratory Distress Syndrome secondary to H1N1 swine flu.

Respectfully,


William Dana Largen, M.D.

9/21, 2015
Date

1165\1167\statement dr largen



DUKE UNIVERSITY MEDICAL CENTER
Department of Pathology

Roy A. Howell, III, Esq.
Trask & Howell, LLC.
763 Johnnie Dodds Blvd.
Mt. Pleasant, SC 29465

May 31, 2016

Re: Timothy Causey (dec.) v. Horry County:

Dear Mr. Howell:

You have asked me for my opinion regarding the cause of death for Mr. Timothy Causey in the action referenced above. By way of introduction, I am a board certified anatomic and forensic pathologist, and hold specialty board certification in internal medicine as well. I have special expertise in diseases and occupationally-related injuries of the lung and chest. I am the author of chapters covering occupational lung disease in the major textbooks of lung pathology. I provide direct and daily patient care at the Medical Center in my practice as a diagnostic surgical pathologist. I served as the Assistant Chief Medical Examiner of the State of North Carolina at its Office of the Chief Medical Examiner during the years 1994-1998 and am familiar with the mechanisms and complications of thermal and smoke inhalational injuries to the lung and airways. I serve as chief pathologist for the Duke Cancer Institute's Thoracic Oncology Program and the medical center's Interstitial Lung Diseases Clinic. I am a consultant pathologist to my department's Autopsy and Cytopathology Services. In an academic capacity, I am a tenured professor of pathology at the Duke University School of Medicine in Durham, NC where I teach introductory pathology at the medical student level and provide instruction in thoracic pathology to graduate trainees (residents and fellows) in the Departments of Medicine, Surgery, Pediatrics, and Pathology; I also teach Continuing Medical Education to faculty and senior physicians from within Duke University Medical Center and from outside institutions. Additional biographic material may be found in my *curriculum vitae*, which is attached to this report.

Concerning the case of Mr. Timothy Causey, you have provided for my review certain materials, including medical records from the Loris Family Health Center, McLeod Regional Medical Center, the Medical University of South Carolina and the reports of Dr.'s Robert Galphin, John Mitchell, and Kim Collins, as well as the deposition testimony of Dr.'s Pastis, Strange, Whalen and that of Ms. Deborah Causey. It is my understanding that Mr. Causey was a sheriff's deputy for Horry County SC and alleges that exposure to smoke sustained during his work on a security detail directing traffic and securing the perimeter as



DUKE UNIVERSITY MEDICAL CENTER

Department of Pathology

firefighters battled a fire at the Carolina Forest community during the days of March 16-18 2013. Mr. Causey was subsequently stricken with influenza virus strain H1N1 and died of multiple complications related to the infection on May 19, 2013. It is also my understanding the smoke inhalation he may have sustained is alleged to be a contributory cause to his death in the following weeks.

Assuming the above to be true, it is my opinion that any exposure to smoke that Mr. Causey may have sustained during his service as a sheriff's deputy assigned to the perimeter of the Carolina Forest fire in March of 2013 did neither cause nor contribute to his death from complications of H1N1 infection. The reasons for this include that inhalation of smoke may result in a spectrum of pulmonary injuries from the inconsequential to the life-threatening, depending on the intensity of the inhalation, but at no time was Mr. Causey under treatment for smoke inhalation or thermal injury to the airway, nor do medical reports detailing his examinations indicate findings or peripheral stigmata to permit such a diagnosis. Alternatively, the symptom complex and findings that caused Mr. Causey to seek medical attention and the subsequent clinical events that culminated in his death are entirely consistent with H1N1 infection (1).

I have read Dr. Collins report and find this unreliable. Her opinion that smoke inhalation resulted in the development of a local immunodeficiency state in Mr. Causey's lungs that rendered him "defenseless", facilitated or otherwise contributed to the development of his H1N1 infection is speculative and lacks foundation. There is no medical evidence that Mr. Causey had sustained significant smoke inhalation, and immunodeficiency states or underlying co-morbidities are not recognized as prerequisites for H1N1 to result in lethality, or in the clinical picture as that suffered by Mr. Causey. Severe H1N1 infection is solely responsible for Mr. Causey's death. My opinions are all held to within a reasonable degree of medical certainty.

