THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission
Appellate Panel

Appellate Case No. 2017-002124

Edmund Dillon, Employee,.....Appellant,

v.

FleetPride, Employer, and Gallagher Bassett as
TPA for American Zurich Insurance Company, Carrier,.....Respondents.

RECORD ON APPEAL

VOLUME I OF III

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APPELLATE PANEL

DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

SCWCC FILE NO. 1501382

Edmund Dillon, Employee,

Claimant/Appellant,

v.

FleetPride, Employer,

and

Gallagher Bassett as TPA for
American Zurich Insurance Company

Defendants/Respondents.

Appellate Panel Review held in Columbia,
South Carolina on May 15, 2017 per
notices timely and properly served on all
parties of interest.

Appellate Panel Decision and Order filed
9-18, 2017

ARGUMENTS BRIEFED BY:

Preston F. McDaniel, Esquire, of Columbia, South Carolina
for Claimant/Appellant

Cynthia C. Dooley, Esquire, of Columbia, South Carolina
for Defendants/Respondents

STATEMENT OF THE CASE

The parties were heard by Commissioner Gene McCaskill, Hearing Commissioner, in Columbia, South Carolina on August 30, 2016. On September 20, 2016, Commissioner McCaskill issued the following Stipulations, APA Submissions, Statement of the Case, Evidence of the Case, Findings of Fact, Conclusions of Law, and Order:

STIPULATIONS

Counsel for all parties stipulated at the hearing to the following issues:

1. The purpose of the hearing was to determine the issues as set forth in Forms 52 and 53 and any other issues which may have timely come before the Commission.

2. Notice of the hearing was timely and properly served upon all parties of interest.

3. Venue set in Richland County, South Carolina is proper and was agreed upon by all parties.

4. Claimant's average weekly wage and compensation rate are $1,263.35 and $766.05, respectively.

5. Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon an alleged injury which occurred on February 23, 2015, while employed by the Employer and, therefore, the South Carolina Workers' Compensation Commission has jurisdiction of this case.

APA SUBMISSIONS

The following records were submitted into evidence under the Administrative Procedures Act:

Claimant's APA Submissions

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Claimants Exhibits:

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NAME OF PROVIDER/OTHER	PAGES
Amended Death Certificate	DEF 0809
Medical Research on Anemia, Thrombocytopenia (low platelet count), Low potassium (hypokalemia), Hyponatremia, Liver disease	DEF 0810 – DEF 0834

STATEMENT OF THE CASE

This claim arose when the Claimant fell to the ground, hit his head, and suffered injuries that ultimately caused the Claimant to pass away on February 27, 2015. The Claimant is seeking benefits for a compensable death claim.

Claimant contends that this was a work related accident resulting from a slip and fall accident that resulted in a death that is fully compensable. The Claimant contends that the medical records and the statements made by the Claimant after falling and hitting his head should be given great weight and that the resulting death should be found to be fully

compensable. Claimant contends that their medical expert report from Dr. Michael Sribnick shows that the Claimant was not suffering from any medical issues personal to him that would cause him to collapse.

Claimant contends that this case is comparable to and covered under Nicholson v. SCDSS, 411 S.C. 391, 769 S.E.2d 1 (2015), Barnes v. Chapter 1 Realty, 411 S.C. 391, 768 S.E.2d 651 (2015), and Thomas v. Five Star Transportation, 412 S.E. 1, 770 S.E.2d 183 (Ct. App. 2015).

Defendants deny that this is a compensable death claim. Defendants contend that the medical records show that the Claimant was a very sick individual, who suffered from Anemia, Thrombocytopenia (low platelet count), Low potassium (hypokalemia), Hyponatremia, and liver disease among other issues. Defendants contend that the Claimant was an alcoholic who was suffering from diarrhea, vomiting and fatigue prior to the alleged accident date. Defendants contend that their expert report from Dr. Vandersteenhoven shows that the Claimant passed out as a result of conditions peculiar to the Claimant, and, therefore, this is a non-compensable idiopathic fall.

Defendants contend that the Clamant merely collapsed while at work and that the collapse was not causally related to the Claimant's employment. In addition, Defendants argue that the one eye-witness to the claim, Mr. Josiah Fludd, witnessed the event from start to finish. Mr. Fludd testified in his deposition that the Claimant was outside when the fall occurred. He testified that the Claimant was standing still when he fell to the ground without attempting to catch himself or break his fall. Mr. Fludd testified and signed an affidavit that the Claimant collapsed.

Defendants contend, and submitted a medical expert report, that the Claimant collapsed at work but that the fall was idiopathic. Defendants cite *Bagwell v. Ernest Burnwell, Inc.*, 227 S.C. 444, 88 S.E.2d 611 (1955) as authority that an idiopathic fall is not compensable under the Act. Defendants argue that this claim is on point with *Bagwell*, and, therefore, the Claimant's death is not compensable under the act.

EVIDENCE OF THE CASE

The Claimant's widow testified that she was married to Edmund Dillon for nine or ten years. Hr'g Tr. 17. She denied that the Claimant had any other individuals dependent upon him other than herself. Hr'g Tr. 18. She testified that in the months leading up to the accident that she had not noticed any changes in his behavior or appearance Hr'g Tr. 19. She testified that she was never able to speak with the Claimant after the accident because he was unconscious when she got to the hospital. Hr'g Tr. 20. She testified that she is asking the Commission to find the death compensable under the workers' compensation act. Hr'g Tr. 21.

Upon cross-examination, the Claimant's widow testified that she and her husband did not see much of each other due to their work schedules. Hr'g Tr. 24-25. She testified that she had not noticed his jaundice color until she saw him in the hospital. Hr'g Tr. 24. Further, she admitted that the Claimant drank alcohol but that she was not aware of the quantity of alcohol. Hr'g Tr. 24.

Frederick Allen Mogridge appeared and testified for the defense. Mr. Mogridge testified to being a fellow employee at FleetPride with the Claimant. Hr'g Tr. 27. In addition to working at FleetPride for twenty-three years, the witness testified to having worked for a volunteer rescue squad in the past. Hr'g Tr. 27-28.

Mr. Mogridge testified that he had known the Claimant for about twenty-five years and that they were friends Hr'g Tr. 28. He testified that whiles they had a working relationship that they also had a personal relationship. Hr'g Tr. 29. He stated that they worked together on a daily basis at FleetPride. Hr'g Tr. 29. He testified that he had noticed the health of the Claimant leading up to the date of injury. He testified that the Claimant had some health issues in the months prior to the fall. Hr'g Tr. 29. Mr. Mogridge testified that he noticed the Claimant's color had changed and that he was losing weight. Hr'g Tr. 29. In addition, he testified that the Claimant was slow moving and had some problems with his body control, particularly his bowel control. Hr'g Tr. 30.

Mr. Mogridge testified that on the day of the fall that he had been inside and, therefore, did not witness the fall but was notified by Josiah Fludd that the Claimant had fallen. Hr'g Tr. 31-34. He testified that when he came outside that he found the Claimant on the ground bleeding from his head. Hr'g Tr. 31-34. He further testified that the Claimant was unconscious when he found him. Hr'g Tr. 34. Mr. Mogride called an ambulance and forced the Claimant to go to the hospital, against the wishes of the Claimant. Hr'g Tr. 31-34.

On cross-examination, Mr. Mogride Mr. Mogride did admit that it had been raining earlier that morning, but denied that it was raining hard at the time of the accident. Hr'g Tr. 34-37. Mr. Mogride also admitted on cross-examination that neither he nor any supervisor told the Claimant that he could not come into work or sent him to see someone due to his health. Hr'g Tr. 38-39. He asked Claimant to seek medical help, but the Claimant told him to mind his own business. Hr'g Tr. 38-39.

Employer representative Eugene Lane also appeared and testified. On direct examination, he testified that he was out of town on the date of the accident. Hr'g Tr. 44. However, he testified

that he had known the Claimant for twenty-five to thirty years and had been in his wedding. Hr'g Tr. 41. Mr. Lane testified that he had noticed the Claimant's health deteriorating over the months leading up to the accident. Hr'g Tr. 41-42. Specifically, he noted that the Claimant had lost a lot of weight and had become slow moving. Hr'g Tr. 42. However, he testified that the Claimant was a private individual and did not discuss his health with his friends. Hr'g Tr. 42.

FINDINGS OF FACT

After reviewing the evidentiary submissions and listening to the Claimant's testimony and the witness testimony, the following Findings of Fact are rendered:

1. The Claimant's death subsequent to a collapse at work did not arise of out of his employment and therefore his injury is not compensable?

2. The Claimant was at work on the morning of February 23, 2015. While at work, he was injured when he fell. The Claimant was transported by Richland County EMS to Palmetto Health Richland where he was hospitalized.

3. There is no dispute that the Claimant's death on February 27, 2015 resulted from injuries he received when he hit his head in the fall on February 23, 2015.

4. It is the Defendant's position that the Claimant suffered from many conditions, including Anemia, Thrombocytopenia (low platelet count), Hypokalemia (low potassium), Hyponatremia, Liver Disease, and severe dehydration.

5. The medical records indicate the Claimant had a problem with alcohol.

6. As to the Claimant's medical history, a medical record from Kershaw County Medical Center dated February 4, 1994 reports that the Claimant got up to go to the bathroom, had a coughing spell, felt dizzy and passed out hitting his head.

7. The medical note of Dr. Mark Jones/Dr. David T. Ford on February 23, 2015 (date of injury) reports that the Claimant reported that he slipped and fell hitting the back of his

head. Claimant also reported that he had not felt well for the last several days, had not been eating well and that he did notice that his skin had changed color (medical records from that day report that he was jaundice). He also reported that he had been vomiting and had diarrhea; and had not felt well that day.

8. On the day of his fall, the Claimant reported that he slipped and fell. He also reported that he did not lose consciousness.

9. The EDS report of the transport indicates that the Claimant was alert when they arrived, but that during transport his condition declined.

10. Sadly, the Claimant's physical condition deteriorated over the next four days; and on February 27, 2015, the Claimant succumbed.

11. The Amended Death certificate, which is part of the record, lists the cause of death as "cardiopulmonary failure, subdural hematoma with mass effect, subarachnoid hemorrhage."

12. The question at bar – as to a determination of compensability - is whether the Claimant slipped and fell which is what he indicated to medical professionals on the day of his injury; or did he simply collapse and hit his head?

13. In either instance, that fall and the resulting head injury is the cause of death. That fact is not in dispute.

14. The Claimant was outside on break when he fell/collapsed.

15. While there was initially some confusion as to whether the Claimant was on a ladder and fell from that ladder, both parties agree that he was not on a ladder and his fall/collapse occurred while he was standing on the ground.

16. Josiah Fludd was a witness to the fall/collapse. The parties took Mr. Fludd's deposition on 10/15/15.

17. Mr. Fludd testified that, on that day, the Claimant was standing on the sidewalk beside Mr. Fludd's truck.

18. Mr. Fludd testified that he saw the Claimant collapse. He also testified that the Claimant did not try to break his fall nor did he attempt to brace himself in anyway.

19. Mr. Fludd testified that the Claimant fell backwards.

20. He further testified that the Claimant was not walking at the time; and he did not see the Claimant slip.

21. On cross-examination Mr. Fludd testified that he could not see all of the Claimant's legs; but he could see his thighs.

22. While Mr. Fludd could not testify as to whether the Claimant slipped, he did testify that the Claimant's thighs were stationary.

23. I have read Mr. Fludd's deposition in its entirety. Mr. Fludd is simply a witness to the event. He does not stand to gain or lose based on his testimony in this case. I give his testimony great weight.

24. When I consider the record as a whole, I am not persuaded that the Claimant slipped or tripped.

25. I find that the Claimant simply collapsed. A review of the Claimant's medical history gives us insight as to why this could occur. There is medical evidence that the Claimant suffered from numerous conditions peculiar to him that could result in such an event.

26. This is a denied claim. The burden to prove there was a compensable injury rests with the Claimant. He must prove by a preponderance of the evidence that he indeed did slip and fall.

27. Here the Defendants have presented a persuasive case as to idiopathic injury which has no nexus to his work.

28. At the time of this event, the Claimant was on break outside. The Defendants presented a witness that observed the event. While his line of sight is somewhat obstructed, he can see the Claimant from the head down to his thighs. This witness describes the event – he sees the Claimant falling backwards without any flailing or any attempt to break his fall. The witness describes an event that took place from a stationary position. He testified that the Claimant was unconscious. The Claimant stated to medical personnel that he did not lose consciousness. Candidly, whether he was conscious or unconscious is not dispositive of whether he slipped or just collapsed.

29. In this case, I am persuaded by the greater weight of the evidence that the Claimant suffered an idiopathic fall. The description of the event which the Claimant provides is given after he suffers an event so significant that it will lead to his death. It is also clear from the medical evidence that the Claimant is – prior to the fall – suffering from compromising medical conditions. The Claimant's statements at the time of his injury must be viewed through the lens of the events that day and his general physical condition on that day as well.

30. The Claimant's statement as to mechanism of injury must be viewed juxtaposed to the testimony of Mr. Fludd with consideration for the Claimant's general physical health at the time.

31. This case is distinguishable from *Nicholson* and *Barnes*. Here *Bagwell v. Ernest Burnwell, Inc.* is on point. The fact pattern in that case and this case are very similar. In Bagwell, there was an eyewitness who saw the employee fall backward rigidly without attempting to brace the fall. The Court stated in Bagwell that being at work was not enough to justify an award, but it must be shown "either that the cause of the fall or the resulting injury bore some special relation to his work or to the conditions under which it was performed." The Court further noted that "while the cause of [the employee's] fall may be unexplained, the circumstances of his fall are fully covered by the testimony of eyewitnesses." *Nicholson* and *Barnes* are different in that in *Nicholson*, the employee's foot caught on the carpet. The Court held that the employee did not fall due to a condition peculiar to her but fell as a result of tripping on the carpet. In *Barnes*, the injured employee was hurrying to check her email and fell. There was no evidence that there was an internal breakdown causing the fall, so the Court found the injury compensable regardless of whether she tripped over herself or the carpet. This case here is directly on point with *Bagwell* in that there is evidence of an internal breakdown and there is an uninterested witness attesting to the facts of the Claimant passing out.

32. Given the totality of the evidence, the Claimant has failed to meet his burden. As such, the claim is dismissed with prejudice.

CONCLUSIONS OF LAW

Accordingly, as provided in S.C. Code Ann. § 42-17-40 of the S.C. Code Ann., it is the determination of this Commissioner that:

1. The burden of proof applicable to a claim for workers' compensation benefits is the preponderance of the evidence. The Claimant must establish by preponderance of the evidence the facts that will entitle him to an award under the workers' compensation Act. *Walsh v. U.S. Rubber Co.*, 120 S.E.2d 685 (1961);

2. Under S.C. Code Ann. § 42-1-130, the Claimant was a covered Employee at the time of his accident dated February 23, 2015;

3. Under S.C. Code Ann. § 42-1-140, the Defendant/Employer was a covered Employer under the Act on February 23, 2015;

4. Under S.C. Code Ann. § 42-1-160, the Claimant must show the he sustained an injury by accident arising out of and in the course and scope of employment in order to be entitled to benefits;

5. Pursuant to S.C. Code Ann. § 42-1-160, the Claimant has failed to show by a preponderance of the evidence a compensable death by accident. This conclusion is based on Finding of Fact Nos. 16 – 31.

6. The Claimant merely suffered an idiopathic fall due to pre-existing unrelated medical issues as described in the medical records and through witness testimony. This conclusion of law is based upon Finding of Fact Nos. 28 – 30.

7. Therefore, since the Claimant has failed to meet the burden, this claim is dismissed with prejudice. This conclusion of law is based upon Finding of Fact No. 32.

AWARD

Based upon the foregoing Findings of Fact and Conclusions of Law, it is **HEREBY ORDERED:**

1. The Claimant's claim for benefits is denied.
2. This claim is dismissed with prejudice.
3. No hearing costs are assessed.

IT IS SO ORDERED.

Within the statutory period, the Claimant filed an Application for Review in this case, setting forth the reasons for an appeal. A copy of this Application was furnished to all interested parties prior to Appellate Review.

All proper testimony has been taken. Together with all documentary evidence and a transcript of the hearing, appellate briefs were delivered to the individual members of the South Carolina Workers' Compensation Appellate Panel. Oral Argument has been provided to the individual members of the Full Commission and the case has since been under study and consideration.

By appeal, Claimant/Appellant submits the following:

1. That pursuant to S.C. Code of Law §42-17-40, the Claimant requests a review of all of the Findings of Fact, the Conclusions of Law, the Order and Award and of all rulings and decisions made by the Commissioner at the hearing, as contained in the Record or as made at any unrecorded pre-hearing conference, and in any communications concerning the claim, Order, Award and Decision rendered by the Hearing Commissioner in this matter.

2. That the Hearing Commissioner erred as a matter of law by trying to distinguish this case from the cases of *Nicholson v. SCDSS*, 411 S.C. 391, 769 S.E.2d 1 (2015); *Barnes v. Chapter 1 Realty*, 411 S.C. 391, 768 S.E.2d 651 (2015); and *Thomas v. Five Star Transportation*, 412 S.C. 1, 770 S.E.2d 183 (S.C. App. 2015) and by applying an idiopathic fall case which this is not, that being the case of *Bagwell v. Ernest Burwell, Inc.*, 227 S.C. 444, 88 S.E.2d 611 (1955).

3. That the Hearing Commissioner erred as a matter of law by making Conclusion of Law #1 wherein the substantial evidence in the Record clearly establishes by a preponderance of the evidence that the Claimant sustained a compensable injury by accident as defined under SC Law.

4. That the Hearing Commissioner erred as a matter of law in making Conclusion of Law #4 by finding that the Claimant did not establish as a matter of law that the Claimant had sustained a compensable injury under §42-1-160 as defined by our Appellate Courts.

5. That the Hearing Commissioner erred as a matter of law by making Conclusion of Law #5 wherein the evidence established by a preponderance of the evidence that he sustained a compensable injury by accident resulting in his death and by basing that conclusion on Findings of Fact #16-21.

6. That the Hearing Commissioner erred as a matter of law in making Conclusion of Law #6 by finding that the Claimant sustained an idiopathic fall due to a pre-existing unrelated medical issue as described in the medical records and through witness testimony and basing that Conclusion of Law on and as set forth in his Findings of Fact #28-30.

7. That the Hearing Commissioner erred as a matter of law in making Conclusion of Law #7 wherein he found that the Claimant failed to meet his burden of proof and dismissed the claim with prejudice and basing that Conclusion of Law on Finding of Fact #32.

8. That the Hearing Commissioner erred as a matter of law in the Award portion by denying the Claimant benefits and dismissing the Claimant's case with prejudice.

9. That the Hearing Commissioner erred as a matter of fact and law in making of Findings of Fact #17-23 wherein all of these Findings of Fact concerned are based on the testimony of Josiah Fludd and further and specifically in that these Findings of Fact make the testimony of Josiah Fludd's testimony conclusive one way or another as to the, "cause" of the fall. Further, the Commissioner's Findings are based on surmise, speculation and innuendo based on the actual testimony from Mr. Fludd.

10. That the Hearing Commissioner erred as a matter of fact and law by making contradictory Findings of Fact. He made on the one hand a Finding that Mr. Fludd could not testify as to whether or not the Claimant slipped, and on the other hand made the Finding under Finding of Fact #8 that on the day of his fall the Claimant reported that he slipped and fell. He then made Finding of Fact #24 that he was not persuaded that the Claimant slipped or tripped and by Finding of Fact #25 that the Claimant simply collapsed.

11. That the Hearing Commissioner erred as a matter of law by failing to apply the concepts of present sense impression, excited utterance, then existing physical condition, and statement made for medical treatment in reference to the statements that were made by the Claimant (deceased) immediately following the accident and as part of medical treatment following the accident. All of those concepts require the fact-finder to give great weight to those statements wherein the law gives those statements great credibility due to their immediacy and relationship to the event and the condition of the Claimant at the time that they were made.

12. That the Hearing Commissioner erred as a matter of law in making Finding of Fact #23 where this Finding specifically establishes that this Finding by the Commissioner is the subject of being arbitrary, capricious and an abuse of discretion. The Finding that the testimony of Mr. Fludd as a witness under oath is entitled to greater weight because, "he does not stand to gain or lose based on his testimony in this case," does not constitute a lawful basis for assigning greater weight to his testimony especially as compared to the EMS workers and doctors in reference to their findings and the statements they recorded as having been made to them by the deceased worker in this matter within thirty (30) minutes of his slip and fall.

13. That the hearing Commissioner erred as a matter of fact and law by basing his entire factual decision as to whether or not the Claimant sustained injury by accident upon the

factual testimony and evidence of Mr. Josiah Fludd given in his discovery deposition wherein that testimony and evidence does not support the conclusions made from a factual standpoint by the Commissioner.

14. That the hearing Commissioner erred as a matter of fact and law by making Finding of Fact #25 wherein the Hearing Commissioner gave undue weight to possible reasons for a collapse or fall as related by the medical evidence of the employer's expert witness and giving little or no weight to the evidence from the Claimant himself and the Claimant's expert medical witness who opined that preexisting conditions did not contribute to or cause the fall.

15. That the Hearing Commissioner erred as a matter of law in making Finding of fact #28 wherein the Commissioner erred in placing an improper burden of proof on the Claimant in that the undisputed testimony of the Claimant to his medical providers at the time of the injury was that he slipped and fell. The evidence of Mr. Fludd and, in particular, his deposition, reveals that Mr. Fludd was loading a truck at the time, protecting his paperwork from the rain, his view was obscured, his primary focus was not on the Claimant until the Claimant began to fall, and all he really knows is that the Claimant fell, not why or how. The Hearing Commissioner placed too great of a weight on what Mr. Fludd did not see as opposed to what he did see.

On the other hand, Defendants contended that the Hearing Commissioner properly weighed all of the evidence, including, but not limited to, the medical records, witness testimony, and expert opinions in determining that the Claimant merely collapsed from conditions personal to the Claimant.

Defendants further contended that an award is not based on surmise and speculation. Defendants contended that this claim was similar to *Bagwell v. Ernest Burwell, Inc.* Therefore, the hearing Commissioner properly weighed the evidence and determined that the Claimant

could not meet the burden to support a compensable injury by accident under S.C. Code of Laws §42-1-160.

Based upon a review of the whole Record and Briefs, the panel, by **UNANIMOUS** vote, **AFFIRMS WITH AMENDMENTS** to correct scrivener's errors, as agreed upon by the parties, including the proper APA submissions to the Single Commissioner, the decision and order of the Single Commissioner. Accordingly, the Stipulations, APA Submissions, Statement of the Case, Evidence of the Case, Findings of Fact, Conclusions of Law, and Order set forth below shall become and hereby are the law of the case:

STIPULATIONS

Counsel for all parties stipulated at the hearing to the following issues:

1. The purpose of the hearing was to determine the issues as set forth in Forms 52 and 53 and any other issues which may have timely come before the Commission.

2. Notice of the hearing was timely and properly served upon all parties of interest.

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Deposition Transcript of Michael Sribnick, MD, JD	D0874 – D0962
Letter from Legal Nurse Consultant, Donna Crider, RN	D0963
Deposition Transcript of JJ Vandersteenhoven, MD, Phd	D0964 – D1011

STATEMENT OF THE CASE

This claim arose when the Claimant fell to the ground, hit his head, and suffered injuries that ultimately caused the Claimant to pass away on February 27, 2015. The Claimant is seeking benefits for a compensable death claim.

Claimant contends that this was a work related accident resulting from a slip and fall accident that resulted in a death that is fully compensable. The Claimant contends that the medical records and the statements made by the Claimant after falling and hitting his head should be given great weight and that the resulting death should be found to be fully compensable. Claimant contends that their medical expert report from Dr. Michael Sribnick shows that the Claimant was not suffering from any medical issues personal to him that would cause him to collapse.

Claimant contends that this case is comparable to and covered under *Nicholson v. SCDSS*, 411 S.C. 391, 769 S.E.2d 1 (2015), *Barnes v. Chapter 1 Realty*, 411 S.C. 391, 768 S.E.2d 651 (2015), and *Thomas v. Five Star Transportation*, 412 S.E. 1, 770 S.E.2d 183 (Ct. App. 2015).

Defendants deny that this is a compensable death claim. Defendants contend that the medical records show that the Claimant was a very sick individual, who suffered from Anemia, Thrombocytopenia (low platelet count), Low potassium (hypokalemia), Hyponatremia, and liver

disease among other issues. Defendants contend that the Claimant was an alcoholic who was suffering from diarrhea, vomiting and fatigue prior to the alleged accident date. Defendants contend that their expert report from Dr. Vandersteenhoven shows that the Claimant passed out as a result of conditions peculiar to the Claimant, and, therefore, this is a non-compensable idiopathic fall.

Defendants contend that the Claimant merely collapsed while at work and that the collapse was not causally related to the Claimant's employment. In addition, Defendants argue that the one eye-witness to the claim, Mr. Josiah Fludd, witnessed the event from start to finish. Mr. Fludd testified in his deposition that the Claimant was outside when the fall occurred. He testified that the Claimant was standing still when he fell to the ground without attempting to catch himself or break his fall. Mr. Fludd testified and signed an affidavit that the Claimant collapsed.

Defendants contend, and submitted a medical expert report, that the Claimant collapsed at work but that the fall was idiopathic. Defendants cite *Bagwell v. Ernest Burnwell, Inc.*, 227 S.C. 444, 88 S.E.2d 611 (1955) as authority that an idiopathic fall is not compensable under the Act. Defendants argue that this claim is on point with *Bagwell*, and, therefore, the Claimant's death is not compensable under the act.

EVIDENCE OF THE CASE

The Claimant's widow testified that she was married to Edmund Dillon for nine or ten years. Hr'g Tr. 17. She denied that the Claimant had any other individuals dependent upon him other than herself. Hr'g Tr. 18. She testified that in the months leading up to the accident that she had not noticed any changes in his behavior or appearance Hr'g Tr. 19. She testified that she was never able to speak with the Claimant after the accident because he was unconscious when she

got to the hospital. Hr'g Tr. 20. She testified that she is asking the Commission to find the death compensable under the workers' compensation act. Hr'g Tr. 21.

Upon cross-examination, the Claimant's widow testified that she and her husband did not see much of each other due to their work schedules. Hr'g Tr. 24-25. She testified that she had not noticed his jaundiced color until she saw him in the hospital. Hr'g Tr. 24. Further, she admitted that the Claimant drank alcohol but that she was not aware of the quantity of alcohol. Hr'g Tr. 24.

Frederick Allen Mogridge appeared and testified for the defense. Mr. Mogridge testified to being a fellow employee at FleetPride with the Claimant. Hr'g Tr. 27. In addition to working at FleetPride for twenty-three years, the witness testified to having worked for a volunteer rescue squad in the past. Hr'g Tr. 27-28.

Mr. Mogridge testified that he had known the Claimant for about twenty-five years and that they were friends Hr'g Tr. 28. He testified that while they had a working relationship that they also had a personal relationship. Hr'g Tr. 29. He stated that they worked together on a daily basis at FleetPride. Hr'g Tr. 29. He testified that he had noticed the health of the Claimant leading up to the date of injury. He testified that the Claimant had some health issues in the months prior to the fall. Hr'g Tr. 29. Mr. Mogridge testified that he noticed the Claimant's color had changed and that he was losing weight. Hr'g Tr. 29. In addition, he testified that the Claimant was slow moving and had some problems with his body control, particularly his bowel control. Hr'g Tr. 30.

Mr. Mogridge testified that on the day of the fall that he had been inside and, therefore, did not witness the fall but was notified by Josiah Fludd that the Claimant had fallen. Hr'g Tr. 31-34. He testified that when he came outside that he found the Claimant on the ground bleeding

from his head. Hr'g Tr. 31-34. He further testified that the Claimant was unconscious when he found him. Hr'g Tr. 34. Mr. Mogride called an ambulance and forced the Claimant to go to the hospital, against the wishes of the Claimant. Hr'g Tr. 31-34.

On cross-examination, Mr. Mogride did admit that it had been raining earlier that morning, but denied that it was raining hard at the time of the accident. Hr'g Tr. 34-37. Mr. Mogride also admitted on cross-examination that neither he nor any supervisor told the Claimant that he could not come into work or sent him to see someone due to his health. Hr'g Tr. 38-39. He asked Claimant to seek medical help, but the Claimant told him to mind his own business. Hr'g Tr. 38-39.

Employer representative Eugene Lane also appeared and testified. On direct examination, he testified that he was out of town on the date of the accident. Hr'g Tr. 44. However, he testified that he had known the Claimant for twenty-five to thirty years and had been in his wedding. Hr'g Tr. 41. Mr. Lane testified that he had noticed the Claimant's health deteriorating over the months leading up to the accident. Hr'g Tr. 41-42. Specifically, he noted that the Claimant had lost a lot of weight and had become slow moving. Hr'g Tr. 42. However, he testified that the Claimant was a private individual and did not discuss his health with his friends. Hr'g Tr. 42.

FINDINGS OF FACT

After reviewing the evidentiary submissions and listening to the Claimant's testimony and the witness testimony, the following Findings of Fact are rendered:

1. The Claimant's death subsequent to a collapse at work did not arise of out of his employment and therefore his injury is not compensable.

2. The Claimant was at work on the morning of February 23, 2015. While at work, he was injured when he fell. The Claimant was transported by Richland County EMS to Palmetto Health Richland where he was hospitalized.

3. There is no dispute that the Claimant's death on February 27, 2015 resulted from injuries he received when he hit his head in the fall on February 23, 2015.

4. It is the Defendants' position that the Claimant suffered from many conditions, including Anemia, Thrombocytopenia (low platelet count), Hypokalemia (low potassium), Hyponatremia, Liver Disease, and severe dehydration.

5. The medical records indicate the Claimant had a problem with alcohol.

6. As to the Claimant's medical history, a medical record from Kershaw County Medical Center dated February 4, 1994, reports that the Claimant got up to go to the bathroom, had a coughing spell, felt dizzy and passed out hitting his head.

7. The medical note of Dr. Mark Jones/Dr. David T. Ford on February 23, 2015 (date of injury) reports that the Claimant reported that he slipped and fell hitting the back of his head. Claimant also reported that he had not felt well for the last several days, had not been eating well and that he did notice that his skin had changed color (medical records from that day report that he was jaundiced). He also reported that he had been vomiting and had diarrhea; and had not felt well that day.

8. On the day of his fall, the Claimant reported that he slipped and fell. He also reported that he did not lose consciousness.

9. The EDS report of the transport indicates that the Claimant was alert when they arrived, but that during transport his condition declined.

10. Sadly, the Claimant's physical condition deteriorated over the next four days; and on February 27, 2015, the Claimant succumbed.

11. The Amended Death Certificate, which is part of the record, lists the cause of death as "cardiopulmonary failure, subdural hematoma with mass effect, subarachnoid hemorrhage."

12. The question at bar – as to a determination of compensability - is whether the Claimant slipped and fell which is what he indicated to medical professionals on the day of his injury; or did he simply collapse and hit his head?

13. In either instance, that fall and the resulting head injury is the cause of death. That fact is not in dispute.

14. The Claimant was outside on break when he fell/collapsed.

15. While there was initially some confusion as to whether the Claimant was on a ladder and fell from that ladder, both parties agree that he was not on a ladder and his fall/collapse occurred while he was standing on the ground.

16. Josiah Fludd was a witness to the fall/collapse. The parties took Mr. Fludd's deposition on 10/15/15.

17. Mr. Fludd testified that, on that day, the Claimant was standing on the sidewalk beside Mr. Fludd's truck.

18. Mr. Fludd testified that he saw the Claimant collapse. He also testified that the Claimant did not try to break his fall nor did he attempt to brace himself in anyway.

19. Mr. Fludd testified that the Claimant fell backwards.

20. He further testified that the Claimant was not walking at the time; and he did not see the Claimant slip.

21. On cross-examination Mr. Fludd testified that he could not see all of the Claimant's legs, but he could see his thighs.

22. While Mr. Fludd could not testify as to whether the Claimant slipped, he did testify that the Claimant's thighs were stationary.

23. We have read Mr. Fludd's deposition in its entirety. Mr. Fludd is simply a witness to the event. He does not stand to gain or lose based on his testimony in this case. We give his testimony great weight.

24. When considering the record as a whole, we are not persuaded that the Claimant slipped or tripped.

25. We find that the Claimant simply collapsed. A review of the Claimant's medical history gives us insight as to why this could occur. There is medical evidence that the Claimant suffered from numerous conditions peculiar to him that could result in such an event.

26. This is a denied claim. The burden to prove there was a compensable injury rests with the Claimant. He must prove by a preponderance of the evidence that he indeed did slip and fall.

27. Here the Defendants have presented a persuasive case as to idiopathic injury which has no nexus to his work.

28. At the time of this event, the Claimant was on break outside. The Defendants presented a witness that observed the event. While his line of sight was somewhat obstructed, he could see the Claimant from the head down to his thighs. This witness describes the event – he sees the Claimant falling backwards without any flailing or any attempt to break his fall. The witness describes an event that took place from a stationary position. He testified that the Claimant was unconscious. The Claimant stated to medical personnel that he did not lose consciousness. Candidly, whether he was conscious or unconscious is not dispositive of whether he slipped or just collapsed.

29. In this case, we are persuaded by the greater weight of the evidence that the Claimant suffered an idiopathic fall. The description of the event which the Claimant provided was given after he sufferd an event so significant that it will lead to his death. It is also clear from the medical evidence that the Claimant was – prior to the fall – suffering from compromising medical conditions. The Claimant's statements at the time of his injury must be viewed through the lens of the events that day and his general physical condition on that day as well.

30. The Claimant's statement as to mechanism of injury must be viewed juxtaposed to the testimony of Mr. Fludd with consideration for the Claimant's general physical health at the time.

31. This case is distinguishable from *Nicholson* and *Barnes*. Here *Bagwell v. Ernest Burnwell, Inc.* is on point. The fact pattern in that case and this case are very similar. In *Bagwell*, there was an eyewitness who saw the employee fall backward rigidly without attempting to brace the fall. The Court stated in *Bagwell* that being at work was not enough to justify an award, but it must be shown "either that the cause of the fall or the resulting injury bore some special relation to his work or to the conditions under which it was performed." The Court further noted that "while the cause of [the employee's] fall may be unexplained, the circumstances of his fall are fully covered by the testimony of eyewitnesses." *Nicholson* and *Barnes* are different in that in *Nicholson*, the employee's foot caught on the carpet. The Court held that the employee did not fall due to a condition peculiar to her but fell as a result of tripping on the carpet. In *Barnes*, the injured employee was hurrying to check her email and fell. There was no evidence that there was an internal breakdown causing the fall, so the Court found the injury compensable regardless of whether she tripped over herself or the carpet. This case

here is directly on point with *Bagwell* in that there is evidence of an internal breakdown and there is an uninterested witness attesting to the facts of the Claimant passing out.

32. Given the totality of the evidence, the Claimant has failed to meet his burden. As such, the claim is dismissed with prejudice. The parties stipulated by consent at the appellate hearing that the amended and revised order will be the language reviewed by the Panel.

CONCLUSIONS OF LAW

Accordingly, as provided in S.C. Code Ann. § 42-17-40 of the S.C. Code Ann., it is the determination of this Commission that:

1. The burden of proof applicable to a claim for workers' compensation benefits is the preponderance of the evidence. The Claimant must establish by preponderance of the evidence the facts that will entitle him to an award under the workers' compensation Act. *Walsh v. U.S. Rubber Co.*, 120 S.E.2d 685 (1961);

2. Under S.C. Code Ann. § 42-1-130, the Claimant was a covered Employee at the time of his accident dated February 23, 2015;

3. Under S.C. Code Ann. § 42-1-140, the Defendant/Employer was a covered Employer under the Act on February 23, 2015;

4. Under S.C. Code Ann. § 42-1-160, the Claimant must show the he sustained an injury by accident arising out of and in the course and scope of employment in order to be entitled to benefits;

5. Pursuant to S.C. Code Ann. § 42-1-160, the Claimant has failed to show by a preponderance of the evidence a compensable death by accident. This conclusion is based on Finding of Fact Nos. 16 – 31.

6. The Claimant merely suffered an idiopathic fall due to pre-existing unrelated medical issues as described in the medical records and through witness testimony. This conclusion of law is based upon Finding of Fact Nos. 28 – 30.

7. Therefore, since the Claimant has failed to meet the burden, this claim is dismissed with prejudice. This conclusion of law is based upon Finding of Fact No. 32.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law:

IT IS HEREBY ORDERED that the Order of the Hearing Commissioner filed in the above-captioned matter on February 2, 2017, is hereby Affirmed with Amendments to correct scrivener's errors, including the proper APA submissions to the Single Commissioner, by the Full Commission Appellate Panel. The Claimant for a compensable injury by accident is denied in its entirety.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Scott T. Beck, Commissioner
On Behalf of the Appellate Panel

FULL AFFIRMATION

Concur:

Susan S. Barden, Commissioner

Aisha Taylor, 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 Valerie Deller on September 18, 2017

Kim Hinkle

From:	appeals@wcc.sc.gov
Sent:	Monday, September 18, 2017 2:42 PM
To:	AHAM@PFMCDLAW.COM; BRIAN@BRIANDUMASATTORNEY.COM; CDOOLEY@TURNERPADGET.COM; CINDYDOOLEY-GROUP@TURNERPADGET.COM; CRYSTAL@PFMCDLAW.COM; KIM@PFMCDLAW.COM; PRESTON@PFMCDLAW.COM; ROSE@PFMCDLAW.COM; SABRINA@PFMCDLAW.COM; APPEALS@WCC.SC.GOV
Subject:	Full Commission Order - WCC#:1501382 -
Attachments:	OBD712.pdf

Attached is the Full Commission Order for WCC#: 1501382

R08 ORD - Full Commission Order - 9/18/2017 - ORDER#: 67416 - WCC #: 1501382

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1501382

Edmund Dillon, Dec'd, Employee, Claimant, vs. Raffles (FleetPride), Employer, AND Gallagher Bassett as TPA for American Zurich Insurance Company, Carrier, Defendants.	**DECISION AND ORDER**

HEARING:	Held in Columbia, South Carolina on August 30, 2016, before Commissioner Gene McCaskill.
APPEARANCES:	Claimant represented by Brian Dumas, Esquire, of Brian Dumas Attorney, LLC, of Columbia, South Carolina. Defendants represented by Cynthia C. Dooley, Esquire and Samuel V. Priddy IV, Esquire of Turner Padget Graham & Laney P.A., of Columbia, South Carolina.
PURPOSE OF HEARING:	To determine the issues as set forth on Forms 52 and 53, and any other issues which may have timely come before the Commissioner.
DECISION AND ORDER:	Gene McCaskill, S.C. Workers' Compensation Commissioner.
FILED:	February 2, 2016.

STIPULATIONS

Counsel for all parties stipulated at the hearing to the following issues:

1. The purpose of the hearing was to determine the issues as set forth in Forms 52 and 53 and any other issues which may have timely come before the Commission.

2. Notice of the hearing was timely and properly served upon all parties of interest.

3. Venue set in Richland County, South Carolina is proper and was agreed upon by all parties.

4. Claimant's average weekly wage and compensation rate are $1,263.35 and $766.05, respectively.

5. Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon an alleged injury which occurred on February 23, 2015, while employed by the Employer and, therefore, the South Carolina Workers' Compensation Commission has jurisdiction of this case.

APA SUBMISSIONS

The following records were submitted into evidence under the Administrative Procedures Act:

Claimant's APA Submissions

NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	PAGES
Kershaw County Memorial Hospital	02/04/1994	1-9
Richland County EMS	2/23/15	10-12
Palmetto Health Richland	2/23/15 – 2/27/15	13-47
Michael G. Sribnick, MD, JD, LLC	5/23/16	58-63

Claimants Exhibits:

NAME OF PROVIDER/OTHER	PAGES
Death Certificate	1
Amended Death Certificate	2
Richland County Coroner's Investigative Report	3-18
Weather Report	19-21
Affidavit of Josiah Fludd	22-23
Deposition of Josiah Fludd	24-53
OSHA Citation	54-59
Medical Bills	60-86
Funeral Expenses	87
Form 20	88
WC Leave then Termination	89-91
Photo of Fleetpride	92
EDI First Report	93
US DOL SCOSHA data	94-99

Defendants' APA Submissions

NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	PAGES
Medical Summary		
Kershaw County Medical Center	2/4/1994	D0001 – D0012

Columbia Skin Clinic	3/30/01 – 2/18/15	D0013 – D0053
Providence NE Family Care	2/3/14 – 2/19/14	D0054 – D0062
Richland County ESD	2/23/15	D0063 – D0065
Palmetto Health Richland	2/23/15 – 2/28/15	D0066 – D0781
Richland County Coroner	2/28/15 – 7/08/15	D0782 – D0795
Report & CV of JJ Vandersteenhoven, MD, PhD	5/21/16	D0796 – D0808

Defendants' Exhibits

NAME OF PROVIDER/OTHER	PAGES
Amended Death Certificate	DEF 0809
Medical Research on Anemia, Thrombocytopenia (low platelet count), Low potassium (hypokalemia), Hyponatremia, Liver disease	DEF 0810 – DEF 0834

STATEMENT OF THE CASE

This claim arose when the Claimant fell to the ground, hit his head, and suffered injuries that ultimately caused the Claimant to pass away on February 27, 2015. The Claimant is seeking benefits for a compensable death claim.

Claimant contends that this was a work related accident resulting from a slip and fall accident that resulted in a death that is fully compensable. The Claimant contends that the medical records and the statements made by the Claimant after falling and hitting his head should be given great weight and that the resulting death should be found to be fully compensable. Claimant contends that their medical expert report from Dr. Michael Sribnick shows that the Claimant was not suffering from any medical issues personal to him that would cause him to collapse.

Claimant contends that this case is comparable to and covered under Nicholson v. SCDSS, 411 S.C. 391, 769 S.E.2d 1 (2015), Barnes v. Chapter 1 Realty, 411 S.C. 391, 768 S.E.2d 651 (2015), and Thomas v. Five Star Transportation, 412 S.E. 1, 770 S.E.2d 183 (Ct. App. 2015).

Defendants deny that this is a compensable death claim. Defendants contend that the medical records show that the Claimant was a very sick individual, who suffered from Anemia, Thrombocytopenia (low platelet count), Low potassium (hypokalemia), Hyponatremia, and liver disease among other issues. Defendants contend that the Claimant was an alcoholic who was suffering from diarrhea, vomiting and fatigue prior to the alleged accident date. Defendants contend that their expert report from Dr. Vandersteenhoven shows that the Claimant passed out as a result of conditions peculiar to the Claimant, and, therefore, this is a non-compensable idiopathic fall.

Defendants contend that the Clamant merely collapsed while at work and that the collapse was not causally related to the Claimant's employment. In addition, Defendants argue that the one eye-witness to the claim, Mr. Josiah Fludd, witnessed the event from start to finish. Mr. Fludd testified in his deposition that the Claimant was outside when the fall occurred. He testified that the Claimant was standing still when he fell to the ground without attempting to catch himself or break his fall. Mr. Fludd testified and signed an affidavit that the Claimant collapsed.

Defendants contend, and submitted a medical expert report, that the Claimant collapsed at work but that the fall was idiopathic. Defendants cite *Bagwell v. Ernest Burnwell, Inc.*, 227 S.C. 444, 88 S.E.2d 611 (1955) as authority that an idiopathic fall is not compensable under the Act.

Defendants argue that this claim is on point with *Bagwell*, and, therefore, the Claimant's death is not compensable under the act.

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Upon cross-examination, the Claimant's widow testified that she and her husband did not see much of each other due to their work schedules. Hr'g Tr. 24-25. She testified that she had not noticed his jaundice color until she saw him in the hospital. Hr'g Tr. 24. Further, she admitted that the Claimant drank alcohol but that she was not aware of the quantity of alcohol. Hr'g Tr. 24.

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Mr. Mogridge testified that on the day of the fall that he had been inside and, therefore, did not witness the fall but was notified by Josiah Fludd that the Claimant had fallen. Hr'g Tr. 31-34. He testified that when he came outside that he found the Claimant on the ground bleeding from his head. Hr'g Tr. 31-34. He further testified that the Claimant was unconscious when he found him. Hr'g Tr. 34. Mr. Mogride called an ambulance and forced the Claimant to go to the hospital, against the wishes of the Claimant. Hr'g Tr. 31-34.

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FINDINGS OF FACT

After reviewing the evidentiary submissions and listening to the Claimant's testimony and the witness testimony, the following Findings of Fact are rendered:

1. The Claimant's death subsequent to a collapse at work did not arise of out of his employment and therefore his injury is not compensable?

2. The Claimant was at work on the morning of February 23, 2015. While at work, he was injured when he fell. The Claimant was transported by Richland County EMS to Palmetto Health Richland where he was hospitalized.

3. There is no dispute that the Claimant's death on February 27, 2015 resulted from injuries he received when he hit his head in the fall on February 23, 2015.

4. It is the Defendant's position that the Claimant suffered from many conditions, including Anemia, Thrombocytopenia (low platelet count), Hypokalemia (low potassium), Hyponatremia, Liver Disease, and severe dehydration.

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7. The medical note of Dr. Mark Jones/Dr. David T. Ford on February 23, 2015 (date of injury) reports that the Claimant reported that he slipped and fell hitting the back of his head. Claimant also reported that he had not felt well for the last several days, had not been eating well and that he did notice that his skin had changed color (medical records from that day

report that he was jaundice). He also reported that he had been vomiting and had diarrhea; and had not felt well that day.

8. On the day of his fall, the Claimant reported that he slipped and fell. He also reported that he did not lose consciousness.

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24. When I consider the record as a whole, I am not persuaded that the Claimant slipped or tripped.

25. I find that the Claimant simply collapsed. A review of the Claimant's medical history gives us insight as to why this could occur. There is medical evidence that the Claimant suffered from numerous conditions peculiar to him that could result in such an event.

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27. Here the Defendants have presented a persuasive case as to idiopathic injury which has no nexus to his work.

28. At the time of this event, the Claimant was on break outside. The Defendants presented a witness that observed the event. While his line of sight is somewhat obstructed, he can see the Claimant from the head down to his thighs. This witness describes the event – he sees the Claimant falling backwards without any flailing or any attempt to break his fall. The witness describes an event that took place from a stationary position. He testified that the Claimant was unconscious. The Claimant stated to medical personnel that he did not lose consciousness. Candidly, whether he was conscious or unconscious is not dispositive of whether he slipped or just collapsed.

29. In this case, I am persuaded by the greater weight of the evidence that the Claimant suffered an idiopathic fall. The description of the event which the Claimant provides is given after he suffers an event so significant that it will lead to his death. It is also clear from the medical evidence that the Claimant is – prior to the fall – suffering from compromising medical conditions. The Claimant's statements at the time of his injury must be viewed through the lens of the events that day and his general physical condition on that day as well.

30. The Claimant's statement as to mechanism of injury must be viewed juxtaposed to the testimony of Mr. Fludd with consideration for the Claimant's general physical health at the time.

31. This case is distinguishable from *Nicholson* and *Barnes*. Here *Bagwell v. Ernest Burnwell, Inc.* is on point. The fact pattern in that case and this case are very similar. In Bagwell, there was an eyewitness who saw the employee fall backward rigidly without attempting to brace the fall. The Court stated in Bagwell that being at work was not enough to

justify an award, but it must be shown "either that the cause of the fall or the resulting injury bore some special relation to his work or to the conditions under which it was performed." The Court further noted that "while the cause of [the employee's] fall may be unexplained, the circumstances of his fall are fully covered by the testimony of eyewitnesses." *Nicholson* and *Barnes* are different in that in *Nicholson*, the employee's foot caught on the carpet. The Court held that the employee did not fall due to a condition peculiar to her but fell as a result of tripping on the carpet. In *Barnes*, the injured employee was hurrying to check her email and fell. There was no evidence that there was an internal breakdown causing the fall, so the Court found the injury compensable regardless of whether she tripped over herself or the carpet. This case here is directly on point with *Bagwell* in that there is evidence of an internal breakdown and there is an uninterested witness attesting to the facts of the Claimant passing out.

32. Given the totality of the evidence, the Claimant has failed to meet his burden. As such, the claim is dismissed with prejudice.

CONCLUSIONS OF LAW

Accordingly, as provided in S.C. Code Ann. § 42-17-40 of the S.C. Code Ann., it is the determination of this Commissioner that:

1. The burden of proof applicable to a claim for workers' compensation benefits is the preponderance of the evidence. The Claimant must establish by preponderance of the evidence the facts that will entitle him to an award under the workers' compensation Act. *Walsh v. U.S. Rubber Co.*, 120 S.E.2d 685 (1961);

2. Under S.C. Code Ann. § 42-1-130, the Claimant was a covered Employee at the time of his accident dated February 23, 2015;

3. Under S.C. Code Ann. § 42-1-140, the Defendant/Employer was a covered Employer under the Act on February 23, 2015;

4. Under S.C. Code Ann. § 42-1-160, the Claimant must show the he sustained an injury by accident arising out of and in the course and scope of employment in order to be entitled to benefits;

5. Pursuant to S.C. Code Ann. § 42-1-160, the Claimant has failed to show by a preponderance of the evidence a compensable death by accident. This conclusion is based on Finding of Fact Nos. 16 – 31.

6. The Claimant merely suffered an idiopathic fall due to pre-existing unrelated medical issues as described in the medical records and through witness testimony. This conclusion of law is based upon Finding of Fact Nos. 28 – 30.

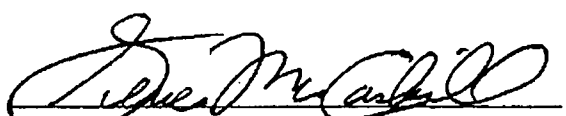
7. Therefore, since the Claimant has failed to meet the burden, this claim is dismissed with prejudice. This conclusion of law is based upon Finding of Fact No. 32.

AWARD

Based upon the foregoing Findings of Fact and Conclusions of Law, it is **HEREBY ORDERED:**

1. The Claimant's claim for benefits is denied.
2. This claim is dismissed with prejudice.
3. No hearing costs are assessed.

IT IS SO ORDERED.



Commissioner Gene McCaskill

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).

February 2, 2017

By: Kellie Lindler, Administrative Assistant to Commissioner McCaskill

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 #: 1501382
Carrier File #: 000714-050164
Carrier Code #:
Employer FEIN #:

Claimant's Name: April Dillon (spouse of deceased employee) SSN:
Address:
City: Elgin State: SC Zip:
Home Phone: (6 Work Phone: ( )

Employer's Name: Raffles (FleetPride)
Address: 310 FP1 Col Retail
City: Columbia State: SC Zip:
Insurance Carrier: Gallagher Bassett as TPA for American Zurich Insurance Company

Preparer's Name: Brian Dumas Law Firm: Brian Dumas, Attorney LLC Preparer's Phone #: (803) 699 - 4996

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

The Claimant is April Dillon Wife of Edmund John Dillon (employee's name)

1. The employee sustained an accidental injury to the head on February 23, 2015 in Richland 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 02/23/15 (Month Day Year) in the following manner: Employer traveled with employee to hospital

☐ 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:

☒ 8. The employee died on February 27, 2015 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 $Form 20 requested. The claimant demands an accounting of days worked and wages earned as provided by law.

10. Further grounds of claim:

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.

RECEIVED
MAR 24 2015
Division of Claims
Claims Administrator
S.C. Workers' Comp. Comm.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Matthew Cook, Turner Padget, PO Box 1473, Columbia, SC 29202 on the ___ day of March 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 | Attorney for Claimant (Title) | brian@briandumasattorney.com (Email) | 3/19/15 (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
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675 www.wcc.sc.gov

WCC File #: 1501382
Carrier File #: 000714-050164
Carrier Code #:
Employer FEIN #:

Claimant's Name: Edmund Dillon, Dec'd SSN: Employer's Name: Raffles (FleetPride)
Address: de Address: 310 FP1 Col Retail
Ci State: SC Zip: City: Columbia State: SC Zip:
Home Phone: Work Phone: Insurance Carrier: Gallagher Bassett as TPA for American Zurich Insurance Company
Preparer's Name: Matthew R. Cook, Esq. Law Firm: Turner, Padget, Graham & Laney, P.A. Preparer's Phone #: (803) 227-4321

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

The employer-insurance carrier in answer to the claim due to the death of Edmund Dillon, Dec'd (employee's name) **respectfully shows:**

1. It is ☐ admitted ☒ denied that the employee sustained an injury on or about the date set forth in the application.
2. It is ☐ admitted ☒ denied that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: Defendants deny and dispute that the Claimant sustained a compensable injury/death and argue that there is insufficient factual and medical evidence to establish compensability underneath the South Carolina Workers' Compensation Act.
3. It is ☐ admitted ☒ denied that the relationship of employer and employee existed at the time in question. The reasons for denial are: Defendants deny and dispute that the Claimant sustained a compensable injury/death and argue that there is insufficient factual and medical evidence to establish compensability underneath the South Carolina Workers' Compensation Act.
4. It is ☐ admitted ☒ denied that at the time in question the employee was performing services arising out of and in the course of employment.
5. It is ☐ admitted ☒ denied that notice of injury was given the employer as specified in the application.
6. It is ☐ admitted ☒ denied that the employee was entitled to medical care as a result of the injury.
7. It is ☐ admitted ☒ denied that the employee lost compensable time from work and wages for period(s) of:
8. It is ☐ admitted ☒ denied that the employee's death resulted proximately from accidental injury arising out of and in the course of employment on ___ (m/d/yyyy).
9. It is contended that an average weekly wage of $ 1,263.35 applies, according to the attached accounting of employee's earnings, as provided by law.
10. Further contentions or grounds of defense are: Discovery is ongoing and Defendants reserve the right to amend and complete additional defenses including but not limited to special and affirmative defenses. Defendants assert an intoxication defense and reserve their right to amend accordingly.

☐ **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 Claimant's attorney, Brian Dumas, Esquire, on the 10 day of April, 2015, by XX first class postage ____ certified mail ____ personal service.

Preparer's Signature	Esq. Title	MCook@TurnerPadget.com Email	April 9, 2015 Date

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or jud@wcc.sc.gov or mediation@wcc.sc.gov. Refer to Regulations 67-205 through 67-211, 67-215, Regulations 67-601 through 67-615; and Regulations 67-901-905 as well as Reg. 67-1801.

PROOF OF SERVICE

The undersigned certifies that she is an employee at TURNER, PADGET, GRAHAM & LANEY, P.A., and that the attached Form 53 on Behalf of Defendants was served upon Brian Dumas, Esquire, the attorney for the claimant, in accordance with Regulations 67-210, 67-211, 67-213, 67-214, and 67-215, and such other law as may be applicable, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

Amy Bracy, Judicial Director
SC Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715

Brian Dumas,
Brian Dumas, Attorney LLC
718 Clemson Road
Columbia, SC 29229

Debra P. Selander, legal assistant to
Matthew R. Cook

April 10, 2015.

BRIAN DUMAS, ATTORNEY LLC
718 Clemson Road
Columbia, SC 29229
Phone: (803) 699-4996 Facsimile: (803) 699-4995
brian@briandumasattorney.com
Certified SC Circuit Court Mediator **Certified SC Family Court Mediator**

August 24, 2015

Via USPS & Email: MCook@TurnerPadget.com
Matthew R. Cook
Turner, Padget, Graham & Laney, P.A.
PO Box 1473
Columbia, SC 29202

RE:	Claimant:	Edmund Dillon, Deceased
	Employer:	Raffles (Fleet Pride)
	Carrier:	Gallagher Bassett as TPA for American Zurich Insurance Company
	Claim No.:	000714-050164
	WCC File No.:	1501382
	Your File No.:	00426.04152
	Date of Accident:	02/23/15

Dear Mr. Cook,

Enclosed is a more specific subpoena for documents in the above-referenced matter.

As per our discussions, I am perfectly happy to receive these documents in electronic format. I am also sending a copy of this to you by email.

If there are any questions or comments, please do not hesitate to contact this office.

Sincerely,

Brian Dumas

BD/tlr

Enclosure

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675

WCC File #: 1501382
Carrier File #: 000714-050164
Carrier Code #:
Employer FEIN #:

Claimant's Name: April Dillon (spouse of deceased employee, Edmund Dillon) SSN:

Address: [redacted]le

City: Elgin State: SC Zip: [redacted]

Home Phone: [redacted] Work Phone: ( )

Preparer's Name: Brian Dumas Law Firm: Brian Dumas, Attorney LLC

Employer's Name: Raffles (FleetPride)

Address: 310 FP1 Col Retail

City: Columbia State: SC Zip:

Insurance Carrier: Gallagher Bassett as TPA for American Zurich Insurance

Preparer's Phone #: (803) 699 - 4996

SUBPOENA

To: Raffles (FleetPride) c/o Matthew R. Cook, Esquire of Turner, Padget, Graham & Laney, P.A.

☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: ROOM:

DATE AND TIME:

☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: DATE AND TIME:

☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: **Any and all investigative reports, files, statements or other materials concerning this claim, including but not limited to any insurance investigation. Please rovide a witness list with contact information for each witness**

PLACE: **Brian Dumas, Attorney LLC, 718 Clemson Road, Columbia, SC 29229** DATE AND TIME: **09/15/15 10AM**

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: DATE AND TIME:

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

ISSUING OFFICER'S SIGNATURE AND TITLE	(803) 699 - 4996 PHONE NUMBER	08/24/15 DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5675.

PROOF OF SERVICE

I, Ashley Walters, an employee of Brian Dumas, Attorney LLC, do hereby verify that I served a copy of the attached **Form 27 Subpoena** upon the below named by causing a copy of the same to be deposited in the United States Mail Prepaid Postage Prepaid and by email, this 24th day of August, 2015, addressed as follows:

Matthew R. Cook
Turner, Padget, Graham, & Laney, P.A.
PO Box 1473
Columbia, SC 29202
Via USPS & Email: MCook@TurnerPadget.com

Ashley Walters
Assistant to Brian Dumas

Preston McDaniel

From: Brian Dumas <brian@briandumasattorney.com>
Sent: Friday, April 14, 2017 1:10 PM
To: preston@pfmcdlaw.com
Subject: Emailing: 082415 LTR to Cook w Form 27 Subpoena to Raffles & POS.pdf
Attachments: 082415 LTR to Cook w Form 27 Subpoena to Raffles & POS.pdf

Your message is ready to be sent with the following file or link attachments:

082415 LTR to Cook w Form 27 Subpoena to Raffles & POS.pdf

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

Brian Dumas SC Bar # 1786, Fed. Atty ID: 638 Brian Dumas, Attorney LLC
718 Clemson Road
Columbia, South Carolina 29229
Telephone: (803) 699-4996; Fax: (803) 699-4995 Certified SC Circuit and Family Court Mediator
Email: brian@briandumasattorney.com

NOTICE: THIS BLOCK DOES NOT AND IS NOT INTENDED TO CONSTITUTE AN ELECTRONIC SIGNATURE PURSUANT TO E-SIGN 15 USC 7001 et. seq. OR UETA, S.C. Code Ann. Section 26-6-10 et.seq.

This e-mail is intended only for the individual(s) or entity(s) named within the message. This e-mail might contain legally privileged and confidential information. If you properly received this e-mail as a client or retained expert, please hold it in confidence to protect the attorney-client or work product privileges. Should the intended recipient forward or disclose this message to another person or party, that action could constitute a waiver of the attorney-client privilege. If the reader of this message is not the intended recipient, or the agent responsible to deliver it to the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is prohibited by the sender and to do so might constitute a violation of the Electronic Communications Privacy Act, 18 U.S.C. section 2510-2521. If this communication was received in error we apologize for the intrusion. Please notify us by reply e-mail and delete the original message without reading same. Nothing in this e-mail message shall, in and of itself, create an attorney-client relationship with the sender.
Disclaimer under IRS Circular 230: Any statements regarding tax matters made herein, including any attachments, are not formal tax opinions by this firm, cannot be relied upon or used by any person to avoid tax penalties, and are not intended to be used or referred to in any marketing or promotional materials. Moreover, any tax advice contained in this e-mail or any attachment hereto is not intended to be used, and cannot be used, to avoid penalties imposed under the Internal Revenue Code.

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: 1501382
Carrier File #: 000714050164WC01
April 26, 2016

NOTICE OF HEARING

CORRECTED

EDMUND DILLON v. FLEETPRIDE.

Subject: **To determine issues as set forth on Forms 52 and 53.**

Date: **June 10, 2016 at 12:30 PM**

Location: **SC Workers' Compensation Commission, 1333 Main Street, Suite 500 Hearing Room B**
Columbia, SC 29202

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Gene McCaskill
803-737-5663, klindler@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Kellie C Lindler, SC Workers' Compensation, April 26, 2016

Party	Attorney
Employee: EDMUND DILLON	BRIAN DUMAS bdumas@peakefowler.com
Dependent: April Dillon	BRIAN DUMAS bdumas@peakefowler.com
Employer: FLEETPRIDE. Carrier: American Zurich Insurance Co.	Cynthia C. Dooley cdooley@turnerpadget.com 803-227-4209

BRIAN DUMAS, ATTORNEY LLC
718 Clemson Road
Columbia, SC 29229
Phone: (803) 699-4996 Facsimile: (803) 699-4995
brian@briandumasattorney.com
Certified SC Circuit Court Mediator **Certified SC Family Court Mediator**

May 24, 2016

Commissioner Gene McCaskill
Workers Compensation Commission
Post Office Box 1715
1333 Main Street, Suite 500
Columbia, SC 29202-1715

Re: Claimant: Edmond John Dillon, Dec'd v. Raffles (FleetPride)
WCC file #: 1501382

Dear Commissioner McCaskill:

Please find enclosed for filing the original Form 58, Pre-trial Brief, of the Claimant along with the our Notice of Witnesses and exhibits submitted pursuant to the Administrative Procedures Act in the above referenced case. Please return filed copies in the enclosed, stamped envelope.

By copy of this letter to the employer's attorney, I am serving Samuel V. Priddy, IV and Cynthia Dooley, Esquire with a copy of same. With kind regards, I am

Yours very truly,

Brian Dumas

cc: Samuel V. Priddy, IV
Cynthia Dooley
Turner Padget
PO Box 1473
Columbia, SC 29202
(with full APA submission)

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1501382

Claimant's Name: Edmond John Dillon, Dec'd
Address: [illegible]
City: [illegible] State: [illegible]
Home Phone: (803) 727-7497 Work Phone: ( ) -
Preparer's Name: Brian Dumas

Employer's Name: Raffles (FleetPride)
Address: 310 FP1 Col Retail/1631 Shop Road
City: Columbia State: SC Zip: 29201
Carrier: Gallagher Bassett as TPA for American Zurich Insurance
Preparer's Phone #: (803) 699-4996

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

1. Compensation Rate: $766.05 2. AWW: $1263.35 **Date of Injury:** 2/23/15
3. Type of injury and body part(s): Injury to head resulting in death during the course of employment.
4. Facts in controversy: Whether Claimant's fall at work was due to a condition peculiar to him
5. Legal issues involved: Was the Claimant's fall at work which resulted in his death causally connected to his work?
Nicholson v DSS, 411 SC 381, 769 SE 2d 1 (2015); Barnes v Charter 1 Realty, 411 SC 391, 768 SE 2d 651 (2015)
Thomas v. 5 Star Transportation, 412 SC 1, 770 SE 2d 183 (SC Ct. App. 2015) and Appellate Panel review of cases using those cases
6. Unusual aspects:
7. Witnesses (designate if expert):* Claimant's widow;
Expert reports and records are contained in APA submissions to be presented; Claimant reserves the right to cross examine any expert designated by the Carrier/Employer.; **Claimant reserves the right to amend the Pre-Hearing Brief upon receipt of additional information.**
8. Exhibits: Death Certificate, Amended Death Certificate, medical records and bills and death expenses, OSHA Citation, Form 20, Certified Weather Report for day of injury, photographs of location of Claimant's fall
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
SEE APA SUBMISSIONS including LNC Report and MD Report pursuant to R. 67-612
10. Name, address, and specialty, if any, of the treating physician: Palmetto Health Richland
11. Impairment rating(s); body part(s); physician and date of opinion: DEATH due to head injury
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 Samuel V. Priddy, IV and Cynthia Dooley, Turner Padget Graham & Laney, PA, PO Box 1473, Columbia, SC 29202 on the 25 day of May 2016, by ☒ first class postage ☐ certified mail ☐ personal service.

Signature:
Date of hearing: June 10, 2016
Email: brian@briandumasattorney.com
Time needed for hearing: 1 ½ 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.

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Edmond John Dillon, Dec'd
Claimant,

WCC FILE #: 1501382

vs.

Raffles (FleetPride)
Employer.
_____/

APA SUBMISSIONS *and* NOTICE OF WITNESSES

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND CYNTHIA DOOLEY and SAMUEL PRIDDY,IV, ATTORNEYS FOR EMPLOYER/CARRIER:

YOU ARE HEREBY NOTIFIED that the Claimant, pursuant to the provisions of the South Carolina Workers Compensation Act and the South Carolina Code of Laws, 1976, as amended, Section 1-23-330, and such regulations issued pursuant thereto, will move at such time as this case is heard before the Commission for the admission of the following reports as direct evidence, to wit:

	MEDICAL EVIDENCE OR OTHER EVIDENCE	PHYSICIAN	DATES	PAGES
1	Kershaw County Memorial Hospital	Guy Kahler, MD	02/04/1994	1-9
2	Richland County EMS	Matthew Gottlieb, EMT-P	02/23/15	10-12
3	Palmetto Health Richland	Dr. Mark Jones	02/23/15 - 02/27/15	13-47
4	DAC Legal Nurse Consulting, LLC	Donna A. Crider, RN, LNC	05/20/2016	48-57
5	Michael G. Sribnick, MD, JD, LLC	Michael G. Sribnick, MD	05/23/16	58-63

	EXHIBITS	PAGES
1	Death Certificate	1
2	Amended Death Certificate	2
3	Richland County Coroner's Investigative Report	3-18
4	Weather Report	19-21
5	Affidavit of Josiah Fludd	22-23
6	Deposition of Josiah Fludd	24-53
7	OSHA Citation	54-59
8	Medical Bills	60-86
9	Funeral Expenses	87
10	Form 20	88
11	WC Leave then Termination	89-91
12	Photo of Fleetpride	92
13	EDI First Report	93

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: Claimant; Claimant's spouse and/or significant other; Any and all providers associated with this claim may be called to testify on Claimant's behalf; Claimant reserves the right to cross examine any expert designated by the Carrier/Employer.; Claimant reserves the right to amend the Pre-Hearing Brief upon receipt of additional information.

Respectfully submitted,

Brian Dumas, Esquire
Attorney for Claimant

Columbia, South Carolina
May 24, 2016

CERTIFICATE OF SERVICE

I, Tori Richardson/Dallas Hembree, an employee of Brian Dumas, Attorney LLC, do hereby verify that I served a copy of the attached **Form 58 Pre-Hearing Brief and APA Submissions** upon the below named by causing a copy of the same to be deposited in the United States Mail, Postage Prepaid, this 24th day of May, 2016, addressed as follows:

Commissioner Gene McCaskill (via eCase only)
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

Cynthia Dooley, Esquire
Samuel Priddy, IV, Esquire
Turner, Padget, Graham & Laney, P.A.
PO Box 1473
Columbia, SC 29202
(with CD of APA Submissions)

Tori Richardson

Tori Richardson/Dallas Hembree
Paralegal to Brian Dumas

WC # 1501382
EDMOND JOHN DILLON, Dec'd v. RAFFLES (FLEETPRIDE)
APA COVERSHEET

	MEDICAL EVIDENCE OR OTHER EVIDENCE	PHYSICIAN	DATES	PAGES
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2	Richland County EMS	Matthew Gottlieb, EMT-P	02/23/15	10-13
3	Palmetto Health Richland	Dr. Mark Jones	02/23/15 - 02/27/15	14-47
4	DAC Legal Nurse Consulting, LLC	Donna A. Crider, RN, LNC	05/20/2016	48-57
5	Michael G. Sribnick, MD, JD, LLC	Michael G. Sribnick, MD	05/23/16	58-63

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KC MH **KERSHAW COUNTY MEMORIAL HOSPITAL**

OUTPATIENT/EMERGENCY ADMISSION

MEDICAL RECORD NO. 000000 | REG. DATE 02/04/54 | ADMIT DATE 0930 | P/T | F/C | SERVICE ERM | CODES 780.2 458.9 | REF O/P N | PATIENT ACCOUNT NO. 268251

PATIENT NAME AND ADDRESS: Dillon, Edmund J. | TELEPHONE NO. | PRIMARY EMPLOYER: Lock Supply Co. Columbia, SC | TELEPHONE NO. | ED

SECONDARY EMPLOYER | TELEPHONE NO. | ED

AGE 35 | DOB 10/13/58 | SEX M | RACE W | MAR. STATUS M | RELIGION 006 | NEXT OF KIN: ADOLPHUS Ray F-Brother | TELEPHONE NO. 438-6840

RESPONSIBLE PARTY NAME AND ADDRESS: --, -- | TELEPHONE NO. | SOCIAL SECURITY NO. | REL TO PATIENT SELF

INSURANCE CO/POLICY NO.: Health Care Ghent. Inc. 251-21-7207 | INSURANCE CO./POLICY NO. | INSURED NAME/GROUP NO./RELAT.: Edmund J. Dillon 8043 101 | INSURED NAME/GROUP NO./RELAT.

ATTENDING PHYSICIAN: Kahlen | FAMILY PHYSICIAN: Mayor (Cola.) | ADMIT BY: JAS | DIAGNOSIS: xxx Passed Out | CHIEF COMPLAINT: "

ALLERGIES: NKA | TEMP. 96 | PULSE 80 | RESP. | B/P 12/120/80 | TETANUS | TIME ARRIVED 0710 | PHYSICIAN NOTIFIED | TIME SEEN | TIME DISCHARGED 0715

NURSES NOTES REVIEWED ☐

HX/PX (TIME)

35 y.o. WM - syncope this Am - got up to go to bathroom, coughing spell, felt dizzy & passed out - Poor historian - Vague sensation of weak & dizzy for undetermined time prior to fall, but denies CP, SOB, palpitations - No seizure activity or post-ictal state -

Alert, Oriented, Conversant. Inappropriately jovial affect. Superficial abrasion mid frontal region - Contusion of occiput - No raccoon eyes, Battles sign - PERRLA - EOMI - Chest clear - Equal breath sounds - Regular rhythm, No murmur, rub, gallop, click. - No sternum or rib tenderness No abd. tenderness, mass, or guarding - Neuro grossly symmetric & normal, Normal gait -

ECG - Sinus & ectopy
No acute/ischemic changes

ABG. 7.42/37/91 on RA
Nl pH & O2

DIAGNOSIS: V440 Vagal Syncope / Orthostatic hypotension

DISCHARGE INSTRUCTIONS: Follow up with family doctor by Monday
Return if condition worse

STUDY	TIME	INITIAL	TIME
☒ CBC	0530		
☒ SMA 7	0530		
☐ U/HCG			
☐ U/A CATH			
☐ U/A CC			
☒ ABG	0445		
☐ AMYLASE			
☐ PT/PTT			
☒ ETOH	0530		
☒ EKG	0530		
☐ CXR			
☐ X-RAY			

Monitor
O2 Sat 99%
~~Hgb/Hct~~

	Pulse	BP
Supine	80	130/80
Stand	100	100/80

IV LR 2 liter bolus

ABO RESULTS: H/H 15 / 47 / 9.3

CONDITION ON DISCHARGE ☐ SAME ☐ IMPROVED ☐ DECEASED ☐ ADMITTED ☐ OTHER | DISPOSITION ☐ POLICE ☐ HOME ☐ NURSING HOME ☐ ADMITTED ROOM ☐ OTHER

☐ TRANSFERRED TO | VIA | ACCEPTING PHYSICIAN

ADMISSIONS CALLED AT ☐ AM ☐ PM TO ROOM AT ☐ AM ☐ PM VIA

CONSULTING PHYSICIAN'S SIGNATURE | ATTENDING PHYSICIAN'S SIGNATURE | BELONGINGS TO ☐ FAMILY ☐ PATIENT ☐ WALT

INSTRUCTION SHEET GIVEN ☒ NURSE INITIALS | PATIENT'S SIGNATURE | I HAVE RECEIVED AND UNDERSTAND ABOVE INSTRUCTIONS | EM. DEPT. NURSE'S SIGNATURE Barbara Williams RN

MEDICAL RECORDS

PDF processed with CutePDF evaluation edition www.CutePDF.com 9916133D9A024B0CBAF2. DILLON, ?

CONDITIONS OF TREATMENT AND/OR SERVICES

CONSENT TO TREATMENT: I hereby authorize Kershaw County Memorial Hospital, my physician, a physician designated by him/her or with whomever he/she may designate as his/her assistant to render medical treatment to me. I consent to any hospital care which encompasses laboratory, diagnostic or medical treatment which my physician or his/her assistant may deem necessary during my hospitalization. If I am an Obstetrical patient admitted to the hospital for the delivery of my baby, I consent to hospital care of my infant(s) encompassing routine diagnostic procedures and medical treatment. TO PROTECT MYSELF AND OTHERS, I also give permission to have blood drawn and tested for infectious diseases including, but not limited to HIV (AIDS VIRUS) and Hepatitis B.

PERSONAL VALUABLES: Kershaw County Memorial Hospital will not be responsible for money, jewelry or other valuables of patients, unless they are deposited at the business office and a receipt obtained therefore. UNDER NO CIRCUMSTANCES WILL THE HOSPITAL BE LIABLE FOR PROPERTY OF PATIENTS.

ASSIGNMENT OF INSURANCE BENEFITS AND RELEASE OF INFORMATION: (1) I hereby authorize payment directly to Kershaw County Memorial Hospital, and to attending physicians, all benefits otherwise payable to me for this hospital stay by insurance companies or other agencies, such payments to be applied, first to this account, second, to amounts due on other accounts at Kershaw County Memorial Hospital, for which I am responsible, and third, any excess payment after all accounts at Kershaw County Memorial Hospital have been paid in full will be refunded to me in compliance with the refund schedule established by Kershaw County Memorial Hospital; (2) If an allowance is made on this account for estimated insurance payments and the insurance company or companies does not make payment within 60 days of discharge or pays an amount less than the amount allowed, I will make immediate payment of the balance due on this account; (3) I will pay an advance fee for each insurance claim filed by the hospital where complete insurance information is not furnished to the hospital prior to the patient's discharge. I understand that I am financially responsible to the hospital for any charges not covered by this assignment.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: I/We hereby authorize Kershaw County Memorial Hospital to furnish any medical information requested by insurance companies with whom I/We have coverage or any public agency which may be assisting in payment for my care.

AUTHORIZATION TO DISCLOSE INFORMATION: I authorize Kershaw County Memorial Hospital, and all attending physicians to release to the Social Security Administration, or its intermediaries or carriers, any information about me needed for this Medicare claim, including medical information relating to my treatment. Only information needed for the purpose of processing my claim for Medical benefits may be released.

COLLECTION FEES: I/We further agree if this account is placed in the hands of an attorney for collection, or if this debt, or any part thereof, is collected by an attorney or by legal proceedings of any kind, an attorney's fee of 15% besides all costs and expenses incident upon such collection shall be added to the amount due and shall be collectible as a part thereof.

I also authorize the release of medical and related information about my treatment to the Peer Review Organization responsible for reviewing the medical care furnished me by your institution.

I understand that health care services paid for under Medicare, and industrial programs may be subject to review by the Peer Review Organization.

I reserve the right to withdraw this authorization at any time.

I understand that my company's hospital insurance plan includes medical review and I hereby authorize the release of my hospital records for confidential review by the Peer Review Organization.

I CERTIFY THAT I HAVE READ (OR HAD READ TO ME) AND FULLY UNDERSTAND THE ABOVE.

WITNESS J. Hubbins DATE 2-4-94 PATIENT REPRESENTATIVE Edmund Dillon DATE 2/4/94

PATIENT SIGNATURE Diane Dillon DATE 2/4/94 RELATIONSHIP Spouse

REASON PATIENT DID NOT SIGN: ☐ MINOR ☒ INCAPABLE

REFUSAL OF TREATMENT-DISCHARGE AGAINST MEDICAL ADVICE

This is to certify that I _____ (NAME OF PATIENT) a patient in the Kershaw County Memorial Hospital have refused medical care and, I am leaving the hospital against the advice of the attending physician and the hospital administration. I acknowledge that I have been informed of the risks involved and hereby release the attending physician, the hospital, and its employees from all responsibility and any ill effects which may result from the action.

WITNESS _____ SIGNED BY PATIENT _____

DATE _____ TIME _____ AM PM RELATIONSHIP TO PATIENT _____

KERSHAW COUNTY MEMORIAL HOSPITAL
Camden, SC
Larry H. Parrott, M.D.
Pathologist

DILLON, EDMUND J Age: [redacted] Sex: [redacted]ERM
Pt#:268251 K[redacted], GUY B (ER PHYS #)
MR#:206330 DOB: [redacted] KAHLER, GUY B (ER PHYS #) Pg#: 1

* * * * * * * * * * * * * * * * * * HEMATOLOGY *

COLLECTED	02/04 05:19		NORMAL	
WBC	9.3		4.8-	10.8 10(
RBC	5.40		4.70-	6.10 10(
HGB	15.9		14.0-	18.0 GM/
HCT	47.4		42.0-	52.0 %
MCV	87.7		80.0-	94.0 FL
MCH	29.4		27.0-	31.0 PG
MCHC	33.6		33.0-	37.0 GM/
RDW	12.6		11.5-	14.5 %
PLT	277		130-	400 10(
MPV	9.9		7.4-	10.4 FL
LYMPH	23.7		15.0-	41.0 %
MONO	5.6		0.0-	10.0 %
GRAN	70.7	H	48.0-	68.0 %

* * * * * * * * * * * * * * * * * * CHEMISTRY *

COLLECTED	02/04 05:19		NORMAL	
GLU	130	H	70-	110 MG/
BUN	6	L	7-	18 UG/
CREAT	1.1		0.6-	1.3 MG/
NA	144		140-	148 MEQ
K	4.1		3.6-	5.2 MEQ
CL	105		100-	108 MEQ
CO2	28		21-	32 MEQ

========== ALCOHOL, SERUM ==========

COLLECTED	02/04 05:19	NORMAL
SERUM ETOH	NEGATIVEG/DL	NEGATIVE

*** END OF PATIENT'S REPORT ***

H=HIGH ==== L=LOW ==== C=CHANGE ==== S=SIGNIFICANT CHANGE ==========

PT#: 268251 DILLON, EDMUND J 35Y M Pg#: 1

FINAL LAB REPORT

KERSHAW COUNTY MEMORIAL HOSPITAL
1315 ROBERTS STREET
CAMDEN, SOUTH CAROLINA 29020

NAME : DILLON, EDMUND,M
DATE DRAWN : 02/04/94
TIME DRAWN : 05:00
TIME ANALYZED : 05:10
SAMPLE : Arterial
STUDY NO : 1
SITE : LR
PATIENT TEMP. : 98.6°F

HOSP # : 268251
LOCATION : ER
AGE :
PHYSICIAN: KAHLER
DRAWN/ANALYZED BY: WMT
MEDICAL RECORD # : 2063300

	RESULTS	UNITS	NORMAL VALUES
pH	7.420		7.35 - 7.45
CO2 TENSION (PCO2)	39.0	MMHG	35 - 45
O2 TENSION (PO2)	91.0	MMHG	80 - 100 (ROOM AIR)
BICARBONATE (HCO3)	25.0	MEQ/L	22 - 26
BASE EXCESS (BE)	+1.3	MEQ/L	0 +/- 2.0
APPROX. ALV-ART O2 GRAD (CALC)	10.0	MMHG	< 20 (ROOM AIR)
O2 SATURATION	97.2	%	=> 95
PULSE OXIMETER		%	=> 95
HEMOGLOBIN		GM/DL	12 - 18
CARBOXYHEMOGLOBIN		%	0 - 5.0
METHEMOGLOBIN		%	0 - 2.0
%O2 Hb		%	94 - 97
%RHB		%	
O2 CAPACITY		VOL%	16 - 24
O2 CONTENT		VOL%	16 - 24

COMMENTS:
FIO2 : 21.0%
DEVICE : ROOM AIR LITER FLOW:
VENTILATOR SETTINGS
VT : PEEP: AC : PSV :
SIMV: CPAP: PT. RATE:

COMPUTER INTERPRETATION

THE OXYGEN TENSION IS NORMAL WITH AN FIO2 OF 21.0%

THE PH IS IN THE NORMAL RANGE.

THE CARBON DIOXIDE TENSION IS IN THE NORMAL RANGE.

THE BASE EXCESS IS IN THE NORMAL RANGE.

THE CARBOXYHEMOGLOBIN IS NOT REPORTED.

THE O2 CAPACITY IS NOT REPORTED.

ACID BASE DATA IS WITHIN THE NORMAL RANGE.

SUMMARY OF MOST RECENT BLOOD GASES

DATE	TIME	F	T	pH	PCO2	PO2	HCO3	BE	MetHb	AaDO2	THb	COHb	HHHb	O2CT	SAT%	VT	SIMV	PEEP	FIO2
02/04/94	05:00	1	A	7.420	39.0	91.0	25.0	+1.3		10.0					97.2				21.0

9916133D9A024B0CBAF2, DILLON, 1.

268251 ROOM ERH

DILLON, ECKL J

KAHLER

MRN 000000
DC 10/13/58

02/04/94

STAMP PLATE

KCMH EMERGENCY DEPARTMENT

TREATMENTS IN PROGRESS UPON ARRIVAL: _____ N/A

IV _____ @ _____ cc/hr SITE _____ SIZE _____
IV _____ @ _____ cc/hr SITE _____ SIZE _____

PRE-HOSPITAL CARE

_____ BACKBOARD _____ C-COLLAR _____ SANDBAGS
_____ SPLINT _____ DRESSING
O2 @ _____ L/MIN VIA _____
OTHER: _____

TRIAGE

DATE 2-4-94 TIME 0430 ACUITY LEVEL 3
T 96 P 80 R 12 B/P 120/90 WT _____ LMP Ø
TETANUS STATUS Ø ALLERGIES NKDA
PHYSICIAN Ø NOTIFIED BY PT? Ø

PATIENT COMPLAINT: Passing out in Bathroom "I coughed when I got up and hit my head."

PHYSICAL ASSESSMENT: A+OX3 skin W/D small abrasion to R forehead. Drainage dry & blurred vision at present. Speech clear. Steady gait.

INTERVENTION: US

SIGNIFICANT PAST MED. HX: Ø

CURRENT MEDICATIONS: Ø

TRIAGE NURSE Tracy Steele RN

EYES		VERBAL		MOTOR	
SPONTANEOUS	4	ORIENTED	5	OBEYS	6
TO VERBAL	3	CONFUSED	4	PURPOSEFUL	5
TO PAIN	2	INAPPROP.	3	WITHDRAWS	4
NONE	1	INCOMPREH.	2	FLEXION	3
		NONE	1	EXTENSION	2

TIME			
EYES	4		
VERBAL	5		
MOTOR	6		
TOTAL	15		

VISUAL ACUITY
RIGHT
LEFT
BOTH

PUPILS

R		L
	EQUAL	
	REACT	
	NONREACT	
	CONSTRICT.	
	DILATED	
	SLUGGISH	
	BRISK	
	FIXED	

STUDIES

EKG 445 ABG 0445

WBC 0515	CPK/ISO	GC	BLOOD CX
CBC	DIGOXIN	GM STAIN	WOUND CX
SMA-6	PT/PTT	CHLAMYDIA	THROAT CX
SMA-7	THEOPHYLINE	WET PREP	URINE CX
CC/UA	DILANTIN	KOH	STREP SCREEN
CATH/UA	ETOH 0515	UCG	
	AMYLASE		

X-RAYS: _____

PHYSICAL ASSESSMENT

TIME: _____ INITIAL _____
TRAUMA SCOPE 15
RESPIRATORY: N/A WNL ABN
CIRCULATION: N/A WNL ABN 100/50 P
SKIN: N/A WNL ABN
ABDOMEN: N/A WNL ABN
*ABNORMALS REQUIRE DOCUMENTATION

FLUIDS

BAG	TIME	FLUID/AMOUNT	SITE	SIZE	D/C	AMT.	INITIAL
1	0530	R Ringers Lactated					
2	0500	R 1.0 cc	Wide open				
3	0630	R 1.0 1000 cc	Wide open				

MEDICATIONS

TIME	MEDICATION/DOSAGE	ROUTE	SITE	INITIAL

PROCEDURES

Cath	Betadine Soak	Monitor	INT
N/G	Suture	Pacemaker Internal	OXYGEN
Lavage	Dressing	Pacemaker External	
Cooling	Ice	Intubation	
Warming	Splint	CPR	
Enema	Crutches	Lumber Puncture	
V/A	Ace Wrap	Respiratory Treatment	

O2 Sat. 99%

I & O

	INTAKE	OUTPUT
PO		
IV		
LAVAGE		
FOLEY/VOIDED		
TOTAL		

9916133D9A024B0CBAF2, DILLON 1

TIME	TREATMENTS, PROCEDURES, VITALS, RHYTHMS	NARRATIVE
		Pt Room #9 awake alert. Skin
		Warm/dry. No acute resp. distress
	ABC	placed on monitor x 1 HOB ↑
		Side rails up. Monitor shows
		Sinus tach ∓ ectopy. Dr. Kaller
		called and examined.
		EKG done, as ordered.
		O2 Sat 99% ↑.
0445	ABG done	Blood drawn for labs
		talking continuously. Denies LOC
		Alert & oriented. No N/O Nausea
0530	R.L. 1000cc	wide open. — talking with family.
		No Resp distress.
	R.L. 1000cc	2nd liter of fluids.
0705		Report received from B. Williams, Pt
		stable improved & IVF infusing
0715		IVF infusion completed. INT removed intact
		Pt stable improved & DC'd home.

NURSING DIAGNOSIS:
RESPIRATORY FUNCTION, Alteration in, related to _____ COMFORT, Alteration in, related to _____
SKIN INTEGRITY, Alteration in, related to _____ MOBILITY, Alteration in, related to _____
BODY TEMPERATURE, Alteration in, related to _____ BOWEL ELIMINATION, Alteration in, related to _____
OTHER: R/O Arrhythmia

DISPOSITION:
HOME @ 0715 DISCHARGE EDUCATION: _____
INFORMATION SHEETS PROVIDED: Healing to heart
FOLLOW-UP APPT.: C. Ke. MD ASAP if SX or condition Tx or exact new S/S
ADMIT ROOM # _____ REPORT CALLED TO _____ TIME _____
ESCORTED BY _____ VIA _____
TRANSFER TO _____ VIA _____ TIME _____ PHYSICIAN _____
MORGUE: TIME _____ CORONOR NOTIFIED _____
NURSES SIGNATURE: #1 Barbara Williams RN #2 Jalon RN INITIALS _____
#3 _____ INITIALS _____ #4 _____ INITIALS _____

9916133D9A024B0CBAF2, DILLON, 12

Dillon Medical 000006

268221

DILLON, EDMUND J

PRH 000000 KAHLER

DC 10/13/58 02/

HEWLETT-PACKARD RECORDER NO. 40453A

HEWLETT-PACKARD RECORD

INSTRUCTIONS: TO MOUNT REPORT #1, PULL OFF ADHESIVE BACKING INDICATED BY ARROWS. PRESS REPORT FIRMLY TO EXPOSED ADHESIVE. BE SURE REPORTS ARE EVENLY ALIGNED TO INSURE NEATNESS.

FORM VT-10

LABORATORY REPORTS

DILLION, EDMUND ID: 000268251 04-FEB-94 05:03 KERSHAW COUNTY HOSPITAL

Med.

DOB: 35yr. Ht: Wt:

Sex: M Race: Cauc

Loc: 34 Room:

NORMAL SINUS RHYTHM

NORMAL ECG

Vent. rate 72 BPM

PR interval 184 ms

QRS duration 72 ms

QT/QTc 368/398 ms

P-R-T axes 35 52 60

Referred by:

Unconfirmed

aVR V1 V4

aVL V2 V5

aVF V3 V6

CLINICAL HEALTH PRODUCTS 020

9916133D9A024B0CBAF2, DILLON, 14

Dillon Medical 000008

206330

INSTRUCTIONS TO THE PATIENT AFTER EMERGENCY CARE

268251 ROOM ER#

Date	Case #	Arrival Time	Discharge Time
	DILLON, EDMUND J	A.M. P.M.	A.M. P.M.

NOTE: The examination and treatment you have received have been rendered on an emergency basis only, and are not intended to be a substitute for or an effort to provide complete medical care. Your follow-up doctor (named below) will receive a copy of your records and all test reports. It is important that you let him check you again, and that you report to him any new or remaining problems at that time, because it is impossible to recognize and treat all aspects of injury or illness in a single Emergency Department visit. Meanwhile, FOLLOW THE INSTRUCTIONS BELOW as indicated to you.

☑ GENERAL INSTRUCTIONS:

Call to arrange an appointment at his office to see Dr. _____ in _____ days for follow-up care.

Tell the office receptionist you were seen in the Emergency Room. Call sooner if you think necessary. His phone: _____

Show this instruction sheet to your doctor. Until you see him:

- ☐ Follow label instructions for any prescription given by the Emergency Physician and take medications with you to doctor's office.
- ☐ The medication you received in the Emergency Room may hinder your ability to operate any automobile or other type of machinery.
- ☐ Avoid any use of the injured part.
- ☐ Allow only limited use of the part.
- ☐ You need not necessarily limit activity.

Aspirin for pain or fever is: ☐ OK to use. ☐ Not to be used.

Lab/X-Ray (emergency doctor's reading only. Radiologist will send final report to doctor doing follow-up care.) _____

Treatment rendered: _____

(Tetanus YES ☐ NO ☐ type: _____)

☐ WOUND CARE (cuts, abrasions, burns, etc.)

- Keep the dressings clean and dry.
- Elevate the wound to help relieve soreness and help speed wound healing.
- Despite the greatest care, any wound can be infected. If your wound becomes red, swollen, shows pus or red streaks, or feels more sore instead of less sore as days go by you must report to your doctor right away.
- If dressings need to be changed you should: Change them ☐ Call your doctor ☐

☑ SPRAIN AND FRACTURE, SEVERE BRUISES

- Elevate the injured part to lessen swelling.
- Ice packs also help prevent swelling, especially during the first 48 hours. Place ice in plastic or rubber bag, cloth cover.
- Apply hot packs after 48 hours of ice. Place hot moist towel on area, cover with plastic and a towel — leave on about 20 minutes or until cool; remove pack and leave off for 20 minutes. Repeat for 24 hours. Avoid heating pads.
- If you have an elastic bandage, rewrap it if it is tight or loose.

☒ HEAD INJURY INSTRUCTIONS

- Problems from such injuries can occur sometime later.
- Report to your doctor immediately if anything listed occurs (even within several months).
- Uncontrollable vomiting, stiff neck, fever. (Vomiting once or twice is not uncommon.)
- Unequal pupils (one pupil large, one small.)
- Confusion or unusual drowsiness.
- Persistent headaches or blurred vision.
- Convulsions or unconsciousness.
- Stumbling or other problem with normal use of arms or legs; or areas of skin numbness.
- Bleeding or clear fluid from ears or nose.
- ☐ NOTE: waken patient hourly first night to check for these signs.

☐ CAST CARE

- Keep cast dry at all times.
- Wait 48 hours for the cast to become strong before you allow pressure or weight on any part of the cast.
- Wiggle toes or fingers to help prevent swelling in the cast — this should be done often if it does not cause pain.
- If the part swells anyway or gets cold, blue, or numb, or if pain increases markedly, have it checked promptly by a doctor.

☐ BACK AND NECK INJURY INSTRUCTIONS

- Use heat or cold on the injury area — whichever seems to help the most. Be careful not to burn yourself.
- Rest as much as possible until you are improved.
- Avoid positions and movements that make the pain worse.
- Relax emotionally.
- Gentle but firm massage will increase circulation in sore muscles, and so will help to clear the soreness.

OTHER INSTRUCTIONS: _____

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

Witness Initial _____ Date 2/4/94 X _____ (PATIENT OR REPRESENTATIVE SIGNATURE)

Form 2030 BRIGGS, Des Moines, Iowa 50306 PRINTED IN U.S.A.

9916133D9A024B0CBAF2, DILLON, 15

PRID:34499055 Call #:001108649

Service:Richland County EMS
Base:HQ
Unit:S210
Shift:C
Vehc. Grid:Horrell Hill
Type of Svc:Scene Unscheduled
Response Code:Lights and Siren
Mode to Ref:Lights / Sirens
Moved Via:Stretcher
Position:Supine
Outcome:Treated COUNTY RESIDENT, Transported by EMS

Date:February 23, 2015
Team:ALS
Crew 1:*Secondary Caregiver*
*Ledbetter, Josh
EMT-P
Crew 2:*Primary Caregiver*
*Gottlieb, Matthew
EMT-P

** designates an ALS Provider*

Mode to Rec:Lights / Sirens
Moved From:Stretcher
Pt. Condition:Unchanged

Location:FLEET PRIDE INC
1631 Shop Rd
COLUMBIA, SC 29201

Receiving:*Hospital*
Palmetto Richland Memorial
Emergency Department
5 Richland Medical Park
Columbia, SC 29203-6863
803-434-1662
Dest. Grid:HQ

Last Name: DILLON First: ED
Address:
City: ST:SC Zip:
County: Richland
Citizenship: United States
DOB: SN:
Age: 56y Sex: M Weight:
Height:
Subscriber: No
Race: White, non-Hispanic
Billing Information:

Company	Group	ID
AETNA		

Odometer	Times
Ld Miles: 5	Received: 10:52
	Dispatch: 10:53
	EnRoute: 10:55
	At Ref: 11:11
	Leave Ref: 11:19
	At Rec: 11:30
	Available: 11:40

Consent Signed: No
PCS / Medical Necessity Signed: No
Primary Method of Payment: Insurance

Scene Information

Description: BUSINESS IN FRONT IN DRIVEWAY
Patient Belongings: NONE

Chief Complaint (Category: Fall Victim)

LACERATION

Duration: 20 Minutes

History of Present Illness

O - FALL P - NA Q - NONE R - NONE S - 0/10 T - 20 MIN

Medical History	Current Medications	Allergies
None	None	None

Neurological Exam

Level of Consciousness: Alert
Loss of Consciousness: No
Chemically Paralyzed: No
Neurological Present: Normal
Mental Present: Normal

Glasgow Coma Scale	E	V	M	Tot
Int:	4	5	6	= 15

Revised Trauma Score: 12.00

Pupils	Left	Right
Size:	Normal	Normal
React:	Reactive	Reactive

	Motor	Sensory
LA:	Normal	Normal
RA:	Normal	Normal
LL:		Normal

Neurological Exam

RL: Normal

Airway

Status: Patent

Respiratory

Effort: Normal

Sounds: L: Clear R: Clear

Cardiovascular

Pulses	Left	Right
Carotid:		
Radial:	Thready	Thready
Femoral:		
Dorsalis:	Thready	Thready

Injury Details

Reason for Encounter: Injury/Trauma
Drugs/Alcohol?: None
Intentional: No
Fall Height: 6
Fall Surface: Hard
Landed On: Head
Work Related: Yes
Mechanism: Fall

Initial Physical Findings

Assessment

Skin Findings: WARM TO COOL AN DRY

Immobilization: Collar:Y, CID:Y, LBB:Y, KED:N, MAST:N

Performed By: EMS Provider

Outcome: Unchanged

Tubes/Drains:

Activity

Time	H.R. / H.R. Method	B.P. / Method	MAP	SaO2	Resp / Resp Effort	Rhythm	GCS	ECG Method	Prtcl	Pain	CRN*
11:16	88	102 / 64 Auto. Cuff	76	100	18 Normal		4/5/6		Universal Care	0	#2
11:21	81	83 / 52		100							#2
11:26	82	74 / 43 Auto. Cuff		99	18 Normal		4/5/6			0	#2

11:27
Initiate IV NS Peripheral IV initiated by Matthew Gottlieb with 20 ga at Left Hand. Attempts: 1. Successful: Yes. Authorization: Protocol. #2

11:49
AOS TO A 57 YO M LAYING ON GROUND IN FRONT OF BUSINESS IN C/O HIS SUPERVISOR. HE WAS MAINTAINING POSITION OF FALL. VISIBLE BLOOD FROM HEAD LAC, BLEEDING HAS MOSTLY STOPPED. HE DID NOT WISH TO GO TO HOSPITAL BUT SUPERVISOR CONVINCED HIM HE NEEDED TO GO. ABD PLACED UNDER HEAD AS PLACED IN FSP, SECURED TO STRETCHER, RELOCATED TO AND LOADED ON UNIT FOR TRANSPORT TO RICHLAND. VITALS TAKEN AND AN ASSESSMENT PERFORMED. PATIENT CAOx3 CEBBS AND REPORTS NO PAIN OR COMPLAINTS. HOSPITAL NOTIFIED VIA RADIO. MONITORED EN ROUTE AND JUST AS WE WERE APPROACHING HOSPITAL BP HAD DROPPED, RELOCATED CUFF AND TOOK PRESSURE AGAIN AND IT WAS EVEN LOWER. AS WE WERE PULLING ONTO GROUNDS INITIATED IV 20G NS. WE WERE PARKING AS IV WAS SECURED, ROLLED INTO ED TAKEN TO HALLWAY 6, TRANSFERRED TO THEIR BED, REPORT GIVEN AND CARE TRANSFERRED TO RN.

** Assessment made by*

Response Factors Affecting Care: Transport Distance

Scene Factors Affecting Care: None
Transportation Factors Affecting Care: None

Ledbetter, Josh: *Electronically Signed on 02/23/2015 12:43:56 EST*

Gottlieb, Matthew: _____

STATE OF SOUTH CAROLINA COUNTY OF RICHLAND	)))	WORKERS' COMPENSATION COMM.
Edmund Dillon (deceased) by April Dillon, Claimant, vs. Raffles (FleetPride), Employer.	)))))))))))	WCC FILE: 1501382 **AFFIDAVIT OF CUSTODIAN OF RECORDS**

PERSONALLY APPEARED BEFORE ME Marcella Thomas, who, first being duly sworn, testifies:

1. I am Marcella Thomas. I am employed by Richland County EMS in the position of Admin. Assistant.

2. I am the duly authorized and designated custodian of records for Richland County EMS and am duly authorized to certify such records.

3. I certify that the attached documents, which were provided to Brian Dumas, Attorney LLC, per a Subpoena *duces tecum*, are true and correct copies of the original documents and were prepared in the ordinary course of business.

Signature: Marcella L. Thomas

Print Name: Marcella L. Thomas

SWORN to and subscribed before me
This 19 day of May, 201_.

Shamarie Hinson (L.S.)
Notary Public for SC
My commission expires: 4/30/23

STATE OF SOUTH CAROLINA COUNTY OF RICHLAND	)))	WORKERS' COMPENSATION COMM.
Edmund Dillon (deceased) by April Dillon, Claimant, vs. Raffles (FleetPride), Employer.	)))))))))))	WCC FILE: 1501382 **AFFIDAVIT OF CUSTODIAN OF RECORDS**

PERSONALLY APPEARED BEFORE ME Lachresha DeMoss who first being duly sworn, testifies:

1. I am Lachresha DeMoss I am employed by Palmetto Health Richland in the position of HIM Coordinator.

2. I am the duly authorized and designated ~~custodian~~ Designee of records for Palmetto Health Richland and am duly authorized to certify such records.

3. I certify that the attached documents, which were provided to Brian Dumas, Attorney LLC, per a Subpoena *duces tecum*, are true and correct copies of the original documents and were prepared in the ordinary course of business.

Signature: Lachresha DeMoss

Print Name: Lachresha DeMoss

SWORN to and subscribed before me
This 18 day of May, 201_.

Patricia Ann Sigo (L.S.)
Notary Public for South Carolina
My commission expires: 1-13-2020

* Auth (Verified) *

PALMETTO HEALTH RICHLAND

EMERGENCY DEPARTMENT RECORD

UNIT RECORD	DATE	TIME	BIRTH DATE	AGE	MOTHERS MAIDEN NAME	SEX	MARITAL STATUS	RACE	PATIENT TYPE	PATIENT NO
012719295	02/23/2015	11:34				M	U	84	EQR	1505401814

NAME, ADDRESS: DILLON, EDMUND
SOCIAL SECURITY NUMBER
FINANCIAL DATA
ACCIDENT DATE AND TIME
PHONE
REFERRING PHYSICIAN
ADMITTING PHYSICIAN: 999 EMS, EMS
RESPONSIBLE PARTY: DILLON, EDMUND
SOCIAL SECURITY NUMBER
RELATIONSHIP: Self
MODE OF ARRIVAL
VALUABLES ☐ YES ☐ NO WHERE?
BELONGINGS ☐ HOME ☐ WITH PATIENT OTHER:

CHIEF COMPLAINT: FALL
DATE OF LAST VISIT: 07/28/2005
LAST TETANUS
TIME TO TREATMENT

VITAL SIGNS	TEMP ____ ☐ ORAL ☐ RECTAL PULSE ____ RESP ____	BLOOD PRESS ____	PULSE OX ____	TMP.	NURSE'S SIGNATURE
VITAL SIGNS	TEMP ____ ☐ ORAL ☐ RECTAL PULSE ____ RESP. ____	BLOOD PRESS ____	PULSE OX ____	WEIGHT	TIME OUT

HISTORY:
HX RESISTANT ORG
ALLERGIES

TIME	LABS AND X-RAY

ROS:
REST OF ROS
FH:
SH:
PMH / MEDS:
PHYSICAL

CLINICAL IMPRESSION

TREATMENT

EN#07219

○ Activate Trauma Care Set

DISPOSITION/SPECIAL PATIENT INSTRUCTIONS

PRESENT AND REVIEWED WITH RESIDENT

CONDITION OF DISCHARGE ☐ SAME ☐ IMPROVED ☐ OTHER
EXPLAIN
ADMIT ROOM: 523-3
TIME SEEN BY MD
RESIDENT SIGNATURE
MEETS PRUDENT LAYPERSON ☐ YES ☐ NO
ATTENDING SIGNATURE

78004 1/78 (11/00)

* Auth (Verified) *

INPATIENT ADMISSION FORM

PATIENT ACCOUNT NO	SERVICE DATE & TIME	DISCHARGE DATE & TIME	PT TYPE	AC	EV CODE	ADMIT SOURCE	TYPE	PR CLASS	STATION	ROOM	BED	MEDICAL RECORD NO
1505401814	02/23/2015 15:04	2/27/15	IPR	1	MED	1	2	01	STU	0523	03	012719295

ACCIDENT TYPE	ACCIDENT DATE & TIME	DENOMINATION	CHURCH	PUBLICITY	LIVING WILL
Other Accident				YES DIRECTORY	No

NAME AND ADDRESS	SOCIAL SECURITY NUMBER	COUNTY	EMPLOYER	OCCUPATION	STATUS	PHONE
DILLON, EDMUND		Kershaw	FLEET PRIDE		Employed Full Time	

SEX	RACE	MARITAL STATUS	DATE OF BIRTH	AGE	DATE OF LAST VISIT	MOTHER'S MAIDEN NAME	PLACE OF BIRTH
M	84	M			07/28/2005		

GUARANTOR NAME AND ADDRESS	SOCIAL SECURITY NUMBER	RELATIONSHIP	GUARANTOR EMPLOYER	OCCUPATION	STATUS	PHONE
DILLON, EDMUND	251-21-7227	Self	FLEET PRIDE		Employed Full Time	

NOTIFY IN CASE OF EMERGENCY	RELATIONSHIP	PHONE	NEXT OF KIN	RELATIONSHIP	PHONE
DILLON, ROBIN					

INSURANCE 1	INSURED DOB	INSURANCE 2	INSURED DOB	INSURANCE 3	INSURED DOB	INSURANCE 4	INSURED DOB
SELF PAY 9h D							

ADMITTING DIAGNOSIS/CHIEF COMPLAINT	DATE OF LAST VISIT	ADMITTING PHYSICIAN	ADM PHY PHONE
ICH	07/28/2005	42148 JONES, MARK A	(803)434-8800

ORGAN DONOR	Solving Care Physician	Primary Care Physician
N		NONE,

THIS SECTION FOR INPATIENT USE (ER/OUTPATIENT OPTIONAL)

FINAL DIAGNOSIS	CODE NUMBER	DRG DATA
HX RESISTANT DRG		PROVISIONAL DRG
		PLOS
		DATE ASSIGNED
		DISCHARGE STATUS PROJECTED
		FINAL

DATE	OPERATION/SPECIAL PROCEDURES

AND

CONSULTATION WITH

RESULTS: RECOVERED, NOT TREATED, IMPROVED, DIED UNDER 48 HOURS, DIED OVER 48 HOURS, NOT IMPROVED, SAU/OPSY

INFECTIONS: NOSOCOMIAL, POST-OP, OTHER, COMMUNITY ACQUIRED

"I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge."

DATE ATTENDING PHYSICIAN

Printed on 02/23/2015 06:51 PM

MRP Clinical Documentation

DOCUMENT NAME: Physician Progress Notes
SERVICE DATE/TIME: 2/27/2015 13:06 EST
RESULT STATUS: Modified
PERFORM INFORMATION: Barber MD,Jason K (2/28/2015 05:08 EST); Barber MD, Jason K (2/27/2015 13:07 EST)
SIGN INFORMATION: Barber MD,Jason K (2/28/2015 05:08 EST); Barber MD, Jason K (2/27/2015 13:07 EST)

Addendum by Barber MD, Jason K on 28 February 2015 05:08
death summary #12497

Electronically Signed & Verified on 02/28/2015 05:08
by Barber MD, Jason K

Freetext Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: Sex: **Male** DOB:
Associated Diagnoses: **None**
Author: **Barber MD, Jason K**

Pt was made AND and hospice was consulted for admission
- Notified that pt lost apical pulse and sponatenous respirations
- Time of Death 1230pm
- Pt will be a coroner's case due to his head trauma
- Death certification will be done via WebDeath

Electronically Signed & Verified on 02/27/2015 13:07
by Barber MD, Jason K

DOCUMENT NAME: Physician Progress Notes
SERVICE DATE/TIME: 2/26/2015 11:55 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Jenkins MD,Karin M (2/26/2015 12:07 EST)
SIGN INFORMATION: Jenkins MD,Karin M (2/26/2015 12:07 EST)

Palliative Care Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: Sex: **Male** DOB:
Associated Diagnoses: **None**
Author: **Jenkins MD, Karin M**

Basic Information
56-year-old Caucasian gentleman admitted with subdural hematoma and subarachnoid hemorrhage with midline shift status post craniotomy for subdural hematoma now intubated and unresponsive on the ventilator.

Daughter, Robin and sister at bedside. They confirmed they are waiting for family to arrive then will do terminal extubation. Pt appears comfortable, on fentanyl gtt. No grimace or anxiety. Becomes tachypnic at times, resolved with suctioning.

Impression and Plan
Subarachnoid hemorrhage with acute on chronic subdural hematoma status post emergent evacuation on 2/23 - unresponsive except to painful stimuli on the ventilator, not on any sedatives other than 1 dose fentany received this am. Patient with very poor prognosis, worsening head CT with enlarging Right frontal hemorrhage,

MRP Clinical Documentation

56-year-old Caucasian gentleman admitted with subdural hematoma and subarachnoid hemorrhage with midline shift status post craniotomy for subdural hematoma now intubated and unresponsive on the ventilator.

Chief Complaint

The palliative Care team was consulted to provide

(x) Help to establish and clarify goals of care
(x) Help with medical decision making
(x) Family Support
(x) Patient support
(x) Readdress or clarify choice of code status.
(x) Symptom Management

History of Present Illness

56-year-old Caucasian male with history of heavy alcohol abuse and skin cancer, possibly melanoma status post removal who was at work when he suffered a mechanical fall and developed increasing headache. He wanted to go back to work, but they would not allow him. In the emergency room the patient's neurologic status decompensated significantly. He required intubation. Head CT showed subdural hematoma, acute on chronic as well as subarachnoid hemorrhage. He underwent emergent craniotomy. Currently he is in the SSU, remains intubated. He is not sedated on any medications, he will withdrawal to painful stimuli in his hands and his feet, pupils are pinpoint probably minimally reactive. Daughter is at bedside and much of the history was obtained through her in the chart record.

Patient was also noted to be incredibly jaundiced on arrival. Per ER records the patient had been having nausea and vomiting as well as diarrhea, and has not been eating well for several days prior to his fall. Patient was severely dehydrated by urinalysis and labs. His sodium level on admission was 118 his LFTs were incredibly elevated with an AST much greater than ALT, and a bilirubin of 23.

The paliative care team was consulted to see this patient who is currently located in Room: 514

Review of Systems

Constitutional

Health Status

Allergies:

Allergic Reactions (All)
NKA.

Allergies (1) Active	Reaction
NKA	None Documented

Current medications: (Selected)

Inpatient Medications

Ordered

1 RX Alcohol Withdrawal Regimen, Sympton Triggered Guideline, 6017: Follow guidelines, daily, Start Date: 02/24/15 9:14:00
1 Rx Adult IV Electrolyte Replacement Guidelines, Critical Care: Follow Guideline. Call MD prior to replacement if SCr is greater than 1.2, daily, Start Date: 02/23/15 14:56:00
Ancef: 500 mg, IV, q8hr(s), Routine, Start Date: 02/23/15 22:00:00
Dulcolax Laxative: 10 mg, = 1 supp, Supp, PR, daily, Routine, Start Date: 02/23/15 14:56:00
Keppra: 500 mg, = 5 mL, IV, 2xdaily, Routine, Start Date: 02/23/15 18:00:00, Stop date 03/02/15 6:00:00
Pharmacy Nursing Communication: Keep total fluid intake (IV meds, drips, and tube feeds) no greater than 125cc/hr., daily, Start Date: 02/23/15 14:56:00
Pharmacy Nursing Communication: Sedatives should not be given until pain is controlled (no pain) and RASS is still documented greater than -2, q12hr(s), Start Date: 02/23/15 18:00:00
Protonix: 20 mg, Inj, IV, daily, Only if No gastric access and/or intestinal discontinuity., Routine, Start Date: 02/23/15 14:56:00

MRP Clinical Documentation

56-year-old Caucasian gentleman admitted with subdural hematoma and subarachnoid hemorrhage with midline shift status post craniotomy for subdural hematoma now intubated and unresponsive on the ventilator.

Chief Complaint

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History of Present Illness

56-year-old Caucasian male with history of heavy alcohol abuse and skin cancer, possibly melanoma status post removal who was at work when he suffered a mechanical fall and developed increasing headache. He wanted to go back to work, but they would not allow him. In the emergency room the patient's neurologic status decompensated significantly. He required intubation. Head CT showed subdural hematoma, acute on chronic as well as subarachnoid hemorrhage. He underwent emergent craniotomy. Currently he is in the SSU, remains intubated. He is not sedated on any medications, he will withdrawal to painful stimuli in his hands and his feet, pupils are pinpoint probably minimally reactive. Daughter is at bedside and much of the history was obtained through her in the chart record.

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The paliative care team was consulted to see this patient who is currently located in Room: **514**

Review of Systems

Constitutional

Health Status

Allergies:

Allergic Reactions (All)
NKA,

Allergies (1) Active	Reaction
NKA	None Documented

Current medications: (Selected)

Inpatient Medications

Ordered

1 RX Alcohol Withdrawal Regimen, Sympton Triggered Guideline, 6017: Follow guidelines, daily, Start Date: 02/24/15 9:14:00
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Pharmacy Nursing Communication: Sedatives should not be given until pain is controlled (no pain) and RASS is still documented greater than +2, q12hr(s), Start Date: 02/23/15 18:00:00
Protonix: 20 mg, Inj, IV, daily, Only if No gastric access and/or intestinal discontinuity., Routine, Start Date: 02/23/15 14:56:00

MRP Clinical Documentation

SDH, SAH
Plan:
Keppra 500 bid
Hold all anticoagulants
SBP<160
q 2 hour neuro checks
drain care
Ancef for drain. d/c once drain is pulled.

Electronically Signed & Verified on 02/24/2015 09:27
by Wehner Jr PA-C, Joseph A

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/24/2015 06:17 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Depp MD,Timothy B (2/24/2015 14:18 EST)
SIGN INFORMATION:	Luis MD,Alejandro J (2/24/2015 19:31 EST); Depp MD, Timothy B (2/24/2015 14:18 EST)

STICU Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: Sex: DOB:
Associated Diagnoses: **None**
Author: **Depp MD, Timothy B**

Chief Complaint

56yo M s/p fall with acute on chronic subdurals and large R ICH, worsening s/p hemicraniectomy, in the setting of apparent acute liver failure and elevation of bilirubin.

2/24/15: Worsening status. family updated at bedside. CVC inserted L groin for access given patients rapid fluctuation between hypo and hypernatremia. Neurosurgery recommends supportive measures at this time.

Review of Systems

Status: Unable to obtain..

Histories

Past Medical History

Resolved
Alcoholism (792E1B04-FED7-48CF-9C4C-9C74AABCAAF5): Resolved.
Skin cancer (2536564013): Resolved..

Physical Examination

VS/Measurements

Vital Signs

02/24/15 12:00	Temperature Bladder	37.6 DegC Normal

Participation: I personally saw and examined patient with the resident.
In addition to Care Plan, I manage the following:
Consultants.
Pain Contol.
DVT Prophylaxis: SCD's.
Glycemic Control.
Nutritional Support.
Stress Ulcer Prophylaxis.
Foley: Ongoing resuscitation.
Respiratory failure; ventilatory management on SIMV and no room for weaning given mental status
Hepatic failure; patient family requested consultation with MUSC about possible transplant. We have contacte them and he is not a candidate
Neurologic prognosis poor per NSG and I agree that palliative care consult is a reasonable avenue to pursue at this time
MELD 26; have asked for GI input - likely benefit from lactulose...+/- paracentesis
Hyponatremic and can administer 3% via central line placed today
Neurogenic shock; central access obtained for stand by vassopressor support to maintain MAP > 60mmHg
Malnutrition; can begin tube feeds, but only at trophic rate as he is likely to suffer refeeding based on current hypomagnesemia/hypophos
Need to decrease rate on vent to correct hypocapnea

Electronically Signed & Verified on 02/24/2015 14:18
by Depp MD, Timothy B

Electronically Signed & Verified on 02/24/15 19:31
by Luis MD, Alejandro J

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/23/2015 20:40 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Drawdy PA-C,Karen M (2/23/2015 20:45 EST)
SIGN INFORMATION:	Toussaint MD,Charles P (2/24/2015 08:18 EST); Drawdy PA-C,Karen M (2/23/2015 20:45 EST)

Neurosurgery Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: Sex: DOB:
Associated Diagnoses: **None**
Author: **Drawdy PA-C, Karen M**

Chief Complaint
SAH, SDH with midline shift on head CT

History of Present Illness

K	L 3.1	(FEB 23)		
CO2	25	(FEB 23)		
Cl	L 82	(FEB 23)		
Cr	1.2	(FEB 23)		
BUN				
	H 26	(FEB 23)		
Glucose		H 118	(FEB 23)	
Ca	L 8.1	(FEB 23)		
INR	1.6	(FEB 23)	1.7	(FEB 23)
PTT	33.9	(FEB 23)	H 39.9	(FEB 23).

Radiology results:
CT head:

SUMMARY:

1. Right frontal hematoma size dimensions given above the peripheral hypodensity. There is also a 1.6 cm right frontotemporal parietal subdural hematoma with areas of layering low density within as well. Acute on chronic hematomas are suggested. There is also subarachnoid blood within the left Sylvian fissure with a more superolateral globular appearance of blood within the superior aspect of the Sylvian fissure, likely subarachnoid in location as well. Extended followup recommended.
2. 9 mm right to left midline shift due to mass effect from the right-sided hematoma as described.

CT cervical spine:

IMPRESSION:

No fractures or subluxation within the cervical spine with moderate to marked canal stenosis at the C5-C6 secondary to posterior spinal disc bulging. There is also degenerative disc disease present at the C3-C4, C4-C5, and C6-C7 levels without significant canal stenosis suggested at C3-C4 with minimal encroachment upon the canal suggested at the C4-C5 and C6-C7 levels. Left-sided neural foraminal stenosis present at the C6-C7, bilateral neural foraminal stenosis suggested at the C5-C6 and right-sided neural foraminal stenosis suggested at the C4-C5 level.

Impression and Plan

SDH, SAH
Plan:
1. Keppra 500 bid

Oxygen Modality-ED
Oxygen Modality : Room Air

Watson RN, Jennifer D - 02/23/2015 12:04

Neuro Triage PHED
Eye Opening Response : Spontaneous
Motor Response : Obeys commands appropriately
Verbal Response : Oriented and converses
Glasgow Coma Score : 15
Stimulation Required : Voice
Stimulation Required : Voice

Watson RN, Jennifer D - 02/23/2015 12:04

Latex Screen
Diagnosed as Latex Allergic : No
Problem-Allergic Rxn to Rubber? : No
Medical Cond. Requiring Many Surgeries : No
Allergic Rxn to any foods : None listed below
Hx of Spina Bifida : No
Rxn During Surgery or Procedure : No

Watson RN, Jennifer D - 02/23/2015 12:04

DOCUMENT NAME:	Admission History
SERVICE DATE/TIME:	2/23/2015 19:55 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Looney RN,Marisa A (2/23/2015 19:55 EST)
ELECTRONICALLY SIGNED BY:	Looney RN,Marisa A (2/24/2015 03:33 EST); Looney RN, Marisa A (2/23/2015 19:55 EST)

Admission History Entered On: 02/23/2015 19:59
Performed On: 02/23/2015 19:55 by Looney RN, Marisa A

Height and Weight
Weight Equipment : Bed
Dosing Weight : 74.8 kg
Dosing Height : 182.88 cm

Looney RN, Marisa A - 02/24/2015 03:33

Height in feet : 6 ft
Height in : 0 inch
Height cm Calculated : 182.88 cm

Looney RN, Marisa A - 02/23/2015 19:55

General Information

Nursing Documentation

Contact Numbers : wife=April Dillon 803-727-7497
daughter=Robin Dillon 803-767-1442

Looney RN, Marisa A - 02/24/2015 03:33

Chief Complaint : Per EMS, pt tripped and fell, denies loc; on arrival pt aaox3, jaundice noted, swollen abdomen noted, rectal bleeding noted MD at bedside and aware, pt states he has been yellow, no appetite and diarrhea for 2 weeks
Meds given w-in 24 hrs prior to hosp arrival : None of the Above

Looney RN, Marisa A - 02/23/2015 19:55

Mode of Arrival : OR/PACU

Looney RN, Marisa A - 02/24/2015 03:33

~~{ [EMS] - previously charted by Looney RN, Marisa A at 02/23/2015 19:55 };~~

Information Source-Admission : Patient
Orientation : Hospital, Unit, Room, Orientation Packet, Patient rights-responsibilities
Who Was Oriented : Patient
Type of Housing : Home
Lives With : Significant Other
Education Level : Can Read and Write
Highest Grade Completed : 12th
Patient's Preferred Language: : English
Modes of Communication : Verbal
Communication Barriers : None
Valuables or Belongings Collected : None Collected

Looney RN, Marisa A - 02/23/2015 19:55

Advanced Directives
Advanced Directives : No Living Will, No Health Care Power of Attorney
Treatment Restrictions : No Restrictions

Looney RN, Marisa A - 02/23/2015 19:55

Latex Screen
Diagnosed as Latex Allergic : No
Problem-Allergic Rxn to Rubber? : No
Medical Cond. Requiring Many Surgeries : No
Allergic Rxn to any foods : None listed below
Hx of Spina Bifida : No
Rxn During Surgery or Procedure : No

Looney RN, Marisa A - 02/23/2015 19:55

Allergies
Allergy Information : Allergy Information Complete

Looney RN, Marisa A - 02/23/2015 19:55
(As Of: 02/23/2015 19:59:35 PM EST)

Allergies (Active)
NKA

Estimated Onset Date: Unspecified ; *Created By:* Looney RN, Marisa A; *Reaction Status:* Active ; *Category:* Drug Allergy ; *Substance:* NKA ; *Type:* Allergy ; *Updated By:* Looney RN, Marisa A; *Reviewed Date:* 02/23/2015 19:56

Psychosocial-Cultural
Alcohol Frequency : Daily
Alcohol Amount per Day : wife unsure of amount

Procedure History

Procedure History

(As Of: 02/24/2015 3:44:24 EST)

Procedure Dt/Tm: 02/23/2015 17:16:00 EST ; *Location:* PHR Surgery ; *Provider:* Toussaint MD, Charles P; *Anesthesia Type:* General ; : Yates MD, Carl Douglas; *Anesthesia Minutes:* 139 ; *Procedure Name:* Craniotomy (Right) ; *Procedure Minutes:* 70 ; *Comments:* 02/23/2015 18:53 - Kerns RN, Barry P auto-populated from documented surgical case ; *Clinical Service:* Surgery ; *Last Reviewed Dt/Tm:* 02/23/2015 17:16:00 EST

Family History

Family History

(As Of: 02/24/2015 3:44:25 EST)

Pneumococcal and Influenza Evaluation

Reg PN Template Pneumococcal Vaccine Hx : Pneumococcal Immunization History:
No qualifying data available

Reasons for No Immunization Administration:
No qualifying data available
Pneumococcal Vaccine Status : Never received pneumococcal vaccine
Reg PN Pneumo Contraindication Reason vD : None
Reg PN Pneumonia Eligibility : No indications
Reg PN Template Influenza Vaccine Hx : Influenza Immunization History:
No qualifying data available

Reasons for No Immunization Administration:
No qualifying data available
Influenza Vaccine Status : Not received this flu season
Reg PN Influenza Not Given Reason vB : None
Reg PN Influenza Eligibility : Age over 6 months
Reg PN Influenza Vaccine Refusal vA : Yes
Influenza Vaccine Refusal Reason : Other: fam refused

Looney RN, Marisa A - 02/23/2015 19:55

Discharge Preparation

Admit to Inpatient Status Order Detail : At least 2 Midnights , 02/23/15 14:56:00
Concierge Pharmacy : No
Patient Preferred Pharmacies Identified : No
Follow-Up Appt Already Scheduled : No
Cardiac Monitor : Critical Care or High Risk

Looney RN, Marisa A - 02/24/2015 03:33

Nursing Documentation

DOCUMENT NAME: Nurses Note
SERVICE DATE/TIME: 2/27/2015 12:30 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Mitchell RN,Aramide (2/27/2015 12:36 EST)
ELECTRONICALLY SIGNED BY: Mitchell RN,Aramide (2/27/2015 12:36 EST)

Nurse's Notes: family called, patient took his last breath while we are in the room. no apical pulse to ascultated, no blood pressure. charge nuse assessed parient with me. MD. notified.

DOCUMENT NAME: Nurses Note
SERVICE DATE/TIME: 2/27/2015 12:33 EST
RESULT STATUS: Partial Results
PERFORM INFORMATION: Botello-Naso RN,Grace M (2/27/2015 12:36 EST)
ELECTRONICALLY SIGNED BY:

Nurse's Notes:

Pt's family called the desk asking for a nurse to come to the room. Pt with long periods of apnea then took his last breadth while we were at the bedside. No spontaneous respirations, carotid pulse or BP noted. Confirmed death with Aramide Mitchell, RN. Family at bedside, Dr. Barber and Michael (AOD) notified by this nurse.

DOCUMENT NAME: Hospice Note
SERVICE DATE/TIME: 2/27/2015 15:16 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Duckett Chaplain Resident,Jacqueline M (2/27/2015 15:16 EST)
ELECTRONICALLY SIGNED BY: Duckett Chaplain Resident,Jacqueline M (2/27/2015 15:16 EST)

Hospice Note:

Pt was not admitted to hospice as planned but I had a chance to visit with the family. He looked imminent. The family was very tearful and sad. I offered prayer and they were appreciative. Chaplain Jerry Fonte visited the pt and family eariler today.

Nursing Direct Charting

Vital Signs

		Recorded Time	10:01 EST	08:16 EST	01:08 EST
		Recorded By	Bush PST-NT,Joshua E	Mitchell RN,Aramide	Bracanovich RN,Lisa A
		Recorded Date	2/27/2015	2/27/2015	2/27/2015
Procedure	Units	Reference Range			
Temperature Axillary	DegF	[95-101]	97.9	-	98.5

Nursing Direct Charting

Respiratory

Procedure	Units	Reference Range	Recorded Time / Recorded By / Recorded Date: 00:00 EST, Blair RN,Larresha C, 2/27/2015	20:27 EST, Blair RN,Larresha C, 2/26/2015
Respiratory Comment			-	See Below T65
Respiratory Documentation			System Review Unchanged	-

Textual Results

T65: 2/26/2015 20:27 EST (Respiratory Comment)
ET tube pulled per RT. Family at bedside.

Procedure	Units	Reference Range	Recorded Time / Recorded By / Recorded Date: 20:00 EST, Blair RN,Larresha C, 2/26/2015	16:00 EST, Wallace RN,Teondra M, 2/26/2015
Artificial Airway			ET Tube	-
Artificial Airway Secured			Other: E- Tad	-
Endotracheal Tube Size			7.5	-
Trach Intervention			Airway Safety Equipment	See Below T61
ET Tube Taped/Locked at	cm		23	-
Activity During Pulse Ox			Resting in bed	-
All Lobes			Clear	-
Respiratory Pattern			Regular	-
Cough Description			Occasional	-
ET secretions amount			Scant	-
ET secretions color			Tan/Beige	-
ET secretions character			Thick	-
Suctioning			Done	-
Respiratory Interventions			Turn/Cough/Deep breathing	-
Respiratory Documentation			Respiratory Documentation	System Review Unchanged
Tracheal Position			Midline	-
Chest Motion			Symmetrical	-

Textual Results

T61: 2/26/2015 16:00 EST (Trach Intervention)
Airway Safety Equipment, Checked, Emergency Equipment at bedside

Procedure	Units	Reference Range	Recorded Time / Recorded By / Recorded Date: 12:00 EST, Wallace RN,Teondra M, 2/26/2015	08:00 EST, Wallace RN,Teondra M, 2/26/2015
Artificial Airway			-	ET Tube
Artificial Airway Secured			-	Other: ETAD
Endotracheal Tube Size			-	7.5
Trach Intervention			See Below T62	See Below T63
ET Tube Taped/Locked at	cm		-	23
Activity During Pulse Ox			-	Resting in bed
All Lobes			-	Clear
Respiratory Pattern			-	Regular, Unlabored, Tachypnea
Cough Description			-	Occasional
ET secretions amount			-	Scant
ET secretions color			-	Tan/Beige
ET secretions character			-	Thick
Suctioning			-	Done

Nursing Direct Charting

Respiratory

Procedure	Units	Reference Range	12:00 EST	08:00 EST
Recorded Time			12:00 EST	08:00 EST
Recorded By			Wallace RN,Teondra M	Wallace RN,Teondra M
Recorded Date			2/26/2015	2/26/2015
Respiratory Interventions			-	See Below T64
Respiratory Documentation			System Review Unchanged	Respiratory Documentation
Tracheal Position			-	Midline
Chest Motion			-	Symmetrical

Textual Results
T62: 2/26/2015 12:00 EST (Trach Intervention)
Airway Safety Equipment, Checked, Emergency Equipment at bedside
T63: 2/26/2015 08:00 EST (Trach Intervention)
Airway Safety Equipment, Checked, Emergency Equipment at bedside
T64: 2/26/2015 08:00 EST (Respiratory Interventions)
Turn/Cough/Deep breathing, Suctioning, Encourage to cough, Oral suction, Place on O2, Place on Pulse Oximetry

Procedure	Units	Reference Range	05:15 EST	04:00 EST
Recorded Time			05:15 EST	04:00 EST
Recorded By			Milunas RN,Kaitlyn C	Milunas RN,Kaitlyn C
Recorded Date			2/26/2015	2/26/2015
Respiratory Documentation			System Review Unchanged Except	System Review Unchanged

Procedure	Units	Reference Range	00:00 EST	20:00 EST
Recorded Time			00:00 EST	20:00 EST
Recorded By			Milunas RN,Kaitlyn C	Milunas RN,Kaitlyn C
Recorded Date			2/26/2015	2/25/2015
Artificial Airway			-	ET Tube
Artificial Airway Secured			-	Other: stad
Endotracheal Tube Size			-	7.5
ET Tube Taped/Locked at	cm		-	23
Activity During Pulse Ox			-	Resting in bed
Upper Lobes-Bilateral			Coarse, Diminished	Coarse
Lower Lobes-Bilateral			Diminished	Diminished
Respiratory Pattern			-	Regular, Labored
Cough Description			-	Nonproductive
Respiratory Documentation			System Review Unchanged Except	Respiratory Documentation
Tracheal Position			-	Midline
Chest Motion			-	Symmetrical

Procedure	Units	Reference Range	16:00 EST	12:00 EST
Recorded Time			16:00 EST	12:00 EST
Recorded By			Matheson RN,Crisna M	Matheson RN,Crisna M
Recorded Date			2/25/2015	2/25/2015
Respiratory Documentation			System Review Unchanged	System Review Unchanged

Procedure	Units	Reference Range	08:00 EST	04:00 EST
Recorded Time			08:00 EST	04:00 EST
Recorded By			Matheson RN,Crisna M	Kaelin RN,Kory F
Recorded Date			2/25/2015	2/25/2015
Artificial Airway			Hi-Lo Evac ET Tube	Hi-Lo Evac ET Tube
Artificial Airway Secured			See Below T60	See Below T57
Endotracheal Tube Size			7.5	7.5
ET Tube Taped/Locked at	cm		23	23

Nursing Direct Charting

Renal-Urinary

Textual Results
T75: 2/24/2015 08:00 EST (Necessity for Foley)
Precise I&O Required, Prolonged Immobilization
T78: 2/24/2015 08:00 EST (R-U Status-Intervention:)
Care Done, Checked, Draining, Foley Secured

Procedure	Units	Reference Range	00:00 EST Looney RN,Marisa A 2/24/2015	22:00 EST Looney RN,Marisa A 2/23/2015	19:15 EST Looney RN,Marisa A 2/23/2015
Bladder			-	-	Nondistended
Renal-Urinary Documentation			System Review Unchanged	-	Renal/Urinary Documentation
Necessity for Foley			-	-	See Below T76
Urine Source-Device:			-	-	Core Temp Foley
Urine Color:			-	-	Amber
Urine Character:			-	-	Concentrated
Urinary Catheter Secured			-	-	Securement Device
Foley Present			-	-	On Arrival to Unit
R-U Status-Intervention:			-	Urine Specimen Sent	Care Done, Checked

Textual Results
T76: 2/23/2015 19:15 EST (Necessity for Foley)
Precise I&O Required, Prolonged Immobilization

Procedure	Units	Reference Range	15:39 EST Wight PST -NT,Chase B 2/23/2015	14:53 EST Wight PST -NT,Chase B 2/23/2015	12:27 EST Grosse RN,Jennifer E 2/23/2015
Bladder			-	-	Nondistended
Bladder Control			-	-	Continent
Renal-Urinary Documentation			-	-	Renal/Urinary Documentation
Date-Time Foley Inserted			2/23/2015 14:51 EST	2/23/2015 14:51 EST	-
Foley Inserted By:			-	Wight PST - NT, Chase B	-
Urine Source-Device:			Foley Catheter	-	-
Urine Color:			Amber	-	-
Urine Character:			Clear	-	-
R-U Status-Intervention:			Urine Specimen Sent	-	-

Reproductive

Procedure	Units	Reference Range	08:16 EST Mitchell RN,Aramide 2/27/2015	01:00 EST Bracanovich RN,Lisa A 2/27/2015
Breast-Genital Anatomy:			Scrotum	Scrotum
Reproductive Description:			Edema	Edema
Reproductive Discharge-Drainage:			None	None
Reproductive Documentation			Reproductive Documentation	Reproductive Documentation

Procedure	Units	Reference Range	00:00 EST Blair RN,Larresha C 2/27/2015	20:00 EST Blair RN,Larresha C 2/26/2015
Reproductive Documentation			System Review Unchanged	Reproductive System WNL

Nursing Direct Charting

Restraint

Procedure	Units	Reference Range	Recorded Time: 14:49 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015
Injury R/T Restraint			No injury
Restraint Behavior Description			Sedated and/or paralyzed
Condition Requires Continued Restraints			Yes
Critical Care Airway Protection Soft Bilat Wrist 02/23/2015 14:49			
Restraint Episode Activity:			Initiate episode
Behavior Requiring Restraint:			Artificial airway
Least Restrictive Measures/Alternatives			Comfort measures
Restraint Notification:			Physician

Direct Charting IView

Delivery

Recorded By	Recorded Date/Time	Procedure: Transport FiO2 Units: % Reference Range:
Gary RCP,Cheryl A	2/23/2015 16:25 EST	100
McGuire-Wessinger RCP,Stephanie A	2/24/2015 04:58 EST	100
McGuire-Wessinger RCP,Stephanie A	2/24/2015 05:20 EST	100
Yuhas RCP,Kimberly E	2/25/2015 18:45 EST	100

General Information

Recorded By	Recorded Date/Time	Procedure: Mode of Arrival Units: Reference Range:	Chief Complaint	ED Chief Complaint	Accompanied by-ED
Watson RN,Jennifer D	2/23/2015 11:35 EST	EMS	See Below T248	Jaundice	-
Grosse RN,Jennifer E	2/23/2015 16:33 EST	-	-	-	Self
Looney RN,Marisa A	2/23/2015 19:55 EST	[illegible]	See Below T249	-	-
Williams,Wilbert R	2/23/2015 23:59 EST	-	-	Jaundice	-

Textual Results

T248: 2/23/2015 11:35 EST (Chief Complaint)
Per EMS, pt tripped and fell, denies loc; on arrival pt aaox3, jaundice noted, swollen abdomen noted, rectal bleeding noted MD at bedside and aware, pt states he has been yellow, no appetite and diarrhea for 2 weeks

T249: 2/23/2015 19:55 EST (Chief Complaint)
Per EMS, pt tripped and fell, denies loc; on arrival pt aaox3, jaundice noted, swollen abdomen noted, rectal bleeding noted MD at bedside and aware, pt states he has been yellow, no appetite and diarrhea for 2 weeks

Corrected Results

c10: Mode of Arrival
Corrected from EMS on 2/24/2015 03:33 EST by Looney RN, Marisa A

ED Documentation

DOCUMENT NAME:	Triage PHED
SERVICE DATE/TIME:	2/23/2015 11:35 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Watson RN,Jennifer D (2/23/2015 12:04 EST)
ELECTRONICALLY SIGNED BY:	Watson RN,Jennifer D (2/23/2015 12:18 EST); Watson RN, Jennifer D (2/23/2015 12:04 EST)

Triage PHED Entered On: 02/23/2015 12:11
Performed On: 02/23/2015 11:35 by Watson RN, Jennifer D

Chief Complaint PHED
ED Mode of Arrival : EMS
ED Chief Complaint : Jaundice
Chief Complaint : Per EMS, pt tripped and fell, denies loc; on arrival pt aaox3, jaundice noted, swollen abdomen noted, rectal bleeding noted MD at bedside and aware, pt states he has been yellow, no appetite and diarrhea for 2 weeks
Temperature Oral : 98.3 DegF
Heart Rate Monitored : 80 bpm
Resp. Rate : 24 br/min (HIGH)
Pulse Ox Sat : 100 %
Systolic : 124 mmHg
Diastolic : 80 mmHg
NIBP Mean Calculated : 95 mmHg
Weight lbs : 160 lb
Height in feet : 6 ft
Height in : 0 inch
Weight kg calculated : 72.73 kg
Height cm Calculated : 182.88 cm
ED Pain Screen : No
Latex Allergy Screen : Open

Watson RN, Jennifer D - 02/23/2015 12:04
Watson RN, Jennifer D - 02/23/2015 12:04

DCP GENERIC CODE
ED Tracking Acuity : 2

Watson RN, Jennifer D - 02/23/2015 12:18

ED Tracking Group : R Tracking Group
ED Triage Nurse : Watson RN, Jennifer D
Foreign Travel : denies
Triage Date-Time : 02/23/2015 12:04
ED RTS Screen : Open Screen
Open Complex Neuro : Yes
Information Obtained From : Patient
Home Meds Listed : Open
Open Past Medical History : Open
Open Procedure History : Yes
Pregnant : N/A
Gynecological Status : N/A
Implantable Devices : None
Communicable Disease Exposure : Other: unknown

ED Documentation

Neurological PHED
02/23/15 02:03 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 02:03 pm

Neurological PHED

Orientation-LOC	Lethargic
Verbal Communication	Difficulty speaking

DOCUMENT NAME:	Respiratory-ED
SERVICE DATE/TIME:	2/23/2015 14:37 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Grosse RN,Jennifer E (2/23/2015 14:37 EST)
ELECTRONICALLY SIGNED BY:	

Respiratory-ED
02/23/15 02:37 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 02:55 pm

Respiratory-ED

Respiratory Comment	pt intubated by Dr Peter Smith with a 7.5 ET tube at 23@ the lips.

DOCUMENT NAME:	Gastrointestinal PHED
SERVICE DATE/TIME:	2/23/2015 14:40 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Grosse RN,Jennifer E (2/23/2015 14:40 EST)
ELECTRONICALLY SIGNED BY:	

Gastrointestinal PHED
02/23/15 02:40 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 02:55 pm

Gastrointestinal PHED

GI Tube-Yes	Yes

GI Tube Details PHED

GI Tubes:	OG Tube
GI Tube Location:	Oral
GI Tube Site:	Intact

ED Documentation

DOCUMENT NAME: Nurse Tech PHED
SERVICE DATE/TIME: 2/23/2015 14:53 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Wight PST -NT,Chase B (2/23/2015 14:53 EST)
ELECTRONICALLY SIGNED BY:

Nurse Tech PHED
02/23/15 02:53 pm Performed by Wight PST - NT, Chase B
Entered on 02/23/15 02:54 pm

Renal-Urinary-ED Tech

Foley Inserted By: Wight PST - NT, Chase B
Date-Time Foley Inserted 02/23/15 14:51

DOCUMENT NAME: Nurse Tech PHED
SERVICE DATE/TIME: 2/23/2015 15:30 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Wight PST -NT,Chase B (2/23/2015 15:30 EST)
ELECTRONICALLY SIGNED BY:

Nurse Tech PHED
02/23/15 03:30 pm Performed by Wight PST - NT, Chase B
Entered on 02/23/15 03:40 pm

Patient Activity Nurse Tech PHED

EKG Done Yes

DOCUMENT NAME: Notifications-Consults PHED
SERVICE DATE/TIME: 2/23/2015 15:36 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Grosse RN,Jennifer E (2/23/2015 15:36 EST)
ELECTRONICALLY SIGNED BY:

Notifications-Consults PHED
02/23/15 03:36 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 03:36 pm

Notifications-Consults PHED

Other Response Details Blood bank called for FFP.

ED Documentation

DOCUMENT NAME: Nurse Tech PHED
SERVICE DATE/TIME: 2/23/2015 15:39 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Wight PST -NT,Chase B (2/23/2015 15:39 EST)
ELECTRONICALLY SIGNED BY:

Nurse Tech PHED
02/23/15 03:39 pm Performed by Wight PST - NT, Chase B
Entered on 02/23/15 03:39 pm

Renal-Urinary-ED Tech

Urine Source-Device: Foley Catheter
Urine Color: Amber
Urine Character: Clear
R-U Status-Intervention: Urine Specimen Sent
Date-Time Foley Inserted 02/23/15 14:51

DOCUMENT NAME: Notifications-Consults PHED
SERVICE DATE/TIME: 2/23/2015 15:51 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Grosse RN,Jennifer E (2/23/2015 15:51 EST)
ELECTRONICALLY SIGNED BY:

Notifications-Consults PHED
02/23/15 03:51 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 03:51 pm

Notifications-Consults PHED

Other Response Details Report given to Ashley RN

ED Documentation

ACCOUNT NUMBER: 1505401814

ATTENDING PHYSICIAN: David T. Ford, MD

CHIEF COMPLAINT: Fall.

HISTORY OF PRESENT ILLNESS: This is a 56-year-old male presenting after he fell. States he slipped and fell, hit the back of his head. Says he wanted to go back to work, but his firm would not let him. Patient states that he has nontender felt well over the last several days, has not been eating well and did notice that his skin had changed colored, but attributed this to that. States that he has had vomiting and diarrhea and just not felt well, but that today he had a mechanical fall, did not have any syncopal symptoms. Denies any headache, chest pain or increased shortness of breath. He has an abrasion to his back. Patient denies any weakness, any abdominal pain or other complaints.

REVIEW OF SYSTEMS: Denies any recent urinary complaints. Denies any chest pain, shortness of breath. Rest of review of systems negative.

PAST MEDICAL HISTORY: None.

MEDICATIONS: None.

SOCIAL HISTORY: Patient does endorse daily drinking but denies any tobacco or alcohol use.

FAMILY HISTORY: Hypertension.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 98.3, heart rate 79, respiratory rate 18, pulse ox 100 percent on room air, blood pressure 121/79.
GENERAL APPEARANCE: Patient is alert, in full spinal precautions.
HEENT: Abrasions at the back of the occiput, which is currently oozing. Pupils are equal but sclerae are icteric. Slightly dry mucous membranes.
NECK: Supple. No midline step-off or deformity.
LUNGS: Clear to auscultation bilaterally. No wheezes, rales or rhonchi.
HEART: Regular rate and rhythm. No murmurs, rubs or gallops.
ABDOMEN: Soft, distended with hepatomegaly.
EXTERNAL GENITALIA: Patient does have bruising along his sacrum and rectum with rectal prolapse that is reducible. Does have some bright red bleeding due to irritation of the rectum.
MUSCULOSKELETAL: No edema clubbing, cyanosis.
SKIN: The patient is significantly jaundiced.
NEUROLOGICAL: GSC 15.

MEDICAL DECISION MAKING: The patient has no medical history, but given his endorsement of daily alcohol use as well as his physical exam, concern for

intra-abdominal pathology, hepatitis if this really is acute, or other cause. Will obtain broad-based workup for further evaluation. Also concerned given his concern for liver damage, if he did obtain an intracranial hemorrhage or other injury during the fall.

LABORATORY DATA: EKG showing sinus rhythm at a rate of 79. No ST elevation MI. CBC with a hemoglobin 11.8, platelets 127,000, otherwise within normal limits. INR 1.7, PTT 39. BMP with sodium 118, potassium 3.1, glucose 118, BUN 26, otherwise within normal limits. LFTs with a total protein of 6.1, albumin 2, total bilirubin 23.8 with a direct bilirubin of 18.7, indirect 5.1, alk phos 355. AST 146, ALT 74 otherwise within limits. Ammonia less than 10. Lipase 300. CT head without IV contrast showing a right frontal hematoma size dimensions given at 4.6 x 2.4 mm with accompanying peripheral hypodensity also at 1.6. Right frontotemporal parietal subdural hematoma with areas of layering low density as well. Acute on chronic or subacute hematomas are suggested. There is also subarachnoid blood within the left Sylvian fissure with a more superior lateral globular appearance of the blood within the superior aspect of the Sylvian fissure, likely subarachnoid in location, 9 mm right to left midline shift due to mass effect of the right-sided hematoma. CT cervical spine: No fracture or subluxation. CT abdomen and pelvis with IV contrast pending.

EMERGENCY DEPARTMENT COURSE: The patient was seen upon arrival, full history and physical exam performed. Workup was obtained as stated above and throughout his stay in the ER he continued to have progressive decline in his mental status. With findings on CT scan I have contacted Neurosurgery, and they have come to evaluate the patient. Trauma Surgery has also been aware and they are at the bedside and have decided to intubate for airway protection. Please see their note for full details. Neurosurgery has come to evaluate the patient and plan to take him to the operating room for craniotomy at this time. Family has been updated throughout their stay and agreed to course and plan as well.

IMPRESSION:
1. Acute Intracranial hematoma secondary to blunt trauma (fall).
2. Hyponatremia.
3. Hyperbilirubinemia.
4. Hypokalemia.

DISPOSITION: Patient will be admitted to Trauma Surgery ICU with Neurosurgery consult.

Attending was present for the entire evaluation.

D: 02/23/2015 16:07 T: 02/23/2015 16:39 TID: 420160
Job #: 07219 Doc #: 41264556

ED Documentation

cc: Emily Mackie, MD-R
cc: David T. Ford, MD

I saw and evaluated the patient. I discussed with resident and agree with resident's findings and plan as written. I supervised all above procedures done by the resident. I provided one on one critical care 32 mins for this patient while in above condition. I reviewed the resident's documentation and agree with the resident's assessment and plan of care. Please refer to dictation for critical care times and medical decision making. I supervised all above procedures done by the resident.

Electronically Signed & Verified on 02/26/2015 06:43
by Mackie MD, Emily L

Electronically Signed & Verified on 03/02/15 09:31
by Ford MD, David T

ED Discharge Summary

DOCUMENT NAME:	Discharge Summary PHED
SERVICE DATE/TIME:	2/23/2015 16:33 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Grosse RN,Jennifer E (2/23/2015 16:33 EST)
ELECTRONICALLY SIGNED BY:	

Discharge Summary PHED
02/23/15 04:33 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 04:33 pm

Updated on

02/23/15 04:33 pm by Grosse RN, Jennifer E

Discharge Summary PHED

Patient Disposition	Surgery
Mode of Discharge	Stretcher
Assisted By	Nurse
Accompanied by-ED	Self
Reassessment of Chief Complaint-ED	No Change
Current Pain-Yes-No	No
IV/INT Discontinued	No
Valuable-Belonging Return-ED	None taken
Report To	Megan RN and CRNA
Transported With	Monitor, Oxygen, RN
Comments-ED Discharge	Accompanied by Neurosurgery PA
Room Number	OR 17

History and Physical

DOCUMENT NAME:	Trauma History and Physical
SERVICE DATE/TIME:	2/23/2015 15:13 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Smith MD,Peter G (2/23/2015 15:13 EST)
ELECTRONICALLY SIGNED BY:	Jones MD,Mark A (2/24/2015 08:18 EST); Smith MD,Peter G (2/23/2015 15:13 EST)

Trauma History and Physical Entered On: 02/23/2015 15:42
Performed On: 02/23/2015 15:13 by Smith MD, Peter G

Trauma Team
Tr Trauma Type : Trauma Consult
Trauma Attending : Jones MD, Mark A
Trauma Consultants : Neurosurgery

Smith MD, Peter G - 02/23/2015 15:13

Pre-Hospital/ED Arrival
Tr Condition on Arrival : 56 yo male with no stated hx presents after ground level fall. Jaundiced on arrival in ED. Pt AAOx3 on arrival per ED staff, but mental status progressively deteriorated over 2 hours. CT head showed large R SDH with midline shift. Pt intubated for GCS 8.
Tr Unbale to Score : Unable to score pain
Mechanism of Injury : Fall
Location of Injury : Head
Tr Pre-Hospital Treatment : C-collar
Tr Pre-Hospital Transportation : Ambulance
Tr Arr Temp : 98.3 DegC
Tr Arr Pulse : 80
Tr Arr Resp : 24
Tr Arr Systolic : 124 mmHg
Tr Arr Diastolic : 80 mmHg
Tr Arrival GCS : 15
Tr Arrival O2 Sat : 100 %

Smith MD, Peter G - 02/23/2015 15:13

Patient History/ROS
Tr Unable to Obtain : See detailed patient history
Tr Past Medical History : Negative
Tr Past Surgical History Status : None
Tr Medication Status : None
Tr Allergy Status : NKDA
Tr Social History : ETOH Daily, Tobacco
Tr Pack Years : unknown
Tr Family History : Unable To Obtain
Tr Last Meal : Unknown
Tr Last Tetanus : Unknown
Tr Review of Systems : Unable To Obtain
Tr Patient Status ROS : Pt intubated

Smith MD, Peter G - 02/23/2015 15:13

Primary Survey
Tr Airway : C-Spine Precautions, Intubated in ED

History and Physical

Tr Intubate Indication : High risk for deterioration, Low GCS
Tr Intubation Performed By : Smith MD, Peter G
Tr Capnography : Positive color change on capnography
Tr Respiratory Effort : Chemically Paralyzed
Tr Respiratory Support : Ventilator

Smith MD, Peter G - 02/23/2015 15:13

Tr Equal Breath Sounds
Equal : Bilateral
Coarse : Bilateral

Smith MD, Peter G - 02/23/2015 15:13

Tr Pulses : Radial, femoral, dorsalis pedis pulses palpable and symmetrical bilarerally

Smith MD, Peter G - 02/23/2015 15:13

Tr Pulse Grid H&P
L Radial : Present
R Radial : Present
L Femoral : Present
R Femoral : Present
L Dorsalis : Present
R Dorsalis : Present

Smith MD, Peter G - 02/23/2015 15:13

Tr Bleeding : Controlled bleeding
Tr Chemically Paralyzed : Patient chemically paralyzed
Tr Eye Opening : 1
Tr Verbal Response : 1
Tr Motor Response : 4
Tr GCS : 6

Smith MD, Peter G - 02/23/2015 15:13

Tr PERRL Bilateral
PERRL Bilateral : 2mm

Smith MD, Peter G - 02/23/2015 15:13

Tr Movement Grid
RUE : Absent
LUE : Absent
RLE : Absent
LLE : Absent

Smith MD, Peter G - 02/23/2015 15:13

Tr Exposure : Clothing removed
Tr Ultrasound : Not Performed

Smith MD, Peter G - 02/23/2015 15:13

Resuscitation
Tr Ventilation : Intubated during Resuscitation
Tr Intubation Indication for : Deterioration, Low GCS
Tr O2 Type : Ventilator
Tr Pulse Ox : 100 %
Tr IV Access : Peripheral x 2
Tr Fluid Description : NS
Tr Cardiac Monitoring : Normal Sinus Rhythm
Tr Rectal Heme Status : Gross blood

Consultations

3. Diffuse colonic wall thickening suggestive of a pancolitis.
4. Sigmoid diverticulosis without diverticulitis.
5. Cyst left kidney.
6. Tiny 3 mm incompletely imaged nodule questioned within the right middle lobe within the lung periphery. Further characterization with chest CT recommended.

Impression and Plan

1. SAH/SDH s/p crani
2. likely etoh hepatitis with likely underlying liver disease

---hyperbilirubinemia, coagulopathy, thrombocytopenia, ascites, hypoalbuminemia

Plan: Given overall poor prognosis for a neuro standpoint, recommend supportive care. Will check AFP with next blood draw. Cont rally pack daily with folate/thiamine. Could consider US guided paracentesis with fluid studies. Further plans contingent on overall status.

Electronically Signed & Verified on 02/24/2015 16:23
by Bates NP, Ann Marie

Electronically Signed & Verified on 02/24/15 16:26
by Bates NP, Ann Marie

Electronically Signed & Verified on 02/24/15 21:49
by Lowman MD, Anthony D

Surgical Documentation

* Auth (Verified) *

PALMETTO HEALTH RICHLAND

DILLON, EDMUND
R1505401814
MR:012719295 JONES, MARK A
56Y M

Notes should be signed by Physician

OPERATIVE NOTE

DATE: 2/23/19
TIME: 6 15pm
PREOP DX: SDH
POSTOP DX:
PROCEDURE (L) Craniotomy
SURGEON: Toussaint
ASSISTANT SURGEON: Ø
ANESTHESIA: GETA
ANTIBIOTICS GIVEN: ✓
TIME OUT DONE: ✓
COUNTS CORRECT: ✓
FINDINGS:

SPECIMENS REMOVED: Bone flap

EBL: 150 UOP 260
CRYSTALOIDS/COLLOIDS: 2 FFP 600
COMPLICATIONS:

DISPOSITION: ICU

SIGNATURE:

28203Rmr Rev 7/07 10/07

Surgical Documentation

cc: David T. Ford, MD

I saw and evaluated the patient. I discussed with resident and agree with resident's findings and plan as written. I supervised all above procedures done by the resident.

Electronically Signed & Verified on 02/24/2015 08:51
by Smith MD, Peter G

Electronically Signed & Verified on 02/24/15 09:39
by Ford MD, David T

DOCUMENT NAME:	Operative Report
SERVICE DATE/TIME:	2/23/2015 18:53 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Toussaint MD,Charles P (2/23/2015 18:53 EST)
ELECTRONICALLY SIGNED BY:	Toussaint MD,Charles P (2/24/2015 12:31 EST)

Operative Report

PATIENT: DILLON, EDMUND DICT: Charles Philip Toussaint, MD
MR #: 012719295 DOB:
ADMITTED: 02/23/2015 PT.LOC: STU

DATE OF OPERATION: 02/23/2015

PREOPERATIVE DIAGNOSIS: Subdural hematoma.

POSTOPERATIVE DIAGNOSIS: Subdural hematoma.

PROCEDURE: Right-sided decompressive craniectomy for evacuation of subdural hematoma.

ATTENDING SURGEON: Charles Philip Toussaint, MD

ASSISTANT: None.

ANESTHESIA: General.

COMPLICATIONS: None.

HISTORY OF PRESENT ILLNESS: Mr. Dillon is a 56-year-old male with evidence of liver failure and coagulopathy who presented with worsening mental status. Imaging demonstrated large right-sided subdural hematoma with a large mass effect. He had a significant decline in exam and after extensive discussion with the family in terms of prognosis the patient's family wished to proceed with surgery. I was relatively pessimistic as to the surgical outcome with the presence of liver failure. He was extremely jaundiced on exam. Otherwise, his GCS was a 4T. I discussed the procedure at length with the

Progress Notes

Electronically Signed & Verified on 02/24/2015 14:18
by Depp MD, Timothy B

Electronically Signed & Verified on 02/24/15 19:31
by Luis MD, Alejandro J

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/24/2015 09:25 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Toussaint MD,Charles P (2/24/2015 13:05 EST); Wehner Jr PA-C,Joseph A (2/24/2015 09:27 EST)
ELECTRONICALLY SIGNED BY:	Toussaint MD,Charles P (2/24/2015 13:05 EST); Wehner Jr PA-C,Joseph A (2/24/2015 09:27 EST)

Addendum by Toussaint MD, Charles P on 24 February 2015 13:05
postoperative CT head reviewed demonstrating good decompression of the brain but larger intraparenchymal hematoma with substantial midline shift. This point I recommend supportive care. Very careful with sodium correction. Recommend endocrinology for sodium management. I have discussed this with the trauma serviceon February 23 and they willmanage the sodium and consider an endocrinology evaluation.

Electronically Signed & Verified on 02/24/2015 13:05
by Toussaint MD, Charles P

Neurosurgery Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: **56 years** Sex: **Male** DOB: **10/13/58**
Associated Diagnoses: **None**
Author: **Wehner Jr PA-C, Joseph A**

Chief Complaint

UTO-patient sedated
SAH, SDH with midline shift on head CT

History of Present Illness

56 y/o that fell today and brought to ER. Head CT revealed SAH and SDH with midline shift and neurosurgery was consulted. Patient has decompensated while in the ER and is about to get intubated. He is drowsy at time of exam and unable to communicate or contribute to history.

POD#1 right craniectomy for SDH

Review of Systems

Unable to obtain due to patients condition

Health Status

Allergies: Unable to obtain due to patients condition

Current medications: Unable to obtain due to patients condition

Problem list:
Active Problems (5)

Progress Notes

Metabolic: Significant metabolic derangements. Sodium improved, potassium, magnesium, calcium and phosphorous are correcting with replacement.

GI: Patient with elevated direct v. indirect bilirubin suggestive of obstruction, though portal congestion with pan-organomegaly is noted on abdominal CT, suggesting a subacute process..
GI has recommended conservative management at this time, will pursue more aggresive workup if patients neurologic function improves
Follow labs

Neuro: Very poor neurologic prognosis. Anticipate poor outcome. Have discussed with family. Neurosurgery following. Keppra. Consider further imaging if acute change. BP goal is sytolic less than 160.

MSK: No obvious injuries.

PPX
Hold anticoag
PPI

Dispo
Critically ill, STICU until stabilized, will be appropriate for hospice when extubated, should he continue to breathe on his own.

Electronically Signed & Verified on 02/26/2015 08:17
by Depp MD, Timothy B

Electronically Signed & Verified on 02/27/15 16:34
by Jones MD, Mark A

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/26/2015 11:55 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Jenkins MD,Karin M (2/26/2015 12:07 EST)
ELECTRONICALLY SIGNED BY:	Jenkins MD,Karin M (2/26/2015 12:07 EST)

Palliative Care Progress Note

Patient: DILLON, EDMUND MRN: R012719295 FIN: R1505401814
Age: Sex: DOB:
Associated Diagnoses: None
Author: **Jenkins MD, Karin M**

Basic Information
56-year-old Caucasian gentleman admitted with subdural hematoma and subarachnoid hemorrhage with midline shift status post craniotomy for subdural hematoma now intubated and unresponsive on the ventilator.

Daughter, Robin and sister at bedside. They confirmed they are waiting for family to arrive then will do terminal extubation. Pt appears comfortable, on fentanyl gtt. No grimace or anxiety. Becomes tachypnic at times, resolved with suctioning.

Impression and Plan
Subarachnoid hemorrhage with acute on chronic subdural hematoma status post emergent evacuation on 2/23 - unresponsive except to painful stimuli on the ventilator, not on any sedatives other than 1 dose fentany received this am. Patient with very poor prognosis, worsening head CT with enlarging Right frontal hemorrhage,

Progress Notes

Acute Alcoholic Hepatitis with elevated bilirubin, jaundice,
Chronic Alcoholic liver disease with evidence of fatty infiltration of the liver, coagulopathy, thrombocytopenia, ascites
history of skin cancer s/p removal
Acute renal failure
Leukocytosis
Coagulopathy s/p FFP

Sister concerned about MAPS in 60s. Discussed with her that this was acceptable and while her brother could pass at any time, he could live for a while with these MAPS. FAmily seems to be handling patient's iminent passing as best as possible. Wife not at bedside, but handling things OK per daughter. We extensively discussed that the patient may not die immediately after terminal exdubation and possibly could live for hours to days. We discussed possibly moving him to 11th floor on hospice if this were the case. We discussed the need for them to let us know if he shows any signs of discomfort and agitation, but patient appears comfortable now. Asked that they call us if they had any further questions or concerns

PALLIATIVE CARE SPECIFIC

(b) SOCIAL: CONTEXTUALIZATION OF CARE Continue to work with patient and family
(c) PLAN: Continue to support patient and family
(d) CODE: **IC - to change to DNR 5 when all family arrives**
(e) PROGNOSIS: **Grave**

I had the opportunity to evaluate this patient, review all his medical records, perform a full medical examination.

Palliative care team will continue to see this patient to address physical, emotional and spiritual needs. We appreciate the opportunity to participate in the care of this patient. I spent **20** minutes with patient,daughter, sister, including history, examination, coordination of care.

Karin Jenkins, MD
352-0526

Electronically Signed & Verified on 02/26/2015 12:07
by Jenkins MD, Karin M

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/27/2015 13:06 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Barber MD,Jason K (2/28/2015 05:08 EST); Barber MD, Jason K (2/27/2015 13:07 EST)
ELECTRONICALLY SIGNED BY:	Barber MD,Jason K (2/28/2015 05:08 EST); Barber MD, Jason K (2/27/2015 13:07 EST)

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-15-0012404	2/23/2015 13:25 EST	CT Head W/O IV Contrast	Mackie MD,Emily L	Auth (Verified)

Findings:
HISTORY: 56-year-old male with fall, abrasion to occiput.

FINDINGS: 4.8 mm axial images of the brain without contrast demonstrate a 4.6 x 2.4 mm right frontal lobe hematoma with mild degree of surrounding edema. There is a right-sided subdural mixed density hematoma involving the right frontal and parietal lobes and temporal lobe inferiorly with maximal thickness approximately 1.6 cm as measured at the level of the ventricular atria. There is subdural hematoma also demonstrated over the left frontal region, of maximal thickness approximately 1 cm, which also tracks along the interhemispheric fissure. Extraaxial hyperdense hematoma also demonstrated of the left fronal lobe at the level of the ventricular atrium measuring 7 mm in size having a roundish appearance. This finding is likely subarachnoid in location as there is left Sylvian subarachnoid blood present as well. The posterior fossa structures are unremarkable. No calvarial fracture. Orbits, temporal bones, and paranasal sinuses are grossly unremarkable as well.

SUMMARY:
1. Right frontal hematoma size dimensions given above with accompanying peripheral hypodensity. There is also a 1.6 cm right frontotemporal parietal subdural hematoma with areas of layering low density within as well. Acute on chronic or subacute hematomas are suggested. There is also subarachnoid blood within the left Sylvian fissure with a more superolateral globular appearance of blood within the superior aspect of the Sylvian fissure, likely subarachnoid in location as well. Continued followup recommended.
2. 9 mm right to left midline shift due to mass effect from the right-sided hematoma as described.

**** Final **** *Trans On: 02/23/2015 14:06 by: CLS*
Read by: Graham III MD, Cole B
Released By: Graham III MD, Cole B
Released on: 02/23/2015 14:54 *Technologist: Boncorddo, Joseph L*

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-15-0012405	2/23/2015 13:25 EST	CT Cervical Spine W/O IV Contrast	Mackie MD,Emily L	Auth (Verified)

Reason For Exam
(CT Cervical Spine W/O IV Contrast) fall, abrasion to occiput

Findings:
CT CERVICAL SPINE WITHOUT IV CONTRAST: 02/23/15

CLINICAL HISTORY:
56-year-old male with fall and abrasion occiput.

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-15-0012428	2/23/2015 14:25 EST	CT Abdomen Pelvis W/ IV Contrast Only	Mackie MD,Emily L	Auth (Verified)

Findings:

HISTORY: A 56-year-old male with altered mental status, jaundice, and elevated liver function tests.

TECHNIQUE: Spiral imaging of the abdomen and pelvis performed with 5 mm axial and 2 mm sagittal and coronal reconstructed images generated.

FINDINGS: The heart size is within normal limits. The lung bases demonstrated mild bibasilar atelectasis, otherwise clear. No pulmonary nodule. There is a question of a small pulmonary nodule within the right lower lobe measuring approximately 3 mm in size which is incompletely imaged.

The liver demonstrates diffuse hypodensity within the posterior right lobe, but also focally within the caudate lobe. This likely reflects focal fatty infiltration. The liver is overall diffuse hypodense relative to the spleen as well. The pancreas, spleen, adrenal glands are unremarkable. There is a small simple cyst within the left kidney measuring approximately 6 x 5 mm in size. The right kidney is unremarkable. There is diffuse abdominal ascites. There is no abdominal mass. There is diffuse right colonic wall thickening. This also involves the transverse colon and sigmoid colon compatible with diffuse colitis.

Imaging of the pelvis demonstrates pelvic ascites. Colonic wall thickening is noted, as well as sigmoid diverticulosis with a diffuse colitis suggested. No diverticulitis. The appendix is unremarkable. There is a mild degree of aortoiliac atherosclerotic disease. No evidence of aortic aneurysm.

SUMMARY:

1. Diffuse fatty infiltration of the liver with more focal fatty infiltration within the caudate head of the posterior segment of the right lobe.
2. Abdominal ascites.
3. Diffuse colonic wall thickening suggestive of a pancolitis.
4. Sigmoid diverticulosis without diverticulitis.
5. Cyst left kidney.
6. Tiny 3 mm incompletely imaged nodule questioned within the right middle lobe within the lung periphery. Further characterization with chest CT recommended.

**** Final ****
Read by: Graham III MD, Cole B
Released By: Graham III MD, Cole B
Released on: 02/24/2015 12:14

Trans On: 02/23/2015 17:52 by: TW
Technologist: King, Stephanie S

Technical Comments

Administered per implementation of contrast protocol:

DAC
LEGAL NURSE
CONSULTING, LLC

4041 Brown Street, Orangeburg, South Carolina 29118
| Cell: 803.378.5759
Donna@DAClegalNurseConsulting.com | DAClegalNurseConsulting.com

May 20, 2016

To whom it may concern,

As a nurse, I have concluded, based on the review of medical records, that Mr. Dillon did not suffer from any definitive medical condition that would more than likely have been the cause of his fall.

Key points:

- When EMS arrived on the scene, it was documented that he was **CAOx3**- conscious, alert, oriented x 3 (means he was alert to who he was, where he was and what happened). On the way to the hospital his neurological condition began to change as seen with a decreasing blood pressure. Ultimately, his condition drastically changed and a few days later he expired.

- It was documented Mr. Dillon some vomiting and diarrhea (unknown etiology) for the prior 2 weeks but it is my understanding that he had not missed any days of employment due to this. If nausea and vomiting had been so severe it is *unlikely* that he could have not missed work.

- It was documented on 2/23/15 at 4:39pm- Physician documents that the patient was able to answer questions appropriately, stated he fell at work, admitted to not eating well due to nausea and vomiting recently, but stated he *did not have* any syncopal (fainting) issues prior to the fall.

- It has been noted in the records that his liver values were abnormal but *dehydration* can cause liver enzymes to appear elevated because the circulating blood would be concentrated due to the dehydration (loss of fluids).

It is my conclusion, to a reasonable degree of certainty, that Mr. Dillon did not have any definitive medical condition stated in the records that caused him to faint /fall but did die as a direct result from the fall sustained while at his place of employment.

Respectfully,

Donna Crider, RN

Donna Crider, RN

Records:

- Richland Co. EMS Record
- Records per subpoena from Palmetto Richland Hospital
- Kershaw Country Medical Center
- Richland Co. Coroner's Office Death Scene Investigation
- Death Certification Issued 060515

Edmund Dillon

Fact Chronology

Fact Chronology

Date & Time	Fact Text	Explanation	Source(s)
Mon 02/23/2015 11:49 a.m. ET	Richland County EMS - Matthew Gottlieb [AOS TO A 57 YO M LAYING ON GROUND IN FRONT OF BUSINESS IN C/0 HIS SUPERVISOR . HE WAS MAINTAINING POSITION OF FALL. VISIBLE BLOOD FROM HEAD LAC , BLEEDING HAS MOSTLY STOPPED. HE DID NOT WISH TO GO TO HOSPITAL BUT SUPERVISOR CONVINCED HIM HE NEEDED TO GO . ABD PLACED UNDER HEAD AS PLACED IN FSP , SECURED TO STRETCHER, RELOCATED TO AND LOADED ON UNIT FOR TRANSPORT TO RICHLAND. VITALS TAKEN AND AN ASSESSMENT PERFORMED. PATIENT CAOx3 CEBBS AND REPORTS NO PAIN OR COMPLAINTS. HOSPITAL NOTIFIED VIA RADIO. MONITORED EN ROUTE AND JUST AS WE WERE APPROACHING HOSPITAL BP HAD DROPPED , RELOCATED CUFF AND TOOK PRESSURE AGAIN AND IT WAS EVEN LOWER. AS WE WERE PULLING ONTO GROUNDS INITIATED IV 20G NS. WE WERE PARKING AS IV WAS SECURED, ROLLED INTO ED TAKEN TO HALLWAY 6, TRANSFERRED TO THEIR BED, REPORT GIVEN AND CARE TRANSFERRED TO RN.]	CAOX3 - conscious, alert, and oriented times 3 -means he was alert to who he was, where he was and what happened. As the approach the hospital his blood pressure is beginning to drop- this is the first sign that indicates a change in his neurological function.	Richland Co. EMS Record [%LF%|1|88|558|145|81] Page 2
Mon 02/23/2015 12:04 p.m. ET	Palmetto Health Richland - ED documentation by Jennifer Watson, RN [Neuro Triage PHED Eye Opening Response: Spontaneous Motor Response : Obeys commands appropriately Verbal Response : Oriented and converses Glasgow Coma Score : 15 Stimulation Required : Voice Stimulation Required: Voice]	Indicates intact neurological function - GCS 15.	Records per subpoena from Palmetto Richland Hospital OCR [%LF%|156|74|542|1137|964] Page 157
Mon 02/23/2015 1:25 p.m. ET	Palmetto Health Richland - Radiology Report - CT head without IV contrast [SUMMARY: 1. Right frontal hematoma size dimensions given above with accompanying peripheral hypodensity. There is also a 1.6 em **right frontotemporal parietal subdural hematoma** with areas	" Acute on chronic or subacute hematomas are suggested" - *may* or *may not have had* previous injury on top of the new injury. Hit the back of his head and	Records per subpoena from Palmetto Richland Hospital OCR [%LF%|559|74|1178|850|644] Page 560

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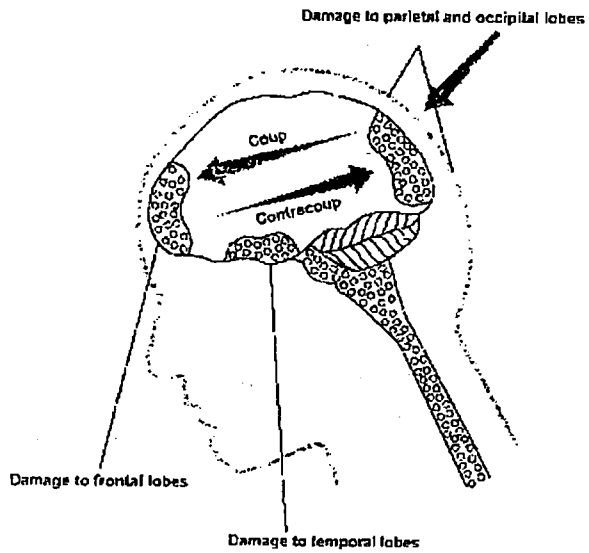
Fact Chronology

Date & Time	Fact Text	Explanation	Source(s)
**	of layering low density within as well. Acute on chronic or subacute hematomas are suggested. There is also subarachnoid blood within the left Sylvian fissure with a more superolateral globular appearance of blood within the superior aspect of the Sylvian fissure, likely subarachnoid in location as well. Continued followup recommended. 2. 9 mm right to left midline shift due to mass effect from the right-sided hematoma as described .]	backside and now has front head injury- **contrecoup** injury is when the brain is slammed forward and causes extreme injury opposite to the original trauma site. (open next entry for visual)	**
Mon 02/23/2015 1:25 p.m. ET	Visual of contrecoup injury  		coup-countrecoup [%LF%|0] Page 1
Mon 02/23/2015 1:56 p.m. ET	Palmetto Health Richland - ED documentation by Jennifer Grosse, RN [Other Response Details Dr Mackie notified of patients decreasing LOC *(level of consciousness)*.]	Neurological function decreasing.	Records per subpoena from Palmetto Richland Hospital OCR [%LF%|156|74|709|388|191] Page 157

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Fact Chronology

Date & Time	Fact Text	Explanation	Source(s)
**	Tr Attending Attestation: I was present during this evaluation, examined the patient, directed the decision making,reviewed the documentation and plan of care,, Other: 56 y/o male s/p fall with head trauma, Presented to ED with GCS of 15, Quickly deteriorated to GCS 8 shortly after initial head CT showed severe PIH *(inter cranial hemorrhage)* , SDH (*subdural hematoma*), SAH (*subarachnoid hematoma)*. We were called to ED and patient was intubated along with ED staff]	**	Page 168
Mon 02/23/2015 3:30 p.m. ET	Palmetto Health Richland - Surgical Documentation [DATE OF OPERATION: 02/23/2015 PROCEDURE: Endotracheal intubation. DATE: February 23, 2015. TIME: 3:30p.m. INDICATIONS: GCS of 8. RESIDENT: Peter Smith, MD-R. ATTENDING: David T. Ford, MD.]	GCS-Glasgow Coma Scale records a person's response to verbal, motor, reflex stimuli. Normal is 15. 8 is not normal. This indicates a neurological problem which would make breathing efficiently problematic. He now is sedated, placed on a ventilator, and now is unable to independently maintain a safe airway.	Records per subpoena from Palmetto Richland Hospital OCR [%LF%|177|73|510|1010|688] Page 178
Mon 02/23/2015 4:39 p.m. ET	Palmetto Health Richland - ED Documentation (doc time is not the assessed time) [ATTENDING PHYSICIAN: David T. Ford, MD CHIEF COMPLAINT: Fall. HISTORY OF PRESENT ILLNESS: This is a 56-year-old male presenting after he fell. ***States*** he slipped and fell, hit the back of his head. Says he wanted to go back to work, but his firm would not let him. Patient states that he has nontender felt well over the last several days, has not been eating well and did notice that his skin had changed colored, but attributed this to that. States that he has had vomiting and diarrhea and JUST not felt well, but that today he had a mechanical fall, **did not have**	Physician documents that the patient was able to answer questions appropriately, stated he fell at work, admitted to not eating well due to nausea and vomiting recently, but stated he did not have any syncopal (fainting) issues prior to the fall.	Records per subpoena from Palmetto Richland Hospital OCR [%LF%|161|73|1156|1576|954] Page 162 Records per subpoena from Palmetto Richland Hospital OCR [%LF%|162] Page 163

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Fact Chronology

Date & Time	Fact Text	Explanation	Source(s)
**	any syncopal symptoms. Denies any headache, chest pain or increased shortness of breath. He has an abrasion to his back. Patient denies any weakness, any abdominal pain or other complaints] PHYSICAL EXAMINATION: VITAL SIGNS: Temperature 98.3, heart rate 79, respiratory rate 18, pulse ox 100 percent on room air, blood pressure 121/79. GENERAL APPEARANCE: Patient is alert, in full spinal precautions. HEENT: Abrasions at the back of the occiput, which is currently oozing. Pupils are equal but sclerae are icteric. Slightly dry mucous membranes. NECK: Supple. No midline step-off or deformity. LUNGS: Clear to auscultation bilaterally. No wheezes, rales or rhonchi. HEART: Regular rate and rhythm. No murmurs, rubs or gallops. ABDOMEN: Soft, distended with hepatomegaly. EXTERNAL GENITALIA: Patient does have bruising along his sacrum and rectum with rectal prolapse that is reducible. Does have some bright red bleeding due to irritation of the rectum. MUSCULOSKELETAL: No edema clubbing, cyanosis. SKIN: The patient is significantly jaundiced. NEUROLOGICAL: **GSC 15.** EMERGENCY DEPARTMENT COURSE: The patient was seen upon arrival, full history and physical exam performed. Workup was obtained as stated above and throughout his stay in the ER he continued to have progressive decline in his mental status. With findings on CT scan I have contacted Neurosurgery, and they have come to evaluate the patient. Trauma Surgery has also been aware and they are at the bedside and have decided to intubate for airway protection. Please see their note for full details. Neurosurgery has come to evaluate the patient and plan to take him to the operating room for craniotomy at this time.	**	**
Mon 02/23/2015 5:16 p.m. ET	Palmetto Health Richland - Surgical Documentation [PREOPERATIVE DIAGNOSIS: Subdural hematoma.	Taken to the operating room to decompress the right-sided subdural hematoma	Records per subpoena from Palmetto Richland Hospital OCR

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Fact Chronology

Date & Time	Fact Text	Explanation	Source(s)
**	POSTOPERATIVE DIAGNOSIS: Subdural hematoma. PROCEDURE: Right-sided decompressive craniectomy for evacuation of subdural hematoma. ATTENDING SURGEON: Charles Philip Toussaint, MD]	**	[%LF%|178|74|823|779|532] Page 179
Wed 02/25/2015 10:30 a.m. ET	Palmetto Health Richland – MRP Clinical Documentation by Dr. Karin Jenkins [History of Present Illness 56-year-old Caucasian male with history of heavy alcohol abuse and skin cancer, possibly melanoma status post removal who was at work when he suffered a mechanical fall and developed increasing headache. He wanted to go back to work, but they would not allow him. In the emergency room the patient's neurologic status decompensated significantly. He required intubation. Head CT showed subdural hematoma, acute on chronic as well as subarachnoid hemorrhage. He underwent emergent craniotomy. Currently he is in the SSU, remains intubated. He is not sedated on any medications, he will withdrawal to painful stimuli in his hands and his feet, pupils are pinpoint probably minimally reactive. Daughter is at bedside and much of the history was obtained through her in the chart record. Patient was also noted to be incredibly jaundiced on arrival. Per ER records the patient had been having nausea and vomiting as well as diarrhea, and has not been eating well for several days prior to his fall. Patient was severely dehydrated by urinalysis and labs. His sodium level on admission was 118 his LFTs were incredibly elevated with an AST much greater than ALT, and a bilirubin of 23.]	Ongoing condition- recent nausea, vomiting, poor appetite contributing to dehydration	Records per subpoena from Palmetto Richland Hospital OCR [%LF%|26|75|1175|970|771] Page 27
Fri 02/27/2015 12:30 p.m. ET	Palmetto Health Richland - MRP clinical documentation by Jason Barber, M.D. [Pt was made AND and hospice was consulted for admission - Notified that pt lost apical pulse and sponatenous respirations - Time of Death 1230pm - Pt will be a coroner's case due to his head trauma - Death certification will be done via WebDeath]	Patient died.	Records per subpoena from Palmetto Richland Hospital OCR [%LF%|8|74|529|899|801] Page 9

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Dillon Medical 000054

P116

Donna A. Crider

ALNC, BSN, ASCP, MLT

4041 Brown Street
Orangeburg, SC 29118
United States

w: 803 395-9176
m: 803 378-5759

crider.donna@yahoo.com

My Website: http://www.DACLegalNurseConsulting.com

Summary

My medical services in today's business world can directly benefit your company with my detailed nursing experiences as a critical thinking nurse (ICU), as well as, an analytical, investigative Infection Control nurse. My history of constant, continuing education shows my dedication to the acquiring of further knowledge and my love of learning. Being a Cerner instructor for the staff at the Regional Medical center has enabled me to become extremely proficient in reviewing of the electronic medical record and pinpointing areas that are lacking. These skills coupled with my additional, advanced training as a legal nurse consultant will make me one of your most skilled and thorough team players.

Work History

DAC Legal Nurse Consulting, LLC

Orangeburg, SC, United States — 2011

Owner

DAC Legal Nurse Consulting is a nurse owned and operated consulting firm that specializes in medical record analysis for legal and insurance companies.

the Regional Medical Center

Orangeburg, SC — 2001 - 2010

Infection Control Practitioner

Positions

- *Infection Control Practitioner*
- *Admissions Nurse*
- *ICU nurse*

Orangeburg County Disabilities and Special Needs Board

Orangeburg, SC — 1999 - 2000

Director of Nursing

Managed a staff of 8 nurses and provided medical support to 24 residential homes for physically and mentally disabled persons. Revised and updated policies and procedures, monthly medication reconciliations, month psychotropic drug reviews, daily lab review and follow-ups, and provided medical training and teaching as needed.

the Regional Medical Center

Orangeburg, SC 1996 - 1999

ICU nurse

Managed and provide skilled nursing care for post-surgical and ventilator patients often hemodynamically unstable.

Olsten Home Health

Orangeburg, SC, United States 1995 - 1996

Home health nurse

Provided skill nursing care for home bound clients while acting as a liaison between the clients and their primary health care physician. Skills provided: IV therapy, medication teaching, skin care modalities and teaching, nutritional teaching, central line care and management.

Bamberg County Memorial Hospital

Bamberg, SC, United States 1989 - 1995

Supervision/ RN

- *First position was in the lab as an unlicensed lab tech.*
- *Next position was as a certified laboratory lab tech after completing an Associate Degree and obtaining certification by ASCP.*
- *Next position was in the operating and recovery rooms as a registered nurse after completing an Associate Degree in Nursing.*
- *Next postion was a floor nurse working in L&D, emergency room, close observation and medical surgical.*
- *Last position was every other weekend Nursing Baylor supervision charge nurse.*

Education

University of Florida

FL

Medicare Set Aside

Completed and passed the Medicare Set Aside course Nov 2011

USC Upstate

Greenville, SC, United States 2007 - 2008

Baccalaureate, Nursing

Cumulative grade point: 3.766

Orangeburg Calhoun Technical College

Orangeburg, SC — 1988 - 1991

Associate, Medical Laboratory Technology

President's List
Phi Theta Kappa
Who's Who in America

Orangeburg Calhoun Technical College

Orangeburg, SC — 1992 - 1994

Associate, Nursing

Phi Theta Kappa
Who's Who in America
Mentor Award

Certifications

Advanced Legal Nurse Consultant (LNI Institute) — 2010 - 2011

American Society of Clinical Pathologists (ASCP) — 1994 - Has no expiration

Custom

Affiliations

- TRMC Blood Assurance Program
- American Red Cross
- IAALNI International and American Association of the Legal Nurse Industry
- American Nurses Association
- South Carolina Nurses Association
- Worldwide Leaders in HealthCare
- American Association of Legal Nurse Consultants

Work History

Prior to getting into the medical field my work experience has been in Accounting as a Men and Boys bookkeeper, Accounts Payable clerk, Junior Accountant and then finally a General Accountant for a large tool company.

Interests

I have a real love of reading and learning. coupled with new experiences. I have a long standing attraction for art appreciation as well as creating. I have done painting, drawing, pottery, gardening, traveling, snorkeling, boating, rafting, para-sailing, and biking. I am open to try new things.

This next-generation resume was created using VisualCV

VISUALCV

Michael G. Sribnick, M.D., J.D., LLC
Attorney at Law
3 Kenilworth Avenue
Charleston, S.C. 29403-4305

MEDICAL OPINION AND REPORT OF MICHAEL G. SRIBNICK, MD, JD

After a thorough review of the medical records provided as to Edmund Dillon, those records being the Palmetto Richland hospitalization and the EMS report, and a 1994 Kershaw Medical Center report, I state that to a reasonable degree of medical certainty, that the injury to Edmund Dillon that resulted in his death was caused by his fall at work. I do not find to a reasonable degree of medical certainty that any of his underlying conditions as related in the medical records caused the fall at work that resulted in the head injury that caused his death. I do not find to a reasonable degree of medical certainty that Edmund Dillon's fall at work was caused by a condition peculiar to him. I have particularly noted in my review of the records where the patient stated he slipped and fell or fell at work and the absence of any significant symptoms that would lead to any conclusion that a condition peculiar to him caused his fall at work. I also note that the EMS record stated the fall was work related.

I reserve the right to modify or amend this opinion and report should additional medical evidence be presented to and evaluated by me. Below are the pages of the records I found of particular note.

DATE: 5/23/16

Michael G. Sribnick, MD, JD
Board Certified Internal Medicine

Records Review on Edmund Dillon

Kershaw County Memorial 2/4/94 seen for syncope/vasovagal reaction with unremarkable PE, EKG, negative ETOH, WNL CBC, ABG and BMP and sent home with a head sheet.

EMS report Page 2 of 3 on 2/23/15 reveals: fall was work related.

Page 22 of 633: ER doctor's note 2/23/15 History of Present Illness: 56-year-old Caucasian male with history of heavy alcohol abuse and skin cancer, possibly melanoma status post removal who was at work when he suffered a mechanical fall and developed increasing headache. He wanted to go back to work, but they would not allow him. In the emergency
room the patient's neurologic status decompensated significantly. He required intubation. Head CT showed subdural hematoma, acute on chronic as well as subarachnoid hemorrhage. He underwent emergent craniotomy. Currently he is in the SSU, remains intubated. He is not sedated on any medications, he will withdrawal to painful stimuli in his hands and his feet, pupils are pinpoint probably minimally reactive. Daughter is at
bedside and much of the history was obtained through her in the chart record.
Patient was also noted to be incredibly jaundiced on arrival. Per ER records the patient had been having nausea and vomiting as well as diarrhea,
and has not been eating well for several days prior to his fall. Patient was severely dehydrated by urinalysis and labs. His sodium level on

Phone (843) 789-3504 Web Site: www.michaelsribnicklaw.com Fax (843) 720-8907

admission was 118 his LFTs were incredibly elevated with an AST much greater than ALT, and a bilirubin of 23.
The paliative care team was consulted to see this patient who is who is currently located in Room: 514

Page 28 of 633 progress note 2/24/15: 56yo M s/p fall with acute on chronic subdurals and large RICH, worsening s/p hemicraniectomy, in the setting of apparent acute liver failure and elevation of bilirubin. Worsening status, family updated at bedside, CVC inserted L groin for access given patients rapid fluctuation between hypo and
hypernatremia. Neurosurgery recommends supportive measures at this time. Neurosurgeon Toussaint MD, Charles P.

Page 31- of 633 progress note on 6/23/15 states: 56 y/o that fell today and brought to ER. Head CT revealed SAH and SOH with midline shift and neurosurgery was consulted. Patient has decompensated while in the ER and is about to get intubated which was done.
He is drowsy at time of exam and unable to communicate or contribute to history, but this note signed by his neurosurgeon on page 35 of 633.

Page 34 of 633 on 6/23/15 CT of head and neck IMPRESSION: 1. Right frontal hematoma size dimensions given above the peripheral hypodensity. There is also a 1.6 cm right frontotemporal parietal subdural hematoma with areas of layering low density within as well. Acute on chronic hematomas are suggested. There is also subarachnoid blood within the left Sylvian fissure with a more superolateral globular appearance of blood within the superior aspect of the Sylvian fissure, likely subarachnoid in location as well. Extended follow up recommended. 2. 9 mm right to left midline shift due to mass effect from the right-sided hematoma as described. No fractures or subluxation within the cervical spine with moderate to marked canal stenosis at the C5-C6 secondary to posterior spinal disc bulging. There is also degenerative disc disease present at the C3-C4, C4-C5, and C6-C7 levels without significant canal stenosis suggested at C3-C4 with minimal encroachment upon the canal suggested at the C4-C5 and C6-C7 levels.
Left-sided neural foramina! stenosis present at the C6-C7, bilateral neural foramina! Stenosis suggested at the C5-C6 and right-sided neural foraminal stenosis suggested at the C4-C5 level.

Nursing note page 42 of 633 on 2/23/15 stated Motor Response: Obeys commands appropriately and Verbal Response: Oriented and converses. Note done by Watson RN, Jennifer D.

Nursing note page 43 of 633 states: Per EMS, pt tripped and fell, denies loc; on arrival pt aaox3, jaundice noted, swollen abdomen noted,
rectal bleeding noted MD at bedside and aware, pt states he has been yellow, no appetite and diarrhea for 2 weeks. Note by Looney RN, Marisa A. on 2/23/15

Page 45 of 633 nursing note 2/24/13 reveals that patient had a Right Craniotomy on 2/23/15. Note by Looney RN, Marisa A.

Page 50 of 633 on 2/27/15 stated family called, patient took his last breath while we are in the room. no apical pulse to ascultated, no blood pressure. charge nurse assessed patient with me. MD. notified. Note by Mitchell RN, Aramide.

Page 95 of 633 states that ET tube was removed by RT on 2/26/15 per nursing notes.

Page 96 of 633 states that trach intervention 2/26/15.

Page 112 of 633 notes foley catheter placed 2/23/15.

Page 148 of 633 notes on 2/23/15 general information: Per EMS, pt tripped and fell, denies loc; on arrival pt aaox3, jaundice noted, swollen abdomen noted, rectal bleeding noted MD at bedside and aware, pt states he has been yellow, no appetite and diarrhea for 2 weeks.

Page 150 of 633 ER documentation: Per EMS, pt tripped and fell, denies loc; on arrival pt aaox3, jaundice noted, swollen abdomen noted, rectal bleeding noted MD at bedside and aware, pt states he has been yellow, no appetite and diarrhea for 2 weeks. Triage nurse Watson RN, Jennifer D.

Page 153 of 633 notes OG Tube placed on 2/23/15 ER

Page 154 of 633 notes foley catheter placed 2/23/15 in ER.

Page 157 of 633 in ER 2/23/16 by Dr. Ford: HISTORY OF PRESENT ILLNESS: This is a 56-year-old male presenting after he fell. States he slipped and fell, hit the back of his head. Says he wanted to go back to work, but his firm would not let him. Patient states that he has nontender felt well over the last several days, has not been eating well and did notice that his skin had changed colored, but attributed this to that. States that he has had vomiting and diarrhea and just not felt well, but that today he had a mechanical fall, did not have any syncopal symptoms. Denies any headache, chest pain or increased shortness of breath. He has an abrasion to his back. Patient denies any weakness, any abdominal pain or other complaints.

Page 158 of 633 Physician notes: EMERGENCY DEPARTMENT COURSE: The patient was seen upon arrival, full history and physical exam performed. Workup was obtained as stated above and throughout his stay in the ER he continued to have progressive decline in his mental status. With findings on CT scan I have contacted Neurosurgery, and they have come to evaluate the patient. Trauma Surgery has also been aware and they are at the bedside and have decided to intubate for airway protection. Please see their note for full details. Neurosurgery has come to evaluate the patient and plan to take him to the operating room for craniotomy at this time. Family has been updated throughout their stay and agreed to course and plan as well. The physicians IMPRESSION: 1. Acute Intracranial hematoma secondary to blunt trauma (fall). 2. Hyponatremia. 3. Hyperbilirubinemia. 4. Hypokalemia.

Page 159 of 633: attestation by Mackie MD, Emily L.: I saw and evaluated the patient. I discussed with resident and agree with resident's findings and plan as written. I supervised all above procedures done by the resident. I provided one on one critical care 32 mins for this patient while in above condition. I reviewed the resident's documentation and agree with the

resident's assessment and plan of care. Please refer to dictation for critical care times and medical decision making. I supervised all above procedures done by the resident. Electronically signed and verified 2/26/15 by Dr. Mackie and by Dr. Ford 3/2/15.

Page 160 of 633 seen by Peter G. Smith, M.D. on trauma team 2/23/15 and not able to give a history, but noted is 56 yo male with no stated hx presents after ground level fail Jaundiced on arrival in ED. Pt. AA0x3 on arrival per ED staff, but mental status progressively deteriorated over 2 hours. CT head showed large R SDH
with midline shift. Pt intubated for GCS 8.

Page 174 of 633 on 2/23/15: Right-sided decompressive craniectomy for evacuation of subdural hematoma. ATTENDING SURGEON: Charles Philip Toussaint, MD

Page 224 of 633 on 2/24/15 revealed a post-operative CT Scan of Head: Addendum by Toussaint MD, Charles P on 24 February 201513:05 postoperative CT head reviewed demonstrating good decompression of the brain but larger intra parenchymal hematoma
with substantial midline shift. This point I recommend supportive care. Very careful with sodium correction. Recommend endocrinology for sodium management I have discussed this with the trauma service on February 23 and they will manage the sodium and consider an endocrinology evaluation. Electronically Signed & Verified on 2/24/15 13:05 by Toussaint MD, Charles P.

Page 246-247 of 633 on 2/26/15 by Dr. Karen M. Jenkins Palliative Care Impressions: Subarachnoid hemorrhage with acute on chronic subdural hematoma status post emergent evacuation on 2/23-
unresponsive except to painful stimuli on the ventilator, not on any sedatives other than 1 dose fentanyl received this
am. Patient with very poor prognosis, worsening head CT with enlarging Right frontal hemorrhage, Acute Alcoholic Hepatitis with elevated bilirubin, jaundice,
Chronic Alcoholic liver disease with evidence of fatty infiltration of the liver, coagulopathy, thrombocytopenia, as cites history of skin cancer s/p removal, Acute renal failure Leukocytosis, Coagulopathy s/p FFP

Page 557 of 633 on 2/23/15 CT Abdomen: 1. Diffuse fatty infiltration of the liver with more focal fatty infiltration within the caudate head of the posterior segment of the right lobe.
2. Abdominal ascites. 3. Diffuse colonic wall thickening suggestive of a pancolitis.
4. Sigmoid diverticulosis without diverticulitis. 5. Cyst left kidney. 6. Tiny 3 mm incompletely imaged nodule questioned within the right middle lobe within the lung periphery.

DATE: 5/23/15

Michael G. Sribnick, MD, JD
Board Certified Internal Medicine

Dr. Michael G. Sribnick, MD, JD

3 Kenilworth Avenue
Charleston, SC 29403
Phone: (843) 789-3504
Fax: (843) 720-8907
Email: michael.g.sribnickmdjdllc@gmail.com

Education

- **J.D.** Charleston School of Law 2009
- **M.D.** Vanderbilt School of Medicine 1973
- **B.S.** University of South Carolina 1969
- **Honors**: Phi Beta Kappa and magna cum laude at the University of South Carolina

Postgraduate Training

- **Internship and Residency in Internal Medicine**: Vanderbilt University: completed 1976

Licensures and Certifications

- South Carolina State Board of Medical Examiners
- Diplomate of the American Board of Internal Medicine
- Admitted to the S.C. Bar and to practice before South Carolina State and Federal Courts as well as the Fourth Circuit Court of Appeals

Medical Work Experience

- **Attorney in Charleston, S.C.** (main office) and now in Columbia, S.C. (secondary office)
- Michael G. Sribnick, M.D., J.D., LLC: **September 1, 2011-present**
- **Locums:**
- EXAMINETICS **4-21-14 through 4-25-14**
- **Locums:**
- One Weekend/Mo at Physician Cares in Greenwood, South Carolina **thru Oct., 2013**
- **Locums:**
- Dr. Monica Lomnshar in Charleston, S.C. **July 2nd-23rd, 2013**

Professional Experience

- **Attorney in Charleston,** S.C. (main office) and now in Columbia, S.C. (secondary office)

Michael G. Sribnick, M.D., J.D., LLC:

- September 1, 2011-present
- **Locums**: North Greenville Fitness & Rehabilitation
- May 7-May 8th, 2015
- **Locums**: EXAMINETICS
- 4-21-14 through 4-25-14
- **Locums**: One Weekend per Month until at Physician Cares in Greenwood,
- South Carolina thru Oct., 2013
- **Locums**: Dr. Monica Lomnshar in Charleston, S.C.
- July 2nd-23rd, 2013
- **Locums**: Hope Clinic in North Charleston, S.C.
- June 7th-14th, 2013
- **Locums**: Carolina Family Practice in Goose Creek S.C.
- March 11-15, 2013.
- **Locums**: Greenwood Family Practice
- May 28, 2012-June 6, 2012

- **CenseoHealth**, examining patients
- April 16, 2012-April 20, 2012
- **Locums Hospitalist**, Piedmont Medical Center
- January 31, 2012-Febuary 2, 2012
- **Locums Physician**, Greenwood Family Practice -Inpatient service (Nursing home)
- October 10, 2011—October 14, 2011
- **Studied for Bar Exam and established law practice:**
- July 2010-September 1, 2011
- **Eau Claire Cooperative Health Center** – Outpatient service
- April 1, 2010–June 10, 2010
- **Moncrief Army Hospital** – Inpatient service – handled mostly admissions
- Summer 2008 and Christmas Break 2008-2009
- **Attended Law School (Charleston School of Law):**
- 2005-2009
- **Medical Director Sumter VA CBOC** – Outpatient service
- March 2004-July 2004
- **Personal Time off:**
- October 2003-February 2004
- **Hospitalist** – Hilton Head Regional Medical Center – Inpatient service
- July 2003-September 2003
- **Personal Time off:**
- May 2003-June 2003
- **Internist Dillon Medical Associates Inpatient / Outpatient service**

(admitted and rounded on all hospitalized patients) Affiliated with St. Eugene Med.Center, Dillon, S.C.