Sincerely,

Thomas A. Sporn, M.D.
Associate Professor of Pathology
Chief, Section of Pulmonary and Thoracic Pathology

Reference

1. Mauad T. et al. Lung pathology in fatal novel human Influenza A (H1N1) infection. *Am J J Respir and Crit Care Med* 181:72-79 2010

Curriculum Vitae

Name : Thomas A. Sporn, M.D.
Title: Associate Professor of Pathology
Chief, Section of Pulmonary and Thoracic Pathology

Address: Department of Pathology
Box 3712
Davison Building, 203M
Duke University Medical Center
Durham, North Carolina 27710

Tel: (919) 684-3056
Fax: (919) 681-1658
E-mail: Thomas.sporn@dm.duke.edu

Personal

Date and Place of Birth: 22 November 1957, Rochester New York
Citizen: United States of America

Education:

1976 High School	Sidwell Friends School, Washington DC
1982 BA	University of Vermont, Burlington B.A. Zoology/German
1986 MD	Georgetown University School of Medicine, Washington DC

Professional Training:

Internship, Residencies & Assistantships:

1986-1987 Internship in Medicine, Berkshire Medical Center, Pittsfield, Massachusetts
1987-1989 Resident, Department of Medicine, Georgetown University Hospital, Washington, DC
1993-1994, Resident, Anatomic Pathology, Duke University Medical Center,
1995-1997 Durham, North Carolina, Chief Resident 1996-1997

Fellowships:

1989-1992 Fellow, Pulmonary Diseases and Critical Care Medicine, Georgetown University Hospital, Washington DC
1994-1995 Fellow, Forensic Pathology and Assistant Chief Medical Examiner, North Carolina Office of the Chief Medical Examiner, Chapel Hill, North Carolina
1997-1998 Fellow, Pulmonary Pathology (Victor Roggli, Mentor)
Duke University Medical Center, Durham, North Carolina

Clinical & Academic Career:
University Appointments:

1995-1998: Forensic pathologist and Assist Chief Medical Examiner, North Carolina Office of the Chief Medical Examiner
1998- Assistant Professor of Pathology, Duke University
2008- Associate Professor of Pathology, Duke University, with tenure

Hospital Appointments:

1998- Pathologist, Duke University Medical Center

Licensure & Certifications:

Medical Licenses: North Carolina 52795

Board Certifications:

American Board of Internal Medicine 1989
American Board of Pathology, Anatomic Pathology/Forensic Pathology 2000

Organizations & Participation and Other Professional Positions:

1. Pulmonary Pathology Society Member (1998), member of Awards Committee
2. Fellow, College of American Pathologists 2007
3. United States- Canada Academy of Pathology
4. Member, United States-Canadian Mesothelioma Reference Panel

Teaching Responsibilities

1. Duke University School of Medicine: Body and Disease I, Pathology 305
2. Duke University Medical Center Department of Pathology

Daily didactic sessions with residents at microscope during sign out Monday Morning Surgical Pathology Unknown Conference

Surgical pathology lecture series/resident didactic curriculum: Pleuropulmonary Neoplasia,
Pathology of interstitial and occupational lung diseases

3. Duke University Medical Center Pulmonary and Critical Care Division
Elective in Thoracic Surgical Pathology for senior fellows
Fellows conferences and Pulmonary Medicine Board review