- January 2003-April 2003
- **Personal Time off:**
- September 2002-December 2002
- **Medical Director**, SCDC, Lieber Correctional Institution – Oversaw most infirmary services
- August 2000-August 2002
- **Internist Associates in Internal Medicine**

Inpatient / Outpatient service (admitted and rounded on hospitalized patients)
Affiliated with Providence Hospital, Columbia, S.C.

- January 1986-August 2000
- **Internist Moncrief Army Hospital**

Inpatient / Outpatient service (admitted and rounded on hospitalized patients) March 1985-May 1986

- **Internist Private Practice**

Inpatient / Outpatient service (admitted and rounded on hospitalized patients) Affiliated with Providence Hospital, Baptist Medical Center and Richland Memorial Hospital, Columbia, SC.

- October 1976-March 1985
- **Expert witness service for the State Board of Medical Examiners of South Carolina**
- Expert witness criminal case in 2003
- **Service as Chief of Medicine**
- at Providence Hospital, Columbia, South Carolina
- **Service on the Quality Assurance Committee**
- Baptist Medical Center
- **References available upon request**
- 0 reports on National Practitioner's Data Bank

BLS and ACLS renewed 9/9/11

CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION

STATE FILE NUMBER : 139-15-007973

DECEDENT'S NAME: *EDMUND JOHN DILLON*
SEX:
AKA's: NA
SOCIAL SECURITY NUMBER:
ARMED FORCES: NO
DATE OF BIRTH:
AGE:
TYPE OF PLACE OF DEATH: HOSPITAL INPATIENT
COUNTY OF DEATH: RICHLAND
NAME AND ADDRESS OF PLACE OF DEATH: PALMETTO HEALTH RICHLAND, COLUMBIA, SC 29203
PLACE OF DISPOSITION: POWERS CREMATORY LLC
DISPOSITION LOCATION:
METHOD OF DISPOSITION: CREMATION
DECEDENT'S RESIDENCE:
PLACE OF BIRTH: VIRGINIA
MARITAL STATUS: MARRIED
SURVIVING SPOUSE'S NAME: APRIL PATRICIA WOODWARD
FATHER'S NAME: WILLIAM VINCENT DILLON
MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MARY VERONICA NOVAK
INFORMANT'S NAME: APRIL DILLON
RELATIONSHIP: FAMILY MEMBER
MAILING ADDRESS:
FUNERAL HOME: POWERS FUNERAL HOME, LLC, 832 RIDGEWAY ROAD, LUGOFF, SC, 29078
FUNERAL DIRECTOR: ROBERT ALLEN POWERS SR
LICENSE NUMBER: 2381
EMBALMER'S NAME: ROBERT ALLEN POWERS SR
LICENSE NUMBER: 2381
ACTUAL OR PRESUMED DATE OF DEATH : FEBRUARY 27, 2015
MANNER OF DEATH : ACCIDENT
ACTUAL OR PRESUMED TIME OF DEATH: 1230
CAUSE OF DEATH - PART I
CARDIOPULMONARY FAILURE
SUBDURAL HEMATOMA WITH MASS EFFECT
SUBARACHOID HEMORRHAGE

OTHER SIGNIFICANT CONDITIONS - PART II:
NA.

CORONER CONTACTED? YES
AUTOPSY PERFORMED? NO
AUTOPSY AVAILABLE? NA
DATE OF INJURY: FEBRUARY 23, 2015
TIME OF INJURY: 1513
INJURY AT WORK? YES
PLACE OF INJURY: UNKNOWN
LOCATION OF INJURY: UNKNOWN, COLUMBIA, RICHLAND COUNTY, SC, 29203
HOW THE INJURY OCCURRED?
FALL FROM LADDER WITH CLOSED HEAD TRAUAM

CERTIFIER NAME AND TITLE: MD JASON K. BARBER
LICENSE NUMBER: 28996
CERTIFIER'S ADDRESS: 14 RICHLAND MEDICAL PARK, SUITE 320, COLUMBIA, SC, 29203
DATE FILED: FEBRUARY 28, 2015
DATE OF ISSUANCE: MARCH 04, 2015
SPECIAL INSTRUCTIONS :
NA

SC04254874

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

Catherine Templeton
Catherine Templeton
Director and State Registrar

Barbara Derrick
Barbara E. Derrick
Assistant State Registrar

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

Revision Date: 09/10/2014

INVALID WITHOUT DEPRESSED SEAL

CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION

STATE FILE NUMBER: 139-15-007973 AMENDED

DECEDENT'S NAME: *EDMUND JOHN DILLON*
AKA's: NA
ARMED FORCES: NO
DATE OF BIRTH:
TYPE OF PLACE OF DEATH: HOSPITAL - INPATIENT
NAME AND ADDRESS OF PLACE OF DEATH: PALMETTO HEALTH RICHLAND, COLUMBIA, SC 29203
PLACE OF DISPOSITION: POWERS CREMATORY LLC
DISPOSITION LOCATION: LUGOFF, SOUTH CAROLINA
METHOD OF DISPOSITION: CREMATION
DECEDENT'S RESIDENCE:
PLACE OF BIRTH: VIRGINIA
SURVIVING SPOUSE'S NAME: APRIL PATRICIA WOODWARD
FATHER'S NAME: WILLIAM VINCENT DILLON
MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MARY VERONICA NOVAK
INFORMANT'S NAME: APRIL DILLON
MAILING ADDRESS: ?
FUNERAL HOME: POWERS FUNERAL HOME, LLC, 832 RIDGEWAY ROAD, LUGOFF, SC, 29078
FUNERAL DIRECTOR: ROBERT ALLEN POWERS SR
EMBALMER'S NAME: ROBERT ALLEN POWERS SR
ACTUAL OR PRESUMED DATE OF DEATH: FEBRUARY 27, 2015
ACTUAL OR PRESUMED TIME OF DEATH: 1230

SEX:
SOCIAL SECURITY NUMBER:
AGE:
COUNTY OF DEATH: RICHLAND
MARITAL STATUS: MARRIED
RELATIONSHIP: FAMILY MEMBER
LICENSE NUMBER: 2381
LICENSE NUMBER: 2381
MANNER OF DEATH: ACCIDENT

CAUSE OF DEATH - PART I
CARDIOPULMONARY FAILURE
SUBDURAL HEMATOMA WITH MASS EFFECT
SUBARACHOID HEMORRHAGE

OTHER SIGNIFICANT CONDITIONS - PART II:
NA

CORONER CONTACTED? YES
AUTOPSY PERFORMED? NO
AUTOPSY AVAILABLE? NA
DATE OF INJURY: FEBRUARY 23, 2015
TIME OF INJURY: 1513
INJURY AT WORK? YES
PLACE OF INJURY: UNKNOWN
LOCATION OF INJURY: UNKNOWN, COLUMBIA, RICHLAND COUNTY, SC, 29203
HOW THE INJURY OCCURRED?
FALL HEAD TRAUMA

CERTIFIER NAME AND TITLE: MD JASON K. BARBER
LICENSE NUMBER: 28996
CERTIFIER'S ADDRESS: 14 RICHLAND MEDICAL PARK, SUITE 320, COLUMBIA, SC, 29203
DATE FILED: FEBRUARY 28, 2015
DATE OF ISSUANCE: JUNE 05, 2015
SPECIAL INSTRUCTIONS:
INJURY DESCRIPTION AMENDED BY: DHEC 627 PER JASON K. BARBER, MD,

SC04468850

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

Catherine Templeton
Director and State Registrar

Barbara E. Derrick
Assistant State Registrar

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

Revision Date: 09/10/2014

Dillon Exhibits 000002

7/23/15 aw

RICHLAND COUNTY CORONER'S OFFICE
DEATH SCENE INVESTIGATION FORM

RCCO CASE#: 2015-000638

Date Printed: 03/03/2015

RCCO CASE# 2015-000638 RCCO INVESTIGATOR Robert Dean COUNTY Richland County

DATE NOTIFIED 02/28/2015 DAY OF WEEK NOTIFIED Saturday TIME NOTIFIED 11:54

NOTIFIED BY Coroner Gary Watts NOTIFIER PHONE# (803)576-1799 AGENCY *None

ARRIVAL DATE ARRIVAL TIME CLEAR DATE CLEAR TIME

ORGAN/TISSUE PROCUREMENT AGENCY NOTIFIED? YES [ ] NO [X]

DEMOGRAPHIC DATA

NAME Edmund John Dillon

DOB [redacted] AGE [redacted] SEX [redacted] RACE Caucasian

ADDRESS [redacted] ZIP [redacted]

CITY Elgin STATE [redacted] PHONE# SSN [redacted]

MARITAL STATUS Married MEANS OF IDENTIFICATION

BY WHOM AFFILIATION

DATE OF IDENTIFICATION TIME ACTIVE MILITARY? YES [ ] NO [X] VETERAN? YES [ ] NO [X]

PRISONER/INMATE# FACILITY/LOCATION

NEXT OF KIN

NAME Mrs. April Dillion

RELATIONSHIP Wife

ADDRESS [redacted] ZIP [redacted] CITY [redacted] STATE [redacted]

PHONE# [redacted] ALTERNATE PHONE#

NOTIFIED BY AFFILIATION

DATE NOTIFIED TIME

LOCATION

FUNERAL HOME

NAME Powers Funeral Home

PHONE 803-408-8712 FAX 803-408-8713

ADDRESS P.O. Box 65 ZIP 29078 CITY Lugoff STATE SC

Dillon Exhibits 000003

RCCO CASE#: 2015-000638

Date Printed: 03/03/2015

PERMIT# _____ BODY RELEASED 02/27/2015 TIME 18:05

FROM FACILITY/SECURITY _____

FACILITY/SECURITY CONTACT _____

REMOVAL SERVICE

REMOVAL SERVICE _____

REMOVAL ATTENDANT _____

TIME CALLED _____ ARRIVAL TIME _____ BAG LOCK# _____

TAKEN TO: RMH MORG ☐ NEWBERRY HOSP ☐ USC MED. ☐ FUNERAL HOME ☐

PRONOUNCEMENT OF DEATH

DATE PRONOUNCED 02/27/2015 TIME PRONOUNCED 12:30

BY Dr. Jason Barber LOCATION PHR

TIME OF DEATH

DATE: ☒ ACTUAL: 02/27/2015

☐ ESTIMATED: _____ TO: _____

TIME: ☒ ACTUAL: 12:30

☐ ESTIMATED: _____ TO: _____

☐ UNKNOWN:

STREET NUMBER: 5 STREET/LOCATION: Medical Park

ZIP: 29204 CITY: Columbia STATE: SC

PROXIMITY:

CAUSE OF DEATH

CAUSE OF DEATH Pending Investigation

TEST DESCRIPTION

MEDICAL BRIEF

TOXICOLOGY DRUGS

TOXICOLOGY ALCOHOL

RICHLAND COUNTY CORONER'S OFFICE
DEATH SCENE INVESTIGATION FORM

RCCO CASE#: 2015-000638

Date Printed: 03/02/2015

RCCO CASE# 2015-000638 RCCO INVESTIGATOR Robert Dean COUNTY Richland County

DATE NOTIFIED 02/28/2015 DAY OF WEEK NOTIFIED Saturday TIME NOTIFIED 11:54

NOTIFIED BY Coroner Gary Watts NOTIFIER PHONE# (803)576-1799 AGENCY *None

ARRIVAL DATE ARRIVAL TIME CLEAR DATE CLEAR TIME

ORGAN/TISSUE PROCUREMENT AGENCY NOTIFIED? YES ☐ NO ☒

DEMOGRAPHIC DATA

NAME Edmund John Dillon

DOB AGE SEX M RACE Caucasian

ADDRESS ZIP

CITY STATE PHONE# SSN

MARITAL STATUS Married MEANS OF IDENTIFICATION

BY WHOM AFFILIATION

DATE OF IDENTIFICATION TIME ACTIVE MILITARY? YES ☐ NO ☒ VETERAN? YES ☐ NO ☒

PRISONER/INMATE# FACILITY/LOCATION

NEXT OF KIN

NAME Mrs. April Dillon

RELATIONSHIP Wife

ADDRESS ZIP CITY STATE

PHONE# ALTERNATE PHONE#

NOTIFIED BY AFFILIATION

DATE NOTIFIED TIME

LOCATION

FUNERAL HOME

NAME Powers Funeral Home

PHONE 803-408-8712 FAX 803-408-8713

ADDRESS P.O. Box 65 ZIP 29078 CITY Lugoff STATE SC

PERMIT# _____ BODY RELEASED _____ TIME _____

FROM FACILITY/SECURITY _____

FACILITY/SECURITY CONTACT _____

REMOVAL SERVICE

REMOVAL SERVICE _____

REMOVAL ATTENDANT _____

TIME CALLED _____ ARRIVAL TIME _____ BAG LOCK# _____

TAKEN TO: RMH MORG ☐ NEWBERRY HOSP ☐ USC MED. ☐ FUNERAL HOME ☐

PRONOUNCEMENT OF DEATH

DATE PRONOUNCED 02/27/2015 TIME PRONOUNCED 12:30

BY Dr. Jason Barber LOCATION PHR

TIME OF DEATH

DATE: ☒ ACTUAL: 02/27/2015

☐ ESTIMATED: _____ TO: _____

TIME: ☒ ACTUAL: 12:30

☐ ESTIMATED: _____ TO: _____

☐ UNKNOWN:

STREET NUMBER: 5 STREET/LOCATION: Medical Park

ZIP: 29204 CITY: Columbia STATE: SC

PROXIMITY:

CAUSE OF DEATH

CAUSE OF DEATH Pending Investigation

TEST DESCRIPTION

MEDICAL BRIEF

TOXICOLOGY DRUGS

TOXICOLOGY ALCOHOL

CERTIFIED BY Coroner Gary Watts PHONE# (803)576-1799

CONFIRMED BY Robert Dean PHONE# (803)576-1799

PENDING

☐ AUTOPSY BY WHOM *N/A

LOCATION

POST AUTOPSY BAG LOCK#

☐ EXTERNAL EXAM BY WHOM

LOCATION

POST EXTERNAL BAG LOCK#

☐ OTHER

MANNER OF DEATH - TO BE COMPLETED BY ADMINISTRAVTIVE PERSONNEL ONLY

JUSTIFIABLE HOMICIDE ☐ HOMICIDE ☐ SUICIDE ☐ ACCIDENT ☐ NATURAL ☐ UNDETERMINED ☐ PENDING ☒

PENDING(SPECIFY):

INCIDENT INFORMATION

TRAUMA RELATED TO DEATH? YES ☒ NO ☐ PENDING ☐

IF YES OR PENDING, COMPLETE THE FOLLOWING:

DATE: ☒ ACTUAL: 02/23/2015

☐ ESTIMATED: TO:

TIME: ☐ ACTUAL:

☐ ESTIMATED: TO:

☒ UNKNOWN:

LOCATION: Shop Rd ZIP: 29201 CITY: Columbia STATE: SC

DID DEATH OCCUR IN HOSPITAL (NO DATA)

SCENE ENVIRONMENT (NO DATA)

ADDTL RCCO RESPONDERS

ADDTL RCCO RESPONDERS (NO DATA)

RCCO INVESTIGATORS	RCCO ARRIVAL DATE	RCCO CLEAR SCENE DATE

EMERGENCY\LAW ENFORCEMENT AGENCIES ON SCENE

EMS ON SCENE (NO DATA)

LAW ENFORCEMENT AGENCIES ON SCENE (NO DATA)

FIRE/FIRST RESPONDER RESPONSE (NO DATA)

NON-EMERGENCY PERSONNEL RESPONSE (NO DATA)

BODY ACTUALIZATION (NO DATA)

SPECIFIC MARKS OF VIOLENCE ON BODY (NO DATA)

CHILD FATALITY (NO DATA)

PROPERTY AND EVIDENCE (NO DATA)

CURRENT/ RECENT MEDICAL CONDITIONS (NO DATA)

MEDICAL HISTORY

PHYSICIAN HISTORY (NO DATA)

ALCOHOL HISTORY (NO DATA)

DRUG HISTORY (NO DATA)

MEDICAL CONDITIONS/ILLNESS/INJURIES (NO DATA)

PAST OPERATIVE PROCEDURES (NO DATA)

MEDICATIONS

MEDICATIONS (NO DATA)

PSYCHIATRIC HISTORY

PSYCHIATRIC HISTORY (NO DATA)

PRIOR PSYCHIATRIC HOSPITAL ADMISSION (NO DATA)

SUSPECTED SELF-INFLICTED INJURY (NO DATA)

DEPRESSION (NO DATA)

SUSPECTED ALCOHOL AND/OR DRUG USE/ABUSE (NO DATA)

PREVIOUS SUICIDE ATTEMPTS (NO DATA)

PREVIOUS SUICIDE THREATS (NO DATA)

VEHICLE COLLISIONS (NO DATA)

OTHER VEHICLES INVOLVED (NO DATA)

CASE NOTES

R/O was notified of the decedent's death by Coroner Gary Watts. The decedent is a Kershaw County resident that works at a business on Shop Rd. in Richland County. It is alleged that the decedent sustained a fall at work 2-23-2015 and was transported to Palmetto Health Richland. It is reported that the decedent underwent brain surgery at Palmetto health Richland, as a result of the fall. The decedent coded and was pronounced 2-27-2015 1230hrs by Dr. Jason Barber. The decedent was released to Powers Funeral home as per family wishes. R/O was unable to reach the decedent's family for details on recent events and history at the time of this report.

R/O secured the decedent's admission blood from the Lab at Palmetto Health Richland and secured them into evidence with the RCCO morgue refrigerator. R/O also issued a subpoena for medical records from Palmetto Health Richland.

REQUEST FOR ASSISTANCE WITH FOLLOW-UP INVESTIGATION (NO DATA)

INVESTIGATOR'S SIGNATURE _____ INITALS _____

PRINT NAME _____ DATE / / TIME _____

INVESTIGATOR'S SIGNATURE _____ INITALS _____

PRINT NAME _____ DATE / / TIME _____

State of South Carolina
Richland County Coroner – Medical Examiner Office

Property / Evidence Form

Concerning: EDMUND DILLON	RCCMEO Case Number:
Obtained From: STAT LAB PALMETTO HEALTH RICHLAND	Collection Date / Time: 2-28-2015 1355 HRS

Item	Quantity	Description of Property
1	1	GOLD BLOOD TUBE LABELED 2-23-2015 1201 HRS
2	1	LAVENDER " " " " " "
3	1	GREEN " " " " " "
4	1	BLUE " " " " 1419 HRS

NOTHING FOLLOWS

☐ Additional Items Listed on Continuation Form

Submitting Deputy: ROBERT DEAN (Printed) [signature] (Signature)

Evidence Officer: _____ Date / Time Rec'd: _____

Locations:

CHAIN OF CUSTODY

Date / Time Released:	Items Released	Reason Released
2-28-2015 1406 HRS	1, 2, 3, 4	TO EVIDENCE
Released to: TO RCCO MORGUE REFRIGERATOR		Released by: [signature]

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

FORENSIC SERVICES LABORATORY REPORT

NIKKI R. HALEY
Governor

MARK A. KEEL
Chief

Coroner Gary Watts
Richland County Coroner's Office
PO Box 192
Columbia, SC 29202

TOXICOLOGY DEPARTMENT
July 06, 2015
SLED No: L15-05788
Your Case No: 2015000638
Incident Date: 02/27/2013

[V-Deceased] Edmund J Dillon

This is an official report of the South Carolina Law Enforcement Division Forensic Services Laboratory and is to be used in connection with an official criminal investigation. These examinations were conducted under your assurance that no previous examinations of person(s) or evidence submitted in this case have been or will be conducted by any other laboratory or agency.

Mark A. Keel, Chief
South Carolina Law Enforcement Division

ITEMS OF EVIDENCE

Item: 1.1 **Sample Type: Blood (Toxicology)** - Admissions Blood labeled "DILLON, EDMUND"

Analysis by Headspace Gas Chromatography (GC) and/or Headspace Gas Chromatography/Mass Spectrometry (GC/MS)

Analyte	Result	Units	Threshold
Ethanol	0.018	% (g/dL)	0.010
Methanol	Negative	% (g/dL)	0.010
Acetone	Negative	% (g/dL)	0.010
Isopropanol	Negative	% (g/dL)	0.010

Screen by Enzyme Linked Immunosorbant Assay (ELISA)

Analyte	Result	Units	Threshold
Amphetamine	Negative	mg/L	0.100
Benzodiazepines	Negative	mg/L	0.050
Buprenorphine	Negative	µg/L	1.000
Carisoprodol	Negative	mg/L	0.500
Cocaine Metabolite	Negative	mg/L	0.200
Methadone	Negative	mg/L	0.050
Methamphetamine	Negative	mg/L	0.100
Opiates	Negative	mg/L	0.075
Oxycodone	Negative	mg/L	0.075
Tramadol	Negative	mg/L	0.050
Zolpidem	Negative	mg/L	0.020

Comprehensive Analysis

A comprehensive drug screen utilizing gas chromatography/mass spectrometry and liquid chromatography/tandem mass spectrometry was performed on this sample. With the exception of the compound(s) listed, no other drugs or poisons of concern were found.

Item: 1.2 **Sample Type: Serum** - Admissions Serum labeled "DILLON, EDMUND"

No Analysis Performed

Item: 2 **Sample Type: Blood (Toxicology)** -

Sample Not Submitted

This report contains the conclusions, opinions and interpretations of the analyst whose signature appears below.

Jennifer Brown

Jennifer M. G. Brown
Forensic Toxicologist

For any additional interpretation of results please contact the Toxicologist above at the SLED Toxicology Department , (803) 896-7385.

State Birth Number

State of South Carolina
Department of Health and Environmental Control
CERTIFICATE OF DEATH

State File Number
15 007973

NAME OF DECEDENT Edmund Dillon
For use by physician or institution

Items 1-23c To Be Completed/Verified By: FUNERAL DIRECTOR

1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last): Edmund John Dillon
2. SEX: Male
4a. AGE-Last Birthday (Years): 56
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): Norfolk, VA
7. RESIDENCE-STATE
7c. CITY OR TOWN: Elgin
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 (Give name prior to first marriage): April Patricia Woodward
11. FATHER'S NAME (First, Middle, Last): William Vincent Dillon
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Veronica Novak
13a. INFORMANT'S NAME: April Dillon
13b. RELATIONSHIP TO DECEDENT: Family Member
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
14. PLACE OF DEATH (Check only one; see instructions)
IF DEATH OCCURRED IN HOSPITAL: ☒ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)
16. FACILITY NAME (If not in institution, give street and number): Palmetto Health Richland
17. CITY OR TOWN, STATE AND ZIP CODE
17. COUNTY OF DEATH: Richland
18. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)
19. PLACE OF DISPOSITION (Name of cemetery or crematory): Powers Crematory LLC
20. LOCATION-CITY, TOWN AND STATE: Lugoff, South Carolina
21. NAME AND ADDRESS OF FUNERAL FACILITY: Powers Funeral Home, LLC
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT: Robert Allen Powers Sr (Electronically Verified)
23. LICENSE NUMBER (Of Licensee): 2381
832 Ridgeway Road Lugoff, SC 29078
23a. EMBALMER (Signature): Robert Allen Powers Sr
23b. EMBALMER LICENSE NUMBER: 2381
23c. LICENSE NUMBER (Of Facility): 717

Items 24-49 To Be Completed By: MEDICAL CERTIFIER

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH.
24. DATE PRONOUNCED DEAD (MM/DD/YYYY): 02/27/2015
25. TIME PRONOUNCED DEAD: 12:30 PM
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable): Jason Barber
27. LICENSE NUMBER: 28996
28. DATE SIGNED (MM/DD/YYYY): 2/27/2015
29. ACTUAL OR PRESUMED DATE OF DEATH (Spell Month): February 27, 2015
30. ACTUAL OR PRESUMED TIME OF DEATH: 12:30 PM
31. WAS CORONER OR MEDICAL EXAMINER CONTACTED? ☒ Yes ☐ No

CAUSE OF DEATH (See instructions and examples)

32. PART I. Enter the chain of events - disease, 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.

		Approximate Interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardiopulmonary Failure	Immediate
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	Due to (or as a consequence of): b. Subdural Hematoma with mass effect	1-2days
	Due to (or as a consequence of): c. Subarachoid Hemorrhage	1-2days
	Due to (or as a consequence of): d.	
	Due to (or as a consequence of):	

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 (Spell Month): February 23, 2015
39. TIME OF INJURY: 15:13 PM
40. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area): Unknown
41. INJURY AT WORK? ☒ Yes ☐ No
42. LOCATION OF INJURY: State: South Carolina City or Town: Columbia County: Richland
Street & Number: unknown Apartment Number: Zip Code: 29203
43. DESCRIBE HOW INJURY OCCURRED: fall from ladder with closed head trauam
44. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ 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.
☐ Coroner/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: Jason K. Barber (Electronically Certified)
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32): Jason K. Barber, 14 Richland Medical Park, Suite 320 Columbia South Carolina 29203
46a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
47. TITLE OF CERTIFIER: Physician
48. LICENSE NUMBER: 28996
49. DATE CERTIFIED (MM/DD/YYYY): 2/27/2015
50. FOR REGISTRAR ONLY- DATE FILED (MM/DD/YYYY): 2/28/2015

Items 51-55 To Be Completed By: Funeral Director

51. DECEDENT'S EDUCATION- Check the box that best describes the highest degree or level of school completed at the time of death.
☐ 8th grade or less
☐ 9th-12th grade; no diploma
☐ High school graduate or GED completed
☒ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino/Latina. Check the "No" box if decedent is not Spanish/Hispanic/Latino/Latina.
☒ No, not Spanish/Hispanic/Latino/Latina
☐ Yes, Mexican, Mexican American, Chicano/Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino/Latina (Specify)
53. DECEDENT'S RACE- (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native
(Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE THE TERM "RETIRED"): Salesman
55. KIND OF BUSINESS/INDUSTRY: Tractor Trailer Parts Sales

Dillon Exhibits 000014

Amendment Code
Amendment Number
Date
User ID
ERTP NO. 180379

DHEC 670
Rev. 2004

OFFICE OF THE CORONER

Richland County

Gary Watts
Coroner

Coroner's Report

Office of the Coroner
1931 Pineview Dr
Columbia SC 29209
803-576-1799

Case Number: 2015-000638 Name: Edmund John Dillon

Sex: M Race: Caucasian Age: 056YR DOB: SSN:

TIME OF DEATH:

Date: Actual: 02/27/2015 Time: Actual: 12:30

Street #: 5 City: Columbia

State: SC Zip: 29204

Proximity:

INCIDENT INFORMATION:

Date: Actual: 02/23/2015 Time: Unknown

Incident Location: Shop Rd

City: Columbia State: SC Zip: 29201

CAUSE OF DEATH: Cardiopulmonary Failure, Subdural Hematoma with mass effect, Subarachnoid Hemorrhage. Fall

AKA:

FKA:

Toxicology Alcohol: Admissions Blood: 0.018%

Toxicology Drugs: Admissions Blood: Negative

Manner of Death: Accident

Case Summary

It is alleged that the decedent sustained a fall at work 2-23-2015 and was transported to Palmetto Health Richland. It is reported that the decedent underwent brain surgery at Palmetto health Richland, as a result of the fall. The decedent coded and was pronounced 2-27-2015 1230hrs by Dr. Jason Barber.

Richland County Coroner's Office

08-Jul-15

By: Coroner

RICHLAND COUNTY CORONER'S OFFICE
CORONER'S ACTIVITY LOG

RCCO CASE#: 2015-000638

Date Printed: 03/02/2015

RCCO INVESTIGATORS	ACTIVITY	DATE
Robert Dean		
Robert Dean	the decedent worked at the following business located in Richland County: FleetPride 1631 Shop Road, Columbia, SC 29201 (803) 799-4812	03/02/2015 11:07

T Greenberg

This Space Reserved For Lab Receipt Barcode

SLED LABORATORY FORENSIC SERVICES REQUEST

SLED LAB No. L15-05788
Submission: 1 5/1/2015 10:51:02AM

Name of Investigating officer: Coroner Gary Watts
Agency: Richland County Coroner's Office **Phone No:** (803) 576-1790
Fax No: **Email:**
Mailing Address: PO Box 192
City / State / Zip: Columbia, SC 29202
CC:

ORI No: SC040013M
Agency Case No: 2015000638
Offense: DEATH INVESTIGATION
County: Richland
Offense Date: 02/27/2013
Officer Involved Shooting ☐ Yes
Rush: ☐ Yes

Is this evidence related to another lab number?
☐ Yes ☒ No
If yes, Lab Number:

SLED ITEM No. LAB ONLY	Agency Item No.	Description of Evidence	Analysis Requested
1	4	Blood (Toxicology) - Edmund J Dillon	TOXICOLOGY
2	1,2,3	Blood (Toxicology) - Edmund J Dillon	TOXICOLOGY

Victim(s) Deceased	Sex	Race	DOB	SSN
Edmund J Dillon	M	W		

Comments
Case Comments: Edmund J Dillon
Admissions blood submitted

Submission Comments: Edmund J Dillon

All sealed evidence packages accepted by the laboratory are assumed to contain what they are "said to contain" by the submitter. The laboratory does not conduct a detailed inventory of evidence package contents during the evidence intake process.

This Space Reserved For Lab Receipt Barcode.

SLED LABORATORY
FORENSIC SERVICES REQUEST

SLED LAB No. L15-05788
Submission: 1 5/1/2015 10:51:02AM

Submitted By :

Ricky Montgomery

Received By :

Doris Yarbrough
Forensic Technician

11/4/15 DH

SC Department of Natural Resources
State Climatology Office
1000 Assembly Street
PO Box 167
Columbia, SC 29202

I certify that this is a true copy of official records
Hope P. Mizzell
Hope P. Mizzell, PhD
State Climatologist

Surface Weather Columbia SC Hamilton-Owens AP KCUB
Monday, February 23, 2015

Time (EST)	Temp.	Windchill	Dew Point	Humidity	Pressure	Visibility	Wind Dir	Wind Speed	Gust Speed	Precip	Events	Conditions
12:11 AM	57.9 °F	-	57.0 °F	97%	30.17 in	1.8 mi	Calm	Calm	-	0.00 in	Rain	Light Rain
12:32 AM	59.0 °F	-	57.0 °F	93%	30.16 in	2.0 mi	Calm	Calm	-	0.03 in	Rain	Rain
12:39 AM	59.0 °F	-	57.0 °F	93%	30.16 in	2.0 mi	Calm	Calm	-	0.04 in	Rain	Rain
12:53 AM	59.0 °F	-	57.0 °F	93%	30.16 in	2.5 mi	Calm	Calm	-	0.06 in	Rain	Light Rain
1:04 AM	57.9 °F	-	55.9 °F	93%	30.16 in	1.0 mi	South	3.5 mph	-	0.01 in	Rain	Light Rain
1:10 AM	57.9 °F	-	55.9 °F	93%	30.16 in	0.8 mi	Calm	Calm	-	0.01 in	Rain	Light Rain
1:15 AM	57.9 °F	-	55.9 °F	93%	30.16 in	1.2 mi	Calm	Calm	-	0.01 in	Rain	Light Rain
1:26 AM	57.9 °F	-	57.0 °F	97%	30.16 in	2.0 mi	Calm	Calm	-	0.02 in	Rain	Rain
1:29 AM	57.9 °F	-	57.0 °F	97%	30.16 in	1.8 mi	NW	3.5 mph	-	0.03 in	Rain	Rain
1:53 AM	57.9 °F	-	57.0 °F	97%	30.15 in	2.0 mi	Calm	Calm	-	0.06 in	Rain	Rain
2:13 AM	57.9 °F	-	55.9 °F	93%	30.14 in	5.0 mi	Calm	Calm	-	0.01 in	Rain	Light Rain
2:28 AM	57.9 °F	-	55.9 °F	93%	30.13 in	5.0 mi	Calm	Calm	-	0.02 in	Rain	Light Rain
2:39 AM	57.9 °F	-	55.9 °F	93%	30.12 in	6.0 mi	Calm	Calm	-	0.02 in	Rain	Light Rain
2:53 AM	57.0 °F	-	55.9 °F	96%	30.12 in	2.5 mi	South	3.5 mph	-	0.02 in	Rain	Light Rain
3:00 AM	57.9 °F	-	55.9 °F	93%	30.11 in	3.0 mi	Calm	Calm	-	0.00 in	Rain	Light Rain
3:15 AM	57.9 °F	-	55.9 °F	93%	30.10 in	3.0 mi	Calm	Calm	-	0.01 in	Rain	Light Rain

Time (EST)	Temp.	Windchill	Dew Point	Humidity	Pressure	Visibility	Wind Dir	Wind Speed	Gust Speed	Precip	Events	Conditions
3:24 AM	57.9 °F	-	55.9 °F	93%	30.11 in	2.5 mi	Calm	Calm	-	0.02 in	Rain	Light Rain
3:34 AM	57.9 °F	-	55.9 °F	93%	30.11 in	3.0 mi	Calm	Calm	-	0.02 in	Rain	Light Rain
3:53 AM	57.9 °F	-	55.9 °F	93%	30.10 in	3.0 mi	NW	3.5 mph	-	0.02 in		Overcast
4:50 AM	57.2 °F	-	55.4 °F	94%	30.10 in	6.0 mi	Calm	Calm	-	N/A		Overcast
4:53 AM	57.0 °F	-	55.0 °F	93%	30.09 in	5.0 mi	Calm	Calm	-	N/A		Overcast
5:22 AM	57.0 °F	-	55.0 °F	93%	30.10 in	5.0 mi	NNW	3.5 mph	-	0.01 in	Rain	Light Rain
5:33 AM	57.0 °F	-	55.0 °F	93%	30.11 in	4.0 mi	Calm	Calm	-	0.02 in	Rain	Light Rain
5:53 AM	57.0 °F	-	54.0 °F	89%	30.11 in	3.0 mi	NNW	4.6 mph	-	0.04 in	Rain	Light Rain
6:21 AM	55.9 °F	-	54.0 °F	93%	30.13 in	3.0 mi	NNW	3.5 mph	-	0.04 in	Rain	Rain
6:40 AM	55.9 °F	-	53.1 °F	90%	30.14 in	3.0 mi	Variable	4.6 mph	-	0.09 in	Rain	Rain
6:53 AM	55.9 °F	-	53.1 °F	90%	30.14 in	5.0 mi	Variable	4.6 mph	-	0.12 in	Rain	Light Rain
7:53 AM	55.0 °F	-	52.0 °F	89%	30.15 in	5.0 mi	Variable	3.5 mph	-	0.07 in	Rain	Rain
8:53 AM	53.1 °F	-	50.0 °F	89%	30.18 in	7.0 mi	Variable	4.6 mph	-	0.06 in	Rain	Light Rain
9:53 AM	51.1 °F	-	48.0 °F	89%	30.17 in	10.0 mi	Variable	6.9 mph	-	0.05 in	Rain	Light Rain
10:39 AM	50.0 °F	-	46.0 °F	86%	30.18 in	10.0 mi	Variable	4.6 mph	-	0.02 in		Overcast
10:53 AM	50.0 °F	-	45.0 °F	83%	30.19 in	10.0 mi	NE	8.1 mph	-	0.02 in		Overcast
11:41 AM	48.9 °F	-	43.0 °F	80%	30.21 in	10.0 mi	Variable	5.8 mph	-	0.00 in		Overcast
11:53 AM	50.0 °F	-	41.0 °F	71%	30.21 in	10.0 mi	Variable	5.8 mph	17.3 mph	0.00 in		Overcast

Time (EST)	Temp.	Windchill	Dew Point	Humidity	Pressure	Visibility	Wind Dir	Wind Speed	Gust Speed	Precip	Events	Conditions
12:08 PM	48.9 °F	-	41.0 °F	74%	30.21 in	-	North	-	-	N/A		Unknown
12:53 PM	51.1 °F	-	42.1 °F	71%	30.18 in	10.0 mi	Variable	5.8 mph	-	N/A		Unknown
1:53 PM	50.0 °F	-	39.0 °F	66%	30.18 in	10.0 mi	Variable	4.6 mph	-	N/A		Overcast
2:53 PM	51.1 °F	-	39.0 °F	63%	30.17 in	10.0 mi	ENE	5.8 mph	-	N/A		Overcast
3:53 PM	51.1 °F	-	37.0 °F	59%	30.19 in	10.0 mi	Variable	5.8 mph	-	N/A		Overcast
4:53 PM	50.0 °F	-	37.0 °F	61%	30.22 in	10.0 mi	Variable	5.8 mph	-	N/A		Overcast
5:53 PM	48.9 °F	-	37.0 °F	64%	30.22 in	10.0 mi	Variable	3.5 mph	-	N/A		Overcast
6:53 PM	48.0 °F	-	37.0 °F	66%	30.25 in	10.0 mi	East	3.5 mph	-	N/A		Overcast
7:53 PM	46.9 °F	-	39.0 °F	74%	30.25 in	10.0 mi	Calm	Calm	-	N/A		Mostly Cloudy
8:53 PM	46.0 °F	44.8 °F	37.9 °F	73%	30.27 in	10.0 mi	Variable	3.5 mph	-	N/A		Overcast
9:53 PM	45.0 °F	42.6 °F	37.9 °F	76%	30.27 in	10.0 mi	Variable	4.6 mph	-	N/A		Overcast
10:53 PM	44.1 °F	40.8 °F	37.0 °F	76%	30.27 in	10.0 mi	Variable	5.8 mph	-	N/A		Overcast
11:53 PM	43.0 °F	39.5 °F	36.0 °F	76%	30.25 in	10.0 mi	ENE	5.8 mph	-	N/A		Overcast

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1501382

Edmund Dillon, Dec'd, Employee, Claimant, vs. Raffles (FleetPride), Employer, AND Gallagher Bassett as TPA for American Zurich Insurance Company, Carrier, Defendants.	**AFFIDAVIT OF JOSIAH FLUDD**

I, Josiah Fludd, do hereby affirm and attest as follows:

1. I was an eye witness to Mr. Edmund Dillon's collapse on February 23, 2015.

2. I saw Mr. Dillon standing idle and completely motionless on a flat/level sidewalk and then proceeded to collapse.

3. Mr. Dillon did not try to break or stop his descent and it was as if he had passed out.

4. Mr. Dillon did not slip or trip, but again was standing idle before collapsing.

JF 7-15-15

Josiah Fludd

7-15, 2015.

SWORN TO AND SUBSCRIBED before me

this 15 day of July, 2015.

Notary Public for SC

My Commission Expires: 01-21-2025

5/19/16 ch

1 BEFORE THE SOUTH CAROLINA
2 WORKERS' COMPENSATION COMMISSION
3 W.C.C. FILE NO.: 1501382

4 EDMUND DILLON, DEC'D,	)	
5 EMPLOYEE,	)	**DEPOSITION OF:**
6 CLAIMANT,	)	**JOSIAH FLUDD**
7 vs.	)	**OCTOBER 15, 2015**
8 RAFFLES (FLEETPRIDE),	)	
9 EMPLOYER,	)	
10 and	)	
11 GALLAGHER BASSETT AS TPA FOR	)	
12 AMERICAN ZURICH INSURANCE	)	
13 COMPANY,	)	
14 CARRIER,	)	
15 DEFENDANTS.	)	

COPY

16 DEPOSITION ON THE ORAL EXAMINATION OF JOSIAH FLUDD, REPORTED
17 BY MELISSA M. WHITLOCK, COURT REPORTER AND NOTARY PUBLIC IN AND
18 FOR THE STATE OF SOUTH CAROLINA; SAID DEPOSITION TAKEN PURSUANT
19 TO NOTICE AND IN ACCORDANCE WITH THE SOUTH CAROLINA RULES OF
20 CIVIL PROCEDURE AT THE LAW OFFICES OF TURNER, PADGET, GRAHAM &
21 LANEY, P.A., 1901 MAIN STREET, SUITE 1700, COLUMBIA, SOUTH
22 CAROLINA, ON THURSDAY, OCTOBER 15, 2015; SCHEDULED FOR 2:00 P.M.
23 AND COMMENCING AT 2:00 P.M.
24
25

Gibson Reporting
Professional Court Reporters

1

2 A P P E A R A N C E S:

3

4 REPRESENTING THE EMPLOYEE/CLAIMANT:

5

6 MR. BRIAN DUMAS, ESQUIRE

7 BRIAN DUMAS, ATTORNEY LLC

8 718 CLEMSON ROAD

9 COLUMBIA, SOUTH CAROLINA 29229

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11

12 REPRESENTING THE EMPLOYER AND THE INSURANCE

13 CARRIER/DEFENDANTS:

14

15 MR. MATTHEW R. COOK, ESQUIRE

16 TURNER, PADGET, GRAHAM & LANEY, P.A.

17 1901 MAIN STREET, SUITE 1700

18 COLUMBIA, SOUTH CAROLINA 29201

19 E-MAIL: mcook@turnerpadget.com

20

21 ALSO PRESENT:

22 APRIL DILLON

23

24

25

1 C O N T E N T S

2 (DEPOSITION OF JOSIAH FLUDD)

3

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17 E X H I B I T I N D E X

18 EXHIBITS: IDENTIFIED AT PAGE:

19 (NONE PROFFERED)

20

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21 L E G E N D

22 DASHES [--] INDICATES INTERRUPTION; INCOMPLETE

23 PHRASES; UNFINISHED SENTENCES

24 *[sic]* WRITTEN AS SAID

25 [ph] WRITTEN PHONETICALLY.

1 This deposition is taken in accordance with
2 the South Carolina Rules of Civil Procedure.
3 It is agreed and stipulated by the deponent
4 and respective counsel that the reading and signing of
5 the deposition by the deponent is expressly reserved.
6 WHEREUPON:
7 JOSIAH FLUDD, being duly sworn and cautioned
8 to speak the truth, the whole truth and nothing but the
9 truth, testifies as follows:
10 *DIRECT EXAMINATION*
11 BY MR. COOK:
12 Q. Good afternoon, Mr. Fludd. Again, for the
13 record, my name is Matt Cook and I represent Raffles,
14 also known as FleetPride, with respect to the workers'
15 compensation claim that has been filed by the Dillon
16 Family in reference to the events that transpired on
17 February 23, 2015.
18 My representation of them is being carried
19 out through Gallagher Bassett and American Zurich
20 Insurance Company, as they are also clients of mine in
21 this case. You are here today, sir, as we are taking
22 your deposition. We're taking your deposition pursuant
23 to applicable court rules, including the Rules of Civil
24 Procedure Rule 30, as well as the rules of the Workers'
25 Compensation Commission.

1 We anticipate that a hearing will ultimately
2 be set in this case where you could very well be called
3 as a live witness. Nevertheless, though, you need to
4 testify today, just as you're testifying before a
5 commission, as your deposition may be submitted in
6 addition to live testimony, or even in lieu of live
7 testimony, in the event that, God forbid, something
8 should happen to you and you could not be there.
9 As you are testifying today, again, keep in
10 mind that you are under oath. Your testimony must be
11 given honestly. You must give audible responses today.
12 You need to say "yes" or "no" where appropriate. In
13 the event that you need to have a question rephrased,
14 please let us know and we will work with you to
15 rephrase the question. In the event you don't hear a
16 question today, please let me know and we will repeat
17 the question for you. Okay?
18 A. Yes, sir.
19 Q. All right, sir. With that being said, let's
20 go ahead and get started here today. Would you please
21 state your full name, for the record?
22 A. Josiah Fludd.
23 Q. Mr. Fludd, when were you born?
24 A.
25 Q. How old are you, sir?

1 A. Forty-four.
2 Q. What is your current physical address?
3 A. [illegible]
4 Carolina.
5 Q. How long have you lived at that address?
6 A. About 20 years.
7 Q. Are you married?
8 A. Yes, sir.
9 Q. Do you live there with your wife?
10 A. Yes, sir.
11 Q. Do you and your wife have any children
12 together?
13 A. Yes, sir.
14 Q. How many children do you have?
15 A. Four.
16 Q. The aforementioned address you mentioned, do
17 you also receive mail at that address?
18 A. Yes, sir.
19 Q. Who do you work for?
20 A. Myself; self-employed.
21 Q. What is the name of your business?
22 A. Fludd's Super Lube.
23 Q. What type of business is Fludd's Super Lube?
24 A. It's a diesel repair shop.
25 Q. And do you work on diesel trucks, 18-

1 wheelers, things of that nature?
2 A. Yes, sir.
3 Q. And as part of your business, is that why you
4 go to FleetPride? To get parts and whatnot?
5 A. Yes, sir.
6 Q. Did you go to FleetPride on February 23,
7 2015?
8 A. Yes, sir.
9 Q. Did you know Mr. Edmund Dillon, the gentleman
10 that is the subject of this claim?
11 A. Yes, sir.
12 Q. How did you know Mr. Dillon?
13 A. He was a salesman at FleetPride.
14 Q. Was your relationship with Mr. Dillon
15 confined to your interaction with him at FleetPride?
16 A. Yes, sir.
17 Q. Did you have any type of relationship with
18 him outside of FleetPride?
19 A. No, sir.
20 Q. Did you know Mr. Dillon enough to be able to
21 recognize him when you were at the store?
22 A. Yes, sir.
23 Q. To be able to speak to him?
24 A. Yes, sir.
25 Q. Did you have a chance to observe Mr. Dillon

1 on February 23, 2015, which I believe is the date of
2 accident in this case?
3 A. Yes, sir.
4 Q. And when you observed Mr. Dillon, what did
5 you see? Or let me ask it this way.
6 Was Mr. Dillon standing on a ladder at the
7 time you saw him?
8 A. No, sir.
9 Q. Did Mr. Dillon, when you observed him, did he
10 fall from a ladder?
11 A. No, sir.
12 Q. Did you observe any ladder in sight?
13 A. No, sir.
14 Q. Based on your observations of Mr. Dillon on
15 February 23, 2015, if there is a medical record that
16 references a ladder, based on your observations, would
17 that record be incorrect?
18 A. It would be incorrect.
19 Q. When you saw Mr. Dillon, did you see him
20 collapse that day?
21 A. Yes.
22 Q. Was he standing motionless before he
23 collapsed? Standing idle?
24 A. He was standing --
25 MR. DUMAS: Objection as to leading.

1 THE WITNESS: -- idle.
2 MR. COOK: Okay. I'll rephrase.
3 BY MR. COOK (RESUMING):
4 Q. What was Mr. Dillon's physical movements at
5 the time you saw him?
6 A. He was standing, just standing.
7 Q. Was he standing still?
8 A. Yes, sir.
9 Q. Where was he standing?
10 A. Backside of my truck on the sidewalk.
11 Q. Did Mr. Dillon collapse?
12 A. It appeared to be he collapsed.
13 Q. Did Mr. Dillon try to break his fall?
14 A. No, sir.
15 Q. As Mr. Dillon was going down, as he was
16 collapsing, was he flailing around or trying to brace
17 himself in any way?
18 A. No, sir.
19 Q. In what manner did he fall? Meaning did he
20 fall forward, sideways, backward?
21 A. Backwards.
22 Q. Was he walking at the time he collapsed?
23 A. No, sir.
24 Q. Did you see him slip?
25 A. No, sir.

1 Q. Did you see him trip?
2 A. No, sir.
3 Q. You've had the opportunity to complete an
4 Affidavit in this matter.
5 MR. COOK: Brian, I think you've seen
6 this.
7 MR. DUMAS: (Nonverbal response)
8 BY MR. COOK (RESUMING):
9 Q. You've had an opportunity to complete an
10 Affidavit in this matter previously. And I'm showing
11 you now the Affidavit that we have on file. Does this
12 Affidavit bear your signature?
13 A. Yes, sir.
14 Q. And this is the Affidavit -- it looks like it
15 was completed on July 15, 2015?
16 A. Yes, sir.
17 Q. And was this Affidavit notarized?
18 A. Yes, sir.
19 Q. Were you truthful in this Affidavit?
20 A. Yes, sir.
21 Q. Does this Affidavit reflect your observations
22 of what you saw on February 23, 2015?
23 A. Yes, sir.
24 MR. COOK: Defendants move to submit
25 Affidavit as Exhibit A.

1 MR. DUMAS: We've identified it.
2 MR. COOK: Okay.
3 MR. DUMAS: I believe you said that you
4 signed it.
5 THE WITNESS: Oh, okay.
6 MR. DUMAS: If you say you signed it,
7 that's fine.
8 BY MR. COOK (RESUMING):
9 Q. Mr. Fludd, have you ever worked for
10 FleetPride?
11 A. No, sir.
12 Q. At the time of Mr. Dillon's collapse, were
13 you an employee of FleetPride?
14 A. No, sir.
15 Q. Have you ever worked for Zurich Insurance
16 Company?
17 A. No, sir.
18 Q. At the time of Mr. Dillon's collapse, were
19 you employed by Zurich Insurance Company?
20 A. No, sir.
21 Q. Have you ever worked for Gallagher Bassett?
22 A. No, sir.
23 Q. Were you employed by Gallagher Bassett at
24 time of Mr. Dillon's collapse?
25 A. No, sir.

1 Q. Did you have any, or do you have any,
2 personal grudge against Mr. Dillon?
3 A. No, sir.
4 Q. Do you have any grudge against the Dillon
5 family?
6 A. No, sir.
7 Q. Have you been promised anything by anyone for
8 your testimony here today?
9 A. No, sir.
10 Q. Do you have any personal stake in the outcome
11 of whether the Dillon family is awarded benefits by the
12 Commission or not?
13 A. No, sir.
14 Q. If anything, how would you characterize your
15 involvement as being part of this claim now?
16 A. It's no involvement. Inconvenience.
17 Q. Are you missing work today?
18 A. Yes, sir.
19 Q. Are you here because -- I think I subpoenaed
20 you to be here?
21 A. I got subpoenaed.
22 MR. COOK: Okay. Thank you, sir.
23 That's all the questions I have at this
24 time. I'm going to turn it over to Mr.
25 Dumas for any questions he may have for

1 you.

2 *CROSS-EXAMINATION*

3 BY MR. DUMAS:

4 Q. Mr. Fludd, hopefully I'm going to be very
5 brief. The word is used in this, in both the
6 questioning by Mr. Cook and in this Affidavit, is as a
7 collapse. Will you just tell me, in your own words,
8 what you saw, how much you saw? Because if I
9 understand it, and just stop me if I'm wrong.

10 A. Okay.

11 Q. I called you after I saw this Affidavit.

12 A. Yes.

13 Q. Correct? And you and I spoke for a few
14 moments on the phone. Is that correct?

15 A. Yes, sir.

16 Q. And I believe you told me then, and you just
17 told us now, that you were loading and unloading your
18 truck?

19 A. Yes, sir.

20 Q. I believe you were at the front of the
21 FleetPride entrance.

22 A. Yes, sir.

23 Q. It had been raining that day.

24 A. Yes, sir.

25 Q. The ground was wet.

1 A. Yes, sir.
2 Q. That you saw -- what you saw was Mr. Dillon.
3 Correct?
4 A. Yes, sir.
5 Q. I believe you knew him as Ed. Right?
6 A. Yes. Yes, sir.
7 Q. And tell me what you actually saw, in your
8 own words.
9 A. Well, I was loading my truck. I was putting
10 the paperwork in my truck to keep from getting wet.
11 Q. Sure.
12 A. And turned to walk back towards the building.
13 And that's when I saw Mr. Ed just stood there and just
14 basically fell over.
15 Q. Okay.
16 A. That's what I saw.
17 Q. And in our discussion, you told me -- and you
18 stop me if I'm wrong.
19 A. Okay.
20 Q. That all you saw was him from just below the
21 waist up. Is that correct?
22 A. Yes, sir.
23 Q. And that you couldn't say if he slipped or if
24 he didn't.
25 A. Right.

1 Q. You just didn't know. Right?
2 A. No, sir.
3 Q. Okay. Is that correct?
4 A. Yes.
5 Q. Okay. So you don't know if he did slip.
6 Right?
7 A. I didn't see any of his bottom movement.
8 Q. Okay. So you don't know whether he slipped
9 or not. Correct?
10 A. Correct.
11 Q. Okay. You -- to your knowledge, you have no
12 idea why he fell. Do you?
13 A. No, sir.
14 Q. And you don't know if he passed out or what
15 happened. Right?
16 A. No, sir.
17 Q. Okay. So I am correct in that?
18 A. Yes. I'm thinking yes.
19 Q. Okay. And just to make sure I understand
20 this, you also told me, correct me if I'm wrong, that
21 you were the only one who witnessed when Mr. Dillon
22 fell. Is that correct?
23 A. Yes, sir.
24 Q. Because there were no other employees
25 anywhere in sight.

1 A. No, sir.
2 Q. And you -- tell me what you saw. Did you see
3 him actually hit the ground?
4 A. Yes, sir.
5 Q. And can you describe or tell us as much as
6 you can remember about what happened when he did hit
7 the ground?
8 A. When he hit the ground, I ran to him because
9 he -- he just fell over. I ran to him and he was
10 unconscious.
11 Q. Okay.
12 A. And I ran to the inside and ran and got help.
13 Q. Okay.
14 A. Is basically what I done.
15 Q. Okay. And from what you also told me, and
16 you correct me if I'm wrong, several of the employees,
17 or at least one of the -- someone from -- other
18 employees came to help.
19 A. Yes, sir.
20 Q. And what did you see in terms of other
21 employees trying to help?
22 A. Mr. Fred, when he was coming through, he --
23 Mr. Ed wanted to move and Fred kept him there. Said,
24 "Don't move. You may have injuries." So Mr. Fred made
25 sure he stood right there still. The other employees

1 kind of like stood around.
2 I believe Ed went to the telephone and got a
3 telephone number. They was trying to find a contact.
4 So they called the contact. I went back on the inside.
5 And it was a rainy day, so I got a piece of cardboard.
6 We wanted to kind of like cover him from the -- from
7 the -- it was like a misty rain.
8 Q. Sure.
9 A. So they kind of like covered him because he
10 was on -- on the sidewalk. Basically that's what it
11 was.
12 Q. Okay. And if we had to just summarize your
13 testimony, and I want to make sure we're accurate, you
14 don't know why he fell. Is that correct?
15 A. No, I don't know. No, sir.
16 Q. You don't know why he fell?
17 A. I don't know the cause. No, sir.
18 Q. Okay. And you just know that you saw him
19 fall?
20 A. Yes.
21 Q. You saw him only -- you didn't see him from
22 about a little bit below the waist down. Correct?
23 A. Yes.
24 Q. You saw him hit the ground?
25 A. Yes.

1 Q. You saw that he was injured?
2 A. Yes.
3 Q. You saw him get help? Or rather, you called
4 for help?
5 A. Yes.
6 Q. Were you still there when EMS showed up?
7 A. Yes.
8 Q. And did they strap him down? Or tell me what
9 you remember.
10 A. I don't know if they strapped him down or
11 not. I was trying to get out of there.
12 Q. Okay. Okay. Because you knew he was in good
13 hands? The medical team was there.
14 A. Yes.
15 Q. You had already gotten help.
16 A. Yes.
17 MR. DUMAS: Can I have just a moment --
18 MR. COOK: Sure.
19 MR. DUMAS: -- to talk with Ms. Dillon
20 for just a moment? And we may be able
21 to wrap up.
22 MR. COOK: Okay.
23 *(OFF THE RECORD FROM 2:13 P.M. TO 2:14 P.M.)*
24 BY MR. DUMAS:
25 Q. Just very briefly, Mr. Fludd.

1 A. Yes, sir.
2 Q. The Affidavit that you signed was drafted by
3 someone other than you. Correct?
4 A. Yes, sir.
5 Q. And do you remember what -- was it in an
6 office that you signed this?
7 A. In a UPS store.
8 Q. In a UPS store. Do you remember who it was
9 that -- do you have any idea who prepared this?
10 A. No, sir.
11 Q. But it wasn't your own words?
12 A. It was my word -- that's what I described to
13 them, yes.
14 Q. Okay. You described to someone exactly what
15 you just told us today?
16 A. Yes.
17 Q. And because you didn't -- I noticed in your
18 testimony, you said that he just fell.
19 A. Yes.
20 Q. And the reason I ask that is because you
21 didn't necessarily use the word "collapse." You said
22 "fell."
23 A. Okay.
24 Q. And I just want to make sure that, from what
25 you saw, in your words, what you saw was him fall.

1 A. I describe a fall as a -- the same -- I would
2 -- my definition of a fall and a collapse is about the
3 same thing.
4 Q. Okay.
5 A. You know?
6 Q. Okay. Mainly because you have no idea how or
7 why it happened?
8 A. Yeah.
9 Q. Okay. How long did you see Mr. -- about how
10 long, if you remember, did you see Mr. Dillon before he
11 fell?
12 A. I saw him once on the inside of the building.
13 Q. Uh-huh.
14 A. And one was on the outside from where I was,
15 from putting parts in and out the truck. May have
16 taken ten minutes.
17 Q. Okay. But you were obviously busy with what
18 you were doing. Correct?
19 A. Yes.
20 Q. Because you weren't -- you didn't have any
21 reason to be watching Mr. Dillon for any particular
22 reason. Did you?
23 A. No, sir.
24 Q. So I guess what I'm asking is do you remember
25 how long you observed him before he fell? Or is it the

1 act of falling that caught your eye?
2 A. I saw him maybe a minute before he -- before
3 he fell.
4 Q. Okay. Were you actually watching him for
5 that full minute?
6 A. No. How I was putting paperwork inside my
7 truck had me looking that direction.
8 Q. Okay. So you were just kind of looking in
9 that general direction?
10 A. Yes, sir.
11 Q. So what was it? Maybe you might have seen
12 him one or two seconds before he fell, if that long?
13 A. No, I probably saw him probably about a
14 minute before he fell.
15 Q. You were actually watching him?
16 A. No. I was watching that direction.
17 Q. Oh, okay. And I assume the motion is what
18 caught your eye?
19 A. Yes.
20 Q. The motion of the fall?
21 A. Yes.
22 MR. DUMAS: I have nothing further.
23 *REDIRECT EXAMINATION*
24 BY MR. COOK:
25 Q. Mr. Fludd, just to be clear. You know, every

1 story has a beginning and a middle and an end.
2 A. Yes, sir.
3 Q. And the same is true with Mr. Dillon. Were
4 you facing Mr. Dillon before he collapsed?
5 A. Yes.
6 Q. Did you see Mr. Dillon before the act of
7 collapsing started to commence?
8 A. Yes.
9 Q. So to state it another way, did you see the
10 beginning of this event?
11 A. Yes.
12 Q. And you saw him go all the way down, which I
13 would characterize as being the middle?
14 A. I saw him fall all the way until I couldn't
15 see him from the tailgate.
16 Q. And then you came around the tailgate?
17 A. Yes. I ran around to him.
18 Q. And was he on the ground?
19 A. Yes.
20 Q. And that was the end of his fall?
21 A. Yes.
22 Q. Is it fair to say that you saw the beginning
23 and the middle and the end?
24 A. Yes.
25 Q. Now, Counsel had asked you earlier about

1 seeing him from the waist up. So did you see him from
2 his torso, about where his belt would be, all the way
3 up?
4 A. No, sir. A little bit farther down.
5 Q. A little bit farther down?
6 A. Yeah.
7 Q. Could you see any portion of his legs?
8 A. I could see, if this is called, a thigh area.
9 Q. Thigh area.
10 And when you observed his thigh areas
11 immediately before he collapsed, were his thighs
12 stationary?
13 A. Yes.
14 Q. Were his thighs idle?
15 A. Yes.
16 Q. Were his thighs moving in a manner consistent
17 with walking immediately before he fell?
18 A. No, sir.
19 Q. In your opinion, can somebody walk without
20 their thighs moving?
21 A. No, sir.
22 Q. Based on what you observed in the thigh area,
23 do you have any reason to believe that he slipped on
24 anything?
25 A. No, sir. I couldn't -- no, sir.

1 MR. COOK: I have nothing further.

2 *RECROSS-EXAMINATION*

3 BY MR. DUMAS:

4 Q. But just to be clear, sir, you don't know if

5 he slipped on anything or not. Do you?

6 A. No, sir.

7 Q. Okay. And you were about how far away from

8 him? And I know most people are notoriously bad on

9 gauging distance.

10 A. Whatever the distance from here to that

11 corner. No further than that.

12 Q. Okay.

13 MR. COOK: The corner of the table?

14 THE WITNESS: The corner of the building

15 right there.

16 BY MR. DUMAS (RESUMING):

17 Q. And you were -- part of your view was

18 obstructed. You couldn't -- in other words, you

19 couldn't see everything because something was blocking

20 a portion of your view?

21 A. Yes, sir.

22 Q. What was blocking a portion of your view?

23 A. My truck.

24 MR. DUMAS: Okay. And Counsel, it would

25 be fair to say we're talking about maybe

1 15 yards?
2 MR. COOK: I wouldn't -- 15 yards would
3 be 45 feet. I don't think it's --
4 MR. DUMAS: Okay.
5 MR. COOK: Are you pointing to this
6 corner?
7 THE WITNESS: This corner right there.
8 Yes, sir.
9 MR. DUMAS: Of the room?
10 MR. COOK: Of the room?
11 THE WITNESS: Of the room.
12 MR. DUMAS: Maybe about 30 feet, 10
13 yards?
14 MR. COOK: I would say 10 yards, a first
15 down at the most.
16 MR. DUMAS: Okay. About a first down?
17 MR. COOK: Yes.
18 BY MR. DUMAS (RESUMING):
19 Q. Okay. But your truck was blocking a portion
20 of the view?
21 A. The tailgate from the bed of the truck down
22 was blocking the bottom half.
23 Q. And your primary attention, at this point in
24 time, was in -- you stop me if I'm wrong. Your primary
25 focus was in keeping your paperwork dry, and completely

1 your work and your job?
2 A. Yes.
3 Q. Because you had no particular reason to be
4 paying any attention at all to Mr. Dillon?
5 A. No, sir.
6 Q. Okay. Nothing further.
7 *REDIRECT EXAMINATION*
8 BY MR. COOK:
9 Q. Mr. Fludd, I understand from your testimony
10 that obviously you were concerned about the business
11 that you had at hand.
12 A. Yes, sir.
13 Q. Would I be wrong to say that your business at
14 hand distracted you from the point that you somehow did
15 not get an accurate accounting or a view of Mr. Dillon
16 collapsing? Or did you see him clearly, despite what
17 you had going on?
18 A. I saw him clearly.
19 MR. COOK: Thank you. Nothing further.
20 *RECROSS-EXAMINATION*
21 BY MR. DUMAS:
22 Q. But what you saw clearly was what you've
23 described to us today?
24 A. Yes.
25 MR. DUMAS: Okay. Thank you.

1 MR. COOK: Nothing further. That will
2 conclude your deposition, Mr. Fludd.
3 *(FURTHER DEPONENT SAYETH NOT.)*
4 *(THE DEPOSITION OF JOSIAH FLUDD*
5 *CONCLUDED AT 2:21 P.M.)*
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1 CERTIFICATE OF REPORTER

2 I, MELISSA M. WHITLOCK, COURT REPORTER AND NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, DO HEREBY CERTIFY
4 THAT I REPORTED THE DEPOSITION OF JOSIAH FLUDD ON
5 THURSDAY, THE 15TH DAY OF OCTOBER, 2015, THAT THE WITNESS
6 WAS FIRST DULY SWORN BY ME AND THAT THE FOREGOING 27
7 PAGES CONSTITUTE A TRUE AND CORRECT TRANSCRIPTION OF MY
8 VERBATIM REPORT OF SAID DEPOSITION.

9 I FURTHER CERTIFY THAT I AM NEITHER ATTORNEY NOR
10 COUNSEL FOR, NOR RELATED TO OR EMPLOYED BY ANY OF THE
11 PARTIES CONNECTED WITH THIS ACTION, NOR AM I FINANCIALLY
12 INTERESTED IN SAID CAUSE.

13 I FURTHER CERTIFY THAT THE ORIGINAL OF SAID
14 TRANSCRIPT WAS THEREAFTER SEALED AND DELIVERED TO
15 MATTHEW R. COOK, TURNER PADGET GRAHAM & LANEY, P.A., 1901
16 MAIN STREET, SUITE 1700, COLUMBIA, SOUTH CAROLINA 29201,
17 WHO WILL RETAIN THIS SEALED TRANSCRIPT AND SHALL BE
18 RESPONSIBLE FOR FILING SAME WITH THE COURT PRIOR TO TRIAL
19 OR ANY HEARING WHICH MIGHT RESULT IN A FINAL ORDER ON ANY
20 ISSUE.

21 IN WITNESS WHEREOF, I HAVE SET MY HAND AND SEAL THIS
22 29TH DAY OF OCTOBER, 2015.

23 Melissa M. Whitlock

24 MELISSA M. WHITLOCK, COURT REPORTER
25 MY COMMISSION EXPIRES MARCH 12, 2024

1
2
3 VERIFICATION OF DEPONENT
4
5 I, JOSIAH FLUDD, HAVE READ THE FOREGOING DEPOSITION
6 TESTIMONY, WHICH WAS REPORTED BY MELISSA M. WHITLOCK,
7 COURT REPORTER AND NOTARY PUBLIC IN AND FOR THE STATE OF
8 SOUTH CAROLINA, ON OCTOBER 15, 2015.
9
10 I FIND THE TRANSCRIPT OF THE DEPOSITION TO BE A TRUE
11 AND ACCURATE TRANSCRIPT ACCORDING TO MY TESTIMONY ON THAT
12 DATE, WITH THE EXCEPTION OF ____ CORRECTIONS AS LISTED ON
13 THE ATTACHED ERRATA SHEET, WHICH WAS COMPLETED BY ME.
14
15
16 _____
17 JOSIAH FLUDD
18
19 _____
20 DATE
21
22
23
24
25

1 E R R A T A S H E E T

2 PAGE # / LINE # CORRECTION (INCLUDE EXPLANATION)

3 _____ / _____ _____

4 _____ / _____ _____

5 _____ / _____ _____

6 _____ / _____ _____

7 _____ / _____ _____

8 _____ / _____ _____

9 _____ / _____ _____

10 _____ / _____ _____

11 _____ / _____ _____

12 _____ / _____ _____

13 _____ / _____ _____

14 _____ / _____ _____

15 _____ / _____ _____

16 _____ / _____ _____

17 _____ / _____ _____

18 _____ / _____ _____

19 _____ / _____ _____

20 _____ / _____ _____

21 _____ / _____ _____

22 _____ / _____ _____

23

24 _____ _____

25 JOSIAH FLUDD DATE

SC Dept. of Labor, Licensing and Regulation
Office of Occupational Safety and Health
P.O. Box 11329
Columbia, SC 29211-1329
Phone: 803-896-7665 FAX: 803-896-7670

Citation and Notification of Penalty

To:
FleetPride Inc
1631 Shop Road
Columbia, SC 29201

Inspection Site:
1631 Shop Road
Columbia, SC 29201

Inspection Number: 317894277
CSHO ID: V0480
Optional Report No.: 0107-16
Inspection Date(s): 8/19/2015 - 10/9/2015
Issuance Date: 10/23/2015

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Citation and Notification of Penalty serves as the *Agency's Determination* with regard to an inspection of a workplace under your operation, ownership or control. This inspection has revealed conditions which we believe, do not comply with certain safety and health rules and regulations promulgated pursuant to 41-15-210, South Carolina Code of Laws, 1976, as amended The nature of such alleged violation(s) is described in the enclosed citation with references to applicable OSHA standards, rules and regulations, and provisions of the law. All applicable OSHA standards referenced have been adopted pursuant to S.C. Code Ann. §41-15-220 and are incorporated by reference into this state's regulations pursuant to S.C. Code Ann. Regs. 71-108.

POSTING - The law requires that a copy of the enclosed citation(s), unedited, be prominently posted immediately upon receipt at or near each place a violation referred to in the citation occurred ("affected work area"). In the event that it is not practical to post the citation in the affected work area, the citation must be prominently posted in a place readily observable by all affected employees. It must remain posted until all violations cited therein are corrected, or for three (3) days, whichever period is later.

ABATEMENT - Alleged violations that are not contested shall be corrected by the abatement date specified in the citation Failure to correct an alleged violation within the abatement period may result in an additional assessment of penalties.

As to alleged violations, you are directed to certify to the Compliance Manager, within ten (10) calendar days following the abatement dates assigned, the specific corrective action taken for each violation and date of such action. A copy or summary of this corrective action must be posted in the affected work area on or before submission to OSHA. Employees or their representatives (where applicable) must be informed of their right to examine and copy all abatement documents submitted. Employers must comply with these requests with five (5) working days. **For abatement dates over ninety (90) days, an Abatement Verification Plan may be required to be submitted.**

If additional time is needed to correct the alleged violations in the citation, you may request an extension by writing the Compliance Manager within the following applicable time frames: 1) any time within the thirty (30) day contest period, or 2) not later than one (1) day after the last abatement date for the alleged violation on which an extension is needed.

PENALTY PAYMENT - Penalties as outlined in this Citation and Notification of Penalty, the **Agency's Determination**, are due within thirty (30) days of receipt unless contested. Make your check or money order payable to the South Carolina Department of Labor, Licensing, and Regulation at the address listed above. Please indicate the inspection number on the remittance.

RIGHT TO CONTEST - You have the right to contest the citation(s), the abatement dates and/or the proposed penalty (ies) enclosed in this **Citation and Notification of Penalty**. As this is the **Agency's Determination**, you may file a Request for a Contested Case Hearing with the South Carolina Administrative Law Court (ALC) within thirty (30) calendar days of receipt of this Citation and Notification of Penalty. These procedures may be found on the ALC website at http://www.scalc.net/rules.aspx or you may contact the Clerk, SC Administrative Law Court, Edgar A. Brown Building, 1205 Pendleton Street, Suite 224, Columbia, SC 29201, (803) 734-0550.

INFORMAL CONFERENCE - If an employer wishes to have an informal discussion in the interest of reaching a settlement regarding the citation(s), the abatement date(s), and/or penalty(ies) without a formal contest, an informal conference can be arranged by contacting the Informal Conference Office at 803-896-7687. In order for a conference to be scheduled and a decision to be provided, the Informal Conference Office should be contacted as soon as possible after the receipt of the **Citation and Notification of Penalty**.

All informal conferences must be held within the thirty (30) day contest period. **AN INFORMAL CONFERENCE SHALL NOT OPERATE AS A STAY FOR THE THIRTY (30) DAY CONTEST PERIOD AND NO CONFERENCE OR REQUEST FOR A CONFERENCE WILL BE HELD OR ACCEPTED SUBSEQUENT TO RECEIPT OF A NOTICE OF CONTEST.**

If an informal conference is scheduled, the employer must notify the affected employees or union representative of the date, time, and location of the informal conference, the items to be discussed and their right to participate. Notice may be accomplished by the employer by posting a notice (see "Notice to Employees of Informal Conference" provided with this package) by the citation or by serving a copy of the notice on the union representative. A copy of the notice must be provided to the Informal Conference Hearing Officer at the time of the conference. An informal conference will not be conducted unless the employee or union representative has been afforded the opportunity to participate. Be sure to bring to the conference any and all supporting documentation of existing as well as any abatement steps taken thus far. If conditions warrant, we may enter into an informal settlement agreement (ISA) to resolve all issues.

EMPLOYER DISCRIMINATION UNLAWFUL - The law prohibits discrimination by an employer against any employee filing a complaint or for exercising any rights under the OSHA Act. An employee who believes that he/she has been discriminated against may file a complaint no later than thirty (30) days after the discrimination occurred with the South Carolina Department of Labor, Licensing, and Regulation at the address shown above.

CONCLUSION - A follow-up inspection may be conducted for the purpose of determining that you have complied with the posting requirements outlined in the law and abated (corrected) the alleged violations as you have reported in the corrective action documentation. Note that the law provides that whoever knowingly gives false information will be subject to a fine and/or imprisonment.

If you wish further information, you may direct such requests to the Compliance Manager at the address listed above.

NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 10/23/2015. The conference will be held at the OSHA office located at 110 Centerview Drive, Columbia, S.C. 29210 on _____ at _____. Employees and/or representatives of employees have a right to attend an informal conference.

SC Dept of Labor, Licensing & Regulation
Office of Occupational Safety and Health

Inspection Number: 317894277
Inspection Date(s): 8/19/2015 - 10/9/2015
Issuance Date: 10/23/2015
CSHO ID: V0480
Optional Report No.: 0107-16

Citation and Notification of Penalty

Company Name: FleetPride Inc
Inspection Site: 1631 Shop Road, Columbia, SC 29201

Citation 01 Item 001 Type of Violation: **Other**

SC Code Ann. Regs. 71-339(a): Failed to report fatalities, hospitalizations, amputations, and losses of an eye as a result of work-related incidents to OSHA. (1) Within eight (8) hours after the death of any employee as a result of a work-related incident, you must report the fatality to the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor. (2) Within twenty-four (24) hours after the in-patient hospitalization of one or more employees or an employee's amputation or an employee's loss of an eye, as a result of a work-related incident, you must report the in-patient hospitalization, amputation, or loss of an eye to OSHA. (3) You must report the fatality, in-patient hospitalization, amputation, or loss of an eye using one of the following methods: (i) By telephone (1-803-896-7672) or in person to the South Carolina OSHA Office. (ii) By telephone to the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742), as follows:

A. A fatality, which occurred on February 27, 2015, had not been reported to South Carolina Department of Labor, Licensing, and Regulation as of August 19, 2015.

Date By Which Violation Must Be Abated: **Corrected During Inspection**
Proposed Penalty: **$3,750.00**

Anthony Wilks
South Carolina Dept of LLR

[redacted] MAKE CHECKS PAYABLE TO [redacted]

PROFESSIONAL PATHOLOGY SVCS,PC
5700 SOUTHWYCK BLVD
TOLEDO,OH 43614-1509

☐ DISCOVER ☐ MasterCard ☐ VISA		
CARD NUMBER		CCV CODE
FULL NAME (Please Print)		EXP. DATE
SIGNATURE		
STATEMENT DATE 06/07/15	PAY THIS AMOUNT 1523.95	ACCOUNT NUMBER
SHOW AMOUNT PAID HERE $		PASS CODE PSCR

FOR BILLING QUESTIONS Call 1-800-678-1861
9AM-7PM EASTERN

* FORWARDING SERVICE REQUESTED
[redacted] ADDRESSEE [redacted]
EDMUND DILLON
[redacted]

Page 1 of 1

[redacted] REMIT TO [redacted]
PROFESSIONAL PATHOLOGY SVCS,PC
5700 SOUTHWYCK BLVD
TOLEDO,OH 43614-1509

Client# R1505401814/PSCR

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

STATEMENT

DATE OF SERVICE	SERVICE RENDERED	CHARGES
2/23/15	Balance Forward	1833.00
thru	Payments	309.05-
2/26/15	Balance Due	1523.95

TO PAY YOUR BILL ONLINE, PLEASE VISIT
HTTPS://PAYYOURBILL.APSMEDBILL.COM

PALMETTO HEALTH RICHLAND HOSP REF PHY: JONES,MARK A

ACCOUNT NUMBER	STATEMENT DATE		TOTAL CHARGES	TOTAL PAYMENTS	ADJUSTMENTS	BALANCE DUE
[redacted]	06/07/15	PAYMENTS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	1833.00	309.05-	.00	1523.95

PATIENT NAME	MAKE PAYMENT TO:
EDMUND DILLON	PROFESSIONAL PATHOLOGY SVCS,PC 1-800-678-1861

THANK YOU FOR YOUR BUSINESS. PLEASE SEND YOUR PAYMENT WITHIN 10 DAYS.

IF YOU'VE SENT PAYMENT IN FULL, PLEASE ACCEPT OUR THANKS

[redacted] MAKE CHECKS PAYABLE TO [redacted]

PROFESSIONAL PATHOLOGY SVCS,PC
5700 SOUTHWYCK BLVD
TOLEDO,OH 43614-1509

FOR BILLING QUESTIONS Call 1-800-678-1861
9AM-7PM EASTERN

* FORWARDING SERVICE REQUESTED
[redacted] ADDRESSEE [redacted]
EDMUND DILLON

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

☐ DISCOVER ☐ MasterCard ☐ VISA

CARD NUMBER	CCV CODE
FULL NAME (Please Print)	EXP. DATE
SIGNATURE	

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
06/10/15	1523.95	
SHOW AMOUNT PAID HERE $	PASS CODE PSCR	

[redacted] REMIT TO [redacted]

PROFESSIONAL PATHOLOGY SVCS,PC
5700 SOUTHWYCK BLVD
TOLEDO,OH 43614-1509

Client# R1505401814/PSCR

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

STATEMENT

DATE OF SERVICE	SERVICE RENDERED	CHARGES
2/23/15 thru 2/26/15	Balance Forward	1833.00
	Payments	309.05-
	Balance Due	1523.95

TO PAY YOUR BILL ONLINE, PLEASE VISIT
HTTPS://PAYYOURBILL.APSMEDBILL.COM

PALMETTO HEALTH RICHLAND HOSP REF PHY: JONES,MARK A

ACCOUNT NUMBER	STATEMENT DATE		TOTAL CHARGES	TOTAL PAYMENTS	ADJUSTMENTS	BALANCE DUE
	06/10/15	PAYMENTS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	1833.00	309.05-	.00	1523.95

PATIENT NAME	MAKE PAYMENT TO:
EDMUND DILLON	PROFESSIONAL PATHOLOGY SVCS,PC 1-800-678-1861

```
*************************************************************
* WE HAVE BILLED YOUR INSURANCE FOR THIS ACCOUNT. THEY HAVE*
* NOTIFIED US THAT THE BALANCE IS YOUR RESPONSIBILITY. THIS*
* BALANCE MAY INCLUDE DEDUCTIBLES,CO-PAYS OR NON COVERED   *
* CHARGES. WE MUST LOOK TO YOU FOR PAYMENT.  THANK YOU     *
*          IF YOU'VE ALREADY SENT PAYMENT IN FULL,         *
*              PLEASE DISREGARD THIS NOTICE.               *
*************************************************************
```

[redacted] MAKE CHECKS PAYABLE TO [redacted]

PROFESSIONAL PATHOLOGY SVCS,PC
5700 SOUTHWYCK BLVD
TOLEDO,OH 43614-1509

FOR BILLING QUESTIONS Call 1-800-678-1861
9AM-7PM EASTERN

* [redacted] FORWARDING SERVICE REQUESTED
[redacted] ADDRESSEE [redacted]
EDMUND DILLON

IF PAYING BY CREDIT CARD, FILL OUT BELOW.		
☐ DISCOVER ☐ MasterCard ☐ VISA		
CARD NUMBER		CCV CODE
FULL NAME (Please Print)		EXP. DATE
SIGNATURE		
STATEMENT DATE 07/01/15	PAY THIS AMOUNT 94.00	ACCOUNT NUMBER
SHOW AMOUNT PAID HERE $	PASS CODE PSCR	

Page 1 of 1

[redacted] REMIT TO [redacted]

PROFESSIONAL PATHOLOGY SVCS,PC
5700 SOUTHWYCK BLVD
TOLEDO,OH 43614-1509

Client# R1505401814-001/PSCR

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

STATEMENT

DATE OF SERVICE	SERVICE RENDERED	CHARGES
2/23/15	Balance Forward	94.00
	Payments	.00
	Balance Due	94.00

TO PAY YOUR BILL ONLINE, PLEASE VISIT
HTTPS://PAYYOURBILL.APSMEDBILL.COM

PALMETTO HEALTH RICHLAND HOSP REF PHY: JONES,MARK A

ACCOUNT NUMBER	STATEMENT DATE		TOTAL CHARGES	TOTAL PAYMENTS	ADJUSTMENTS	BALANCE DUE
045114240	07/01/15	PAYMENTS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	94.00	.00	.00	94.00

PATIENT NAME	MAKE PAYMENT TO:
EDMUND DILLON	PROFESSIONAL PATHOLOGY SVCS,PC 1-800-678-1861

```
*************************************************************
* WE HAVE BILLED YOUR INSURANCE FOR THIS ACCOUNT. THEY HAVE*
* NOTIFIED US THAT THE BALANCE IS YOUR RESPONSIBILITY. THIS*
* BALANCE MAY INCLUDE DEDUCTIBLES,CO-PAYS OR NOW COVERED   *
* CHARGES. WE MUST LOOK TO YOU FOR PAYMENT.  THANK YOU     *
*          IF YOU'VE ALREADY SENT PAYMENT IN FULL,         *
*               PLEASE DISREGARD THIS NOTICE.              *
*************************************************************
```

PITTS RADIOLOGY
PO BOX 602728
CHARLOTTE, NC 28260

May 31, 2015

EDMUND DILLON

EZ Ways To Pay...

www.ezmedinfo.com/pitts

Automated Attendant
866.481.7572 (24 hours a day)

For Payments Please Call: 888.960.6312 For Billing Questions Please Call: 866.481.7572

Account Number	Amount Due	Statement Date	Date Due
[illegible]	$1,283.00	05/31/15	Upon Receipt

FINAL NOTICE FINAL NOTICE FINAL NOTICE

Dear: EDMUND DILLON

Our records indicate you have not responded to our initial notice and your account is still outstanding. If you have made a payment within the last 10 days please disregard this notice.

This is the final notice you will receive before your account is referred to a licensed collections agency.

You can resolve your outstanding balance through the following methods: visit our website @ www.ezmedinfo.com/pitts, call our Automated Phone System 24/7 or utilize our Call Center at 866-481-7572 during standard business hours.

Once the account has been sent to the collection agency, payment arrangements and any other communication will need to be handled with the agency.

Date of Service	Date of Filing	Ref NO.	Service	Amount	Payments	Balance
02/26/2015	03/03/2015	4108979	CHEST X-RAY 1 VIEW FRONTAL	31.00	0.00	31.00
02/25/2015	03/04/2015	4106796	CHEST X-RAY 1 VIEW FRONTAL	31.00	0.00	31.00
02/25/2015	03/04/2015	4106910	X-RAY EXAM OF ABDOMEN	34.00	0.00	34.00
02/25/2015	03/04/2015	4107272	CHEST X-RAY 1 VIEW FRONTAL	31.00	0.00	31.00
02/24/2015	03/04/2015	4104119	CHEST X-RAY 1 VIEW FRONTAL	31.00	0.00	31.00
02/24/2015	03/03/2015	4104552	CT HEAD/BRAIN W/O DYE	164.00	0.00	164.00
02/24/2015	03/03/2015	4104638	X-RAY EXAM OF ABDOMEN	34.00	0.00	34.00
02/23/2015	03/04/2015	4102387	CT HEAD/BRAIN W/O DYE	164.00	0.00	164.00
02/23/2015	03/04/2015	4102390	CT NECK SPINE W/O DYE	190.00	0.00	190.00
02/23/2015	03/04/2015	4102685	CHEST X-RAY 1 VIEW FRONTAL	31.00	0.00	31.00
02/23/2015	03/04/2015	4102715	CHEST X-RAY 1 VIEW FRONTAL	31.00	0.00	31.00

PITTS RADIOLOGY
PO BOX 602728
CHARLOTTE, NC 28260

Billing Date	Amount Due	Account Number
05/31/15	$1,283.00	707629-QPITT

Patient Name: EDMUND DILLON
Invoice #: 4789354
Billing Questions: 866.481.7572

106779 - 4

EDMUND DILLON

PITTS RADIOLOGY
PO BOX 602728
CHARLOTTE, NC 28260

0478935400128300000000707629PITT3

Pay Online: www.ezmedinfo.com/pitts

106779-1-MCR-4

Date of Service	Date of Filing	Ref. No.	Service	Amount	Payments	Balance
02/23/2015	03/04/2015	4104341	CT ABD & PELV W/CONTRAST	511.00	0.00	511.00
Totals	Location of Services: Palmetto Hlth Richland Mem Hosp IP			1,283.00	0.00	1,283.00

SECOND NOTICE
PAYMENT
REQUIRED
[illegible] DAYS PAST
DUE

Richland County EMS
Remittance Address
PO BOX 863
LEWISVILLE NC 27023-0863
(844) 239-6691

Pay your bill now by going to:
www.emsbilling.info

ACCOUNT DETAILS

Run #: 15-172847 Date of Service: 02/23/2015
Patient Name: ED DILLON

To: PALMETTO HEALTH RICHLAND MEMORIAL HOSPITAL

From: 1631 SHOP RD
COLUMBIA, SC 29201

Total Charges: $554.91

PLEASE PAY THIS AMOUNT $554.91

Description	Qty.	Price	Allowance	Amount
ALS Emer In Co xport - RICH	1	$518.16		$518.16
Mileage - RICH	5.0	$36.75		$36.75

8784PSMT_4 3/2/15 CMYK 3.5"

Billing & Payment Processing Services Provided by EMS|MC

PLEASE PAY THIS AMOUNT $554.91

The balance listed above is at least 30 days past due. Unless you have additional insurance, you are responsible for the balance. If you would like to provide insurance information or make a payment, our automated telephone system at (844) 239-6691 or our website at **www.emsbilling.info** are available 24 hours a day for your convenience. Our Customer Service Specialists are available to assist you Monday through Friday from 8:00am to 8:00pm eastern time. Thank you for your prompt attention to this important matter.

DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Richland County EMS
PO BOX 863
LEWISVILLE NC 27023-0863
ELECTRONIC SERVICE REQUESTED

ED DILLON	$554.91
02/23/2015	04/23/2015	$
WE ACCEPT	PLEASE SEE REVERSE SIDE FOR DETAILS

********************MIXED AADC 270
3024940 8784-SMT 6618 1 2 1

ED DILLON

PLEASE MAKE CHECKS PAYABLE TO:

Richland County EMS
PO BOX 863

LEWISVILLE NC 27023-0863

Federal Tax ID: 57-6000398
Incident Number: 001108649

Dillon Exhibits 000065

PALMETTO HEALTH

► ACCOUNT INFORMATION

Guarantor:	EDMUND DILLON
Patient Name:	
Statement Date:	06/21/2015
Guarantor Number:	
Account Balance:	**$15.63**

DATE	DOCTOR	DESCRIPTION	CHARGE	INS ACTIVITY	PT ACTIVITY	BALANCE
		RICHLAND HOSPITAL INTERNAL Previous Patient Balance PATIENT RESPONSIBLE	15.63			15.63

Thank you for choosing Palmetto Health physician practice for your health care needs. The outstanding balance is due immediately. If you have not done so, please contact our billing office at 803-296-7320 to arrange for payment of your account balance.

PALMETTO HEALTH
Physician Practice Billing
293 GREYSTONE BLVD 3RD FLOOR
COLUMBIA SC 29210

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

STATEMENT DATE: 06/21/2015 **PAGE:** 1 of 1

IF PAYING BY CREDIT CARD, FILL OUT BELOW.		
☐ ☐ ☐ ☐ ☐ FSA/HSA *		
CARD NUMBER		EXP. DATE
FULL NAME (Please Print)		CCV CODE
SIGNATURE		
Dates of Service (If paying with FSA/HSA)		
GUARANTOR NUMBER	ACCOUNT BALANCE	AMOUNT PAID
	$15.63	$

* RETURN SERVICE REQUESTED

PALMETTO HEALTH
PHYSICIAN PRACTICE BILLING
PO BOX 100408
ATLANTA, GA 30384

06212015 415742870000001563 7

PALMETTO HEALTH

Patients may request a payment plan on their account through AccessOne, a medical credit card partner that offers interest-free and low-interest long-term payment plans. Contact AccessOne at 888-458-6272 or www.mya1mc.com.

► ACCOUNT INFORMATION

Guarantor:	EDMUND DILLON
Patient Name:	
Statement Date:	06/21/2015
Guarantor Number:	
Account Balance:	**$3,648.00**

DATE	DOCTOR	DESCRIPTION	CHARGE	INS ACTIVITY	PT ACTIVITY	BALANCE
		PH NEUROSURGERY ASSOCIATES Previous Patient Balance PATIENT RESPONSIBLE	3648.00			3648.00

Your account balance is severely past due and in jeopardy of further collection activity. Please contact our billing office at 803-296-7320 to discuss payment options.

PALMETTO HEALTH
Physician Practice Billing
293 GREYSTONE BLVD 3RD FLOOR
COLUMBIA SC 29210

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

STATEMENT DATE: 06/21/2015 PAGE: 1 of 1

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

☐ ☐ DISCOVER ☐ MasterCard ☐ VISA ☐ FSA/HSA *

CARD NUMBER	EXP. DATE
FULL NAME (Please Print)	CCV CODE
SIGNATURE	
Dates of Service (If paying with FSA/HSA)	

GUARANTOR NUMBER	ACCOUNT BALANCE	AMOUNT PAID
	$3,648.00	$

* RETURN SERVICE REQUESTED

EDMUND DILLON

PALMETTO HEALTH
PHYSICIAN PRACTICE BILLING
PO BOX 100408
ATLANTA, GA 30384

06212015 415742770000364800 5

Dillon Exhibits 000067

PALMETTO HEALTH

Patients may request a payment plan on their account through AccessOne, a medical credit card partner that offers interest-free and low-interest long-term payment plans. Contact AccessOne at 888-458-6272 or www.mya1mc.com.

▶ ACCOUNT INFORMATION

Guarantor:	EDMUND DILLON
Patient Name:	
Statement Date:	06/21/2015
Guarantor Number:	[redacted]
Account Balance:	**$478.00**

DATE	DOCTOR	DESCRIPTION	CHARGE	INS ACTIVITY	PT ACTIVITY	BALANCE
		PALLIATIVE CARE Previous Patient Balance PATIENT RESPONSIBLE	478.00			478.00

Your account balance is severely past due and in jeopardy of further collection activity. Please contact our billing office at 803-296-7320 to discuss payment options.

PALMETTO HEALTH
Physician Practice Billing
293 GREYSTONE BLVD 3RD FLOOR
COLUMBIA SC 29210

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

STATEMENT DATE: 06/21/2015 **PAGE:** 1 of 1

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

☐ ☐ ☐ ☐ ☐ FSA/HSA

CARD NUMBER	EXP. DATE
FULL NAME (Please Print)	CCV CODE
SIGNATURE	
Dates of Service (If paying with FSA/HSA)	
GUARANTOR NUMBER [redacted] / ACCOUNT BALANCE $478.00	AMOUNT PAID $

* RETURN SERVICE REQUESTED

EDMUND DILLON [redacted]

PALMETTO HEALTH
PHYSICIAN PRACTICE BILLING
PO BOX 100408
ATLANTA, GA 30384

06212015 415742470000047800 3

(46)

PHBillPay

https://www.palmettohealth.org/Cnt/SCPay/

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Bill Pay

Welcome EDMUND DILLON

Profile | Log Off

Physician Practice Charges

Practice Name	Total Charges	Patient Responsibility	Payment
INPATIENT LEXINGTON	116.00	15.53	0
INPATIENT RICHLAND	5494.04	4276.62	0

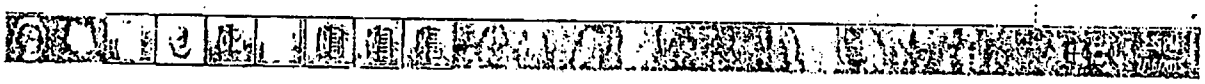
To speak with someone about your bill please call 803-296-2200 between 8:30am and 5pm EST, Monday through Friday.

[redacted]

Click Here to Email Us

Cancel | Hospital Bills

Make Payment



(4)

Bill Pay

Welcome EDMUND DILLON

Profile | Log Off

Physician Practice Charges

Practice Name	Total Charges	Patient Responsibility	Payment
INPATIENT LEXINGTON	715.00	15.57	0
INPATIENT FIRELAND	5694.00	5276.62	0

To speak with someone about your bill please call 803.296.2320 between 8:30am and 5pm EST, Monday through Friday.

Click Here to Email Us

Cancel | Print(s) Bill(s)

Make Payment

PALMETTO HEALTH

► ACCOUNT INFORMATION

Guarantor:	EDMUND DILLON
Patient Name:	
Statement Date:	06/21/2015
Guarantor Number:	
Account Balance:	**$32.99**

DATE	DOCTOR	DESCRIPTION	CHARGE	INS ACTIVITY	PT ACTIVITY	BALANCE
		COLUMBIA GASTROENTEROLOGY A Previous Patient Balance PATIENT RESPONSIBLE	32.99			32.99

Thank you for choosing Palmetto Health physician practice for your health care needs. The outstanding balance is due immediately. If you have not done so, please contact our billing office at 803-296-7320 to arrange for payment of your account balance.

PALMETTO HEALTH
Physician Practice Billing
293 GREYSTONE BLVD 3RD FLOOR
COLUMBIA SC 29210

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

☐ ☐ ☐ ☐ ☐ FSA/HSA

CARD NUMBER	EXP. DATE
FULL NAME (Please Print)	CCV CODE
SIGNATURE	
Dates of Service (if paying with FSA/HSA)	

GUARANTOR NUMBER	ACCOUNT BALANCE	AMOUNT PAID
	$32.99	$

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

STATEMENT DATE: 06/21/2015 **PAGE:** 1 of 1

RETURN SERVICE REQUESTED

EDMUND DILLON

PALMETTO HEALTH
PHYSICIAN PRACTICE BILLING
PO BOX 100408
ATLANTA, GA 30384

06212015 415742670000032998

PALMETTO HEALTH

Dear Edmund Dillon:

Thank you for choosing Palmetto Health as your healthcare provider.

There is a balance due on your account as indicated on this statement.

Please send payment in full. For your convenience, we accept MasterCard, Visa, American Express, and Discover. To ensure proper crediting of your account, please include your patient account number on all payments. Your prompt payment is appreciated.

Patients may also request a payment plan on their account through AccessOne, a medical credit card partner that offers interest-free and low-interest long-term payment plans. To set up a payment plan, contact AccessOne at 888-458-6272 or visit www.mya1mc.com.

If you have any questions about your bill, please contact us at the numbers provided on this statement.

Patient Financial Services Department
296-5098 or call toll free 1-800-243-7711
AR09

▶ ACCOUNT SUMMARY

Statement Date:	06/30/15
Service Date(s):	02/23/2015 - 02/27/2015
Account Number:	
Account Balance:	**$111,042.00**

▶ INSURANCE INFORMATION

Contact us if any of this information is incorrect. Please note only primary and secondary insurances are listed on this statement.

PRIMARY

Insurance:	WORKER'S COMP
Name of Insured:	EDMUND DILLON
ID Number:	XXXXXXXXXXXXWC01

SECONDARY

Insurance:	AETNA INSURANCE COMPA
Name of Insured:	EDMUND DILLON
ID Number:	XXXXXX6590

Para Asistencia en Español llamar a 800-243-7711

PALMETTO HEALTH RICHLAND
293 Greystone Blvd
First Floor
Columbia, SC 29210 A

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

STATEMENT DATE: 06/30/15 PAGE: 1 of 1

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

☐ ☐ ☐ ☐

CARD NUMBER	EXP. DATE
FULL NAME (Please Print)	CCV CODE
SIGNATURE	

PATIENT NAME AND ACCOUNT NUMBER		DATES OF SERVICE
EDMUND DILLON - R1505401814		02/23/2015 - 02/27/2015
ACCOUNT BALANCE	TOTAL CHARGES	AMOUNT PAID
$111,042.00	$111,042.00	$

* [redacted]
EDMUND DILLON

[redacted]
PALMETTO HEALTH RICHLAND
C/O PAYMENT PROCESSING
PO BOX 402111
ATLANTA, GA 30384-2111

Dillon Exhibits 000072 R06302015R1505401814001110420 07

HOSPITAL SUMMARY OF CHARGES

Description	Amount	Description	Amount
INTENSIVE CARE	11100.00	BLOOD ADMINISTRATION	1220.00
PHARMACY/GENERAL	6050.00	RESPIRATORY SVC	4793.00
MED/SUR SUPPLIES	3241.00	EMERGENCY ROOM	2924.00
STERILE SUPPLY	6731.00	PULMONARY FUNCTIONS-DIAGNOSTIC	1628.00
PROSTH/ORTH DEV	232.00	EPO/DRUGS REQUIRING DET CODE	13713.00
LABORATORY	942.00	SELF ADMINISTERED DRUGS	857.00
LAB/CHEMISTRY	6156.00	TRAUMA RESPONSE LEVEL I	6288.00
LAB/HEMATOLOGY	1513.00	EKG/ECG	348.00
LAB/BACT-MICRO	695.00	PRO FEE/ANES RN	2919.00
LAB/UROLOGY	130.00	PRO FEE/EKG	34.00
DX X-RAY	652.00	UNIDENTIFIED	0.00
DX X-RAY/CHEST	2052.00	TOTAL CHARGES	111042.00
CT SCAN/HEAD	3900.00		
CT SCAN/BODY	7270.00	TOTAL INSURANCE PAYMENTS	0.00
OR SERVICES	18945.00	TOTAL ADJUSTMENTS	0.00
OR SERVICES/MINOR	2669.00	TOTAL PATIENT PAYMENTS	0.00
ANESTHESIA	3642.00		
BLOOD/STOR-PROC	398.00	ACCOUNT BALANCE	111,042.00

Date(s) of Service	Location	Account Number
02/23/2015 - 02/27/2015	R INPATIENT	

Customer Service

If you have any questions regarding this balance or would like an itemized statement, please contact our Patient Financial Services at 803-296-5098 or 800-243-7711. Monday through Friday, 8:30 a.m. to 5:00 p.m.. You may email questions to us at: www.palmettohealth.org. Written correspondence -
Palmetto Health Richland, C/O Payment Processing, PO Box 402111, Atlanta, GA 30384-2111

Other Bills You May Receive

You may receive bills from your own doctor, doctors who assisted in your care, or from other facilities. The doctors and facilities bill for their services separately, and may include:

Radiology:	(803) 434-2600
Pathology:	(866) 252-1913
Anesthesiology:	(803) 434-6151
ER Doctor Billing:	(800) 877-7564

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE...

ABOUT YOU:

ADDRESS

CITY STATE ZIP

EMPLOYER NAME AND ADDRESS CITY STATE ZIP

ABOUT YOUR INSURANCE:

PRIMARY INSURANCE COMPANY'S NAME

INSURANCE COMPANY ADDRESS PHONE

CITY STATE ZIP

GROUP PLAN NUMBER

PHONE

CITY STATE ZIP

POLICY HOLDER'S ID NUMBER GROUP PLAN NUMBER

Dillon Exhibits 000073

PALMETTO HEALTH RICHLAND
293 Greystone Blvd.
Columbia, SC 29210

ITEMIZED STATEMENT OF CHARGES

TYPE OF BILL	DATE OF BILL	PAGE NO.

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
EDMUND DILLON		M	56Y	02/23/15	02/27/15	

INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
060622 WORKER'S COMP		000714050164WC01
060999 1500 WORKERS COMPENSA		000714050164WC01
700025 AETNA INSURANCE COMPA	08469580100000 3	W205876590
700029 1500 AETNA INSURANCE	08469580100000 3	W205876590

PLEASE RETAIN FOR YOUR RECORDS

GUARANTOR NAME AND ADDRESS: EDMUND DILLON
29078

FOR PATIENT INFORMATION ONLY. ALL BENEFITS ASSIGNED TO PALMETTO HEALTH RICHLAND FOR QUESTIONS CALL (803) 296-5098 or 1-800-243-7711

DATE	ITEM NO.	DESCRIPTION	CLM. CODE	ORDER NO.	QTY.	UNIT PRICE	TOTAL CHARGES
02/23/15	51019	ROOM 0514 I	0200	95	1	2775.00	2775.00
02/24/15	51019	ROOM 0514 I	0200	240	1	2775.00	2775.00
02/25/15	51019	ROOM 0526 I	0200	335	1	2775.00	2775.00
02/26/15	51019	ROOM 0526 I	0200	380	1	2775.00	2775.00
		TOTAL INTENSIVE CARE					$11100.00
02/23/15	21724	BACITRACIN 50,000 UNITS INJ	0250	41	1	195.00	195.00
02/23/15	22833	PROPOFOL 10 MG/ML INJ 100ML (PREM	0250	14	1	823.00	823.00
02/23/15	22857	PROPOFOL 10 MG/ML INJ 50ML (PREMI	0250	22	1	520.00	520.00
02/23/15	22857	PROPOFOL 10 MG/ML INJ 50ML (PREMI	0250	179	-1	520.00	-520.00
02/23/15	23997	OCULAR LUBRICANT OPHTH OINT 3.5GR	0250	195	1	105.00	105.00
02/23/15	24935	VECURONIUM 10MG INJ	0250	43	1	97.00	97.00
02/23/15	27244	LIDOCAINE W EPI 1% 1-100,000 INJ	0250	152	1	73.00	73.00
02/23/15	28278	ETOMIDATE 2 MG/ML INJ 20ML	0250	45	1	132.00	132.00
02/23/15	28291	ISOFLURANE 100% INH SOLN 50ML	0250	199	1	194.00	194.00
02/23/15	32440	ROCURONIUM 50MG/5ML SYRINGE (FOR	0250	194	2	475.00	950.00
02/23/15	32453	FENTANYL 1350MCG IN NS 135ML (PRE	0250	13	1	857.00	857.00
02/23/15	33053	PREMIX 250 ML	0250	23	250	0.00	0.0
02/23/15	33053	PREMIX 250 ML	0250	180	-250	0.00	0.
02/24/15	23316	FOLIC ACID 5MG/ML INJ 10ML	0250	167	1	518.00	518.00
02/24/15	24063	NOREPINEPHRINE 1MG/ML INJ 4ML	0250	156	1	191.00	191.00
02/24/15	24063	NOREPINEPHRINE 1MG/ML INJ 4ML	0250	329	-1	191.00	-191.00
02/24/15	24550	MULTIVITAMIN INJ ADULT 10ML	0250	165	1	149.00	149.00
02/24/15	30194	SODIUM PHOSPHATE 3 MMOL/ML INJ 15	0250	144	1	170.00	170.00
02/25/15	23316	FOLIC ACID 5MG/ML INJ 10ML	0250	282	1	518.00	518.00
02/25/15	24550	MULTIVITAMIN INJ ADULT 10ML	0250	280	1	149.00	149.00
02/25/15	32453	FENTANYL 1350MCG IN NS 135ML (PRE	0250	316	1	857.00	857.00
02/27/15	29768	GLYCOPYRROLATE 0.2MG/ML INJ 1ML	0250	395	1	263.00	263.00
		TOTAL PHARMACY/GENERAL					$6050.00
02/23/15	18701	PROTECTOR HEEL PRESS RELIEVE	0270	66	2	289.00	578.00
02/23/15	406	CANNISTER SUCTION 1200CC.	0270	27	2	16.00	32.00
02/23/15	406	CANNISTER SUCTION 1200CC.	0270	48	2	16.00	32.00
02/23/15	44860	BURR	0270	191	1	380.00	380.00
02/23/15	44860	BURR	0270	192	1	425.00	425.00
02/23/15	7352	SLEEVE SCD KNEE ADJ XPRS MED	0270	65	1	157.00	157.00

Continued

PATIENT NUMBER

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL IS PREPARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY ANY AMOUNT OF THE AMOUNTS SHOWN.

TOTAL AMOUNT DUE

PLEASE RETAIN FOR YOUR RECORDS

018406

PALMETTO HEALTH RICHLAND
293 Greystone Blvd.
Columbia, SC 29210

ITEMIZED STATEMENT OF CHARGES

TYPE OF BILL	DATE OF BILL	PAGE NO.
D1-IPR	03/03/15	2

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
EDMUND DILLON	[redacted]	M	56Y	02/23/15	02/27/15	

INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
060622 WORKER'S COMP		000714050164WC01
060999 1500 WORKERS COMPENSA		000714050164WC01
700025 AETNA INSURANCE COMPA	084695801000003	W205876590
700029 1500 AETNA INSURANCE	084695801000003	W205876590

PLEASE RETAIN FOR YOUR RECORDS

GUARANTOR NAME AND ADDRESS: EDMUND DILLON [redacted] 29078

FOR PATIENT INFORMATION ONLY. ALL BENEFITS ASSIGNED TO PALMETTO HEALTH RICHLAND FOR QUESTIONS CALL (803) 296-5098 or 1-800-243-7711

DATE	ITEM NO.	DESCRIPTION	CLM. CODE	ORDER NO.	QTY.	UNIT PRICE	TOTAL CHARGES
02/23/15	7352	SLEEVE SCD KNEE ADJ XPRS MED	0270 83		1	157.00	157.00
02/24/15	7352	SLEEVE SCD KNEE ADJ XPRS MED	0270237		1	157.00	157.00
02/24/15	914	DEVICE ATTAC SUCTION TUBE VTAD	0270182		1	33.00	33.00
02/24/15	97608	MONITORING W/DISP TRANDU ADULT	0270169		1	168.00	168.00
02/24/15	97902	TUBE SALEM SUMP SILIC 16FR	0270181		1	107.00	107.00
02/25/15	406	CANNISTER SUCTION 1200CC.	0270314		2	16.00	32.00
02/25/15	406	CANNISTER SUCTION 1200CC.	0270315		1	16.00	16.00
02/25/15	914	DEVICE ATTAC SUCTION TUBE VTAD	0270290		1	33.00	33.00
02/25/15	914	DEVICE ATTAC SUCTION TUBE VTAD	0270296		1	33.00	33.00
02/25/15	97608	MONITORING W/DISP TRANDU ADULT	0270313		1	168.00	168.00
02/26/15	914	DEVICE ATTAC SUCTION TUBE VTAD	0270375		1	33.00	33.00
02/27/15	428	O2 THER DAY	0270390		1	439.00	439.00
02/27/15	60067	BED SYNERGY AIR ELITE	0270397		1	171.00	171.00
02/27/15	97943	BODY ALIGNER	0270382		1	90.00	90.00
		TOTAL MED/SUR SUPPLIES					$3241.00
02/23/15	42322	SNYDER HEMOVAC LARGE	0272202		1	110.00	110.00
02/23/15	42426	MIDAS REX C-1	0272207		1	297.00	297.00
02/23/15	43251	MIDAS REX AM-10,14	0272203		1	438.00	438.00
02/23/15	49955	PERFORATOR DISPOSIBLE 14MM	0272200		1	782.00	782.00
02/23/15	50296	BONE WAX	0272201		1	33.00	33.00
02/23/15	54760	SUTURE LEVEL 1	0272204		1	27.00	27.00
02/23/15	54760	SUTURE LEVEL 1	0272212		3	27.00	81.00
02/23/15	54761	SUTURE LEVEL 2	0272206		2	48.00	96.00
02/23/15	54762	SUTURE LEVEL 3	0272205		2	80.00	160.00
02/23/15	54833	FORCEP DISP	0272211		1	1310.00	1310.00
02/23/15	54984	PERFORATOR CRANIAL DGR	0272208		1	645.00	645.00
02/23/15	55008	STAPLER SKIN 35WIDE PXR35	0272210		3	32.00	96.00
02/23/15	55087	HEMOSTAT SURGIFLO 2993	0272209		2	712.00	1424.00
02/23/15	81843	DRESSING MEPILEX BORDER 18X18 CM	0272 88		1	32.00	32.00
02/23/15	98100	DRESSING MEPILEX 4 X 4	0272 89		3	15.00	45.00
02/24/15	60578	SYS ORAL CLEANING Q2	0272124		1	154.00	154.00
02/24/15	81843	DRESSING MEPILEX BORDER 18X18 CM	0272236		1	32.00	32.00
02/25/15	51504	MICRO PUNCTURE INTRODUCER	0272302		1	207.00	207.00
02/25/15	51505	BARD PICC	0272300		1	443.00	443.00
02/25/15	60578	SYS ORAL CLEANING Q2	0272248		1	154.00	154.00

Continued

PATIENT NUMBER [redacted]

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

ADDITIONAL PATIENT BILLING MAY BE NECESSARY IF ANY CHARGES NOT POSTED WHEN THIS BILL IS PREPARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY ANY AMOUNT OF THE AMOUNTS SHOWN.

TOTAL AMOUNT DUE

PLEASE RETAIN FOR YOUR RECORDS

76018406

PALMETTO HEALTH RICHLAND
293 Greystone Blvd.
Columbia, SC 29210

ITEMIZED STATEMENT OF CHARGES

TYPE OF BILL	DATE OF BILL	PAGE NO.
D1-IPR	03/03/15	3

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
EDMUND DILLON	[redacted]	M	56Y	02/23/15	02/27/15	

INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
060622 WORKER'S COMP		000714050164WC01
060999 1500 WORKERS COMPENSA		000714050164WC01
700025 AETNA INSURANCE COMPA	08469580100000 3	W205876590
700029 1500 AETNA INSURANCE	08469580100000 3	W205876590

PLEASE RETAIN FOR YOUR RECORDS

GUARANTOR NAME AND ADDRESS: EDMUND DILLON
[redacted] ROAD
29078

FOR PATIENT INFORMATION ONLY.
ALL BENEFITS ASSIGNED TO
PALMETTO HEALTH RICHLAND
FOR QUESTIONS CALL (803) 296-5098
or 1-800-243-7711

DATE	ITEM NO.	DESCRIPTION	CLM. CODE	ORDER NO.	QTY.	UNIT PRICE	TOTAL CHARGES
02/26/15	60578	SYS ORAL CLEANING Q2	0272346		1	154.00	154.00
02/26/15	97967	DRESSING VASELINE 3X18.	0272341		1	11.00	11.00
		TOTAL STERILE SUPPLY					$6731.00
02/26/15	3118	COLLAR CERV ASPEN ADL SHORT	0274359		1	232.00	232.00
		TOTAL PROSTH/ORTH DEV					$232.00
02/23/15	15302	RH BLOOD TYPE	0300	24	1	61.00	61.00
02/23/15	15302	RH BLOOD TYPE	0300	47	1	61.00	61.00
02/23/15	15303	ABO BLOOD TYPING	0300	24	1	75.00	75.00
02/23/15	15303	ABO BLOOD TYPING	0300	47	1	75.00	75.00
02/23/15	15324	AB SCRN RBC EA SERUM TECH	0300	50	1	138.00	138.00
02/23/15	15405	COMPATIBILITY TEST IM SPN EA UNIT	0300	51	1	182.00	182.00
02/23/15	15405	COMPATIBILITY TEST IM SPN EA UNIT	0300	52	1	182.00	182.00
02/23/15	84568	LAB DRAW ARTERIAL	0300	29	1	84.00	84.00
02/26/15	84568	LAB DRAW ARTERIAL	0300351		1	84.00	84.00
		TOTAL LABORATORY					$942.00
02/23/15	11030	ALCOHOL/ETHANOL	0301	18	1	229.00	229.00
02/23/15	11110	AMMONIA	0301	1	1	106.00	106.00
02/23/15	11380	CREATININE URINE RANDOM	0301	85	1	100.00	100.00
02/23/15	11670	LIPASE	0301	19	1	147.00	147.00
02/23/15	11700	HEPATIC FUNCTION PANEL	0301	4	1	210.00	210.00
02/23/15	12680	BASIC METABOLIC PANEL	0301	3	1	164.00	164.00
02/23/15	12710	SODIUM SERUM	0301	87	1	70.00	70.00
02/23/15	12720	SODIUM URINE RANDOM	0301	84	1	70.00	70.00
02/23/15	13050	GLYCOSYLATED HEMOGLOBIN A1C	0301	26	1	108.00	108.00
02/23/15	14326	HEPATITIS ACUTE PANEL	0301	8	1	436.00	436.00
02/23/15	19526	DRUG SCREEN URINE.	0301	36	1	304.00	304.00
02/23/15	84940	BLOOD GAS WITH MEASURED SAO2	0301	28	1	275.00	275.00
02/23/15	84940	BLOOD GAS WITH MEASURED SAO2	0301171		1	275.00	275.00
02/23/15	84941	LACTATE, RESP CARE	0301	30	1	104.00	104.00
02/24/15	11161	CALCIUM IONIZED	0301117		1	226.00	226.00
02/24/15	11161	CALCIUM IONIZED	0301222		1	226.00	226.00
02/24/15	11430	COMPR METABOLIC PANEL	0301120		1	247.00	247.00
02/24/15	11730	MAGNESIUM	0301118		1	92.00	92.00

Continued

PATIENT NUMBER

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

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TOTAL AMOUNT DUE

PLEASE RETAIN FOR YOUR RECORDS

6018406

PALMETTO HEALTH RICHLAND
293 Greystone Blvd.
Columbia, SC 29210

ITEMIZED STATEMENT OF CHARGES

TYPE OF BILL	DATE OF BILL	PAGE NO.
D1-IPR	03/03/15	4

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
EDMUND DILLON	[redacted]	M	56Y	02/23/15	02/27/15	

INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
060622 WORKER'S COMP		000714050164WC01
060999 1500 WORKERS COMPENSA		000714050164WC01
700025 AETNA INSURANCE COMPA	084695801000003	W205876590
700029 1500 AETNA INSURANCE	084695801000003	W205876590

PLEASE RETAIN FOR YOUR RECORDS

GUARANTOR NAME AND ADDRESS: EDMUND DILLON
[redacted]
29078

FOR PATIENT INFORMATION ONLY.
ALL BENEFITS ASSIGNED TO
PALMETTO HEALTH RICHLAND
FOR QUESTIONS CALL (803) 296-5098
or 1-800-243-7711

DATE	ITEM NO.	DESCRIPTION	CLM. CODE	ORDER NO.	QTY.	UNIT PRICE	TOTAL CHARGES
02/24/15	11730	MAGNESIUM	0301220		1	92.00	92.00
02/24/15	11850	PHOSPH INORG	0301119		1	67.00	67.00
02/24/15	11850	PHOSPH INORG	0301221		1	67.00	67.00
02/24/15	11880	POTASSIUM	0301219		1	95.00	95.00
02/24/15	12710	SODIUM SERUM	0301173		1	70.00	70.00
02/24/15	12710	SODIUM SERUM	0301228		1	70.00	70.00
02/24/15	17382	AFP TUMOR MARKER.	0301223		1	131.00	131.00
02/24/15	84940	BLOOD GAS WITH MEASURED SAO2	0301132		1	275.00	275.00
02/25/15	11110	AMMONIA	0301272		1	106.00	106.00
02/25/15	11161	CALCIUM IONIZED	0301252		1	226.00	226.00
02/25/15	11161	CALCIUM IONIZED	0301303		1	226.00	226.00
02/25/15	11430	COMPR METABOLIC PANEL	0301255		1	247.00	247.00
02/25/15	11730	MAGNESIUM	0301254		1	92.00	92.00
02/25/15	11850	PHOSPH INORG	0301253		1	67.00	67.00
02/25/15	84940	BLOOD GAS WITH MEASURED SAO2	0301260		1	275.00	275.00
02/26/15	11161	CALCIUM IONIZED	0301343		1	226.00	226.00
02/26/15	11990	RENAL FUNCTION PANEL	0301344		1	160.00	160.00
02/26/15	84940	BLOOD GAS WITH MEASURED SAO2	0301350		1	275.00	275.00
		TOTAL LAB/CHEMISTRY					$6156.00
02/23/15	13391	COAG FIBRIN WB W/ADDS INTERP&RPT	0305	20	1	170.00	170.00
02/23/15	13540	PROTHROMBIN TIME	0305	9	1	74.00	74.00
02/23/15	13540	PROTHROMBIN TIME	0305	53	1	74.00	74.00
02/23/15	13550	PARTIAL THROMBOPLASTIN TIME (PTT)	0305	10	1	126.00	126.00
02/23/15	13550	PARTIAL THROMBOPLASTIN TIME (PTT)	0305	54	1	126.00	126.00
02/23/15	13611	COMPLETE BLOOD COUNT (CBC) W/DIFF	0305	2	1	170.00	170.00
02/23/15	84562	TOTAL HEMOGLOBIN	0305172		1	63.00	63.00
02/24/15	13550	PARTIAL THROMBOPLASTIN TIME (PTT)	0305121		1	126.00	126.00
02/24/15	13611	COMPLETE BLOOD COUNT (CBC) W/DIFF	0305123		1	170.00	170.00
02/25/15	13540	PROTHROMBIN TIME	0305270		1	74.00	74.00
02/25/15	13611	COMPLETE BLOOD COUNT (CBC) W/DIFF	0305251		1	170.00	170.00
02/26/15	13611	COMPLETE BLOOD COUNT (CBC) W/DIFF	0305342		1	170.00	170.00
		TOTAL LAB/HEMATOLOGY					$1513.00
02/23/15	14645	HIV-1 AG W/HIV-1 AND HIV-2 ABS	0306	25	1	210.00	210.00
02/23/15	14690	CULTURE URINE	0306	90	1	129.00	129.00

Continued

PATIENT NUMBER [redacted]

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TOTAL AMOUNT DUE

PLEASE RETAIN FOR YOUR RECORDS

76018406

PALMETTO HEALTH RICHLAND
293 Greystone Blvd.
Columbia, SC 29210

ITEMIZED STATEMENT OF CHARGES

TYPE OF BILL	DATE OF BILL	PAGE NO.
D1-IPR	03/03/15	5

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
EDMUND DILLON		M	56Y	02/23/15	02/27/15	

INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
060622 WORKER'S COMP		000714050164WC01
060999 1500 WORKERS COMPENSA		000714050164WC01
700025 AETNA INSURANCE COMPA	084695801000003	W205876590
700029 1500 AETNA INSURANCE	084695801000003	W205876590

PLEASE RETAIN FOR YOUR RECORDS

GUARANTOR NAME AND ADDRESS: EDMUND DILLON
29078

FOR PATIENT INFORMATION ONLY.
ALL BENEFITS ASSIGNED TO
PALMETTO HEALTH RICHLAND
FOR QUESTIONS CALL (803) 296-5098
or 1-800-243-7711

DATE	ITEM NO.	DESCRIPTION	CLM. CODE	ORDER NO.	QTY.	UNIT PRICE	TOTAL CHARGES
02/23/15	14700	GRAM STAIN	0306	61	1	98.00	98.00
02/23/15	14771	AEROBE PRESUMPTIVE ID	0306	61	1	258.00	258.00
		TOTAL LAB/BACT-MICRO					$695.00
02/23/15	15190	URINALYSIS	0307	86	1	130.00	130.00
		TOTAL LAB/UROLOGY					$130.00
02/24/15	708	CR ABDOMEN FLAT KUB	0320185		1	326.00	326.00
02/25/15	711	CR NG TUBE PLCMT CONFIRM	0320299		1	326.00	326.00
		TOTAL DX X-RAY					$652.00
02/23/15	714	CR CHEST PA	0324	15	1	342.00	342.00
02/23/15	714	CR CHEST PA	0324	40	1	342.00	342.00
02/24/15	714	CR CHEST PA	0324125		1	342.00	342.00
02/25/15	714	CR CHEST PA	0324257		1	342.00	342.00
02/25/15	714	CR CHEST PA	0324304		1	342.00	342.00
02/26/15	714	CR CHEST PA	0324345		1	342.00	342.00
		TOTAL DX X-RAY/CHEST					$2052.00
02/23/15	8007	CT HEAD W/O CONT	0351	5	1	1950.00	1950.00
02/24/15	8007	CT HEAD W/O CONT	0351134		1	1950.00	1950.00
		TOTAL CT SCAN/HEAD					$3900.00
02/23/15	8232	CT ABD PELVIS W/CONTRAST	0352	11	1	4600.00	4600.00
02/23/15	8301	CT CERV SPINE W/O CONT	0352	6	1	2670.00	2670.00
		TOTAL CT SCAN/BODY					$7270.00
02/23/15	54706	LEVEL 4 INITIAL 30 MINUTES	0360	73	1	6317.00	6317.00
02/23/15	54707	LEVEL 4 SUBSEQUENT 30 MINUTES	0360	79	4	3157.00	12628.00
		TOTAL OR SERVICES					$18945.00
02/25/15	51502	INS PERIP CVC W/OPORT 5YR OR>	0361301		1	2669.00	2669.00
		TOTAL OR SERVICES/MINOR					$2669.00
02/23/15	80620	GEN ANES 2 INTL 30M	0370177		1	886.00	886.00
02/23/15	80621	GEN ANES 2 SUBS 30M	0370178		4	689.00	2756.00

Continued

PATIENT NUMBER

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TOTAL AMOUNT DUE

PLEASE RETAIN FOR YOUR RECORDS

76018406

PALMETTO HEALTH RICHLAND
293 Greystone Blvd.
Columbia, SC 29210

ITEMIZED STATEMENT OF CHARGES

TYPE OF BILL	DATE OF BILL	PAGE NO.
D1-IPR	03/03/15	6

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
EDMUND DILLON	[redacted]	M	56Y	02/23/15	02/27/15	

INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
060622 WORKER'S COMP		000714050164WC01
060999 1500 WORKERS COMPENSA		000714050164WC01
700025 AETNA INSURANCE COMPA	08469580100000 3	W205876590
700029 1500 AETNA INSURANCE	08469580100000 3	W205876590

PLEASE RETAIN FOR YOUR RECORDS

GUARANTOR NAME AND ADDRESS: EDMUND DILLON [redacted] 29078

FOR PATIENT INFORMATION ONLY. ALL BENEFITS ASSIGNED TO PALMETTO HEALTH RICHLAND FOR QUESTIONS CALL (803) 296-5098 or 1-800-243-7711

DATE	ITEM NO.	DESCRIPTION	CLM. CODE	ORDER NO.	QTY.	UNIT PRICE	TOTAL CHARGES
		TOTAL ANESTHESIA					$3642.00
02/23/15	15344	FFP 8-24 HRS COLLECTION EA UNIT	0390	91	1	199.00	199.00
02/23/15	15344	FFP 8-24 HRS COLLECTION EA UNIT	0390	93	1	199.00	199.00
		TOTAL BLOOD/STOR-PROC					$398.00
02/23/15	15524	TRANSFUSION	0391	92	1	1220.00	1220.00
02/23/15	15524	TRANSFUSION	0391	94	1	1220.00	1220.00
02/23/15	15524	TRANSFUSION	0391	96	1	1220.00	1220.00
02/23/15	15524	TRANSFUSION	0391	97	-1	1220.00	-1220.00
02/23/15	15524	TRANSFUSION	0391	98	-1	1220.00	-1220.00
		TOTAL BLOOD ADMINISTRATION					$1220.00
02/23/15	84613	VENT INTL DAY	0410	32	1	1380.00	1380.00
02/24/15	84615	VENT SUBS DAY	0410	115	1	1063.00	1063.00
02/25/15	84615	VENT SUBS DAY	0410	243	1	1063.00	1063.00
02/26/15	84615	VENT SUBS DAY	0410	338	1	1063.00	1063.00
02/26/15	84822	NASO ASPIR	0410	379	1	112.00	112.00
02/27/15	84822	NASO ASPIR	0410	398	1	112.00	112.00
		TOTAL RESPIRATORY SVC					$4793.00
02/23/15	4854	INTUBATION RICHLAND	0450	285	1	629.00	629.00
02/23/15	4892	IV PUSH MED SINGLE/INITIAL DRUG	0450	287	1	193.00	193.00
02/23/15	4900	IV PUSH, EACH ADDL NEW DRUG	0450	288	1	193.00	193.00
02/23/15	4902	BLADDER CATH TEMP FOLEY	0450	286	1	169.00	169.00
02/23/15	5534	LEVEL 5	0450	283	1	1740.00	1740.00
		TOTAL EMERGENCY ROOM					$2924.00
02/23/15	84472	PULSE OX DAILY SINGLE READING	0460	69	1	323.00	323.00
02/24/15	84472	PULSE OX DAILY SINGLE READING	0460	115	1	323.00	323.00
02/24/15	84927	INDIRECT CALORIMETRY	0460	229	1	336.00	336.00
02/25/15	84472	PULSE OX DAILY SINGLE READING	0460	241	1	323.00	323.00
02/26/15	84472	PULSE OX DAILY SINGLE READING	0460	337	1	323.00	323.00
		TOTAL PULMONARY FUNCTIONS-DIAGNOSTIC					$1628.00
02/23/15	21001	D5W 50ML	0636	81	2	217.00	434.00

Continued

PATIENT NUMBER [redacted]

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TOTAL AMOUNT DUE

PLEASE RETAIN FOR YOUR RECORDS

6016403

PALMETTO HEALTH RICHLAND
293 Greystone Blvd.
Columbia, SC 29210

ITEMIZED STATEMENT OF CHARGES

TYPE OF BILL	DATE OF BILL	PAGE NO.
D1-IPR	03/03/15	7

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
EDMUND DILLON		M	56Y	02/23/15	02/27/15	

INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
060622 WORKER'S COMP		000714050164WC01
060999 1500 WORKERS COMPENSA		000714050164WC01
700025 AETNA INSURANCE COMPA	08469580100000 3	W205876590
700029 1500 AETNA INSURANCE	08469580100000 3	W205876590

PLEASE RETAIN FOR YOUR RECORDS

GUARANTOR NAME AND ADDRESS: EDMUND DILLON
29078

FOR PATIENT INFORMATION ONLY.
ALL BENEFITS ASSIGNED TO
PALMETTO HEALTH RICHLAND
FOR QUESTIONS CALL (803) 296-5098
or 1-800-243-7711

DATE	ITEM NO.	DESCRIPTION	CLM. CODE	ORDER NO.	QTY.	UNIT PRICE	TOTAL CHARGES
02/23/15	21002	D5W 100ML	0636	17	1	217.00	217.00
02/23/15	21002	D5W 100ML	0636	58	1	217.00	217.00
02/23/15	21027	LR 1000ML	0636	197	1	217.00	217.00
02/23/15	21033	NS 250ML	0636	59	1	217.00	217.00
02/23/15	21034	NS 500ML	0636	49	1	217.00	217.00
02/23/15	21035	NS 1000ML	0636	7	2	217.00	434.00
02/23/15	21035	NS 1000ML	0636	39	1	217.00	217.00
02/23/15	21035	NS 1000ML	0636	62	1	217.00	217.00
02/23/15	21035	NS 1000ML	0636	198	1	217.00	217.00
02/23/15	21450	SUCCINYLCHOLINE 20 MG/ML INJ 10ML	0636	46	1	137.00	137.00
02/23/15	21511	PHYTONADIONE 10 MG/ML INJ 1ML	0636	82	1	203.00	203.00
02/23/15	23898	CEFAZOLIN 500MG INJ	0636	80	2	158.00	316.00
02/23/15	23899	CEFAZOLIN 1GRAM INJ	0636	193	2	40.00	80.00
02/23/15	25447	POTASSIUM CHLORIDE 2 MEQ/ML INJ 2	0636	60	1	43.00	43.00
02/23/15	25623	PANTOPRAZOLE 40 MG INJ	0636	37	1	97.00	97.00
02/23/15	26257	FENTANYL 50MCG/ML INJ 5ML	0636	170	1	45.00	45.00
02/23/15	27263	LIDOCAINE 2% PREFILLED SYRINGE IN	0636	44	1	78.00	78.00
02/23/15	30320	LEVETIRACETAM 500MG/5ML INJ	0636	16	1	96.00	96.00
02/23/15	30320	LEVETIRACETAM 500MG/5ML INJ	0636	57	1	96.00	96.00
02/23/15	32437	TETANUS-DIPHTHERIA-ACELLULAR PERT	0636	38	1	45.00	45.00
02/23/15	32447	PHENYLEPHRINE 80MCG/ML SYRINGE 10	0636	196	1	162.00	162.00
02/23/15	8622	CT LOCM 300 TO 399 MGML PER ML	0636	12	125	5.00	625.0
02/24/15	21001	D5W 50ML	0636	101	1	217.00	217.00
02/24/15	21001	D5W 50ML	0636	184	1	217.00	217.00
02/24/15	21001	D5W 50ML	0636	225	1	217.00	217.00
02/24/15	21002	D5W 100ML	0636	155	1	217.00	217.00
02/24/15	21002	D5W 100ML	0636	227	1	217.00	217.00
02/24/15	21027	LR 1000ML	0636	158	1	217.00	217.00
02/24/15	21031	NS 50ML	0636	145	1	217.00	217.00
02/24/15	21031	NS 50ML	0636	230	1	217.00	217.00
02/24/15	21033	NS 250ML	0636	140	3	217.00	651.00
02/24/15	21033	NS 250ML	0636	143	1	217.00	217.00
02/24/15	21033	NS 250ML	0636	157	1	217.00	217.00
02/24/15	21033	NS 250ML	0636	330	-1	217.00	-217.00
02/24/15	21035	NS 1000ML	0636	122	1	217.00	217.00
02/24/15	21035	NS 1000ML	0636	139	1	217.00	217.00

Continued

PATIENT NUMBER

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TOTAL AMOUNT DUE

PLEASE RETAIN FOR YOUR RECORDS

6018406

PALMETTO HEALTH RICHLAND
293 Greystone Blvd.
Columbia, SC 29210

ITEMIZED STATEMENT OF CHARGES

TYPE OF BILL	DATE OF BILL	PAGE NO.
D1-IPR	03/03/15	8

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAY
EDMUND DILLON	1505401814	M	56Y	02/23/15	02/27/15	

INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
060622 WORKER'S COMP		000714050164WC01
060999 1500 WORKERS COMPENSA		000714050164WC01
700025 AETNA INSURANCE COMPA	08469580100000 3	W205876590
700029 1500 AETNA INSURANCE	08469580100000 3	W205876590

PLEASE RETAIN FOR YOUR RECORDS

GUARANTOR NAME AND ADDRESS: EDMUND DILLON [redacted] 29078

FOR PATIENT INFORMATION ONLY. ALL BENEFITS ASSIGNED TO PALMETTO HEALTH RICHLAND FOR QUESTIONS CALL (803) 296-5098 or 1-800-243-7711

DATE	ITEM NO.	DESCRIPTION	CLM. CODE	ORDER NO.	QTY.	UNIT PRICE	TOTAL CHARGES
02/24/15	21035	NS 1000ML	0636164		1	217.00	217.00
02/24/15	21035	NS 1000ML	0636168		1	217.00	217.00
02/24/15	21035	NS 1000ML	0636238		1	217.00	217.00
02/24/15	22022	CALCIUM GLUCONATE 4.65MEQ/10ML IN	0636146		3	64.67	194.00
02/24/15	22022	CALCIUM GLUCONATE 4.65MEQ/10ML IN	0636231		3	64.67	194.00
02/24/15	23898	CEFAZOLIN 500MG INJ	0636100		1	158.00	158.00
02/24/15	23898	CEFAZOLIN 500MG INJ	0636183		1	158.00	158.00
02/24/15	23898	CEFAZOLIN 500MG INJ	0636224		1	158.00	158.00
02/24/15	24179	MAGNESIUM SULFATE 4 GRAMS/100ML S	0636142		2	419.00	838.00
02/24/15	24179	MAGNESIUM SULFATE 4 GRAMS/100ML S	0636289		-1	419.00	-419.00
02/24/15	25447	POTASSIUM CHLORIDE 2 MEQ/ML INJ 2	0636141		3	43.00	129.00
02/24/15	25623	PANTOPRAZOLE 40 MG INJ	0636147		1	97.00	97.00
02/24/15	29442	THIAMINE 200MG/2ML INJ 2ML	0636166		2	201.00	402.00
02/24/15	30320	LEVETIRACETAM 500MG/5ML INJ	0636154		1	96.00	96.00
02/24/15	30320	LEVETIRACETAM 500MG/5ML INJ	0636226		1	96.00	96.00
02/25/15	21001	D5W 50ML	0636250		1	217.00	217.00
02/25/15	21001	D5W 50ML	0636293		1	217.00	217.00
02/25/15	21001	D5W 50ML	0636328		-1	217.00	-217.00
02/25/15	21001	D5W 50ML	0636340		-1	217.00	-217.00
02/25/15	21002	D5W 100ML	0636269		1	217.00	217.00
02/25/15	21002	D5W 100ML	0636325		-1	217.00	-217.00
02/25/15	21031	NS 50ML	0636258		1	217.00	217.00
02/25/15	21031	NS 50ML	0636311		1	217.00	217.00
02/25/15	21031	NS 50ML	0636323		-1	217.00	-217.00
02/25/15	21035	NS 1000ML	0636256		1	217.00	217.00
02/25/15	21035	NS 1000ML	0636279		1	217.00	217.00
02/25/15	21035	NS 1000ML	0636331		1	217.00	217.00
02/25/15	22022	CALCIUM GLUCONATE 4.65MEQ/10ML IN	0636259		3	64.67	194.00
02/25/15	22022	CALCIUM GLUCONATE 4.65MEQ/10ML IN	0636312		3	64.67	194.00
02/25/15	22022	CALCIUM GLUCONATE 4.65MEQ/10ML IN	0636324		-3	64.67	-194.00
02/25/15	23898	CEFAZOLIN 500MG INJ	0636249		1	158.00	158.00
02/25/15	23898	CEFAZOLIN 500MG INJ	0636292		1	158.00	158.00
02/25/15	23898	CEFAZOLIN 500MG INJ	0636327		-1	158.00	-158.00
02/25/15	23898	CEFAZOLIN 500MG INJ	0636339		-1	158.00	-158.00
02/25/15	25623	PANTOPRAZOLE 40 MG INJ	0636265		1	97.00	97.00
02/25/15	26254	FENTANYL 50 MCG/ML INJ 2ML	0636267		1	45.00	45.00

Continued

PATIENT NUMBER [redacted]

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TOTAL AMOUNT DUE

PLEASE RETAIN FOR YOUR RECORDS

6016406

PALMETTO HEALTH RICHLAND
293 Greystone Blvd.
Columbia, SC 29210

ITEMIZED STATEMENT OF CHARGES

TYPE OF BILL	DATE OF BILL	PAGE NO.
D1-IPR	03/03/15	9

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAY
EDMUND DILLON		M	56Y	02/23/15	02/27/15	

INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
060622 WORKER'S COMP		000714050164WC01
060999 1500 WORKERS COMPENSA		000714050164WC01
700025 AETNA INSURANCE COMPA	08469580100000 3	W205876590
700029 1500 AETNA INSURANCE	08469580100000 3	W205876590

PLEASE RETAIN FOR YOUR RECORDS

GUARANTOR NAME AND ADDRESS: EDMUND DILLON, 29078

FOR PATIENT INFORMATION ONLY. ALL BENEFITS ASSIGNED TO PALMETTO HEALTH RICHLAND FOR QUESTIONS CALL (803) 296-5098 or 1-800-243-7711

DATE	ITEM NO.	DESCRIPTION	GLM. CODE	ORDER NO.	QTY.	UNIT PRICE	TOTAL CHARGES
02/25/15	29442	THIAMINE 200MG/2ML INJ 2ML	0636281		2	201.00	402.00
02/25/15	30320	LEVETIRACETAM 500MG/5ML INJ	0636268		1	96.00	96.00
02/25/15	30320	LEVETIRACETAM 500MG/5ML INJ	0636325		-1	96.00	-96.00
02/26/15	21034	NS 500ML	0636347		1	217.00	217.00
02/26/15	21035	NS 1000ML	0636348		1	217.00	217.00
02/26/15	21035	NS 1000ML	0636360		1	217.00	217.00
02/26/15	21035	NS 1000ML	0636376		1	217.00	217.00
02/27/15	21032	NS 100ML	0636393		1	217.00	217.00
02/27/15	21035	NS 1000ML	0636396		1	217.00	217.00
02/27/15	24506	MORPHINE 25 MG/ML INJ 4ML	0636394		1	163.00	163.00
02/27/15	24517	MORPHINE 2MG/ML INJ 1ML	0636381		1	45.00	45.00
02/27/15	24517	MORPHINE 2MG/ML INJ 1ML	0636383		1	45.00	45.00
02/27/15	24517	MORPHINE 2MG/ML INJ 1ML	0636384		1	45.00	45.00
02/27/15	24517	MORPHINE 2MG/ML INJ 1ML	0636385		1	45.00	45.00
02/27/15	24517	MORPHINE 2MG/ML INJ 1ML	0636392		1	45.00	45.00
		TOTAL EPO/DRUGS REQUIRING DET CODE					$13713.00
02/23/15	21730	BACITRACIN TOPICAL OINT 15 GRAM	0637151		1	60.00	60.00
02/23/15	30923	MELATONIN 3MG TAB	0637 21		3	6.67	20.00
02/23/15	30923	MELATONIN 3MG TAB	0637175		-3	6.67	-20.00
02/24/15	22962	BISACODYL 10 MG SUPP	0637148		1	17.00	17.00
02/25/15	22962	BISACODYL 10 MG SUPP	0637266		1	17.00	17.00
02/26/15	30936	ACETAMINOPHEN 650MG/20.3ML ORAL S	0637377		1	17.00	17.00
02/27/15	24112	ARTIFICIAL TEARS SOLN 15ML	0637386		1	90.00	90.00
02/27/15	26777	SCOPOLAMINE 1.5 MG PATCH	0637387		1	328.00	328.00
02/27/15	26777	SCOPOLAMINE 1.5 MG PATCH	0637391		1	328.00	328.00
		TOTAL SELF ADMINISTERED DRUGS					$857.00
02/23/15	5542	TRAUMA CONSULT	0631284		1	6288.00	6288.00
		TOTAL TRAUMA RESPONSE LEVEL I					$6288.00
02/23/15	97300	12 LEAD EKG	0730 56		1	348.00	348.00
		TOTAL EKG/ECG					$348.00
02/23/15	81003	CRAN FOR EVAC OF HEMATOMA 1M	0964176		139	21.00	2919.0
		TOTAL PRO FEE/ANES RN					$2919.00

Continued

PATIENT NUMBER

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL IS PREPARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY ANY AMOUNT OF THE AMOUNTS SHOWN.

TOTAL AMOUNT DUE

PLEASE RETAIN FOR YOUR RECORDS

6018406

PALMETTO HEALTH RICHLAND
293 Greystone Blvd.
Columbia, SC 29210

ITEMIZED STATEMENT OF CHARGES

TYPE OF BILL	DATE OF BILL	PAGE NO.
D1-IPR	03/03/15	10

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
EDMUND DILLON	[redacted]	M	56Y	02/23/15	02/27/15	

INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
060622 WORKER'S COMP		000714050164WC01
060999 1500 WORKERS COMPENSA		000714050164WC01
700025 AETNA INSURANCE COMPA	08469580100000 3	W205876590
700029 1500 AETNA INSURANCE	08469580100000 3	W205876590

PLEASE RETAIN FOR YOUR RECORDS

GUARANTOR NAME AND ADDRESS: EDMUND DILLON
[redacted]
29078

FOR PATIENT INFORMATION ONLY.
ALL BENEFITS ASSIGNED TO
PALMETTO HEALTH RICHLAND
FOR QUESTIONS CALL (803) 296-5098
or 1-800-243-7711

DATE	ITEM NO.	DESCRIPTION	CLM. CODE	ORDER NO.	QTY.	UNIT PRICE	TOTAL CHARGES
02/23/15	97307	PF EKG READING	0985	55	1	34.00	34.00
		TOTAL PRO FEE/EKG					$34.00
02/23/15	64050	PUMP IV SINGLE	0999	64	1	0.00	0.00
02/23/15	64051	PUMP IV CHANNEL	0999	63	1	0.00	0.00
02/24/15	4212	MACHINE AQUAMATIC K-THERMIA	0999102		1	0.00	0.00
02/24/15	64050	PUMP IV SINGLE	0999149		1	0.00	0.00
02/24/15	64051	PUMP IV CHANNEL	0999150		3	0.00	0.00
02/24/15	64070	PUMP KANGAROO FEEDING	0999174		1	0.00	0.00
02/27/15	427	O2 SUPPLIES	0999388		1	0.00	0.00
		TOTAL UNIDENTIFIED					$0.00
		TOTAL CHARGES					$111042.00
03/19/15	I6007	186 DNL-APPLIED TO DEDUCT/COINS					0.00
03/23/15	I3008	482 COMMERCIAL PAYMENT					0.00
03/23/15	I3008	482 COMMERCIAL PAYMENT					0.00
03/25/15	I6007	647 DNL-APPLIED TO DEDUCT/COINS					0.00
03/04/15	A8604	620 PATHWAYS CONTRACT MANAGEMENT					-29184.03
03/19/15	A3024	186 PREFERRED PROVIDER DISCOUNT					-24.93
03/25/15	A3024	647 PREFERRED PROVIDER DISCOUNT					-2629.50
05/07/15	A3024	824 PREFERRED PROVIDER DISCOUNT					24.93
05/07/15	A3024	824 PREFERRED PROVIDER DISCOUNT					-24.63
05/07/15	A3024	822 PREFERRED PROVIDER DISCOUNT					2629.50
05/07/15	A3024	822 PREFERRED PROVIDER DISCOUNT					24.63
05/07/15	A8604	821 PATHWAYS CONTRACT MANAGEMENT					29184.03
		TOTAL PAYMENTS/ADJUSTMENTS					0.00

PATIENT NUMBER [redacted] PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL IS PREPARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY ANY AMOUNT OF THE AMOUNTS SHOWN.

TOTAL AMOUNT DUE $111042.00

PLEASE RETAIN FOR YOUR RECORDS

6018406

PALMETTO HEALTH

► ACCOUNT INFORMATION

Guarantor:	EDMUND DILLON
Patient Name:	EDMUND DILLON
Statement Date:	06/21/2015
Guarantor Number:	
Account Balance:	**$39.49**

DATE	DOCTOR	DESCRIPTION	CHARGE	INS ACTIVITY	PT ACTIVITY	BALANCE
		Filed with AETNA				
02/24/15	LUIS	SUBSEQUENT HOSPITAL CARE	116.00			
		AETNA PAYMENT		62.13-		
		AETNA DISALLOW		38.34-		
		COPAYMENT				
		PATIENT RESPONSIBLE				15.53
		Filed with AETNA				
02/25/15	JONES	SUBSEQUENT HOSPITAL CARE	116.00			
		AETNA PAYMENT		62.13-		
		AETNA DISALLOW		38.34-		
		COINSURANCE				
		PATIENT RESPONSIBLE				15.53
		Filed with AETNA				
02/26/15	JONES	SUBSEQUENT HOSPITAL CARE	85.00			
		AETNA PAYMENT		33.71-		
		AETNA DISALLOW		42.86-		
		COINSURANCE				
		PATIENT RESPONSIBLE				8.43

Thank you for choosing Palmetto Health physician practice for your health care needs. The outstanding balance is due immediately. If you have not done so, please contact our billing office at 803-296-7320 to arrange for payment of your account balance.

PALMETTO HEALTH
Physician Practice Billing
293 GREYSTONE BLVD 3RD FLOOR
COLUMBIA SC 29210

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

STATEMENT DATE: 06/21/2015 **PAGE:** 1 of 1

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

☐ ☐ ☐ ☐ ☐ FSA/HSA

CARD NUMBER	EXP. DATE
FULL NAME (Please Print)	CCV CODE
SIGNATURE	
Dates of Service (if paying with FSA/HSA)	

GUARANTOR NUMBER	ACCOUNT BALANCE	AMOUNT PAID
	$39.49	$

* RETURN SERVICE REQUESTED
EDMUND DILLON

PALMETTO HEALTH
PHYSICIAN PRACTICE BILLING
PO BOX 100408
ATLANTA, GA 30384

06212015 415742570000039499

PALMETTO HEALTH

ACCOUNT INFORMATION

Guarantor:	EDMUND DILLON
Patient Name:	
Statement Date:	04/19/2015
Guarantor Number:	
Account Balance:	**$3,648.00**

DATE	DOCTOR	DESCRIPTION	CHARGE	INS ACTIVITY	PT ACTIVITY	BALANCE
		PH NEUROSURGERY ASSOCIATES Previous Patient Balance PATIENT RESPONSIBLE	3648.00			3648.00

Thank you for choosing Palmetto Health physician practice for your health care needs. The outstanding balance is due immediately. If you have not done so, please contact our billing office at 803-296-7320 to arrange for payment of your account balance.

PALMETTO HEALTH
Physician Practice Billing
293 GREYSTONE BLVD 3RD FLOOR
COLUMBIA SC 29210

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

☐ ☐ ☐ ☐ ☐ FSA/HSA *

CARD NUMBER	EXP. DATE
FULL NAME (Please Print)	CCV CODE
SIGNATURE	
Dates of Service (if paying with FSA/HSA)	

GUARANTOR NUMBER	ACCOUNT BALANCE	AMOUNT PAID
	$3,648.00	$

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

STATEMENT DATE: 04/19/2015 **PAGE:** 1 of 1

* RETURN SERVICE REQUESTED

EDMUND DILLON

REMIT TO:

PALMETTO HEALTH
PHYSICIAN PRACTICE BILLING
PO BOX 100408
ATLANTA, GA 30384

04192015 39663147000003648002

PALMETTO HEALTH

▶ ACCOUNT INFORMATION

Guarantor: EDMUND DILLON
Patient Name:
Statement Date: 04/19/2015
Guarantor Number:
Account Balance: $478.00

DATE	DOCTOR	DESCRIPTION	CHARGE	INS ACTIVITY	PT ACTIVITY	BALANCE
		PALLIATIVE CARE Previous Patient Balance PATIENT RESPONSIBLE	478.00			478.00

Thank you for choosing Palmetto Health physician practice for your health care needs. The outstanding balance is due immediately. If you have not done so, please contact our billing office at 803-296-7320 to arrange for payment of your account balance.

PALMETTO HEALTH
Physician Practice Billing
293 GREYSTONE BLVD 3RD FLOOR
COLUMBIA SC 29210

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

☐ ☐ ☐ ☐ ☐ FSA/HSA

CARD NUMBER	EXP. DATE
FULL NAME (Please Print)	CCV CODE
SIGNATURE	
Dates of Service (If paying with FSA/HSA)	
GUARANTOR NUMBER / ACCOUNT BALANCE $478.00	AMOUNT PAID $

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

STATEMENT DATE: 04/19/2015 PAGE: 1 of 1

* RETURN SERVICE REQUESTED
ADDRESSEE
EDMUND DILLON

REMIT TO:
PALMETTO HEALTH
PHYSICIAN PRACTICE BILLING
PO BOX 100408
ATLANTA, GA 30384

04192015 3966313700000478008

Powers Funeral Home, LLC

832 Ridgeway Road / P.O. Box 65, Lugoff, SC 29078- (803)408-8711

DATE February 27, 2015 SERVICE NO. 2015048

DECEASED NAME Edmund John Dillon

DATE OF DEATH February 27, 2015 PLACE OF DEATH KershawHealth Camden, SC

Charges are only those items that you selected or that are required. If we are required by law or by a cemetery or a crematory to use any items, we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

A. CHARGE FOR SERVICES:

1. Professional Services

Funeral Director & Staff	$ -0-	
Embalming	$ -0-	
Administration Fees	$ -0-	
Other Preparations	$ -0-	
Supervision of Funeral Service at	$ -0-	
	$ -0-	
	$ -0-	
		$ -0-

2. Facilities & Equipment

Use of facility for visitation/viewing	$ 355.00	
Use of facilities and staff for funeral	$ 390.00	
Use of facilities and staff for memorial	$ -0-	
Use of equipment and staff for	$ -0-	
Use of equipment and staff for	$ -0-	
		$ 745.00

3. Automotive Equipment

Transportation of remains to funeral	$ -0-	
Funeral Coach	$ -0-	
Service utility vehicle (FLowers/utility	$ -0-	
Transportation to/from common carrier	$ -0-	
Family limosine	$ -0-	
Additional Mileage	$ -0-	
	$ -0-	
	$ -0-	
		$ -0-

B. CHARGES FOR MERCHANDISE:

Casket	$ -0-	
Casket		
Outer container	$ -0-	
Outer Container		
Alternate Container	$ -0-	
Urn	$ -0-	
Register Book/Cards	$ 30.00	
Burial Clothing	$ -0-	
Other Clothing	$ -0-	
Acknowledgement Cards	$ 25.00	
Headstone or Marker	$ -0-	
Air Tray	$ -0-	
Memorial Folders	$ -0-	
Prayer Cards	$ -0-	
	$ -0-	
		$ 55.00

The only warranty on the casket and / or outer burial container sold in connection with this service is the express written warranty, if any, granted by the manufacturer. This funeral home makes no warranty, express or implied, with respect to the casket and/or outer burial container.

Billing To April Dillon

C. SPECIAL CHARGES:

Forwarding of Remains to	$ -0-	
Receiving of Remains from	$ -0-	
Immediate Burial	$ -0-	
Direct Cremation	$ 1,720.00	
Body Donation	$ -0-	
Other Cost	$ -0-	
		$ 1720.00

D. CASH ADVANCES:

First copy of death certificate	$ 12.00	
Additional copies of death certificates	$ 27.00	
The State obituary charge	$ 297.00	
Chronicle-Independent Obituary Charge	$ -0-	
Other Newspaper	$ -0-	
Other Newspaper	$ -0-	
Clergy honorarium	$ -0-	
Vocalist	$ -0-	
Organist	$ -0-	
Other	$ -0-	
Other	$ -0-	
Other	$ -0-	
Other	$ -0-	
	$ -0-	
	$ -0-	
		$ 336.00

We charge you for our services in obtaining:

SUMMARY OF CHARGES:

A. CHARGES FOR SERVICES	$ 745.00
B. CHARGES FOR MERCHANDISE	$ 55.00
C. SPECIAL CHARGES	$ 1720.00
D. CASH ADVANCES	$ 336.00
E. SALES TAX, IF APPLICABLE	$ 3.85
TOTAL FUNERAL HOME CHARGES	$ 2859.85

LESS CREDIT AND PREPAYMENTS:

Package Discount	$ 110.90	
Misc. Discount	$ -0-	
Life Insurance	$ -0-	
Down Payment	$ -0-	
TOTAL CREDIT	$ 110.90	
BALANCE DUE		$ 2748.95

If any law, cemetery or crematory requirements have required the purchase of any of the items listed above the law or requirement is explained below.

Reason for Embalming Permission Granted. Charged Services the next day and was not charged for embalming

I hereby agree that I have examined the above stated items and found them to be correct and according to the arrangements requested and I hereby acknowledge receipt of a copy of this memorandum and agreement. I hereby represent that I have sufficient funds and assets legally available for payment of cash price and hereby agree and covenant jointly and severally to make payments of $ 0.00 within 30 days. A late charge of 1.50 % per month amounting to 18.00% per year is applied to the unpaid balance beginning 30 days from the date of this agreement. Any additional services or merchandise ordered or requested after the date of this agreement will be considered part of this agreement and the cost thereof will be reflected on the final statement. I acknowledge that I have received the general price list and have been offered for review the casket price list and the outer burial container price list.

x April P Dillon 2/28/2015 Wife

Signed Dated Relationship to Deceased

x Co-signed Dated Relationship to Deceased

Initials

Robert A Powers

Name of funeral home representative

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

WCC File # 1501382
Carrier File # 000714-050164-WC-01
Carrier Code # 00438
Employer FEIN 63-0881070

EDMUND DILLON
Claimant's Name SSN

Address City State Zip

Home Phone # Work Phone #

FLEETPRIDE
Employer's Name

131 SHOP RD. COLUMBIA SC 29201
Address City State Zip

GALLAGHER BASSETT SERVICE
Insurance Carrier

Preparer's Name Phone #

A. Total Wages Paid

1. Check Applicable Method: Date of Injury: 02/23/2015 (month day year)
   - ☐ Report of earnings of injured employee based on four completed quarters.
   - ☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
   - ☐ Report of earnings of similar employee, injured employee did not work sufficient time before alleged injury. Hire Date: _____.
   - ☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just. (Attach documentation to show how average weekly wage and compensation rate were calculated.)
2. List total wages paid as reported to Employment Security Commission on the Employer Quarterly Contribution and Wage Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1st	03-30-14	15,649.32
2nd	06-22-14	15,960.09
3rd	09-28-14	18,248.23
4th	12-21-14	15,836.56

Total Paid 2. 65,694.20

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3. _____
4. Add lines 2 and 3. TOTAL WAGES PAID: 4. 65,694.20
5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 52

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5). AVERAGE WEEKLY WAGE: 6. 1263.35

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. 842.27
8. The compensation rate is as follows (choose one):
   - ☐ When average weekly wage (line 6) is less than $75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
   - ☐ When the estimated compensation rate (line 7) is less than $75.00 and average weekly wage (line 6) is more than $75.00, the compensation rate is $75.00. Enter $75.00 on line 8.
   - ☑ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
   - ☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8: _____.
   - ☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. 766.05

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

WCC FORM # 20 REV. DATE 3/97 **STATEMENT OF EARNINGS**

Manning, Kay <kay.manning@fleetpride.com>

Leave of Absence - Workers' Comp

1 message

Manning, Kay <kay.manning@fleetpride.com> Wed, Feb 25, 2015 at 1:58 PM
To: Group Payroll <group-payroll@fleetpride.com>
Cc: Gene Lane <gene.lane@fleetpride.com>, Andrew Coutermarsh <andrew.coutermarsh@fleetpride.com>, Katherine Ward <katherine.ward@fleetpride.com>
Bcc: Kay Manning <kay.manning@fleetpride.com>

Employee: Edmund Dillon
Employee ID:
Effective Date: 02/24/2015
Location/Dept.: Columbia - 310
Region: SE
Job: Counter Parts Sales Representative
UltiPro: Status updated 02/25/2015
PTO: Manager may enter paid sick leave in Kronos for the following: 2/24, 2/25, 2/26, & 2/27. Manager may enter paid vacation leave in Kronos for the following: 3/2, & 3/3. Manager should enter WKCMP in Kronos from 3/4 and through duration of leave.

Please let me know if there are questions.

Thanks,

Kay Manning I HR Leave Administrator
FleetPride, Inc. I Count On Us All The Way
P 469-249-7779 I F 214-775-9779

FleetPride
TRUCK & TRAILER PARTS

LEAVE OF ABSENCE CHECKLIST (for internal use only)

Employee Name (First, MI, Last): Edmund Dillon # 004515

Branch Location: Columbia - 310 Region: SE

Job Title: Counter Parts Sales Rep Supervisor Name & Phone #: Gene Lane

Date of Hire: 9-15-97 Rate of Pay: _____ ☐Hourly ☐ Salary ☐ Weekly ☐ Biweekly

Last Date Worked: 2/23/15 First Date of Disability: 2/24/15

Anticipated RTW Date (if known): _____ Reason for Leave: _____

FMLA eligible by federal and/or state statutes? ☐ Yes / ☐ No If yes, remaining wks available: _____

Leave Packet Options:

☐ FMLA with WC Benefits	☑ WC only
(EE has been taken off work due to a occupational injury and EE is eligible for FMLA benefits) ▪ Letter explaining benefits ▪ FMLA Notice/Acknowledgement ▪ LOA Benefits Guide	(EE has been taken off work due to a occupational injury and EE is NOT eligible for FMLA benefits) ▪ Letter explaining benefits ▪ LOA Benefits Guide ▪ FMLA Notice/Acknolowledgement Select Reason for Non-FMLA: ☐ Less than 12 months of employment and/or worked less than 1250 hours** ☑ Work location has less than 50 EE within a 75 miles radius** ***State FMLA may mandate differently if so, please note.*

Important Dates:			Employee Status Updates	
Docs Due			Ultipro	
31st Day (Vac. Accrual)		3-27-15	Email Notifications	
FMLA/Disc. Leave Expires			Calendar	
91st day (COBRA)		5-26-15		

Notify the following individuals (if applicable) for commission purposes

Contact Person	Area	Beginning of Leave	End of Leave
Group Payroll	*All Employees for payroll*		
Teresa Read	*Corporate*		
Cindy Hanson	*Northwest & Grapevine Distribution Center*		
Andrew Coutermarsh	*Northeast*		
Jule McGough	*Sales*		
Dawn Cline	*Southeast & Atlanta Distribution Center*		
Justin Peterson	*Southwest*		

FleetPride
TRUCK & TRAILER PARTS

Employee Separation Form

Employee Name: Edmund Dillon Employee Number: 004515 Date of Hire: 9/15/1997

Department # 310 Branch Code: COL

Date of Termination: 2/27/2015 Pay through Date 2/27/2015 Last Day Worked: 2/24/2015

Reason for Separation:

Voluntary Separation

No Call, No Show	☐
Other job	☐
Personal/family	☐
Walked off the job	☐
Resignation	☐
Education	☐
Job Dissatisfaction	☐
Death	☒

Involuntary Separation

Violation of company policy		Layoff Reason	
Substance Abuse	☐	*Position eliminated*	☐
Theft	☐	*Mutual Agreement*	☐
Excessive absence/tardy	☐	Other termination reasons:	
Insubordination	☐	*I-9 Ineligibility*	☐
Gross Misconduct	☐	*Performance*	☐
MVR	☐	*Leave Expired*	☐

Did employee provide a resignation notice? YES ☐ NO ☐ How many days of notice were provided? N/A

Rehire Eligibility Status (to be completed by HR):

YES ☐ NO ☐ N/A

Manager Comments:

_____

_____

Company Property Returned:

Vehicle	☐	*Computer*	☐	*Cell Phone*	☐	*Runzheimer*	☐	*Uniforms*	☐
Gas Card	☐	*Company Keys*	☐	*Badge/Timecard*	☐	*Purchasing/Travel Card*	☐	*If applicable, also complete Uniform Deposit Refund Form and Return to HR*	

Outstanding Debt? YES ☐ NO ☐ Debt Balance: $

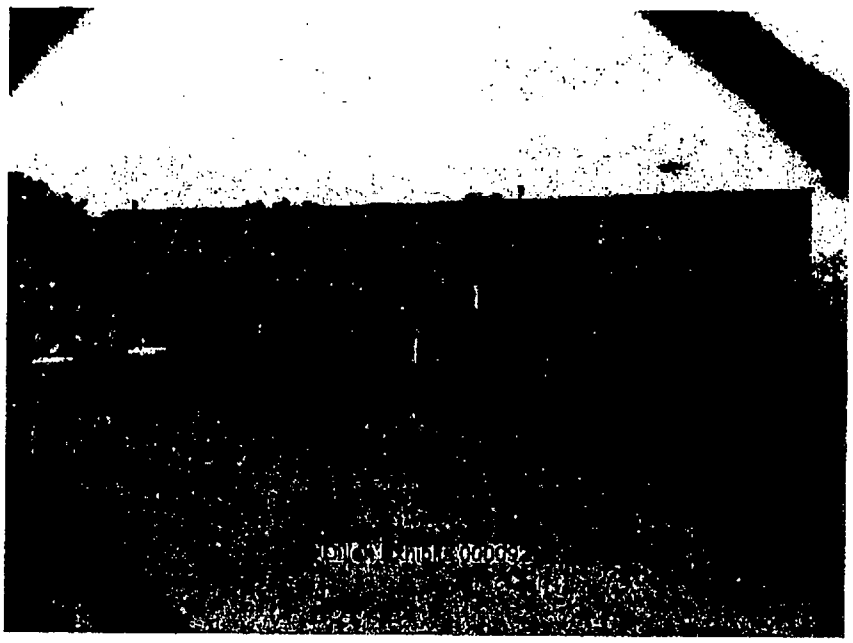
Vacation Balance:

Signatures:

Supervisor/Manager: _____ Date: _____

HR Manager: Andrew Coutermarsh Date: 3/13/2015

Completed Separation Forms should be faxed into HR at 469-249-7605 on the employee's last day of work.
The Benefits Facts upon Separation form attached should be given to the departing employee to assist him/her with any benefits needs.
Final Checks will be mailed to the employee's home address on file unless otherwise specified by management



CONTAINS ALL ITEMS REQUIRED BY OSHA FORM 101 (Enter all dates in MM/DD/YY format)

EMPLOYER: FLEETPRIDE
1631 SHOP ROAD
COLUMBIA, SC 29201

CARRIER CLAIM#: 000714050164WC01

SCWCC CLAIM#: 1501382 9999

NAICS CODE: 484122

FED. TAX I.D. NO.: 630681070

INSURANCE CARRIER: AMERICAN ZURICH INSURANCE CO
Zurich North America
P.O. Box 968084
Schaumburg, IL 60196-8080
CARRIER ID: 00438 CARRIER FEIN: 363141762

CLAIMS ADMIN: GALLAGHER BASSETT SERVICES INC
SANDRA LUMSDEN
8731 RED OAK BLVD
SUITE 240
CHARLOTTE, NC 28217-4062

EMPLOYEE NAME (Last, First, Middle)
DILLON, EDMUND

SOCIAL SECURITY NUMBER

PHONE NO.

ADDRESS:

DATE OF BIRTH: 10/13/1958 MARITAL STATUS: M

MALE/FEMALE: M # DEPENDENT CHILDREN: 0

DATE OF HIRE: 09/15/97
OCCUPATION: COUNTREP

WAGE INFORMATION
RATE: $400.00 WAGE PERIOD: DATE RETURNED TO WORK:
FULL DAY PAY FOR DAY OF INJURY: Y DID SALARY CONTINUE: N

OCCURRENCE
PLACE OF ACCIDENT OR OCCURRANCE: 29201-4847
DATE OF INJ: 02/23/15
TIME OF INJ: 12:00 PM

EMPLOYER'S PREMISES: N LAST WORKDATE: 02/23/15 DATE EMPLOYER NOTIFIED: 02/23/15

DESCRIBE NATURE OF INJURY OR ILLNESS IN DETAIL

CAUSE: 29 ON SAME LEVEL
NATURE: 07 CONCUSSION
LOCATION: 10 Multiple Head Injury

DESCRIBE EMPLOYEE'S ACTIVITIES WHEN INJURY OCCURED WITH DETAILS OF HOW EVENT OCCURED

HE WAS LEAVING HIS CAR HEADING TOWARD THE BUILDING WHEN HE TRIPPEDAND FELL HITTING HIS HEAD KNOCKING HIM UNCONCIOUS AS WITNESSED BY A CUSTOMER JOHN @ 803-272-7497

IF FATAL GIVE DATE OF DEATH:

** Created ** <1>: <2>:
ELECTRONIC FILING ORIGINAL DATE SENT: DATE PROCESSED: 02/27/15
TRADING PARTNER: Gallagher Bassett Services
Two Pierce Place
Itasca, IL 60143

Turner | Padget

May 31, 2016

Cynthia C. Dooley
Email: CDooley@TurnerPadget.com
Writer's Direct Dial: (803) 227-4209

Via E-case
Commissioner Gene McCaskill
South Carolina Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202

RE:		
	Claimant:	Edmund Dillon, Dec'd
	Employer:	Raffles (FleetPride)
	Carrier:	Gallagher Bassett as TPA for American Zurich Insurance Company
	Claim No.:	000714-050164
	WCC File No.:	1501382
	Our File No.:	00426.01452
	D/A:	2/23/2015

Dear Commissioner McCaskill:

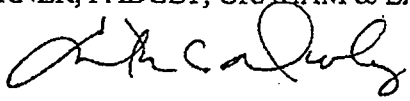
Please find enclosed our Pre-hearing Brief and Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of the Defendants for filing in the above captioned matter.

By copy of this letter to Brian Dumas, Esquire, the claimant's attorney, we are notifying him of these submissions and serving copies of the same upon him by mail.

With kind regards, I am

Very truly yours,

TURNER, PADGET, GRAHAM & LANEY, P.A.



Cynthia C. Dooley, Esq.

CCD/dps
Enclosures
cc: Sandra Lumsden
Brian Dumas, Esquire

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1501382

Claimant's Name: Edmund Dillon, Dec'd
Address:
City State Zip:
Home Phone: Work Phone:
Preparer's Name: Cynthia C. Dooley, Esq.

Employer's Name: Raffles (FleetPride)
Address: 310 FP1 Col Retail
City Columbia State: SC Zip:
Carrier: Gallagher Bassett as TPA for American Zurich Insurance Company
Preparer's Phone #: (803) 227-4209

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

1. Compensation Rate: $ 766.05 2. AWW: $ 1,263.35 Date of Injury: 2/23/2015
3. Type of injury and body part(s): Head injury
4. Facts in controversy: Whether the Claimant suffered a syncopal episode as a result of a condition peculiar to him or a compensable fall
5. Legal issues involved: S.C. Code Ann. §42-1-160
Bagwell v. Burwell, Inc., 27 S.C. 444, 88 S.E.2d 611 (1955); Miller v. Springs Cotton Mills, 225 S.C. 326, 82 S.E.2d 458 (1954)
6. Unusual aspects: Defendants received Claimant's expert reports on 5/26/16 and will file a motion for postponement in order to take the doctors deposition. Or in the alternative request that the record remain open to allow inclusion of the deposition to be taken after the hearing
7. Witnesses (designate if expert):* Josiah Fludd; Greg Lane, supervisor; Fred Mogride, supervisor; Steve Mathis, co-employee, Dr. Jay Vandersteenhoven, medical expert. Defendants reserve the right to cross examine any expert

Exhibits: Amended Death Certificate

9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See APA submissions along with reports pursuant to R.67-612 including medical expert report
10. Name, address, and specialty, if any, of the treating physician: Palmetto Health Richland of Columbia, SC
11. Impairment rating(s); body part(s); physician and date of opinion: None due to 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 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 Claimant's attorney, Brian Dumas, Esquire, on the 31st day of May, 2016, by: ☒ first class postage ☐ certified mail ☐ personal service.

Signature:
Date of hearing: June 10, 2016
Email: CDooley@TurnerPadget.com
Time needed for hearing: 1 hour

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.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1501382

EDMUND DILLON, DEC'D, Employee, Claimant, vs. RAFFLES (FLEETPRIDE), Employer, AND GALLAGHER BASSETT AS TPA FOR AMERICAN ZURICH INSURANCE COMPANY, Carrier, Defendants.	**NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANTS**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND BRIAN DUMAS, ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

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	Medical Summary		
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5	Palmetto Health Richland	02/23/2015 – 02/28/2015	D0066 – D781
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7	JJ Vandersteenhoven, MD, PhD	05/21/2016	D796 – D798
EXHIBITS			
A	Amended Death Certificate	06/02/2015	D799

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

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Cynthia C. Dooley, Esq.
TURNER, PADGET, GRAHAM & LANEY, P.A.
P.O. Box 1473
Columbia, SC 29202
(803) 227-4209
Attorneys for the Employer/Carrier

Columbia, SC

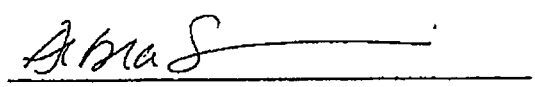
May 31, 2016

PROOF OF SERVICE

The undersigned certifies that she is an employee at TURNER, PADGET, GRAHAM & LANEY, P.A., and that the attached Pre-hearing Brief and Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of the Defendants were served upon Brian Dumas, Esquire, the attorney for the claimant, in accordance with Regulations 67-210, 67-211, 67-213, 67-214, and 67-215 and such other law as may be applicable, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

VIA E-CASE
Commissioner Gene McCaskill
SC Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715

Brian Dumas, Esquire
Brian Dumas, Attorney LLC
718 Clemson Road
Columbia, SC 29229



Debra Selander, Legal Assistant to
Cynthia C. Dooley

May 31, 2016.

Claimant: Edmund Dillon, Dec'd
Employer: Raffles (FleetPride)
Carrier: Gallagher Bassett as TPA for American Zurich Insurance Company
Claim No.: 000714-050164
WCC File No.: 1501382
Our File No.: 00426.01452
D/A: 2/23/2015

MEDICAL SUMMARY OF EDMUND DILLON

DATE	PROVIDER
2/4/1994	**Kershaw County Medical Center** • 35-year-old white male syncope this a.m. – got up to go to bathroom, coughing spell, felt dizzy, and passed out – poor historian – vague sensation of weak and dizzy for undetermined time period to fall but denies CP, SOB, palpations – no seizure activity or postcoital state. • Vasovagal syncope/orthostatic hypertension. • Follow up with family doctor by Monday or return if condition worsens. • Passing out in bathroom, coughed in bathroom and hit head.
4/24/01	**Columbia Skin Clinic – Letter** • Dates seen: 3/30 and 4/20 • Dx: (1) skin cancer, left upper cheek; (2) Nevus, left upper cheek; (3) Baal cell carcinoma left upper cheek • Tx: Shave biopsy; Curettement and desiccation
1/6/03	**Columbia Skin Clinic** • operation – Mohs micrographic surgery • Post of dx: Basal cell carcinoma, left medial cheek
8/30/05	**Columbia Skin Clinic** • Patient c/o of lesion
9/9/05	**Columbia Skin Clinic** • Letter: recently biopsied a skin lesion was that of a Clark's mole. These lesions are common and generally do not pose a problem. Important to do self-exams
2/14/06	**Columbia Skin Clinic**
2/5/07	**Columbia Skin Clinic** • Patient presents for growth neck
2/3/14	**Dr. Shafi of Providence Hospital** • HPI: in for establishment of care; has history of alcoholism and smoking. Patient was seen in the ER on 12/22/13. Patient has not been to PCP before. • Patient has elevated blood pressure; he has home monitoring

	• Patient has been having over 10 drinks a week for 30 years. Drinks Whiskey. Had been smoking 3 packs a day but has cut that down • Family history – Father: High BP; Mother: Cancer • Impressions: (1) Elevated BP without diagnosis of HTN; (2) Colon cancer screening recommendation; (3) Smoking cessation; (4) Bilateral callus on his feet; (5) Needs full health screening, patient states he will come back to do that; and (6) alcoholism – discussed AA and long-term complications from drinking
10/14/14	**Columbia Skin Clinic** • Patient presents for growth on R forearm for 8 weeks • Tx: Shave bx
10/29/14	**Columbia Skin Clinic** • Presents to treat bxproen BCC by EDC
2/18/15	**Columbia Skin Clinic** • Patient has 4 month Hx of NMSC • Dx: (1) Sk's, solar lentigenes; (2) Hx of NMSC; (3) follicular cyst; (4) Jaundice • Tx: stressed sun precautions; No real treatment today
2/23/2015	**Jennifer D. Watson, RN** • Per EMS, patient tripped and fell, denies loss of consciousness. Jaundice noting along with swollen abdomen and rectal bleeding. Patient states he has been yellow and no appetite and diarrhea for 2 weeks. • Current every day smoker and has been smoking ½ pack for 30 years.
2/23/2015	**Dr. Mark Jones** • Laceration noted on back of head. Patient is jaundiced.
2/23/2015	**Dr. Mark Jones/Dr. David T. Ford** • 56-year-old male presenting after he fell. States he slipped and fell. Hit the back of his head. States he wants to go back to work but his firm would not let him. Patient states he has not felt well over the last several days, has not been eating well, and did notice that his skin had changed color but attributed this to that. He has had vomiting and diarrhea and just not felt well but today he had a mechanical fall and did not have any syncopal symptoms. Denies any headache, chest pain, or increased shortness of breath. He has an abrasion to his back. • Given his endorsement of daily alcohol use as well as his physical exam concerned for intraabdominal pathology, hepatitis [audio unclear] really is acute, or other cause. • Impression: Acute intracranial hematoma secondary to blunt trauma (fall), Hyponatremia, Hyperbilirubinemia, hypokalemia.
2/23/2015	**Dr. G. Peter Smith**

	• 56-year-old male with no stated history presents after ground-level fall. Jaundiced on arrival.
2/23/2015	**Dr. Mark A. Jones** • Patient with questionable medical history although we are told H/O ETOH. He is obviously jaundiced. His labs are severely deranged with bili of 23, NA 118, INR 1.7, PT 20. HGB 11.8. Appears he has end-stage hepatic dysfunction although other etiologies of his hyperbilirubinemia will need to be ruled out. • Liver failure and coagulopathy with cachexia and significant jaundice. • Very likely alcoholic hepatitis superimposed on alcohol induced cirrhosis. At this point, no specific evaluation of his liver disease beyond that already done is planned. • His wife states she has noticed his skin and eyes yellowing over the past 1-2 weeks. She admits that he drinks daily. Unable to testify to the amount but has been drinking daily for many years. Occasionally she has known him to have hand tremors. Tobacco use. • Diffuse fatty infiltration of the liver with more focal fatty infiltration within the caudate head of the posterior segment of the right lobe; abdominal ascites, diffuse colonic wall thickening suggestive of pancolitis sigmoid without diverticulitis, cyst left kidney, tiny 3mm incomplete image nodule question within the right middle lobe of the lung. • Likely ETOH hepatitis with likely underlying liver disease.
2/23/2015	**Dr. Charles P. Toussaint** • 56-year-old male with evidence of liver failure and coagulopathy. • Right-sided decompressive craniotomy for evacuation of subdural hematoma.
2/23/2015	**No physician noted.** • Alcoholic cirrhosis, smoker, jaundiced, ascites.
2/23/2015	**CT of Abdomen** • Revealed diffuse fatty infiltration of the liver, abdominal ascites, diffuse colonic wall thickening suggestive of ankylotis, sigmoid diverticulosis without diverticulitis, cyst on left kidney, 3mm incomplete image nodule question on the right middle lobe.
2/23/2015	**CT of Head**
2/23/2015	**CT of Cervical Spine**
2/24/2015	**Dr. Mark Jones** • Post fall with acute chronic subdurals a large RICH worsenings S/P intercraniotomy in a setting apparent acute liver failure and elevation of bilirubin. • HEPA test failure; patient's family requests a consultation with MUSC about possible transplant. We have contacted them and he is not a candidate.

2/24/2015	**Dr. Alejandro J. Luis** • Traumatic brain injury; acute kidney injury.
2/24/2015	**Jessica A. Justice, RD, LD** • Patient is post fall with SAH and SDH with midline shift of head CT. Patient with extensive ETOH history and presenting signs of end-stage liver disease. • Patient presents with ascites and distended rounded abdomen with end-stage liver disease concern. GI has been consulted and liver enzymes to be monitored. • Jaundice on appearance with foreskin turgor and severe lean muscle wasting in upper and lower extremities with ETOH abuse history – all factors indicating malnutrition. • Per GI consult, fatty infiltrates, diffuse colonic wall thickening related to ascites.
2/24/2015	**X-ray of chest**
2/24/2015	**CT of Head**
2/24/2015	**Kenneth N. Butler, RN** • Fall requiring craniotomy, pmh liver failure • Family denies having primary care physician • MCM problems – knees, drugs/alcohol abuse, financial needs • Alcohol use but wife unsure of amount • Tobacco use smoking 10 cigarettes a day for 30 years
2/25/2015	**Dr. Charles P. Toussaint** • 56-year-old fell today and brought to ER. Head CT revealed SAH and SDH with midline shift and neurosurgery was consulted. Patient has decompensated while in the ER and is about to get intubated. He is drowsy at the time of the exam and unable to communicate or contribute to history. • Laceration to back of head, post op dressing in place, drain in place. • Jaundiced.
2/25/2015	**Dr. Mark A. Jones** • Spoke with family and extended family about the patient's overall poor prognosis including brain injury, liver and kidney failure, respiratory failure and developing infection. They have agreed to change the comfort care while permitting vent support until tomorrow at 3:00 p.m. when his daughter arrives. Eventually will stop all medications except Fentanyl and Propofol if needed for anxiety.
2/25/2015	**Dr. Anthony D. Lowman** • He has ascites. Urine output is essentially zero. He is developing hepatorenal syndrome. I discussed this situation with patient's wife. I have explained that further evaluation of liver disease and intervention for same is not indicated in the current situation.

	• Alcoholic cirrhosis. • Leukocytosis. • Normocytic anemia. • Thrombocytopenia. • Coagulopathy. • Hyperbilirubinemia. • Transaminitis. • Acute kidney failure. • Hypoalbuminemia.
2/25/2015	**Dr. Mark A. Jones** • History of heavy alcohol abuse and skin cancer. • At work when he suffered a mechanical fall and developed increasing headache. • He wanted to go back to work but they would not allow him. • In the ER, his neurological status decompensated significantly and required intubation. • CT shows subdural hematuria acute on chronic as well as subarachnoid hemorrhage. • Underwent emergency craniotomy. • Is in SSU and remains intubated. • Daughter at bedside and much of the history is obtained through her and the chart. • Patient was incredibly jaundiced on arrival. • He has been having nausea and vomiting as well as diarrhea and has not been eating well for several days prior to his fall. Patient was severely dehydrated by urinalysis and labs. • His sodium level on admission was 118; his LFTS were incredibly elevated with an AST must greater than ALT and bilirubin of 23. • Patient was heavy smoker. • 2 sons and 2 daughters with his first wife. • Has been remarried for approximately 7 years with 2 stepchildren. • Was employed at a parts distributor where he fell. • Daughter reports that he does not always drink heavily but may have started after his mom died 9 months ago and probably worsened after his father's death 5 years ago. • When she was young, he drank only occasionally. • Per records, has been drinking unknown amounts. • Acute alcoholic hepatitis with elevated bilirubin, jaundice.
2/25/2015	**Dr. Mark A. Jones** • I spoke with the wife and extended family about the patient's overall poor prognosis including brain injury, liver and kidney failure, respiratory failure and developing infection. They've agreed to change the comfort care while permitting the vent support only until tomorrow at 3:00 p.m. when the daughter arrives.

2/26/2015	**Palmetto Health Richland Karin Jenkins, MD** • 56-year-old Caucasian gentleman admitted with subdural hematoma and subarachnoid hemorrhage with midline shift status post craniotomy for subdural hematoma. Now intubated and unresponsive on the ventilator. • Patient's daughter Robin is at bedside. Confirmed they are waiting for family to arrive and will do a terminal extubation. • Patient with very poor progress, worsening; head CT with enlarged right frontal hemorrhage. • Acute alcoholic hepatitis with elevated bilirubin, jaundiced, chronic alcoholic liver disease with evidence of fatty infiltration of the liver, coagulopathy, thrombocytopenia, ascites, history of skin cancer, acute renal failure, leukocytosis, and coagulopathy. • Providing palliative care.
2/27/2015	**Dr. Mark A. Jones** • 56-year-old male post slip and fall with acute on chronic subdurals enlarged rich, worsening s/p hemicraniectomy in the setting apparent acute liver failure and elevation of bilirubin.
2/27/2015	**Dr. Mark Jones** • He is not a candidate for a liver tx – although his MELD score is 37 which places him greater than 50% mortality at baseline even without the terrible TBI.
2/27/2015	**Grace M. Boteloo-Nasorn** • Patient's family called the desk asking for nurse to come to room. Patient with long periods of apnea and then took his last breath while they were at bedside. No spontaneous resuscitations. Confirmed death with Aramide Mitchell, RN.
2/27/2015	**Dr. Timothy B. Depp** • Patient admitted for fall and intracranial hemorrhage and hyperbilirubinemia. There was a transfer diagnosis of a fall, intracranial hemorrhage, hyperlipidemia, acute kidney injury, leukocytosis, and respiratory failure. Dr. Toussaint performed a hemi craniotomy on February 23, 2015, with a central line placement done by Dr. Depp on February 24, 2015. Consults were obtained with neurosurgery (Dr. Toussaint), palliative care (Dr. Jenkins), and gastroenterology (Dr. Lowman). Patient had a history of apparent heavy alcohol use with recent worsening jaundice, altered mental status with fall and subsequent development of subarachnoid hemorrhage. • A subarachnoid hemorrhage is an interruption to blood flow to part of the brain and is a type of stroke. The blood vessels on the surface of the brain burst and the blood spilled into the surrounding tissue. This type of stroke often happens suddenly with little warning and is the most serious of all types of strokes.
2/27/2015	**Chaplin Spiritual Assessment**

	• Palliative care came with consultant on 2/24 and actually written on 2/24 to help with goals. He had suffered an ICH on 2/23 with fall at work. He was seen by Dr. Karin Jenkins of our team who listed 7 co-morbidities. He was on STICU and then was terminally extubated on February 27. However, with insurance consideration, AETNA and workers' comp due to his fall at work, he is not yet admitted to hospice. I met five of his family members including his wife April, daughter Robin, sister and an older woman and older man spokesman with who I think is his dad and older brother. He has remarried to April, his second wife, and 2 stepchildren. His first wife had given him 2 sons and 2 daughters. He is actively dying. Dr. Jenkins reported that he worked as parts distributor and attended Our Lady of Perpetual Help Catholic Church in Camden. A woman [audio unclear] he is a lapsed Catholic. He has apparently battled with alcoholic cirrhosis and was not a liver transplant candidate and he may have had melanoma.
2/27/2015	**Stephanie Hill** • Burial/death notification, body to be released to Powers Funeral Home at 832 Ridgeway Road, Lugoff, South Carolina 29018. • Body released by Doris McGowan
2/28/2015	**Dr. Jason Barber** • Claimant was admitted to Trauma Services with a right subdural hematoma and underwent decompressive craniotomy, condition declined, he passed away at 12:30 p.m. on February 27, 2015.

6/7/16 JR

Turner | Padget

June 6, 2016

Cynthia C. Dooley
Email: CDooley@TurnerPadget.com
Writer's Direct Dial: (803) 227-4209

Via E-case
Commissioner Gene McCaskill
South Carolina Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202

RE:	Claimant:	Edmund Dillon, Dec'd
	Employer:	Raffles (FleetPride)
	Carrier:	Gallagher Bassett as TPA for American Zurich Insurance Company
	Claim No.:	000714-050164
	WCC File No.:	1501382
	Our File No.:	00426.01452
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AMENDED PRE-HEARING BRIEF
WCC File No: 1501382

6/7/16 TR

Claimant's Name: Edmund Dillon, Dec'd
Address: [redacted]
City [redacted] State: [redacted] Zip: [redacted]
Home Phone: Work Phone:
Preparer's Name: Cynthia C. Dooley, Esq.

Employer's Name: Raffles (FleetPride)
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8. Exhibits: Amended Death Certificate; medical research.
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10. Name, address, and specialty, if any, of the treating physician: Palmetto Health Richland of Columbia, SC
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Signature:
Date of hearing: June 10, 2016
Email: CDooley@TurnerPadget.com
Time needed for hearing: 1 hour

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WCC Form # 58
Revised 7/13

AMENDED 58

AMENDED PRE-HEARING BRIEF

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION 6/7/16 TR

W.C.C. FILE NO: 1501382

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6	Richland County Coroner	02/28/2015 – 07/08/2015	D0782 – D0795
7	**Report & CV of JJ Vandersteenhoven, MD, PhD**	**05/21/2016**	**D0796 – D0808**
EXHIBITS			
A	**Amended Death Certificate**	**06/02/2015**	**D0809**
B	**Medical Research on Anemia, Thrombocycytopenia (low platelet county), Low potassium (hypokalemia), Hyponatremia, Liver disease**	**06/06/2016**	**D0810 – D0834**

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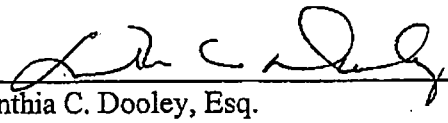
YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Josiah Fludd; Greg Lane, supervisor; Fred Mogride, supervisor; Steve

Mathis, co-employee, Dr. Jay Vandersteenhoven, medical expert. Defendants reserve the right to cross examine any expert.



Cynthia C. Dooley, Esq.
TURNER, PADGET, GRAHAM & LANEY, P.A.
P.O. Box 1473
Columbia, SC 29202
(803) 227-4209
Attorneys for the Employer/Carrier

Columbia, SC

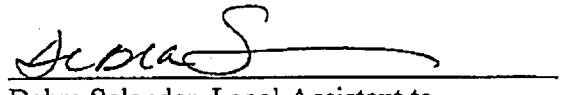
June 6, 2016

PROOF OF SERVICE

The undersigned certifies that she is an employee at TURNER, PADGET, GRAHAM & LANEY, P.A., and that the attached Amended Pre-hearing Brief and Amended Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of the Defendants was served upon Brian Dumas, Esquire, the attorney for the claimant, in accordance with Regulations 67-210, 67-211, 67-213, 67-214, and 67-215, and such other law as may be applicable, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

Via E-case
Commissioner Gene McCaskill
South Carolina Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202

Brian Dumas, Esquire
Brian Dumas, Attorney LLC
718 Clemson Road
Columbia, SC 29229



Debra Selander, Legal Assistant to
Cynthia C. Dooley

June 6, 2016.

Turner | Padget

June 7, 2016

Cynthia C. Dooley
Email: CDooley@TurnerPadget.com
Writer's Direct Dial: (803) 227-4209

Via E-case
Commissioner Gene McCaskill
South Carolina Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202

RE:	Claimant:	Edmund Dillon, Dec'd
	Employer:	Raffles (FleetPride)
	Carrier:	Gallagher Bassett as TPA for American Zurich Insurance Company
	Claim No.:	000714-050164
	WCC File No.:	1501382
	Our File No.:	00426.01452
	D/A:	2/23/2015

Dear Commissioner McCaskill:

Please find enclosed our Second Amended Pre-hearing Brief and Second Amended Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of the Defendants for filing in the above captioned matter.

By copy of this letter to Brian Dumas, Esquire, the claimant's attorney, we are notifying him of these submissions and serving copies of the same upon him by mail.

With kind regards, I am

Very truly yours,

TURNER, PADGET, GRAHAM & LANEY, P.A.

Cynthia C. Dooley, Esq.

CCD/dps
Enclosures
cc: Sandra Lumsden
Brian Dumas, Esquire

South Carolina Workers' Compensation Co[illegible]ssion
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

SECONDAM[illegible]DED PRE-HEARING BRIEF
WCC File No: 1501382

Claimant's Name: Edmund Dillon, Dec'd
Address: [illegible]
City [illegible] State: [illegible] Zip: [illegible]
Home Phone: Work Phone:
Preparer's Name: Cynthia C. Dooley, Esq.

Employer's Name: Raffles (FleetPride)
Address: 310 FP1 Col Retail
City Columbia State: SC Zip:
Carrier: Gallagher Bassett as TPA for American Zurich Insurance Company
Preparer's Phone #: (803) 227-4209

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

1. Compensation Rate: $ 766.05 2. AWW: $ 1,263.35 Date of Injury: 2/23/2015
3. Type of injury and body part(s): Head injury
4. Facts in controversy: Whether the Claimant suffered a syncopal episode as a result of a condition peculiar to him or a compensable fall
5. Legal issues involved: S.C. Code Ann. §42-1-160
   Bagwell v. Burwell, Inc., 27 S.C. 444, 88 S.E.2d 611 (1955); Miller v. Springs Cotton Mills, 225 S.C. 326, 82 S.E.2d 458 (1954)
6. Unusual aspects: Defendants received Claimant's expert reports on 5/26/16 and will file a motion for postponement in order to take the doctors' and nurses' depositions. Or in the alternative request that the record remain open to allow inclusion of the deposition yet to be taken.
7. Witnesses (designate if expert):* Josiah Fludd; Greg Lane, supervisor; Fred Mogride, supervisor; Steve Mathis, co-employee, Dr. Jay Vandersteenhoven, medical expert. Defendants reserve the right to cross examine any expert
8. Exhibits: Amended Death Certificate; medical research; Site photographs
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
   See APA submissions along with reports pursuant to R.67-612 including medical expert report along with CV.
10. Name, address, and specialty, if any, of the treating physician: Palmetto Health Richland of Columbia, SC
11. Impairment rating(s); body part(s); physician and date of opinion: None due to 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 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 Claimant's attorney, Brian Dumas, Esquire, on the ____ day of June, 2016, by; ☒ first class postage ☐ certified mail ☐ personal service.

Signature: [signature] for
Email: CDooley@TurnerPadget.com
Date of hearing: June 10, 2016
Time needed for hearing: 1 hour

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.

WCC Form # 58
Revised 7/13

SECOND **AMENDED 58**

AMENDED PRE-HEARING BRIEF

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1501382

EDMUND DILLON, DEC'D, Employee, Claimant, vs. RAFFLES (FLEETPRIDE), Employer, AND GALLAGHER BASSETT AS TPA FOR AMERICAN ZURICH INSURANCE COMPANY, Carrier, Defendants.	**SECOND AMENDED** **NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANTS**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND BRIAN DUMAS, ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	PAGE NUMBERS
	Medical Summary		
1	Kershaw County Medical Center	02/04/1994	D0001 – D0012
2	Columbia Skin Clinic	03/30/2001 – 02/18/2015	D0013 – D0053

3	Providence NE Family Care	02/03/2014 – 02/19/2014	D0054 – D0062
4	Richland County ESD	02/23/2015	D0063 – D0065
5	Palmetto Health Richland	02/23/2015 – 02/28/2015	D0066 – D0781
6	Richland County Coroner	02/28/2015 – 07/08/2015	D0782 – D0795
7	Report & CV of JJ Vandersteenhoven, MD, PhD	05/21/2016	D0796 – D0808
EXHIBITS			
A	Amended Death Certificate	06/02/2015	D0809
B	Medical Research on Anemia, Thrombocycytopenia (low platelet county), Low potassium (hypokalemia), Hyponatremia, Liver disease	06/06/2016	D0810 – D0834
C	**Medical Research on Mechanical Fall**		**D0835 – D0838**
D	**Photos**		**D0839 – D0842**

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Josiah Fludd; Greg Lane, supervisor; Fred Mogride, supervisor; Steve Mathis, co-employee, Dr. Jay Vandersteenhoven, medical expert. Defendants reserve the right to cross examine any expert.

Cynthia C. Dooley, Esq.
TURNER, PADGET, GRAHAM & LANEY, P.A.
P.O. Box 1473
Columbia, SC 29202
(803) 227-4209
Attorneys for the Employer/Carrier

Columbia, SC

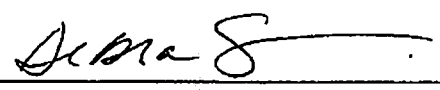
June 7, 2016

PROOF OF SERVICE

The undersigned certifies that she is an employee at TURNER, PADGET, GRAHAM & LANEY, P.A., and that the attached Second Amended Pre-hearing Brief and Amended Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of the Defendants was served upon Brian Dumas, Esquire, the attorney for the claimant, in accordance with Regulations 67-210, 67-211, 67-213, 67-214, and 67-215, and such other law as may be applicable, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

Via E-case
Commissioner Gene McCaskill
South Carolina Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202

Brian Dumas, Esquire
Brian Dumas, Attorney LLC
718 Clemson Road
Columbia, SC 29229



Debra Selander, Legal Assistant to
Cynthia C. Dooley

June 7, 2016.

KERSHAW COUNTY MEMORIAL HOSPITAL

OUTPATIENT/EMERGENCY ADMISSION

MEDICAL RECORD NO. 000000 — REV. DATE 02/04/94 — AGE 80 — F/T — F/C — SERVICE ERM — CODES 780.2 458.9 — E/P O/P N — PATIENT ACCOUNT NO. 268251

PATIENT NAME AND ADDRESS: Dillon, Edmund J. Rd. 29078 — SOCIAL SECURITY NO. — COUNTY 02

PRIMARY EMPLOYER: Truck Supply Co. Camden SC — TELEPHONE NO. — SECONDARY EMPLOYER — TELEPHONE NO.

AGE — DOB 08/12/58 — SEX M — RACE W — MAR. STATUS M — RELIGION 006

NEXT OF KIN: ADOLPHUS, Ray — RELAT. Friend — TELEPHONE NO. 438-6840

RESPONSIBLE PARTY NAME AND ADDRESS: --, - — TELEPHONE NO. — SOCIAL SECURITY NO.

INSURANCE CO./POLICY NO.: Health Care Strat. Inc. 251-91-7207 — INSURED NAME/GROUP NO./RELAT.: Edmund J. Dillon 8043 01

REL. TO PATIENT: SELF

ATTENDING PHYSICIAN: Kahlen — FAMILY PHYSICIAN: Mayer (Cola.) — ADMIT BY: SAS — DIAGNOSIS: xxx Passed Out — CHIEF COMPLAINT: "

ALLERGIES: NKA — TEMP. 96 — PULSE 80 — RESP. 12 — B/P 120/80 — TETANUS

TIME ARRIVED 0440 — TIME SEEN — PHYSICIAN NOTIFIED — TIME DISCHARGED 0945

NURSE'S NOTES REVIEWED ☐

HX/PX (TIME

35 y.o. WM - syncope this AM - got up to go to bathroom, coughing spell, felt dizzy & passed out - Poor historian - Vague sensation of weak & dizzy for undetermined time prior to fall, but denies CP, SOB, palpitations - No seizure activity or post-ictal state -

Alert, Oriented, Conversant. Inappropriately jovial affect. Superficial abrasion mid frontal region - Contusion of occiput - No raccoon eyes, Battle's sign - PERRLA - EOMI - Chest clear - Equal breath sounds - Regular rhythm, No murmur, rub, gallop, click. - No sternum or rib tenderness No abd. tenderness, mass, or guarding - Neuro grossly symmetric & normal, normal gait -

EKG - Sinus & ectopy — ABG - 7.42/37/91 on RA
No acute/ischemic changes — No pH & O2

☒ CBC	0530	
☒ SMA 9	0530	
☐ U/HCG		
☐ U/A CATH		
☐ U/A CC		
☒ ABG	0445	
☐ AMYLASE		
☐ PT/PTT		
☒ ETOH	0530	
☒ EKG	0530	
☐ CXR		
☐ X-RAY		

Monitor
O2 Sat - 99%
~~HR/Hct~~

	Pulse	BP
Supine	180	130/80
Stand	100	100/80

IV LR 2 Liter Drip

DIAGNOSIS: V880 Vagal Syncope / Orthostatic hypotension

LABORATORY STATS: H/H 15/47 9.3

DISCHARGE INSTRUCTIONS: Follow up with family doctor by Monday. Return if condition worse

CONDITION ON DISCHARGE: ☐ SAME ☐ IMPROVED ☐ DECEASED ☐ ADMITTED ☐ OTHER — DISPOSITION: ☐ POLICE ☐ JAIL ☐ NURSING HOME ☐ ADMITTED ROOM ☐ OTHER

☐ TRANSFERRED TO

ADMISSIONS CALLED AT ☐ AM ☐ PM TO ROOM — VIA — ACCEPTING PHYSICIAN

CONSULTING PHYSICIANS SIGNATURE — ATTENDING PHYSICIAN'S SIGNATURE — AT ☐ AM ☐ PM VIA — RELIGIOUS TO ☐ FAMILY ☐ PATIENT ☐ WISH

INSTRUCTION SHEET GIVEN ☒ — NURSE INITIALS — PATIENT'S SIGNATURE — HAVE RECEIVED AND UNDERSTAND ABOVE INSTRUCTIONS — ER DEPT. NURSE'S SIGNATURE Barbara Williams RN

MEDICAL RECORDS

PDF processed with CutePDF evaluation edition www.CutePDF.com 9916133D9A024B0CBAF2 DILLON

CONDITIONS OF TREATMENT AND/OR SERVICES

CONSENT TO TREATMENT: I hereby authorize Kershaw County Memorial Hospital, my physician, a physician designated by him/her or with whomever he/she may designate as his/her assistant to render medical treatment to me. I consent to any hospital care which encompasses laboratory, diagnostic or medical treatment which my physician or his/her assistant may deem necessary during my hospitalization. If I am an Obstetrical patient admitted to the hospital for the delivery of my baby, I consent to hospital care of my infant(s) encompassing routine diagnostic procedures and medical treatment. TO PROTECT MYSELF AND OTHERS, I also give permission to have blood drawn and tested for infectious diseases including, but not limited to HIV (AIDS VIRUS) and Hepatitis B.

PERSONAL VALUABLES: Kershaw County Memorial Hospital will not be responsible for money, jewelry or other valuables of patients, unless they are deposited at the business office and a receipt obtained therefore. UNDER NO CIRCUMSTANCES WILL THE HOSPITAL BE LIABLE FOR PROPERTY OF PATIENTS.