Teaching/Speaker Experience: National & International

1. Sporn TA. Pathology of Natural Death. North Carolina Office of the Chief Medical Examiner Annual Conference of Medicolegal Death Investigation, Chapel Hill NC. June 1997
2. Sporn, T.A., Roggli, V.L.: Calretinin Monoclonal Antibody: Comparison with ultrastructure and other immunohistochemical techniques. Ultrathix IX Society for Ultrastructural Pathology, Asheville, NC, August 1998.
3. Sporn, T.A., Roggli VL, Pratt PC: Pathology of the Adult Respiratory Distress Syndrome. Pulmonary Pathology Society Companion Meeting VVII International Congress of the International Academy of Pathology, Nice, France, October 1998.
4. Sporn, T.A. Pulmonary Involvement with Anaplastic Large Cell Lymphoma Pulmonary. Pulmonary Pathology Specialty Conference, United States and Canadian Academy of Pathology, San Francisco, CA, March 1999.
5. Sporn, T.A., Butnor, K. J., Roggli, V.L. Malignant Vascular Tumors of the Pleura, Pulmonary Pathology Society Annual Meeting, August 1999, Asheville, NC.
6. Sporn TA, Butnor KJ, Vollmer RT, Roggli VL: Tremolite and mesothelioma. Inhaled Particles IX, British Occupational Hygiene Society, Cambridge UK, September 2001
7. Sporn TA, Butnor KJ, Roggli VL. Epithelioid hemangioendothelioma of the pleura. International Academy of Pathology XXIVth International Congress, Amsterdam NL, October 2002
8. Sporn TA. Pathology of Pleural tumors. Toyama City Hospital, Toyama Prefecture, Japan, October 2003
9. Sporn T.A. Viral Pneumonias: Infectious Diseases Specialty Conference, United States and Canadian Academy of Pathology Annual Conference, San Antonio Texas, March 2005
10. Sporn TA Applications of Microprobe Analysis in Pulmonary Pathology, 63rd Annual Meeting of Microscopy Society of America, Honolulu HI, August 2005

11. Sporn TA: Analytic Electron Microscopy: Techniques and utilization in the diagnosis of occupational lung disease and pneumoconiosis. Electron Microscopy Working Group, European Congress of Pathology, Paris, August 2005
11. Sporn TA: Pathology of Human Parainfluenza Virus Infection. 64th Annual Meeting of the Microscopy Society of America Chicago, IL July 2006
12. . Sporn TA: Epithelioid Hemangioendothelioma, Short Course on Pleural Tumors. International Academy of Pathology XXVI Annual Congress, Montreal Canada September 2006
13. Sporn TA. Electron Microscopy as Adjunct in the Diagnosis of Lung Tumors in the Adult. Society for Ultrastructural Pathology Companion Meeting, United States and Canadian Academy of Pathology Annual Meeting, San Antonio Texas, 2011
14. Session chair Pulmonary Pathology and Microprobe Analysis, UltraPath XVII biennial meeting Meeting Society for Ultrastructural Pathology, Asheville NC 2014
15. Short course faculty, SC59 Occupationally-related pleural and pulmonary disorders in the 21st century (USCAP annual meeting Seattle WA 2016, three year term)

Local

1. Sporn TA: Pathology of Pleural Tumors Cardiothoracic Surgery Grand Rounds, Duke University Medical Center, November 2002
1. Sporn TA: Pulmonary Vasculitides Rheumatology Grand Rounds Duke University Medical Center, February 2005
3. Sporn TA: Pleural neoplasms, Hematology-Oncology Grand Rounds, Duke University Medical Center, February 2006,
4. Sporn, TA Peritoneal mesothelioma, Hematology-Oncology Grand Rounds Duke University Medical Center May, 2008

Keynote Speaker:

1. Pathology of Asbestos related Lung Disease, North Carolina Society of Pathologists Annual Meeting, Greensboro, October 2005

Duke Medical School Courses:

Body and Disease I: Pathology of Neoplastic/Non Neoplastic Lung Diseases lectures and demonstration series, clinicopathologic correlative conferences

Other Duke Conferences

1. Weekly Multidisciplinary Chest Conference
2. Weekly Thoracic Oncology Program Conference
3. Weekly Interstitial Lung Diseases Clinic Patient Care Conference

Principal Clinical & Hospital Service Responsibilities:

Chief Pathologist, Thoracic Oncology Program Duke Comprehensive Cancer Center
Chief, Department of Pathology, thoracic pathology section, division of surgical pathology
Chief Pathologist, Duke University Medical Center Interstitial Lung Disease Clinic

Research Interests:

Pathology of interstitial lung disease, pneumoconioses/asbestos-associated lung disease, cancers of the lung, pleura and mediastinum.

BIBLIOGRAPHY

1. Read, C.A., Sporn, T.A., Yeager, H.H. Parapneumonic Effusion, a Pitfall in Diagnosis Chest 1992; 101: 1712-1715
2. Kong, F.K., Anscher, M.D., Sporn, T.A., Washington, M.K., Jirtle, R.L. et al. Loss of heterozygosity at the mannose 6-phosphate insulin-like growth factor 2 receptor locus predisposes patients to radiation-induced lung injury. Int J Radiat Oncol Biol Phys 2001 49: 35-41.
3. Abushamaa A.M., Sporn, T.A., Foltz, R.J.: Oxidative stress and inflammation contribute to lung toxicity after a common breast chemotherapy regimen. Am J Physiol Lung Cell Mol Physiol 2002 336-345
4. Marom, E.M., McAdams, H.P., Sporn, T.A., Goodman, P.C. Lentil aspiration pneumonia: radiographic and CT findings. JCAT 1998; 22:598-600.
5. Nolan, R.L. McAdams, H.P., Sporn, T.A., Roggli, V.L., Tapson, V.F. Cholesterol granulomas in patients with pulmonary arterial hypertension: radiographic and CT findings. AJR 1999; 172:1317-9.
6. Marom, E.M., McAdams, H.P., Palmer, S.M., Erasmus, J.J., Sporn, T.A., Tapson, V.F., Davis, R.D., Goodman, P.C. The utility of thoracic CT in the pre lung transplant evaluation of patients with cystic fibrosis. Radiology 1999; 213:283-288.
7. Rossi, S., McAdams, H.P., Erasmus, J.J., Sporn, T.A. Roentgenogram of the month: 63 year old woman with two month history of dyspnea. Chest. 2000 117(5) 1505-1507.

8. Matar, L.D., McAdams, H.P., Sporn, T.A. Hypersensitivity pneumonitis. *AJR. Am J Roentgenol* 2000;174(4):1061-6.
9. Stamat, J.C., Chekan, E.G., Ali, A., Ko, A., Sporn, T.A., and Eubanks, W.S. *J Lap Adv Surg Tech* 9:5; 433-437, 1999.
10. Crotty EJ, Mc Adams HP, Erasmus JJ, Sporn TA, Epithelioid hemangioendothelioma of the pleura: Clinical and radiologic features. *AJR Am J Roentgenol* 2000 175(6):1545-9.
11. Rossi SE, McAdams HP, Mc Adams HP, Sporn TA, Goodman PC. Pulmonary drug toxicity: radiologic and pathologic manifestations. *Radiographics* 2000 20(5):1245-1259
12. Harpole DH, Moore MB, Herndon JE, Aloia T, D'Amico TA, Sporn TA et al. The prognostic value of molecular marker analysis in patients treated with trimodality therapy for esophageal cancer *Clin Cancer Res* 2001 7(3):562-569
14. Ravenel JG, McAdams HP, Plankeel JF, Butnor KJ, Sporn TA. Sarcoidosis induced by interferon therapy. *Am J Roent* 2001 177(1):199-201
13. Bhagat R, Sporn TA, Long GD, Folz RJ. Amiodarone and cyclophosphamide: potential for enhanced lung toxicity. *Bone Marrow Transplant* 2001 27(10):1109-1111.
14. Butnor KJ, Sporn TA, Dodd LG. Fine needle aspiration cytology of mucinous cystadenocarcinoma of the lung. *Acta Cytol* 2001 45(5):779-783.
15. Butnor KJ, Sporn TA, Hammar SP, Roggli VL. Well-differentiated papillary mesothelioma. *Am J Surg Pathol* 2001 25(10):1304-1309.
16. Butnor KJ, Sporn TA, Roggli VL. Pulmonary apical cap. *Am J Surg Pathol* 2001 25(10):1344
17. Hadjiliadis D, Sporn TA, Perfect JR, Tapson VF, Davis RD, Palmer SM. Outcome of lung transplantation in patients with mycetomas. *Chest* 2002 121(1):128-134.
18. Roggli VL, Sharma A, Butnor KJ, Sporn T, Vollmer RT. Malignant mesothelioma and occupational exposure to asbestos: a clinicopathological correlation of 1445 cases. *Ultrastruct Pathol* 2002 26(2):55-65.
19. Voynow JA, Schanberg L, Sporn T, Kredich D. Pulmonary complications associated with Kawasaki disease. *J Pediatr* 2002 140(6):786-7.
20. Roggli VL, Vollmer RT, Butnor KJ, Sporn TA. Tremolite and mesothelioma. *Ann Occup Hyg* 2002 46(5):447-53.