ASSIGNMENT OF INSURANCE BENEFITS AND RELEASE OF INFORMATION: (1) I hereby authorize payment directly to Kershaw County Memorial Hospital, and to attending physicians, all benefits otherwise payable to me for this hospital stay by insurance companies or other agencies, such payments to be applied, first to this account, second, to amounts due on other accounts at Kershaw County Memorial Hospital, for which I am responsible, and third, any excess payment after all accounts at Kershaw County Memorial Hospital have been paid in full will be refunded to me in compliance with the refund schedule established by Kershaw County Memorial Hospital; (2) If an allowance is made on this account for estimated insurance payments and the insurance company or companies does not make payment within 60 days of discharge or pays an amount less than the amount allowed, I will make immediate payment of the balance due on this account; (3) I will pay an advance fee for each insurance claim filed by the hospital where complete insurance information is not furnished to the hospital prior to the patient's discharge. I understand that I am financially responsible to the hospital for any charges not covered by this assignment.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: I/We hereby authorize Kershaw County Memorial Hospital to furnish any medical information requested by insurance companies with whom I/We have coverage or any public agency which may be assisting in payment for my care.

AUTHORIZATION TO DISCLOSE INFORMATION: I authorize Kershaw County Memorial Hospital, and all attending physicians to release to the Social Security Administration, or its intermediaries or carriers, any information about me needed for this Medicare claim, including medical information relating to my treatment. Only information needed for the purpose of processing my claim for Medical benefits may be released.

COLLECTION FEES: I/We further agree if this account is placed in the hands of an attorney for collection, or if this debt, or any part thereof, is collected by an attorney or by legal proceedings of any kind, an attorney's fee of 15% besides all costs and expenses incident upon such collection shall be added to the amount due and shall be collectible as a part thereof.

I also authorize the release of medical and related information about my treatment to the Peer Review Organization responsible for reviewing the medical care furnished me by your institution.

I understand that health care services paid for under Medicare and industrial programs may be subject to review by the Peer Review Organization.

I reserve the right to withdraw this authorization at any time.

I understand that my company's hospital insurance plan includes medical review and I hereby authorize the release of my hospital records for confidential review by the Peer Review Organization.

I CERTIFY THAT I HAVE READ (OR HAD READ TO ME) AND FULLY UNDERSTAND THE ABOVE.

WITNESS J. Stubblefield DATE 2-4-94 PATIENT REPRESENTATIVE Edmund Dillon DATE 2/4/94

PATIENT SIGNATURE Diane Dillon DATE 2/4/94 RELATIONSHIP Spouse

REASON PATIENT DID NOT SIGN: ☐ MINOR ☑ INCAPABLE

REFUSAL OF TREATMENT-DISCHARGE AGAINST MEDICAL ADVICE

This is to certify that I, _____ (NAME OF PATIENT) a patient in the Kershaw County Memorial Hospital have refused medical care and, I am leaving the hospital against the advice of the attending physician and the hospital administration. I acknowledge that I have been informed of the risks involved and hereby release the attending physician, the hospital and its employees from all responsibility and any ill effects which may result from the action.

WITNESS _____ SIGNED BY PATIENT _____

DATE _____ TIME _____ AM PM RELATIONSHIP TO PATIENT _____

D - 0002 9916133D9A024B0CBAF2

KERSHAW COUNTY MEMORIAL HOSPITAL
Camden, SC
Larry H. Perron, M.D.
Pathologist

DILLON, EDMUND J Age: 35Y Sex: M ERM
Pt#:268251 KAHLER, GUY B (ER PHYS #)
MR#:206330 DOB: KAHLER, GUY B (ER PHYS #) Pg#: 1

HEMATOLOGY

COLLECTED	02/04 05:19		NORMAL	
WBC	9.3		4.8- 10.8	10(
RBC	5.40		4.70- 6.10	10(
HGB	15.9		14.0- 18.0	GM/
HCT	47.4		42.0- 52.0	%
MCV	87.7		80.0- 94.0	FL
MCH	29.4		27.0- 31.0	PG
MCHC	33.6		33.0- 37.0	GM/
RDW	12.6		11.5- 14.5	%
PLT	277		130- 400	10(
MPV	9.9		7.4- 10.4	FL
LYMPH	23.7		15.0- 41.0	%
MONO	5.6		0.0- 10.0	%
GRAN	70.7	H	48.0- 68.0	%

CHEMISTRY

COLLECTED	02/04 05:19		NORMAL	
GLU	130	H	70- 110	MG/
BUN	6	L	7- 18	UG/
CREAT	1.1		0.6- 1.3	MG/
NA	144		140- 144	MEQ
K	4.1		3.6- 5.2	MEQ
CL	105		100- 108	MEQ
CO2	28		21- 32	MEQ

ALCOHOL, SERUM

COLLECTED	02/04 05:19	NORMAL
SERUM ETOH	NEGATIVEG/DL	NEGATIVE

*** END OF PATIENT'S REPORT ***

PT#: 268251 DILLON, EDMUND J 35Y M Pg#: 1

FINAL LAB REPORT

D - 0003 9916133D9A024B0CBAF2 DILLON

KERSHAW COUNTY MEMORIAL HOSPITAL
1315 ROBERTS STREET
CAMDEN, SOUTH CAROLINA 29020

PAGE: 1

NAME : DILLON, EDMUND,M
DATE DRAWN : 02/04/94
TIME DRAWN : 05:00
TIME ANALYZED : 05:10
SAMPLE : Arterial
STUDY NO : 1
SITE : LR
PATIENT TEMP. : 98.6°F

HOSP # : 268251
LOCATION : ER
AGE : 35 (M)
PHYSICIAN: KAHLER
DRAWN/ANALYZED BY: WMT
MEDICAL RECORD # : 2063300

	RESULTS	UNITS	NORMAL VALUES
pH	7.420		7.35 - 7.45
CO2 TENSION (PCO2)	39.0	MMHG	35 - 45
O2 TENSION (PO2)	91.0	MMHG	80 - 100 (ROOM AIR)
BICARBONATE (HCO3)	25.0	MEQ/L	22 - 26
BASE EXCESS (BE)	+1.3	MEQ/L	0 +/- 2.0
APPROX. ALV-ART O2 GRAD (CALC)	10.0	MMHG	< 20 (ROOM AIR)
O2 SATURATION	97.2	%	=> 95
PULSE OXIMETER		%	=> 95
HEMOGLOBIN		GM/DL	12 - 18
CARBOXYHEMOGLOBIN		%	0 - 5.0
METHEMOGLOBIN		%	0 - 2.0
%O2 Hb		%	94 - 97
%RHB		%	
O2 CAPACITY		VOL%	16 - 24
O2 CONTENT		VOL%	16 - 24

COMMENTS:
FIO2 : 21.0%
DEVICE : ROOM AIR LITER FLOW:
VENTILATOR SETTINGS
VT : PEEP: AC : PSV :
SIMV: CPAP: PT. RATE:

COMPUTER INTERPRETATION
THE OXYGEN TENSION IS NORMAL WITH AN FIO2 OF 21.0%

THE PH IS IN THE NORMAL RANGE.

THE CARBON DIOXIDE TENSION IS IN THE NORMAL RANGE.

THE BASE EXCESS IS IN THE NORMAL RANGE.

THE CARBOXYHEMOGLOBIN IS NOT REPORTED.

THE O2 CAPACITY IS NOT REPORTED.

ACID BASE DATA IS WITHIN THE NORMAL RANGE.

SUMMARY OF MOST RECENT BLOOD GASES

DATE	TIME	J	T	pH	PCO2	PO2	HCO3	BE	%O2Hb	AaDO2	THb	COHb	%CHb	O2CT	SAT%	VT	SIMV	PEEP	FIO2
02/04/94	05:00	1	A	7.420	39.0	91.0	25.0	+1.3		10.0					97.2				21.0%

268251 ROOM ER#

DILLON, ECK J

KAHLER H W

MRN 000000

EC

02/04/94

KCMH EMERGENCY DEPARTMENT

START PLATE

DATE 2-4-94 TIME 0430 ACUITY LEVEL III

T 96 P 80 R 18 B/P 110/70 WT LMP Ø

TETANUS STATUS Ø ALLERGIES NKDA

PHYSICIAN Ø NOTIFIED BY PT? Ø

TRIAGE

PATIENT COMPLAINT: Passing out in bathroom. Coughed in bathroom and hit my head.

PHYSICAL ASSESSMENT: A&Ox3, skin WD, small abrasion to forehead, taller, dizzy, blurred vision at present. Speech clear, steady gait.

INTERVENTION: US

SIGNIFICANT PAST MED. HX: Ø

CURRENT MEDICATIONS: Ø

TRIAGE NURSE Tracy Steele RN

STUDIES

EKG 0445 ABG 0445

TYPE 0515	CPK/ISO	GC	BLOOD CX
CBC	DIGOXIN	GM STAIN	WOUND CX
SMA-6	PT/PTT	CHLAMYDIA	THROAT CX
SMA-7	THEOPHYLINE	WET PREP	URINE CX
CC/UA	DILANTIN 0515	KOH	STREP SCREEN
CATH/UA	ETOH	UCG	
	AMYLASE		

X-RAYS:

FLUIDS

BAG	TIME	FLUID/AMOUNT	SITE	SIZE	D/C	AMT.	INITIAL
1	0530	#18 Angio Catheter					RN
2	0530	R.L. 1000cc	Wide open				RN
3	0630	R.L. 1000	cc Wide open				BD

MEDICATIONS

TIME	MEDICATION/DOSAGE	ROUTE	SITE	INITIAL

PROCEDURES

Cath	Betadine Sol	Monitor	INT OXYGEN
N / G	Suture	Pacemaker Internal	
Lavage	Dressing	Pacemaker External	
Cooling	Ice	Intubation	
Warming	Splint	CPR	
Enema	Crutches	Lumber Puncture	
V / A	Ace Wrap	Respiratory Treatment	

O2 Sat. 99%

PRE-HOSPITAL CARE

TREATMENTS IN PROGRESS UPON ARRIVAL: N/A

IV @ cc/hr SITE SIZE

IV @ cc/hr SITE SIZE

BACKBOARD C-COLLAR SANDBAGS

SPLINT DRESSING

O2 @ L/MIN VIA

OTHER:

EYES		VERBAL		MOTOR	
SPONTANEOUS	4	ORIENTED	5	OBEYS	6
TO VERBAL	3	CONFUSED	4	PURPOSEFUL	5
TO PAIN	2	INAPPROP.	3	WITHDRAWS	4
NONE	1	INCOMPREH.	2	FLEXION	3
		NONE	1	EXTENSION	2

TIME			
EYES	4		
VERBAL	5		
MOTOR	6		
TOTAL	15		

VISUAL ACUITY

RIGHT

LEFT

BOTH

PUPILS

R		L
	EQUAL	
	REACT	
	NONREACT	
	CONSTRICT	
	DILATED	
	SLUGGISH	
	BRISK	
	FIXED	

PHYSICAL ASSESSMENT

TIME: INITIAL

TRAUMA SCORE 15

RESPIRATORY: N / A WNL ABN

CIRCULATION: N / A WNL ABN 100/80 P

SKIN: N / A WNL ABN

ABDOMEN: N / A WNL ABN

*ABNORMALS REQUIRE DOCUMENTATION

I & O

	INTAKE	OUTPUT
PO		
IV		
LAVAGE		
FOLEY/VOIDED		
TOTAL		

D - 0005

9916153D9AC24B0CBAF2 DILLON 1

TIME	TREATMENTS, PROCEDURES, VITALS, RHYTHMS	NARRATIVE
		20 L Lgn #18 Awake, Alert. Skin
		Warm/dry. No acute resp. distress
	OBC	Placed on monitor & HOB 7.
		Side rails up. Monitor shows
		Sinus tach & ectopy. Dr. Rabler
		Aware and informed.
		EKG done as ordered.
		O2 Sat 99%
0445	ABG done	Blood drawn for labs
		Talking continued. Denies LOC
		Alert & oriented. No c/o Nausea
0530	R.L. 1000cc	Wide open. — Talking with family.
		No Resp distress.
	R.L. 1000cc	2nd liter of fluids.
0705		Report received from B. Williams, Pt
		stable improved & IVF infusing
0715		IVF infusion completed. INT removed intact
		Pt stable improved & DC'd home.

NURSING DIAGNOSIS:
RESPIRATORY FUNCTION, Alteration in, related to
COMFORT, Alteration in, related to
SKIN INTEGRITY, Alteration in, related to
MOBILITY, Alteration in, related to
BODY TEMPERATURE, Alteration in, related to
BOWEL ELIMINATION, Alteration in, related to
OTHER: HO Anthymia

DISPOSITION:
HOME @ 0715
DISCHARGE EDUCATION:
INFORMATION SHEETS PROVIDED: Checking to obtain
FOLLOW-UP APPT.: Recd ASAP at ER if condition T's on chart now S/S
TIME
ADMIT ROOM #
REPORT CALLED TO
VIA
ESCORTED BY
PHYSICIAN
TRANSFER TO
VIA
TIME
MORGUE: TIME
CORONOR NOTIFIED
NURSES SIGNATURE: #1 Barbara Williams RN #2 Falon RN INITIALS
#3 INITIALS #4 INITIALS

9916133D9A024B0CBAF2 DILLON 1.

268251 ROOM ERR

DILLON, EDMUND J

MRN 000000 KAHLER

02/

HEWLETT-PACKARD RECORDER NO. 464826

0640 HR 111 P 74

P 74 120/70 pulse ox 99% NSR ectopy

HEWLETT-PACKARD RECORD

INSTRUCTIONS: TO MOUNT REPORT SI. PULL OFF ADHESIVE BACKING INDICATED BY ARROWS. PRESS REPORT FIRMLY TO EXPOSED ADHESIVE. BE SURE REPORTS ARE EVENLY ALIGNED TO INSURE NEATNESS.

FORM VT-10

LABORATORY REPORTS

D - 0007 9916133D9A024B0CBAF2

DILLION, EDMUND ID: 000268251 04-FEB-94 05:03 KERSHAW COUNTY HOSPITAL

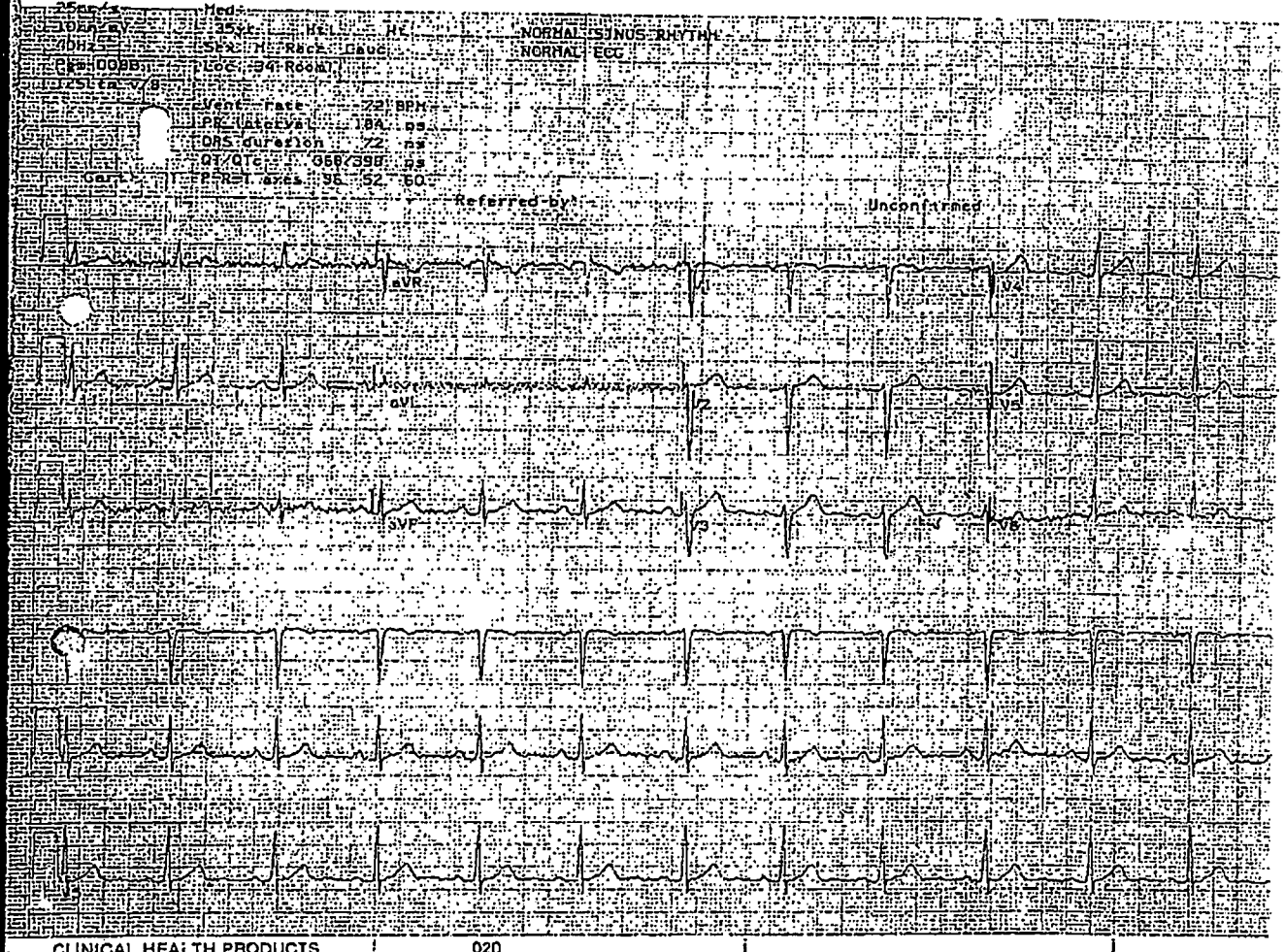
25mm/s Med.
10mm/mV 35yr. Ht. Wt.
40Hz Sex: M Race: Cauc
Chg: 0088 Loc: 94 Room:
12SLeads V/8

Vent. Rate 72 BPM
PR Interval 188 ms
QRS duration 72 ms
QT/QTc 368/398 ms
P-R-T axes 96 52 60

NORMAL SINUS RHYTHM
NORMAL ECG

Referred by:

Unconfirmed



CLINICAL HEALTH PRODUCTS 020

D - 0008

9916133D9A024B0CBAF2. DILLON 1

INSTRUCTIONS TO THE PATIENT AFTER EMERGENCY CARE

268251 ROOM ER

Date	Case #	Arrival Time	Discharge Time
	GILLON, EDMUND J	A.M. / P.M.	A.M. / P.M.

NOTE: The examination and treatment you have received have been rendered on an emergency basis only, and are not intended to be a substitute for or an effort to provide complete medical care. Your follow-up doctor (named below) will receive a copy of your records and all test reports. It is important that you let him check you again, and that you report to him any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single Emergency Department visit. Meanwhile, FOLLOW THE INSTRUCTIONS BELOW as indicated to you.

☑ **GENERAL INSTRUCTIONS:**

Call to arrange an appointment at his office to see Dr. _____ in _____ days for follow-up care.

Tell the office receptionist you were seen in the Emergency Room. Call sooner if you think necessary. His phone: _____

Show this instruction sheet to your doctor. Until you see him:

- ☐ Follow label instructions for any prescription given by the Emergency Physician and take medications with you to doctor's office.
- ☐ The medication you received in the Emergency Room may hinder your ability to operate any automobile or other type of machinery.
- ☐ Avoid any use of the injured part.
- ☐ Allow only limited use of the part.
- ☐ You need not necessarily limit activity.

Aspirin for pain or fever is: ☐ OK to use. ☐ Not to be used.

Lab/X-Ray (emergency doctor's reading only. Radiologist will send final report to doctor doing follow-up care.) _____

Treatment rendered: _____

(Tetanus YES ☐ NO ☐ type: _____)

☐ **WOUND CARE** (cuts, abrasions, burns, etc.)

- Keep the dressings clean and dry.
- Elevate the wound to help relieve soreness and help speed wound healing.
- Despite the greatest care, any wound can be infected. If your wound becomes red, swollen, shows pus or red streaks, or feels more sore instead of less sore as days go by you must report to your doctor right away.
- If dressings need to be changed you should: Change them ☐ Call your doctor ☐

☐ **SPRAIN AND FRACTURE, SEVERE BRUISES**

- Elevate the injured part to lessen swelling.
- Ice packs also help prevent swelling, especially during the first 48 hours. Place ice in plastic or rubber bag, cloth cover.
- Apply hot packs after 48 hours of ice. Place hot moist towel on area, cover with plastic and a towel — leave on about 20 minutes or until cool; remove pack and leave off for 20 minutes. Repeat for 24 hours. Avoid heating pads.
- If you have an elastic bandage, rewrap it if it is tight or loose.

☒ **HEAD INJURY INSTRUCTIONS**

- Problems from such injuries can occur sometimes later.
- Report to your doctor immediately if anything listed occurs (even within several months).
- Uncontrollable vomiting, stiff neck, fever. (Vomiting once or twice is not uncommon.)
- Unequal pupils (one pupil large, one small.)
- Confusion or unusual drowsiness.
- Persistent headaches or blurred vision.
- Convulsions or unconsciousness.
- Stumbling or other problem with normal use of arms or legs; or areas of skin numbness.
- Bleeding or clear fluid from ears or nose.
- ☐ NOTE: waken patient hourly, first night to check for these signs.

☐ **CAST CARE**

- Keep cast dry at all times.
- Wait 48 hours for the cast to become strong before you allow pressure or weight on any part of the cast.
- Wriggle toes or fingers to help prevent swelling in the cast — this should be done often if it does not cause pain.
- If the part swells anyway or gets cold, blue, or numb, or if pain increases markedly, have it checked promptly by a doctor.

☐ **BACK AND NECK INJURY INSTRUCTIONS**

- Use heat or cold on the injury area — whichever seems to help the most. Be careful not to burn yourself.
- Rest as much as possible until you are improved.
- Avoid positions and movements that make the pain worse.
- Relax emotionally.
- Gentle but firm massage will increase circulation in sore muscles, and so will help to clear the soreness.

OTHER INSTRUCTIONS: _____

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

Witness Initial _____ Date 2/4/94 X _____ (PATIENT OR REPRESENTATIVE SIGNATURE)

Form 2030 PRINTED IN U.S.A.

D - 0009

9916133D9A024B0CBAF2, DILLON 1

SPRINGWOOD LAKE FAMILY PRACTICE CENTER, P.A.

STEPHEN T. [illegible], M.D., F.A.A.F.P.
HENRY [illegible], M.D., F.A.A.F.P.
RAYMOND E. MAJOR, M.D., F.A.A.F.P.

1721 Harmon Drive
Columbia, SC 29223
(803) 788-9489

RECORDS RELEASE FORM

TO: Kershaw County Hospital (Physicians Name) _____ (Address)

RE: Edmund S. Dillon (Patient's Name) SS#: _____ DOB: [redacted]

I authorize all pertinent office medical records be forwarded to:
SPRINGWOOD LAKE FAMILY PRACTICE CENTER, P.A.

Serbin (Physician's Name) 1721 Harmon Dr. Columbia, SC 29223

[signature] (Patient's/Guardian's Signature) Marcy Stephens (Witness' Signature)

2/4/94 (Date) 2/4/94 (Date)

D.O.S. 2/4/94 4:00 AM

Springwood Lake Center TEL:803-788-9489 Feb 04.94 10:29 No.002 P.01

SPRINGWOOD LAKE FAMILY PRACTICE CENTER, P.A.

STEPHEN F. SERRY, M.D., F.A.A.F.P.
PETER J. BIAIX, M.D., F.A.A.F.P.
RAYMOND E. MAJOR, M.D., F.A.A.F.P.

1721 Horseshoe Drive
Columbia, SC 29223
(803) 788-7864

DATE: 2/4/94

TO: Dawn

NO. PAGES: 2

COMMENTS:

Re: Edmond Dillon

THANKS

Mary Stephens

CONFIDENTIALITY NOTICE

Unless otherwise indicated or obvious from the nature of this transmittal, the information contained in this fax message is doctor-patient privileged and confidential, intended for the use of the intended recipient named above. If the reader of this message is not the intended recipient (or the employee or agent responsible to deliver it to the intended recipient), you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please immediately notify us by telephone and return the orginal message to us at the above address.

DILLION, EDMUND ID: 000268251 04-FEB-94 05:04 KERSHAW COUNTY HOSPITAL

Med: 206330

35yr Ht: Wt:

Sex: M Race: Caus

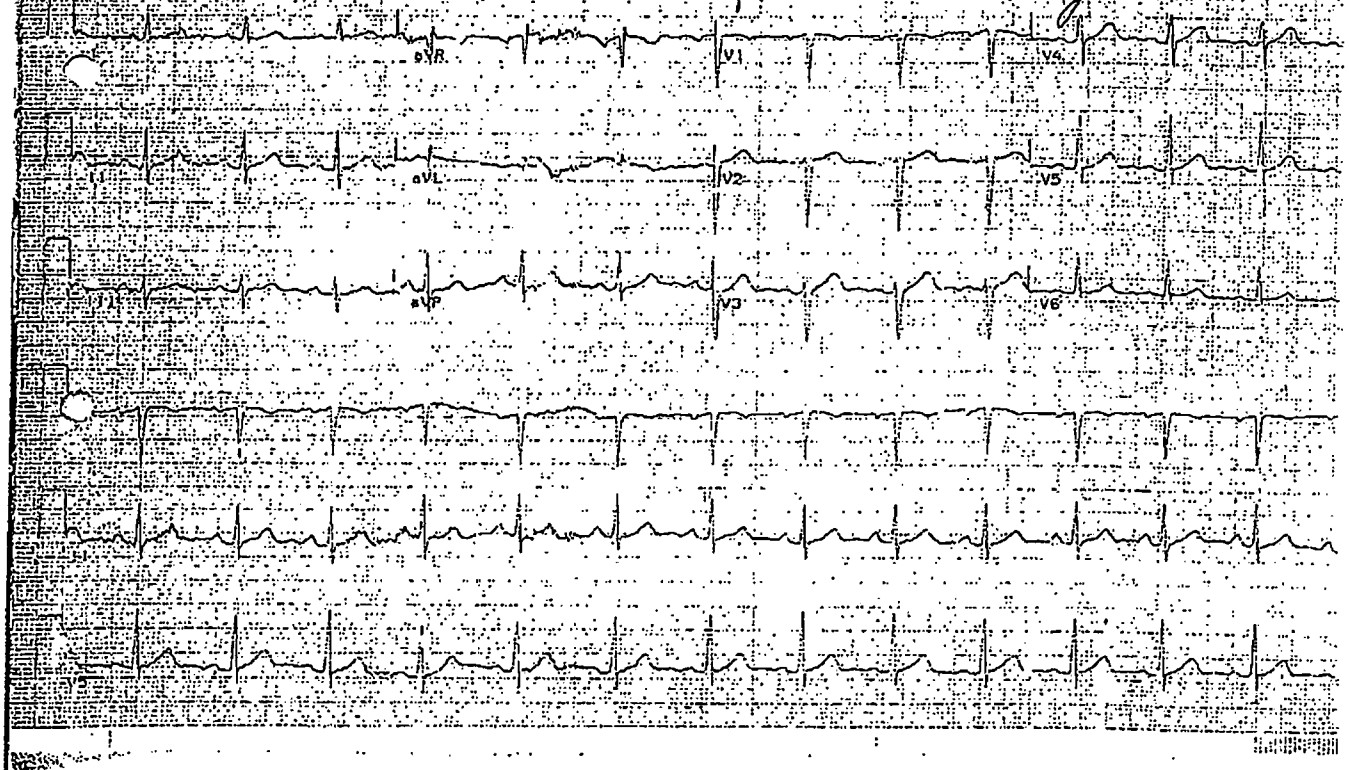
Loc: 34 Room:

NORMAL SINUS RHYTHM
NORMAL ECG

Vent. rate: 82 BPM
PR interval: 168 ms
QRS duration: 80 ms
QT/QTc: 368/429 ms
P-R-T axes: 41 46 58

Referred by:

Unconfirmed:



D - 0012

9916133D9A024B0CBAF2 DILLON I

☐ Name Change
☐ Insurance Information Change
☐ Address change

Patient Registration Form

PATIENT INFORMATION

(Please Print) Today's Date 3 18 10

Name Dillon Edmund D
Last First M.I.

Address [redacted] City [redacted] State [redacted] Zip

Home Phone [redacted] Area Code Marital Status Single SS# [redacted]

Date of Birth [redacted] Sex: ☑ Male ☐ Female Employment Status ☑ Full Time ☐ Part Time ☐ Student ☐ Retired

Employer Fleetpride Work Phone [redacted] Area Code

RESPONSIBLE PARTY *(if different from patient)*

Name
Last First M.I.

Address
City State Zip

Home Phone Area Code Work Phone Area Code Employer

Date of Birth / / Age Sex: ☐ Male ☐ Female SS#

INSURANCE INFORMATION *(Please present insurance card at time of check in.)*

Primary Insurance Name Cigna
Ins. Address Po Box 30575 Charlotte Nc 28230-4224
Name of Insured Edmund Dillon
Insured's ID# 251-21-2227 01
Group # 2427868/SVET-K
Relationship of patient to the Insured
Employer Name (If Group Policy) Fleetpride
Employer Phone 803-799-4810 Area Code

Secondary Insurance Name None
Ins. Address
Name of Insured
Insured's ID#
Group #
Relationship of patient to the Insured
Employer Name (If Group Policy)
Employer Phone Area Code

In case of Emergency, who should be notified? Robin Dillon Phone [redacted] Area Code

Referred by: Guy Bibeau Primary Care Physician: Guy Bibeau

Nature of Problem: Mole Allergies: None

I hereby authorize treatment by the Columbia Skin Clinic Physician. I authorize the release of medical information to my primary care or referring physician, to consultants if needed and as necessary to process insurance claims, insurance applications and prescriptions. I also authorize payment of medical benefits to the physician.

In order to establish optimal relations with our patients and avoid misunderstanding and confusion regarding our financial policies our staff is trained to consistently inform you of the financial payment policies of this office. Payment is required for all services at the time they are rendered unless you are in a prepaid plan in which we participate. I understand that any amount that my insurance company does not pay for any reason is due from me. We accept payment in the form of cash, checks or credit cards. I authorize the release of any medical information to: 1. Any insurance company through which I claim benefits. 2. Any physician involved in my medical care. I authorize the assignment of all medical benefits to which I am entitled, including Medicare, private insurance, group policy benefits, and other health plans to this practice. Your signature below signifies your understanding and willingness to comply with this policy. I further authorize the release of my medical information to:

_____ Date / /
(i.e., spouse, parent, caretaker)

Patient Signature _____ Date / /
(If under 18 years of age, a responsible party must sign)

Responsible Party Signature _____ Date 3 18 10

D-0013

03/24/2016 9:48PM (GMT-04:00)

COPY

CC:

(1/4)

Clo mole mole. of Concern.

new Referred Dr. Bibeau

Clo area on foot of Concern.

Cryo 0000000! Rec. foot doctor to treat Corn

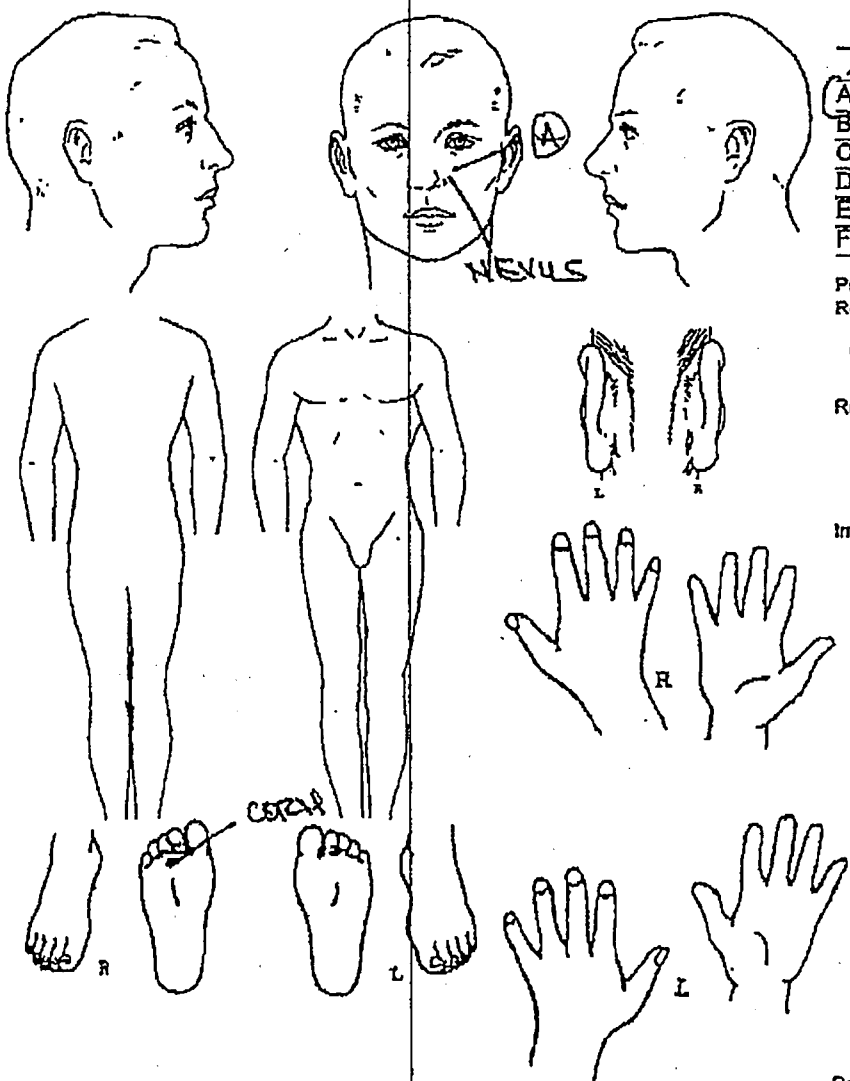
COLUMBIA SKIN CLINIC

Suite 500
3 Medical Park
Columbia, SC 29203
(803) 779-7356

Pt. Name: Edmund D[illegible]
Doctor: W. R. McWilliams
Date: MAR 3 0 2001
Allergies: NKA
Meds: No Meds

Family History Melanoma ☐
Previous Cancer: ☐ Systemic ☐ Skin
Path #: 01-3753

		Clinical Diagnosis	Size mm	ICD Code
A	1	SKIN CA	11	
B	2			
C	3			
D	4			
E	5			
F	6			



Present Hx: Lesions: Recent changes in:	1	2	3	4	5	6
Size						
Color (Red / Black)	✓					
Texture/Thickness						
Recent Symptoms: Bleeding						
Hurting						
Burn, sting, itch						
Cancer Anxiety	✓					
Ulceration						
Irritated by: Clothing						
Prosthesis						
Frictional Items	✓					
Actinically Damaged						
Previous Treatments						
Produces Discomfort						
Op Note Dictated:						
2% Lidocaine	✓					
Punch Biopsy						
Shave Biopsy						
Excision						
Shave Removal	✓					
Curettage						
Electrodessication						
EDCx3						
I&D						
Aluminum Chloride	✓					
Monsels	✓					
Sutures						
Dressing	✓					
Liquid Nitrogen						
Cantharone/Blenderm						

Post Op:
☑ Aftercare Instructions
☑ Stressed Sunscreen SPF 30
☐ Path Discussed
☐ Sutures Removed, Steri-Strips Applied

_ Personal History Skin Cancer
_ Family History Skin CA ( )
_ Sign. Occupational or Therapeutic Radiation Exposure
_ Chronic Immuno., PUVA, Arsenicals, Albinism

COPY

(A) 173.3

D - 0014

4-20-01-12:30

252148

MEDICAL HISTORY

Patient: EDMOND J DELLON Date taken: MAR 30 2001

Are you allergic to any medications? [] yes [✓] no If yes, list:
1. 3.
2. 4.

List all medications you are currently taking:
1. 3.
2. 4.

History of Diseases

Do you have now, or have you ever had diseases or conditions of:

Lungs:	Yes	No	Systemic:	Yes	No
Bronchitis	[]	[✓]	Diabetes	[]	[✓]
Emphysema	[]	[✓]	Thyroid	[]	[✓]
Asthma	[]	[✓]	Kidney	[]	[✓]
Chronic cough	[]	[✓]	Bladder	[]	[✓]
Morning cough	[]	[✓]	Stomach	[]	[✓]
Vascular:			Bowel	[]	[✓]
High blood pressure	[]	[✓]	Hepatitis or yellow skin	[]	[✓]
Chest pain	[]	[✓]	Convulsions, Epilepsy or Seizures	[]	[✓]
Heart Attack	[]	[✓]	Fainting	[]	[✓]
Heart Murmur	[]	[✓]	HIV exposure	[]	[✓]
Irregular or fast heart beat	[]	[✓]	Phlebitis	[]	[✓]
Pacemaker	[]	[✓]	Joint Deformity	[]	[✓]

Skin:
When you are exposed to sun, do you: tan only [] burn [] tan and burn [✓]
Have you ever had skin cancer? yes [] no [✓]
Has anyone in your family had skin cancer? yes [✓] no []
Do you have a history of any specific skin diseases? yes [] no [✓]
If yes, please list:
List any other disease of conditions we should know about:

List surgical procedures you have had in the last six months:

Please answer the following questions:
A. Do you smoke? [✓] yes [] no If yes, how much? Less Than A Pack
B. Do you bleed easily? [] yes [✓] no
C. (Women) Are you pregnant? [] yes [] no Due date?
D. Do you have artificial joints? [] yes [✓] no

Completed by: [✓] Patient Physician Signature: [signature]

I hereby authorize treatment by the physicians of Columbia Skin Clinic.
I further authorize the release of my medical information to:

(i.e., spouse, parent, caretaker)

D-0015

[signature]
Patient signature (if over 18 years of age)

COPY

COLUMBIA SKIN CLINIC, P.A.
Dermatopathology Laboratory
Alfonso Gonzalez, M.D., Ph.D.

DERMATOPATHOLOGY REPORT

PATH #: D01-3753
SERVICE: 3/30/01
RECEIVED: 4/02/01
REPORTED: 4/04/01

PATIENT: DILLON, EDMUND
DOB: [redacted] SEX: [redacted]
PHYSICIAN: WILLIAM MCWILLIAMS, M.D.

FILE #: 252148
SSN: [redacted]

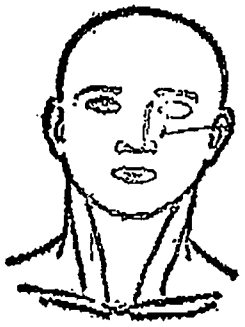
CLINICAL DATA: A - SKIN CA 11MM

DIAGNOSIS: A - LT CHEEK
BASAL CELL CARCINOMA (173.3)

GROSS DESCRIPTION:
A - Received in formalin is a piece of tissue of 12x10x3mm. /src/

MICROSCOPIC DESCRIPTION:
A - Sections show a nodular basaloid tumor with peripheral palisading and clefting.

COPY



D-0016

Three Medical Park, Suite 500, Columbia, SC 29203. (803)779-7316

ALFONSO GONZALEZ, M.D., Ph.D.
03/24/2016 9:49PM (GMT-04:00)

Connecticut General Life Insurance Co.

CIGNA HealthCare

COPAYS 15 50 10/20/30 N/A 15
DR VISIT EMERGENCY PHARMACY VISION SPEC VISIT

ID # 251217227 07 GROUP 2437769/SVET-16
PCP GUY BIBEAU PCP PHONE:203-432-8825
NAME EDMUND DILLON

MEMBER SERVICES:1-800-832-3211
MENTAL HEALTH/SUBSTANCE ABUSE:1-800-697-6972
Medical Claims To: PO Box 30573 Charlotte, NC 28230-0575

3/20/01
352148

COPY

IMPORTANT INFORMATION

[redacted]

Present this card each time services are requested. Card possession DOES NOT CERTIFY ELIGIBILITY FOR BENEFITS. Bearer must satisfy all plan terms and conditions. Willful misuse of this card is considered fraud.

In an Emergency: Seek care immediately. Go directly to the nearest hospital emergency room or call 911. Call your PCP (or have someone call for you) as soon as possible for further assistance and directions on follow up care. When possible, you should call your PCP within 48 hours.

D - 0017

CC:

Path + treatment (2/4)

COLUMBIA SKIN CLINIC
Suite 500
3 Medical Park
Columbia, SC 29203
(803) 779-7316

Pt. Name: Dillon Edmund
Doctor: W. R. McWilliams
Date: 4-20-01
Allergies:

Meds:

Family History Melanoma ☐
Previous Cancer: ☐ Systemic ☑
Path #:

		Clinical Diagnosis	Size mm	CD	Code
A	1	BCC	11		
B	2				
C	3				
D	4				
E	5				
F	6	3753			

Present Hx: Lesions:	1	2	3	4	5	6
Recent changes in:						
Size						
Color (Red / Black)						
Texture/Thickness						
Recent Symptoms; Bleeding						
Hurting						
Burn, sting, itch						
Cancer Anxiety						
Ulceration						
Irritated by: Clothing						
Prosthesis						
Frictional Items						
Actinically Damaged						
Previous Treatments						
Produces Discomfort						
Op Note Dictated:						
2% Lidocaine	✓					
Punch Biopsy						
Shave Biopsy						
Excision						
Shave Removal						
Curettage						
Electrodessication						
EDCx3	✓					
I&D						
Aluminum Chloride	✓					
Monsels						
Sutures						
Dressing	✓					
Liquid Nitrogen						
Cantharone/Blenderm						

Post-Op:
☑ Aftercare Instructions
☑ Stressed Sunscreens SPF 30
☐ Path Discussed
☐ Sutures Removed, Steri-Strips Applied

_ Personal History Skin Cancer
_ Family History Skin CA ( )
_ Sign. Occupational or Therapeutic Radiation Exposure
_ Chronic Immuno., PUVA, Arsenicals, Albinism

COPY

D - 0018

J. RICHARD ALLISON, M.D.
1889-1965
J. RICHARD ALLISON, JR., M.D.
1924-1999
EDWARD SHMUNES, M.D.
W. R. McWILLIAMS, M.D.
LEE T. JORDAN, M.D.
JIM C. CHOW, M.D.
ALFONSO GONZALEZ, M.D., Ph.D.
GRETA C. ZIMMERMAN, D.O.
BRADLEY W. BOATMAN, M.D.

COLUMBIA SKIN CLINIC, P.A.

THREE RICHLAND MEDICAL PARK DR.
SUITE 500
COLUMBIA, SC 29203-6854

803-779-7316
FAX 803-343-2538

CANCER OF SKIN
OCCUPATIONAL DERMATOLOGY
DISEASE OF SKIN
PEDIATRIC DERMATOLOGY
MOHS MICROGRAPHIC SURGERY
RECONSTRUCTIVE DERMATOLOGIC SURGERY
COSMETIC DERMATOLOGIC SURGERY
DERMATOPATHOLOGY

April 24, 2001

Guy R. Bibeau, M.D.
1165 Highway 1 South, #400
Lugoff, SC 29078

Re: Edmund J. Dillon
Our chart #:

Dear Guy:

Thank you for referring this patient for consultation.

DATE(S) SEEN:
A. 3/30/01
B. 4/20/01

DIAGNOSIS:
A. 1. Skin cancer, left upper cheek
2. Nevus, left upper cheek, just below A
B. 1. Basal cell carcinoma, left upper cheek

TREATMENT:
A. 1. Shave biopsy (a copy of the pathology is enclosed)
2. Reassurance to this appeared benign
B. 1. Curettement and desiccation x 3 each

RETURN VISIT: Four weeks

Sincerely,

COPY

W. R. McWilliams, M.D.

WRM/lam
Enclosure

CAMDEN OFFICE
1205 LYTTLETON STREET
CAMDEN, SC 29020-3615
(803) 432-5783

D-0019

HARBISON OFFICE
320 HARBISON BLVD., SUITE 250
COLUMBIA, SC 29212-2255
(803) 781-5607

MEDICAL HISTORY

Patient: Edmund J Dillon Date 11-21-07

Are you allergic to any medications? [] yes [X] no If yes, list:
1. 3.
2. 4.

List all medications you are currently taking:
1. 3.
2. 4.

History of Diseases

Do you have now, or have you ever had diseases or conditions of:

Lungs:	Yes	No	Systemic:	Yes	No
Bronchitis	[]	[✓]	Diabetes	[]	[✓]
Emphysema	[]	[✓]	Thyroid	[]	[✓]
Asthma	[]	[✓]	Kidney	[]	[✓]
Chronic cough	[]	[✓]	Bladder	[]	[✓]
Morning cough	[]	[✓]	Stomach	[]	[✓]
Vascular:			Bowel	[]	[✓]
High blood pressure	[]	[✓]	Hepatitis or yellow skin	[]	[✓]
Chest pain	[]	[✓]	Convulsions, Epilepsy or Seizures	[]	[✓]
Heart Attack	[]	[✓]	Fainting	[]	[✓]
Heart Murmur	[]	[✓]	HIV exposure	[]	[✓]
Irregular or fast heart beat	[]	[✓]	Phlebitis	[]	[✓]
Pacemaker	[]	[✓]	Joint Deformity	[]	[✓]

Skin:
When you are exposed to sun, do you: tan only [✓] burn [] tan and burn []
Have you ever had skin cancer? yes [✓] no []
Has anyone in your family had skin cancer? yes [✓] no []
Do you have a history of any specific skin diseases? yes [] no [✓]
If yes, please list:
List any other disease of conditions we should know about:
List surgical procedures you have had in the last six months:

Please answer the following questions:
A. Do you smoke? [✓] yes [] no If yes, how much?
B. Do you bleed easily? [] yes [✓] no
C. (Women) Are you pregnant? [] yes [] no Due date?
D. Do you have artificial joints? [] yes [✓] no

Completed by: [✓] Patient Physician Signature:

I hereby authorize treatment by the physicians of Columbia Skin Clinic.
I further authorize the release of my medical information to:

(S.O., spouse, parent, caretaker)

Patient signature (if over 18 years of age)

D-0020
Responsible Party signature (for minors)

save: medhist

COPY

☐ Name Change
☐ Insurance Information Change
☐ Address change

Patient Registration Form

952148-M

PATIENT INFORMATION

(Please Print) Today's Date ___/___/___

Name DILLON (Last) EDMUND (First) J (M.I.)

Address [redacted] (City) [redacted] (State) 29[redacted] (Zip)

Home Phone [redacted] (Area Code) Marital Status _____ SS# [redacted]

Date of Birth [redacted] Sex: ☐ Male ☐ Female Employment Status ☒ Full Time ☐ Part Time ☐ Student ☐ Retired

Employer FLEETPRIDE Work Phone 803-799-4812 (Area Code) Driver's License # 49693[redacted]

RESPONSIBLE PARTY *(if different from patient)*

Name DILLON (Last) EDMUND (First) J (M.I.)

Address [redacted] (City) [redacted] (State) 29[redacted] (Zip)

Home Phone [redacted] (Area Code) Phone _____ (Area Code) Employer _____

Date of Birth ___/___/___ Age ____ Sex: ☐ Male ☐ Female SS# _____

INSURANCE INFORMATION *(Please present insurance card at time of check in)*

Primary Insurance Name UNITED HEALTHCARE

Ins. Address _____

Name of Insured EDMUND J DILLON

Insured's ID# [redacted]

Group # 701915

Relationship of patient to the Insured _____

Employer Name (If Group Policy) FLEETPRIDE

Employer Phone 803-799-4812 (Area Code)

Date of Birt[redacted]

Secondary Insurance Name _____

Ins. Address _____

Name of Insured _____

Insured's ID# _____

Group # _____

Relationship of patient to the Insured _____

Employer Name (If Group Policy) _____

Employer Phone _____ (Area Code)

Date of Birth ___/___/___

In case of Emergency, who should be notified? ROBIN DILLON Ph[redacted] (Area Code)

Referred by: _____ Primary Care Physician: _____

Nature of Problem: SKIN CANCER Allergies: _____

I hereby authorize treatment by the Columbia Skin Clinic Physician. I authorize the release of medical information to my primary care or referring physician, to consultants if needed and as necessary to process insurance claims, insurance applications and prescriptions. I also authorize payment of medical benefits to the physician.

COPY

In order to establish optimal relations with our patients and avoid misunderstanding and confusion regarding our payment policies our staff is trained to consistently inform you of the financial payment policies of this office. Payment is required for all services at the time they are rendered unless you are in a prepaid plan in which we participate. I understand that any amount that my insurance company does not pay for any reason is due from me. We accept payment in the form of cash, checks or credit cards. I authorize the release of any medical information to: 1. Any insurance company through which I claim benefits. 2. Any physician involved in my medical care. I authorize the assignment of all medical benefits to which I am entitled, including Medicare, private insurance, group policy benefits, and other health plans to this practice. Your signature below signifies your understanding and willingness to comply with this policy. I further authorize the release of my medical information to:

_____ Date ___/___/___
(i.e., spouse, parent, friend, etc.)

Patient Signature [signature] D-0021 Date 11/12/02
(If under 18 years of age a responsible party must sign)

Responsible Party Signature [signature] Date 11/12/02

#252148

Date 8-30-05
DOLV 11-22-00 Dr McWilliams
1-6-03 Dr. Chow

Columbia Skin Clinic
NEW/RETURN CONSULT
NAME: Edmund Dillon AGE: 46 (N) Y
ALLERGIES: NKDA
Skin Cancer Hx: NMSC MM None BCC (L) Cheek
Family Skin Cancer Hx: NMSC MM None Father
Chance of Preg.: N Y 3-01 Mohs
Recent Fever: N Y Recent N/V (N) Y 11-02 Cryosurgery
Any Med changes or history changes since form completed? N 1-03 not a recurrence

PMHx and ROS have been reviewed .....
REASON FOR VISIT: (location, duration, itch pain, anything help?)
1. Pt C/O lesion in the same spot as his other BCC (L) medial cheek
2.
3.
4.

PHYSICAL EXAM: Appearance WNWD/ill-appearing
Orientation: A&Dx3/Not Oriented Mood: Calm/Pleasant/Angry
Examination included the following areas: (3/9)

	NL	Abnl
Scalp/Hair		
Head/Face	✓	
R Upper Ext	✓	
L Upper Ext	✓	
R ~~Lower Ext~~		
L ~~Lower Ext~~		
Back		✓
Chest	✓	
Abdomen	✓	
Lymph Glands	✓	
Digits/Nails	✓	
Genitalia		
Eyes/Conjunc	✓	
Oral Mucosa		

#1 well healed scar (L) medial cheek
#2 Dark Brown macule (R) upper Back
& two open comedones overlying

ASSESSMENT/PLAN
(L) medial cheek
#1 Hx BCC & Tx Cont to observe
Comedones expressed & treated Rx
#2 Specimen (A) Right upper Back
R/O mm

Labs reviewed
Old records reviewed
Patient Handout Given
Treatment options, risks and benefits of treatment, and treatment limitations were d/w patient ✓
Irritated by clothing
Changing size and color
Punch Bx/Shave Removal with 1% lido with epi (1/200) ✓
Wd care instructions and dressing ✓
Path # 7736
Pregancy Precautions
Sun Precautions

COPY

Daniel B. Ward, Jr., M.D.

6 months
RTC HX

D-0022

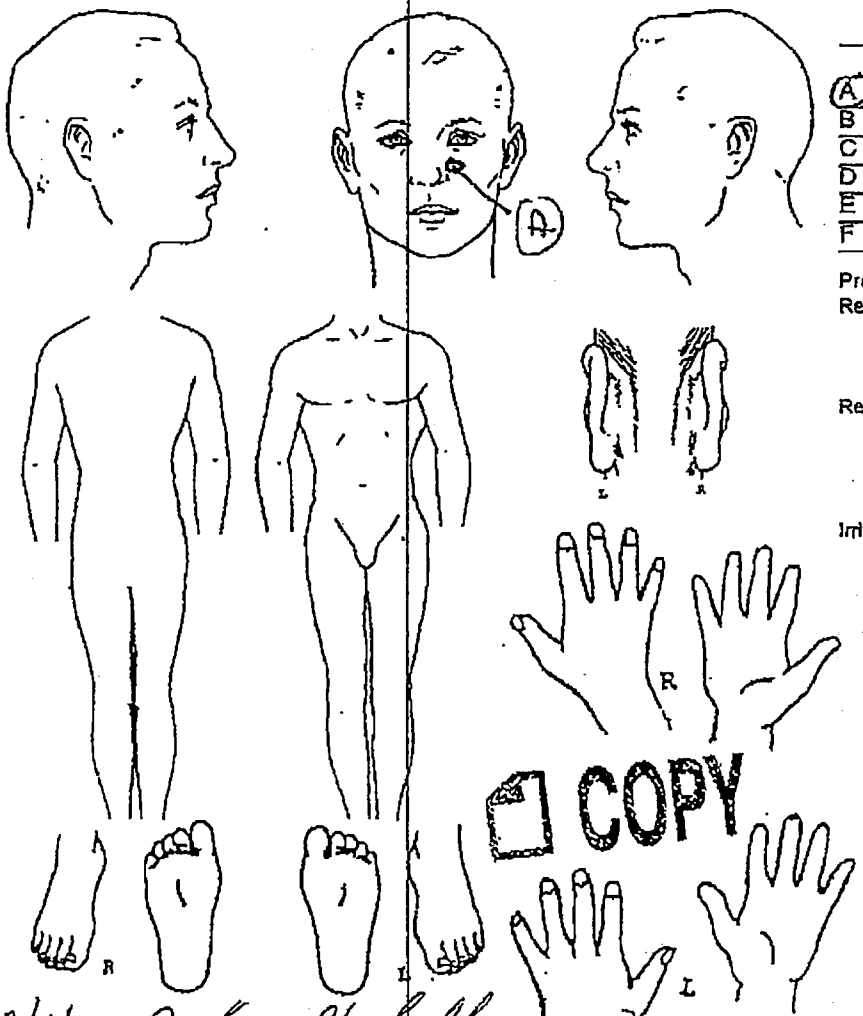
CC: LOV 4/01

√ area (2) check x 4mos - ? recurrent
BCC

COLUMBIA SKIN CLINIC
Suite 500
3 Medical Park
Columbia, SC 29203
(803) 779-7316

Pt. Name: Dillon, Edmund
Doctor: W. R. McWilliams
Date: 11-22-02
Allergies: NKA
Meds:

Family History Melanoma ☐
Previous Cancer: ☐ Systemic
Path #: 11622



		Clinical Diagnosis	Size mm	ICD Code
(A)	1	SKIN CA	1D	173.3
B	2			
C	3			
D	4			
E	5			
F	6			

Present Hx: Lesions:	1	2	3	4	5	6
Recent changes in:						
Size						
Color (Red / Black)						
Texture/Thickness	✓					
Recent Symptoms: Bleeding						
Hurting						
Burn, sting, itch						
Cancer Anxiety						
Ulceration						
Irritated by: Clothing						
Prosthesis						
Frictional Items						
Actinically Damaged	✓					
Previous Treatments						
Produces Discomfort						
Op Note Dictated:						
2% Lidocaine	✓					
Punch Biopsy						
Shave Biopsy	✓					
Excision						
Shave Removal						
Curettage						
Electrodessication						
EDCx3						
I&D						
Aluminum Chloride						
Monsels	✓					
Sutures						
Dressing	✓					
Liquid Nitrogen						
Cantharone/Blenderm						

Post Op:
☐ Aftercare Instructions
☑ Stressed Sunscreens SPF 30 Wm
☐ Path Discussed
☐ Sutures Removed, Steri-Strips Applied

_ Personal History Skin Cancer
_ Family History Skin CA (_____)
_ Sign. Occupational or Therapeutic Radiation Exposure
_ Chronic Immuno., PUVA, Arsenicals, Albinism

12/3/02 Spoke c Pt. Path given
Told Pt. Dr Chow's nurse will call
him for appt c Dr. Chow. WR

COPY

D - 0023

COLUMBIA SKIN CLINIC, P.A.
Dermatopathology Laboratory
Alfonso Gonzalez, M.D., Ph.D.

DERMATOPATHOLOGY REPORT

PATH #: D02-11652
SERVICE: 11/22/02
RECEIVED: 11/25/02
REPORTED: 11/26/02

PATIENT: DILLON, EDMUND
DOB: (44) SEX: M
PHYSICIAN: WILLIAM MCWILLIAMS, M.D.

FILE #:
SSN:
(803) 779-[redacted]

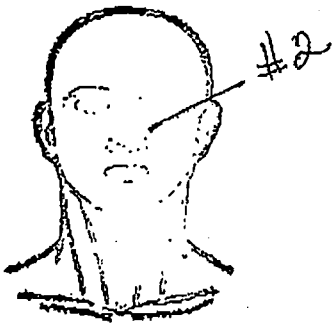
CLINICAL DATA: A - ? RECURRENT BCC BX 01.3753 10MM SHAVE BX

DIAGNOSIS: A - L CHEEK
BASAL CELL CARCINOMA. SEE MICROSCOPIC DESCRIPTION AND COMMENT. (173.3)

GROSS DESCRIPTION:
A - Received in formalin is a piece of tissue of 10x5x1mm. /sr/

MICROSCOPIC DESCRIPTION:
A - Sections show a nodular basaloid tumor with peripheral palisading and clefting emanating from the basal layer. In the dermis there is scar tissue.

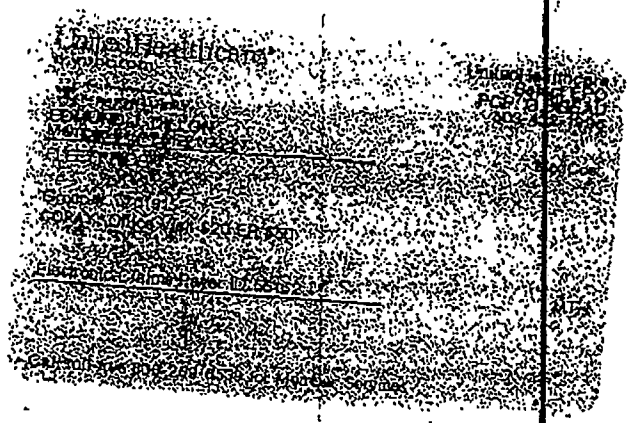
COMMENT: Although there is scar tissue in the dermis, which indicates this is the site of a previous procedure, the tumor is arising from the epidermis, and thus, is a new focus of carcinoma.



COPY

D - 0024

Three Medical Park, Suite 500. Columbia, SC 29203. (803)779-7316



11/28/02

COPY

This card does not prove membership nor guarantee coverage.
For verification of benefits, please call Member Services.

IMPORTANT MEMBER INFORMATION
If you need health care services, call your primary physician (PCP). If you have an emergency and are admitted to a hospital, call your primary physician within two business days.

Network claims: MedCost POB 25307 Winston-Salem NC 27114-5307

United Healthcare Insurance Company Issued:01/18/02

University of South Carolina
School of Medicine
Vanderbilt University
Dermatology Residency
Growth Factors/Wound Healing
Research Fellowship
Johns Hopkins University
Moh's Micrographic Surgery
Dermatologic Surgery Fellowship
Harvard Medical School
Advanced Cutaneous Laser Post
Fellowship Training

JIM C. CHOW, M.D.
Columbia Skin Clinic, PA
Three Richland Medical Park Dr.
Suite 500
Columbia, South Carolina 29203-6854
(803) 779-7316

• Moh's Micrographic Surgery
• Reconstructive Dermatologic Surgery
• Cosmetic Dermatologic Surgery
• Laser Surgery

Bill McWilliams, M.D.
Three Medical Park, #500
Columbia, SC 29203

January 6, 2003

Re: Edmund J. Dillon
Our chart #:
Your chart #:

Dear Bill:

Thank you for referring this patient for consultation and treatment.

DATE(S) SEEN: 1/6/03

PRE-OP DIAGNOSIS: Basal cell carcinoma, left medial cheek

POST-OP DIAGNOSIS: Same.

NAME OF OPERATION: Mohs micrographic surgery; final defect measured 2.0 x 1.2cm

DISPOSITION: Side to side closure along the natural skin tension line with a good result

The patient was pleased with the arrangement and result and will return to see you for continuation of his dermatological care. Thank you again for this kind referral.

With warmest regards,

Jim

Jim C. Chow, M.D.

JCC/tc

COPY

D - 0026

☐ NEW
☒ ESTABLISHED
☐ CHANGE (NAME/ADDRESS-PHONE/INSURANCE INFORMATION)

Patient Registration Form

2521484

PATIENT INFORMATION (Please Print) Today's Date 8/30/05

Name Dillon (Last) Edmund (First) D (M.I.)

Address [redacted] (City) [redacted] (State) [redacted] (Zip)

Home Phone [redacted] (Area Code) Marital Status _____ SS# [redacted] DL# [redacted]

Date of Birth [redacted] ☒ Male ☐ Female Employment Status: ☒ Full Time ☐ Part Time ☐ Student ☐ Retired

Employer Fleet Pride Address 1631 Shop Road Work Phone 784-4812 799-4812

RESPONSIBLE PARTY (*if different from patient*)

Name _____ (Last) _____ (First) _____ (M.I.)

Address _____ (City) _____ (State) _____ (Zip)

Home Phone _____ Work Phone _____ Employer _____

Date of Birth _____ Age _____ ☐ Male ☐ Female SS# _____

INSURANCE INFORMATION (Please present insurance card at time of check in)
Copy of insurance card(s) [both sides] attached and dated [ ]

Primary United HealthCare ID# 251-21-7227 Group# 701915 Relationship to Patient _____

Policyholder _____ Address _____ Date of Birth _____

Secondary _____ ID# _____ Group# _____ Relationship to Patient _____

Policyholder _____ Address _____ Date of Birth _____

In case of Emergency who should be notified?

1. _____ Relationship _____ Phone _____

COPY

REFERRED BY: Father PRIMARY CARE PHYSICIAN: _____

NATURE OF PROBLEM: Spot On Nose ALLERGIES: None

I authorize treatment by the Columbia Skin Clinic physician. Until revoked in writing, my signature below authorizes the release of medical information to: (1) my primary care and/or referring physician, to consultants if needed and any physician involved in my medical care; (2) any insurance company through which I claim benefits, to include SSA, CMS or its intermediaries; (3) for processing insurance applications, and prescriptions. I further authorize the assignment of all medical benefits to which I am entitled including Medicare, MediGap, private insurance, group policy benefits, and other health plans to the Columbia Skin Clinic, LLC.

We wish to establish optimal relations with our patients and avoid misunderstanding regarding our payment policies. Payment is required for all services at the time they are rendered unless you are in a prepaid plan in which we participate. For those patients, applicable copayments and deductibles will be collected. Any amount that your insurance company does not pay is due from you unless we have agreed to accept the carrier's charge determination in which case you are responsible for the copayments, deductibles and any non-covered services. We accept payment in the form of cash, check or credit card. Your signature below signifies your understanding and willingness to comply with this policy.

Patient/Responsible Party Signature [x] Edmund D Dillon Date 8/30/05
(If under 18 years of age, a responsible party must sign)

I have received a notice of privacy practices and know that I may review and/or receive a copy at any time at the offices of Columbia Skin Clinic, LLC.
D - 0027

Please sign [x] Edmund D Dillon Date [x] 8-30-05

Revised Sept. 2003

MEDICAL HISTORY

Patient: EDMUND D DILLON Date : 8-30-05

Are you allergic to any medications? [] yes [X] no If yes, list:
1. _____ 3. _____
2. _____ 4. _____

List all medications you are currently taking:
1. _____ 3. _____
2. _____ 4. _____

History of Diseases

Do you have now, or have you ever had diseases or conditions of:

Lungs:	Yes	No	Systemic:	Yes	No
Bronchitis	[]	[X]	Diabetes	[]	[X]
Emphysema	[]	[X]	Thyroid	[]	[X]
Asthma	[]	[X]	Kidney	[]	[X]
Chronic cough	[]	[X]	Bladder	[]	[X]
Morning cough	[]	[X]	Stomach	[]	[X]
Vascular:			Bowel	[]	[X]
High blood pressure	[]	[X]	Hepatitis or yellow skin	[]	[X]
Chest pain	[]	[X]	Convulsions, Epilepsy or Seizures	[]	[X]
Heart Attack	[]	[X]	Fainting	[]	[X]
Heart Murmur	[]	[X]	HIV exposure	[]	[X]
Irregular or fast heart beat	[]	[X]	Phlebitis	[]	[X]
Pacemaker	[]	[X]	Joint Deformity	[]	[X]

Skin:
When you are exposed to sun, do you: tan only [] burn [] tan and burn [X]
Have you ever had skin cancer? yes [] no []
Has anyone in your family had skin cancer? yes [] no []
Do you have a history of any specific skin diseases? yes [] no [X]
If yes, please list: _____
List any other disease of conditions we should know about: _____

List surgical procedures you have had in the last six months: _____

Please answer the following questions:
A. Do you smoke? [X] yes [] no If yes, how much? 3/4 Pack
B. Do you bleed easily? [] yes [X] no
C. (Women) Are you pregnant? [] yes [] no Due date? _____
D. Do you have artificial joints? [] yes [X] no

Completed by: [X] Patient Physician Signature: _____

I hereby authorize treatment by the physicians of Columbia Skin Clinic.
I further authorize the release of my medical information to:

_____ (i.e., spouse, parent, caretaker)

Edmund D Dillon
Patient signature (if over 18 years of age)

D-0028
Responsible Party signature (for minors)

COPY

save: medhist

COLUMBIA SKIN CLINIC, LLC

Dermatopathology Laboratory
Alfonso Gonzalez, M.D., Ph.D.

DERMATOPATHOLOGY REPORT

PATH #: D05-7736	PATIENT: DILLON, EDMUND J		File #: 252148
SERVICE: 08/30/2005	DOB: [redacted] 46)	SEX: M	SSN: [redacted]
RECEIVED: 08/30/2005	PHYSICIAN: DANIEL WARD, M.D.		
REPORTED: 08/31/2005			

Clinical Data: A - r/o mm

DIAGNOSIS: A - RIGHT UPPER BACK
COMPOUND CLARK'S NEVUS (216.5)

CLS DW MBD

Gross Description:

A - Received in formalin is a piece of tissue of 9x7x2mm. /bnm/

Microscopic Description:

A - Sections show skin with a slightly asymmetric proliferation of melanocytes in nests and singly at the dermoepidermal junction and in the upper dermis. There is bridging between adjacent rete ridges. The junctional melanocytes vary slightly in size and shape but show no significant nuclear atypia. Dermal melanocytes become smaller with progressive descent into the dermis. In the papillary dermis there is concentric and lamellar fibroplasia and a patchy lymphocytic inflammatory infiltrate.

Note: The designation "Clark's nevus/nevi" is used in our laboratory to describe nevi that in the past have been classified as "dysplastic nevi" or "nevi with architectural disorder". Unless otherwise specified, the term Clark's nevus defines a lesion with no significant cytologic atypia (Ref: Metcalf JS and Maize JC: Clark's nevus. Semin Cutan Med Surg 18:43-46, 1999).

AG/ag

COPY

D - 0029

ALFONSO GONZALEZ, M.D., Ph.D.

Three Medical Park, Suite 500. Columbia, SC 29[illegible]

J. RICHARD ALLISON, M.D.
1889-1965
J. RICHARD ALLISON, JR., M.D.
1924-1999
BRADLEY W. BOATMAN, M.D.
1965-2001
EDWARD SHMUNES, M.D.
W. R. McWILLIAMS, M.D.
JIM C. CHOW, M.D.
ALFONSO GONZALEZ, M.D., Ph.D.
GRETA C. ZIMMERMAN, D.O.
ASHA P. JAMES, M.D.
LEE S. CARSON, M.D., Ph.D.

COLUMBIA SKIN CLINIC, P.C.

THREE RICHLAND MEDICAL PARK DR.
SUITE 500
COLUMBIA, SC 29203-6854

803-779-7316
FAX 803-343-2538
WEBSITE: www.ColumbiaSkinClinic.com

CANCER OF SKIN
OCCUPATIONAL DERMATOLOGY
DISEASE OF SKIN
PEDIATRIC AND ADOLESCENT DERMATOLOGY
MOHS MICROGRAPHIC SURGERY
RECONSTRUCTIVE DERMATOLOGIC SURGERY
COSMETIC DERMATOLOGIC SURGERY
DERMATOPATHOLOGY

I have been informed by the staff at Columbia Skin Clinic that a referral is necessary for todays visit to be covered by my managed care insurance carrier (MedCare). If the charges are denied due to non-covered or non-authorized reasons, then I will be liable for the balance due.

Signature

8-30-05
Date of Service

Witness

COPY

CAMDEN OFFICE
1205 LYTTLETON STREET
CAMDEN, SC 29020-3615
(803) 432-5783

D - 0030

HARBISON OFFICE
320 HARBISON BLVD., SUITE 250
COLUMBIA, SC 29212-2155
(803) 781-6927

8-30-05

UnitedHealthcare

Member # 281-21-7227

Group # 74193

COPAY: Office Visit $20 ER $50

Electronic Claims Payer ID 54182

Call toll-free 800-289-6530 for Member Services

COPY

This card does not prove membership nor guarantee coverage. For verification of benefits, please call Member Services.

IMPORTANT MEMBER INFORMATION
If you need health care services, call your primary physician (PCP). If you have an emergency and are admitted to a hospital, call your primary physician within two business days.

Network claims: MedCost POB 25307 Winston-Salem NC 27114-5307

United HealthCare Insurance Company

Issued: 2/18/02

D - 0031

J. RICHARD ALLISON, M.D.
1889-1965
J. RICHARD ALLISON, JR., M.D.
1924-1999
BRADLEY W. BOATMAN, M.D.
1955-2001
EDWARD SHMUNES, M.D.
W. R. McWILLIAMS, M.D.
JIM C. CHOW, M.D.
ALFONSO GONZALEZ, M.D., Ph.D.
GRETA C. ZIMMERMAN, D.O.
ASHA P. JAMES, M.D.
DANIEL B. WARD, JR., M.D.

COLUMBIA SKIN CLINIC, LLC

THREE RICHLAND MEDICAL PARK DR.
SUITE 500
COLUMBIA, SC 29203-6854

803-779-7316
FAX 803-343-2538
WEBSITE: www.ColumbiaSkinClinic.com

Diplomates of the American Board of Dermatology

CANCER OF SKIN
OCCUPATIONAL DERMATOLOGY
DISEASE OF SKIN
PEDIATRIC AND ADOLESCENT DERMATOLOGY
MOHS MICROGRAPHIC SURGERY
RECONSTRUCTIVE DERMATOLOGIC SURGERY
COSMETIC DERMATOLOGIC SURGERY
DERMATOPATHOLOGY

September 9, 2005

Mr. Edmund J. Dillon

Dear Mr. Dillon,

The skin lesion which we recently biopsied on you was that of a Clark's mole. These lesions are common and in general do not represent a problem. Although you do not need any further treatment at this time for this lesion, it is important that you perform self skin exams to watch for any new or changing lesions.

Additionally, with a Clark's mole, it is important that you keep regular follow up appointments in our office, especially if you have a family history of melanoma.

Please do not hesitate to call me with any questions or concerns.

Sincerely,

Daniel B. Ward, Jr., M.D.

DBW/jm
#252148

COPY

D - 0032

CAMDEN OFFICE
1205 LYTTLETON STREET
CAMDEN, SC 29020-3615
(803) 432-5783

HARBISON OFFICE
320 HARBISON BLVD., SUITE 250
COLUMBIA, SC 29212-2255
(803) 781-6927

#652148

Date 2-14-06
DOLV 8-30-05

Columbia Skin Clinic "Ed"
NEW/RETURN
NAME: Edward Dillon
CONSULT N Y
AGE: ALLERGIES: NKDA
Skin Cancer Hx: NMSC MM None BCC Med cheek 11-2002
Family Skin Cancer Hx: NMSC MM None BCC L cheek 3-30-01
Chance of Preg.: Hysterectomy N Y
Recent Fever: N Y Recent N/V N Y
Any Med changes or history changes since form completed? N

H/O clarks

PMHx and ROS have been reviewed ..... yes ..... dated today or _____
REASON FOR VISIT: (location, duration, itch pain, anything help?)
1. Pt here for Lemos f/u the NMSC & clarks Nevus
2.
3.
4.

PHYSICAL EXAM: Appearance WNWD/ill-appearing
Orientation: A&O x3/ Not Oriented Mood: Calm/Pleasant/Angry
Examination included the following areas: (3/9)

	NL	Abnl
Scalp/Hair		
Head/Face	✓	
R Upper Ext	✓	
L Upper Ext	✓	
R Lower Ext	✓	
L Lower Ext	✓	
Back	✓	
Chest	✓	
Abdomen	✓	
Lymph Glands	✓	
Digits/Nails	✓	
Genitalia		
Eyes/Conjunc	✓	
Oral Mucosa	✓	

#1 well healed scars ⊘ recurrence
#2 Brown macules
#3 Reg mac. & pap scattered

COPY

Labs reviewed _____
Old records reviewed _____
Patient Handout Given _____
Treatment options, risks and benefits of treatment, and treatment limitations were d/w patient ✓
Avoid sun _____
Irritated by clothing _____
Changing size and color _____
Punch Bx/Shave Removal with Xylido with epi (1/200) _____
Wd care instructions and dressing _____
Path # _____

ASSESSMENT/PLAN

① H/o BCC ⊘ recurrence ⊘ LFTO Cont surveillance
② Solar Lentigines - Sun precautions given
③ Benign appearing - nevi - Self exams & RTC

Daniel B. Ward, Jr., M.D. By RTC

D-0033

03/24/2010 9:48PM (GMT-04:00)

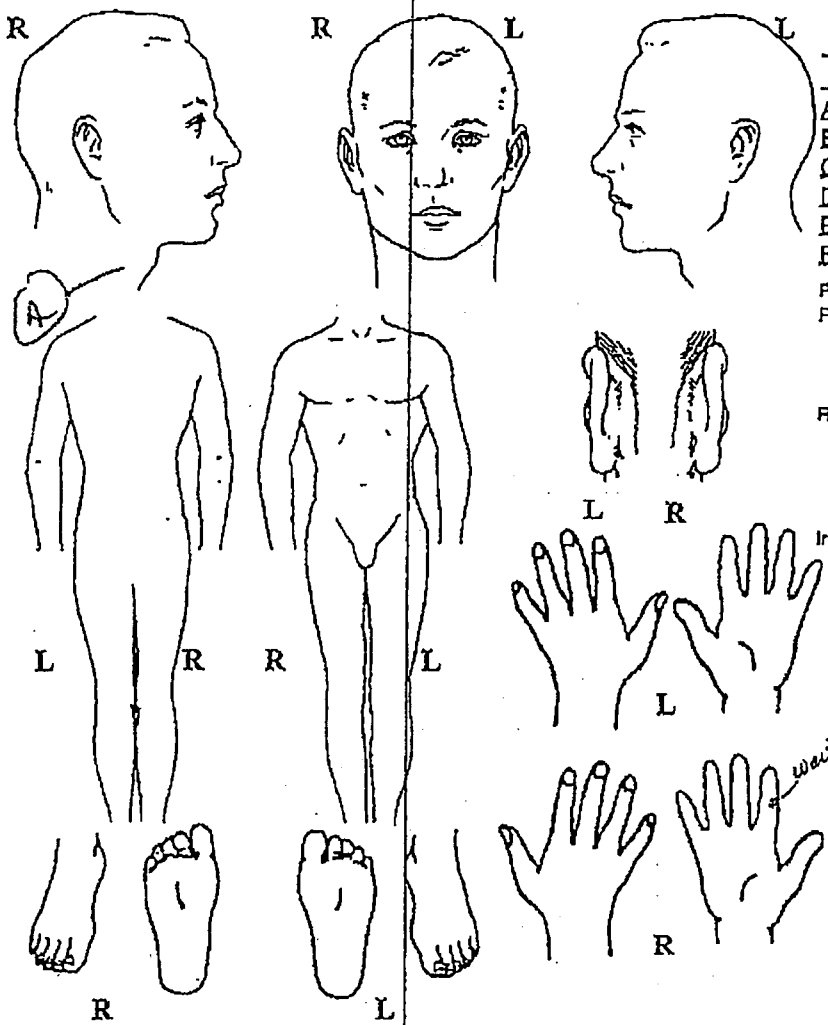
✓ growth on neck
NO hx of skin CA on rt
Check

COLUMBIA SKIN CLINIC
Suite 500
3 Medical Park
Columbia, SC 29203
(803) 779-7316

Pt. Name: Ed Dillon
Doctor: W.R. McWilliams
Date: 2/5/07 Chart # 9520178
DLOV: 2/4/04
Allergies:

MEDS:

Previous Cancer: ☐ Systemic
Melanoma ☐ Skin
Path #: 1189



	Clinical Diagnosis	Size mm	ICD Code
A	1 WART vs CA	6	
B	2		
C	3		
D	4		
E	5		
F	6		

	1	2	3	4	5	6
Present Hx: Lesions:						
Recent changes in:						
Size/Shape						
Color (Red/Black)						
Texture/Thickness	✓					
Recent Symptoms: Bleeding						
Hurting						
Burn, sting, itch						
Cancer Anxiety	✓					
Ulceration						
Irritated by: Clothing	✓					
Prosthesis						
Frictional Items						
Actinically Damaged	✓					
Previous Treatments						
Produces Discomfort						
Op Note Dictated:						
2% Lidocaine	✓					
Punch Biopsy						
Shave Biopsy						
Excision						
Shave Removal	✓					
Curettage						
Electrodesiccation						
EDCx3						
I&D						
Aluminum Chloride	✓					
Monsels	✓					
Sutures						
Dressing	✓					
Liquid Nitrogen						
Cantharone/Blenderm						

Post Op:
- ☑ Aftercare Instructions
- ☐ Path Discussed
- ☐ Sutures Removed, Steri-Strips applied
- ☑ Sunscreens Stressed SPF 30
- ☐ Family History Skin CA ( )
- ☐ Family History Melanoma

Mole

2 weeks

☐ COPY

D - 0034

TB ✓: Head, Neck, Both Arms, Hands
Chest, Abdomen, Back
TB ✓: All of TB ✓ Plus Both Legs and Feet

COLUMBIA SKIN CLINIC, LLC

Dermatopathology Laboratory
Alfonso Gonzalez, M.D., Ph.D.

DERMATOPATHOLOGY REPORT

PATH #: D07-1189	PATIENT: DILLON, EDMUND J	File #:
SERVICE: 02/05/2007	DOB: (48) SEX: M	SSN:
RECEIVED: 02/06/2007	PHYSICIAN: WILLIAM MCWILLIAMS, M.D.	
REPORTED: 02/07/2007		

Clinical Data: A - 6MM WART VS CA

DIAGNOSIS: A - NECK, RT ANTERIOR
MARKEDLY INFLAMED VERRUCA (078.10)

Gross Description:

A - Received in formalin is a piece of tissue of 10x7x8mm. /src/

Microscopic Description:

A - Sections show hyperkeratosis, papillomatosis, and a prominent granular layer. there are numerous pools of entrapped red blood cells within the tiers of parakeratosis. There is a very heavy inflammatory infiltrate at all levels of the lesion and the dermis.

AG/ag

COPY

D - 0035

ALFONSO GONZALEZ, M.D., PHD

Three Medical Park, Suite 500, Columbia, SC 29[illegible]

COPY

SKIN CA ✓

Exam: Upper body ✓ shows Ø recurrence of SKIN CA.

COLUMBIA SKIN CLINIC
Suite 500
3 Medical Park
Columbia, SC 29203
(803) 779-7916

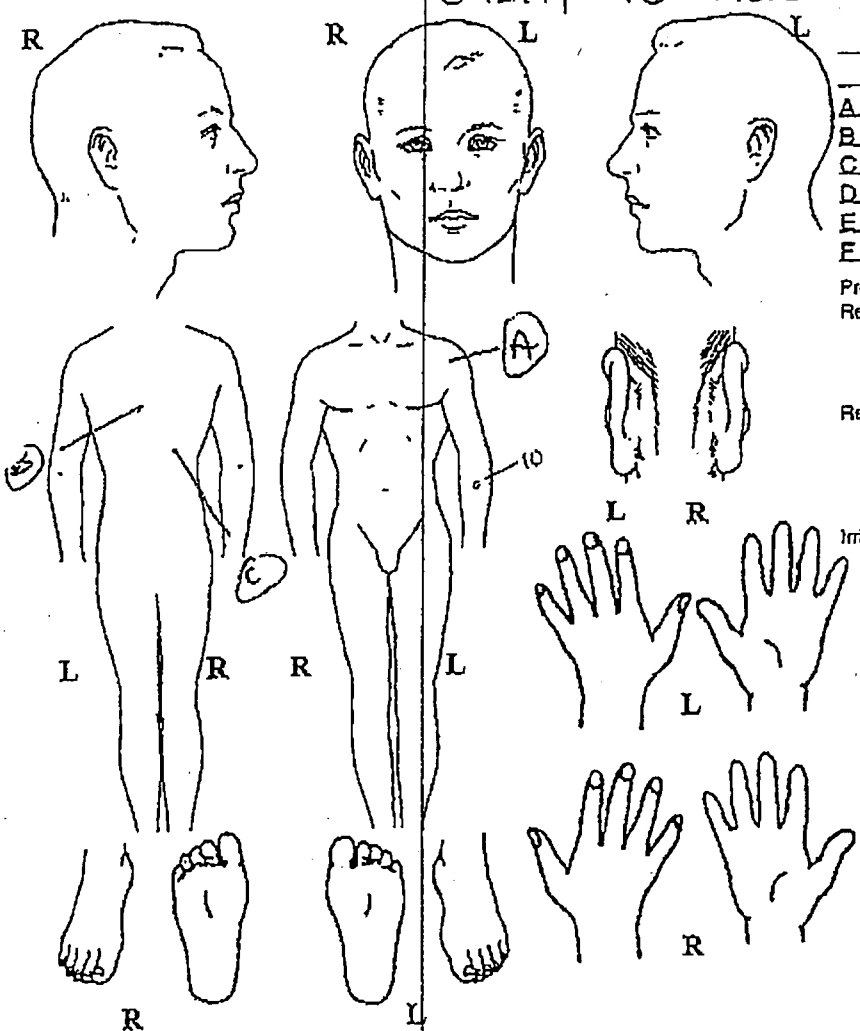
Pt. Name: Ed Dillon
Doctor: W.R. McWilliams
Date: 7-20-07 Chart # 252148
DLOV: 7-5-07
Allergies:

MEDS:

Previous Cancer: ☐ Systemic ☐ Skin
Melanoma ☐
Path #: 1728

692.74 70 V10.83

	Clinical Diagnosis	Size mm	ICD Code
A	1 DN	10	
B	2 DN	6	
C	3 DN	7	
D	4 PMK (1)		702.8
E	5		
F	6		



Present Hx: Lesions:	1	2	3	4	5	6
Recent changes in:						
Size/Shape				✓		
Color (Red/Black)	✓	✓	✓			
Texture/Thickness				✓		
Recent Symptoms: Bleeding						
Hurting						
Burn, sting, itch						
Cancer Anxiety						
Ulceration						
Irritated by: Clothing						
Prosthesis						
Frictional Items						
Actinically Damaged	✓	✓	✓	✓		
Previous Treatments						
Produces Discomfort						
Op Note Dictated:						
2% Lidocaine	✓	✓	✓			
Punch Biopsy						
Shave Biopsy						
Excision						
Shave Removal	✓	✓	✓			
Curettage						
Electrodesiccation						
EDCx3						
I&D						
Aluminum Chloride						
Monsels	✓	✓	✓			
Sutures						
Dressing	✓	✓	✓			
Liquid Nitrogen				✓		
Cantharone/Blenderm						

Post Op:
- ☑ Aftercare Instructions
- ☐ Path Discussed
- ☐ Sutures Removed, Steri-Strips applied
- ☑ Sunscreens Stressed SPF 30
- ☐ Family History Skin CA ( )
- ☐ Family History Melanoma

McW/LD

SENT PATH LETTER 3/17/07

Reassurance.

D-0036

TB ✓: Head, Neck, Both Arms, Hands Chest, Abdomen, Back
TB ✓: All of TB ✓ Plus Both Legs and Feet

Return Appointment: 1 Year
03/29/2016 9:48AM (GMT-04:00)

258

UnitedHealthcare

myuhc.com

77120CO RxBIN: 610014 RxGrp: UHEALTH

Subscriber / Group Number

829587869 / 701915

EDMUND J DILLON

DIANE J DILLON

ROBIN D DILLON

Card Number / Card Date

520 8900 2100 9188 12

Payer ID: 87726

OV/SpecOV/UrgCare/

$25/$50/$50/$100

COPY

This card does not guarantee coverage. To verify benefits, view claims, find a provider, visit the website or call.

Consumers: 866-833-2446

Providers: 877-842-3210

Claim Address: PO BOX 30555, Salt Lake City, UT 84130-0555

D - 0037

03/24/2016 9:48PM (GMT-08:00)

COLUMBIA SKIN CLINIC, LLC

Dermatopathology Laboratory
Alfonso Gonzalez, M.D., Ph.D.

DERMATOPATHOLOGY REPORT

PATH #: D07-1728	PATIENT: DILLON, EDMUND J	File #:
SERVICE: 02/20/2007	DOB:	SEX: SSN:
RECEIVED: 02/20/2007	PHYSICIAN: WILLIAM MCWILLIAMS, M.D.	
REPORTED: 02/21/2007		

Clinical Data: A - 10MM, DN
B - 6MM, DN
C - 7MM, DN

DIAGNOSIS: A - LEFT UPPER CHEST
COMPOUND CLARK'S NEVUS (216.5)
B - TRUNK, BACK, LEFT
COMPOUND CLARK'S NEVUS (216.5)
C - TRUNK, BACK, RIGHT
COMPOUND CLARK'S NEVUS (216.5)

Gross Description:

A - Received in formalin is a piece of tissue of 10x6x1mm.
B - Received in formalin is a piece of tissue of 10x7x1mm.
C - Received in formalin is a piece of tissue of 10x6x1mm. /src/

COPY

Microscopic Description:

A - B - C - Sections of the three specimens show skin with a slightly asymmetric proliferation of melanocytes in nests and singly at the dermoepidermal junction and in the upper dermis. There is bridging between adjacent rete ridges. The junctional melanocytes vary slightly in size and shape but show no significant nuclear atypia. Dermal melanocytes become smaller with progressive descent into the dermis. In the papillary dermis there is concentric and lamellar fibroplasia and a patchy lymphocytic inflammatory infiltrate.

Note: The designation "Clark's nevus/nevi" is used in our laboratory to describe nevi that in the past have been classified as "dysplastic nevi" or "nevi with architectural disorder". Unless otherwise specified, the term Clark's nevus defines a lesion with no significant cytologic atypia (Ref: Metcalf JS and Maize JC: Clark's nevus. Semin Cutan Med Surg 18:43-46, 1999).

AG/ag

D - 0038

ALFONSO GONZALEZ, M.D., Ph.D.

Three Medical Park, Suite 500. Columbia, SC 29203. (803) 779-7010 03/24/2010 9:48PM (GMT-04:00)

J. RICHARD ALLISON, JR., M.D.
1924-1999
EDWARD SHMUNES, M.D.
Retired
W. R. McWILLIAMS, M.D.
JIM C. CHOW, M.D.
ALFONSO GONZALEZ, M.D., Ph.D.
GRETA C. ZIMMERMAN, D.O.
ASHA P. JAMES, M.D.
RICHARD A. LAWS, M.D.
ALLISON L. CASHMAN, M.D.
APRIL S. MIXON, PA-C

COLUMBIA SKIN CLINIC, LLC

THREE RICHLAND MEDICAL PARK DR.
SUITE 500
COLUMBIA, SC 29203-6886

803-779-7316
FAX 803-343-2538
WEBSITE: www.ColumbiaSkinClinic.com

Diplomates of the American Board of Dermatology

CANCER OF SKIN
DISEASE OF SKIN
PEDIATRIC AND ADOLESCENT DERMATOLOGY
MOHS MICROGRAPHIC SURGERY
RECONSTRUCTIVE DERMATOLOGIC SURGERY
COSMETIC DERMATOLOGIC SURGERY
DERMATOPATHOLOGY

February 18, 2008

Mr. Edmund J. Dillon

Dear Mr. Dillon,

We note that you did not keep the appointment you had for today. Since you have had a skin cancer, we feel follow up is very important as we have stressed in the past. Please call the office at your earliest convenience to schedule an appointment.

W.R. McWilliams, M.D.

WRM/jm
#252148

COPY

CAMDEN OFFICE
1205 LYTTLETON STREET
CAMDEN, SC 29020-3615
(803) 432-5783

D - 0039

HARBISON OFFICE
320 HARBISON BLVD., SUITE 250
COLUMBIA, SC 29212-2255
(803) 781-5927

☐ NEW
☐ ESTABLISHED
☐ CHANGE (NAME/ADDRESS-PHONE/INSURANCE INFORMATION)

Patient Registration Form

2521458

PATIENT INFORMATION (Please Print) Today's Date __/__/__

Name DILLON (Last) EDMUND (First) S (M.I.)

Address [redacted] (City) (State)

Home Phone [redacted] (Area Code) Marital Status SINGLE SS# [redacted] DL# [redacted]

Date of Birth [redacted] ☐ Male ☐ Female Employment Status: ☑ Full Time ☐ Part Time ☐ Student ☐ Retired

Employer FLEET PRIDE Address 1631 SHAPIRO COLUMBIA Work Phone 803-799-[redacted]2

RESPONSIBLE PARTY (*if different from patient*)

Name (Last) (First) (M.I.)

Address (City) (State) (Zip)

Home Phone ____ Work Phone ____ Employer ____

Date of Birth ____ Age ____ ☐ Male ☐ Female SS# ____

INSURANCE INFORMATION (Please present insurance card at time of check in)
Copy of insurance card(s) [both sides] attached and dated ( )

Primary UNITED HEALTH ID# 829587869 Group# 701915 Relationship to Patient ____

Policyholder EDMUND D DILLON Address 1098 JORDAN RD Date of Birth 10-13-5[redacted]

Secondary ____ ID# ____ Group# ____ Relationship to Patient ____

Policyholder ____ Address ____ Date of Birth ____

In case of Emergency who should be notified?

1. ____ Relationship ____ Phone ____

REFERRED BY: ANN BURNETT PRIMARY CARE PHYSICIAN: UNKNOWN

NATURE OF PROBLEM: GROWTH ON NECK ALLERGIES: NONE

I authorize treatment by the Columbia Skin Clinic physician. Until revoked in writing, my signature below authorizes the release of medical information to: (1) my primary care and/or referring physician, to consultants if needed and any physician involved in my medical care; (2) any insurance company through which I claim benefits, to include SSA, CMS or its intermediaries; (3) for processing insurance applications, and prescriptions. I further authorize the assignment of all medical benefits to which I am entitled, including Medicare, MediGap, private insurance, group policy benefits, and other health plans to the Columbia Skin Clinic, LLC.

We wish to establish optimal relations with our patients and avoid misunderstanding regarding our payment policies. Payment is required for all services at the time they are rendered unless you are in a prepaid plan in which we participate. For those patients, applicable copayments and deductibles will be collected. Any amount that your insurance company does not pay is due from you unless we have agreed to accept the carrier's charge determination in which case you are responsible for the copayments, deductibles and any non-covered services. We accept payment in the form of cash, check or credit card. Your signature below signifies your understanding and willingness to comply with this policy.

Patient/Responsible Party Signature [X] [signature] Date 10/13/[redacted]
(If under 18 years of age a responsible party must sign)

I have received a notice of privacy practices and know that I may review and/or receive a copy at any time at the offices of Columbia Skin Clinic, LLC.

Please sign [X] [signature] Date [redacted]

Revised Sept. 2003

MEDICAL HISTORY

Patient: EDMUND D. PACOW Date: 10-13-58

Are you allergic to any medications? [] yes [✓] no If yes, list:
1. 3.
2. 4.

List all medications you are currently taking:
1. 3.
2. 4.

History of Diseases

Do you have now, or have you ever had diseases or conditions of:

Lungs:	Yes	No	Systemic:	Yes	No
Bronchitis	[]	[✓]	Diabetes	[]	[✓]
Emphysema	[]	[✓]	Thyroid	[]	[✓]
Asthma	[]	[✓]	Kidney	[]	[✓]
Chronic cough	[]	[✓]	Bladder	[]	[✓]
Morning cough	[]	[✓]	Stomach	[]	[✓]
Vascular:			Bowel	[]	[✓]
High blood pressure	[]	[✓]	Hepatitis or yellow skin	[]	[✓]
Chest pain	[]	[✓]	Convulsions, Epilepsy or Seizures	[]	[✓]
Heart Attack	[]	[✓]	Fainting	[]	[✓]
Heart Murmur	[]	[✓]	HIV exposure	[]	[✓]
Irregular or fast heart beat	[]	[✓]	Phlebitis	[]	[✓]
Pacemaker	[]	[✓]	Joint Deformity	[]	[✓]

Skin:
When you are exposed to sun, do you: tan only [] burn [] tan and burn []
Have you ever had skin cancer? yes [✓] no []
Has anyone in your family had skin cancer? yes [✓] no []
Do you have a history of any specific skin diseases? yes [] no []
If yes, please list:
List any other disease of conditions we should know about:

List surgical procedures you have had in the last six months:

Please answer the following questions:
A. Do you smoke? [✓] yes [] no If yes, how much? 1/2 Pack
B. Do you bleed easily? [] yes [✓] no
C. (Women) Are you pregnant? [] yes [] no Due date?
D. Do you have artificial joints? [] yes [✓] no

Completed by: [✓] Patient Physician Signature:

I hereby authorize treatment by the physicians of Columbia Skin Clinic.
I further authorize the release of my medical information to:

(e.g., spouse, parent, caretaker)

Patient signature (if over 18 years of age)

Responsible Party signature (for minors)

save: medhist

COPY

D - 0041

252148

x = red gritty papule on exposed skin, size mm

Columbia Skin Clinic
EW/RETURN
NAME: Edmund Dillon
Skin Cancer Hx: NMSC
Family Skin Cancer Hx: NMSC

CONSULT N Y
AGE: 56
ALLERGIES: NKDA
MM None
MM None
Hx Clarks.

Date 10/14/14
DOLV Men

Pt. Here for "Growth" on (R) forearm x 8 wks.

1.1 cm

EXAM	N	A
Gen Appearance	✓	
N/Psy *A/O x3 *Mood/Aff	✓	
Eyes-lids/conj	✓	
ENT *Lip/teeth/gum *Oropharynx	✓	
Neck-thyroid		
Per Vasc Sys		
GI *liver/spleen *anus		
Lymphatics		
Ext (digits/nails)		
Un *Scalp/hair	✓	
*Head/face	✓	
*Neck	✓	
*Chest / br / ax	✓	
*Abdomen	✓	
*Back		✓
*Gen/buttg/groin		
*R Arm		✓
*L Arm	✓	
*R Leg		
*L Leg		

FBSE ( ) yes (✓) defined

other skin concerns ? Ø

(1) 7mm crusted papule (R) forearm
(2) stuck-on, warty papules scattered c̄ benign appearing moles & papules over sun exposed skin
(3) 3mm black papule adjacent to fleshy 5 mm papule (R) ↑ back (B)

(1) ISK (A)
(2) SKs, benign nevi
(3) ≥10 mm (B) c̄ adjacent nevus

(1) Shave bx (A)
(2) counselled pt on self exams; cont surveillance RTC i amts sun precautions stressed
(3) shave bx (B)

shave/punch bx w/lidocaine w/epi
wound care instruc to pt
D/C if poss pregnant
sun protec w/ZnO, or hat
path #

COPY

F/U: 1 yr p bx Men

Sig: _____, M.D.
Richard A. Laws, M.D.
☐ Letter/Note dictated

☐ NEW
☐ ESTABLISHED
☐ CHANGE (NAME/ADDRESS-PHONE/INSURANCE INFORMATION)

Patient Registration Form

PATIENT INFORMATION 252148 (Please Print) IAWS Today's Date 10/14/14

Name DELCON EDMUND J
Last First M.I.

Address [redacted]
City Zip

Home Phone 803 [redacted] Marital Status [redacted] SS# [redacted]

Date of Birth [redacted] ☒ Male ☐ Female Employment Status: ☒ Full Time ☐ Part Time ☐ Student ☐ Retired ☐ Disabled

Employer FLEET PRIDE Address 163 SHOP RD Work Phone 803-29[redacted]72

RESPONSIBLE PARTY *(if different from patient)*

Name
Last First M.I.

Address
City State Zip

Home Phone Work Phone Employer

Date of Birth Age ☐ Male ☐ Female SS#

INSURANCE INFORMATION (Please present insurance card at time of check in)
Copy of insurance card(s) [both sides] attached and dated [ ]

Primary AETNA ID# [redacted] Group# 846958 010.0003 Relationship to Patient SAME SS# [redacted]

Policyholder EDMUND J DELCON Address [redacted] Date of Birth [redacted]

Secondary ID# Group# Relationship to Patient SS#

Policyholder Address Date of Birth

In case of Emergency who should be notified?