21. Sporn TA, Butnor KJ, Roggli VL. Epithelioid hemangioendothelioma of the pleura: an aggressive vascular malignancy and clinical mimic of malignant mesothelioma. *Histopathol* 2002 41(5, suppl 2) 173-176
22. Butnor KJ, Sporn TA, Ingram P, Gunasegaram S, Pinto JF, Roggli VL. Beryllium detection in human lung tissue: A novel application of energy dispersive X-ray analysis. *Ann Occup Hyg* In Press.
23. Butnor KJ, Sporn TA and Roggli VL. Brake dust exposure and malignant mesothelioma. *Ann Occup Hyg*, 2003 47(4) 325-30.
24. Butnor KJ, Sporn TA. Human parainfluenza virus giant cell pneumonia following cord blood transplant associated with pulmonary alveolar proteinosis. *Arch Pathol Lab Med* 2003 127(2) 235-238.
26. Volmar KE, Sporn TA, Cummings TJ. Pathologic Quiz case: A 54-year old man with multiple pulmonary nodules. *Arch Pathol Lab Med* 2003 127(7) e319-320
27. Butnor KJ, Sporn TA, Ingram P, Gunasegaram S, Pinto JF, Roggli VL. Beryllium detection in human lung tissue using electron-probe microanalysis. *Mod Pathol* 2003 16(11):1171-7.
28. Taylor JL, Quinone Maymi D, Sporn TA, McAdams HP, Wahidi M. Multiple lung nodules in a woman with a history of melanoma. *Respiration* 2003 70(5) 544-48.
29. Schneider F, Volmar KE, Sporn TA. Pathologic Quiz Case: A 53 year old man with chest pain and cough: Malignant (diffuse) mesothelioma, biphasic variant, with heterologous differentiation. *Arch Pathol Lab Med* 2004 128(1): 107-108
30. Volmar KE, Sporn TA, Tolza EM, et al. Giant cell tumor of rib masquerading as thymoma: a diagnostic pitfall in needle core biopsy of the mediastinum. *Arch Pathol Lab Med* 2004 128(4):452-455
31. Butnor KJ, Burchette JL, Sporn TA, Hammar SP, Roggli VL. The spectrum of Kit (CD117) immunoreactivity in lung and pleural tumors: a study of 96 cases using a single-source antibody with a review of the literature *Arch Pathol Lab Med* 2004 128 (5) 538-543
32. Sellon RK, Johnson JL, Leathes CW, Sporn T, Beckley JC. Tracheobronchiopathia osteochondroplastica in a dog. 2004. *J Vet Intern Med* 18(3) 359-362
33. Brownlee NA, Mahar AM, Sporn TA. Bilateral pulmonary nodules in a 37 year old woman with malignant melanoma. Pulmonary Langerhans histiocytosis (eosinophilic granuloma) *Arch Pathol Lab Med* 2005 129(5) 136-137
34. Hurwitz LM, McAdams HP, Sporn TA. A 73 year old woman with a cough. *Chest* 2005 128(2) 1018-121