1. APRIL P DELCON Relationship WIFE Phone [redacted]

REFERRED BY: PRIMARY CARE PHYSICIAN:

NATURE OF PROBLEM: SKIN ALLERGIES: NONE

COPY

I authorize treatment by the Columbia Skin Clinic physician. Until revoked in writing, my signature below authorizes the release of medical information to: (1) my primary care and/or referring physician, to consultants if needed and any physician involved in my medical care; (2) any insurance company through which I claim benefits, to include SSA, CMS or its intermediaries; (3) for processing insurance applications, and prescriptions. I further authorize the assignment of all medical benefits to which I am entitled, including Medicare, MediGap, private insurance, group policy benefits, and other health plans to the Columbia Skin Clinic, LLC.

We wish to establish optimal relations with our patients and avoid misunderstanding regarding our payment policies. Payment is required for all services at the time they are rendered unless you are in a prepaid plan in which we participate. For those patients applicable copayments and deductibles will be collected. Any amount that your insurance company does not pay is due from you unless we have agreed to accept the carrier's charge determination in which case you are responsible for the copayments, deductibles and any non-covered services. We accept payment in the form of cash, check or credit card. Your signature below signifies your understanding and willingness to comply with this policy.

Patient/Responsible Party Signature [signature] Date 10/14/14
(If under 18 years of age, a responsible party must sign)

[redacted]

Revised May 2009

COLUMBIA SKIN CLINIC MEDICAL HISTORY FORM

Patient: Edward J Dillon Date: 10-17-14

Are you allergic to any medications? Yes (No) If yes, please specify: _____

List all medications you are currently taking: None

History of Diseases

Do you have now, or have you ever had, diseases, or conditions of (please check yes or no):

Lungs:	Yes	No	Systemic:	Yes	No
Bronchitis	☐	☑	Diabetes	☐	☑
Emphysema	☐	☑	Thyroid	☐	☑
Asthma	☐	☑	Kidney	☐	☑
Chronic cough	☐	☑	Bladder	☐	☑
Morning cough	☐	☑	Stomach	☐	☑
Vascular:			Bowel	☐	☑
High blood pressure	☐	☑	Hepatitis or yellow skin	☐	☑
Chest pain	☐	☑	Convulsions, epilepsy or seizures	☐	☑
Heart attack	☐	☑	Fainting	☐	☑
Heart murmur	☐	☑	HIV exposure	☐	☑
Irregular or fast heartbeat	☐	☑	Phlebitis	☐	☑
Pacemaker	☐	☑	Joint deformity	☐	☑

Skin:

When you are exposed to sun, do you: tan only ☑ burn ☐ tan and burn ☐

Have you ever had skin cancer? Yes ☑ No ☐ Don't know ☐

Has anyone in your family had skin cancer? Yes ☑ No ☐ Don't know ☐

Do you have history of any specific skin diseases? Yes ☐ No ☑ Don't know ☐

If yes, please list: _____

List any other diseases or condition: _____

Surgeries in the last six months: _____

Please answer the following questions:

A. Do you smoke? Yes ☑ No ☐ If yes, how much? 3/4 Pack

B. Do you bleed easily? Yes ☐ No ☑

C. (Female patients only)
Are you pregnant? Yes ☐ No ☐ Due date? _____

D. Do you have artificial joints? Yes ☐ No ☑

I hereby authorize treatment by the physicians of Columbia Skin Clinic. If further authorize the release of my medical information to:

Edward J Dillon
(i.e., spouse, parent/caretaker)

Patient Signature (if over 18 years of age)

Responsible Party Signature (for minors)

Physician Signature: 0044

☐ COPY

COLUMBIA SKIN CLINIC, LLC
Acknowledgement / Consent

_____(initial) HIPAA Notice of Privacy Practices

I, (print patient name) EDMUND J DILLON, have read a copy of Columbia Skin Clinic, LLC's Notice of Privacy Practices. (This document is available at our front desk or columbiaskinclinic.com)

EJD (initial) Release of Medical Information
I do/do not (circle one) authorize Columbia Skin Clinic, LLC and its designated representatives to release medical information to my spouse, parent or guardian. I understand my healthcare provider will use their professional judgment to ensure that information is shared with my family/friend in order to assist with my continuing care. Any information that does not pertain to assisting with my health care and any copies of medical records will require a signed HIPAA compliant authorization. This permission will be considered ongoing until I state in writing otherwise.

EJD (initial) Consent to Treatment
I consent to the performance of those diagnostic procedures, examinations, and rendering of treatment by the medical provider and their designated medical office staff as is deemed necessary in the medical provider's judgment.

EJD (initial) Authorization/Assignment/Financial Responsibility
I authorize the release of any medical information necessary to process an insurance claim on my behalf. I understand that I am financially responsible for all charges and that I am responsible for obtaining any referrals required by my insurance carrier. I request that my medical insurance carrier make any payment directly to Columbia Skin Clinic, LLC for services rendered to me. As a courtesy, my charges will be filed with my insurance carrier; however, I will be billed if the claim is denied or is not paid in a timely manner. Should my account become a collection problem, additional charges may be incurred.

I acknowledge that this form and the Practice Financial Policy have been read in full and explained as necessary.

COPY

The Physician/Staff has my permission to: (Please check all boxes that apply)

☑ Leave message at home with my spouse or: Name: APRIL P DILLON
Relationship: WIFE DOB:

☑ Leave message on cell phone. Cell phone number: [redacted]

☐ Leave message at work. Work phone number: _____

☐ Leave message on voicemail/ answering machine Phone number: _____

Signature of Patient or Legal Guardian — Date: 10-14-14

Printed Name of Patient or Legal Guardian — Relationship *(if not self)*

D - 0045

COLUMBIA SKIN CLINIC, LLC

Dermatopathology Laboratory
Alfonso Gonzalez, M.D., Ph.D., Director

DERMATOPATHOLOGY REPORT

PATH #: D14-10125 SERVICE: 10/14/2014 RECEIVED: 10/14/2014 REPORTED: 10/15/2014	PATIENT: DILLON, EDMUND J DOB: [redacted] SEX: M PHYSICIAN: RICHARD LAWS, M.D.	New File #: [redacted] Old File #: SSN: [redacted]

Clinical Data: A - ISK
B - R/O AMP/MM WITH ADJACENT NEVUS

DIAGNOSIS: A - R FOREARM
VERRUCA (078.10)
B - R UPPER BACK
INTRADERMAL NEVUS ADJACENT TO A PIGMENTED BASAL CELL CARCINOMA (216.5) (173.51)

Gross Description:

A - Received in formalin is a piece of tissue of 10x9x2mm.
B - Received in formalin is a piece of tissue of 8x6x5mm. /lb/

Microscopic Description:

A - Sections show skin with hyperkeratosis, papillomatosis, acanthosis, and a prominent granular layer. At the periphery the rete ridges are bent inward.
B - Sections show lobules of basaloid tumor with peripheral palisading and clefting invading the dermis and containing melanin granules. Adjacent to this there is a polypoid piece of skin with small uniform melanocytes in the dermis.

AG/ag

EDL
BL

10/21/14
Contact
BS

10/22/14 Spoke c pt.
Results given
Appt. Scheduled
10/29/14

COPY

Page 1 of 1

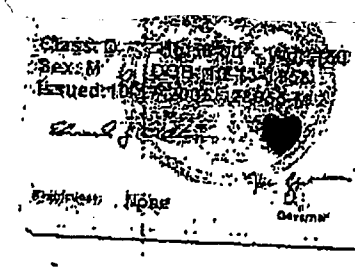
D - 0046

ALFONSO GONZALEZ, M.D., PHD

Three Medical Park, Suite 500. Columbia, SC 29203. (803) 779-7316
CLIA ID #: 42D0249423

10/14/14
RB

[redacted]



aetna NAP FleetPride

ID W2058 76590 Choice PPO II
NAME
01 EDMUND J DILLON
Health Plan (80840) 9140860054 RX BIN# 610502
GRP: 846958-010-00003
PCP: NO ELECTION REQUIRED
02 APRIL P DILLON
PCP: NO ELECTION REQUIRED

www.aetna.com PAYER NUMBER 60054 QS10

The primary care physician copay is for any primary care doctor in the network. The specialist copay is for any other doctors in the network. Referrals are not required. However, some services may also require precertification. Without pre-approval, you may pay more or even full price. For mental health or substance abuse pre-approval or coverage questions, call 1-800-424-4047. See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
P.O. BOX 981106
EL PASO TX 79998-1106

MEMBER SERVICES 1-888-416-227[illegible]
PROVIDERS CALL 1-888-632-38[illegible]
RX MEMBER SERVICES 1-888-792-38[illegible]

COPY

D - 0047

252148

x = red gritty papule on sun exposed skin, size mm

Columbia Skin Clinic
NEW/RETURN
NAME: Edmund Dillon
Skin Cancer Hx: NMSC MM None
Family Skin Cancer Hx: NMSC MM None

CONSULT (N) Y:
AGE: 56 ALLERGIES: NKDA
H/ clarks

Date 10.29.14
DOLV 10.14.14

here to tx. bx-proven BCC by EDC

EXAM	N	A
Gen Appearance	✓	
N/Psy *A/O x3 *Mood/Aff	✓	
Eyes-lids/conj		
ENT *Lip/teeth/gum *Oropharynx		
Neck-thyroid		
Per Vasc Sys		
GI *liver/spleen *hernia		
Lymphatics		
Ext (digits/nails)		
Skin *Scalp/hair *Head/face *Neck		
*Chest / br / ax		
*Abdomen		
*Back	✓	
*Gen/buts/groin		
*R Arm		
*L Arm		
*R Leg		
*L Leg		

FBSE ( ) yes (✓) declined

(1) 6mm pink papule (R) ↑ back

(1)

(1) bx-proven BCC – EDC x 2
final size: 6.5mm

other skin concerns ? Ø

shave/punch bx w/lidocaine ± epi
wound care instruc to pt
D/C if poss pregnant
sun protec w/ZnO, or
path #

COPY

F/U: 4 mos.
Sig: _____, M.D.
Richard A. Laws, M.D.
☐ Letter/Note dictated

252148

x ☞ red gritty papule ☞ sun exposed skin, size ☞ mm

Columbia Skin Clinic
NEW/RETURN
NAME: Edmund Dillon
CONSULT (N) Y: ____
AGE: 58
ALLERGIES: NKDA
Date 2-18-15
DOLV 10-29-14

Skin Cancer Hx: NMSC MM None
Family Skin Cancer Hx: NMSC MM None

hx Clarks
BCC (2) ↑ back 10/14
BCC (1) cheek, 2002

4mo f/u hx NMSC
S/P ED+C BCC (R) ↑ back.
(+) nausea x 3 d. No fever, No [illegible]
Stool no dark urine

~~Pt is very~~
jaundiced

EXAM	N	A
Gen Appearance	/	
N/Psy *A/O x3 *Mood/Aff	/	
Eyes-Eds/cons		/
ENT *Lip/mach/gum *Oropharynx		
Neck-thyroid		
Per Vasc Sys		
GI *liver/spleen *mass		
Lymphatics		
Ext (digits/nails)		
Skin *Scalp/hair	/	
*Head/face		/
*Neck	/	
*Chest / br / ax		/
*Abdomen		
*Back		/
*Gen/butt/groin		
*R Arm		/
*L Arm		/
*R Leg		
*L Leg		

FBSE ( ) yes (✓) declined

(1) Stuck on waxy papules c̄ tan/brown macules scattered.
(2) Well healed scars scattered.
(3) 2cm Firm nodule (R) forehead
(4) jaundice sclera + upper body. +

other skin concerns? (Y)

(1) SK's, solar lentigenes.
(2) hx NMSC.
(3) follicular cyst.
(4) Jaundice

(1) ⊖ tx, pt reassured, sun precautions stressed.
(2) ⊖ evidence recurrence, cont. surveillance, RTC c̄ any Δ.
(3) ⊖ tx today, not bothersome to pt.
(4) - pt advised to visit her internist this week for evaluation of jaundice - [illegible]

shave/punch bx w/lidocaine w/epi
wound care instruc to pt
D/C if poss pregnant
sun protect w/ZnO_2 [illegible]
path # ____

F/U: ~~Pen~~ Lyme - RA
Sig: [illegible] M.D.
Richard A. Laws, M.D.
☐ Letter/Note dictated

COPY

252148
2-18-15

SOUTH CAROLINA
DEPARTMENT OF MOTOR VEHICLES
DRIVER'S LICENSE

DILLON,EDMUND JOHN
DL#
CJR
Expires: 10-13-2015

Class: D Hgt: 6'04" Wgt: 160
Sex: M DOB: 10-13-1958
Issued: 10-17-2005 28055 M 2

Restrictions None
Governor

aetna NAP FleetPride

ID W2058 76590
NAME
01 EDMUND J DILLON
Health Plan (80840) 9140860054
GRP: 846958-010-00003
PCP: NO ELECTION REQUIRED
02 APRIL F DILLON

Choice PGG II
RX
PCP $ 25.00
SPC $ 50.00
PCP: NO ELECTION REQUIRE

COPY

D - 0050

******* INSTANT BILL *******
COLUMBIA SKIN CLINIC, L.L.C.
3 RICHLAND MED PK DR 500
COLUMBIA, SC 29203-6854

Office PH:(803) 779-7316

Guar Home Ph:
Guar Work Ph:

EDMUND J DILLON

ACCT: Date: 03/21/15

Last Pmt: $28.54 on 03/12/15

NUM	CLM	INSURANCE COMPANIES
1	342	AETNA
2	1909	CIGNA/HMO
3	5103	UNITED HEALTHCARE
4	5182	UNITED HEALTHCARE

PATIENT NAMES

1 - EDMUND DILLON

CHART NUM

DIAGNOSIS CODES & DESCRIPTIONS

1 - 999999 999999
2 - 702.19 OTHER SEBORRHEIC KERATOSIS
3 - 702.11 INFLAMED/IRRITATED SEBORRHEIC KERATOSIS
4 - 238.2 SK NEOPLASM,UNCERTAIN BEHAVIOR
5 - 078.10 VIRAL WARTS, UNSPECIFIED
6 - 173.51 BASAL CELL CARCINOMA, TRUNK EXCEPT SCROTUM
7 - 709.2 SCAR AND FIBROSIS OF SKIN
8 - NOSHOW PT DID NOT KEEP APPOINTMENT

DOCTORS	STATE ID	EMPL ID
1 - WILLIAM MCWILLIAMS MD	7065	0437088053004
2 - RICHARD LAWS MD	28743	0437088053016
3 - ALFONSO GONZALEZ MD	17121	0437088053006

DATE	PAT NUM	DR	DIAG	PROC	MOD	DESCRIPTION	CHG	PMT
02/18/08		1	1	DNK		DID NOT KEEP APPT!		
10/14/14	1	2	2	99202	25	OFFICE VISIT - NEW PATIENT	88	
10/14/14	1	2	3	11301	59	SHAVE 0.6-1.0CM	130	
10/14/14	1	2	4	11301		SHAVE 0.6-1.0CM	130	
10/14/14		2		PMT		8221 Check from Patient		-50
10/14/14	1	3	5	88305		SURG PATHOLOGY/GROSS MICROSCOPI	60	
10/29/14	1	2	6	11301		SHAVE 0.6-1.0CM	130	
10/29/14		2		PMT		8227 Check from Patient		-50
11/05/14		2		PMT		101414 Check from AETNA		-51
11/05/14		2		ADJ		Aetna Adjustment		-28
11/06/14		3		PMT		101414 Check from AETNA		-193
11/06/14		3		ADJ		Aetna Adjustment		-16
11/10/14		2		PMT		101414 Check from AETNA		-66

D-0051

-------- Continued on next page --------

Account: 252148

DATE	PAT NUM	DR	DIAG	PROC	MOD	DESCRIPTION	CHARGE	PAYMENT
11/10/14		2		ADJ		Aetna Adjustment	[illegible]	[illegible]
11/10/14		2		ADJ		Aetna Adjustment	[illegible]	[illegible]
11/20/14		2		PMT		102914 Check from AETNA	[illegible]	[illegible]
11/20/14		2		ADJ		Aetna Adjustment	[illegible]	[illegible]
02/18/15	1	2	7	99213		OFFICE VISIT - EST. PATIENT	[illegible]	[illegible]
02/18/15		2		PMT		8264 Check from Patient	[illegible]	[illegible]
03/12/15		2		PMT		021815 Check from AETNA	[illegible]	[illegible]
03/12/15		2		ADJ		Aetna Adjustment	[illegible]	[illegible]
02/17/16	1	2	1	NOSHO		PT DID NOT KEEP APPOINTMENT		[illegible]
02/17/16	1	2	8	NOSHO		PT DID NOT KEEP APPOINTMENT		[illegible]

Account Balance: $84.25 Total: [illegible]

REF PHYS : TAYLOR, MD, JULIE TAX ID:

REF STATE: SC D-0052 LIC # :

MESSAGE:

03/24/2016 9:08AM (GMT-04:00)

252148
216

Telephone Referral System

CIGNA MANAGED CARE NETWORK OF SOUTH CAROLINA INC
TELEPHONE REFERRAL SYSTEM
Primary Care Physicians

Dial 1-800-841-3366
Press 1 - To add a referral
Enter Plan Code - (025)
Press 1 - CIGNA HealthCare of South Carolina
Press 1 - You are a Primary Care Physician Office
Press 1 - to add a referral
Enter member's ID - be sure to include two digit suffix
Press 1 - To confirm Primary Care Physician
System will now give member's DOB - press 1 - if correct
Enter specialist's CIGNA PAL ID Number - from physician list provided 1408082-00
Enter ICD-9 - diagnosis code 216.9
Press 2* - additional diagnostic testing
Press 1 or 2 - (if member has other insurance - if unsure press 2)
Press 2 - to add referral
Please hold while referral is added to system
System will now give you an authorization/referral number

McWilliams MD

Patient Name: Edmund Price
Patient DOB:
Number of Visits: 4
Dates of Referral: 3-23-01 to 9-19-01
Referral Number: 00000001

COPY

* Your approval of office visits includes any tests or procedures done in specialist's office pertinent to referral diagnosis. If additional tests or procedures are ordered by specialist, the specialist's office must call Health Services for authorization. To add visits or extend beyond the 60 days, PCP must call Health Services at 1-800-235-5707.

D - 0053

PROVIDENCE HOSPITALS

Providence Hospitals
Page 1
Fax:

March 23, 2016

Office Visit

EDMUND J DILLON
DOB:

Ins: Aetna Grp: 84695801000003

02/03/2014 - Office Visit: New patient to establish care
Provider: Nusrat Ul Shafi MD
Location of Care: Providence Northeast Family Care

Vital Signs:

Patient Profile:	55 Years Old Male
Height:	72 inches
Weight:	166.50 pounds
(Measured Weight: 166 lbs. 8 oz.)	
BMI:	22.66
BSA:	1.97
Temp:	97.3 degrees F oral
Pulse rate:	91 / minute
Pulse rhythm:	regular
Resp:	16 per minute
BP sitting:	162 / 101 (right arm)

Vitals Entered By: Andrea W Jackson MA (February 3, 2014 10:18 AM)

Medications:
Medications were reviewed with the patient during this visit.
Allergies:
No Known Allergies
Allergies were reviewed with the patient during this visit.

CC: New patient to establish care with Dr. Shafi..

History of Present Illness:
55-year-old male denies any previous medical history she is for establishment of care has history of alcoholism and smoking was seen in the ER on 12/22nd/2013. Patient has not been any primary care physician before. Discussed that all the basic labs including hepatitis panel and HIV. Patient states he will return back for the blood work and complete physical exam. He denies any chest pain shortness of breath

palpitations PND orthopnea his blood pressure is elevated in the office patient states he has his home blood pressures within target and is nervous about coming to the doctor's office discuss it to be monitored and call our office about the blood pressure, repeat blood pressure was decreased, patient will need also PSA colonoscopy discussed with the patient. Patient has bilateral callus on the feet and in his her to the podiatry discussed the soft comfortable thick sole shoes. will get records from the ER. And patient will need to be seen for complete physical exam discussed cutting down on smoking and cutting down on alcohol. Patient has been drinking more than 10 drinks a week and has been drinking 30 years and also discuss it with him AA . Has been smoking 3 packs a day and has cut down on that , has been smoking for years, discused rx avalable.and cutting down smoking.

Past Medical History:

Reviewed history and no changes required:
- Alcohol addiction
- smoking

Past Surgical History:

None
Unremarkable

Family History:

Reviewed history and no changes required:
- FATHER: high blood pressure
- MOTHER: Cancer

Social History:

Reviewed history and no changes required:
- Sexually Active-yes
- Alcohol Use - yes
- Drug Use - no

Risk Factors:

Tobacco use: current every day smoker
- Year started: 30 years ago
- Cigarettes: Yes
- Counseled to quit/cut down tobacco use: yes

Drug use: no
Alcohol use: yes

EDMUND J DILLON
Male DOB:

Ins: Aetna Grp: 84695801000003

Type: Whiskey

Review of Systems

General
Denies fever, chills, sweats, anorexia, fatigue, weakness, malaise, and weight loss.

Eyes
Denies double vision, vision loss - both eyes, blurring, and halos.

ENT
Denies difficulty swallowing, hoarseness, and sore throat.

CV
Denies near fainting, chest pain or discomfort, racing/skipping heart beats, fatigue, lightheadedness, shortness of breath with exertion, palpitations, swelling of hands or feet, and fainting.

Resp
Denies shortness of breath and chest discomfort.

GI
Denies loss of appetite, indigestion, nausea, vomiting, abdominal pain, change in bowel habits, constipation, dark tarry stools, and bloody stools.

GU
Denies hematuria, urinary frequency, and urinary hesitancy.

MS
Denies muscle cramps, joint pain, joint swelling, back pain, muscle weakness, arthritis, loss of strength, and muscle aches.
bL feet calus/ high arches

Derm
Denies rash.

Neuro
Denies difficulty with concentration, poor balance, headaches, numbness, inability to speak, and weakness.

Psych

Denies sense of great danger, anxiety/panic attacks, thoughts of suicide, depression, thoughts of violence, frightening visions or sounds, mood swings, and insomnia.

Endo
Denies excessive hunger, cold intolerance, heat intolerance, excessive urination, and excessive thirst.

Heme
Denies enlarged lymph nodes, bleeding, and skin discoloration.

Allergy
Denies persistent infections.

Physical Exam

General:
overweight.
Head:
normocephalic and atraumatic.
Eyes:
PERRL/EOM intact, conjunctiva and sclera clear.
Ears:
TM's intact and clear with normal canals and grossly normal hearing.
Nose:
no deformity, discharge, inflammation, or lesions.
Mouth:
poor dentitions, with caries
Neck:
no masses, thyromegaly, or abnormal cervical nodes.
Lungs:
clear bilaterally to auscultation.
Heart:
regular rate and rhythm,normal S1, S2 without murmurs, rubs, or gallops
Abdomen:
normal bowel sounds;soft,non tender,no hepatosplenomegaly,no ventral or umbilical hernias, no masses noted.
Pulses:
pulses normal in all 4 extremities.
Extremities:
no clubbing, cyanosis, edema, or deformity noted.
with B/L feet calus and high arches

Neurologic:
no focal deficits, cranial nerves II-XII grossly intact with normal sensation, reflexes, and coordination; normal muscle strength and ton,e; normal gait.

Cervical Nodes:
no significant adenopathy.

Psych:
alert and cooperative; normal mood and affect;normal attention span and concentration

Impression & Recommendations:

Problem # 1: Elevated blood pressure without diagnosis of hypertension (ICD-796.2) (ICD10-R03.0)
patient has elevated blood pressure patient states to his home blood pressures are fine and has white coat elevation of blood pressures. Discussed the monitor the blood pressures and call our office with a blood pressure diary. Denies shortness of breath chest pain, palpitations, PND, orthopnea any previous diagnosis of hypertension. Will need all basic blood work. Today declined labs states he will come back
Orders:
99204 New pt OV (45) (CPT-99204)

Problem # 2: Colon cancer screening (ICD-V76.51) (ICD10-Z98.89)
given a refral for colonoscopy
Orders:
Screening Colonoscopy (CPT-45378)

Problem # 3: Smoking (ICD-305.1) (ICD10-F17.200)
patient is smoking a long years and was initially having 3 packs now states he is having one pack a day discussed all the la avalable help and cutting down on smoking patient voices understanding
Orders:
99204 New pt OV (45) (CPT-99204)

Problem # 4: Corns and callosities (ICD-700) (ICD10-L84)
has bilateral callus on the feet and podiatry provided and shows discussed. Also the hygiene of the feet discussed
Orders:
Podiatry Consult (CPT-00000)
99204 New pt OV (45) (CPT-99204)

Problem # 5: Health screening (ICD-V70.0) (ICD10-Z13.9)
patient will need complete lab work and also hepatitis panel, HIV, drug screening discussed with the patient patient states she will return back for complete physical exam and declined to get labs done today. Also will need PSA, colonoscopy provided and cessation of smoking and drinking discussed at

Problem # 6: Alcoholism (ICD-303.90) (ICD10-F10.20)
patient is drinking more than 10 drinks a day and has been drinking 30 years patient , discuss with alcoholic anonymous and help her labile and also discussed the complications of long-term drinking and will need LFTs and basic labs done patient voices understanding will return back for the labs
Orders:
99204 New pt OV (45) (CPT-99204)

Patient Instructions:
1) Discussed the hazards of tobacco smoking (use). Smoking cessation recommended and techniques and options to help patient quit were discussed.
2) The importance of keeping the blood pressure at or below 130/80 to prevent stroke, heart attacks, kidney failure, blindness, and loss of limbs was reviewed as well as the need for self monitoring.
3) Limit intake of Sodium (Salt) to less than 1500 mg per day.
4) return for CPE
5) will call to scedule
6) Please schedule a follow-up appointment in 2 weeks.
7) Will return for fasting labs
8) follow with poditry and gi

]

Patient verbalizes understanding of the above assessment and plan, and is in agreement. They agree to contact the office with any difficulty obtaining or taking their medication. We will try to contact them regarding tests and referrals, however if they do not hear from us in one week they have been instructed to call the office.

Electronically signed by Nusrat Ul Shafi MD on 02/03/2014 at 11:41 AM

Providence Hospitals

Fax:

EDMUND J DILLON
DOB:

March 23, 2016

Office Visit

Ins: Aetna Grp: 84695801000003

PROVIDENCE HOSPITALS

Providence Hospitals
Page 1
Fax:

March 23, 2016

Consultation Report

EDMUND J DILLON
Male DOB:

Ins: Aetna Grp: 84695801000003

02/19/2014 - Consultation Report: Podiatry
Provider: Nusrat Ul Shafi MD
Location of Care: Providence Northeast Family Care
This document contains external references

Podiatry

Imported By: Kristi Tarlton 2/24/2014 8:59:58 AM

External Attachment:

Type: Image
Comment: External Document

Electronically signed by Nusrat Ul Shafi MD on 02/24/2014 at 11:03 AM

THE FOOT INSTITUTE

COLUMBIA: 1730 St. Julian Pl. • (803) 256-6776 P, (803) 256-6778 F
CAYCE: 901 12th Street • (803) 796-0616 P, (803) 796-6771 F
FLORENCE: 709 West Evans St. • (843) 665-4567 P, (843) 665-4448 F
HARTSVILLE: 701 Medical Park Dr Ste. 209 • (843) 665-4567 P, (843) 339-4709 P/Mon & Tue, (843) 339-4768 F
NORTH CHARLESTON: 3471 West Montague Ave. • (843) 553-2235 P, (843) 553-2275 F

SPECIALIST REPORT

Patient Name: Edmond Dillon Date of Birth:

Date of Service: 2/19/14

Referring /Primary Physician: Dr. Shafi 788-6508

Reason for Visit: B/L Callouse

Assessment:

Benign Neoplasm
Pain
Sesamoiditis

Management Plan:

ULS Rx NSAID
Fluoro Rx Topical Emollient
Injection bursitis
Excision lesion

Follow Up:

3wk

Thank you for allowing us to participate in the care of this patient. Remember that same day appointments are available from your office to ours.

Sincerely,

Thanks!
Dr. Autrey

Kevin L. Ray, D.P.M.
Maureen Quinlan, D.P.M.
Renee Hutto-Altman, D.P.M.

Misty Lee, D.P.M.
James M. Cawthorne, D.P.M.
Walter H. Singleton, D.P.M.
Jordanna Baker, D.P.M.

PRID:34499055 Call #:001108649

Service:Richland County EMS
Base:HQ
Unit:S210
Shift:C
Vehc. Grid:Horrell Hill
Type of Svc:Scene Unscheduled
Response Code:Lights and Siren
Mode to Ref:Lights / Sirens
Moved Via:Stretcher
Position:Supine
Outcome:Treated COUNTY RESIDENT, Transported by EMS

Date:February 23, 2015
Team:ALS
Crew 1:*Secondary Caregiver*
*Ledbetter, Josh
EMT-P
Crew 2:*Primary Caregiver*
*Gottlieb, Matthew
EMT-P

** designates an ALS Provider*

Mode to Rec:Lights / Sirens
Moved From:Stretcher
Pt. Condition:Unchanged

Location:FLEET PRIDE INC
1631 Shop Rd
COLUMBIA, SC 29201

Receiving:*Hospital*
Palmetto Richland Memorial
Emergency Department
5 Richland Medical Park
Columbia, SC 29203-6863
803-434-1662
Dest. Grid:HQ

Last Name: DILLON First: ED
Address
City: ST: Zip
County: Richland
Citizenship: United States
DOB: SSN:
Age: Sex: Weight:
Height:
Subscriber: No
Race: White, non-Hispanic
Billing Information:

Company	Group	ID
AETNA		

Odometer	Times
Ld Miles: 5	Received: 10:52
	Dispatch: 10:53
	EnRoute: 10:55
	At Ref: 11:11
	Leave Ref: 11:19
	At Rec: 11:30
	Available: 11:40

Consent Signed: No
PCS / Medical Necessity Signed: No
Primary Method of Payment: Insurance

Scene Information

Description: BUSINESS IN FRONT IN DRIVEWAY
Patient Belongings: NONE

Chief Complaint (Category: Fall Victim)

LACERATION

Duration: 20 Minutes

History of Present Illness

O - FALL P - NA Q - NONE R - NONE S - 0/10 T - 20 MIN

Medical History	Current Medications	Allergies
None	None	None

Neurological Exam

Level of Consciousness: Alert
Loss of Consciousness: No
Chemically Paralyzed: No
Neurological Present: Normal
Mental Present: Normal

Glasgow Coma Scale	E	V	M	Tot
Int:	4	5	6	= 15

Revised Trauma Score: 12.00

Pupils	Left	Right
Size:	Normal	Normal
React:	Reactive	Reactive

	Motor	Sensory
LA:	Normal	Normal
RA:	Normal	Normal
LL:		Normal

D - 0063

Neurological Exam

RL: Normal

Airway	Respiratory
Status: Patent	Effort: Normal Sounds: L: Clear R: Clear

Cardiovascular

Pulses	Left	Right
Carotid:		
Radial:	Thready	Thready
Femoral:		
Dorsalis:	Thready	Thready

Injury Details

Reason for Encounter: Injury/Trauma
Drugs/Alcohol?: None
Intentional: No
Fall Height: 6
Fall Surface: Hard
Landed On: Head
Work Related: Yes
Mechanism: Fall

Initial Physical Findings

Assessment

Skin Findings: WARM TO COOL AN DRY

Immobilization: Collar:Y, CID:Y, LBB:Y, KED:N, MAST:N

Performed By: EMS Provider

Outcome: Unchanged

Tubes/Drains:

Activity

Time	H.R.	B.P.	MAP	SpO2		Resp	Rhythm	GCS	ECG Method	Protocol	Pain	CRW*
	H.R. Method	Method				Resp Effort						
Action	Comment											
11:16	88	102 / 64	76	100		18		4/5/6		Universal Care	0	#2
		Auto. Cuff				Normal						
11:21	81	83 / 52		100								#2
11:26	82	74 / 43		99		18		4/5/6			0	#2
		Auto. Cuff				Normal						
11:27												#2

Initiated IV NS Peripheral IV initiated by Matthew Gottlieb with 20 ga at Left Hand. Attempts: 1, Successful: Yes. Authorization: Protocol.

11:49 AOS TO A 57 YO M LAYING ON GROUND IN FRONT OF BUSINESS IN C/O HIS SUPERVISOR. HE WAS MAINTAINING POSITION OF FALL. VISIBLE BLOOD FROM HEAD LAC, BLEEDING HAS MOSTLY STOPPED. HE DID NOT WISH TO GO TO HOSPITAL BUT SUPERVISOR CONVINCED HIM HE NEEDED TO GO. ABD PLACED UNDER HEAD AS PLACED IN FSP, SECURED TO STRETCHER, RELOCATED TO AND LOADED ON UNIT FOR TRANSPORT TO RICHLAND. VITALS TAKEN AND AN ASSESSMENT PERFORMED. PATIENT CAOx3 GEBBS AND REPORTS NO PAIN OR COMPLAINTS. HOSPITAL NOTIFIED VIA RADIO. MONITORED EN ROUTE AND JUST AS WE WERE APPROACHING HOSPITAL BP HAD DROPPED, RELOCATED CUFF AND TOOK PRESSURE AGAIN AND IT WAS EVEN LOWER. AS WE WERE PULLING ONTO GROUNDS INITIATED IV 20G NS. WE WERE PARKING AS IV WAS SECURED, ROLLED INTO ED TAKEN TO HALLWAY 6, TRANSFERRED TO THEIR BED, REPORT GIVEN AND CARE TRANSFERRED TO RN.

* *Assessment made by*

Response Factors Affecting Care: Transport Distance

D - 0064

Scene Factors Affecting Care: None
Transportation Factors Affecting Care: None

Ledbetter, Josh: *Electronically Signed on 02/23/2015 12:43:56 EST*

Gottlieb, Matthew: _____

Facesheet

* Auth (Verified) *

INPATIENT ADMISSION FORM

PATIENT ACCOUNT NO	SERVICE DATE & TIME	DISCHARGE DATE & TIME	PT TYPE	AD	CV CODE	ADMIT SOURCE	TYPE	PH CLASS	STATION	ROOM	BED	MEDICAL RECORD NO
	02/23/2015 15:04	2/27/15	IPR	I	MED	1	2	01	STU	0523	03	012719295

ACCIDENT TYPE	ACCIDENT DATE & TIME	DENOMINATION	CHURCH	PUBLICITY	LIVING WILL
Other Accident				YES DIRECTORY	No

NAME AND ADDRESS	SOCIAL SECURITY NUMBER	COUNTY	PHONE	EMPLOYER	OCCUPATION	STATUS	PHONE
DILLON, EDMUND	251217227	Kershaw		FLEET PRIDE		Employed Full Time	

SEX	RACE	MARITAL STATUS	DATE OF BIRTH	AGE	DATE OF LAST VISIT	MOTHER'S MAIDEN NAME	PLACE OF BIRTH
M	84	M		56Y	07/28/2005		

GUARANTOR NAME AND ADDRESS	SOCIAL SECURITY NUMBER	RELATIONSHIP	PHONE	GUARANTOR EMPLOYER	OCCUPATION	STATUS	PHONE
DILLON, EDMUND		Self	(803)438-4404	FLEET PRIDE		Employed Full Time	

NOTIFY IN CASE OF EMERGENCY	RELATIONSHIP	PHONE	NEXT OF KIN	RELATIONSHIP	PHONE
DILLON, ROBIN		(803)727-7499			

INSURANCE 1	INSURANCE 2	INSURANCE 3	INSURANCE 4
SELF PAY 20 DILLON, EDMUND			
INSURED DOB	INSURED DOB	INSURED DOB	INSURED DOB

ADMITTING DIAGNOSIS/CHIEF COMPLAINT	DATE OF LAST VISIT	ADMITTING PHYSICIAN	ADM PHY PHONE
ICH	07/28/2005	42148 JONES, MARK A	(803)434-8800

ORGAN DONOR	Shared Care Physician	Primary Care Physician
N		NONE,

THIS SECTION FOR INPATIENT USE (ER/OUTPATIENT OPTIONAL)

FINAL DIAGNOSIS	CODE NUMBER	DRG DATA
HX RESISTANT ORG		PROVISIONAL DRG
		RLOS
		DATE ASSIGNED
		DISCHARGE STATUS PROJECTED
		FINAL

DATE	OPERATION/SPECIAL PROCEDURES

CONSULTATION WITH

AND

RESULTS
☐ RECOVERED
☐ NOT TREATED ☐ DIED UNDER 48 HOURS
☐ IMPROVED ☐ DIED OVER 48 HOURS
☐ NOT IMPROVED ☐ AUTOPSY

INFECTIONS
☐ NOSOCOMIAL
☐ POST-OP
☐ OTHER
☐ COMMUNITY ACQUIRED

"I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge."

DATE ATTENDING PHYSICIAN

Printed 02/23/2015 06:51 PM

D - 0067

* Auth (Verified) *

PALMETTO HEALTH RICHLAND

EMERGENCY DEPARTMENT RECORD

UNIT RECORD	DATE	TIME	BIRTH DATE	AGE	MOTHER'S MAIDEN NAME	SEX	MARITAL STATUS	RACE	PATIENT TYPE	PATIENT NO
	02/23/2015	11:34		Y		M	U	84	EQR	1505401814

NAME, ADDRESS: DILLON, EDMUND
SOCIAL SECURITY NUMBER:
FINANCIAL DATA:
ACCIDENT DATE AND TIME:
PHONE: (803)438-4404
REFERRING PHYSICIAN:
ADMITTING PHYSICIAN: 999 EMS, EMS

PATIENT: DILLON, EDMUND
SOCIAL SECURITY NUMBER: 251-21-7227
RELATIONSHIP: Self
PHONE: (803)438-4404
MODE OF ARRIVAL:
VALUABLES: ☐ YES ☐ NO WHERE?
BELONGINGS: ☐ HOME ☐ WITH PATIENT OTHER:

CHIEF COMPLAINT: FALL
DATE OF LAST VISIT: 07/28/2005
LAST TETANUS:
TIME TO TREATMENT:

EMS: VITAL SIGNS TEMP ☐ ORAL ☐ RECTAL PULSE RESP BLOOD PRESS PULSE OX
IMP.:
NURSE'S SIGNATURE:

ED: VITAL SIGNS TEMP ☐ ORAL ☐ RECTAL PULSE RESP BLOOD PRESS PULSE OX
WEIGHT:
TIME OUT:

HISTORY:
ALLERGIES:
TIME:
LABS AND X-RAY:

NO RELEVANT ORD

ROS:
REST OF ROS:

FH:
SH:

PMH / MEDS:

PHYSICAL:

CLINICAL IMPRESSION:

TREATMENT:

DW#07219

○ Activate Trauma Care Set

DISPOSITION/SPECIAL PATIENT INSTRUCTIONS:

PRESENT AND REVIEWED WITH RESIDENT:

CONDITION OF DISCHARGE: ☐ SAME ☐ IMPROVED ☐ OTHER
EXPLAIN:
ADMIT ROOM: 503-2
TIME SEEN BY MD:
RESIDENT SIGNATURE:
MEETS PRUDENT LAYPERSON: ☐ YES ☐ NO
ATTENDING SIGNATURE:

780041001(1/02)

D - 0068

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/23/2015 20:40 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Drawdy PA-C,Karen M (2/23/2015 20:45 EST)
SIGN INFORMATION:	Toussaint MD,Charles P (2/24/2015 08:18 EST); Drawdy PA-C,Karen M (2/23/2015 20:45 EST)

Neurosurgery Progress Note

Patient: **DILLON, EDMUND** MRN: **FIN: R1505401814**
Age: Sex: DOB:
Associated Diagnoses: **None**
Author: **Drawdy PA-C, Karen M**

Chief Complaint

SAH, SDH with midline shift on head CT

History of Present Illness

56 y/o that fell today and brought to ER. Head CT revealed SAH and SDH with midline shift and neurosurgery was consulted. Patient has decompensated while in the ER and is about to get intubated. He is drowsy at time of exam and unable to communicate or contribute to history.

POD#0 right craniectomy for SDH

Review of Systems
Unable to obtain due to patients condition

Health Status
Allergies: Unable to obtain due to patients condition

Current medications: Unable to obtain due to patients condition

Problem list:
Active Problems (3)
At risk of venous thromboembolus
Cirrhosis
Frequent falls

home meds: none

Histories
Past Medical History:
Resolved
Alcoholism (SNOMED CT 792E1B04-FED7-48CF-9C4C-9C74AABCAAF5): Resolved., unknown due to patient's conditon
Family History: unknown due to patient's conditon
Procedure history: unknown due to patient's conditon
Social History
unknown due to patient's conditon.

Physical Examination
VS/Measurements
Vital Signs

02/23/15 20:00	Heart Rate Monitored	84 bpm	Normal
02/23/15 19:00	Heart Rate Monitored	90 bpm	Normal
02/23/15 18:59	Heart Rate Monitored	85 bpm	Normal
02/23/15 15:15	Heart Rate Monitored	77 bpm	Normal
02/23/15 15:09	Heart Rate Monitored	78 bpm	Normal
02/23/15 15:05	Heart Rate Monitored	79 bpm	Normal
02/23/15 14:48	Heart Rate Monitored	79 bpm	Normal
02/23/15 13:47	Heart Rate Monitored	74 bpm	Normal

MRP Clinical Documentation

02/23/15 13:34	Heart Rate Monitored	76 bpm Normal
02/23/15 12:35	Heart Rate Monitored	82 bpm Normal
02/23/15 11:35	Heart Rate Monitored	80 bpm Normal

Vitals Signs (last 24 hrs)	Maximum		Last Charted		Minimum	
Temp		98.5	(FEB 23 20:00)		98.5	(FEB 23 20:00)
	98.3	(FEB 23 11:35)				
Resp Rate		19	(FEB 23 20:00)		14	(FEB 23 13:47)
	H 24	(FEB 23 11:35)				
SBP						
	119	(FEB 23 20:00)	94	(FEB 23 13:34)	140	(FEB 23 14:48)
DBP						
	71	(FEB 23 20:00)	71	(FEB 23 20:00)	87	(FEB 23 14:48)

General: intubated. does not follow commands. withdraws to pain. .
Eye: icteric sclera bilateral, pupils pinpoint bilateral.
HENT: laceration to back of head, post op dressing in place. drain in place. .
Neck: c collar.
Respiratory: intubated.
Cardiovascular: Normal rate.
Musculoskeletal: left sided weakness, does not follow commands. withdraws to pain all four extremities. .
Integumentary: jaundiced.
Neurologic: decreased sensation and movement on left side prior to craniectomy, Not alert.
Glasgow Coma Scale: Eye opening response (No response = 1), Motor response (Withdraws from noxious stimulus = 4), Verbal response (Mute = 1), Total score 6 (intubated).
Psychiatric: Cooperative.

Review / Management

Results review:

Labs (Last four charted values)

WBC		
	10.7	(FEB 23)
Hgb	L 11.8	(FEB 23)
Hct	L 37.5	(FEB 23)
Plt	L 127	(FEB 23)
Na	C 118	(FEB 23)

K	L 3.1	(FEB 23)		
CO2	25	(FEB 23)		
Cl	L 82	(FEB 23)		
Cr	1.2	(FEB 23)		
BUN				
	H 26	(FEB 23)		
Glucose		H 118	(FEB 23)	
Ca	L 8.1	(FEB 23)		
INR	1.6	(FEB 23)	1.7	(FEB 23)
PTT	33.9	(FEB 23)	H 39.9	(FEB 23).

Radiology results:
CT head:

SUMMARY:

1. Right frontal hematoma size dimensions given above the peripheral hypodensity. There is also a 1.6 cm right frontotemporal parietal subdural hematoma with areas of layering low density within as well. Acute on chronic hematomas are suggested. There is also subarachnoid blood within the left Sylvian fissure with a more superolateral globular appearance of blood within the superior aspect of the Sylvian fissure, likely subarachnoid in location as well. Extended followup recommended.
2. 9 mm right to left midline shift due to mass effect from the right-sided hematoma as described.

CT cervical spine:

IMPRESSION:

No fractures or subluxation within the cervical spine with moderate to marked canal stenosis at the C5-C6 secondary to posterior spinal disc bulging. There is also degenerative disc disease present at the C3-C4, C4-C5, and C6-C7 levels without significant canal stenosis suggested at C3-C4 with minimal encroachment upon the canal suggested at the C4-C5 and C6-C7 levels. Left-sided neural foraminal stenosis present at the C6-C7, bilateral neural foraminal stenosis suggested at the C5-C6 and right-sided neural foraminal stenosis suggested at the C4-C5 level.

Impression and Plan

SDH, SAH
Plan:
1. Keppra 500 bid

2. repeat HCT in am
3. hold all anticoagulants
4. SBP<160
5. q 1 hour neuro checks
6. drain care
7. Ancef for drain. d/c once drain is pulled.
8. remove dressing on POD#2

Electronically Signed & Verified on 02/23/2015 20:45
by Drawdy PA-C, Karen M

Electronically Signed & Verified on 02/24/15 08:18
by Toussaint MD, Charles P

* Auth (Verified) *

Transfusion Product Tag
DO NOT co[illegible] form if
ALL docume[illegible]on performed in [illegible]ge

PALMET[illegible] HEALTH

Palmetto Health Richland
5 Richland Medic[illegible]
COLUMBIA, SC [illegible]
Transfusion Service

Patient Location: Palmetto Health Richland
Patient: DILLON, EDMUND
MRN: (For Blood Bank Only)
Hospital Account Number:
Blood Bank ID #: NA
DOB: Sex:
Person ABO/Rh: A POS
Accession #:
Admitting Physician: Ems, Ems

Product Number: W2017152930 43
Product ABO/Rh: AB POS
Product Type: Plasma <24h Thawed
Product Expiration: 02/24/2015 23:59
Product Volume: 296 mL
Number of Units in Pool:

Ordering Physician:

Transfusion Requirements:	Special Product Testing: Frozen <=24h
Patient Antibodies:	Product Antigens:

At the bedside, we certify that we have identified intended recipient by armband and compared this with blood label and the unit identification. Transfusionist [illegible] Witness [illegible] RN
Transfusion started by [illegible] Date started 2/23/15 Time started 1647
Transfusion completed/stopped by [illegible] Date stopped 2/23/15 Time stopped 1700
Amount Transfused 296 mL

	PRE	15 min				POST
TIME						
TEMP	[illegible]					
PULSE						
RESP	[illegible]					
B.P.						

Blood Warmer used? ☐ NO ☑ YES Filter(s) used: ☑ Std Blood Administration Set ☐ Other
Reaction Noted? ☑ NO ☐ YES If yes, immediately follow suspected transfusion reaction instructions.

SUSPECTED TRANSFUSION REACTION INVESTIG[illegible]
1. STOP THE TRANSFUSION. KVO with saline.
2. Notify physician immediately.
3. Recheck all labels, forms and Pt ID to determine if the intended patient received the correct blood or component.
4. Notify the Blood Bank. Describe manifestations.
5. Obtain urine sample(s). Deliver to lab ASAP.
6. Return the blood bag and all administration IV tubing (excluding the needle) to the Blood Bank immediately.

Reaction Symptoms:
Shock____ Chills____ Fever____ Vomiting____
Tachypnea____ Hypotension____ Hypertension____
Rigor____ Hypoxemia____ Jaundice____ Urticaria____
Bloody Urine____ Anuria____ Oliguria____ Pain____
Diaphoresis____ Anaphylaxis____ Flushing____
Bleeding____ Nausea____ Heat at infusion site____
Localized Edema____ Pruritus____ Dyspnea____

Paul L. Guerry, MD - Medical Director

CHART COPY

D - 0074

* Auth (Verified) *

Transfusion Product Tag
DO NOT co[redacted]e form if
ALL docum[redacted]ion performed in [redacted]ge

PALMET[redacted] HEALTH

Palmetto Health [redacted]hland
5 Richland Medic[redacted]k
COLUMBIA, SC [redacted]03
Transfusion Service

Patient Location: Palmetto Health Richland
Patient: DILLON, EDMUND
MRN: [redacted] (For Blood Bank Only)
Hospital Account Number:
Blood Bank ID #: NA
DOB Sex:
Person ABO/Rh: A POS
Accession #:
Admitting Physician: Ems, Ems

Product Number: W201714238448
Product ABO/Rh: AB POS
Product Type: Plasma <24h Thawed
Product Expiration: 02/24/2015 23:59
Product Volume: 330. mL
Number of Units in Pool:
Ordering Physician:

Transfusion Requirements:	Special Product Testing: Frozen <=24h
Patient Antibodies:	Product Antigens:

At the bedside, we certify that we have identified intended recipient by armband and compared this with blood label and the unit identification. Transfusionist Kumar Witness Megan Bendziewicz RN
Transfusion started by Kumar Date started 2/23/15 Time started 1700
Transfusion completed/stopped by Kumar Date stopped 2/23/15 Time stopped 1728
Amount Transfused 330ml

	PRE	15 min				POST
TIME						
TEMP						
PULSE						
RESP						
B.P.						

Blood Warmer used? ☐ NO ☑ YES Filter(s) used: ☑ Std Blood Administration Set ☐ Other
Reaction Noted? ☑ NO ☐ YES If yes, immediately follow suspected transfusion reaction instructions.

SUSPECTED TRANSFUSION REACTION INVESTIG
1. STOP THE TRANSFUSION. KVO with saline.
2. Notify physician immediately.
3. Recheck all labels, forms and Pt ID to determine if the intended patient received the correct blood or component.
4. Notify the Blood Bank. Describe manifestations.
5. Obtain urine sample(s). Deliver to lab ASAP.
6. Return the blood bag and all administration IV tubing (excluding the needle) to the Blood Bank immediately.

Reaction Symptoms:
Shock_____ Chills_____ Fever_____ Vomiting_____
Tachypnea_____ Hypotension_____ Hypertension_____
Rigor_____ Hypoxemia_____ Jaundice_____ Urticaria_____
Bloody Urine_____ Anuria_____ Oliguria_____ Pain_____
Diaphoresis_____ Anaphylaxis_____ Flushing_____
Bleeding_____ Nausea_____ Heat at infusion site_____
Localized Edema_____ Pruritus_____ Dyspnea_____

Paul L. Guerry, MD - Medical Director

CHART COPY

D - 0075

* Auth (Verified) *

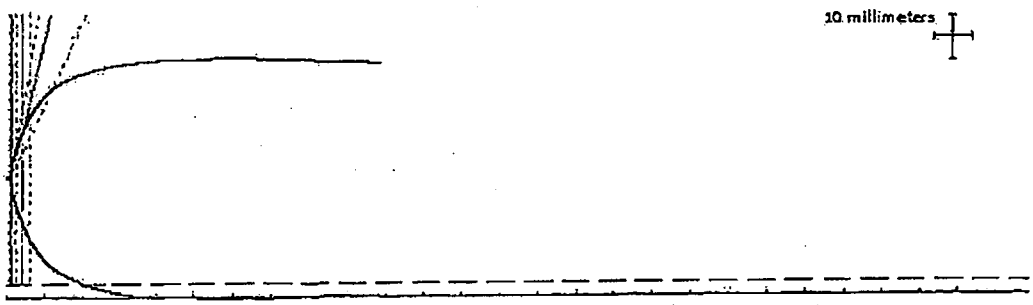
TEG® Analysis

Generated: 2/23/2015 4:14:43PM

Database: C:\TEG\Patients.leg

15-054-003212R
RAP TEG
2.78mL Blue
Baseline
R RC Cons

Patient: DILLON, EDMUND	Sample Date: 2/23/2015
ID:	Time on: 15:23
Birthdate:	Off: 16:12
	Duration: 49 min
Sample type: Citrated RapidTEG	Channel: 2
Description: Trauma	Sample status: Finished
	Temp: 37
Additional notes:	Site ID:
	Operator ID: Temporary Operator
	Ordered by:
	Platelet drugs administered: No
	Bleeding state:
	Patient temperature:
	Accession #:
	Analyzer SN: S101107747



SP	R	K	Angle	MA	PMA	G	EPL	LY30	TEG ACT
min	min	min	deg	mm		d/sc	%	%	sec
0.6	0.7	1.3	75.8	57.7	1.0	6.8K	0.3	0.3	113.0
	0 — 1	1 — 2	64 — 80	52 — 71		5.0K — 11.6K			86 — 118

Result reported:

Reported date:
Reported by:

Sample data:		Units:	Normal values:
SP:	0.6	min	
R:	0.7	min	(0 — 1)
K:	1.3	min	(1 — 2)
Angle:	75.8	deg	(64 — 80)
MA:	57.7	mm	(52 — 71)
PMA:	1.0		
G:	6.8K	d/sc	(5.0K — 11.6K)
EPL:	0.3	%	
LY30:	0.3	%	
TEG ACT:	113.0	sec	(86 — 118)

Interim values are surrounded by asterisks - Results final

Page 1 of 1

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Nursing Documentation

DOCUMENT NAME:	Triage PHED
SERVICE DATE/TIME:	2/23/2015 11:35 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Watson RN,Jennifer D (2/23/2015 12:04 EST)
ELECTRONICALLY SIGNED BY:	Watson RN,Jennifer D (2/23/2015 12:18 EST); Watson RN, Jennifer D (2/23/2015 12:04 EST)

Triage PHED Entered On: 02/23/2015 12:11
Performed On: 02/23/2015 11:35 by Watson RN, Jennifer D

Chief Complaint PHED
ED Mode of Arrival : EMS
ED Chief Complaint : Jaundice
Chief Complaint : Per EMS, pt tripped and fell, denies loc; on arrival pt aaox3, jaundice noted, swollen abdomen noted, rectal bleeding noted MD at bedside and aware, pt states he has been yellow, no appetite and diarrhea for 2 weeks
Temperature Oral : 98.3 DegF
Heart Rate Monitored : 80 bpm
Resp. Rate : 24 br/min (HIGH)
Pulse Ox Sat : 100 %
Systolic : 124 mmHg
Diastolic : 80 mmHg
NIBP Mean Calculated : 95 mmHg
Weight lbs : 160 lb
Height in feet : 6 ft
Height in : 0 inch
Weight kg calculated : 72.73 kg
Height cm Calculated : 182.88 cm
ED Pain Screen : No
Latex Allergy Screen : Open

Watson RN, Jennifer D - 02/23/2015 12:04
Watson RN, Jennifer D - 02/23/2015 12:04

DCP GENERIC CODE
ED Tracking Acuity : 2

Watson RN, Jennifer D - 02/23/2015 12:18

ED Tracking Group : R Tracking Group
ED Triage Nurse : Watson RN, Jennifer D
Foreign Travel : denies
Triage Date-Time : 02/23/2015 12:04
ED RTS Screen : Open Screen
Open Complex Neuro : Yes
Information Obtained From : Patient
Home Meds Listed : Open
Open Past Medical History : Open
Open Procedure History : Yes
Pregnant : N/A
Gynecological Status : N/A
Implantable Devices : None
Communicable Disease Exposure : Other: unknown

Nursing Documentation

Communication Barriers : None
Abuses : Alcohol, Tobacco
Abuse Signs Yes/No : No
Risk for Harm to Self or Others : No
Immunizations : Unknown
Last Tetanus PHA : Unknown
ED Private Physician Call? : Wants EMS to see

Watson RN, Jennifer D - 02/23/2015 12:04

Social History

(As Of: 02/23/2015 12:18:38 EST)

Past Medical History

(As Of : 02/23/2015 12:11:15 EST)

Past Medical History

Alcoholism

Name of Problem: Alcoholism ; *Recorder:* Watson RN, Jennifer D; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 792E1B04-FED7-48CF-9C4C-9C74AABCAAF5 ; *Contributor System:* PowerChart ; *Last Updated:* 02/23/2015 12:10 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

Procedure History

Procedure History

(As Of: 02/23/2015 12:11:17 EST)

Home Medications

Home Medication Information : Home Medication Information Incomplete
Meds given w-in 24 hrs prior to hosp arrival : None of the Above

Watson RN, Jennifer D - 02/23/2015 12:04

Medication List

(As Of: 02/23/2015 12:11:17 EST)

No Known Home Medications

Watson RN, Jennifer D - 02/23/2015 12:10:20

Oxygen Modality-ED
Oxygen Modality : Room Air

Watson RN, Jennifer D - 02/23/2015 12:04

Neuro Triage PHED
Eye Opening Response : Spontaneous
Motor Response : Obeys commands appropriately
Verbal Response : Oriented and converses
Glasgow Coma Score : 15
Stimulation Required : Voice
Stimulation Required : Voice

Watson RN, Jennifer D - 02/23/2015 12:04

Latex Screen
Diagnosed as Latex Allergic : No
Problem-Allergic Rxn to Rubber? : No
Medical Cond. Requiring Many Surgeries : No
Allergic Rxn to any foods : None listed below
Hx of Spina Bifida : No
Rxn During Surgery or Procedure : No

Watson RN, Jennifer D - 02/23/2015 12:04

DOCUMENT NAME:	Admission History
SERVICE DATE/TIME:	2/23/2015 19:55 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Looney RN,Marisa A (2/23/2015 19:55 EST)
ELECTRONICALLY SIGNED BY:	Looney RN,Marisa A (2/24/2015 03:33 EST); Looney RN, Marisa A (2/23/2015 19:55 EST)

Admission History Entered On: 02/23/2015 19:59
Performed On: 02/23/2015 19:55 by Looney RN, Marisa A

Height and Weight
Weight Equipment : Bed
Dosing Weight : 74.8 kg
Dosing Height : 182.88 cm

Looney RN, Marisa A - 02/24/2015 03:33

Height in feet : 6 ft
Height in : 0 inch
Height cm Calculated : 182.88 cm

Looney RN, Marisa A - 02/23/2015 19:55

General Information

Nursing Documentation

Contact Numbers : wife=April Dillon
daughter=Robin Dillon

Looney RN, Marisa A - 02/24/2015 03:33

Chief Complaint : Per EMS, pt tripped and fell, denies loc; on arrival pt aaox3, jaundice noted, swollen abdomen noted, rectal bleeding noted MD at bedside and aware, pt states he has been yellow, no appetite and diarrhea for 2 weeks
Meds given w-in 24 hrs prior to hosp arrival : None of the Above

Looney RN, Marisa A - 02/23/2015 19:55

Mode of Arrival : OR/PACU

Looney RN, Marisa A - 02/24/2015 03:33

~~{ [EMS] -- previously charted by Looney RN, Marisa A at 02/23/2015 19:55 };~~

Information Source-Admission : Patient
Orientation : Hospital, Unit, Room, Orientation Packet, Patient rights-responsibilities
Who Was Oriented : Patient
Type of Housing : Home
Lives With : Significant Other
Education Level : Can Read and Write
Highest Grade Completed : 12th
Patient's Preferred Language: : English
Modes of Communication : Verbal
Communication Barriers : None
Valuables or Belongings Collected : None Collected

Looney RN, Marisa A - 02/23/2015 19:55

Advanced Directives
Advanced Directives : No Living Will, No Health Care Power of Attorney
Treatment Restrictions : No Restrictions

Looney RN, Marisa A - 02/23/2015 19:55

Latex Screen
Diagnosed as Latex Allergic : No
Problem-Allergic Rxn to Rubber? : No
Medical Cond. Requiring Many Surgeries : No
Allergic Rxn to any foods : None listed below
Hx of Spina Bifida : No
Rxn During Surgery or Procedure : No

Looney RN, Marisa A - 02/23/2015 19:55

Allergies
Allergy Information : Allergy Information Complete

Looney RN, Marisa A - 02/23/2015 19:55
(As Of: 02/23/2015 19:59:35 PM EST)

Allergies (Active)
NKA

Estimated Onset Date: Unspecified ; *Created By:* Looney RN, Marisa A; *Reaction Status:* Active ; *Category:* Drug Allergy ; *Substance:* NKA ; *Type:* Allergy ; *Updated By:* Looney RN, Marisa A; *Reviewed Date:* 02/23/2015 19:56

Psychosocial-Cultural
Alcohol Frequency : Daily
Alcohol Amount per Day : wife unsure of amount

Nursing Documentation

Looney RN, Marisa A - 02/24/2015 03:33

Restrictions on Visitors : No
Partner Emotional/Physical Abuse Hx : No
Other Physical Abuse : No
Sexual Abuse : No
Alcohol Use : Current
Recreational Drug Use : None
Body Piercing(s) : No

Looney RN, Marisa A - 02/23/2015 19:55

Social History

(As Of: 02/24/2015 3:44:24 EST)

Tobacco:

Current every day smoker, 10 per day. 30 year(s). Started age 26.0 Years. (Last Updated: 02/23/2015 19:57:44 EST by Looney RN, Marisa A)

Health History
Assistive Devices : None

Looney RN, Marisa A - 02/24/2015 03:33

Current Procedures-Treatments : None
Last Tetanus PHA : Unknown
History of Positive PPD : No
Gynecological Status : N/A
Pregnant : N/A
Communicable Disease Exposure : None
Implantable Devices : None

Looney RN, Marisa A - 02/23/2015 19:55

Past Medical History

(As Of : 02/24/2015 3:44:24 EST)

Past Medical History

Alcoholism

Name of Problem: Alcoholism ; *Recorder:* Watson RN, Jennifer D; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 792E1B04-FED7-48CF-9C4C-9C74AABCAAF5 ; *Contributor System:* PowerChart ; *Last Updated:* 02/23/2015 12:10 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

Skin cancer

Name of Problem: Skin cancer ; *Recorder:* Looney RN, Marisa A; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 2536564013 ; *Contributor System:* PowerChart ; *Last Updated:* 02/24/2015 03:43 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

Procedure History

Procedure History

(As Of: 02/24/2015 3:44:24 EST)

Procedure Dt/Tm: 02/23/2015 17:16:00 EST ; *Location:* PHR Surgery ; *Provider:* Toussaint MD, Charles P; *Anesthesia Type:* General ; : Yates MD, Carl Douglas; *Anesthesia Minutes:* 139 ; *Procedure Name:* Craniotomy (Right) ; *Procedure Minutes:* 70 ; *Comments:* 02/23/2015 18:53 - Kerns RN, Barry P auto-populated from documented surgical case ; *Clinical Service:* Surgery ; *Last Reviewed Dt/Tm:* 02/23/2015 17:16:00 EST

Family History

Family History

(As Of: 02/24/2015 3:44:25 EST)

Pneumococcal and Influenza Evaluation
Reg PN Template Pneumococcal Vaccine Hx : Pneumococcal Immunization History:
No qualifying data available

Reasons for No Immunization Administration:
No qualifying data available
Pneumococcal Vaccine Status : Never received pneumococcal vaccine
Reg PN Pneumo Contraindication Reason vD : None
Reg PN Pneumonia Eligibility : No indications
Reg PN Template Influenza Vaccine Hx : Influenza Immunization History:
No qualifying data available

Reasons for No Immunization Administration:
No qualifying data available
Influenza Vaccine Status : Not received this flu season
Reg PN Influenza Not Given Reason vB : None
Reg PN Influenza Eligibility : Age over 6 months
Reg PN Influenza Vaccine Refusal vA : Yes
Influenza Vaccine Refusal Reason : Other: fam refused

Looney RN, Marisa A - 02/23/2015 19:55

Discharge Preparation
Admit to Inpatient Status Order Detail : At least 2 Midnights , 02/23/15 14:56:00
Concierge Pharmacy : No
Patient Preferred Pharmacies Identified : No
Follow-Up Appt Already Scheduled : No
Cardiac Monitor : Critical Care or High Risk

Looney RN, Marisa A - 02/24/2015 03:33

Nursing Direct Charting

Vital Signs

		Recorded Time	23:00 EST	22:00 EST	21:27 EST
		Recorded By	Looney RN,Marisa A	Looney RN,Marisa A	Solomon RCP,Angela C
		Recorded Date	2/23/2015	2/23/2015	2/23/2015
Procedure	Units	Reference Range			
Temperature Bladder	DegC	[36-38]	37.6	37.5	-
Temperature Bladder,degF	DegF	[96-102]	99.7	99.5	-
Heart Rate Monitored	bpm	[60-100]	86	86	85
Respiratory Rate	br/min	[12-20]	21"	24"	-
Pulse Ox Sat	%		100	100	100
NIBP Systolic	mmHg		108	104	-
NIBP Diastolic	mmHg		49	54	-
NIBP Mean Calculated	mmHg		68	71	-
NIBP Mean Monitored	mmHg		64	-	-
Invasive Systolic BP	mmHg		95	126	-
Invasive Diastolic BP	mmHg		57	52	-
Invasive MAP	mmHg		75	72	-
RASS			-5	-4	-

		Recorded Time	21:00 EST	20:00 EST	19:55 EST
		Recorded By	Looney RN,Marisa A	Looney RN,Marisa A	Looney RN,Marisa A
		Recorded Date	2/23/2015	2/23/2015	2/23/2015
Procedure	Units	Reference Range			
Dosing Height	cm		-	-	182.88
Clinical Height cm	cm		-	-	182.88
Dosing Weight	kg		-	-	74.8
Temperature Oral	DegF	[96-102]	-	98.5	-
Temperature Bladder	DegC	[36-38]	37.4	-	-
Temperature Bladder,degF	DegF	[96-102]	99.3	-	-
Heart Rate Monitored	bpm	[60-100]	85	84	-
Respiratory Rate	br/min	[12-20]	18	19	-
Pulse Ox Sat	%		100	100	-
Oxygen Modality			-	ET Tube, Ventilator	-
NIBP Systolic	mmHg		114	119	-
NIBP Diastolic	mmHg		72	71	-
NIBP Mean Calculated	mmHg		86	87	-
NIBP Mean Monitored	mmHg		83	86	-
Invasive Systolic BP	mmHg		115	119	-
Invasive Diastolic BP	mmHg		46	56	-
Invasive MAP	mmHg		64	75	-
Pulse Equipment			-	Monitor	-
NIBP Cuff Site			-	Right arm	-
NIBP Position			-	Lying	-
NIBP Equipment			-	Automatic	-
Pulse Ox Monitoring			-	Continuous	-
RASS			-4	-4	-

		Recorded Time	19:15 EST	19:00 EST	18:59 EST
		Recorded By	Looney RN,Marisa A	Looney RN,Marisa A	Yuhas RCP,Kimberly E
		Recorded Date	2/23/2015	2/23/2015	2/23/2015
Procedure	Units	Reference Range			
Heart Rate Monitored	bpm	[60-100]	-	90	85
Respiratory Rate	br/min	[12-20]	-	23"	-
Pulse Ox Sat	%		100	99	100

Nursing Direct Charting

Vital Signs

Procedure	Units	Reference Range	Recorded Time: 19:15 EST Recorded By: Looney RN,Marisa A Recorded Date: 2/23/2015	19:00 EST Looney RN,Marisa A 2/23/2015	18:59 EST Yuhas RCP,Kimberly E 2/23/2015
Pulse Ox Probe Site			-	-	Left Finger
FiO2	%		40	-	-
Oxygen Modality			ET Tube	-	-
NIBP Systolic	mmHg		-	132	-
NIBP Diastolic	mmHg		-	83	-
NIBP Mean Calculated	mmHg		-	99	-
NIBP Mean Monitored	mmHg		-	100	-
Invasive Systolic BP	mmHg		-	137	-
Invasive Diastolic BP	mmHg		-	68	-
Invasive MAP	mmHg		-	92	-
Pulse Ox Monitoring			Continuous	-	-
RASS			-4	-	-

Procedure	Units	Reference Range	Recorded Time: 15:15 EST Recorded By: Gary RCP,Cheryl A Recorded Date: 2/23/2015	15:15 EST Grosse RN,Jennifer E 2/23/2015	15:09 EST Grosse RN,Jennifer E 2/23/2015
Heart Rate Monitored	bpm	[60-100]	77	-	-
Respiratory Rate	br/min	[12-20]	-	17	17
Pulse Ox Sat	%		100	-	-
Pulse Ox Probe Site			Left Finger	-	-
NIBP Systolic	mmHg		-	117	-
NIBP Diastolic	mmHg		-	80	-
NIBP Mean Calculated	mmHg		-	92	-

Procedure	Units	Reference Range	Recorded Time: 15:09 EST Recorded By: Gary RCP,Cheryl A Recorded Date: 2/23/2015	15:05 EST Grosse RN,Jennifer E 2/23/2015	14:48 EST Grosse RN,Jennifer E 2/23/2015
Heart Rate Monitored	bpm	[60-100]	78	79	79
Respiratory Rate	br/min	[12-20]	-	18	16
Pulse Ox Sat	%		100	100	100
Oxygen Modality			-	-	Ventilator
NIBP Systolic	mmHg		-	119	140
NIBP Diastolic	mmHg		-	76	87
NIBP Mean Calculated	mmHg		-	90	104
NIBP Mean Monitored	mmHg		-	89	-
Pulse Equipment			-	-	Monitor
Pulse Ox Monitoring			-	-	Continuous

Procedure	Units	Reference Range	Recorded Time: 13:47 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015	13:34 EST Grosse RN,Jennifer E 2/23/2015	12:35 EST Watson RN,Jennifer D 2/23/2015
Heart Rate Monitored	bpm	[60-100]	74	76	82
Respiratory Rate	br/min	[12-20]	14	20	20
Pulse Ox Sat	%		99	97	98
Oxygen Modality			Room Air	Room Air	Room Air
NIBP Systolic	mmHg		121	94	120

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND
Pt. A
Date of Birth:
CMRN: 001376880

MRN: R012719295
FIN: R1505401814

Nursing Direct Charting

Vital Signs

Procedure	Units	Reference Range	Recorded Time: 13:47 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015	13:34 EST Grosse RN,Jennifer E 2/23/2015	12:35 EST Watson RN,Jennifer D 2/23/2015
NIBP Diastolic	mmHg		79	84	80
NIBP Mean Calculated	mmHg		93	87	93
Pulse Equipment			Monitor	Monitor	-
Pulse Ox Monitoring			Continuous	Continuous	Continuous

Procedure	Units	Reference Range	Recorded Time: 11:35 EST Recorded By: Watson RN,Jennifer D Recorded Date: 2/23/2015
Clinical Height cm	cm		182.88
Clinical Weight kg	kg		72.73
Temperature Oral	DegF	[96-102]	98.3
Heart Rate Monitored	bpm	[60-100]	80
Respiratory Rate	br/min	[12-20]	24H
Pulse Ox Sat	%		100
Oxygen Modality			Room Air
NIBP Systolic	mmHg		124
NIBP Diastolic	mmHg		80
NIBP Mean Calculated	mmHg		95

Procedure	Units	Reference Range	Recorded By: Looney RN,Marisa A Recorded Date: 2/23/2015	Looney RN,Marisa A 2/23/2015	Watson RN,Jennifer D 2/23/2015
# of Attempts			-	-	1
Labs Obtained Via			-	-	Drawn off INT
Blue-small			-	-	x 1, Sent To Lab
Gold			-	-	x 2, Sent To Lab
Green			-	-	x 2, Sent To Lab
Lavender (Tube)			-	-	x 1, Sent To Lab
Pink for Type			-	-	x 1, Sent To Lab
Red-small			-	-	x 1, Sent To Lab
Over the needle 20 gauge Left Antecubital 02/23/2015					
Peripheral IV Activity:			Flushed	-	-
Peripheral IV Infiltration Score:			0	-	-
Peripheral IV Drainage Description:			None	-	-
Peripheral IV Site Condition:			No Redness or Edema	-	-
Peripheral IV Patency:			Patent	-	-
Peripheral IV Dressing:			Dry, Intact, Transparent	-	-
Peripheral IV Interventions:			See Below TS	-	-
Peripheral IV Phlebitis Score:			0	-	-
Over the needle 18 gauge Right Lower Forearm 02/23/2015					
Peripheral IV Activity:			Flushed	-	-
Peripheral IV Infiltration Score:			0	-	-

Nursing Direct Charting

Invasive Lines

Procedure	Units	Reference Range	Recorded Time: 20:00 EST Recorded By: Looney RN,Marisa A Recorded Date: 2/23/2015	Recorded Time: 19:15 EST Recorded By: Looney RN,Marisa A Recorded Date: 2/23/2015	Recorded Time: 14:48 EST Recorded By: Watson RN,Jennifer D Recorded Date: 2/23/2015
Peripheral IV Drainage Description:			None	-	-
Peripheral IV Site Condition:			No Redness or Edema	-	-
Peripheral IV Patency:			Patent	-	-
Peripheral IV Dressing:			Dry, Intact, Transparent	-	-
Peripheral IV Interventions:			Elevated extremity	-	-
Peripheral IV Phlebitis Score:			0	-	-
Radial artery Left					
Arterial Line Status:			-	See Below T21	-
Arterial Line Interventions:			-	See Below T24	-
Arterial Line Site Condition:			-	No complications	-
Arterial Line Dressing:			-	See Below T26	-
Arterial Line Dressing Condition:			-	Dry, Intact	-
Arterial Line Drainage Description:			-	None	-

Textual Results

T5: 2/23/2015 20:00 EST (Peripheral IV Interventions:)
Elevated extremity, Secured with transparent dressing

T21: 2/23/2015 19:15 EST (Arterial Line Status:)
Admitted with, Accurate, optimally damped, Blood return, Correlates with manual, Intact, Patent, Secured with tape, Secured with transparent dressing

T24: 2/23/2015 19:15 EST (Arterial Line Interventions:)
Aspirated and flushed, Connections secured, Extremity position corrected, Flushed, Leveled, zeroed, calibrated

T26: 2/23/2015 19:15 EST (Arterial Line Dressing:)
Dry, Intact, Transparent, Antimicrobial Patch Present

Procedure	Units	Reference Range	Recorded Time: 13:53 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015	Recorded Time: 11:35 EST Recorded By: Watson RN,Jennifer D Recorded Date: 2/23/2015
# of Attempts			-	1
Labs Obtained Via			-	With IV insertion
Blue-small			-	x 1, Sent To Lab
Gold			-	x 2, Sent To Lab
Green			-	x 1 / 2, Sent To Lab, Hold *
Lavender (Tube)			-	x 1, Sent To Lab
Pink for Type			-	x 1, Sent To Lab
Red-small			-	x 1, Sent To Lab
Over the needle 20 gauge Left Antecubital 02/23/2015				
Peripheral IV Activity:			-	See Below T1
Peripheral IV Number of Attempts:			-	1
Peripheral IV Drainage Description:			-	None
Peripheral IV Site Condition:			-	No Redness or Edema
Peripheral IV Interventions:			-	See Below T6
Peripheral Lines Comment			-	See Below T7
Over the needle 18 gauge Right Lower Forearm 02/23/2015				
Peripheral IV Activity:			See Below T8	-
Peripheral IV Number of Attempts:			1	-
Peripheral IV Drainage Description:			None	-
Peripheral IV Site Condition:			No Redness or Edema	-
Peripheral IV Patency:			Patent, Blood return	-

Facility Info: Palmetto Health Richland
5 Richland Medical Park
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Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND
Pt. Age:
Date of Birth:
CMRN: 001376880

MRN: R012719295
FIN: R1505401814

Nursing Direct Charting

Invasive Lines

Procedure	Units	Reference Range	Recorded Time: 13:53 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015	11:35 EST Watson RN,Jennifer D 2/23/2015
Peripheral IV Dressing:			See Below T14	-
Peripheral IV Interventions:			See Below T16	-

Textual Results

T1: 2/23/2015 11:35 EST (Peripheral IV Activity:)
Site inspected. No Interventions, Inserted, Flushed

T6: 2/23/2015 11:35 EST (Peripheral IV Interventions:)
Secured with steri-strips, Secured with tape

T7: 2/23/2015 11:35 EST (Peripheral Lines Comment)
Initiated by Oliver, RN. Extra green on ice sent for ammonia.

T8: 2/23/2015 13:53 EST (Peripheral IV Activity:)
Site inspected. No Interventions, Inserted, Flushed, Converted to INT

T14: 2/23/2015 13:53 EST (Peripheral IV Dressing:)
Dry, Intact, Occlusive, Transparent

T16: 2/23/2015 13:53 EST (Peripheral IV Interventions:)
Secured with tape, Secured with transparent dressing

Corrected Results

c2: Green
Corrected from x 2, Sent To Lab, Held on 2/23/2015 12:17 EST by Watson RN, Jennifer D

Nursing Direct Charting

Neuro

Procedure	Units	Reference Range	23:00 EST Looney RN,Marisa A 2/23/2015	22:00 EST Looney RN,Marisa A 2/23/2015
Orientation-LOC			Intubated	-
Right Pupil Size	mm		2	-
Left Pupil Size	mm		2	-
Right Pupil Reaction			Equal	-
Left Pupil Reaction			Equal	-
Right Pupil Description			Pinpoint	-
Left Pupil Description			Pinpoint	-
All Extremities Strength			No Movement	-
All Extremities Tone			Flaccid	-
All Extremities Sensation			Absent	-
Neurological Documentation			System Review Unchanged Except	System Review Unchanged Except
Eye Opening Response			No response	No response
Motor Response			No response	Flexion withdrawal
Verbal Response			No response	No response
Glasgow Coma Score			3	6
Stimulation Required			Deep Pain	Deep Pain
Corneal			Present	Present
Cough Reflex			Present	Present
Gag			Present	Present
Head of Bed			-	35 Degrees

Procedure	Units	Reference Range	21:27 EST Solomon RCP,Angela C 2/23/2015	21:00 EST Looney RN,Marisa A 2/23/2015
Neurological Documentation			-	System Review Unchanged
Head of Bed			35 Degrees	-

Procedure	Units	Reference Range	20:00 EST Looney RN,Marisa A 2/23/2015	19:15 EST Looney RN,Marisa A 2/23/2015
Orientation-LOC			-	Intubated
Symmetry of Face			-	Symmetrical
Characteristics of Speech			-	Artificial airway
Neuro Interventions			-	See Below[T47]
Right Pupil Size	mm		-	2
Left Pupil Size	mm		-	2
Right Pupil Reaction			-	Equal
Left Pupil Reaction			-	Equal
Right Pupil Description			-	Pinpoint
Left Pupil Description			-	Pinpoint
Left Upper Extremity Strength			-	Flicker Muscle
Left Upper Extremity Tone			-	Normal
Left Upper Extremity Sensation			-	Present
Right Upper Extremity Strength			-	Overcomes Grav.
Right Upper Extremity Tone			-	Normal
Right Upper Extremity Sensation			-	Present
Left Lower Extremity Strength			-	Flicker Muscle

Nursing Direct Charting

Neuro

Procedure	Units	Reference Range	Recorded Time: 20:00 EST Recorded By: Looney RN,Marisa A Recorded Date: 2/23/2015	Recorded Time: 19:15 EST Recorded By: Looney RN,Marisa A Recorded Date: 2/23/2015
Left Lower Extremity Tone			-	Normal
Left Lower Extremity Sensation			-	Present
Right Lower Extremity Strength			-	Overcomes Grav.
Right Lower Extremity Tone			-	Normal
Right Lower Extremity Sensation			-	Present
Neurological Documentation			System Review Unchanged	Neuro Documentation
Eye Opening Response			-	No response
Motor Response			-	Localizes to painful stimuli
Verbal Response			-	No response
Glasgow Coma Score			-	7
Stimulation Required			-	Deep Pain
Corneal			-	Present
Cough Reflex			-	Present
Gag			-	Present
Visited by			Daughter, Sibling, Spouse	-
Family Updated			Verbal	-
Updated by			Nurse, Physician	-
Head of Bed			35 Degrees	35 Degrees

Textual Results
T47: 2/23/2015 19:15 EST (Neuro Interventions)
Seizure precautions, Decrease stimuli, Room darkened, SAH precautions

Procedure	Units	Reference Range	Recorded Time: 18:59 EST Recorded By: Yuhas RCP,Kimberly E Recorded Date: 2/23/2015	Recorded Time: 15:15 EST Recorded By: Gary RCP,Cheryl A Recorded Date: 2/23/2015	Recorded Time: 14:49 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015
Head of Bed			Unable to Elevate	35 Degrees	30 Degrees

Procedure	Units	Reference Range	Recorded Time: 14:03 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015	Recorded Time: 13:54 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015	Recorded Time: 13:40 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015
Orientation-LOC			Lethargic	-	-
Verbal Communication			Difficulty speaking	-	-
Visited by			-	Friend	Daughter
Family Updated			-	-	By phone
Updated by			-	-	Nurse
Head of Bed			-	Flat	-

Procedure	Units	Reference Range	Recorded Time: 13:36 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015	Recorded Time: 12:32 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015	Recorded Time: 12:27 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015
Orientation-LOC			-	-	See Below[T43]
Verbal Communication			-	-	Clear
PERRLA			-	-	Yes
Right Pupil Size	mm		-	-	4
Left Pupil Size	mm		-	-	4

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Nursing Direct Charting

Neuro

Procedure	Units	Reference Range	Recorded Time: 13:36 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015	Recorded Time: 12:32 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015	Recorded Time: 12:27 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015
Right Pupil Reaction			-	-	Equal, Reactive, Brisk
Left Pupil Reaction			-	-	Equal, Reactive, Brisk
Right Pupil Description			-	-	Regular, Round
Left Pupil Description			-	-	Regular, Round
All Extremities Strength			-	-	Normal
All Extremities Tone			-	-	Normal
All Extremities Sensation			-	-	Present
Left Upper Extremity Strength			-	-	Normal
Left Upper Extremity Tone			-	-	Normal
Left Upper Extremity Sensation			-	-	Present
Right Upper Extremity Strength			-	-	Normal
Right Upper Extremity Tone			-	-	Normal
Right Upper Extremity Sensation			-	-	Present
Left Lower Extremity Strength			-	-	Normal
Left Lower Extremity Tone			-	-	Normal
Left Lower Extremity Sensation			-	-	Present
Right Lower Extremity Strength			-	-	Normal
Right Lower Extremity Tone			-	-	Normal
Right Lower Extremity Sensation			-	-	Present
Neurological Documentation			-	-	Neuro Documentation
Visited by			Friend	Support person	-
Head of Bed			Flat	15 Degrees	-

Textual Results
T43: 2/23/2015 12:27 EST (Orientation-LOC)
Alert, Oriented x 3, Follows commands

Procedure	Units	Reference Range	Recorded Time: 11:35 EST Recorded By: Watson RN,Jennifer D Recorded Date: 2/23/2015
Eye Opening Response			Spontaneous
Motor Response			Obeys commands appropriately
Verbal Response			Oriented and converses
Glasgow Coma Score			15
Stimulation Required			Voice

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	19:15 EST Looney RN,Marisa A 2/23/2015	12:27 EST Grosse RN,Jennifer E 2/23/2015
Affect			Unable To Assess		-
Behavioral Interventions			Decrease Stimuli		-
Behavior Documentation			Behavior Documentation		Behavior Documentation

No drainage

		Recorded By:	Looney RN,Marisa A	Grosse RN,Jennifer E
		Recorded Date:	2/23/2015	2/23/2015
Procedure	Units	Reference Range		
Sclera-Both Eyes			Yellow	Yellow
Sclera-L.Eye			-	Yellow
Sclera-Rt.Eye			-	Yellow
EENT Documentation			EENT Documentation	EENT Documentation
Both Eyes			Edema	-
Nasal Condition			Clear, No drainage	Clear, No drainage
Mouth			No problems observed/reported	-
Teeth			Dental Caries, Missing	-
Throat			No problems observed/reported	-

		Recorded By	Looney RN,Marisa A	Grosse RN,Jennifer E
		Recorded Date	2/23/2015	2/23/2015
Procedure	Units	Reference Range		
Artificial Airway			ET Tube	-
Artificial Airway Secured			See Below [T60]	-
Endotracheal Tube Size			7.5	-
ET Tube Taped/Locked at	cm		24	-
Activity During Pulse Ox			Resting in bed	-
All Lobes			Coarse	-
Respiratory Pattern			Regular, Unlabored, Assisted	-
ET secretions amount			Small	-
ET secretions color			Tan/Beige	-
ET secretions character			Thick	-
Suctioning			Done	-
Respiratory Comment			-	See Below [T68]
Respiratory Documentation			Respiratory Documentation	-
RT Vent Settings/Documentation Reviewed			Yes	-
Tracheal Position			Midline	-
Chest Motion			Symmetrical	-

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5 Richland Medical Park
Columbia, SC 29203-

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Pt. A
Date of Birth:
CMRN: 001376880

MRN: R012719295
FIN: R1505401814

Nursing Direct Charting

Respiratory

Textual Results
T60: 2/23/2015 19:15 EST (Artificial Airway Secured)
Lock, Artificial Airway Secure Device Holder
T66: 2/23/2015 14:37 EST (Respiratory Comment)
pt intubated by Dr Peter Smith with a 7.5 ET tube at 23@ the lips.

		Recorded Time	12:27 EST
		Recorded By	Grosse RN,Jennifer E
		Recorded Date	2/23/2015
Procedure	Units	Reference Range	
All Lobes			
Respiratory Pattern			Clear
Chest Expansion			Regular, Unlabored
Respiratory Documentation			Equal Bilaterally
			Respiratory Documentation

Nursing Direct Charting

Cardiovascular

		Recorded Time	22:00 EST	20:00 EST	19:55 EST
		Recorded By	Looney RN,Marisa A	Looney RN,Marisa A	Looney RN,Marisa A
		Recorded Date	2/23/2015	2/23/2015	2/23/2015
Procedure	Units	Reference Range			
Rhythm Status			-	Normal Sinus	-
Cardiac Monitor			-	-	Critical Care or High Risk
Sequential Compression Device			Off	On	-

		Recorded Time	19:15 EST	14:48 EST	13:47 EST
		Recorded By	Looney RN,Marisa A	Grosse RN,Jennifer E	Grosse RN,Jennifer E
		Recorded Date	2/23/2015	2/23/2015	2/23/2015
Procedure	Units	Reference Range			
Rhythm Status			Normal Sinus	Normal Sinus	Normal Sinus
Jugular Vein Distention			JVD Absent	-	-
Nails			Pink	-	-
Brachial Pulse-Left			2+ Normal	-	-
Brachial Pulse-Right			2+ Normal	-	-
Radial Pulse-Left			2+ Normal	-	-
Radial Pulse-Right			2+ Normal	-	-
Dorsalis Pedis Pulse-Left			2+ Normal	-	-
Dorsalis Pedis Pulse-Right			2+ Normal	-	-
Posttibial Pulse-Left			1+ Thready	-	-
Posttibial Pulse-Right			1+ Thready	-	-
Heart Sounds			S1S2	-	-
Cardiac Monitor			Critical Care or High Risk	-	-
CV Lead			Lead II	-	-
V Leads			V1	-	-
Chest Discomfort			Absent	-	-
Cardiovascular Documentation			Cardiovascular Documentation	-	-
Capillary Refill Left Hand			2 Seconds	-	-
Capillary Refill Right Hand			2 Seconds	-	-
Capillary Refill Left Foot			2 Seconds	-	-
Capillary Refill Right Foot			2 Seconds	-	-
Abdomen Edema			Dependent, Non-Pitting	-	-
Bilateral Upper Leg Edema			Dependent	-	-
Bilateral Lower Leg Edema			1+ (2mm) Pitting	-	-
Bilateral Ankle Edema			3+ (6mm) Pitting	-	-
Bilateral Pedal Edema			3+ (6mm) Pitting	-	-

		Recorded Time	13:34 EST	12:27 EST
		Recorded By	Grosse RN,Jennifer E	Grosse RN,Jennifer E
		Recorded Date	2/23/2015	2/23/2015
Procedure	Units	Reference Range		
Rhythm Status			Normal Sinus	-
Radial Pulse-Left			-	2+ Normal
Radial Pulse-Right			-	2+ Normal
Dorsalis Pedis Pulse-Left			-	1+ Thready
Dorsalis Pedis Pulse-Right			-	1+ Thready
Heart Sounds			-	S1S2, Loud
Chest Discomfort			-	Absent
Cardiovascular Documentation			-	Cardiovascular Documentation

		Recorded Time	19:15 EST	19:40 EST
		Recorded By	Looney RN,Marisa A	Grosse RN,Jennifer E
		Recorded Date	2/23/2015	2/23/2015
Procedure	Units	Reference Range		
All Quadrants			Active	-
GI Character			Distended, Firm, Full, Rounded	-
GI Signs and Symptoms			No Complaints	-
Anal-Rectal			See Below T67	-
Interventions -GI			HOB 30 degrees	-
Gastrointestinal Documentation			Gastrointestinal Documentation	-
GI Tubes:			OG Tube	OG Tube
GI Tube Location:			Oral	Oral
GI Tube Site:			Intact	Intact
GI Tube Status:			See Below T72	-
GI Tube Suction:			Low continuous suction	-
Output Source-GI:			Gastric	-
Output Description-GI:			Small, Brown, Green, Liquid	-
Feeding			NPO	-

Textual Results

T67: 2/23/2015 19:15 EST (Anal-Rectal)
Hemorrhoids, Reddened, Other: scant blood

T72: 2/23/2015 19:15 EST (GI Tube Status:)
Patent, Flushed, Position Checked

		Recorded Time	12:27 EST
		Recorded By	Grosse RN,Jennifer E
		Recorded Date	2/23/2015
Procedure	Units	Reference Range	
GI Character			Firm, Rounded
Anal-Rectal			Bleeding, Prolapsed
Gastrointestinal Documentation			Gastrointestinal Documentation

		Recorded Time	19:39 EST	14:59 EST	12:23 EST
		Recorded By	Wight PST -NT,Chase B	Wight PST -NT,Chase B	Grosse RN,Jennifer E
		Recorded Date	2/23/2015	2/23/2015	2/23/2015
Procedure	Units	Reference Range			
Bladder			-	-	Nondistended
Bladder Control			-	-	Continent
Renal-Urinary Documentation			-	-	Renal/Urinary Documentation
Date-Time Foley Inserted			2/23/2015 14:51 EST	2/23/2015 14:51 EST	-
Foley Inserted By:			-	Wight PST - NT, Chase B	-
Urine Source-Device:			Foley Catheter	-	-
Urine Color:			Amber	-	-
Urine Character:			Clear	-	-
R-U Status-Intervention:			Urine Specimen Sent	-	-

Procedure	Units	Reference Range		
		Recorded Time	18:15 EST	12:27 EST
		Recorded By	Looney RN,Marisa A	Grosse RN,Jennifer E
		Recorded Date	2/23/2015	2/23/2015
Breast-Genital Anatomy:			Penis	-
Reproductive Description:			See Below [779]	-
Reproductive Discharge-Drainage:			Scant, Bloody	-
Reproductive Comment			See Below [780]	no complaints
Reproductive Documentation			Reproductive Documentation	Reproductive Documentation

Procedure	Units	Reference Range				
		Recorded Time	13:54 EST	13:40 EST	13:36 EST	12:32 EST
		Recorded By	Grosse RN,Jennifer E	Grosse RN,Jennifer E	Grosse RN,Jennifer E	Grosse RN,Jennifer E
		Recorded Date	2/23/2015	2/23/2015	2/23/2015	2/23/2015
Visited by			Friend	Daughter	Friend	Support person
Family Updated			-	By phone	-	-
Updated by			-	Nurse	-	-

Procedure	Units	Reference Range	Recorded By: Recorded Date	Looney RN,Marisa A 2/23/2015	Looney RN,Marisa A 2/23/2015	Watson RN,Jennifer D 2/23/2015
Bony Prominences Inspected			-	Yes	-
Skin Color:			-	Jaundiced	Jaundiced
Skin Temperature:			-	Warm	Warm
Skin Condition			-	Not Intact, Dry, Thin/Fragile	Not Intact
Skin Turgor			-	Normal	Normal
Mucous Membrane Description			-	Intact, Pink, Moist/Wet	-
Skin Preventive Measures			See Below T125	See Below T126	-
PUP Management Device			See Below T168	See Below T169	-
Integumentary Comment			-	2 rn skin check with Evonne	See Below T175
Integumentary Documentation			-	Integumentary System WNL	-

Textual Results

T125: 2/23/2015 20:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Heels Off-Loaded with Pillows, Position w/ pillows

T126: 2/23/2015 19:15 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Heels Off-Loaded with Pillows, Position w/ pillows

T168: 2/23/2015 20:00 EST (PUP Management Device)
Floating Heels, Low Air Loss Mattress, Pillow for Positioning

T169: 2/23/2015 19:15 EST (PUP Management Device)
Floating Heels, Low Air Loss Mattress, Pillow for Positioning

T175: 2/23/2015 15:36 EST (Integumentary Comment)
reddness and excoriation with bleeding noted to rectum and between gluteal folds; hemorrhoids noted with protruding tissue from rectum

Procedure	Units	Reference Range	Recorded Time: Recorded By: Recorded Date	12:27 EST Grosse RN,Jennifer E 2/23/2015
Integumentary Comment				See Below T175
Integumentary Documentation				Integumentary Documentation

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND
Pt. Ag
Date of Birth:
CMRN: 001376880

MRN: R012719295
FIN: R1505401814

Nursing Direct Charting

Wounds-Tubes-Dressings-Drains

		Recorded Time	15:36 EST
		Recorded By	Watson RN,Jennifer D
		Recorded Date	2/23/2015
Procedure	Units	Reference Range	
Pressure Ulcer Present On Admission			Yes

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND
Pt. Age:
Date of Birth
CMRN: 001376880

MRN: R012719295
FIN: R1505401814

Nursing Direct Charting

Musculoskeletal System

Procedure	Units	Reference Range	Recorded Time: 23:00 EST Recorded By: Looney RN,Marisa A Recorded Date: 2/23/2015	Recorded Time: 19:15 EST Recorded By: Looney RN,Marisa A Recorded Date: 2/23/2015
Musculoskeletal Documentation			System Review Unchanged Except	Musculoskeletal Documentation
Musculoskeletal Site:			All Extremities	All Extremities
Left Arm Movement			No Response	Spastic Flexion
Right Arm Movement			No Response	Spastic Flexion
Left Leg Movement			No Response	Spastic Flexion
Right Leg Movement			No Response	Spastic Flexion

Procedure	Units	Reference Range	Recorded Time: 12:27 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015
Musculoskeletal Documentation			Musculoskeletal Documentation
Musculoskeletal Condition:			Normal
Musculoskeletal Site:			All Extremities

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	12:27 EST Grosse RN,Jennifer E 2/23/2015	11:35 EST Watson RN,Jennifer D 2/23/2015
Safety			See Below T2D/	-
Risk for Harm to Self or Others			-	No
Suicide Risk			No	-
Abuse Signs Yes/No			-	No
Abuse Signs			No indications	-
History of Fall in Last 3 Months Morse			Yes	-
Presence of Secondary Diagnosis Morse			Yes	-
Use of Ambulatory Aid Morse			None, bedrest, wheelchair, nurse	-
IV/INT Fall Risk Morse			Yes	-
Gait Weak or Impaired Fall Risk Morse			Normal, bedrest, immobile	-
Mental Status Fall Risk Morse			Oriented to own ability	-
Morse Fall Risk Score			60	-
Participative in Fall Prevention			Yes	-

Procedure	Units	Reference Range	22:00 EST	22:00 EST	20:00 EST
		Recorded By	Looney RN,Marisa A	Looney RN,Marisa A	Looney RN,Marisa A
		Recorded Date	2/23/2015	2/23/2015	2/23/2015
Patient Activity					
Positioned			In bed, Repositioned	-	In bed, Repositioned
Person Contacted			Left Side	-	Right Side
Regarding			-	Physician's Assistant	-
Care Provider Name			-	Other: temp parameters	-
Notification Response			-	karen Drawdy	-
Activity Response			-	See Below T229	-
Activity Assistance			Tolerated	-	Tolerated
Antiembolism Device Removal Reason			Two person assistance	-	Two person assistance
			ADL care	-	-

Textual Results

T229: 2/23/2015 22:00 EST (Notification Response)
By Telephone, Notified, Orders Received

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Pt. Age:
Date of Birth
CMRN: 001376880

Nursing Direct Charting

Patient Activity

		Recorded Time	16:32 EST	15:54 EST
		Recorded By	Grosse RN,Jennifer E	Grosse RN,Jennifer E
		Recorded Date	2/23/2015	2/23/2015
Procedure	Units	Reference Range		
Other Response Details			Report given to CRNA, OR 17.	Neurosurgery paged.

		Recorded Time	15:51 EST	15:36 EST
		Recorded By	Grosse RN,Jennifer E	Grosse RN,Jennifer E
		Recorded Date	2/23/2015	2/23/2015
Procedure	Units	Reference Range		
Other Response Details			Report given to Ashley RN	Blood bank called for FFP.

		Recorded Time	14:49 EST	13:56 EST	13:54 EST
		Recorded By	Grosse RN,Jennifer E	Grosse RN,Jennifer E	Grosse RN,Jennifer E
		Recorded Date	2/23/2015	2/23/2015	2/23/2015
Procedure	Units	Reference Range			
Patient Activity			In bed	-	In bed
Positioned			See Below T209	-	Flat
Patient Location			ED, In Room	-	ED, In Room
Other Response Details			-	See Below T230	-
Activity Assistance			Two person assistance	-	Two person assistance

Textual Results
T209: 2/23/2015 14:49 EST (Positioned)
Head of Bed <30 Degrees for Pressure Ulcer Prevention
T230: 2/23/2015 13:56 EST (Other Response Details)
Dr Mackie notified of patients decreasing LOC.