35. Steele MP, Speer MC, Loyd JE, Brown KK, Heron A, Slifer H, Burch LH, Wahidi MM, Sporn TA, McAdams HP, Schwartz MI, Schwartz DA. Clinical and pathologic features of familial interstitial pneumonia. *Am J Respir Crit Care Med* 2005 172(9) 1146-1152
36. Steele MP, Speer MC, Loyd JC, Brown KK, Slifer SH, Burch LH, Wahidi M, Philips JA, Sporn TA, Schwarz MI, Schwartz DA. The role of genetics and cigarette smoking in the development of pulmonary fibrosis. *Respirology* 2006; 11 Suppl 1 S23
37. Hargett CW, Sporn TA, Roggli VL, Hollingsworth JW Giant cell interstitial pneumonia associated associated with nitrofurantoin. *Lung* 2006 184:147-9
38. Yang IV, Burch LH, Steele MP, Savov JD, Hollingsworth JW, McElvania TE, Berman KG, Speer MC, Sporn TA, Brown KK, Scharz MI, Schwartz DA. Gene expression profiling of familial and sporadic interstitial pneumonia. *Am J Respir Crit Care Med* 2007 (175): 45-54
39. Butnor KJ, Sporn TA, Ordonez N Association of Directors of Anatomic and Surgical Pathology Recommendations for the reporting of pleural mesothelioma *Hum Pathol* 2007 38 1587-89
40. Butnor KJ, Sporn TA, Ordonez N Recommendations for the reporting of pleural mesothelioma. *Virchows Archiv* 2007 450 15-23
41. Liby K, Royce DR, Williams CR, Risinsong R, Yore MM, Honda T, Gribble GW, Dmitrovsky E, Sporn TA, Sporn MB. The synthetic triterpenoids CDDO-methyl ester and CDDO ethyl amide prevent lung cancer induced by vinyl carbamate in A/J mice. *Cancer Res* 2007 67 (6) 1-6
42. Leipsic JA, McAdams HP, Sporn TA Follicular dendritic cell sarcoma of the mediastinum *Am J Roentgenol* 2007 188: 554-6
43. Reddy AJ, Govert JA, Sporn TA, Wahidi MM. Broncholith removal using cryotherapy *Chest* 2007 132: 161-3
44. Wong TZ, Lacy JL, Petry NA, Hawk TC, Sporn TA, Dewhirst MW, Vlahovic G PET of hypoxia and perfusion with ⁶²Cu-ATSM and ⁶²Cu-PTSM using a ⁶²Zn/⁶²Cu generator *Am J Roentgenol* 2008 427-32
45. Downing TE, Sporn TA, Bollinger RR, Davis RD, Parker R, Lin SS. Pulmonary histopathology in a rat model of chronic aspiration is independent of the acidity of the inhaled gastric contents *Exp Biol Med* 2008 233 (10): 1202-12
46. Roggli VL, Sporn TA, Butnor KJ. Comments on Dodson et al. A technical comparison of evaluating asbestos concentration by phase contrast microscopy, scanning electron microscopy and analytical transmission electron microscopy as illustrated from a case report. *Inhal Toxicol* 2008 12 113-4
47. Schneider F, Sporn TA, Roggli VL. Crocidolite and mesothelioma. *Ultrastruct Pathol* 2008 32(5) 171-7.

48. Klebe S, Brownlee NA, Mahar A, Burchette JL, Sporn TA, Vollmer RT, Roggli VL. Sarcomatoid mesothelioma: a clinical pathologic correlation of 326 cases. *Mod Pathol* 2010 23 (3) 470-9
49. Schneider F, Sporn TA, Roggli VL. Asbestos fiber content of lungs with diffuse interstitial fibrosis: An analytical scanning electron microscopic analysis of 249 cases. *Arch Pathol Lab Med* 2010 134 :457-61
50. Chen JG, Eldridge DL, Lodesoerto F, Ming DY, Tunre KM, Vandeford JL, Sporn TA, Schulman SR. Paraquat ingestion: a challenging diagnosis. *Pediatrics* 2010;125(6) 1505-9
51. West KL, Sporn T, Puri PK. Multicentric reticulocytosis: A unique case with pulmonary fibrosis. *Arch Dermatol*. 2012 148(2) 228-32
52. Higgins KA, Chino JP, Ready N, D'Amico TA, Berry MF, Sporn T, Boyd J, Kelsey CR. Lympho-vascular invasion in non-small cell lung cancer: implications for staging and adjuvant therapy. *J Thorac Oncol* 2012 7(7) 1141-7.
52. Leslie KO, Cool CD, Sporn TA, Curran-Everett D, Steele MP, Bronw KK, Wahidi MM, Schwartz DA/ Familial interstitial fibrosis: histopathology and survival in 30 patients. *Arch Pathol Lab Med* 2012 136 (11): 1366-76.
53. Pavlisko EN, Roggli VL, Sporn TA. Relationship between pulmonary emphysema and renal function in smokers. *Chest* 2013 143(5)1516-7
54. Xu X, Huang L, Futtner C, Schwa B, Rampersaud RR, Lu Y, Sporn TA, Hogan BL, Onaitis MW. The cell of origin and subtype of K-Ras-induced lung tumors are modified by Notch and Sox2. *Genes Dev* 2014 28 (17) 1929-39
55. Li X, Brownlee NA, Sporn TA, Mahar A, Roggli VL. Malignant (diffuse) mesothelioma in patients with hematologic malignancies: A clinicopathologic study of 45 cases. *Arch Pathol Lab Med* 2015 139 (9) 1129- 36
56. Sporn TA, Roggli VL. A hard (metal) case: Value of scanning electron microscopy. *Ultrastruct Pathol*. 2016 Mar 8 1-3 (Epub ahead of printing).

Chapters & Invited Reviews

Non- Small Cell Lung Cancer: Practice Guidelines in Oncology v.2.2005 (National Comprehensive Cancer Center Network) NCCN Non-small cell lung cancer panel member

Co-editor Pathology of Asbestos-Associated Diseases (Roggli VL, Oury TD, Sporn TA, eds) 3rd Edition, Springer Verlag, New York, 2014,

Sporn TA, Schneider F. Cytopathology Ch 4 in, Pathology of Asbestos-Associated disease (Roggli VL, Oury TD, Sporn TA, eds) 3rd edition Springer New York, 2014

EN Pavlisko Sporn TA, Mesothelioma Ch 5 in, Pathology of Asbestos-Associated Diseases (Roggli VL, Oury TD, Sporn TA, eds) 2nd edition Springer New York, 2014

Sporn TA, Roggli VL Asbestosis Ch 9 in Pathology of Asbestos Associated Diseases (Roggli VL, Oury TD, Sporn TA, eds) 2nd edition Springer New York, 2014

Sporn, T.A., Roggli, V.L., Shelburne, J.D., Ingram, P.: Overview of applications in medicine, Chapter 3 In: Biomedical Applications of Microprobe Analysis. (Ingram, P., Shelburne, J., Roggli, V., LeFurgey, A., eds.), Academic Press: New York, 1999,

Sporn TA and Roggli VL Pneumoconioses, Mineral and Vegetable, Ch 26 In: Dail and Hammar's Pulmonary Pathology (Fraire AE, Cagle PT and Tomshewski JT, eds) Springer New York 2008

Sporn TA Primary Pleural Neoplasms, Ch 33 In: Pulmonary Pathology (Farver CE, Zander DT eds) Elsevier 2008 (updated chapter in 2nd edition 2016 in press)

Sporn TA, Roggli VL Predominantly mature interstitial fibrosis, Ch 5 In: Diagnostic Pulmonary Pathology (Cagle PT, Allen TC, Beasley MB, eds) Informa Publishing, 2008

Sporn TA. Mineralogy of asbestos. Recent Results Cancer Res 2011; 189 1-11

Sporn TA, Roggli VL. Pathology of Occupational Lung Disease, In: Spencers Pathology of the Lung, 3rd ed (Flieder DL, Hasleton P, eds) Churchill Livingstone, 2012

Sporn TA. SV40 and the lung, Ch 22, In: Viruses and the Lung (Fraire AE, Woda BA, Welsh RM, Krdin RL, eds), 2014 Springer Berlin Heidelberg

Sporn TA Roggli VL Consideration of Occupational Lung Disease in Forensic Pathology Acad Forensic Pathol (4) 370-385 2015

On 03-16-13 Dep. Tim Causey was called out to assist with a fire in the Carolina forest area. Dep. Causey was posted at a perimeter point at 2130hrs. The post he was working had heavy smoke directing traffic and Fire apparatuses. Dep. Causey worked the post until 0700hrs on 03-17-13. Dep. Causey returned to the fire scene on 03/17/13 at 1900hrs to continue to assist with a perimeter post and directing traffic. Later in the shift on 03/17/13, Dep. Causey started to complain about a sore throat. Dep. Causey finished out the shift on 03/18/13 at 0700hrs. Dep. Causey returned again to the fire scene on 03/18/13 at 1900hrs to assist with the perimeter point. He continued to work until 0700hrs on 03/19/13. Dep. Causey still had a sore throat and began coughing. Dep. Causey believed at this point the coughing and sore throat was due to a family member having flu symptoms. Dep. Causey was to return to work on 03/20/13 and was unable to due to the persistent cough and sore throat. On 03/21/13 dep. Causey returned to work at 0700hrs but was unable to remain and went home sick at 1300hrs. When Dep. Causey returned home on 03/21/13, his wife brought him to Loris Hospital to be seen by a doctor due to his symptoms getting worse. Dep. Causey was treated at Loris Hospital for an infection and released to go home. On 03/23/13, Dep. Causey's symptoms of coughing were still not getting better and he was starting to have difficulty breathing. At that time, his wife immediately brought him to McLeod Hospital in Florence. The Hospital found that Dep. Causey's oxygen levels were extremely low at 60%. He was admitted to the hospital at that time.