		Recorded Time	13:36 EST	12:32 EST
		Recorded By	Grosse RN,Jennifer E	Grosse RN,Jennifer E
		Recorded Date	2/23/2015	2/23/2015
Procedure	Units	Reference Range		
Patient Activity			Awake, In bed	Awake, In bed
Positioned			Flat	Pt Turns Self, Supine/Back
Patient Location			ED, In Room	ED, In Room
Activity Assistance			Two person assistance	One person assistance

		Recorded By:	Grosse RN,Jennifer E
		Recorded Date	2/23/2015
Procedure	Units	Reference Range	
Sensory Perception			Slightly limited (3)
Moisture			Occasionally moist (3)
Activity			Walks occasionally (3)
Mobility Braden			Slightly limited (3)
Nutrition			Probably inadequate (2)
Friction and Shear			Problem (1)
Braden Score			15

CAM Evaluation

		Recorded Time	22:05 EST	20:05 EST
		Recorded By	Looney RN,Marisa A	Looney RN,Marisa A
		Recorded Date	2/23/2015	2/23/2015
Procedure	Units	Reference Range		
Restraint:Airway/Breathing/Circulation			Mechanical Ventilator	Mechanical Ventilator
Restraint:Circulation/Skin			See Below T243	Intact, Broken, Color Normal
Restraint Range of Motion			Done	Done
Privacy Maintained			Done	Done
Restraint Elimination			Urinary collection device	Urinary collection device
Restraint Nutrition/Hydration			IV Fluids	IV Fluids
Restraint Hygiene			Care Done	Care Done
Injury R/T Restraint			No injury	No injury
Restraint Behavior Description			Quiet	Quiet
Condition Requires Continued Restraints			Yes	Yes
Critical Care Airway Protection Soft Bilat Wrist 02/23/2015 14:49				
Restraint Episode Activity:			-	Continue episode
Behavior Requiring Restraint:			-	Artificial airway
Least Restrictive Measures/Alternatives			-	See Below T245
Restraint Notification:			-	Use/Release criteria to family

Textual Results

T243: 2/23/2015 22:05 EST (Restraint: Circulation/Skin)
Intact, Color Normal, Good Circulation

T245: 2/23/2015 20:05 EST (Least Restrictive Measures/Alternatives)
Not appropriate, difficult airway

		Recorded Time	14:49 EST
		Recorded By	Grosse RN,Jennifer E
		Recorded Date	2/23/2015
Procedure	Units	Reference Range	
Restraint:Airway/Breathing/Circulation			Mechanical Ventilator
Restraint:Circulation/Skin			Broken
Restraint Range of Motion			Done
Privacy Maintained			Done
Restraint Elimination			Urinary collection device
Restraint Nutrition/Hydration			IV Fluids
Restraint Hygiene			Care Done

Nursing Direct Charting

Restraint

Procedure	Units	Reference Range	Recorded Time: 14:49 EST Recorded By: Grosse RN,Jennifer E Recorded Date: 2/23/2015
Injury R/T Restraint			No injury
Restraint Behavior Description			Sedated and/or paralyzed
Condition Requires Continued Restraints			Yes
Critical Care Airway Protection Soft Bilat Wrist 02/23/2015 14:49			
Restraint Episode Activity:			Initiate episode
Behavior Requiring Restraint:			Artificial airway
Least Restrictive Measures/Alternatives			Comfort measures
Restraint Notification:			Physician

Direct Charting IView

Delivery

Recorded By	Procedure Units / Reference Range Recorded Date/Time	Transport FiO2 %
Gary RCP,Cheryl A	2/23/2015 16:25 EST	100
McGuire-Wessinger RCP,Stephanie A	2/24/2015 04:58 EST	100
McGuire-Wessinger RCP,Stephanie A	2/24/2015 05:20 EST	100
Yuhas RCP,Kimberly E	2/25/2015 18:45 EST	100

General Information

Recorded By	Procedure Units / Reference Range Recorded Date/Time	Mode of Arrival	Chief Complaint	ED Chief Complaint	Accompanied by-ED
Watson RN,Jennifer D	2/23/2015 11:35 EST	EMS	See Below T248	Jaundice	-
Grosse RN,Jennifer E	2/23/2015 16:33 EST	-	-	-	Self
Looney RN,Marisa A	2/23/2015 19:55 EST	[illegible]	See Below T249	-	-
Williams,Wibert R	2/23/2015 23:59 EST	-	-	Jaundice	-

Textual Results

T248: 2/23/2015 11:35 EST (Chief Complaint)
Per EMS, pt tripped and fell, denies loc; on arrival pt aaox3, jaundice noted, swollen abdomen noted, rectal bleeding noted MD at bedside and aware, pt states he has been yellow, no appetite and diarrhea for 2 weeks

T249: 2/23/2015 19:55 EST (Chief Complaint)
Per EMS, pt tripped and fell, denies loc; on arrival pt aaox3, jaundice noted, swollen abdomen noted, rectal bleeding noted MD at bedside and aware, pt states he has been yellow, no appetite and diarrhea for 2 weeks

Corrected Results

c10: Mode of Arrival
Corrected from EMS on 2/24/2015 03:33 EST by Looney RN, Marisa A

Direct Charting View

General Information

Recorded By	Recorded Date/Time	Procedure Units Reference Range	Private Physician Called in ED?	Acuity	Information Source-Admission
Watson RN,Jennifer D	2/23/2015 11:35 EST		Wants EMS to see	2	-
Looney RN,Marisa A	2/23/2015 19:55 EST		-	-	Patient
Butler RN,Kenneth M	2/24/2015 11:41 EST		-	-	Family, Spouse

Recorded By	Recorded Date/Time	Procedure Units Reference Range	Information Obtained from	Contact Numbers	Orientation	Who Was Oriented
Watson RN,Jennifer D	2/23/2015 11:35 EST		Patient	-	-	-
Looney RN,Marisa A	2/23/2015 19:55 EST		-	See Below T250	See Below T251	Patient
Butler RN,Kenneth M	2/24/2015 11:41 EST		-	See Below T253	-	-

Textual Results
T250: 2/23/2015 19:55 EST (Contact Numbers)
wife=April Dillon 803-727-7497 daughter=Robin Dillon 803-767-1442
T251: 2/23/2015 19:55 EST (Orientation)
Hospital, Unit, Room, Orientation Packet, Patient rights-responsibilities
T253: 2/24/2015 11:41 EST (Contact Numbers)
wife=April Dillon 803-727-7497 daughter=Robin Dillon 803-767-1442

Recorded By	Recorded Date/Time	Procedure Units Reference Range	Type of Housing	Lives With	Education Level	Highest Grade Completed
Looney RN,Marisa A	2/23/2015 19:55 EST		Home	Significant Other	Can Read and Write	12th

Recorded By	Recorded Date/Time	Procedure Units Reference Range	Mode of Communication	Advanced Directives	Treatment Restrictions
Looney RN,Marisa A	2/23/2015 19:55 EST		Verbal	See Below T252	No Restrictions

Textual Results
T252: 2/23/2015 19:55 EST (Advanced Directives)
No Living Will, No Health Care Power of Attorney

Recorded By	Recorded Date/Time	Procedure Units Reference Range	Restrictions on Visitors
Looney RN,Marisa A	2/23/2015 19:55 EST		No

ED Documentation

DOCUMENT NAME:	Triage PHED
SERVICE DATE/TIME:	2/23/2015 11:35 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Watson RN,Jennifer D (2/23/2015 12:04 EST)
ELECTRONICALLY SIGNED BY:	Watson RN,Jennifer D (2/23/2015 12:18 EST); Watson RN, Jennifer D (2/23/2015 12:04 EST)

Triage PHED Entered On: 02/23/2015 12:11
Performed On: 02/23/2015 11:35 by Watson RN, Jennifer D

Chief Complaint PHED
ED Mode of Arrival : EMS
ED Chief Complaint : Jaundice
Chief Complaint : Per EMS, pt tripped and fell, denies loc; on arrival pt aaox3, jaundice noted, swollen abdomen noted, rectal bleeding noted MD at bedside and aware, pt states he has been yellow, no appetite and diarrhea for 2 weeks
Temperature Oral : 98.3 DegF
Heart Rate Monitored : 80 bpm
Resp. Rate : 24 br/min (HIGH)
Pulse Ox Sat : 100 %
Systolic : 124 mmHg
Diastolic : 80 mmHg
NIBP Mean Calculated : 95 mmHg
Weight lbs : 160 lb
Height in feet : 6 ft
Height in : 0 inch
Weight kg calculated : 72.73 kg
Height cm Calculated : 182.88 cm
ED Pain Screen : No
Latex Allergy Screen : Open

Watson RN, Jennifer D - 02/23/2015 12:04
Watson RN, Jennifer D - 02/23/2015 12:04

DCP GENERIC CODE
ED Tracking Acuity : 2

Watson RN, Jennifer D - 02/23/2015 12:18

ED Tracking Group : R Tracking Group
ED Triage Nurse : Watson RN, Jennifer D
Foreign Travel : denies
Triage Date-Time : 02/23/2015 12:04
ED RTS Screen : Open Screen
Open Complex Neuro : Yes
Information Obtained From : Patient
Home Meds Listed : Open
Open Past Medical History : Open
Open Procedure History : Yes
Pregnant : N/A
Gynecological Status : N/A
Implantable Devices : None
Communicable Disease Exposure : Other: unknown

ED Documentation

Communication Barriers : None
Abuses : Alcohol, Tobacco
Abuse Signs Yes/No : No
Risk for Harm to Self or Others : No
Immunizations : Unknown
Last Tetanus PHA : Unknown
ED Private Physician Call? : Wants EMS to see

Watson RN, Jennifer D - 02/23/2015 12:04

Social History

(As Of: 02/23/2015 12:18:38 EST)

Past Medical History

(As Of : 02/23/2015 12:11:15 EST)

Past Medical History

Alcoholism

Name of Problem: Alcoholism ; *Recorder:* Watson RN, Jennifer D; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 792E1B04-FED7-48CF-9C4C-9C74AABCAAF5 ; *Contributor System:* PowerChart ; *Last Updated:* 02/23/2015 12:10 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

Procedure History

Procedure History

(As Of: 02/23/2015 12:11:17 EST)

Home Medications

Home Medication Information : Home Medication Information Incomplete
Meds given w-in 24 hrs prior to hosp arrival : None of the Above

Watson RN, Jennifer D - 02/23/2015 12:04

Medication List

(As Of: 02/23/2015 12:11:17 EST)

No Known Home Medications

Watson RN, Jennifer D - 02/23/2015 12:10:20

ED Documentation

Oxygen Modality-ED
Oxygen Modality : Room Air

Watson RN, Jennifer D - 02/23/2015 12:04

Neuro Triage PHED
Eye Opening Response : Spontaneous
Motor Response : Obeys commands appropriately
Verbal Response : Oriented and converses
Glasgow Coma Score : 15
Stimulation Required : Voice
Stimulation Required : Voice

Watson RN, Jennifer D - 02/23/2015 12:04

Latex Screen
Diagnosed as Latex Allergic : No
Problem-Allergic Rxn to Rubber? : No
Medical Cond. Requiring Many Surgeries : No
Allergic Rxn to any foods : None listed below
Hx of Spina Bifida : No
Rxn During Surgery or Procedure : No

Watson RN, Jennifer D - 02/23/2015 12:04

DOCUMENT NAME: Notifications-Consults PHED
SERVICE DATE/TIME: 2/23/2015 13:56 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Grosse RN,Jennifer E (2/23/2015 13:56 EST)
ELECTRONICALLY SIGNED BY:

Notifications-Consults PHED
02/23/15 01:56 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 01:56 pm

Notifications-Consults PHED

Other Response Details Dr Mackie notified of patients decreasing LOC.

DOCUMENT NAME: Neurological PHED
SERVICE DATE/TIME: 2/23/2015 14:03 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Grosse RN,Jennifer E (2/23/2015 14:03 EST)
ELECTRONICALLY SIGNED BY:

ED Documentation

Neurological PHED
02/23/15 02:03 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 02:03 pm

Neurological PHED

Orientation-LOC	Lethargic
Verbal Communication	Difficulty speaking

DOCUMENT NAME:	Respiratory-ED
SERVICE DATE/TIME:	2/23/2015 14:37 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Grosse RN,Jennifer E (2/23/2015 14:37 EST)
ELECTRONICALLY SIGNED BY:	

Respiratory-ED
02/23/15 02:37 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 02:55 pm

Respiratory-ED

Respiratory Comment	pt intubated by Dr Peter Smith with a 7.5 ET tube at 23@ the lips.

DOCUMENT NAME:	Gastrointestinal PHED
SERVICE DATE/TIME:	2/23/2015 14:40 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Grosse RN,Jennifer E (2/23/2015 14:40 EST)
ELECTRONICALLY SIGNED BY:	

Gastrointestinal PHED
02/23/15 02:40 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 02:55 pm

Gastrointestinal PHED

GI Tube-Yes	Yes

GI Tube Details PHED

GI Tubes:	OG Tube
GI Tube Location:	Oral
GI Tube Site:	Intact

ED Documentation

DOCUMENT NAME: Nurse Tech PHED
SERVICE DATE/TIME: 2/23/2015 14:53 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Wight PST -NT,Chase B (2/23/2015 14:53 EST)
ELECTRONICALLY SIGNED BY:

Nurse Tech PHED
02/23/15 02:53 pm Performed by Wight PST - NT, Chase B
Entered on 02/23/15 02:54 pm

Renal-Urinary-ED Tech

Foley Inserted By: Wight PST - NT, Chase B
Date-Time Foley Inserted 02/23/15 14:51

DOCUMENT NAME: Nurse Tech PHED
SERVICE DATE/TIME: 2/23/2015 15:30 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Wight PST -NT,Chase B (2/23/2015 15:30 EST)
ELECTRONICALLY SIGNED BY:

Nurse Tech PHED
02/23/15 03:30 pm Performed by Wight PST - NT, Chase B
Entered on 02/23/15 03:40 pm

Patient Activity Nurse Tech PHED

EKG Done Yes

DOCUMENT NAME: Notifications-Consults PHED
SERVICE DATE/TIME: 2/23/2015 15:36 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Grosse RN,Jennifer E (2/23/2015 15:36 EST)
ELECTRONICALLY SIGNED BY:

Notifications-Consults PHED
02/23/15 03:36 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 03:36 pm

Notifications-Consults PHED

Other Response Details Blood bank called for FFP.

ED Documentation

DOCUMENT NAME: Nurse Tech PHED
SERVICE DATE/TIME: 2/23/2015 15:39 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Wight PST -NT,Chase B (2/23/2015 15:39 EST)
ELECTRONICALLY SIGNED BY:

Nurse Tech PHED
02/23/15 03:39 pm Performed by Wight PST - NT, Chase B
Entered on 02/23/15 03:39 pm

Renal-Urinary-ED Tech

Urine Source-Device: Foley Catheter
Urine Color: Amber
Urine Character: Clear
R-U Status-Intervention: Urine Specimen Sent
Date-Time Foley Inserted 02/23/15 14:51

DOCUMENT NAME: Notifications-Consults PHED
SERVICE DATE/TIME: 2/23/2015 15:51 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Grosse RN,Jennifer E (2/23/2015 15:51 EST)
ELECTRONICALLY SIGNED BY:

Notifications-Consults PHED
02/23/15 03:51 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 03:51 pm

Notifications-Consults PHED

Other Response Details Report given to Ashley RN

ED Documentation

DOCUMENT NAME: Notifications-Consults PHED
SERVICE DATE/TIME: 2/23/2015 15:54 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Grosse RN,Jennifer E (2/23/2015 15:54 EST)
ELECTRONICALLY SIGNED BY:

Notifications-Consults PHED
02/23/15 03:54 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 03:54 pm

Notifications-Consults PHED

Other Response Details Neurosurgery paged.

DOCUMENT NAME: Notifications-Consults PHED
SERVICE DATE/TIME: 2/23/2015 16:32 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Grosse RN,Jennifer E (2/23/2015 16:32 EST)
ELECTRONICALLY SIGNED BY:

Notifications-Consults PHED
02/23/15 04:32 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 04:32 pm

Notifications-Consults PHED

Other Response Details Report given to CRNA, OR 17.

DOCUMENT NAME: Emergency Dept
SERVICE DATE/TIME: 2/23/2015 16:39 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Mackie MD,Emily L (2/23/2015 16:39 EST)
ELECTRONICALLY SIGNED BY: Ford MD,David T (3/2/2015 09:31 EST); Mackie MD,Emily L (2/26/2015 06:43 EST)

Emergency Dept

PATIENT: DILLON, EDMUND
MR #: 012719295
ADMITTED: 02/23/2015
ACCOUNT #:

DICT: Emily Mackie. MD-R
DOB:
PT.LOC: STU

DATE OF VISITATION: 02/23/2015

ED Documentation

ACCOUNT NUMBER:

ATTENDING PHYSICIAN: David T. Ford, MD

CHIEF COMPLAINT: Fall.

HISTORY OF PRESENT ILLNESS: This is a 56-year-old male presenting after he fell. States he slipped and fell, hit the back of his head. Says he wanted to go back to work, but his firm would not let him. Patient states that he has nontender felt well over the last several days, has not been eating well and did notice that his skin had changed colored, but attributed this to that. States that he has had vomiting and diarrhea and just not felt well, but that today he had a mechanical fall, did not have any syncopal symptoms. Denies any headache, chest pain or increased shortness of breath. He has an abrasion to his back. Patient denies any weakness, any abdominal pain or other complaints.

REVIEW OF SYSTEMS: Denies any recent urinary complaints. Denies any chest pain, shortness of breath. Rest of review of systems negative.

PAST MEDICAL HISTORY: None.

MEDICATIONS: None.

SOCIAL HISTORY: Patient does endorse daily drinking but denies any tobacco or alcohol use.

FAMILY HISTORY: Hypertension.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 98.3, heart rate 79, respiratory rate 18, pulse ox 100 percent on room air, blood pressure 121/79.
GENERAL APPEARANCE: Patient is alert, in full spinal precautions.
HEENT: Abrasions at the back of the occiput, which is currently oozing. Pupils are equal but sclerae are icteric. Slightly dry mucous membranes.
NECK: Supple. No midline step-off or deformity.
LUNGS: Clear to auscultation bilaterally. No wheezes, rales or rhonchi.
HEART: Regular rate and rhythm. No murmurs, rubs or gallops.
ABDOMEN: Soft, distended with hepatomegaly.
EXTERNAL GENITALIA: Patient does have bruising along his sacrum and rectum with rectal prolapse that is reducible. Does have some bright red bleeding due to irritation of the rectum.
MUSCULOSKELETAL: No edema clubbing, cyanosis.
SKIN: The patient is significantly jaundiced.
NEUROLOGICAL: GSC 15.

MEDICAL DECISION MAKING: The patient has no medical history, but given his endorsement of daily alcohol use as well as his physical exam, concern for

ED Documentation

intra-abdominal pathology, hepatitis if this really is acute, or other cause. Will obtain broad-based workup for further evaluation. Also concerned given his concern for liver damage, if he did obtain an intracranial hemorrhage or other injury during the fall.

LABORATORY DATA: EKG showing sinus rhythm at a rate of 79. No ST elevation MI. CBC with a hemoglobin 11.8, platelets 127,000, otherwise within normal limits. INR 1.7, PTT 39. BMP with sodium 118, potassium 3.1, glucose 118, BUN 26, otherwise within normal limits. LFTs with a total protein of 6.1, albumin 2, total bilirubin 23.8 with a direct bilirubin of 18.7, indirect 5.1, alk phos 355. AST 146, ALT 74 otherwise within limits. Ammonia less than 10. Lipase 300. CT head without IV contrast showing a right frontal hematoma size dimensions given at 4.6 x 2.4 mm with accompanying peripheral hypodensity also at 1.6. Right frontotemporal parietal subdural hematoma with areas of layering low density as well. Acute on chronic or subacute hematomas are suggested. There is also subarachnoid blood within the left Sylvian fissure with a more superior lateral globular appearance of the blood within the superior aspect of the Sylvian fissure, likely subarachnoid in location, 9 mm right to left midline shift due to mass effect of the right-sided hematoma. CT cervical spine: No fracture or subluxation. CT abdomen and pelvis with IV contrast pending.

EMERGENCY DEPARTMENT COURSE: The patient was seen upon arrival, full history and physical exam performed. Workup was obtained as stated above and throughout his stay in the ER he continued to have progressive decline in his mental status. With findings on CT scan I have contacted Neurosurgery, and they have come to evaluate the patient. Trauma Surgery has also been aware and they are at the bedside and have decided to intubate for airway protection. Please see their note for full details. Neurosurgery has come to evaluate the patient and plan to take him to the operating room for craniotomy at this time. Family has been updated throughout their stay and agreed to course and plan as well.

IMPRESSION:
1. Acute Intracranial hematoma secondary to blunt trauma (fall).
2. Hyponatremia.
3. Hyperbilirubinemia.
4. Hypokalemia.

DISPOSITION: Patient will be admitted to Trauma Surgery ICU with Neurosurgery consult.

Attending was present for the entire evaluation.

D: 02/23/2015 16:07 T: 02/23/2015 16:39 TID: 420160
Job #: 07219 Doc #: 41264556

ED Documentation

cc: Emily Mackie, MD-R
cc: David T. Ford, MD

I saw and evaluated the patient. I discussed with resident and agree with resident's findings and plan as written. I supervised all above procedures done by the resident. I provided one on one critical care 32 mins for this patient while in above condition. I reviewed the resident's documentation and agree with the resident's assessment and plan of care. Please refer to dictation for critical care times and medical decision making. I supervised all above procedures done by the resident.

Electronically Signed & Verified on 02/26/2015 06:43
by Mackie MD, Emily L

Electronically Signed & Verified on 03/02/15 09:31
by Ford MD, David T

ED Discharge Summary

DOCUMENT NAME:	Discharge Summary PHED
SERVICE DATE/TIME:	2/23/2015 16:33 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Grosse RN,Jennifer E (2/23/2015 16:33 EST)
ELECTRONICALLY SIGNED BY:	

Discharge Summary PHED
02/23/15 04:33 pm Performed by Grosse RN, Jennifer E
Entered on 02/23/15 04:33 pm

Updated on

02/23/15 04:33 pm by Grosse RN, Jennifer E

Discharge Summary PHED

Patient Disposition	Surgery
Mode of Discharge	Stretcher
Assisted By	Nurse
Accompanied by-ED	Self
Reassessment of Chief Complaint-ED	No Change
Current Pain-Yes-No	No
IV/INT Discontinued	No
Valuable-Belonging Return-ED	None taken
Report To	Megan RN and CRNA
Transported With	Monitor, Oxygen, RN
Comments-ED Discharge	Accompanied by Neurosurgery PA
Room Number	OR 17

History and Physical

DOCUMENT NAME:	Trauma History and Physical
SERVICE DATE/TIME:	2/23/2015 15:13 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Smith MD,Peter G (2/23/2015 15:13 EST)
ELECTRONICALLY SIGNED BY:	Jones MD,Mark A (2/24/2015 08:18 EST); Smith MD,Peter G (2/23/2015 15:13 EST)

Trauma History and Physical Entered On: 02/23/2015 15:42
Performed On: 02/23/2015 15:13 by Smith MD, Peter G

Trauma Team
Tr Trauma Type : Trauma Consult
Trauma Attending : Jones MD, Mark A
Trauma Consultants : Neurosurgery

Smith MD, Peter G - 02/23/2015 15:13

Pre-Hospital/ED Arrival
Tr Condition on Arrival : 56 yo male with no stated hx presents after ground level fall. Jaundiced on arrival in ED. Pt AAOx3 on arrival per ED staff, but mental status progressively deteriorated over 2 hours. CT head showed large R SDH with midline shift. Pt intubated for GCS 8.
Tr Unbale to Score : Unable to score pain
Mechanism of Injury : Fall
Location of Injury : Head
Tr Pre-Hospital Treatment : C-collar
Tr Pre-Hospital Transportation : Ambulance
Tr Arr Temp : 98.3 DegC
Tr Arr Pulse : 80
Tr Arr Resp : 24
Tr Arr Systolic : 124 mmHg
Tr Arr Diastolic : 80 mmHg
Tr Arrival GCS : 15
Tr Arrival O2 Sat : 100 %

Smith MD, Peter G - 02/23/2015 15:13

Patient History/ROS
Tr Unable to Obtain : See detailed patient history
Tr Past Medical History : Negative
Tr Past Surgical History Status : None
Tr Medication Status : None
Tr Allergy Status : NKDA
Tr Social History : ETOH Daily, Tobacco
Tr Pack Years : unknown
Tr Family History : Unable To Obtain
Tr Last Meal : Unknown
Tr Last Tetanus : Unknown
Tr Review of Systems : Unable To Obtain
Tr Patient Status ROS : Pt intubated

Smith MD, Peter G - 02/23/2015 15:13

Primary Survey
Tr Airway : C-Spine Precautions, Intubated in ED

History and Physical

Tr Intubate Indication : High risk for deterioration, Low GCS
Tr Intubation Performed By : Smith MD, Peter G
Tr Capnography : Positive color change on capnography
Tr Respiratory Effort : Chemically Paralyzed
Tr Respiratory Support : Ventilator

Smith MD, Peter G - 02/23/2015 15:13

Tr Equal Breath Sounds
Equal : Bilateral
Coarse : Bilateral

Smith MD, Peter G - 02/23/2015 15:13

Tr Pulses : Radial, femoral, dorsalis pedis pulses palpable and symmetrical bilaterally

Smith MD, Peter G - 02/23/2015 15:13

Tr Pulse Grid H&P
L Radial : Present
R Radial : Present
L Femoral : Present
R Femoral : Present
L Dorsalis : Present
R Dorsalis : Present

Smith MD, Peter G - 02/23/2015 15:13

Tr Bleeding : Controlled bleeding
Tr Chemically Paralyzed : Patient chemically paralyzed
Tr Eye Opening : 1
Tr Verbal Response : 1
Tr Motor Response : 4
Tr GCS : 6

Smith MD, Peter G - 02/23/2015 15:13

Tr PERRL Bilateral
PERRL Bilateral : 2mm

Smith MD, Peter G - 02/23/2015 15:13

Tr Movement Grid
RUE : Absent
LUE : Absent
RLE : Absent
LLE : Absent

Smith MD, Peter G - 02/23/2015 15:13

Tr Exposure : Clothing removed
Tr Ultrasound : Not Performed

Smith MD, Peter G - 02/23/2015 15:13

Resuscitation
Tr Ventilation : Intubated during Resuscitation
Tr Intubation Indication for : Deterioration, Low GCS
Tr O2 Type : Ventilator
Tr Pulse Ox : 100 %
Tr IV Access : Peripheral x 2
Tr Fluid Description : NS
Tr Cardiac Monitoring : Normal Sinus Rhythm
Tr Rectal Heme Status : Gross blood

History and Physical

Tr Rectal Tone : Other: Rectal prolapse noted
Tr Urinary Meatus : No blood at meatus
Tr Foley : Foley inserted
Tr Resus Response : Pt remained hemodynamically adequate throughout resuscitation

Smith MD, Peter G - 02/23/2015 15:13

Secondary Survey
Tr Pulse 2 : 79
Tr Resp 2 : 18
Tr Systolic 2 : 119 mmHg
Tr Diastolic 2 : 76 mmHg
Tr O2 Sat : 100 %
Tr HEENT : See detailed exam
Tr Head : Scalp laceration(s)
Tr Eyes : Other: Cannot assess EOM. Pupils 1mm and fixed after intubation and sedation

Smith MD, Peter G - 02/23/2015 15:13

Tr Ear Grid
TM Clear : Bilateral

Smith MD, Peter G - 02/23/2015 15:13

Tr Nose : Nares clear bilaterally
Tr Throat : Clear
Tr Maxilofacial : Mid-face stable, no deformities or other injuries
Tr Neck : No stepoff, No deformity
Tr JVD : No
Tr Trachea Midline : Yes
Tr Sub-Q Air In Neck : No
Tr Chest-Lungs : Normal symmetry, symmetrical expansion bilaterally, Mechanical ventilation
Tr Sub-Q Air : No
Tr Flail Segment : No

Smith MD, Peter G - 02/23/2015 15:13

Tr Rib Tenderness Row
Right : None
Left : None

Smith MD, Peter G - 02/23/2015 15:13

Tr Cardiovascular : No obvious rub, murmurs, gallop, NSR
Tr Abdomen : Soft, Non-distended
Tr Pelvis : Stable to AP and lateral compression
Tr Back : Non-tender, no stepoff, no deformity
Tr Extremities : Non-tender, no deformity, Limited exam due to pain/injury/LOC, Other: 2+ bilateral LE edema
Tr Neurologic : Chemically Paralyzed
Tr Skin : Warm, dry
Tr GU : Normal male genitalia

Smith MD, Peter G - 02/23/2015 15:13

Secondary Data
Tr Lab Comment : Trauma Labs results reviewed
Tr CAT Scans Ordered : CT Head, CT Abdomen-Pelvis, CT Spine
Tr CAT Scans Detail : Abnormality noted
Tr CAT Scans Detail Comment : Right frontal hematoma, 1.6 cm right frontotemporal parietal subdural hematoma, subarachnoid blood within the left Sylvian fissure, 9mm midline shift

History and Physical

Smith MD, Peter G - 02/23/2015 15:13

Problem List /Plan

Tr Brain Injury Symptoms : Altered LOC or abnormal GCS, Blunt trauma to cranium
Tr Brain Injury Plan : Neuro checks, CT Head, Intubation, Neurosurgery consult
Tr Brain Injury : SAH, SDH
Tr Spine Injury Symptoms : No injury identified/serial exams
Tr Chest Injury Symptoms : No injury identified/No further eval
Tr Abdominal-Pelvic Injury Symptoms : Other: Ascites, jaundice
Tr Abdominal-Pelvic Injury Plan : CT Abdomen/Pelvis
Tr Abdominal-Pelvic Injury : Other: pending
Tr Extremity Injury Symptoms : No injury identified/serial exams
Tr Soft Tissue Wounds-Lacerations : Laceration
Tr Soft Tissue Wounds-Lacerations Plan : Wound care
Tr Respiratory Failure Symptoms : GCS < 8
Tr Respiratory Failure Plan : Ventilator support/ABG reviewed, Intubation
Tr Respiratory Failure : Pt intubated
Tr Facial Injury Symptoms : No injury identified/serial exams
Tr Pain : No complaint of pain
Tr Coagulopathy : Elevated PT/PTT, Head injury
Tr Coagulopathy Plan : Blood products
Tr Other Problems : Alcohol use
Tr Admitting Service : Trauma
Tr Disposition : Critical Care

Smith MD, Peter G - 02/23/2015 15:13

Attending Attestation

Tr Attending Attestation : I was present during this evaluation, examined the patient, directed the decision making, reviewed the documentation and plan of care., Other: 56 y/o male s/p fall with head trauma. Presented to ED with GCS of 15. Quickly deteriorated to GCS 8 shortly after initial head CT showed severe ICH (IPH, SDH, SAH). We were called to ED and patient was intubated along with ED staff.
(Comment: Patient with questionable medical history although we are told h/o ETOH. He is obviously jaundice. His labs are severely derranegd with bili of 23, Na 118, INR 1.7, PT 20. Hgb 11.8. Appears he has end stage heaptic dysfunction, although other etiologies of his hyperbilirubinemia will need to be ruled out. A CT A/P has been ordered as well. [Jones MD, Mark A - 02/24/2015 08:18])
Tr Attending Comment : NSG emergently consulted. Will give 2 units FFP to begin correction of coags in preparation for possible craniectomy.
Overall very poor prognosis.

Jones MD, Mark A - 02/24/2015 08:18

Consultations

DOCUMENT NAME:	Consultation Report
SERVICE DATE/TIME:	2/23/2015 14:29 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Drawdy PA-C,Karen M (2/23/2015 14:45 EST)
ELECTRONICALLY SIGNED BY:	Toussaint MD,Charles P (2/24/2015 08:17 EST); Drawdy PA-C,Karen M (2/23/2015 19:11 EST)

Consultations

Neurosurgery Consult

Patient: DILLON, EDMUND MRN: R012719295 FIN: R1505401814
Age: Sex: Male DOB:
Associated Diagnoses: None
Author: Drawdy PA-C, Karen M

Basic Information

Time Seen: Date & Time 02/23/15 14:29:00, in 263.
Source of history: Medical record.
Referral source: Ford MD, David T.
History limitation: Clinical condition.
Neurosurgery attending: Philip Toussaint, MD

Chief Complaint

SAH, SDH with midline shift on head CT

History of Present Illness

56 y/o that fell today and brought to ER. Head CT revealed SAH and SDH with midline shift and neurosurgery was consulted. Patient has decompensated while in the ER and is about to get intubated. He is drowsy at time of exam and unable to communicate or contribute to history.

Review of Systems

Unable to obtain due to patients condition

Health Status

Allergies: Unable to obtain due to patients condition

Current medications: Unable to obtain due to patients condition

Problem list:

Active Problems (2)
Cirrhosis
Frequent falls

home meds: none

Histories

Past Medical History:

Resolved

Alcoholism (SNOMED CT 792E1B04-FED7-48CF-9C4C-9C74AABCAAF5): Resolved., unknown due to patient's conditon

Family History: unknown due to patient's conditon

Procedure history: unknown due to patient's conditon

Social History

unknown due to patient's conditon.

Physical Examination

VS/Measurements

Vital Signs

02/23/15 13:47	Heart Rate Monitored	74 bpm Normal

Consultations

02/23/15 13:34	Heart Rate Monitored	76 bpm Normal
02/23/15 12:35	Heart Rate Monitored	82 bpm Normal
02/23/15 11:35	Heart Rate Monitored	80 bpm Normal

Vitals Signs (last 24 hrs)	Maximum		Last Charted		Minimum	
Temp	98.3	(FEB 23 11:35)	98.3	(FEB 23 11:35)	98.3	(FEB 23 11:35)
Resp Rate	H 24	(FEB 23 11:35)	14	(FEB 23 13:47)	14	(FEB 23 13:47)
SBP	121	(FEB 23 13:47)	94	(FEB 23 13:34)	124	(FEB 23 11:35)
DBP	79	(FEB 23 13:47)	79	(FEB 23 13:47)	84	(FEB 23 13:34)

General: Moderate distress.
Eye: Pupils are equal, round and reactive to light, icteric sclera bilateral.
HENT: laceration to back of head.
Neck: C collar.
Respiratory: Symmetrical chest wall expansion.
Cardiovascular: Normal rate.
Musculoskeletal: left sided weakness.
Integumentary: jaundiced.
Neurologic: decreased sensation and movement on left side. follows commands on right., Not alert.
Psychiatric: Cooperative.

Review / Management
Results review:
Labs (Last four charted values)

WBC	10.7	(FEB 23)
Hgb	L 11.8	(FEB 23)
Hct	L 37.5	(FEB 23)
Plt	L 127	(FEB 23)
Na	C 118	(FEB 23)
K	L 3.1	(FEB 23)
CO2	25	(FEB 23)

Cl	L 82	(FEB 23)
Cr	1.2	(FEB 23)
BUN	H 26	(FEB 23)
Glucose	H 118	(FEB 23)
Ca	L 8.1	(FEB 23)

Radiology results:
CT head:

SUMMARY:

1. Right frontal hematoma size dimensions given above the peripheral hypodensity. There is also a 1.6 cm right frontotemporal parietal subdural hematoma with areas of layering low density within as well. Acute on chronic hematomas are suggested. There is also subarachnoid blood within the left Sylvian fissure with a more superolateral globular appearance of blood within the superior aspect of the Sylvian fissure, likely subarachnoid in location as well. Extended followup recommended.
2. 9 mm right to left midline shift due to mass effect from the right-sided hematoma as described.

CT cervical spine:

IMPRESSION:

No fractures or subluxation within the cervical spine with moderate to marked canal stenosis at the C5-C6 secondary to posterior spinal disc bulging. There is also degenerative disc disease present at the C3-C4, C4-C5, and C6-C7 levels without significant canal stenosis suggested at C3-C4 with minimal encroachment upon the canal suggested at the C4-C5 and C6-C7 levels. Left-sided neural foraminal stenosis present at the C6-C7, bilateral neural foraminal stenosis suggested at the C5-C6 and right-sided neural foraminal stenosis suggested at the C4-C5 level.

Impression and Plan

SDH, SAH
Plan:

1. Keppra 500 bid x 7 days
2. repeat HCT in am
3. hold all anticoagulants
4. SBP<160
5. q 1 hour neuro checks
6. to OR for emergent craniectomy

Consultations

Professional Services
attending addendum agree with the above patient seen and examined by me on 02/23/2015.
Liver failure and coagulopathy with cachexia and significant jaundice
Decline in mental status
On exam GCS 6T
CT head demonstrates a large right-sided subdural hematoma with intraparenchymal hematoma right frontal
Labs reviewed by me demonstrating coagulopathy with an INR elevated
Assessment and plan subdural hematoma. Overall poor prognosis but I've discussed with the family risk and benefits of surgical versus nonsurgical treatment. Family wishes to proceed with surgery. We will correct his coagulopathy with fresh frozen plasma and taken to the OR emergently for right-sided decompressive craniectomy

Electronically Signed & Verified on 02/23/2015 19:11
by Drawdy PA-C, Karen M

Electronically Signed & Verified on 02/24/15 08:17
by Toussaint MD, Charles P

DOCUMENT NAME:	Consultation Report
SERVICE DATE/TIME:	2/24/2015 16:05 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Lowman MD,Anthony D (2/24/2015 21:51 EST); Bates NP, Ann Marie (2/24/2015 16:23 EST)
ELECTRONICALLY SIGNED BY:	Lowman MD,Anthony D (2/24/2015 21:51 EST); Lowman MD,Anthony D (2/24/2015 21:49 EST); Bates NP,Ann Marie (2/24/2015 16:26 EST); Bates NP,Ann Marie (2/24/2015 16:23 EST)

Addendum by Lowman MD, Anthony D on 24 February 2015 21:51
CGA Attending: Patient seen briefly. Very likely alcoholic hepatitis superimposed on alcohol-induced cirrhosis. At this point, no specific evaluation of his liver disease beyond that already done is planned. The" colitis" in on CT is likely related to ascites and not actual colitis.

Electronically Signed & Verified on 02/24/2015 21:51
by Lowman MD, Anthony D

Columbia GI consult for elevated LFTs

Patient: DILLON, EDMUND MRN: R012719295 FIN: R1505401814
Age: 56 years Sex: Male DOB: 10/13/58
Associated Diagnoses: None
Author: Bates NP, Ann Marie

Basic Information
Columbia GI consult for elevated LFTs
Source of history: Self, Spouse.

Chief Complaint
presented with fall

History of Present Illness
Mr. Dillion is a 56 yo cauc male who presented to PHR on 2/23/15 after a fall. Imaging to show SAH and SDH with 9mm mid line shift. He underwent emergent decompressive craniotomy with evacuation. He only withdraws to pain on the

right. Neurosurgery and STICU notes states very poor prognosis and anticipate dismal outcome. We have been asked to see for elevated liver associated labs. His Bili is 21, mostly direct, Alk phos 230, AST 107, AST 42. He is thrombocytopenic, 107 and coagulopathic 1.7. His CT of abd shows fatty infiltrates of the liver with a focal fatty infiltration within the caudate head of the posterior segment of right lobe.and ascites. Abdominal ascites, diffuse colonic wall thickening s/o pancolitis. His wife is a bedside and says she has noticed his skin and eyes yellowing over the past 1-2 weeks. She states they work different schedules but she admits that he drinks daily, unable to specify an amount and has for many years. Occasionally she has noted him to have hand tremors. + tobacco use.

Review of Systems
unable to assess

Health Status
Allergies:
Allergic Reactions (Selected)
NKA
Current medications: (Selected)
Inpatient Medications
Ordered
1 RX Alcohol Withdrawal Regimen, Sympton Triggered Guideline, 6017: Follow guidelines, daily, Start Date: 02/24/15 9:14:00
1 Rx Adult IV Electrolyte Replacement Guidelines, Critical Care: Follow Guideline. Call MD prior to replacement if SCr is greater than 1.2, daily, Start Date: 02/23/15 14:56:00
Ancef: 500 mg, IV, q8hr(s), Routine, Start Date: 02/23/15 22:00:00
Dulcolax Laxative: 10 mg, = 1 supp, Supp, PR, daily, Routine, Start Date: 02/23/15 14:56:00
Keppra: 500 mg, = 5 mL, IV, 2xdaily, Routine, Start Date: 02/23/15 18:00:00, Stop date 03/02/15 6:00:00
Pharmacy Nursing Communication: Keep total fluid intake (IV meds, drips, and tube feeds) no greater than 125cc/hr., daily, Start Date: 02/23/15 14:56:00
Pharmacy Nursing Communication: Sedatives should not be given until pain is controlled (no pain) and RASS is still documented greater than +2, q12hr(s), Start Date: 02/23/15 18:00:00
Protonix: 20 mg, Inj, IV, daily, Only if No gastric access and/or intestinal discontinuity., Routine, Start Date: 02/23/15 14:56:00
Sodium Chloride 0.9% 1,000 mL: 1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 02/23/15 14:56:00, @ 125 mL/hr, 8 hr
fentanyl: 50 mcg, = 1 mL, Inj, IV, q4hr(s), PRN, Pain - Moderate, Routine, Start Date: 02/24/15 14:18:00
norepinephrine 4 mg + Sodium Chloride 0.9% 250 mL: 250 mL, 250 mL = Total Volume, IV, Routine, Start Date: 02/24/15 8:37:00, MAP 60 goal, 74.8, kg
propofol (IV additive) 500 mg + Premix 50 mL: 50 mL, 50 mL = Total Volume, IV, Begin at 10 mcg/kg/min. Re-evaluation RASS every 15 min, increase 10mcg/kg/min untill RASS -4 to -5 achieved. If rate exceeds 50mcg/kg/min then notify MD., Routine, Start Date: 02/23/15 14:56:00, Goal RASS -4 to -5, 77...
Pending Complete
KCl (IV additive): 40 mEq, = 20 mL, IV, q4hr(s), Start Date: 02/24/15 5:41:00, 3 doses, Stop date 02/24/15 13:00:00
Problem list:
Medical
Cirrhosis / 44738A2B-2C19-40D4-B229-F20BE49BBA5F / Confirmed
Frequent falls / 9B9F14F0-050E-48AA-A856-4CE45A38F192 / Confirmed

Histories
Past Medical History:
Resolved
Alcoholism (792E1B04-FED7-48CF-9C4C-9C74AABCAAF5): Resolved.
Skin cancer (2536564013): Resolved.
Family History: unknown
Procedure history:
Craniotomy (Right) on 02/23/2015 at 56 Years.
Comments:
02/23/2015 18:53 - Kerns RN, Barry P
auto-populated from documented surgical case
Social History

Consultations

daily etoh and tobacco use.

Physical Examination
VS/Measurements
Vital Signs

02/24/15 14:00

Temperature Bladder	37.9 DegC Normal
Temperature Bladder,degF	100.2 DegF Normal
Heart Rate Monitored	91 bpm Normal
Respiratory Rate	26 br/min HIGH
Pulse Ox Sat	100 %
NIBP Systolic	106 mmHg
NIBP Diastolic	64 mmHg
NIBP Mean Calculated	78 mmHg
NIBP Mean Monitored	74 mmHg
Invasive Systolic BP	111 mmHg
Invasive Diastolic BP	50 mmHg
Invasive MAP	66 mmHg

General: only responds to pain, on vent, jaundice.
Eye: Conjunctiva: Injected.
HENT: Normocephalic.
Neck: Supple.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored.
Cardiovascular: Normal rate, Regular rhythm.
Gastrointestinal: Soft, rounded and firm. .
Musculoskeletal: No deformity.
Integumentary: Warm.
Neurologic: Not alert, Not oriented.

Review / Management
Results review:
Labs (Last four charted values)

WBC		9.4	(FEB 24)	10.7	(FEB 23)			
Hgb		L 9.0	(FEB 24)	L 11.8	(FEB 23)			
Hct		L 28.4	(FEB 24)	L 37.5	(FEB 23)			
Plt								
	L 107	(FEB 24)	L 127	(FEB 23)				
Na								
	L 126	(FEB 24)	L 128	(FEB 24)	136	(FEB 23)	C 118	(FEB 23)
K								
	L 2.6	(FEB 24)	L 3.1	(FEB 23)				
CO2		L 18	(FEB 24)	25	(FEB 23)			
Cl								
	98	(FEB 24)	L 82	(FEB 23)				
Cr								
	0.7	(FEB 24)	1.2	(FEB 23)				
BUN		H 21	(FEB 24)	H 26	(FEB 23)			
Glucose		85	(FEB 24)	H 118	(FEB 23)			
Mg		L 1.1	(FEB 24)					
Phos		L 1.3	(FEB 24)					

Consultations

Ca	L 6.3	(FEB 24)	L 8.1	(FEB 23)				
INR		1.6	(FEB 23)	1.7	(FEB 23)			
PTT		H 37.3	(FEB 24)	33.9	(FEB 23)	H 39.9	(FEB 23)	, All Results

02/24/15 04:00	Phosphorus	1.3 mg/dL LOW
	Protein, Total	4.6 g/dL LOW
	Albumin	1.7 g/dL LOW
	Bilirubin, Total	21.0 mg/dL Panic
	Alkaline Phos	230 U/L HIGH
	AST (SGOT)	107 U/L HIGH
	ALT (SGPT)	54 U/L Normal
	Magnesium	1.1 mg/dL LOW
	Calcium Ionized	1.03 mmol/L LOW
02/23/15 15:00	Lipase Level	300 U/L Normal
	HIV Ag w/HIV1 & 2 Abs Scr w/reflex	Non-Reactive
02/23/15 12:06	Protein, Total	6.1 g/dL LOW
	Albumin	2.0 g/dL LOW
	Bilirubin, Total	23.8 mg/dL Panic
	Bilirubin, Direct	18.7 mg/dL Panic
	Bilirubin Indirect	5.1 mg/dL HIGH
	Alkaline Phos	355 U/L HIGH
	AST (SGOT)	146 U/L HIGH
	ALT (SGPT)	74 U/L Normal
	Hepatitis A IgM Ab	Non-Reactive
	Hepatitis B Core IgM	Non-Reactive
	Hepatitis B Surface Ag	Non-Reactive
	Hep C Ab	Non-Reactive
	Hepatitis Interp	See Comment
02/23/15 12:00	Ammonia, Plasma	<10 umol/L Normal

FINDINGS: The heart size is within normal limits. The lung bases demonstrated mild bibasilar atelectasis, otherwise clear. No pulmonary nodule. There is a question of a small pulmonary nodule within the right lower lobe measuring approximately 3 mm in size which is incompletely imaged.

The liver demonstrates diffuse hypodensity within the posterior right lobe, but also focally within the caudate lobe. This likely reflects focal fatty infiltration. The liver is overall diffuse hypodense relative to the spleen as well. The pancreas, spleen, adrenal glands are unremarkable. There is a small simple cyst within the left kidney measuring approximately 6 x 5 mm in size. The right kidney is unremarkable. There is diffuse abdominal ascites. There is no abdominal mass. There is diffuse right colonic wall thickening. This also involves the transverse colon and sigmoid colon compatible with diffuse colitis.

Imaging of the pelvis demonstrates pelvic ascites. Colonic wall thickening is noted, as well as sigmoid diverticulosis with a diffuse colitis suggested. No diverticulitis. The appendix is unremarkable. There is a mild degree of aortoiliac atherosclerotic disease. No evidence of aortic aneurysm.

SUMMARY:

1. Diffuse fatty infiltration of the liver with more focal fatty infiltration within the caudate head of the posterior segment of the right lobe.
2. Abdominal ascites.

Consultations

3. Diffuse colonic wall thickening suggestive of a pancolitis.
4. Sigmoid diverticulosis without diverticulitis.
5. Cyst left kidney.
6. Tiny 3 mm incompletely imaged nodule questioned within the right middle lobe within the lung periphery. Further characterization with chest CT recommended.

Impression and Plan

1. SAH/SDH s/p crani
2. likely etoh hepatitis with likely underlying liver disease

---hyperbilirubinemia, coagulopathy, thrombocytopenia, ascites, hypoalbuminemia

Plan: Given overall poor prognosis for a neuro standpoint, recommend supportive care. Will check AFP with next blood draw. Cont rally pack daily with folate/thiamine. Could consider US guided paracentesis with fluid studies. Further plans contingent on overall status.

Electronically Signed & Verified on 02/24/2015 16:23
by Bates NP, Ann Marie

Electronically Signed & Verified on 02/24/15 16:26
by Bates NP, Ann Marie

Electronically Signed & Verified on 02/24/15 21:49
by Lowman MD, Anthony D

Surgical Documentation

PALMETTO HEALTH RICHLAND

DILLON, EDMUND
R1505401814
MR:012719295 JONES, MARK A
56Y M

Notes should be signed by Physician

OPERATIVE NOTE

DATE: 2/23/19
TIME: 6:15pm
PREOP DX: SDH
POSTOP DX:
PROCEDURE (L) craniotomy
SURGEON: Toussaint
ASSISTANT SURGEON: Ø
ANESTHESIA: GETA
ANTIBIOTICS GIVEN: ✓
TIME OUT DONE: ✓
COUNTS CORRECT: ✓
FINDINGS:

SPECIMENS REMOVED: Bone flap

EBL: 150 UOP 260
CRYSTALOIDS/COLLOIDS: 2 FFP 600
COMPLICATIONS:

DISPOSITION: ICU

SIGNATURE:

28203Rmr Rev 7/07 10/07

28203R

D - 0132

Surgical Documentation

DOCUMENT NAME:	Operative Report
SERVICE DATE/TIME:	2/23/2015 16:44 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Smith MD,Peter G (2/23/2015 16:44 EST)
ELECTRONICALLY SIGNED BY:	Ford MD,David T (2/24/2015 09:39 EST); Smith MD,Peter G (2/24/2015 08:51 EST)

Operative Report

PATIENT:	DILLON, EDMUND	DICT:	Peter Smith, MD-R
MR #:	012719295	DOB:	
ADMITTED:	02/23/2015	PT.LOC:	STU

DATE OF OPERATION: 02/23/2015

PROCEDURE: Endotracheal intubation.

DATE: February 23, 2015.

TIME: 3:30 p.m.

INDICATIONS: GCS of 8.

RESIDENT: Peter Smith, MD-R.

ATTENDING: David T. Ford, MD.

PROCEDURE IN DETAIL: Patient was placed in flat position. Sedation was used, using 30 of etomidate. The patient was also pretreated with 100 of lidocaine. He was given a defasciculating dose of rocuronium at 1 mg and then, after 2 minutes, 120 of succinylcholine. The patient was easily ventilated using an Ambu bag. MAC blade was used and inserted into the oropharynx; at which time, there was a grade 1 view of the vocal cords. I used a 7.5-French cuffed endotracheal tube, which was inserted and visualized going through the vocal cords. Stylet was removed and positive colorimetric change was visualized on the CO2 meter. Breath sounds were heard in both lung fields equally and no breath sounds over the epigastrium. The endotracheal tube was placed at 23 cm, measured at the teeth, and position was confirmed by x-ray.

My attending was present for all evaluations and procedures in this visit.

D: 02/23/2015 16:34 T: 02/23/2015 16:44 TID: 90734
Job #: 07264 Doc #: 41264560
cc: Peter Smith, MD-R

Surgical Documentation

cc: David T. Ford, MD

I saw and evaluated the patient. I discussed with resident and agree with resident's findings and plan as written. I supervised all above procedures done by the resident.

Electronically Signed & Verified on 02/24/2015 08:51
by Smith MD, Peter G

Electronically Signed & Verified on 02/24/15 09:39
by Ford MD, David T

DOCUMENT NAME:	Operative Report
SERVICE DATE/TIME:	2/23/2015 18:53 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Toussaint MD,Charles P (2/23/2015 18:53 EST)
ELECTRONICALLY SIGNED BY:	Toussaint MD,Charles P (2/24/2015 12:31 EST)

Operative Report
PATIENT: DILLON, EDMUND DICT: Charles Philip Toussaint, MD
MR #: 012719295 DOB:
ADMITTED: 02/23/2015 PT.LOC: STU

DATE OF OPERATION: 02/23/2015

PREOPERATIVE DIAGNOSIS: Subdural hematoma.

POSTOPERATIVE DIAGNOSIS: Subdural hematoma.

PROCEDURE: Right-sided decompressive craniectomy for evacuation of subdural hematoma.

ATTENDING SURGEON: Charles Philip Toussaint, MD

ASSISTANT: None.

ANESTHESIA: General.

COMPLICATIONS: None.

HISTORY OF PRESENT ILLNESS: Mr. Dillon is a 56-year-old male with evidence of liver failure and coagulopathy who presented with worsening mental status. Imaging demonstrated large right-sided subdural hematoma with a large mass effect. He had a significant decline in exam and after extensive discussion with the family in terms of prognosis the patient's family wished to proceed with surgery. I was relatively pessimistic as to the surgical outcome with the presence of liver failure. He was extremely jaundiced on exam. Otherwise, his GCS was a 4T. I discussed the procedure at length with the

patient's wife and brother including risks and benefits. The major risk I was concerned with was recurrent hemorrhage and worsening cerebral edema, as well as his significant hyponatremia.

DESCRIPTION OF PROCEDURE: After informed consent was obtained, the patient was brought emergently to the operating room, placed under general anesthesia. Patient received FFP 2 units to correct his coagulopathy and IV antibiotics prior to incision. Surgical site was shaved and a question mark incision was planned over the right scalp. Surgical site prepped and draped in usual manner. I infiltrated the incision with 1 percent lidocaine with epinephrine. Timeout was performed. Incision was made. Dissection was carried sharply down the pericranium. The scalp flap had Raney clips applied to the edges for hemostasis. The flap was reflected in a myocutaneous fashion anteriorly. The underlying skull was exposed and burr holes were placed in the frontal, parietal and temporal regions. The burr holes were connected and the bone flap elevated. Underlying dura was inspected. Multiple tack up sutures were placed around the bony defect. At this point I opened the dura and evacuated the large subdural hematoma. There was evidence of hemorrhage from the cortical surface in the right frontal region. This was coagulated and hemostasis was obtained. I then inspected for any persistent bleeding. Once this subdural hematoma appeared well evacuated I decided not to put the bone flap back on due to the high risk of recurrent hematoma in the setting of his coagulopathy. I placed a subgaleal Hemovac and reapproximated the scalp flap with multiple interrupted 2-0 Vicryls. Scalp was closed with staples. The drain was sutured in place with a 3-0 nylon. Drapes removed. Dressings applied. Patient was then transferred to the ICU in critical condition.

ESTIMATED BLOOD LOSS: 150 mL.

Please note the bone flap was placed in designated freezer for later implantation.

D: 02/23/2015 18:44 T: 02/23/2015 18:53 TID: 90754
Job #: 07418 Doc #: 41264630
cc: Charles Philip Toussaint, MD

Electronically Signed & Verified on 02/24/2015 12:31
by Toussaint MD, Charles P

Surgical Documentation

OR	R OR 17	Specialty	Neurosurgery
Case Level	Level 4	Wound Class	Clean
ASA Class per Anesthesia Record	4E	Trauma Patient?	No
Diagnosis			
Preop Diagnosis	Subdural Hematoma	Postop Same As Preop	Yes
Postop Diagnosis	Subdural Hematoma		
Last Modified By:	Kerns RN, Barry P 02/23/15 17:47:02		

SN - R - IO - Case Attendee

	Entry 1	Entry 2	Entry 3
Case Attendee	Toussaint MD, Charles P	Yates MD, Carl Douglas	Kumar CRNA, Parshant
Role Performed	Surgeon - Primary	Anesthesiologist	CRNA - Primary
Time In	02/23/15 16:32:00	02/23/15 16:32:00	02/23/15 16:32:00
Time Out	02/23/15 18:36:00	02/23/15 18:36:00	02/23/15 18:36:00
Procedure	Craniotomy (Right)	Craniotomy (Right)	Craniotomy (Right)
Signing Attendee	No	No	No
Last Modified By:	Kerns RN, Barry P 02/23/15 18:53:40	Kerns RN, Barry P 02/23/15 18:53:40	Kerns RN, Barry P 02/23/15 18:53:40

	Entry 4	Entry 5	Entry 6
Case Attendee	Bendziewicz RN, Megan D	Chapman CST, Rebecca J	Kerns RN, Barry P
Role Performed	Circulator - Primary	Scrub 1 - Primary	Circulator - Relief
Time In	02/23/15 16:32:00	02/23/15 16:32:00	02/23/15 16:50:00
Time Out	02/23/15 17:00:00	02/23/15 17:00:00	02/23/15 18:36:00
Procedure	Craniotomy (Right)	Craniotomy (Right)	Craniotomy (Right)
Signing Attendee	No	No	No
Last Modified By:	Kerns RN, Barry P 02/23/15 18:53:40	Kerns RN, Barry P 02/23/15 18:53:40	Kerns RN, Barry P 02/23/15 18:53:40

	Entry 7	Entry 8	Entry 9
Case Attendee	Johnson RN, Sjanna Y	Mohrwinkel SRNA, Karen M	Beza Surgical Tech, Jill M
Role Performed	Circulator - Other	SRNA	Scrub 1 - Relief
Time In	02/23/15 17:00:00	02/23/15 16:32:00	02/23/15 16:50:00
Time Out	02/23/15 18:36:00	02/23/15 18:36:00	02/23/15 18:36:00
Procedure	Craniotomy (Right)	Craniotomy (Right)	Craniotomy (Right)
Signing Attendee	No	No	No
Last Modified By:	Kerns RN, Barry P 02/23/15 18:53:40	Kerns RN, Barry P 02/23/15 18:53:40	Kerns RN, Barry P 02/23/15 18:53:40

	Entry 10	Entry 11
Case Attendee	Benson ST, Lamont D	Fornes CRNA, Sabrina M
Role Performed	Scrub 2	CRNA - Relief
Time In	02/23/15 17:00:00	02/23/15 17:38:00
Time Out	02/23/15 18:36:00	02/23/15 18:36:00
Procedure	Craniotomy (Right)	Craniotomy (Right)
Signing Attendee	No	No
Last Modified By:	Kerns RN, Barry P 02/23/15 18:53:40	Kerns RN, Barry P 02/23/15 18:53:40

SN - R - IO - Case Times

	Entry 1		
Start Times			
Patient In Room Time	02/23/15 16:32:00	Anesthesia Start Time	02/23/15 16:32:00
Surgery Start Time	02/23/15 17:16:00		
Stop Times			

Surgical Documentation

Surgery Stop Time	02/23/15 18:26:00	Patient Out Room Time	02/23/15 18:36:00
Anesthesia Stop Time	02/23/15 18:51:00	PostOp Destination	PACU
Last Modified By:	Kerns RN, Barry P 02/23/15 18:53:34		

SN - R - IO - Surgical Verification

	Entry 1		
Correct ID Bracelet on Patient	Yes	Surgical Consent Signed and Verified	Yes
Anesthesia Consent Signed and Verified	Yes	Level of Consciousness	Sedated
History and Physical on Chart	On Chart	Allergies Verified	Yes
Physician Orders Reviewed	Yes	Lab Work Reviewed	Yes
Surgical Site Marked by Physician	n/a	Blood Bracelet on Patient	Consent Signed
Clothing, Jewelry, Dentures, Partials, etc. Removed	No	All Medications and Solutions on Sterile Field Labeled and Dose Verified	Yes
Last Modified By:	Kerns RN, Barry P 02/23/15 17:45:09		

SN - R - IO - Patient Positioning

Pre-Care Text:

Patient will be free from signs and symptoms of injury related to positioning. Safety measures are instituted to decrease the risk of falls.

	Entry 1		
Table	OR Table Electric	Body Position	Supine
Right Arm Position	Padded and Tucked at Side	Left Arm Position	Padded and Tucked at Side
Right Leg Position	Extended	Left Leg Position	Extended
Positioning Aids	Blanket, Donut Headrest, Eggcrate/Gecmat, Mayfield Headrest, Pillow, Horseshoe Heels, Headrest Air Applied, Padded, with	Safety and Comfort Statements	Anesthesia Personnel Assisted with Posit, Anesthesia Personnel Checked Patient's P, Blanket, Float Float Toes, Forced Warming Device Pillow Under Knees, Pressure Points Secured With Safety Strap, Staff in Constant Attendance, Surgeon Assisted Positioning, Surgeon Checked Patient's Position
Last Modified By:	Kerns RN, Barry P 02/23/15 17:22:32		

Surgical Documentation

Post-Care Text:
Patient's skin is intact. Neuromuscular and cardiovascular status are maintained. Patient's skin condition,
other than the incision, is unchanged between admission and discharge from OR.

General Comments:
Patient supine with head on mayfield headrest with horseshoe, eggcrates on bilateral wrists and elbows and
tucked at side, pillow under knees, gel heel pads on heels with heels and toes floating, scds on. safety strap
on x 2

SN - R - IO - Site Prep

Pre-Care Text:
Patient will be free from signs and symptoms of chemical injury.

	Entry 1		
Skin dry and intact at surgical site pre-op?	Yes		
Hair Removal Methods	Clippers Used in OR	Hair Removal Site	HEAD
Skin Prep Prep Site	HEAD	Prep Agents	Betadine Scrub and Solution
Prep By	Bendziewicz RN, Megan D		
Last Modified By:	Kerns RN, Barry P 02/23/15 17:39:22		

Post-Care Text:
Patient's skin is intact and free from redness, rash, abrasion, and/or blistering.

SN - R - IO - Delays_Cancellations *Discontinued Reason Segment Not Required For This Area*

	Entry 1
Last Modified By:	

SN - R - IO - Skin Assessment

	Entry 1		
Location	Head	Color	Normal
Temperature	Warm	Condition	Edematous
Last Modified By:	Kerns RN, Barry P 02/23/15 17:02:21		

General Comments:
Penis was bloody upon pre-op assesment, left ankle was extremely swollen, whole body was yellow in color. MB

SN - R - IO - Specimens and Cultures

Pre-Care Text:
Patient will be free from injury related to obtaining surgical specimens.

	Entry 1
Specimen Sent?	No
Last Modified By:	Kerns RN, Barry P 02/23/15 17:35:09

Post-Care Text:
Patient is free from injury related to obtaining surgical specimens.

General Comments:
Bone Flap taken and stored

SN - R - IO - Medication Admin

Surgical Documentation

Pre-Care Text:

The patient wil receive the appropriate medications during the perioperative period. All medications will be administered safely utilizing the five rights. Medication administartion will be documented appropriately.

	Entry 1	Entry 2
Medication	Lidocaine w/ Epinephrine	Thrombin
Strength	1%	4,000 Units on Field
Dose	20CC	QS
Route of Administration	Local Infiltration	Topical
Site of Administration		
Administered By	Toussaint MD, Charles P	Toussaint MD, Charles P
Medication & Dose Verified With		
Time Administered		
Last Modified By:	Kerns RN, Barry P 02/23/15 17:56:31	Kerns RN, Barry P 02/23/15 17:58:27

Post-Care Text:

The patient received the appropriate medications throughout the perioperative period. All medications were administered as ordered and documented appropriately.

SN - R - IO - Surgical Counts Initial

Pre-Care Text:

Initial counts are performed to account for all items and to lessen the potential for injury to the patient as a result of a retained foreign body.

	Entry 1		
Initial Counts			
Initial Sponge Count Correct	Yes	Initial Sharps/Needles Count Correct	Yes
Initial Instruments Count Correct	n/a	Initial Other Count Correct	Yes
Initial Counts Done By	Bendziewicz RN, Megan D, Chapman CST, Rebecca J		
Last Modified By:	Kerns RN, Barry P 02/23/15 17:33:29		

Post-Care Text:

Initial counts are performed to establish a baseline for subsequent counts.

SN - R - IO - Surgical Counts Other

Pre-Care Text:

The patient will be free from injury related to unplanned retained surgical objects.

	Entry 1		
Counts - Sequence	Closing		
Items Counted			
Sponge Count Correct	Yes	Sharps/Needles Count Correct	Yes
Instruments Count Correct	n/a	Other Count Correct	Yes
Surgeon Notified	Yes	Counts Done By	Johnson RN, Sjanna Y, Beza Surgical Tech, Jill M
X-Ray Taken	No		

Surgical Documentation

Last Modified By: Kerns RN, Barry P
02/23/15 17:57:01

Post-Care Text:
The patient is free from signs and symptoms of injury due to extraneous objects.

SN - R - IO - Surgical Counts Final

Pre-Care Text:
The patient will be free from injury related to unplanned retained surgical objects.

Entry 1

Final Counts			
Final Sponge Count Correct	Yes	Final Sharps/Needles Count Correct	Yes
Final Instruments Count Correct	n/a	Final Other Count Correct	Yes
Surgeon Notified -	Yes	Final Counts Done By	Johnson RN, Sjanna Y,
Final Counts			Beza Surgical Tech, Jill M
X-Ray Taken - Final Counts	No		

Last Modified By: Kerns RN, Barry P
02/23/15 17:57:17

Post-Care Text:
The patient is free from signs and symptoms of injury due to extraneous objects.

SN - R - IO - Dressing and Packing

Pre-Care Text:
Patient's surgical site is dressed and/or packed to accommodate specific wound characteristics and the patient's overall condition.

Entry 1

Type	Dressing	Site	Head
Items	Sponges, Telfa, Kerlix, Tubular Dressing, Staples	Condition of Dressing	Dry/Intact
Assessed By	Toussaint MD, Charles P		

Last Modified By: Kerns RN, Barry P
02/23/15 18:53:21

Post-Care Text:
The patient has a clean primarily closed surgical site covered with a dry sterile dressing at discharge from the OR/PACU.

SN - R - IO - Urinary Catheter

Pre-Care Text:
Patient will be free from injury related to the use of the invasive device.

Entry 1

Urinary Catheter Inserted	No	Urinary Catheter Device Type	Foley
Present on Arrival	Yes	Discontinued in OR	No

Last Modified By: Kerns RN, Barry P
02/23/15 17:34:17

Post-Care Text:
Urinary Catheter is secured and assessed for proper function.

SN - R - IO - Catheters Drains Tubes

Pre-Care Text:
Patient will be free from injury related to the invasive device.

Surgical Documentation

	Entry 1		
Device Type	10 Fr. Hemovac Drain	Present on Arrival	No
Location	Head	Inserted By	Toussaint MD, Charles P
Discontinued in OR	No		
Last Modified By:	Kerns RN, Barry P 02/23/15 19:06:07		

Post-Care Text:
Catheters, drains, and tubes are secured and assessed for proper function.

SN - R - IO - Cautery

Pre-Care Text:
Patient will be free from signs and symptoms of electrical injury.

	Entry 1		
Cautery ID			
Unit	ESU	Unit Serial Number	F5C36732A
Cautery Settings			
Cut Setting	35	Coag Setting	35
Bipolar Setting	35		
Grounding Pad			
Grounding Pad Site	Left Thigh	By	Bendziewicz RN, Megan D
Pad Serial Number	50080093X	Skin Condition After: Dry and Intact	Yes
No Cautery Used	No		
Last Modified By:	Kerns RN, Barry P 02/23/15 17:38:53		

Post-Care Text:
Patient is free from any observable signs and reported symptoms of injury related to the use of electrical injury.

SN - R - IO - Communication

	Entry 1		
Communication	Family Update Given	Date and Time	02/23/15 17:17:00
Communication By	Johnson RN, Sjanna Y	Communication To	Ellis, Mica A
Last Modified By:	Kerns RN, Barry P 02/23/15 17:33:59		

SN - R - IO - Time Out

	Entry 1		
Procedure for Time Out:	Surgical Procedure	Date-Time	02/23/15 17:13:00
Time Out: Essential surgical team members are present and verbalize agreement of:	Availability of Implants, Availability of Special Equipment, Correct Patient Identity, Correct Patient Position, Correct Procedure, Correct Side and Site, Prophylactic Antibiotics Verified	Mechanical VTE Prophylaxis Initiated	SCD Applied and Activated
Case Attendees	Toussaint MD, Charles P, Kumar CRNA, Parshant, Bendziewicz RN, Megan D, Chapman		

Surgical Documentation

CST, Rebecca J, Kerns
RN, Barry P, Johnson
RN, Sjanna Y,
Mohrwinkel SRNA, Karen
M, Beza Surgical Tech,
Jill M, Benson ST,
Lamont D

Last Modified By: Kerns RN, Barry P
02/23/15 17:41:12

Case Comments

<None>

Finalized By: Robinson, Darline Frances

Document Signatures

Signed By:
Kerns RN, Barry P 02/23/15 19:06
Kerns RN, Barry P 02/23/15 18:53
Robinson, Darline Frances 02/24/15 13:48

Unfinalized History

Date/Time	Username	Reason for Unfinalizing	Freetext Reason for Unfinalizing
02/23/15 19:05	BPKERNS	Finish Documentation	
02/24/15 13:37	DFROBINS	Modify Pick List	

* Auth (Verified) *

PALMETTO HEALTH RICHLAND — ANESTHESIA RECORD

ETT 7.5

DILLON, EDMUND
R1505401814
R012719295
JONES, MARK A
56Y M
ADM#
HISTO

DATE 2/23/15 PAGE 1/1

ANESTHESIOLOGIST

CRNA-SRNA

ANTIBIOTICS AND SINGLE DOSE Rx

ALLERGIES NKA

PRE-OP VS.

HT/WT 72.7kg

PROCEDURE right craniotomy

DIAGNOSIS: Subdural hematoma

PRE-ANESTHETIC CHECKLIST

MONITORS

INTUBATION

EYE CARE

Start Time 1632
OR IN TIME 1633
Time Out 1713
Incision 1716
End time 1857

CIRCUIT

POSITION

LEFT ARM

RIGHT ARM

INDUCTION

TUBE POSITION CONFIRMED BY

AIRWAY

INVASIVE MONITORS

PREMEDICATION

ASA 1 2 3 4 5 6 E

ANESTHETIC

TIME	1630	1700	30	1800	30	1900
O_2 L/min	1	1	1	1	1	1	0.5	0.5	0.5	AMBU
N_2O/Air L/min	1	1	1	1	1	0.5	0.5	0.5	X
D-S-I %	0.6	0.7	0.82	0.88	1.4	1.1	1.3	1.0	X
Fentanyl mcg		50	50						
Lorazepam mg	50			50					
Neo mcg		100							
EKG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
O2M	97	100	100	100	100	100	100	100	100	100
FiO_2	1.0	.52	.62	0.59	0.60	0.57	0.54	0.96	1.0	1.0
$ETCO_2$		25	26	27	29	29	26	26	28	
TEMP S E R		98	98	98	97	96.5	96.4	97.0		
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	AMBU	
TV	480	502	496	505	500	476	470	484		
RR	10	10	10	14	14	12	12	12	14	
PIP/PEEP	22/5	20/5	21/5	22/5	22/5	22/5	19/5	19/5		

Legend: BP x MAP · HR

Reevaluation and assessment of the physiologic state of the patient has been done immediately prior to administration of anesthesia. It is appropriate to proceed with the anesthetic as planned.

Signature

FLUID	1							600
FLUID FFP		296	370					666
FLUID								
EBL					150			150
URINE	200	X	100/1200					200

REMARKS

1632 - Pt to OR 17 from ED. Already intubated. Connected to OR vent, Et CO_2 and chest rise noted. A line inserted.

1647 - FFP unit # W201715293043

1700 - FFP unit # W201714298148

1800: ABG 7.39/39/187/23/-2 100% Hgb 4.6 K 2.7 Dr. Yang notified

1836: to ICU intubated O2 via ambu minimum vol.

1861: report to RN. VSS. RT at bedside

1730 Dr. Yang ok to D/C A-line.

POST ANESTHESIA EVALUATION

Patient taken to: ☐ PACU ☒ ICU ☐ FLOOR ☐ OPS ☐ Mental Health Crisis

BP 120/70
Pulse 82
Resp 19
O_2 Sat 100%
Temp 97.8°
LOC ☐ AW ☐ AR ☒ NAR
Airway ☐ Oral ☐ Nasal ☒ ETT ☐ Protective Reflexes Intact
O_2 by ☐ Mask ☐ NC ☐ Room Air Ventilator

POST OF VISIT

Date
Signature

☐ Quiescent
☐ D/C within 48 hours
☐ No Complications
☐ See Progress Notes.

25809Rmr 5/14

D - 0143

* Auth (Verified) *

PALMETTO RICHLAND MEMORIAL HOSPITAL
PREANESTHESIA ASSESSMENT

Diagnosis/Procedure craniotomy

PATIENT
DILLON, EDMUND
R1505401814
MR R012719295
JONES, MARK A
56Y M

21.0

ANESTHETIC HISTORY	MEDICATIONS
unknown	unknown

REVIEW OF SYSTEMS

Tripped & fell

	No History	Pertinent Findings
mental status / psych	☐	Alcoholic – cirrhosis
airway / respiratory	☐	Smoker
cardiovascular	☐	
GI / hepatic / renal	☐	Jaundice, Ascitis
neuromusculoskeletal	☐	
hematologic / endocrine	☐	

Pt intubated prior to arrival in OR
To OR emergently for SDH

72.7 kg

PHYSICAL EXAM

- airway, neck, teeth: intubated
- heart: RRR
- lungs: BBS

DIAGNOSTIC DATA

11.8	62	261	118
3.11	8.5	1.2	

10.7 127 31.5

PT – 20.2
INR – 1.7
PTT – 39.9

A ST – 146
Bill – 23.8

CT – large (R) SDH
CT spinal C5-6 stenosis, OK

PREANESTHESIA INTERVIEW

CONSENT ON CHART

☑ History, physical condition and applicable laboratory data reviewed
Choice of anesthesia explained:
- ☐ General
- ☐ Spinal or Epidural
- ☐ Nerve block
- ☐ MAC (local with sedation)

☐ Questions answered
☐ Patient accepts
☐ Family members present for discussion
☐ ASA Status: 1 2 3 4 5 6 E

Risks and benefits discussed:
- ☐ Type of anesthesia
- ☐ Invasive monitors
- ☐ Blood transfusion
- ☐ Postoperative pain management
- ☐ Postoperative ventilation

☐ Chart review
☐ Computer review
Date/Time

Interviewer
Date/Time 2/23/15 1632

DAY OF SURGERY

☑ Above data reviewed and discussed
☑ Patient is an appropriate candidate for planned anesthesia
☑ Patient agrees to proceed with planned anesthesia

Anesthesia Plan:
- ☑ General
- ☐ Epidural
- ☐ Spinal
- ☐ Nerve block
- ☐ MAC

Anesthesiologist
Date/Time 2/23/15 1632

POST-OPERATIVE NOTE

☐ Alert	☐ Comfortable	☐ O2 saturation ≥ to baseline	☐ Vital Signs stable	☑ No anesthesia Complications
☐ Arousable	☐ Comfortable with treatment	☐ with O2	☐ Stable with treatment	☐ See progress notes
☐ Sedated			☐ Responding to treatment	

Signature
Date/Time 2.24.15 1000

760005676 05/09

D - 0144

DOCUMENT NAME: Patient Summary
SERVICE DATE/TIME: 2/23/2015 20:00 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Leblanc-Wyckoff RN,Evanne M (2/23/2015 20:00 EST)
ELECTRONICALLY SIGNED BY: Leblanc-Wyckoff RN,Evanne M (2/23/2015 20:00 EST)

Patient Summary

Patient Summary

Palmetto Health
Baptist Richland Parkridge

Name:DILLON, EDMUND **Current Date:**02/23/15 20:00:06
DOB: 2:00 AM **MRN:**R012719295 **FIN:**R1505401814
Visit Date:2/23/2015 3:04 PM

The following includes your discharge instructions, follow-up instructions, patient education materials, and information regarding your hospital stay.

Our Vision: To be remembered by each patient as providing the care and compassion we want for our families and ourselves.

Patient Follow-Up:

Discharge Instructions: What You Need To Know At Discharge

If at any time you feel that you have a life threatening emergency, call 911 or go directly to the nearest Emergency Department.

After you leave the hospital, you may call the Nursing unit within 24 hours of your discharge if you have any questions about these instructions.

Discharge Unit Telephone Number:
Discharge Prescriptions:
Diet:
Home Activity: ;
Home Activity Restrictions: ;

Driving:
Lifting:
Shower/Bath:
Return School/Work:

Worsening Symptoms
(When to Call the Doctor): ; ; ; ; ;

Discharge Resources (if needed):

If you would like a copy of your procedures and test, call the Health Information Management (Medical Record Department) Richland 803-434-7111, Baptist 803-296-5860, ParkRidge 803-907-1500

Drug and Alcohol abuse: LRADAC (Lexington/Richland Alcohol and Drug Abuse Counsel) Richland: 803-256-3100, Lexington: 803-733-1376; Palmetto Health Chemical Dependency Program 803-296-2416

Suicide Prevention: National Suicide Prevention Lifeline 1-800-273-8255

Stop Smoking/Tobacco Use: Call for classes on how to quit smoking. Education and counseling provided. Call 803-296-CARE or go to www.Palmettohealth.org or SC (DHEC) Tobacco Quitline 1-800-QUIT-NOW (800-784-8669) 8AM – 3AM daily. For youth: www.rageagainstthehaze.com

I understand that smoking and second-hand smoke increase my chances of suffering a heart attack, heart failure or stroke. I also understand that smoking and second-hand smoke may cause other illnesses that may shorten my life.

Allergies: NKA

Medications:

Please be sure to contact your physician as soon as possible and let him/her know about the new prescription you have been given. Be sure to ask for instructions on continuing the medications you were on before you were admitted to the hospital.

Immunizations:

Immunization(s) Given This Visit

Name	Date
diphtheria/pertussis, acel/tetanus adult	02/23/15 16:32:00

Patient Education:

Yes - Patient/Caregiver has received a copy of the following education materials from the Patient Education database within EPIcenter (the electronic medical record)

Inside the ICU (Intensive Care Unit)

The ICU is a busy place. There may be other patients with monitors in the same unit. Be prepared to see lots of wires, tubes, and equipment.

Your Loved One

Your loved one may be asleep or unconscious. Surgery or illness may make the skin pale, flushed, or ashen (grayish). The person may look puffy and swollen, especially the face, hands, and feet. He or she may feel cold and clammy. This is the body"s normal reaction to stress, low blood pressure, certain medications, and some diseases.

Monitors

Monitors have alarms that signal the nurse when something needs to be checked. But alarms are not always cause for concern. Sometimes even a patient"s slight move may sound an alarm.

Oxygen

Patients in the ICU often need extra oxygen. It may be given through a face mask, ventilator, or nasal cannula. The cannula is a soft tube with two prongs that fit just inside the nose.

Ventilator

A ventilator is a machine that helps a person breathe. If your loved one has breathing problems, he or she may be connected to a ventilator by a special tube. The tube goes in through the nose or mouth. The patient will be unable to speak while on a ventilator. Flash cards or a writing tablet may help in communication.

Compression Stockings

Special compression stockings or other devices may be used to help prevent blood clots.

Tests

Frequent tests and treatments may be performed. At times like these, you may be asked to leave the room to clear the area around the patient. Blood may be drawn frequently, but don"t worry. The body contains a large volume of blood and slowly replaces any blood drawn.

Medication

Medications can cause sleepiness, nausea, or confusion. Your loved one may be receiving several types of medication. These can include antibiotics, sedatives, and medication for pain. Let the nurse know if your loved one seems to be in pain.

IV Lines and Tubes

Your loved one may have one or more IV (intravenous) lines and tubes in place. Tubes help drain or suction fluids or air from the patient"s body. Some IV lines provide nutrition and medication. Others measure blood or heart pressure. Don"t worry if you see an air bubble in the line. All lines and tubes are closely monitored.

Restraints

Your loved one"s hands (and sometimes ankles) may need to be restrained. This prevents him or her from pulling out tubes or wires. The nurse may allow you to remove restraints during a visit. If so, you need to watch carefully so your loved one doesn"t pull out any tubes.

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Understanding Ventilators

A ventilator is a machine that helps a person breathe. If someone you care about is on a ventilator, you may have questions.

Why a Ventilator?

- A ventilator is needed when a person can"t breathe well on his or her own.
- Sometimes, breathing takes too much of a person"s energy. If so, the ventilator can take over and do the work.
- Ventilators are common during or after certain surgeries and for lung illnesses.

How Long Is It Used?

- A ventilator can be used for a few hours to a few months or years. How long it is used depends on why it is needed.
- If the ventilator is needed for more than a few weeks, the vocal cords can become damaged. To protect the vocal cords, the breathing tube may be placed into an opening made in the patient"s throat.

Keep Your Loved One Comfortable

- A health care provider is always nearby to check on your loved one.
- If awake, the patient will be able to hear, but not speak. Writing pads and other tools can help him or her communicate.
- Know that medication given to help the patient relax can also make him or her confused and sleepy.

What You May Notice

- A breathing tube carries oxygen from the ventilator to the patient. This tube enters the patient"s mouth or nose.
- Monitors, lights, and alarms alert care providers to changes or problems.
- Tubes give the patient fluid, nutrition, and medication. Tubes may also help with other tasks, such as emptying the patient"s bladder.
- Restraints may hold the patient"s wrists. These keep the patient from accidentally pulling out tubes. But they don"t stop him or her from moving or using the button to call for a care provider.
- The patient may be given medication that prevents movement. This helps conserve his or her energy. Medication also helps him or her relax and sleep.

How You Can Help

- Try to keep your visits short.
- A person on a ventilator can catch some illnesses more easily. Don"t visit if you"re sick.
- At times, you may be asked to wear a mask over your mouth and nose.
- Follow any instructions the health care provider gives you.
- If you have concerns or questions, ask the health care provider.

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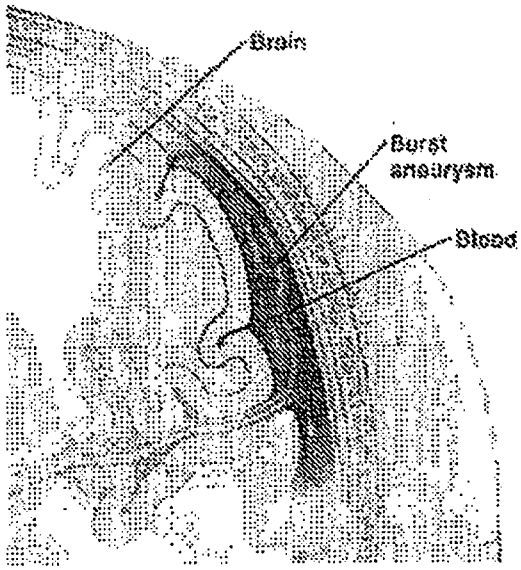
What Is a Subarachnoid Hemorrhage (Stroke)?

A stroke is the interruption of blood flow to part of the brain. A subarachnoid hemorrhage is a type of stroke. A blood vessel on the surface of the brain bursts (hemorrhages). This spills blood into the surrounding tissue. This type of stroke often happens suddenly, with little warning. It is the most serious of all types of strokes.



During a Subarachnoid Hemorrhage

This type of stroke happens when a major blood vessel bursts on the surface of the brain. Normally, the space between the brain and the skull is filled with a clear fluid. When the blood vessel bursts,

blood flows into the space between the brain and the skull. The amount of fluid in this space increases and puts pressure on the brain. This pressure can damage nearby parts of the brain.

Most of these strokes happen when a cerebral aneurysm bursts. An aneurysm is a weak spot in the wall of a blood vessel. A bubble often forms in this weak spot. In some cases, a cerebral aneurysm causes pain or other symptoms. In most cases, though, an aneurysm causes no symptoms until it bursts.

Symptoms of a Subarachnoid Hemorrhage

Any stroke is a medical emergency. If you have any of the following symptoms, even if they seem to get better, **call 911 right away:**

- Sudden, excruciating headache
- Nausea and vomiting (often with headache)
- Sudden decrease in alertness
- Trouble moving or loss of feeling
- Sudden mood changes
- Sudden dimness, double vision, or loss of vision, particularly in one eye
- Eyes suddenly very sensitive to light
- Neck and shoulder pain or stiff neck
- Seizure

Treating Hemorrhagic Stroke

The acute phase lasts from the first minutes to hours after symptoms begin. During this phase, treatment focuses on relieving pressure on the brain and preventing further damage. A procedure or surgery may be done to repair the burst aneurysm. A drain may be placed into the brain to relieve pressure. Medications to control blood pressure may be given through an IV line. Pain medications can also be given as needed. Tests will likely be done to check for other aneurysms in the brain. If they are found, surgery may be done to reduce the risk that they will burst and bleed.

After the acute phase, treatment focuses on recovery. Long-term damage from a stroke can include paralysis, trouble speaking or understanding, and trouble thinking clearly. Rehabilitation therapy (rehab) can help reduce these effects and regain skills. Rehab begins in the hospital. It then continues in an inpatient or outpatient facility, and eventually at home. It will focus on regaining lost skills. It may include:

- Help regaining movement.

- Therapy for speech and language
- Help with swallowing
- Help reducing risk factors for another stroke, such as smoking

In addition, medications that help prevent another stroke may be given. These include medications to control blood pressure and prevent bleeding.

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Community Education for Specific Diseases

- **If you have been told you have Heart Failure/Cardiomyopathy, Heart Attack, Stroke/TIA (or a history of one of these conditions)** or you are taking Coumadin (Warfarin) see Disease-Specific Information below

- **If you know someone with any of the symptoms of Heart Attack or Stroke, follow the directions below. Acting fast may save a life.**

HEART FAILURE/ Cardiomyopathy or "Weak Heart"

WHEN TO CALL THE MD

Worsening Symptoms

- Shortness of breath or more shortness of breath than normal
- Difficulty lying flat
- Frequent dry hacking cough
- Weight gain of 2 lbs. or more overnight or 5 lbs. in one week
- Swelling in legs or belly
- Fatigue (feeling tired) that affects your ability to do what you want or need to do
- Persistent nausea/loss of appetite

RISK FACTORS

Include, but are not limited to:

- High Blood Pressure
- Diabetes
- Overweight
- Excessive Alcohol Use
- Substance abuse (i.e. cocaine)
- Previous heart attack
- Coronary artery disease
- Chemotherapy
- Thyroid disorder

- HIV/AIDs
- Sleep apnea
- Congenital heart disease
- Heart valve disease

SPECIAL INSTRUCTIONS

- **Activity:** follow restrictions given.
- **Diet:** Follow a low sodium diet (less than 2000mg). This includes salt (sodium) already in foods and beverages. Sea salt has the same amount of sodium as table salt. Read labels carefully to determine sodium per serving.
- **Fluid Restrictions:** Follow specific instructions given during your stay.
- **Daily Weights:** Every day when you get up, after going to the bathroom, , weigh yourself before eating breakfast, in the same amount of clothes, on the same scale, and write your weight on a calendar or tablet. Remember same time, same clothes, same scale.
- Take medicines as prescribed, even if you feel good. Do NOT stop taking medications unless told to stop by your doctor.
- For severe chest pain or shortness of breath, CALL 911 IMMEDIATELY. DO NOT DRIVE YOURSELF TO THE HOSPITAL.

HEART ATTACK Myocardial Infarction (AMI)

WHEN TO CALL THE MD

Warning Signs

- Unrelieved chest, shoulder/arm, back, stomach, or jaw pain or pressure
- Fast or irregular heartbeats
- Nausea, vomiting, or "cold sweat"
- Fullness, indigestion or choking feeling
- Anxiety
- Shortness of breath or more shortness of breath than normal
- Fatigue, weakness, numbness or dizziness

RISK FACTORS

Include, but are not limited to:

- Smoking or second-hand smoke
- High Blood Pressure
- Elevated Cholesterol
- Diabetes

- Overweight
- Physical Inactivity
- Excessive Alcohol Use
- Substance abuse (i.e. cocaine)

SPECIAL INSTRUCTIONS

- If you are not allergic to aspirin and have chest pain, chew an aspirin (325 mg) immediately
- If chest pain is not relieved 5 minutes after taking 1 nitroglycerin tablet, **CALL 911 IMMEDIATELY. DO NOT DRIVE YOURSELF TO THE HOSPITAL.**
- Lie or sit down when taking nitroglycerin.
- While you wait on the ambulance you may take a second dose of nitroglycerin and if your chest pain is not relieved in 5 minutes you may take a third and final dose of nitroglycerin.
- Write date opened on nitroglycerin bottle and replace supply every 6 months.
- Women often have different symptoms of heart attack than men. Common symptoms include sweating, vomiting, palpitations, sleep disturbance, dizziness/ fainting, overwhelming fatigue, anxiety, sense of impending doom, chest discomfort, pressure, or burning, shortness of breath or difficulty breathing, nausea or indigestion not relieved by antacids, pain or weakness in the shoulders, back, neck, arm, jaw, or all over body. If you experience any of these symptoms, **call 9-1-1**.
- Take your medicines as directed even if you feel good. DO NOT stop taking medications unless told to stop by your doctor. If you have a problem with a medication, discuss this with your doctor immediately.

STROKE "CVA or TIA (Mini Stroke)"

WHEN TO CALL THE MD

Warning Signs

- Severe headache, nausea, vomiting
- Visual changes in either or both eyes
- Sudden loss of balance, dizziness
- Sudden right or left side weakness, numbness of face, arm, or leg
- Facial drooping on one side, uneven smile
- Sudden confusion, trouble speaking or understanding what is said

RISK FACTORS

Include but are not limited to:

- Smoking or second- hand smoke
- High Blood Pressure
- Elevated cholesterol
- Diabetes
- Overweight (BMI 25 or greater)

- Physical Inactivity
- Excessive Alcohol Use
- Carotid Artery Stenosis
- Atrial fibrillation

SPECIAL INSTRUCTIONS
If you are experiencing any of the Stroke Warning Signs CALL 911 IMMEDIATELY. DO NOT DRIVE YOURSELF TO THE HOSPITAL.

COUMADIN (WARFARIN) THERAPY

WHEN TO CALL THE MD
Worsening Symptoms
- Unexplained or multiple bruising
- Blood in urine or stool (black tarry stools)
- Abrasions or cuts that will not stop bleeding
- Vomiting blood (may look like coffee grounds)
- Notify your doctor if any changes are made in any of your medications or your diet, as this may change how thin your blood is. You may need to have a lab test.

SPECIAL INSTRUCTIONS
- Coumadin increases the risk of bleeding.
- Carry ID card or wear bracelet stating you are taking Coumadin
- Take your Coumadin exactly as ordered at the same time each day
- If you miss a dose, don't take an extra tablet to make up for it.
- Take the missed dose as soon as possible on the same day, but do not take a double dose the next day to make up for the dose that was missed.
- If you forget to take a dose of Warfarin, remember to tell your health care provider at your next visit or blood test appointment so that they can best assess your dosing schedule.
- Do not take or discontinue any medication except on the advice of a physician.
- Keep appointments for lab to monitor how thin your blood is.
- Review Coumadin booklet or medication information sheet
- Keep your diet pretty much the same each day because many foods contain Vitamin K which helps your blood clot.
- You don't need to avoid foods with Vitamin K, but you do need to keep the amount you eat about the same each day.
- If your diet changes for any reason (such as due to illness, or need to lose weight), notify your doctor.
- Avoid activities with a high risk of injury

I, DILLON, EDMUND, have received the Patient Summary, accompanying education materials, and have verbalized understanding:

Inpatient Depart Summary

Please be sure to contact your physician as soon as possible and let him/her know about the new prescription you have been given. Be sure to ask for instructions on continuing the medications you were on before you were admitted to the hospital.

Immunizations:

Immunization(s) Given This Visit

Name	Date
diphtheria/pertussis, acel/tetanus adult	02/23/15 16:32:00

Patient Education:

Yes - Patient/Caregiver has received a copy of the following education materials from the Patient Education database within EPIcenter (the electronic medical record)

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The ICU is a busy place. There may be other patients with monitors in the same unit. Be prepared to see lots of wires, tubes, and equipment.

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Monitors

Monitors have alarms that signal the nurse when something needs to be checked. But alarms are not always cause for concern. Sometimes even a patient"s slight move may sound an alarm.

Oxygen

Patients in the ICU often need extra oxygen. It may be given through a face mask, ventilator, or nasal cannula. The cannula is a soft tube with two prongs that fit just inside the nose.

Ventilator

A ventilator is a machine that helps a person breathe. If your loved one has breathing problems, he or she may be connected to a ventilator by a special tube. The tube goes in through the nose or mouth. The patient will be unable to speak while on a ventilator. Flash cards or a writing tablet may help in communication.

Compression Stockings

Special compression stockings or other devices may be used to help prevent blood clots.

Tests

Frequent tests and treatments may be performed. At times like these, you may be asked to leave the room to clear the area around the patient. Blood may be drawn frequently, but don"t worry. The body contains a large volume of blood and slowly replaces any blood drawn.

Medication

Medications can cause sleepiness, nausea, or confusion. Your loved one may be receiving several types of medication. These can include antibiotics, sedatives, and medication for pain. Let the nurse know if your loved one seems to be in pain.

IV Lines and Tubes

Your loved one may have one or more IV (intravenous) lines and tubes in place. Tubes help drain or suction fluids or air from the patient"s body. Some IV lines provide nutrition and medication. Others measure blood or heart pressure. Don"t worry if you see an air bubble in the line. All lines and tubes are closely monitored.

Restraints

Your loved one"s hands (and sometimes ankles) may need to be restrained. This prevents him or her from pulling out tubes or wires. The nurse may allow you to remove restraints during a visit. If so, you need to watch carefully so your loved one doesn"t pull out any tubes.

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Understanding Ventilators

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Why a Ventilator?

- A ventilator is needed when a person can"t breathe well on his or her own.
- Sometimes, breathing takes too much of a person"s energy. If so, the ventilator can take over and do the work.
- Ventilators are common during or after certain surgeries and for lung illnesses.

How Long Is It Used?

- A ventilator can be used for a few hours to a few months or years. How long it is used depends on why it is needed.

- If the ventilator is needed for more than a few weeks, the vocal cords can become damaged. To protect the vocal cords, the breathing tube may be placed into an opening made in the patient"s throat.

Keep Your Loved One Comfortable

- A health care provider is always nearby to check on your loved one.
- If awake, the patient will be able to hear, but not speak. Writing pads and other tools can help him or her communicate.
- Know that medication given to help the patient relax can also make him or her confused and sleepy.

What You May Notice

- A breathing tube carries oxygen from the ventilator to the patient. This tube enters the patient"s mouth or nose.
- Monitors, lights, and alarms alert care providers to changes or problems.
- Tubes give the patient fluid, nutrition, and medication. Tubes may also help with other tasks, such as emptying the patient"s bladder.
- Restraints may hold the patient"s wrists. These keep the patient from accidentally pulling out tubes. But they don"t stop him or her from moving or using the button to call for a care provider.
- The patient may be given medication that prevents movement. This helps conserve his or her energy. Medication also helps him or her relax and sleep.

How You Can Help

- Try to keep your visits short.
- A person on a ventilator can catch some illnesses more easily. Don"t visit if you"re sick.
- At times, you may be asked to wear a mask over your mouth and nose.
- Follow any instructions the health care provider gives you.
- If you have concerns or questions, ask the health care provider.

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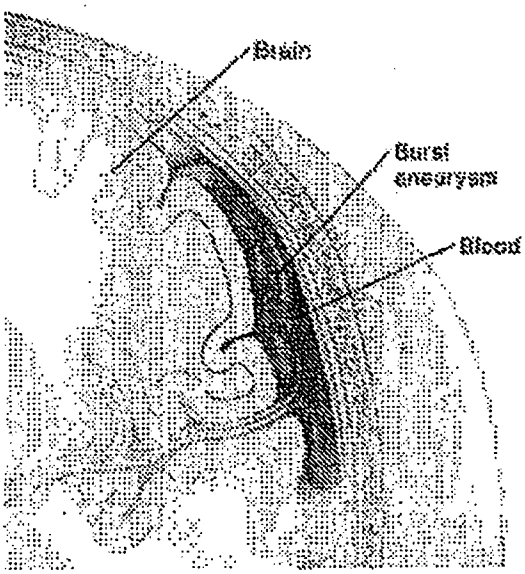
What Is a Subarachnoid Hemorrhage (Stroke)?

A stroke is the interruption of blood flow to part of the brain. A subarachnoid hemorrhage is a type of stroke. A blood vessel on the surface of the brain bursts (hemorrhages). This spills blood into the surrounding tissue. This type of stroke often happens suddenly, with little warning. It is the most serious of all types of strokes.



During a Subarachnoid Hemorrhage

This type of stroke happens when a major blood vessel bursts on the surface of the brain. Normally, the space between the brain and the skull is filled with a clear fluid. When the blood vessel bursts, blood flows into the space between the brain and the skull. The amount of fluid in this space increases and puts pressure on the brain. This pressure can damage nearby parts of the brain.

Most of these strokes happen when a cerebral aneurysm bursts. An aneurysm is a weak spot in the wall of a blood vessel. A bubble often forms in this weak spot. In some cases, a cerebral aneurysm causes pain or other symptoms. In most cases, though, an aneurysm causes no symptoms until it bursts.

Symptoms of a Subarachnoid Hemorrhage

Any stroke is a medical emergency. If you have any of the following symptoms, even if they seem to get better, **call 911 right away:**

- Sudden, excruciating headache

- Nausea and vomiting (often with headache)
- Sudden decrease in alertness
- Trouble moving or loss of feeling
- Sudden mood changes
- Sudden dimness, double vision, or loss of vision, particularly in one eye
- Eyes suddenly very sensitive to light
- Neck and shoulder pain or stiff neck
- Seizure

Treating Hemorrhagic Stroke

The acute phase lasts from the first minutes to hours after symptoms begin. During this phase, treatment focuses on relieving pressure on the brain and preventing further damage. A procedure or surgery may be done to repair the burst aneurysm. A drain may be placed into the brain to relieve pressure. Medications to control blood pressure may be given through an IV line. Pain medications can also be given as needed. Tests will likely be done to check for other aneurysms in the brain. If they are found, surgery may be done to reduce the risk that they will burst and bleed.

After the acute phase, treatment focuses on recovery. Long-term damage from a stroke can include paralysis, trouble speaking or understanding, and trouble thinking clearly. Rehabilitation therapy (rehab) can help reduce these effects and regain skills. Rehab begins in the hospital. It then continues in an inpatient or outpatient facility, and eventually at home. It will focus on regaining lost skills. It may include:

- Help regaining movement.
- Therapy for speech and language
- Help with swallowing
- Help reducing risk factors for another stroke, such as smoking

In addition, medications that help prevent another stroke may be given. These include medications to control blood pressure and prevent bleeding.

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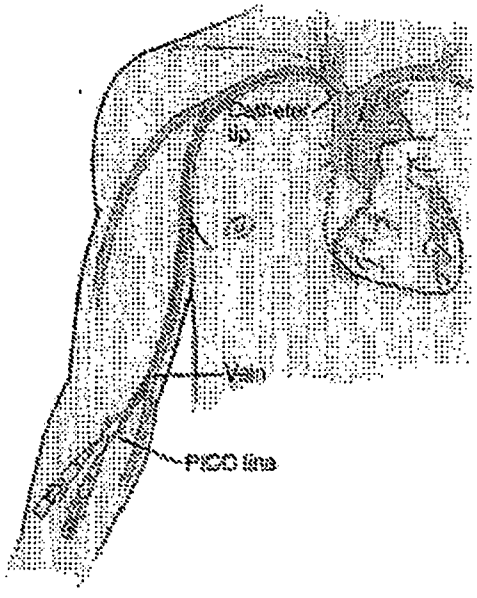
Peripherally Inserted Central Catheter (PICC)

You need a peripherally inserted central catheter (PICC) for your treatment. A catheter is a small, soft tube. The catheter is inserted into a vein in your arm. It is then moved through your vein until the tip sits in the large vein (vena cava) near your heart. A PICC is often used when treatment requires you to receive medication or nutrition for weeks or months. When you no longer need the PICC, your health care provider will remove it. Your skin will then heal. This article tells you more about a PICC and how a health care provider places it in your body.



A PICC may have more than one lumen (channel). This means that different fluids or medications can be given at once. Keep in mind that your PICC should be accessed only by trained medical professionals.

Why Do I Need a PICC?

A PICC takes the place of a standard IV (intravenous) line. A standard IV needs to be changed every few days. Since the PICC can stay in place longer, you may have fewer needlesticks during your

treatment. There is less damage to the small veins where an IV would normally be inserted. Your doctor or nurse can give you more details about why you need the PICC.

Receiving a PICC

A brief procedure is done to place the PICC in your body. This will be done in your hospital room, the radiology department, or somewhere else in the hospital. It may differ slightly from the steps described here. Your health care team can tell you what to expect. In general, during PICC placement:

- You"re fully covered with a large sterile sheet (drape). This lowers risk for infection. Only the spot where the PICC will be placed is exposed. The skin here is cleaned with an antiseptic solution.
- Ultrasound images may be viewed on a video monitor. These are used to help find the best vein to use.
- The area where the PICC will be inserted is numbed with an injection of local anesthetic. This prevents pain during the PICC placement.
- After the pain medication takes effect, the catheter is gently passed into the vein. It"s advanced until the tip is in the vena cava, close to the heart.
- The other end of the catheter extends a few inches from your skin. It may be loosely attached to the skin with sutures (stitches) or a securement device (such as STATLOCK).
- The doctor or nurse will flush the catheter with saline solution, to clear it. The solution may include heparin, which prevents blood clots.
- An X-ray or other imaging test is done. This confirms the catheter"s position and checks for problems.

Risks and Complications

As with any procedure, getting a PICC has certain risks. These include:

- Infection
- Bleeding problems
- An irregular heartbeat
- Injury to the vein or to lymph ducts near the vein
- Inflammation of the vein (phlebitis)
- Clots or air bubbles in the bloodstream

- Blockage of a blood vessel leading to the lung (pulmonary embolism)
- Nerve injury
- Accidental insertion into an artery instead of a vein
- Catheter not positioned correctly

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Community Education for Specific Diseases

- **If you have been told you have Heart Failure/Cardiomyopathy, Heart Attack, Stroke/TIA (or a history of one of these conditions)** or you are taking Coumadin (Warfarin) see Disease-Specific information below

- **If you know someone with any of the symptoms of Heart Attack or Stroke, follow the directions below. Acting fast may save a life.**

HEART FAILURE/ Cardiomyopathy or "Weak Heart"

WHEN TO CALL THE MD
Worsening Symptoms
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- Frequent dry hacking cough
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RISK FACTORS
Include, but are not limited to:
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- Diabetes
- Overweight
- Excessive Alcohol Use
- Substance abuse (i.e. cocaine)
- Previous heart attack
- Coronary artery disease
- Chemotherapy
- Thyroid disorder
- HIV/AIDs

- Sleep apnea
- Congenital heart disease
- Heart valve disease

SPECIAL INSTRUCTIONS

- **Activity:** follow restrictions given.
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- For severe chest pain or shortness of breath, CALL 911 IMMEDIATELY. DO NOT DRIVE YOURSELF TO THE HOSPITAL.

HEART ATTACK Myocardial Infarction (AMI)

WHEN TO CALL THE MD

Warning Signs

- Unrelieved chest, shoulder/arm, back, stomach, or jaw pain or pressure
- Fast or irregular heartbeats
- Nausea, vomiting, or "cold sweat"
- Fullness, indigestion or choking feeling
- Anxiety
- Shortness of breath or more shortness of breath than normal
- Fatigue, weakness, numbness or dizziness

RISK FACTORS

Include, but are not limited to:

- Smoking or second-hand smoke
- High Blood Pressure
- Elevated Cholesterol
- Diabetes
- Overweight

- Physical Inactivity
- Excessive Alcohol Use
- Substance abuse (i.e. cocaine)

SPECIAL INSTRUCTIONS

- If you are not allergic to aspirin and have chest pain, chew an aspirin (325 mg) immediately
- If chest pain is not relieved 5 minutes after taking 1 nitroglycerin tablet, **CALL 911 IMMEDIATELY. DO NOT DRIVE YOURSELF TO THE HOSPITAL.**
- Lie or sit down when taking nitroglycerin.
- While you wait on the ambulance you may take a second dose of nitroglycerin and if your chest pain is not relieved in 5 minutes you may take a third and final dose of nitroglycerin.
- Write date opened on nitroglycerin bottle and replace supply every 6 months.
- Women often have different symptoms of heart attack than men. Common symptoms include sweating, vomiting, palpitations, sleep disturbance, dizziness/ fainting, overwhelming fatigue, anxiety, sense of impending doom, chest discomfort, pressure, or burning, shortness of breath or difficulty breathing, nausea or indigestion not relieved by antacids, pain or weakness in the shoulders, back, neck, arm, jaw, or all over body. If you experience any of these symptoms, **call 9-1-1.**
- Take your medicines as directed even if you feel good. DO NOT stop taking medications unless told to stop by your doctor. If you have a problem with a medication, discuss this with your doctor immediately.

STROKE "CVA or TIA (Mini Stroke)"

WHEN TO CALL THE MD

Warning Signs

- Severe headache, nausea, vomiting
- Visual changes in either or both eyes
- Sudden loss of balance, dizziness
- Sudden right or left side weakness, numbness of face, arm, or leg
- Facial drooping on one side, uneven smile
- Sudden confusion, trouble speaking or understanding what is said

RISK FACTORS

Include but are not limited to:

- Smoking or second- hand smoke
- High Blood Pressure
- Elevated cholesterol
- Diabetes
- Overweight (BMI 25 or greater)
- Physical Inactivity

- Excessive Alcohol Use
- Carotid Artery Stenosis
- Atrial fibrillation

SPECIAL INSTRUCTIONS
If you are experiencing any of the Stroke Warning Signs **CALL 911 IMMEDIATELY. DO NOT DRIVE YOURSELF TO THE HOSPITAL.**

COUMADIN (WARFARIN) THERAPY

WHEN TO CALL THE MD
Worsening Symptoms
- Unexplained or multiple bruising
- Blood in urine or stool (black tarry stools)
- Abrasions or cuts that will not stop bleeding
- Vomiting blood (may look like coffee grounds)
- Notify your doctor if any changes are made in any of your medications or your diet, as this may change how thin your blood is. You may need to have a lab test.

SPECIAL INSTRUCTIONS
- Coumadin increases the risk of bleeding.
- Carry ID card or wear bracelet stating you are taking Coumadin
- Take your Coumadin exactly as ordered at the same time each day
- If you miss a dose, don't take an extra tablet to make up for it.
- Take the missed dose as soon as possible on the same day, but do not take a double dose the next day to make up for the dose that was missed.
- If you forget to take a dose of Warfarin, remember to tell your health care provider at your next visit or blood test appointment so that they can best assess your dosing schedule.
- Do not take or discontinue any medication except on the advice of a physician.
- Keep appointments for lab to monitor how thin your blood is.
- Review Coumadin booklet or medication information sheet
- Keep your diet pretty much the same each day because many foods contain Vitamin K which helps your blood clot.
- You don't need to avoid foods with Vitamin K, but you do need to keep the amount you eat about the same each day.
- If your diet changes for any reason (such as due to illness, or need to lose weight), notify your doctor.
- Avoid activities with a high risk of injury

I, DILLON, EDMUND, have received the Patient Summary, accompanying education materials, and have verbalized understanding:

Progress Notes

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/23/2015 20:40 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Drawdy PA-C,Karen M (2/23/2015 20:45 EST)
ELECTRONICALLY SIGNED BY:	Toussaint MD,Charles P (2/24/2015 08:18 EST); Drawdy PA-C,Karen M (2/23/2015 20:45 EST)

Neurosurgery Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: Sex: DOB:
Associated Diagnoses: **None**
Author: **Drawdy PA-C, Karen M**

Chief Complaint
SAH, SDH with midline shift on head CT

History of Present Illness
56 y/o that fell today and brought to ER. Head CT revealed SAH and SDH with midline shift and neurosurgery was consulted. Patient has decompensated while in the ER and is about to get intubated. He is drowsy at time of exam and unable to communicate or contribute to history.

POD#0 right craniectomy for SDH

Review of Systems
Unable to obtain due to patients condition

Health Status
Allergies: Unable to obtain due to patients condition

Current medications: Unable to obtain due to patients condition

Problem list:
Active Problems (3)
At risk of venous thromboembolus
Cirrhosis
Frequent falls

home meds: none

Histories
Past Medical History:
Resolved

Alcoholism (SNOMED CT 792E1B04-FED7-48CF-9C4C-9C74AABCAAF5): Resolved., unknown due to patient's conditon

Family History: unknown due to patient's conditon

Procedure history: unknown due to patient's conditon

Social History

unknown due to patient's conditon.

Physical Examination

VS/Measurements

Vital Signs

02/23/15 20:00	Heart Rate Monitored	84 bpm Normal
02/23/15 19:00	Heart Rate Monitored	90 bpm Normal
02/23/15 18:59	Heart Rate Monitored	85 bpm Normal
02/23/15 15:15	Heart Rate Monitored	77 bpm Normal
02/23/15 15:09	Heart Rate Monitored	78 bpm Normal
02/23/15 15:05	Heart Rate Monitored	79 bpm Normal
02/23/15 14:48	Heart Rate Monitored	79 bpm Normal
02/23/15 13:47	Heart Rate Monitored	74 bpm Normal
02/23/15 13:34	Heart Rate Monitored	76 bpm Normal
02/23/15 12:35	Heart Rate Monitored	82 bpm Normal
02/23/15 11:35	Heart Rate Monitored	80 bpm Normal

Vitals Signs (last 24 hrs)	Maximum		Last Charted		Minimum	
Temp	98.5 (FEB 23 20:00)	98.3 (FEB 23 11:35)	(FEB 23 20:00)		98.5	(FEB 23 20:00)
Resp Rate	19 (FEB 23 20:00)	H 24 (FEB 23 11:35)			14	(FEB 23 13:47)
SBP	119	(FEB 23 20:00)	94	(FEB 23 13:34)	140	(FEB 23 14:48)
DBP	71	(FEB 23 20:00)	71	(FEB 23 20:00)	87	(FEB 23 14:48)

General: intubated. does not follow commands. withdraws to pain. .
Eye: icteric sclera bilateral, pupils pinpoint bilateral.
HENT: laceration to back of head, post op dressing in place. drain in place. .
Neck: c collar.
Respiratory: intubated.
Cardiovascular: Normal rate.

Musculoskeletal: left sided weakness, does not follow commands. withdraws to pain all four extremities. .
Integumentary: jaundiced.
Neurologic: decreased sensation and movement on left side prior to craniectomy, Not alert.
Glasgow Coma Scale: Eye opening response (No response = 1), Motor response (Withdraws from noxious stimulus = 4), Verbal response (Mute = 1), Total score 6 (intubated).
Psychiatric: Cooperative.

Review / Management

Results review:

Labs (Last four charted values)

WBC				
	10.7	(FEB 23)		
Hgb	L **11.8**	(FEB 23)		
Hct	L **37.5**	(FEB 23)		
Plt	L **127**	(FEB 23)		
Na	C **118**	(FEB 23)		
K	L **3.1**	(FEB 23)		
CO2	25	(FEB 23)		
Cl	L **82**	(FEB 23)		
Cr	1.2	(FEB 23)		
BUN				
	H **26**	(FEB 23)		
Glucose		H **118**	(FEB 23)	
Ca	L **8.1**	(FEB 23)		
INR	1.6	(FEB 23)	1.7	(FEB 23)
PTT	33.9	(FEB 23)	H **39.9**	(FEB 23)

Radiology results:
CT head:

SUMMARY:

1. Right frontal hematoma size dimensions given above the peripheral hypodensity. There is also a 1.6 cm right frontotemporal parietal subdural hematoma with areas of layering low density within as well. Acute on chronic hematomas are suggested. There is also subarachnoid blood within the left Sylvian fissure with a more superolateral globular appearance of blood within the superior aspect of the Sylvian fissure, likely subarachnoid in location as well. Extended followup recommended.

2. 9 mm right to left midline shift due to mass effect from the right-sided hematoma as described.

CT cervical spine:

IMPRESSION:

No fractures or subluxation within the cervical spine with moderate to marked canal stenosis at the C5-C6 secondary to posterior spinal disc bulging. There is also degenerative disc disease present at the C3-C4, C4-C5, and C6-C7 levels without significant canal stenosis suggested at C3-C4 with minimal encroachment upon the canal suggested at the C4-C5 and C6-C7 levels. Left-sided neural foraminal stenosis present at the C6-C7, bilateral neural foraminal stenosis suggested at the C5-C6 and right-sided neural foraminal stenosis suggested at the C4-C5 level.

Impression and Plan

SDH, SAH

Plan:

1. Keppra 500 bid
2. repeat HCT in am
3. hold all anticoagulants
4. SBP<160
5. q 1 hour neuro checks
6. drain care
7. Ancef for drain. d/c once drain is pulled.
8. remove dressing on POD#2

Electronically Signed & Verified on 02/23/2015 20:45
by Drawdy PA-C, Karen M

Electronically Signed & Verified on 02/24/15 08:18
by Toussaint MD, Charles P

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/24/2015 06:17 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Depp MD,Timothy B (2/24/2015 14:18 EST)
ELECTRONICALLY SIGNED BY:	Luis MD,Alejandro J (2/24/2015 19:31 EST); Depp MD, Timothy B (2/24/2015 14:18 EST)

STICU Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: Sex: **Male** DOB:
Associated Diagnoses: **None**
Author: **Depp MD, Timothy B**

Progress Notes

Chief Complaint

56yo M s/p fall with acute on chronic subdurals and large R ICH, worsening s/p hemicraniectomy, in the setting of apparent acute liver failure and elevation of bilirubin.

2/24/15: Worsening status, family updated at bedside, CVC inserted L groin for access given patients rapid fluctuation between hypo and hypernatremia. Neurosurgery recommends supportive measures at this time.

Review of Systems

Status: Unable to obtain..

Histories

Past Medical History

Resolved
Alcoholism (792E1B04-FED7-48CF-9C4C-9C74AABCAAF5): Resolved.
Skin cancer (2536564013): Resolved..

Physical Examination

VS/Measurements

Vital Signs

02/24/15 12:00		
	Temperature Bladder	37.6 DegC Normal
	Temperature Bladder,degF	99.7 DegF Normal
	Heart Rate Monitored	93 bpm Normal
	Respiratory Rate	**24 br/min HIGH**
	NIBP Systolic	110 mmHg
	NIBP Diastolic	62 mmHg
	NIBP Mean Calculated	78 mmHg
	NIBP Mean Monitored	74 mmHg
	Invasive Systolic BP	111 mmHg
	Invasive Diastolic BP	49 mmHg

HENT: Bandage from hemicrani in place, face atraumatic.
Neck: Supple.
Cardiovascular: Normal rate.
Gastrointestinal: Soft, Non-tender.
Integumentary: Warm, Dry.
Neurologic: Withdraws to pain on right.

Review / Management

Results review:

Labs (Last four charted values)

WBC	9.4	(FEB 24)	10.7	(FEB 23)
Hgb	L 9.0	(FEB 24)	L 11.8	(FEB 23)
Hct	L 28.4	(FEB 24)	L 37.5	(FEB 23)

Plt							
	L 107	(FEB 24)	L 127	(FEB 23)			
Na							
	L 128	(FEB 24)	136	(FEB 23)	C 118	(FEB 23)	
K							
	L 2.6	(FEB 24)	L 3.1	(FEB 23)			
CO2		L 18	(FEB 24)	25	(FEB 23)		
Cl							
	98	(FEB 24)	L 82	(FEB 23)			
Cr							
	0.7	(FEB 24)	1.2	(FEB 23)			
BUN		H 21	(FEB 24)	H 26	(FEB 23)		
Glucose		85	(FEB 24)	H 118	(FEB 23)		
Mg		L 1.1	(FEB 24)				
Phos		L 1.3	(FEB 24)				
Ca							
	L 6.3	(FEB 24)	L 8.1	(FEB 23)			
INR		1.6	(FEB 23)	1.7	(FEB 23)		
PTT		H 37.3	(FEB 24)	33.9	(FEB 23)	H 39.9	(FEB 23)

CT: S/p hemicrani, worsening ICH

Impression and Plan

56yo M s/p fall with acute on chronic subdurals and large R ICH, worsening s/p hemicraniectomy, in the setting of apparent acute liver failure and elevation of bilirubin

Procedures:
2/23 Hemicraniectomy

Consults:
Neurosurgery (Toussaint)
Palliative care

Respiratory
CXR: No infiltrate
ABG: (H) 7.51 (L) 27 (H) 162 (L) 20.9 -1.0

Infectious
No Cultures
No Fever

Cardiovascular
No tachycardia or hypotension

Heme: Some decrement status post hemicraniectomy, 50cc from drain overnight

Metabolic: Significant metabolic derangements, Sodium 126 (from 128, 136, 118), potassium 2.6, magnesium 1.1, replace.

Progress Notes

GI: Patient with elevated direct v. indirect bilirubin suggestive of obstruction, though portal congestion with pan-organomegaly is noted on abdominal CT, suggesting a subacute. No leukocytosis or fever to suggest infectious source.
Consult GI
Monitor labs

Neuro: Very poor neurologic prognsosis. Anticipate dismal outcome. Have discussed with family. Neurosurgery following. Keppra. Repeat HCT in am. BP goals less than 160. Ancef until drain removal.

MSK: No obvious injuries.

PPX
Hold anticoag for now
PPI for now

Dispo
Critically ill. STICU until stabilized

Teaching Attestation
Teaching physician note
Teaching physician note:
Note reviewed. I agree with resident findings.

Participation: I personally saw and examined patient with the resident.
In addition to Care Plan, I manage the following:
Consultants.
Pain Contol.
DVT Prophylaxis: SCD's.
Glycemic Control.
Nutritional Support.
Stress Ulcer Prophylaxis.
Foley: Ongoing resuscitation.
Respiratory failure; ventilatory management on SIMV and no room for weaning given mental status
Hepatic failure; patient family requested consultation with MUSC about possible transplant. We have contacte them and he is not a candidate
Neurologic prognosis poor per NSG and I agree that palliative care consult is a reasonable avenue to pursue at this time
MELD 26; have asked for GI input - likely benefit from lactulose...+/- paracentesis
Hyponatremic and can administer 3% via central line placed today
Neurogenic shock; central access obtained for stand by vassopressor support to maintain MAP > 60mmHg
Malnutrition; can begin tube feeds, but only at trophic rate as he is likely to suffer refeeding based on current hypomagnesemia/hypophos
Need to decrease rate on vent to correct hypocapnea

Non Medication Orders

Order: Auto Diff
Order Start Date/Time: 2/23/2015 11:59 EST
Order Date/Time: 2/23/2015 12:39 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 14:20 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/23/2015 14:20 EST
Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087689.000000, 02/23/15 11:59:00, 02/23/15 11:59:00
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 12:39 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Mackie MD,Emily L | Supervising Provider: | Communication Type: Discern Expert
Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087689.000000, 02/23/15 11:59:00, 02/23/15 11:59:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/23/2015 12:39 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Mackie MD,Emily L | Supervising Provider: | Communication Type:
Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087689.000000, 02/23/15 11:59:00, 02/23/15 11:59:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/23/2015 12:40 EST | Action Personnel: Roberts,Rose-Marie A
Responsible Provider: Mackie MD,Emily L | Supervising Provider: | Communication Type:
Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087689.000000, 02/23/15 11:59:00, 02/23/15 11:59:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel | Action Date/Time: 2/23/2015 14:20 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087689.000000, 02/23/15 11:59:00, 02/23/15 11:59:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Diff Morphology
Order Start Date/Time: 2/23/2015 12:06 EST
Order Date/Time: 2/23/2015 14:20 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/23/2015 14:25 EST		End-state Reason:	
Ordered and Electronically Signed By: Mackie MD,Emily L		Consulting Physician:	

Entered By: Partain,Maria M on 2/23/2015 14:25 EST
Order Details: 02/23/15 12:06:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087689.000000, 02/23/15 12:06:00, 02/23/15 12:06:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 14:20 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 12:06:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087689.000000, 02/23/15 12:06:00, 02/23/15 12:06:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 14:20 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 12:06:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087689.000000, 02/23/15 12:06:00, 02/23/15 12:06:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 14:25 EST	Action Personnel: Partain,Maria M
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 12:06:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087689.000000, 02/23/15 12:06:00, 02/23/15 12:06:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Glomerular Filtration Rate
Order Start Date/Time: 2/23/2015 11:59 EST
Order Date/Time: 2/23/2015 13:30 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 13:30 EST | End-state Reason:
Ordered and Electronically Signed By: Mackie MD,Emily L | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/23/2015 13:30 EST
Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087690.000000, 02/23/15 11:59:00, 02/23/15 11:59:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 13:30 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087690.000000, 02/23/15 11:59:00, 02/23/15 11:59:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 13:30 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087690.000000, 02/23/15 11:59:00, 02/23/15 11:59:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 13:30 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087690.000000, 02/23/15 11:59:00, 02/23/15 11:59:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Manual Diff
Order Start Date/Time: 2/23/2015 12:06 EST
Order Date/Time: 2/23/2015 14:20 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/23/2015 14:25 EST		End-state Reason:	
Ordered and Electronically Signed By: Mackie MD,Emily L		Consulting Physician:	
Entered By: Partain,Maria M on 2/23/2015 14:25 EST			

Order Details: 02/23/15 12:06:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087689.000000, 02/23/15 12:06:00, 02/23/15 12:06:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 14:20 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 12:06:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087689.000000, 02/23/15 12:06:00, 02/23/15 12:06:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 14:20 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 12:06:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087689.000000, 02/23/15 12:06:00, 02/23/15 12:06:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 14:25 EST	Action Personnel: Partain,Maria M
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 12:06:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 9087689.000000, 02/23/15 12:06:00, 02/23/15 12:06:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Micro Auto
Order Start Date/Time: 2/23/2015 20:30 EST
Order Date/Time: 2/23/2015 20:44 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 21:06 EST | End-state Reason:
Ordered and Electronically Signed By: Berdel MD,Henrik O | Consulting Physician:
Entered By: Stiles,Jason A on 2/23/2015 21:06 EST
Order Details: 02/23/15 20:30:00, Stat, ST - Stat OT, Specimen: Catheterized Urine, 9101138.000000, 02/23/15 20:30:00, Nurse To Collect, 02/23/15 20:30:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 20:44 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 20:30:00, Stat, ST - Stat OT, Specimen: Catheterized Urine, 9101138.000000, 02/23/15 20:30:00, Nurse To Collect, 02/23/15 20:30:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 20:44 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 20:30:00, Stat, ST - Stat OT, Specimen: Catheterized Urine, 9101138.000000, 02/23/15 20:30:00, Nurse To Collect, 02/23/15 20:30:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 20:44 EST	Action Personnel: Connell,Debra M
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 20:30:00, Stat, ST - Stat OT, Specimen: Catheterized Urine, 9101138.000000, 02/23/15 20:30:00, Nurse To Collect, 02/23/15 20:30:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 21:06 EST	Action Personnel: Stiles,Jason A
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 20:30:00, Stat, ST - Stat OT, Specimen: Catheterized Urine, 9101138.000000, 02/23/15 20:30:00, Nurse To Collect, 02/23/15 20:30:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: ABO/Rh Blood Type
Order Start Date/Time: 2/23/2015 15:06 EST
Order Date/Time: 2/23/2015 15:06 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: Blood Bank
End-state Date/Time: 2/23/2015 15:26 EST | End-state Reason:
Ordered and Electronically Signed By: Smith MD,Ryan B | Consulting Physician:
Entered By: King,Jason D on 2/23/2015 15:26 EST
Order Details: Add-On Stat, OT, Specimen: Blood, 02/23/15 15:06:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:07 EST	Action Personnel: Grosse RN,Jennifer E
Responsible Provider: Smith MD,Ryan B	Supervising Provider:	Communication Type: Inbox VORB

Order Details: Add-On Stat, OT, Specimen: Blood, 02/23/15 15:06:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Electronically Signed, Smith MD,Ryan B on 3/8/2015 13:21 EDT
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:09 EST	Action Personnel: Byrd,Bianca A
Responsible Provider: Smith MD,Ryan B	Supervising Provider:	Communication Type:

Order Details: Add-On Stat, OT, Specimen: Blood, 02/23/15 15:06:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 15:26 EST	Action Personnel: King,Jason D
Responsible Provider: Smith MD,Ryan B	Supervising Provider:	Communication Type:

Order Details: Add-On Stat, OT, Specimen: Blood, 02/23/15 15:06:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: ABO/Rh Blood Type Manual
Order Start Date/Time: 2/23/2015 12:00 EST
Order Date/Time: 2/23/2015 17:30 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: Blood Bank
End-state Date/Time: 2/23/2015 17:35 EST | End-state Reason:
Ordered and Electronically Signed By: Jones MD,Mark A | Consulting Physician:
Entered By: Raines,Donna M on 2/23/2015 17:35 EST
Order Details: Stat, OT, Specimen: Blood, 02/23/15 12:00:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 17:31 EST	Action Personnel: Raines,Donna M
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type: Paper/Fax

Order Details: Stat, OT, Specimen: Blood, 02/23/15 12:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 17:31 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type:

Order Details: Stat, OT, Specimen: Blood, 02/23/15 12:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 17:35 EST	Action Personnel: Raines,Donna M
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type:

Order Details: Stat, OT, Specimen: Blood, 02/23/15 12:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: ABO/Rh Verification Manual
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 15:27 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: Blood Bank
End-state Date/Time: 2/23/2015 15:34 EST | End-state Reason:
Ordered and Electronically Signed By: Jones MD,Mark A | Consulting Physician:
Entered By: King,Jason D on 2/23/2015 15:34 EST
Order Details: Stat, OT, Specimen: Blood, 02/24/15 15:27:12, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:28 EST	Action Personnel: King,Jason D
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type: Paper/Fax

Order Details: Stat, OT, Specimen: Blood, 02/24/15 15:27:12, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:29 EST	Action Personnel: King,Jason D
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type:

Order Details: Stat, OT, Specimen: Blood, 02/24/15 15:27:12, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:29 EST	Action Personnel: King,Jason D
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type:

Order Details: Stat, OT, Specimen: Blood, 02/24/15 15:27:12, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 15:34 EST	Action Personnel: King,Jason D
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type:

Order Details: Stat, OT, Specimen: Blood, 02/24/15 15:27:12, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Add to List
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/23/15 14:56:00, 827 Trauma
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, 827 Trauma
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, 827 Trauma
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Add to List
Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 22:03 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/27/15 8:57:00, # 80285
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:57:00, # 80285
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:57:00, # 80285
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Admit to Inpatient Status
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 14:56:00, At least 2 Midnights, Stop 02/23/15 14:56:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider: Luis MD,Alejandro J	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, At least 2 Midnights, Stop 02/23/15 14:56:00
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, At least 2 Midnights, Stop 02/23/15 14:56:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Adult Indwelling urinary Catheter Assessments,Insertion,and Removal Guideline
Order Start Date/Time: 2/23/2015 14:51 EST
Order Date/Time: 2/23/2015 14:51 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: CPOE
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Jones MD,Mark A | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 14:51:00, Routine
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 14:51 EST	Action Personnel: Grosse RN,Jennifer E
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/23/15 14:51:00, Routine
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 14:54 EST
Doctor Cosign: Electronically Signed, Jones MD,Mark A on 2/24/2015 08:01 EST
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:51:00, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Alcohol/Ethanol Level
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 15:38 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/23/2015 15:38 EST
Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Order Comment: If not done in the Emergency Department

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Doctor Cosign: Not Required
Order Comment: If not done in the Emergency Department

Action Type: Status Change	Action Date/Time: 2/23/2015 15:06 EST	Action Personnel: Gause,Kem A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:06 EST	Action Personnel: Gause,Kem A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 15:38 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Ammonia Level
Order Start Date/Time: 2/23/2015 12:00 EST
Order Date/Time: 2/23/2015 12:00 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 12:55 EST | End-state Reason:
Ordered and Electronically Signed By: Mackie MD,Emily L | Consulting Physician:
Entered By: Baker,Tiffany M on 2/23/2015 12:55 EST
Order Details: 02/23/15 12:00:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 12:00:00, 02/23/15 12:01:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 12:01 EST	Action Personnel: Mackie MD,Emily L
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 12:00:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 12:00:00, 02/23/15 12:01:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Watson RN,Jennifer D on 2/23/2015 12:14 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 12:34 EST	Action Personnel: Roberts,Rose-Marie A
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 12:00:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 12:00:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 12:34 EST	Action Personnel: Roberts,Rose-Marie A
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 12:00:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 12:00:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 12:55 EST	Action Personnel: Baker,Tiffany M
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 12:00:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 12:00:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Ammonia Level
Order Start Date/Time: 2/23/2015 23:43 EST
Order Date/Time: 2/23/2015 23:43 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/24/2015 01:01 EST | End-state Reason: Cancel with Order
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Looney RN,Marisa A on 2/24/2015 01:01 EST
Order Details: 02/23/15 23:43:00, ASAP, AP - ASAP OT, Specimen: Blood, 02/23/15 23:43:00, 02/23/15 23:43:00, Print Label
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 23:43 EST | Action Personnel: Looney RN,Marisa A
Responsible Provider: Drawdy PA-C,Karen M | Supervising Provider: | Communication Type: Inbox TORB
Order Details: 02/23/15 23:43:00, ASAP, AP - ASAP OT, Specimen: Blood, 02/23/15 23:43:00, 02/23/15 23:43:00, Print Label
Review Information:
Doctor Cosign: Electronically Signed, Drawdy PA-C,Karen M on 2/27/2015 07:50 EST
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/24/2015 01:01 EST | Action Personnel: Looney RN,Marisa A
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/23/15 23:43:00, ASAP, AP - ASAP OT, Specimen: Blood, 02/23/15 23:43:00, 02/23/15 23:43:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Antibody Screen LISS
Order Start Date/Time: 2/23/2015 12:00 EST
Order Date/Time: 2/23/2015 17:31 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: Blood Bank
End-state Date/Time: 2/23/2015 17:56 EST | End-state Reason:
Ordered and Electronically Signed By: Jones MD,Mark A | Consulting Physician:
Entered By: Raines,Donna M on 2/23/2015 17:56 EST
Order Details: Stat, OT, Specimen: Blood, 02/23/15 12:00:00, Print Label
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 17:31 EST | Action Personnel: Raines,Donna M
Responsible Provider: Jones MD,Mark A | Supervising Provider: | Communication Type: Paper/Fax
Order Details: Stat, OT, Specimen: Blood, 02/23/15 12:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/23/2015 17:31 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Jones MD,Mark A | Supervising Provider: | Communication Type:
Order Details: Stat, OT, Specimen: Blood, 02/23/15 12:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/23/2015 17:35 EST | Action Personnel: Raines,Donna M
Responsible Provider: Jones MD,Mark A | Supervising Provider: | Communication Type:
Order Details: Stat, OT, Specimen: Blood, 02/23/15 12:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/23/2015 17:56 EST | Action Personnel: Raines,Donna M
Responsible Provider: Jones MD,Mark A | Supervising Provider: | Communication Type:
Order Details: Stat, OT, Specimen: Blood, 02/23/15 12:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Aspiration Precautions
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Precautions
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 14:56:00, Routine, Only if C-Spine has been cleared may patients HOB be elevated
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Routine, Only if C-Spine has been cleared may patients HOB be elevated
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Routine, Only if C-Spine has been cleared may patients HOB be elevated
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Aspiration Precautions
Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Precautions
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/27/15 8:57:00, Routine
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:57:00, Routine
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:57:00, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: AUDIT Tool
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/23/15 14:56:00, PRN, Complete AUDIT Alcohol Use Screening and Intervention form
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 14:56:00, PRN, Complete AUDIT Alcohol Use Screening and Intervention form
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:36 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 01:41 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/23/15 14:56:00, PRN, Complete AUDIT Alcohol Use Screening and Intervention form
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Basic Metabolic Panel
Order Start Date/Time: 2/23/2015 12:06 EST
Order Date/Time: 2/23/2015 11:59 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 13:30 EST | End-state Reason:
Ordered and Electronically Signed By: Mackie MD,Emily L | Consulting Physician:
Entered By: Baker,Tiffany M on 2/23/2015 13:30 EST
Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 12:01 EST	Action Personnel: Mackie MD,Emily L
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Watson RN,Jennifer D on 2/23/2015 12:14 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 12:39 EST	Action Personnel: Roberts,Rose-Marie A
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 12:39 EST	Action Personnel: Roberts,Rose-Marie A
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 12:40 EST	Action Personnel: Roberts,Rose-Marie A
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 13:30 EST	Action Personnel: Baker,Tiffany M
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Bedrest
Order Start Date/Time: 2/23/2015 18:52 EST
Order Date/Time: 2/23/2015 18:52 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Patient Care
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 18:52:00, As Directed, Strict
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 18:55 EST | Action Personnel: Javis,Cheryl J
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/23/15 18:52:00, As Directed, Strict
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 17:54 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type:
Order Details: 02/23/15 18:52:00, As Directed, Strict
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Blanket Hypo/Hyper Thrmia 24X60
Order Start Date/Time: 2/24/2015 01:15 EST
Order Date/Time: 2/24/2015 01:15 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Materials Management | Activity Type: Materials Management
End-state Date/Time: 2/24/2015 01:15 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Mccathern PST-NT US,Elizabeth T on 2/24/2015 01:15 EST
Order Details: 02/24/15 1:15:00, 1, Stop 02/24/15 1:15:00
Order Comment:

Action Type: Order | Action Date/Time: 2/24/2015 01:15 EST | Action Personnel: Mccathern PST-NT US, Elizabeth T
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/24/15 1:15:00, 1, Stop 02/24/15 1:15:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Blood Gas,Arterial (ABG,Arterial)
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc
End-state Date/Time: 2/23/2015 15:51 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: Gary RCP,Cheryl A on 2/23/2015 15:51 EST
Order Details: 02/23/15 14:56:00, With Lactate | Total Hemoglobin, Instructions 30-60 minutes after vent setup, Stop 02/23/15 14:56:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, With Lactate | Total Hemoglobin, Instructions 30-60 minutes after vent setup, Stop 02/23/15 14:56:00
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:36 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 15:51 EST	Action Personnel: Gary RCP,Cheryl A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, With Lactate | Total Hemoglobin, Instructions 30-60 minutes after vent setup, Stop 02/23/15 14:56:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Blood Gas,Arterial (ABG,Arterial)
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 14:56:00, With Total Hemoglobin, PRN for Resp Distress
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, With Total Hemoglobin, PRN for Resp Distress
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, With Total Hemoglobin, PRN for Resp Distress
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Blood Gas,Arterial (ABG,Arterial)
Order Start Date/Time: 2/23/2015 15:01 EST
Order Date/Time: 2/23/2015 15:01 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc
End-state Date/Time: 2/23/2015 15:42 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: Gary RCP,Cheryl A on 2/23/2015 15:42 EST
Order Details: 02/23/15 15:01:00, Stat, With Lactate, Instructions Call Results., Stop 02/23/15 15:01:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:02 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 15:01:00, Stat, With Lactate, Instructions Call Results., Stop 02/23/15 15:01:00
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 15:42 EST	Action Personnel: Gary RCP,Cheryl A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 15:01:00, Stat, With Lactate, Instructions Call Results., Stop 02/23/15 15:01:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Blood Gas,Arterial (ABG,Arterial)
Order Start Date/Time: 2/23/2015 17:54 EST
Order Date/Time: 2/23/2015 17:53 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc
End-state Date/Time: 2/24/2015 05:53 EST		End-state Reason:	
Ordered and Electronically Signed By: Yates MD,Carl Douglas		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/24/2015 05:55 EST
Order Details: 02/23/15 17:54:00, With Potassium | Total Hemoglobin, x 12 hr, PRN for Other (see Instructions), Instructions While in OR, Stop 02/24/15 5:53:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 17:55 EST	Action Personnel: Kerns RN,Barry P
Responsible Provider: Yates MD,Carl Douglas	Supervising Provider:	Communication Type: Inbox VORB

Order Details: 02/23/15 17:54:00, With Potassium | Total Hemoglobin, x 12 hr, PRN for Other (see Instructions), Instructions While in OR, Stop 02/24/15 5:53:00
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Electronically Signed, Yates MD,Carl Douglas on 3/26/2015 10:55 EDT
Order Comment:

Action Type: Status Change	Action Date/Time: 2/24/2015 05:55 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Yates MD,Carl Douglas	Supervising Provider:	Communication Type:

Order Details: 02/23/15 17:54:00, With Potassium | Total Hemoglobin, x 12 hr, PRN for Other (see Instructions), Instructions While in OR, Stop 02/24/15 5:53:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: CBC W/Diff
Order Start Date/Time: 2/23/2015 12:06 EST
Order Date/Time: 2/23/2015 11:59 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 13:07 EST | End-state Reason:
Ordered and Electronically Signed By: Mackie MD,Emily L | Consulting Physician:
Entered By: Molnar MLT,Jennifer G on 2/23/2015 13:07 EST
Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 12:01 EST	Action Personnel: Mackie MD,Emily L
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Watson RN,Jennifer D on 2/23/2015 12:14 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 12:39 EST	Action Personnel: Roberts,Rose-Marie A
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 12:39 EST	Action Personnel: Roberts,Rose-Marie A
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 12:40 EST	Action Personnel: Roberts,Rose-Marie A
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 13:07 EST	Action Personnel: Molnar MLT,Jennifer G
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Communication
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/23/15 14:56:00, Routine, Change patient's name unless victim of penetrating trauma or assault
Order Comment:
Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 14:56:00, Routine, Change patient's name unless victim of penetrating trauma or assault
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 01:41 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/23/15 14:56:00, Routine, Change patient's name unless victim of penetrating trauma or assault
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Communication
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/23/15 14:56:00, Routine, Admitting Attending Dr. Mark Jones
Order Comment:
Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 14:56:00, Routine, Admitting Attending Dr. Mark Jones
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 01:41 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/23/15 14:56:00, Routine, Admitting Attending Dr. Mark Jones
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Condom Catheter
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 14:56:00, daily, PRN
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, daily, PRN
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:36 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, daily, PRN
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Consent (Permit)
Order Start Date/Time: 2/23/2015 18:58 EST
Order Date/Time: 2/23/2015 18:58 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Berdel MD,Henrik O | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/23/15 18:58:00
Order Comment: Central venous catheter; Navarro, Residents permitted

Action Type: Order	Action Date/Time: 2/23/2015 18:59 EST	Action Personnel: Berdel MD,Henrik O
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 18:58:00
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment: Central venous catheter; Navarro, Residents permitted

Action Type: Complete	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 18:58:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Consult Case Management
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Case Mgmnt/SW | Activity Type: Case Mgmnt/SW
End-state Date/Time: 2/25/2015 13:48 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Chmiel LMSW,Katharine E on 2/25/2015 13:48 EST
Order Details: 02/23/15 14:56:00, Routine, Reason: Discharge Planning
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Routine, Reason: Discharge Planning
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/25/2015 13:48 EST	Action Personnel: Chmiel LMSW,Katharine E
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Routine, Reason: Discharge Planning
Review Information:
Nurse Review: Electronically Signed, Matheson RN,Crisna M on 2/25/2015 14:43 EST
Doctor Cosign: Not Required
Order Comment:

Order: Consult Case Management
Order Start Date/Time: 2/23/2015 14:57 EST
Order Date/Time: 2/23/2015 14:57 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Case Mgmnt/SW | Activity Type: Case Mgmnt/SW
End-state Date/Time: 2/25/2015 13:48 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: Chmiel LMSW,Katharine E on 2/25/2015 13:48 EST
Order Details: 02/23/15 14:57:28, Routine
Order Comment: Reason: Estimated Number of Days

Action Type: Order	Action Date/Time: 2/23/2015 14:57 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 14:57:28, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment: Reason: Estimated Number of Days

Action Type: Complete	Action Date/Time: 2/25/2015 13:48 EST	Action Personnel: Chmiel LMSW,Katharine E
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:57:28, Routine
Review Information:
Nurse Review: Electronically Signed, Matheson RN,Crisna M on 2/25/2015 14:43 EST
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Consult Child Life Services
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Department Consults | Activity Type: Child Life Consult
End-state Date/Time: 2/25/2015 07:41 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Lomas RN,Charlotte G on 2/25/2015 07:41 EST
Order Details: 02/23/15 14:56:00, Child Life, In AM for all patients less than 18 years of age by calling 44323 and leave patient's name, medical record and room number.
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Child Life, In AM for all patients less than 18 years of age by calling 44323 and leave patient's name, medical record and room number.
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/25/2015 07:41 EST	Action Personnel: Lomas RN,Charlotte G
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Inbox VORB

Order Details: 02/23/15 14:56:00, Child Life, In AM for all patients less than 18 years of age by calling 44323 and leave patient's name, medical record and room number.
Review Information:
Doctor Cosign: Not Reviewed
Order Comment:

Order: Consult GI (Gastroenterology Consult)
Order Start Date/Time: 2/24/2015 11:41 EST
Order Date/Time: 2/24/2015 11:41 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/24/15 11:41:00, Routine, Elevated bili, hepatic enzymes, uncertain cause. Suspected ETOH abuse.
Order Comment:

Action Type: Order	Action Date/Time: 2/24/2015 11:42 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 11:41:00, Routine, Elevated bili, hepatic enzymes, uncertain cause. Suspected ETOH abuse.
Review Information:
Nurse Review: Electronically Signed, Sullivan RN,Michael D on 2/24/2015 12:02 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/24/15 11:41:00, Routine, Elevated bili, hepatic enzymes, uncertain cause. Suspected ETOH abuse.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Consult Respiratory Care (Consult Respiratory Care Adult Guideline)
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc

End-state Date/Time: 2/27/2015 17:54 EST
End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R
Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 14:56:00, Unchecked, Reason for RT Consult Other, Trauma/ACS ventilator weaning protocol
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Unchecked, Reason for RT Consult Other, Trauma/ACS ventilator weaning protocol
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Unchecked, Reason for RT Consult Other, Trauma/ACS ventilator weaning protocol
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Consult WOCN
Order Start Date/Time: 2/24/2015 03:55 EST
Order Date/Time: 2/24/2015 03:55 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: WOCN Consults

End-state Date/Time: 2/24/2015 22:38 EST
End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,*
Consulting Physician:
Entered By: Beckham WOCN,Dallas K on 2/24/2015 22:38 EST
Order Details: 02/24/15 3:55:00, Wound, 2 skin tears? to gluetal folds, unblanchable redness to gluetal cleft and folds
Order Comment: If consult is for wound care PLEASE INDICATE WOUND LOCATION.

Action Type: Order	Action Date/Time: 2/24/2015 03:57 EST	Action Personnel: Looney RN,Marisa A
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/24/15 3:55:00, Wound, 2 skin tears? to gluetal folds, unblanchable redness to gluetal cleft and folds
Review Information:
Doctor Cosign: Not Required
Order Comment: If consult is for wound care PLEASE INDICATE WOUND LOCATION.

Action Type: Discontinue	Action Date/Time: 2/24/2015 22:38 EST	Action Personnel: Beckham WOCN,Dallas K
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/24/15 3:55:00, Wound, 2 skin tears? to gluetal folds, unblanchable redness to gluetal cleft and folds
Review Information:
Nurse Review: Electronically Signed, Kaelin RN,Kory F on 2/24/2015 23:15 EST
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: CR Chest 1 View Portable
Order Start Date/Time: 2/23/2015 14:40 EST
Order Date/Time: 2/23/2015 14:40 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Radiology | Activity Type: Radiology
End-state Date/Time: 2/23/2015 16:39 EST | End-state Reason:
Ordered and Electronically Signed By: Mackie MD,Emily L | Consulting Physician:
Entered By: Hardin IV MD,Harry Simms on 2/23/2015 16:39 EST
Order Details: 02/23/15 14:40:00, Stat, Reason: post intubation, Transport: Portable, OT 1 days
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 14:40 EST	Action Personnel: Mackie MD,Emily L
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:40:00, Stat, Reason: post intubation, Transport: Portable, OT 1 days
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 14:51 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 14:49 EST	Action Personnel: Gunter,Natalie M
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:40:00, Stat, Reason: post intubation, Transport: Portable, OT 1 days
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 14:49 EST	Action Personnel: Gunter,Natalie M
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:40:00, Stat, Reason: post intubation, Transport: Portable, OT 1 days
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 16:39 EST	Action Personnel: Hardin IV MD,Harry Simms
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:40:00, Stat, Reason: post intubation, Transport: Portable, OT 1 days
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: CR Chest 1 View Portable
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Radiology | Activity Type: Radiology
End-state Date/Time: 2/23/2015 16:40 EST | End-state Reason:
Ordered and Electronically Signed By: Jones MD,Mark A | Consulting Physician:
Entered By: Hardin IV MD,Harry Simms on 2/23/2015 16:40 EST
Order Details: 02/23/15 14:56:00, Stat, Reason: Mutiple Trauma, Transport: Portable, OT 1 days, in ED just intubated
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/23/15 14:56:00, Stat, Reason: Mutiple Trauma, Transport: Portable, OT 1 days, in ED just intubated
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:07 EST	Action Personnel: Gunter,Natalie M
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/23/15 14:56:00, Stat, Reason: Mutiple Trauma, Transport: Portable, OT 1 days, in ED just intubated
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:27 EST	Action Personnel: Gunter,Natalie M
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/23/15 14:56:00, Stat, Reason: Mutiple Trauma, Transport: Portable, OT 1 days, in ED just intubated
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 16:11 EST	Action Personnel: Gibbs,Theodore N
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/23/15 14:56:00, Stat, Reason: Mutiple Trauma, Transport: Portable, OT 1 days, in ED just intubated
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 16:40 EST	Action Personnel: Hardin IV MD,Harry Simms
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/23/15 14:56:00, Stat, Reason: Mutiple Trauma, Transport: Portable, OT 1 days, in ED just intubated
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Creatinine Urine,Random (Urine Creatinine Random)
Order Start Date/Time: 2/23/2015 20:30 EST
Order Date/Time: 2/23/2015 17:48 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 21:05 EST | End-state Reason:
Ordered and Electronically Signed By: Berdel MD,Henrik O | Consulting Physician:
Entered By: Gause,Kem A on 2/23/2015 21:05 EST
Order Details: 02/23/15 17:48:00, ASAP, AP - ASAP OT, Specimen: Urine, Nurse To Collect, 02/23/15 17:48:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 17:48 EST	Action Personnel: Berdel MD,Henrik O
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 17:48:00, ASAP, AP - ASAP OT, Specimen: Urine, Nurse To Collect, 02/23/15 17:48:00
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 20:44 EST	Action Personnel: Connell,Debra M
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 17:48:00, ASAP, AP - ASAP OT, Specimen: Urine, Nurse To Collect, 02/23/15 17:48:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 20:44 EST	Action Personnel: Connell,Debra M
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 17:48:00, ASAP, AP - ASAP OT, Specimen: Urine, Nurse To Collect, 02/23/15 17:48:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 21:05 EST	Action Personnel: Gause,Kem A
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 17:48:00, ASAP, AP - ASAP OT, Specimen: Urine, Nurse To Collect, 02/23/15 17:48:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Critical Care Invasive Airway Protection Restraint Guideline
Order Start Date/Time: 2/23/2015 14:48 EST
Order Date/Time: 2/23/2015 14:48 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: CPOE
End-state Date/Time: 2/25/2015 10:59 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Matheson RN,Crisna M on 2/25/2015 10:59 EST
Order Details: 02/23/15 14:48:00, Routine, For wrist restraints only
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 14:48 EST	Action Personnel: Grosse RN,Jennifer E
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/23/15 14:48:00, Routine, For wrist restraints only
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 14:51 EST
Doctor Cosign: Electronically Signed, Jones MD,Mark A on 2/24/2015 08:01 EST
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/25/2015 10:59 EST	Action Personnel: Matheson RN,Crisna M
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Inbox VORB

Order Details: 02/23/15 14:48:00, Routine, For wrist restraints only
Review Information:
Doctor Cosign: Electronically Signed, Maxey MD,Melissa on 2/28/2015 07:11 EST
Order Comment:

Order: Critical Care Invasive Airway Protection Restraint Guideline
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: CPOE
End-state Date/Time: 2/25/2015 10:58 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Matheson RN,Crisna M on 2/25/2015 10:58 EST
Order Details: 02/23/15 14:56:00, Routine, For wrist restraints only
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Routine, For wrist restraints only
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:36 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/25/2015 10:58 EST	Action Personnel: Matheson RN,Crisna M
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Inbox VORB

Order Details: 02/23/15 14:56:00, Routine, For wrist restraints only
Review Information:
Doctor Cosign: Electronically Signed, Maxey MD,Melissa on 2/28/2015 07:11 EST
Order Comment:

Non Medication Orders

Order: CT Abdomen Pelvis W/IV Contrast Only
Order Start Date/Time: 2/23/2015 13:43 EST
Order Date/Time: 2/23/2015 13:43 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Radiology | Activity Type: Radiology
End-state Date/Time: 2/24/2015 12:14 EST | End-state Reason:
Ordered and Electronically Signed By: Mackie MD,Emily L | Consulting Physician:
Entered By: Graham III MD,Cole B on 2/24/2015 12:14 EST
Order Details: 02/23/15 13:43:00, Stat, Reason: AMS, jaundice, elevated lfts, normal ammonia, Transport: Stretcher
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 13:44 EST	Action Personnel: Mackie MD,Emily L
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 13:43:00, Stat, Reason: AMS, jaundice, elevated lfts, normal ammonia, Transport: Stretcher
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 13:47 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 14:01 EST	Action Personnel: King,Stephanie S
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 13:43:00, Stat, Reason: AMS, jaundice, elevated lfts, normal ammonia, Transport: Stretcher
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 14:25 EST	Action Personnel: King,Stephanie S
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 13:43:00, Stat, Reason: AMS, jaundice, elevated lfts, normal ammonia, Transport: Stretcher
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/24/2015 12:14 EST	Action Personnel: Graham III MD,Cole B
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 13:43:00, Stat, Reason: AMS, jaundice, elevated lfts, normal ammonia, Transport: Stretcher
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: CT Cervical Spine W/O IV Contrast
Order Start Date/Time: 2/23/2015 12:01 EST
Order Date/Time: 2/23/2015 12:01 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Radiology | Activity Type: Radiology
End-state Date/Time: 2/23/2015 14:54 EST | End-state Reason:
Ordered and Electronically Signed By: Mackie MD,Emily L | Consulting Physician:
Entered By: Graham III MD,Cole B on 2/23/2015 14:54 EST
Order Details: 02/23/15 12:01:00, Stat, Reason: fall, abrasion to occiput, Transport: Stretcher
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 12:01 EST	Action Personnel: Mackie MD,Emily L
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 12:01:00, Stat, Reason: fall, abrasion to occiput, Transport: Stretcher
Review Information:
Nurse Review: Electronically Signed, Watson RN,Jennifer D on 2/23/2015 12:14 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 13:25 EST	Action Personnel: Boncorddo,Joseph L
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 12:01:00, Stat, Reason: fall, abrasion to occiput, Transport: Stretcher
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 14:54 EST	Action Personnel: Graham III MD,Cole B
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 12:01:00, Stat, Reason: fall, abrasion to occiput, Transport: Stretcher
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: CT Head W/O IV Contrast
Order Start Date/Time: 2/23/2015 12:01 EST
Order Date/Time: 2/23/2015 12:01 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Radiology | Activity Type: Radiology
End-state Date/Time: 2/23/2015 14:54 EST | End-state Reason:
Ordered and Electronically Signed By: Mackie MD,Emily L | Consulting Physician:
Entered By: Graham III MD,Cole B on 2/23/2015 14:54 EST
Order Details: 02/23/15 12:01:00, Stat, Reason: fall, abrasion to occiput, Transport: Stretcher
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 12:01 EST	Action Personnel: Mackie MD,Emily L
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 12:01:00, Stat, Reason: fall, abrasion to occiput, Transport: Stretcher
Review Information:
Nurse Review: Electronically Signed, Watson RN,Jennifer D on 2/23/2015 12:14 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 13:24 EST	Action Personnel: Boncorddo,Joseph L
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 12:01:00, Stat, Reason: fall, abrasion to occiput, Transport: Stretcher
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 13:25 EST	Action Personnel: Boncorddo,Joseph L
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 12:01:00, Stat, Reason: fall, abrasion to occiput, Transport: Stretcher
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 14:54 EST	Action Personnel: Graham III MD,Cole B
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 12:01:00, Stat, Reason: fall, abrasion to occiput, Transport: Stretcher
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Culture Urine
Order Start Date/Time: 2/23/2015 20:39 EST
Order Date/Time: 2/23/2015 21:06 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: Micro
End-state Date/Time: 2/25/2015 18:57 EST | End-state Reason:
Ordered and Electronically Signed By: Berdel MD,Henrik O | Consulting Physician:
Entered By: Piskorska MT I,Magdalena M on 2/25/2015 18:57 EST
Order Details: Specimen: Catheterized Urine, Stat, ST - Stat, 02/23/15 20:39:00, OT, Stop 02/23/15 20:39:00, Nurse To Collect
Order Comment: Urine culture added by discern rule for Urinalysis w/ reflex to culture.

Action Type: Order	Action Date/Time: 2/23/2015 21:06 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type: Discern Expert

Order Details: Specimen: Catheterized Urine, Stat, ST - Stat, 02/23/15 20:39:00, OT, Stop 02/23/15 20:39:00, Nurse To Collect
Review Information:
Doctor Cosign: Not Required
Order Comment: Urine culture added by discern rule for Urinalysis w/ reflex to culture.

Action Type: Status Change	Action Date/Time: 2/23/2015 22:06 EST	Action Personnel: Teehan,Paige D
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: Specimen: Catheterized Urine, Stat, ST - Stat, 02/23/15 20:39:00, OT, Stop 02/23/15 20:39:00, Nurse To Collect
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/24/2015 21:00 EST	Action Personnel: Piskorska MT I,Magdalena M
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: Specimen: Catheterized Urine, Stat, ST - Stat, 02/23/15 20:39:00, OT, Stop 02/23/15 20:39:00, Nurse To Collect
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/25/2015 18:57 EST	Action Personnel: Piskorska MT I,Magdalena M
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: Specimen: Catheterized Urine, Stat, ST - Stat, 02/23/15 20:39:00, OT, Stop 02/23/15 20:39:00, Nurse To Collect
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Culture Wound and Gram
Order Start Date/Time: 2/23/2015 18:00 EST
Order Date/Time: 2/23/2015 18:17 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: Micro
End-state Date/Time: 2/25/2015 10:39 EST | End-state Reason:
Ordered and Electronically Signed By: Toussaint MD,Charles P | Consulting Physician:
Entered By: Miller,Leah S on 2/25/2015 10:39 EST
Order Details: Specimen: Other-Specify, Head, Routine, RT - Routine, 02/23/15 18:17:00, Stop 02/23/15 18:18:00, Nurse To Collect
Order Comment: crainiotomy site

Action Type: Order | Action Date/Time: 2/23/2015 18:18 EST | Action Personnel: Kerns RN,Barry P
Responsible Provider: Toussaint MD,Charles P | Supervising Provider: | Communication Type: Inbox VORB
Order Details: Specimen: Other-Specify, Head, Routine, RT - Routine, 02/23/15 18:17:00, Stop 02/23/15 18:18:00, Nurse To Collect
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Electronically Signed, Toussaint MD,Charles P on 2/24/2015 13:07 EST
Order Comment: crainiotomy site

Action Type: Status Change | Action Date/Time: 2/23/2015 18:47 EST | Action Personnel: Haroon MLT,Nasreen
Responsible Provider: Toussaint MD,Charles P | Supervising Provider: | Communication Type:
Order Details: Specimen: Other-Specify, Head, Routine, RT - Routine, 02/23/15 18:17:00, Stop 02/23/15 18:18:00, Nurse To Collect
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/23/2015 18:47 EST | Action Personnel: Haroon MLT,Nasreen
Responsible Provider: Toussaint MD,Charles P | Supervising Provider: | Communication Type:
Order Details: Specimen: Other-Specify, Head, Routine, RT - Routine, 02/23/15 18:17:00, Stop 02/23/15 18:18:00, Nurse To Collect
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/23/2015 19:09 EST | Action Personnel: Haroon MLT,Nasreen
Responsible Provider: Toussaint MD,Charles P | Supervising Provider: | Communication Type:
Order Details: Specimen: Other-Specify, Head, Routine, RT - Routine, 02/23/15 18:17:00, Stop 02/23/15 18:18:00, Nurse To Collect
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/24/2015 08:35 EST | Action Personnel: Miller,Leah S
Responsible Provider: Toussaint MD,Charles P | Supervising Provider: | Communication Type:
Order Details: Specimen: Other-Specify, Head, Routine, RT - Routine, 02/23/15 18:17:00, Stop 02/23/15 18:18:00, Nurse To Collect
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/25/2015 10:39 EST | Action Personnel: Miller,Leah S
Responsible Provider: Toussaint MD,Charles P | Supervising Provider: | Communication Type:
Order Details: Specimen: Other-Specify, Head, Routine, RT - Routine, 02/23/15 18:17:00, Stop 02/23/15 18:18:00, Nurse To Collect
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Decubitus Precautions

Order Start Date/Time: 2/23/2015 18:57 EST
Order Date/Time: 2/23/2015 18:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Precautions
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 18:57:00, Routine
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 18:57 EST	Action Personnel: Javis,Cheryl J
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/23/15 18:57:00, Routine
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type:

Order Details: 02/23/15 18:57:00, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Discontinue

Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:03 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/27/15 8:57:00, all scheduled labs, glucose monitoring, pulse oximetry monitoring, sequential compression devices(SCDs), diagnostic testing, and daily weights.
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:57:00, all scheduled labs, glucose monitoring, pulse oximetry monitoring, sequential compression devices(SCDs), diagnostic testing, and daily weights.
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:57:00, all scheduled labs, glucose monitoring, pulse oximetry monitoring, sequential compression devices(SCDs), diagnostic testing, and daily weights.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Drugs of Abuse Screen,Urine
Order Start Date/Time: 2/23/2015 15:36 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/23/2015 16:06 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: Gause,Kem A on 2/23/2015 16:06 EST
Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Urine, 02/23/15 14:56:00, Nurse To Collect, 02/23/15 15:00:00
Order Comment: If not done in the Emergency Department.

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Urine, 02/23/15 14:56:00, Nurse To Collect, 02/23/15 15:00:00
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Doctor Cosign: Not Required
Order Comment: If not done in the Emergency Department.

Action Type: Status Change	Action Date/Time: 2/23/2015 15:47 EST	Action Personnel: Schmidt,Elizabeth A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Urine, 02/23/15 14:56:00, Nurse To Collect, 02/23/15 15:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:47 EST	Action Personnel: Schmidt,Elizabeth A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Urine, 02/23/15 14:56:00, Nurse To Collect, 02/23/15 15:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 16:06 EST	Action Personnel: Gause,Kem A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Urine, 02/23/15 14:56:00, Nurse To Collect, 02/23/15 15:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Education VTE Prophylaxis
Order Start Date/Time: 2/23/2015 18:18 EST
Order Date/Time: 2/23/2015 18:18 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Patient Education
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 18:18:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 18:18 EST	Action Personnel: Alexander RN,Ashley C
Responsible Provider:	Supervising Provider:	Communication Type:

Order Details: 02/23/15 18:18:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider:	Supervising Provider:	Communication Type:

Order Details: 02/23/15 18:18:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: EK EKG 12 Lead (EKG 12 Lead EK)
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Department Status: Exam Completed | Catalog Type: Radiology | Activity Type: Radiology
End-state Date/Time: 3/10/2015 10:05 EDT | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 3/10/2015 10:05 EDT
Order Details: 02/23/15 14:56:00, Stat, FALL, Other, Enter Reason in Comment Field, OT, Prosser MD, Leverne, Stop 02/23/15 14:56:00, 794.31
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Stat, Other, Enter Reason in Comment Field, OT, Trauma Cardiac Evaluation, Stop 02/23/15 14:56:00
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:36 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Modify	Action Date/Time: 2/23/2015 18:08 EST	Action Personnel: Swift,Ryan A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Stat, FALL, Other, Enter Reason in Comment Field, OT, Prosser MD, Leverne, Stop 02/23/15 14:56:00, 794.31
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 18:08 EST	Action Personnel: Swift,Ryan A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Stat, FALL, Other, Enter Reason in Comment Field, OT, Prosser MD, Leverne, Stop 02/23/15 14:56:00, 794.31
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 3/10/2015 10:05 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Stat, FALL, Other, Enter Reason in Comment Field, OT, Prosser MD, Leverne, Stop 02/23/15 14:56:00, 794.31
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Facility Charge Ticket
Order Start Date/Time: 2/23/2015 11:34 EST
Order Date/Time: 2/23/2015 11:34 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Health Information Management | Activity Type: Health Information Management
End-state Date/Time: 2/25/2015 10:14 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: Williams,Wilbert R on 2/25/2015 10:14 EST
Order Details: 02/23/15 11:34:57, Stop 02/23/15 11:34:57
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 11:34 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: 02/23/15 11:34:57, Stop 02/23/15 11:34:57
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/25/2015 10:14 EST | Action Personnel: Williams,Wilbert R
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type:
Order Details: 02/23/15 11:34:57, Stop 02/23/15 11:34:57
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Fall Precautions
Order Start Date/Time: 2/23/2015 18:18 EST
Order Date/Time: 2/23/2015 18:18 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Precautions
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 18:18:00, Routine
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 18:18 EST | Action Personnel: Alexander RN,Ashley C
Responsible Provider: | Supervising Provider: | Communication Type:
Order Details: 02/23/15 18:18:00, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 17:54 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: | Supervising Provider: | Communication Type:
Order Details: 02/23/15 18:18:00, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Fall Precautions
Order Start Date/Time: 2/23/2015 18:57 EST
Order Date/Time: 2/23/2015 18:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Precautions
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 18:57:00, Routine
Order Comment:
Action Type: Order | Action Date/Time: 2/23/2015 18:57 EST | Action Personnel: Javis,Cheryl J
Responsible Provider: | Supervising Provider: | Communication Type:
Order Details: 02/23/15 18:57:00, Routine
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 17:54 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: | Supervising Provider: | Communication Type:
Order Details: 02/23/15 18:57:00, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Fall Precautions
Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Precautions
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/27/15 8:57:00, Routine
Order Comment:
Action Type: Order | Action Date/Time: 2/27/2015 08:57 EST | Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/15 8:57:00, Routine
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 17:54 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/27/15 8:57:00, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Foley
Order Start Date/Time: 2/23/2015 14:51 EST
Order Date/Time: 2/23/2015 14:51 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:42 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:42 EST
Order Details: 02/23/15 14:51:00, NURSE TO MANAGE, Patient in ICU and receiving diruetics, Please place a coude catheter on males age 50 years and older
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 14:51 EST	Action Personnel: Grosse RN,Jennifer E
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/23/15 14:51:00, NURSE TO MANAGE, Patient in ICU and receiving diruetics, Please place a coude catheter on males age 50 years and older
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 14:54 EST
Doctor Cosign: Electronically Signed, Jones MD,Mark A on 2/24/2015 08:01 EST
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 01:42 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/23/15 14:51:00, NURSE TO MANAGE, Patient in ICU and receiving diruetics, Please place a coude catheter on males age 50 years and older
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Foley
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 14:56:00, NURSE TO MANAGE, Other, Please place a coude catheter on males age 50 years and older Closed head injury/intubated
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, NURSE TO MANAGE, Other, Please place a coude catheter on males age 50 years and older Closed head injury/intubated
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, NURSE TO MANAGE, Other, Please place a coude catheter on males age 50 years and older Closed head injury/intubated
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Glycosylated Hgb (Hgb A1C)
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 16:30 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/23/2015 16:30 EST
Order Details: 02/23/15 14:56:00, ASAP, AP - ASAP OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, ASAP, AP - ASAP OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:06 EST	Action Personnel: Gause,Kem A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, ASAP, AP - ASAP OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:37 EST	Action Personnel: Lane,Andria R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, ASAP, AP - ASAP OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 16:30 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, ASAP, AP - ASAP OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Head Of Bed (Elevate HOB)
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/23/15 14:56:00, 30 degrees unless spinal precautions
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 14:56:00, 30 degrees unless spinal precautions
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 01:41 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/23/15 14:56:00, 30 degrees unless spinal precautions
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Healthy Shots Supplements
Order Start Date/Time: 2/25/2015 11:35 EST
Order Date/Time: 2/25/2015 11:35 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Nutrition Services | Activity Type: Supplements
End-state Date/Time: 2/27/2015 01:42 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:42 EST
Order Details: 02/25/15 11:35:00, 1, with FWF daily - JAJ
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 11:35 EST | Action Personnel: Justice RD,LD,Jessica A
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type: Inbox VORB
Order Details: 02/25/15 11:35:00, 1, with FWF daily - JAJ
Review Information:
Nurse Review: Electronically Signed, Lomas RN,Charlotte G on 2/25/2015 11:38 EST
Doctor Cosign: Electronically Signed, Maxey MD,Melissa on 2/28/2015 07:11 EST
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 01:42 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/25/15 11:35:00, 1, with FWF daily - JAJ
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Hepatic Function Panel (LFT)
Order Start Date/Time: 2/23/2015 12:06 EST
Order Date/Time: 2/23/2015 11:59 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 13:30 EST | End-state Reason:
Ordered and Electronically Signed By: Mackie MD,Emily L | Consulting Physician:
Entered By: Baker,Tiffany M on 2/23/2015 13:30 EST
Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 12:01 EST	Action Personnel: Mackie MD,Emily L
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Watson RN,Jennifer D on 2/23/2015 12:14 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 12:39 EST	Action Personnel: Roberts,Rose-Marie A
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 12:39 EST	Action Personnel: Roberts,Rose-Marie A
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 12:40 EST	Action Personnel: Roberts,Rose-Marie A
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 13:30 EST	Action Personnel: Baker,Tiffany M
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 11:59:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 11:59:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Hepatitis Acute Panel
Order Start Date/Time: 2/23/2015 12:06 EST
Order Date/Time: 2/23/2015 12:01 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 15:16 EST | End-state Reason:
Ordered and Electronically Signed By: Mackie MD,Emily L | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/23/2015 15:16 EST
Order Details: 02/23/15 12:01:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 12:01:00, 02/23/15 12:01:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 12:01 EST	Action Personnel: Mackie MD,Emily L
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 12:01:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 12:01:00, 02/23/15 12:01:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Watson RN,Jennifer D on 2/23/2015 12:14 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 12:39 EST	Action Personnel: Roberts,Rose-Marie A
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 12:01:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 12:01:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 14:06 EST	Action Personnel: Newton,Shatoya L
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 12:01:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 12:01:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:16 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 12:01:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 12:01:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 15:16 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 12:01:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 12:01:00, 02/23/15 12:01:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Hepatitis Acute Panel
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 15:05 EST | End-state Reason: Duplicate Order
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Gause,Kem A on 2/23/2015 15:05 EST
Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel | Action Date/Time: 2/23/2015 15:05 EST | Action Personnel: Gause,Kem A
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: HIV Ag w/HIV1 & 2 Abs Scr w/reflex (HIV-1&2 Abs w/HIV Ag scrn w/Reflex)
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 16:32 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Klugh,Angela N on 2/23/2015 16:32 EST
Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:06 EST	Action Personnel: Gause,Kem A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:35 EST	Action Personnel: Lane,Andria R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 16:32 EST	Action Personnel: Klugh,Angela N
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Hygiene
Order Start Date/Time: 2/23/2015 18:52 EST
Order Date/Time: 2/23/2015 18:52 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Patient Care | Activity Type: Patient Care
End-state Date/Time: 2/27/2015 04:54 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 04:54 EST
Order Details: 02/23/15 18:52:00, Bath, As Directed, Daily and PRN
Order Comment:
Action Type: Order | Action Date/Time: 2/23/2015 18:55 EST | Action Personnel: Javis,Cheryl J
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/23/15 18:52:00, Bath, As Directed, Daily and PRN
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:
Action Type: Complete | Action Date/Time: 2/27/2015 04:54 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type:
Order Details: 02/23/15 18:52:00, Bath, As Directed, Daily and PRN
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Hygiene
Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Patient Care
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/27/15 8:57:00, Oral Care, q4hr(s), PRN, for comfort
Order Comment:
Action Type: Order | Action Date/Time: 2/27/2015 08:57 EST | Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/15 8:57:00, Oral Care, q4hr(s), PRN, for comfort
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 17:54 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/27/15 8:57:00, Oral Care, q4hr(s), PRN, for comfort
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: ICU Adult Treatment Guideline (Adult Critical Care Treatment Guideline)
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: CPOE
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/23/15 14:56:00, Routine
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Routine
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/23/15 14:56:00, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 15:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 15:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 15:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/23/2015 16:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 16:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 16:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 16:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/23/2015 17:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 17:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 17:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 17:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/23/2015 18:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 18:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 18:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 18:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/23/2015 19:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 19:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 19:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 19:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/23/2015 20:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 20:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 20:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 20:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/23/2015 21:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 21:00:00, 8am to 10pm
Order Comment:
Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 21:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/23/15 21:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/23/2015 22:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 22:00:00, 8am to 10pm
Order Comment:
Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 22:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/23/15 22:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Lipase Level
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 15:39 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/23/2015 15:39 EST
Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:06 EST	Action Personnel: Gause,Kem A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:06 EST	Action Personnel: Gause,Kem A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 15:39 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Machine Aquamatic K-Thermia
Order Start Date/Time: 2/24/2015 01:15 EST
Order Date/Time: 2/24/2015 01:15 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Materials Management | Activity Type: Materials Management
End-state Date/Time: 2/24/2015 01:15 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Mccathern PST-NT US,Elizabeth T on 2/24/2015 01:15 EST
Order Details: 02/24/15 1:15:00, 1, Stop 02/24/15 1:15:00
Order Comment:

Action Type: Order	Action Date/Time: 2/24/2015 01:15 EST	Action Personnel: Mccathern PST-NT US, Elizabeth T
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/24/15 1:15:00, 1, Stop 02/24/15 1:15:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Mechanical Ventilation (Ventilation,SIMV/PS)
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc

End-state Date/Time: 2/26/2015 23:43 EST
End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,*
Consulting Physician:
Entered By: Anderson RCP,Benjamin A on 2/26/2015 23:43 EST
Order Details: 02/23/15 14:56:00, SIMV/Pressure Support, Keep SaO2 greater than 92%, RR 18, 40%, PEEP 5 cmH2O, PS 10 cmH2O, Tital Volume 6-8ml per kg. Maintain Sp VT between 6-8cc/kg. Keep SaO2 greater than 95%
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, SIMV/Pressure Support, Keep SaO2 greater than 92%, RR 14, 100%, PEEP 5 cmH2O, Tital Volume 6-8ml per kg. Maintain Sp VT between 6-8cc/kg. Keep SaO2 greater than 95%
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:36 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Modify	Action Date/Time: 2/23/2015 15:40 EST	Action Personnel: Gary RCP,Cheryl A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/23/15 14:56:00, SIMV/Pressure Support, Keep SaO2 greater than 92%, VT 500 mL, RR 18, 40%, PEEP 5 cmH2O, PS 10 cmH2O, Tital Volume 6-8ml per kg. Maintain Sp VT between 6-8cc/kg. Keep SaO2 greater than 95%
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Modify	Action Date/Time: 2/23/2015 19:04 EST	Action Personnel: Yuhas RCP,Kimberly E
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/23/15 14:56:00, SIMV/Pressure Support, Keep SaO2 greater than 92%, RR 18, 40%, PEEP 5 cmH2O, PS 10 cmH2O, Tital Volume 6-8ml per kg. Maintain Sp VT between 6-8cc/kg. Keep SaO2 greater than 95%
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/26/2015 23:43 EST	Action Personnel: Anderson RCP,Benjamin A
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/23/15 14:56:00, SIMV/Pressure Support, Keep SaO2 greater than 92%, RR 18, 40%, PEEP 5 cmH2O, PS 10 cmH2O, Tital Volume 6-8ml per kg. Maintain Sp VT between 6-8cc/kg. Keep SaO2 greater than 95%
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Notify
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/23/15 14:56:00, Physician for Other-See Special Instructions, Notify Physician immediately if necessary to utilize Adult Critical care Treatment Guidelines.
Order Comment:
Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 14:56:00, Physician for Other-See Special Instructions, Notify Physician immediately if necessary to utilize Adult Critical care Treatment Guidelines.
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 01:41 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/23/15 14:56:00, Physician for Other-See Special Instructions, Notify Physician immediately if necessary to utilize Adult Critical care Treatment Guidelines.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Notify
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/23/15 14:56:00, Physician for for Other-See Special Instructions
Order Comment: Pulse rate less than 60 or greater than 120, SBP Less than 100 or greater than 170, DBP greater than 90, SaO2 less than 95%, UOP less than 0.5cc/kg X4 hours, Temp greater than 102, Chest tube output greater than 100cc/hr X 2hrs
Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 14:56:00, Physician for for Other-See Special Instructions
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment: Pulse rate less than 60 or greater than 120, SBP Less than 100 or greater than 170, DBP greater than 90, SaO2 less than 95%, UOP less than 0.5cc/kg X4 hours, Temp greater than 102, Chest tube output greater than 100cc/hr X 2hrs
Action Type: Discontinue | Action Date/Time: 2/27/2015 01:41 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/23/15 14:56:00, Physician for for Other-See Special Instructions
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Notify
Order Start Date/Time: 2/23/2015 18:52 EST
Order Date/Time: 2/23/2015 18:52 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/23/15 18:52:00, MD for Other-See Special Instructions
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 18:55 EST | Action Personnel: Javis,Cheryl J
Responsible Provider: | Supervising Provider: | Communication Type:
Order Details: 02/23/15 18:52:00, MD for Other-See Special Instructions
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 01:41 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: | Supervising Provider: | Communication Type:
Order Details: 02/23/15 18:52:00, MD for Other-See Special Instructions
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Notify
Order Start Date/Time: 2/25/2015 16:11 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/25/15 16:11:00, Vascular Access Team for Other-See Special Instructions, for sluggish line or possible occlusion prior to Thrombolytic instillation.
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 16:11 EST | Action Personnel: Vaughan RN,Shannon L
Responsible Provider: | Supervising Provider: | Communication Type:
Order Details: 02/25/15 16:11:00, Vascular Access Team for Other-See Special Instructions, for sluggish line or possible occlusion prior to Thrombolytic instillation.
Review Information:
Nurse Review: Electronically Signed, Lomas RN,Charlotte G on 2/25/2015 17:21 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 17:54 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: | Supervising Provider: | Communication Type:
Order Details: 02/25/15 16:11:00, Vascular Access Team for Other-See Special Instructions, for sluggish line or possible occlusion prior to Thrombolytic instillation.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Pet Therapy
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Patient Care
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 14:56:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Plasma (FFP)
Order Start Date/Time: 2/23/2015 17:14 EST
Order Date/Time: 2/23/2015 17:14 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: Blood Bank
End-state Date/Time: 2/25/2015 07:58 EST | End-state Reason:
Ordered and Electronically Signed By: Toussaint MD,Charles P | Consulting Physician:
Entered By: Nettles III,Leo C on 2/25/2015 07:58 EST
Order Details: Stat, # of units 02, 1.7 39.9 Sec, Other Invasive Procedure
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 17:14 EST | Action Personnel: Kerns RN,Barry P
Responsible Provider: Toussaint MD,Charles P | Supervising Provider: | Communication Type: Inbox VORB
Order Details: Stat, # of units 02, 1.7 39.9 Sec, Other Invasive Procedure
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Electronically Signed, Toussaint MD,Charles P on 2/24/2015 13:07 EST
Order Comment:

Action Type: Status Change | Action Date/Time: 2/23/2015 17:14 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Toussaint MD,Charles P | Supervising Provider: | Communication Type:
Order Details: Stat, # of units 02, 1.7 39.9 Sec, Other Invasive Procedure
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/25/2015 07:58 EST | Action Personnel: Nettles III,Leo C
Responsible Provider: Toussaint MD,Charles P | Supervising Provider: | Communication Type:
Order Details: Stat, # of units 02, 1.7 39.9 Sec, Other Invasive Procedure
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Prothrombin Time with INR
Order Start Date/Time: 2/23/2015 12:06 EST
Order Date/Time: 2/23/2015 14:19 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 14:41 EST | End-state Reason:
Ordered and Electronically Signed By: Mackie MD,Emily L | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/23/2015 14:41 EST
Order Details: 02/23/15 14:19:00, Add-On Stat, ADD-On Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:19:00, 02/23/15 14:19:00, Print Label
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 14:19 EST | Action Personnel: Mackie MD,Emily L
Responsible Provider: Mackie MD,Emily L | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 14:19:00, Add-On Stat, ADD-On Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:19:00, 02/23/15 14:19:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 14:51 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/23/2015 14:23 EST | Action Personnel: Kimball,Caroline R
Responsible Provider: Mackie MD,Emily L | Supervising Provider: | Communication Type:
Order Details: 02/23/15 14:19:00, Add-On Stat, ADD-On Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:19:00, 02/23/15 14:19:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/23/2015 14:23 EST | Action Personnel: Kimball,Caroline R
Responsible Provider: Mackie MD,Emily L | Supervising Provider: | Communication Type:
Order Details: 02/23/15 14:19:00, Add-On Stat, ADD-On Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:19:00, 02/23/15 14:19:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/23/2015 14:41 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Mackie MD,Emily L | Supervising Provider: | Communication Type:
Order Details: 02/23/15 14:19:00, Add-On Stat, ADD-On Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:19:00, 02/23/15 14:19:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND
Pt. Age:
Date of Birth:
CMRN: 001376880

MRN: R012719295
FIN: R1505401814

Non Medication Orders

Order: Prothrombin Time with INR (PT INR)
Order Start Date/Time: 2/23/2015 17:44 EST
Order Date/Time: 2/23/2015 17:53 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 18:12 EST | End-state Reason:
Ordered and Electronically Signed By: Yates MD,Carl Douglas | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/23/2015 18:12 EST
Order Details: 02/23/15 17:55:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 17:55:00, Print Label
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 17:55 EST | Action Personnel: Kerns RN,Barry P
Responsible Provider: Yates MD,Carl Douglas | Supervising Provider: | Communication Type: Inbox VORB
Order Details: 02/23/15 17:55:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 17:55:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Electronically Signed, Yates MD,Carl Douglas on 3/26/2015 10:54 EDT
Order Comment:

Action Type: Status Change | Action Date/Time: 2/23/2015 18:00 EST | Action Personnel: Andrews,Heather M
Responsible Provider: Yates MD,Carl Douglas | Supervising Provider: | Communication Type:
Order Details: 02/23/15 17:55:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 17:55:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/23/2015 18:00 EST | Action Personnel: Andrews,Heather M
Responsible Provider: Yates MD,Carl Douglas | Supervising Provider: | Communication Type:
Order Details: 02/23/15 17:55:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 17:55:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/23/2015 18:12 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Yates MD,Carl Douglas | Supervising Provider: | Communication Type:
Order Details: 02/23/15 17:55:00, Stat, ST - Stat OT, Specimen: Blood, 02/23/15 17:55:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: PTT
Order Start Date/Time: 2/23/2015 12:06 EST
Order Date/Time: 2/23/2015 14:19 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 14:42 EST | End-state Reason:
Ordered and Electronically Signed By: Mackie MD,Emily L | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/23/2015 14:42 EST
Order Details: 02/23/15 14:19:00, Add-On Stat, ADD-On Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:19:00, 02/23/15 14:19:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 14:19 EST	Action Personnel: Mackie MD,Emily L
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:19:00, Add-On Stat, ADD-On Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:19:00, 02/23/15 14:19:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 14:51 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 14:23 EST	Action Personnel: Kimball,Caroline R
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:19:00, Add-On Stat, ADD-On Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:19:00, 02/23/15 14:19:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 14:23 EST	Action Personnel: Kimball,Caroline R
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:19:00, Add-On Stat, ADD-On Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:19:00, 02/23/15 14:19:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 14:42 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Mackie MD,Emily L	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:19:00, Add-On Stat, ADD-On Stat OT, 1, occurrences, Specimen: Blood, 02/23/15 14:19:00, 02/23/15 14:19:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: PTT
Order Start Date/Time: 2/23/2015 17:44 EST
Order Date/Time: 2/23/2015 17:53 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 18:12 EST | End-state Reason:
Ordered and Electronically Signed By: Yates MD,Carl Douglas | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/23/2015 18:12 EST
Order Details: 02/23/15 17:55:00, Routine, RT - Routine OT, Specimen: Blood, 02/23/15 17:55:00, Print Label
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 17:55 EST | Action Personnel: Kerns RN,Barry P
Responsible Provider: Yates MD,Carl Douglas | Supervising Provider: | Communication Type: Inbox VORB
Order Details: 02/23/15 17:55:00, Routine, RT - Routine OT, Specimen: Blood, 02/23/15 17:55:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Electronically Signed, Yates MD,Carl Douglas on 3/26/2015 10:54 EDT
Order Comment:

Action Type: Status Change | Action Date/Time: 2/23/2015 18:00 EST | Action Personnel: Andrews,Heather M
Responsible Provider: Yates MD,Carl Douglas | Supervising Provider: | Communication Type:
Order Details: 02/23/15 17:55:00, Routine, RT - Routine OT, Specimen: Blood, 02/23/15 17:55:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/23/2015 18:00 EST | Action Personnel: Andrews,Heather M
Responsible Provider: Yates MD,Carl Douglas | Supervising Provider: | Communication Type:
Order Details: 02/23/15 17:55:00, Routine, RT - Routine OT, Specimen: Blood, 02/23/15 17:55:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/23/2015 18:12 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Yates MD,Carl Douglas | Supervising Provider: | Communication Type:
Order Details: 02/23/15 17:55:00, Routine, RT - Routine OT, Specimen: Blood, 02/23/15 17:55:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Pulse Oximetry Continuous (Continuous Pulse Oximetry)
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc

End-state Date/Time: 2/27/2015 03:43 EST
End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,*
Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/23/15 14:56:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 03:43 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/23/15 14:56:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Pulse Oximetry Setup
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 15:00 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult RT Misc Therapy

End-state Date/Time: 2/23/2015 19:05 EST
End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM
Consulting Physician:
Entered By: Yuhas RCP,Kimberly E on 2/23/2015 19:05 EST
Order Details: 02/23/15 15:00:22, OT
Order Comment: from adult continuous pulse ox order rule

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 15:00:22, OT
Review Information:
Doctor Cosign: Not Required
Order Comment: from adult continuous pulse ox order rule

Action Type: Complete	Action Date/Time: 2/23/2015 19:05 EST	Action Personnel: Yuhas RCP,Kimberly E
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/23/15 15:00:22, OT
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Pump IV Channel
Order Start Date/Time: 2/23/2015 18:55 EST
Order Date/Time: 2/23/2015 18:55 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Materials Management | Activity Type: Materials Management
End-state Date/Time: 2/23/2015 18:55 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Javis,Cheryl J on 2/23/2015 18:56 EST
Order Details: 02/23/15 18:55:00, 1, Stop 02/23/15 18:55:00
Order Comment:
Action Type: Order | Action Date/Time: 2/23/2015 18:56 EST | Action Personnel: Javis,Cheryl J
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/23/15 18:55:00, 1, Stop 02/23/15 18:55:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Pump IV Channel
Order Start Date/Time: 2/24/2015 05:50 EST
Order Date/Time: 2/24/2015 05:49 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Materials Management | Activity Type: Materials Management
End-state Date/Time: 2/24/2015 05:50 EST | End-state Reason:
Ordered and Electronically Signed By: Berdel MD,Henrik O | Consulting Physician:
Entered By: Pompey PST NT,Melissa Y on 2/24/2015 05:52 EST
Order Details: 02/24/15 5:50:00, 3, Stop 02/24/15 5:50:00
Order Comment: please send to sicu
Action Type: Order | Action Date/Time: 2/24/2015 05:52 EST | Action Personnel: Pompey PST NT,Melissa Y
Responsible Provider: Berdel MD,Henrik O | Supervising Provider: | Communication Type: Scribe
Order Details: 02/24/15 5:50:00, 3, Stop 02/24/15 5:50:00
Review Information:
Doctor Cosign: Not Required
Order Comment: please send to sicu

Order: Pump IV Single
Order Start Date/Time: 2/23/2015 18:55 EST
Order Date/Time: 2/23/2015 18:55 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Materials Management | Activity Type: Materials Management
End-state Date/Time: 2/23/2015 18:55 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Javis,Cheryl J on 2/23/2015 18:56 EST
Order Details: 02/23/15 18:55:00, 1, Stop 02/23/15 18:55:00
Order Comment:
Action Type: Order | Action Date/Time: 2/23/2015 18:56 EST | Action Personnel: Javis,Cheryl J
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/23/15 18:55:00, 1, Stop 02/23/15 18:55:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Rapid TEG,Trauma (TEG,Rapid Trauma)
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 16:16 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Andrews,Heather M on 2/23/2015 16:16 EST
Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, Specimen: Blood, Baseline, No, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, Specimen: Blood, Baseline, No, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:07 EST	Action Personnel: Gause,Kem A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, Specimen: Blood, Baseline, No, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:07 EST	Action Personnel: Gause,Kem A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, Specimen: Blood, Baseline, No, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 16:16 EST	Action Personnel: Andrews,Heather M
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 14:56:00, Stat, ST - Stat OT, Specimen: Blood, Baseline, No, 02/23/15 14:56:00, 02/23/15 15:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: RT Non-Med Communication Order
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 15:00 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc

End-state Date/Time: 2/23/2015 15:39 EST
End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM
Consulting Physician:
Entered By: Gary RCP,Cheryl A on 2/23/2015 15:39 EST
Order Details: 02/23/15 15:00:21
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Consult Respiratory Care has been received.

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 15:00:21
Review Information:
Doctor Cosign: Not Required
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Consult Respiratory Care has been received.

Action Type: Complete	Action Date/Time: 2/23/2015 15:39 EST	Action Personnel: Gary RCP,Cheryl A
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/23/15 15:00:21
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: RT Non-Med Communication Order
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 15:00 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc

End-state Date/Time: 2/23/2015 18:58 EST
End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM
Consulting Physician:
Entered By: Yuhas RCP,Kimberly E on 2/23/2015 18:58 EST
Order Details: 02/23/15 15:00:22
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Pulse Oximetry Continuous has been received.

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 15:00:22
Review Information:
Doctor Cosign: Not Required
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Pulse Oximetry Continuous has been received.

Action Type: Complete	Action Date/Time: 2/23/2015 18:58 EST	Action Personnel: Yuhas RCP,Kimberly E
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/23/15 15:00:22
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: RT Non-Med Communication Order
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 15:00 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc

End-state Date/Time: 2/23/2015 15:39 EST
End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM
Consulting Physician:
Entered By: Gary RCP,Cheryl A on 2/23/2015 15:39 EST
Order Details: 02/23/15 15:00:23
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Blood Gas, Arterial has been received.

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 15:00:23
Review Information:
Doctor Cosign: Not Required
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Blood Gas, Arterial has been received.

Action Type: Complete	Action Date/Time: 2/23/2015 15:39 EST	Action Personnel: Gary RCP,Cheryl A
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/23/15 15:00:23
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: RT Non-Med Communication Order
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 15:00 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc

End-state Date/Time: 2/23/2015 18:58 EST
End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM
Consulting Physician:
Entered By: Yuhas RCP,Kimberly E on 2/23/2015 18:58 EST
Order Details: 02/23/15 15:00:27
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Mechanical Ventilation has been received.

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 15:00:27
Review Information:
Doctor Cosign: Not Required
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Mechanical Ventilation has been received.

Action Type: Complete	Action Date/Time: 2/23/2015 18:58 EST	Action Personnel: Yuhas RCP,Kimberly E
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/23/15 15:00:27
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: RT Non-Med Communication Order
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 15:00 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc

End-state Date/Time: 2/23/2015 15:51 EST — End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM — Consulting Physician:
Entered By: Gary RCP,Cheryl A on 2/23/2015 15:51 EST
Order Details: 02/23/15 15:00:27
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Blood Gas, Arterial has been received.

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 15:00:27
Review Information:
Doctor Cosign: Not Required
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Blood Gas, Arterial has been received.

Action Type: Complete	Action Date/Time: 2/23/2015 15:51 EST	Action Personnel: Gary RCP,Cheryl A
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/23/15 15:00:27
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: RT Non-Med Communication Order
Order Start Date/Time: 2/23/2015 15:02 EST
Order Date/Time: 2/23/2015 15:02 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc

End-state Date/Time: 2/23/2015 15:51 EST — End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM — Consulting Physician:
Entered By: Gary RCP,Cheryl A on 2/23/2015 15:51 EST
Order Details: 02/23/15 15:02:15
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Blood Gas, Arterial has been received.

Action Type: Order	Action Date/Time: 2/23/2015 15:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 15:02:15
Review Information:
Doctor Cosign: Not Required
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Blood Gas, Arterial has been received.

Action Type: Complete	Action Date/Time: 2/23/2015 15:51 EST	Action Personnel: Gary RCP,Cheryl A
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/23/15 15:02:15
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: RT Non-Med Communication Order
Order Start Date/Time: 2/23/2015 15:40 EST
Order Date/Time: 2/23/2015 15:40 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc

End-state Date/Time: 2/23/2015 15:51 EST
End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM
Consulting Physician:
Entered By: Gary RCP,Cheryl A on 2/23/2015 15:51 EST
Order Details: 02/23/15 15:40:41
Order Comment: RT procedure: The order action of Modify on DILLON, EDMUND for Mechanical Ventilation has been received.

Action Type: Order	Action Date/Time: 2/23/2015 15:40 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 15:40:41
Review Information:
Doctor Cosign: Not Required
Order Comment: RT procedure: The order action of Modify on DILLON, EDMUND for Mechanical Ventilation has been received.

Action Type: Complete	Action Date/Time: 2/23/2015 15:51 EST	Action Personnel: Gary RCP,Cheryl A
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/23/15 15:40:41
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: RT Non-Med Communication Order
Order Start Date/Time: 2/23/2015 17:55 EST
Order Date/Time: 2/23/2015 17:55 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc

End-state Date/Time: 2/23/2015 18:11 EST
End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM
Consulting Physician:
Entered By: Yuhas RCP,Kimberly E on 2/23/2015 18:11 EST
Order Details: 02/23/15 17:55:35
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Blood Gas, Arterial has been received.

Action Type: Order	Action Date/Time: 2/23/2015 17:55 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 17:55:35
Review Information:
Doctor Cosign: Not Required
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Blood Gas, Arterial has been received.

Action Type: Complete	Action Date/Time: 2/23/2015 18:11 EST	Action Personnel: Yuhas RCP,Kimberly E
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/23/15 17:55:35
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: RT Non-Med Communication Order
Order Start Date/Time: 2/23/2015 19:04 EST
Order Date/Time: 2/23/2015 19:04 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Respiratory Care Services | Activity Type: Adult Resp Care Tx/Proc
End-state Date/Time: 2/23/2015 19:05 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: Yuhas RCP,Kimberly E on 2/23/2015 19:05 EST
Order Details: 02/23/15 19:04:55
Order Comment: RT procedure: The order action of Modify on DILLON, EDMUND for Mechanical Ventilation has been received.
Action Type: Order | Action Date/Time: 2/23/2015 19:04 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: 02/23/15 19:04:55
Review Information:
Doctor Cosign: Not Required
Order Comment: RT procedure: The order action of Modify on DILLON, EDMUND for Mechanical Ventilation has been received.
Action Type: Complete | Action Date/Time: 2/23/2015 19:05 EST | Action Personnel: Yuhas RCP,Kimberly E
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type:
Order Details: 02/23/15 19:04:55
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: RT Non-Med Communication Order
Order Start Date/Time: 2/24/2015 15:18 EST
Order Date/Time: 2/24/2015 15:18 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Respiratory Care Services | Activity Type: Adult Resp Care Tx/Proc
End-state Date/Time: 2/24/2015 20:23 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: Thomas RCP,Lashunda D on 2/24/2015 20:23 EST
Order Details: 02/24/15 15:18:18
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Blood Gas, Arterial has been received.
Action Type: Order | Action Date/Time: 2/24/2015 15:18 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: 02/24/15 15:18:18
Review Information:
Doctor Cosign: Not Required
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Blood Gas, Arterial has been received.
Action Type: Complete | Action Date/Time: 2/24/2015 20:23 EST | Action Personnel: Thomas RCP,Lashunda D
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type:
Order Details: 02/24/15 15:18:18
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Skin Care

Order Start Date/Time: 2/23/2015 18:52 EST
Order Date/Time: 2/23/2015 18:52 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Wound Care
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 18:52:00, As Directed, Per unit guidelines
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 18:55 EST | Action Personnel: Javis,Cheryl J
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/23/15 18:52:00, As Directed, Per unit guidelines
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 17:54 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type:
Order Details: 02/23/15 18:52:00, As Directed, Per unit guidelines
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Sleeve SCD Knee Adj Xprs Med

Order Start Date/Time: 2/23/2015 18:56 EST
Order Date/Time: 2/23/2015 18:55 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Materials Management | Activity Type: Materials Management
End-state Date/Time: 2/23/2015 18:56 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Javis,Cheryl J on 2/23/2015 18:56 EST
Order Details: 02/23/15 18:56:00, 1, Stop 02/23/15 18:56:00
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 18:56 EST | Action Personnel: Javis,Cheryl J
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/23/15 18:56:00, 1, Stop 02/23/15 18:56:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Smoking Cessation
Order Start Date/Time: 2/23/2015 19:57 EST
Order Date/Time: 2/23/2015 19:57 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 19:57:44, Routine
Order Comment: From Admission Referral Form

Action Type: Order | Action Date/Time: 2/23/2015 19:57 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: 02/23/15 19:57:44, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment: From Admission Referral Form

Action Type: Discontinue | Action Date/Time: 2/27/2015 17:54 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type:
Order Details: 02/23/15 19:57:44, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Sodium Level
Order Start Date/Time: 2/23/2015 20:45 EST
Order Date/Time: 2/23/2015 18:24 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/23/2015 21:23 EST | End-state Reason:
Ordered and Electronically Signed By: Berdel MD,Henrik O | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/23/2015 21:23 EST
Order Details: 02/23/15 18:30:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/23/15 18:30:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 18:24 EST	Action Personnel: Berdel MD,Henrik O
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 18:30:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/23/15 18:30:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 20:49 EST	Action Personnel: Connell,Debra M
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 18:30:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/23/15 18:30:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 20:49 EST	Action Personnel: Connell,Debra M
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 18:30:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/23/15 18:30:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 21:23 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 18:30:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/23/15 18:30:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Skin Care
Order Start Date/Time: 2/23/2015 18:52 EST
Order Date/Time: 2/23/2015 18:52 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Wound Care
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 18:52:00, As Directed, Per unit guidelines
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 18:55 EST	Action Personnel: Javis,Cheryl J
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/23/15 18:52:00, As Directed, Per unit guidelines
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type:

Order Details: 02/23/15 18:52:00, As Directed, Per unit guidelines
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Sleeve,SCD Knee Adj Xprs Med
Order Start Date/Time: 2/23/2015 18:56 EST
Order Date/Time: 2/23/2015 18:55 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Materials Management | Activity Type: Materials Management
End-state Date/Time: 2/23/2015 18:56 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Javis,Cheryl J on 2/23/2015 18:56 EST
Order Details: 02/23/15 18:56:00, 1, Stop 02/23/15 18:56:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 18:56 EST	Action Personnel: Javis,Cheryl J
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/23/15 18:56:00, 1, Stop 02/23/15 18:56:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Smoking Cessation
Order Start Date/Time: 2/23/2015 19:57 EST
Order Date/Time: 2/23/2015 19:57 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 19:57:44, Routine
Order Comment: From Admission Referral Form

Action Type: Order	Action Date/Time: 2/23/2015 19:57 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 19:57:44, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment: From Admission Referral Form

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/23/15 19:57:44, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment: